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EGO DEFECT AND DEPRESSION

BY STEVEN HAMMERMAN, M.D. (PHILADELPHIA)

Abraham (1) in 1911 extended the application of psychoanalysis to the manic-depressive psychoses and formulated a story of their psychogenesis. He stated that in depression libidinized hatred predominates and that the result could be expressed in the sequence: 'I cannot love people; I have to hate them; so people do not love me; they hate me'. In 1916 Abraham (2) discussed depression in relation to the oral symptoms and concluded that in such patients the libido has regressed to the oral-cannibalistic stage.

Freud (4) had emphasized the melancholic's attempt to regain the ambivalently loved lost object by introjection. He noted that the object cathexis proved to have little power of resistance and was abandoned while the free libido was not directed to another object, but was drawn into the ego and there established an identification of the ego with the lost object. He noted here the regression from an object cathexis to a narcissistic identification. Although Freud was distinguishing between that defensive identification which occurs as a result of the loss of an object, in contradistinction to those primary identifications which antedate real object choice, he did not specify this until some years later in *The Ego and the Id*.

Klein (9) felt that in so far as the experience of birth imposed a feeling of loss, the rudiment of depression is present from birth. She postulated a 'depressive position' and the continuous introjection and projection of good and bad part-objects from early infancy. These mechanisms regulated the formation of the 'good-bad' aspects of self and object representations, thus establishing an intrapsychic mechanism whereby aggression might be turned inward. Klein thus related both the process of introjection and the psychological predisposition to depression to an early stage of normal ego development, prior to individuation and the capacity for object relations. The existence of such

primitive introjective mechanisms is an important finding in all depressions of any severe degree, and the loss of the introject or partial introject impairs reality testing.

Bibring (3) places emphasis not on oral frustration and subsequent oral fixation, but on the infant's experience of shock from and fixation to his feeling of helplessness. Bibring regards depression as basically an ego phenomenon and a reaction to narcissistic frustrations which the ego is unable to circumvent. Jacobson (8) finds that even after long observation it is difficult to distinguish between a psychotic and a neurotic depression. She finds that many of her cases are borderline, presenting ego distortion, superego defects, disturbances in object relations, and a pathology of affects beyond that commonly found among neurotics.

The depressions have thus been differentiated on the basis of narcissistic insult, the relationship to the object both as to mode and capacity, the character of the psychic structure, and the nature of the affects involved. A therapeutically useful differentiation may be made between those depressions in which there is a collapse of self-esteem due to guilt resulting from the inexorable demands of a sadistic superego, and those which appear primarily to be consequences of a defective organization of the ego.

The role of the archaic, sadistic superego in the etiology of depressions was pointed out by Freud (4, 5), Rado (11), and many others, especially those considered as melancholias. In these types there is a comparatively highly developed organization of the ego with sadism emanating from a well-developed intrapsychic structure. Such organization follows the attempted resolution of the œdipal conflicts, and it is in such a discrete, organized, intrapsychic structure with distinctive functions and energies available to it, that the prosecution of such functions can result, promote formation and preservation of psychic structure, and guard against destructuralization. The sadism of the superego presupposes the existence of complex object relationships which include the wish not only to destroy the object, but

also to humiliate the object and to enjoy its suffering. It is only following the regressive attempt to regain the lost object through the introjective process that a fusion of the self with object representations results in a blurring of ego boundaries, and aggression directed against the self. Clinically, the range extends from mild depression to severe melancholias, depending on the relative predominance of oral-aggressive mechanisms, the structure of the superego, and the nature of pre-existing object relationships. The structure of the basic character of such cases of depression is typically oral-anal and displays a capacity for distinguishing between self and object representations, some variable attainment of object cathexes, and a relatively successful fusion of libidinal and aggressive drives.

The depressions resulting from very early traumatic relationships with the primary object display predominantly a defect in the ego boundaries, with a chronic difficulty in distinguishing between the self and object representations. Mahler (10) has observed that the normal infant-mother relationship consists of a presymbiotic, autistic phase of unity, which gives way to a symbiotic phase proper during which the infant behaves and functions as though he and the mother were a duality within a common boundary. The symbiotic phase is followed by a separation-individuation phase, and to achieve such ego individuation the symbiotic partner must serve as a buffer against inner and outer stimuli, thus gradually organizing them for the infant and orienting him to the distinction between intrapsychic perception and outer reality—leading to a progressive definition of ego boundaries. Freud (6) first suggested this function of the mother as a protection of the infantile ego from excessive stimulation (stimulus barrier).

Rosenzweig (12) found that excessive limitation of perceptual stimuli caused a marked alteration of mental functioning including autism, distortion of body image, depersonalization, and ego disintegration. Winnicott (14) had noted that the empathic mother functions as an auxiliary ego preventing both under- and overstimulation of the infant, either of which tend to lead

to faulty, asymmetric ego development. Optimal internal and external perceptions, mediated through the mother functioning as a stimulus barrier, would seem therefore to be crucial for the proper development toward individuation of the early ego. Continuing perceptual and kinesthetic experiences, with the mother a constant object, promote delineation of the body image as well as the emergence of the conception of the self.

The increasing cathexis of such a beginning object representation with both libidinal and aggressive energy is necessary for continued ego development by affording the infantile ego optimal stimulation as well as a constant benign object utilized by the infant for distinguishing between self and nonself.

Hartmann (7) believes that the more completely the aggressive and libidinal energies are fused, the better promoted is the growth of the ego by successful neutralization of the aggressive drive. Spitz (13) states that when the infantile ego cannot give vent to its aggression, its boundaries again become fluid; thus, the actual loss of the object itself tends toward instinctual defusion, and excessive accumulation of unneutralized aggressive energy in the infantile ego, because there is no longer an object available for aggressive cathexis. The excessive accumulation of unneutralized aggressive energy directed against the budding ego, due to early loss of the object, results in a chronic deficiency of self-esteem, depression, and a so-called masochistic ego. In addition, there occurs distortion of the self image, due to excessive narcissistic cathexis, as well as perceptual distortions resulting from faulty ego development.

In such cases of depression there is a lifelong pattern of apathy and chronic lack of any real enjoyment in living, although there are short periods of defensive euphoria as the result of some temporary narcissistic aggrandizement. When at times the hypomanic defense fails, periods of depersonalization may supervene. Life tends to be seen in dull gray tones accompanied by feelings of emptiness and weightlessness. Such people give to others an impression of leaking and being full of holes. They exhibit frequent temporary withdrawal of cathexis, manifested by periods of blankness which they try to hide.

In their relationships with others such individuals are never able to feel sufficiently loved, and go through life feeling cheated from lack of gratification. Every disappointment is experienced as the repetitive loss of the need-fulfilling object, and there is a pathological quality in both the depth and duration of emotional reaction, and the lack of tolerance to frustration. The impulsive craving for object relationships among women of this type may be acted out in promiscuity. Physical proximity creates a primitive episodic illusion of personal closeness without any substantial or enduring emotional content. Object relationships are based on an insatiable need for narcissistic repletion. Sometimes such women resort to a masochistic bondage to one person who always represents the early mother. Their fantasy life is dully repetitive and unimaginative. When unafraid to show their true feelings, they are impatient, demand immediate gratification, and are intolerant of any frustration. They are easily depleted and often incapable of sustained effort. Filled with impotent rage, they are usually unable to mobilize and direct it externally. They are incapable of accepting the love they crave, and often provoke benefactors to psychic insult. There is a recurrent pattern of failure, self-depreciation, and lack of psychic profit. They are unable really to enjoy any successes or accomplishments and excessively amplify all failures or disappointments. Although they express deep feelings of guilt, the predominant lack of self-esteem seems not to be based so much on transgressions against the superego as on failure to attain the magical standards of the primitive, omnipotent, narcissistic ego ideal. The self-image stems from distortion of the body image, represented characterologically in deficiencies of self-reliance and self-esteem, with lack of conviction of any achievements.

These depressions are distinguishable from psychoses with recurrent depressive symptoms and basic ego defects. Despite many similarities, the differentiation ultimately can be made from the extent of ego development, and from the capacity for utilization of its adaptive functions. In the psychotic with depressive features, the ego is grossly defective in development

and in functional adaptation. There is a greater lack of ego individuation, disordered ideation to the point of primary process thinking, a tendency to psychic destructuralization, instinctual defusion, and confusion between self and object representations. There is more faulty integration of the internalized primary objects with excessive projection of archaic self-images, with greater ego-splitting and less contact with reality. There is increased perceptual distortion and restitutive delusions and hallucinations. The quality of the depressive symptoms is more shallow, changeable, and less pervasive and chronic. The manifestations and severity of the depressive illness will depend on the degree of psychic structure achieved and will differentiate these depressive illnesses from those resulting largely from superego pathology.

I wish now to present such a case with selected material and limited reference to transference manifestations and treatment technique.

A tall, thin, handsome lawyer in his middle twenties was referred for analysis because of sexual impotence of two-and-one-half years' duration. With his gay young mother he had had a close and quasi-romantic relationship. His father was described as a fat, older man who stolidly dominated his wife in a passive, steadfast way. The patient had a sister whom he hated, beginning with his intense rage at five years of age when he first saw his mother feeding the new baby.

Depressive and apathetic, with no genuine capacity for relationships intimate or casual, he tried to find an identity by looking to others for cues to provide him with a role that he might play. Empty of feelings and without convictions, he variably adopted the attitudes and convictions of others. Behind this façade, he felt bitterly and impotently enraged from deprivation and frustration.

The analysis was limited initially to detecting and analyzing each bit of his acting out. His habitus, mien, dress, habits of eating, all expressed aggressive revenge against his depriving

mother, perpetuating his masochistic bond to her. These repetitive compulsions were observed and pointed out to him by his wife and others, but he was understandably able neither to apprehend nor to learn from experience. There was a degree of mature functioning of the ego which he could not effectively utilize, and from which he repeatedly regressed. Although he was very intelligent, he was erratic in his judgment and ability to comprehend the issues involved in professional decisions.

He sought persistently to define—that he might adopt—the analyst's opinions and beliefs. He could have no convictions because he had no established identity, seeking instead to borrow one from whomever he might. These transient introjects remained isolated in separate ego segments or vanished without being integrated and utilized. He tried desperately to become attached to persons but recoiled from his own wish to be swallowed up into a hostility that enabled him to preserve what little sense of identity he had. To provoke anger toward himself seemed, more than anything else, to give him a sense of separate entity, probably by more sharply delineating the boundaries of his ego. Physical contact in part meant to take in through the skin and in part was designed to help him to awareness of his ego boundaries. An example of such associations follows:

You're wearing a brown suit and so am I. I'd like to be like you . . . There was no separation between my mother and me. I have to hate her because if I didn't, there wouldn't be me any more . . . I stay away from my mother to keep myself separate . . . I fight with you to feel your hardness, to give myself substance and know I exist . . . I just see myself walking around the outskirts of things. If I really got into something I'd lose what I have. If I'm not angry, I'll be lost and won't have anything to anchor myself to; I'll slip away in all directions. I can't let anybody get too close. I'd disappear into the other person. They'd gobble me up.

There gradually emerged the oral-narcissistic fantasy that he was the uniquely favored Little Prince, a role which he acted out by secret strutting accompanied by feelings of haughtiness.

The fantasy persisted despite the emptiness of his life, his inability to achieve success in his work, and chronic depression. He had been weaned at six weeks because 'the mother's breast had dried up'. Actually his mother had been out of the house frequently, leaving him with a maid. While she was at home some part of each day, he nevertheless remembered his first five years as 'an empty desert'. That the mother was unavailable to him during the period of infancy when he needed her most left him in an infantile oral bondage to her—a state of primitive introjection and later partial identification without assimilation or integration. 'I have', he said, 'kept my mother inside me all these years . . . even wear glasses like her . . . just lived for those Friday nights when she'd be home too. . . . I never had any mother at all. I see myself with my mother and I'm completely empty before and after. I try to fill myself up with my father at other times but it doesn't work. The only way I had of holding on to her was to be like her.'

He could not give anything and came to describe his lifelong behavior as a process of 'standing in between'. This meant the attempt to keep two people apart. At the same time it represented his feeling of lack of separateness and of being split into segments, each containing one introjected parent, and with his own segment attached to both.

Masturbation fantasies represented a continuous orgy of sucking at all vents, including the penis, which represented a narcissistic extension to obtain pleasure for himself and not to give to the object. Stealing as a youngster was another representation of his reaction to oral deprivation. He was terrified when his wife was having a child. He described himself as 'a big vacuum cleaner'.

The failure of many long months of continuous attempts by the patient to provoke by hostility the analyst into retaliatory reactions enabled him to cathect the therapist as a separate object, thus draining his own ego of some degree of unneutralized aggressive energy. The increasing repair of the ego defect resulted in greater capacity for perception of reality which per-

mitted revision of primitive distortions, further growth of psychic structure, and increased self-esteem.

The diminution of the excessive narcissism occurred through the constant exposure to reality testing in the analysis. This resulted in modification of the omnipotent ideal images through fusion, and identification with more realistic images of the therapist as ideal. Increased self-esteem and diminution of depression developed through realistic changes in his own distorted self-image, resulting from a decrease in the excessive narcissistic self-cathexis as well as from a decrease in the perceptual distortions. Increasing ego development enabled the patient to utilize more mature ego mechanisms and to achieve increasing capacity to integrate and synthesize new life experiences.

SUMMARY

Some depressive illnesses are considered as consequent to defects in ego development resulting from early object loss or defective relationship. Such defects are manifested by lack of ego individuation with splitting of the ego, persistence of primitive introjection-projection mechanisms with failure to develop real identifications, distortions of the self-image, lack of instinctual fusion, inability to achieve real object relationships, and pathological, affective reactions to loss or disappointment. Treatment in such cases is directed primarily to repair of the ego defect in order to achieve some measure of increased self-esteem. Those depressive illnesses based on a predominant superego conflict have already achieved some considerable development of psychic structure, and therapy in such cases is directed toward modification of the superego pathology.

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Serendipity

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SERENDIPITY

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I

A student, while reading for an impending examination in his college library, came across a volume of *The Life and Work of Sigmund Freud* (9). He decided to read it, although it had nothing to do with his studies. Glancing through its pages he came across '*serendipity*', (p. 350), a word he had not met before. He put down the biography, turned to the dictionary for help, and there read, 'the faculty of making happy and unexpected discoveries by accident'. He exclaimed to himself, as he invariably did when he made a minor discovery, 'Well, would you believe it!' Pleased with this new addition to his knowledge he walked out of the library leaving Jones's monumental work on the table, unread.

The humor of the situation was entirely lost on him; namely, that he had by this piece of behavior provided a most apt illustration of the definition. And the reason he never saw the joke was because in all things connected with learning he was himself a confirmed serendipitist. Whenever he set out to acquire information on a subject he behaved as he had done on this occasion. Having begun a certain line of inquiry he would allow himself to get sidetracked and, as one byway led to another, he would find himself learning facts about a topic that had no bearing whatsoever on his original line of investigation.

If the book he was reading contained a reference to another he would set off on a new digression. If it had footnotes—and it often did—he would confine himself to them and the text would remain unread. Appendices attracted him in the same way and the book that had them would suffer the same fate. If he had to consult an encyclopedia, then the afternoon would probably be wasted. Indeed, it was something of an occasion when, rarely, he would find what he was looking for. However, he seldom re-

turned from these literary shopping expeditions empty-handed: he would have some curiosity to add to his vast accretion of intellectual bric-a-brac. These accidental findings he would display to his colleagues. He would surprise them with such questions as, What was the name of Rembrandt's second wife? Who is Frank Sinatra's new band leader? It should be noted that he was not one to confine himself to works of scholarship alone; periodicals, magazines, and the newspaper columnists all came within the wide orbit of his reading.

He was a browser rather than a reader, a snapper-up of unconsidered trifles of knowledge which, while more or less interesting or amusing in themselves, fitted into no coördinated body of knowledge. In the department of English Studies where he was to take his doctorate, he had the reputation for being 'a bit of a wag' but also knowledgeable and well read, which was due as much as anything to his flair for making oblique and clever allusions to matters which in fact he knew little about. Thus he gave the impression of knowing a great deal about his subject. As, however, he did not know it, he failed and was required to sit the examination again.

The purpose of this communication is to demonstrate with clinical examples that serendipity is not, as is commonly supposed, the happy adjunct of genius whereby important scientific discoveries are made. On the contrary, it is a crippling neurotic symptom and constitutes an impairment of the ability to learn.

II

The dictionary definition, already referred to, is technically correct, but it is misleading because the emotional quality that infused its original usage is missing. As the word is the personal invention of one man, Horace Walpole, and used by him in a letter that he wrote on January 28, 1754, to his friend, Sir Horace Mann, it is possible to discern the emotional quality of the word by reading it in the context of the letter where he first used it.

At the beginning Walpole tells of his discovery of an old Venetian coat-of-arms. 'This discovery', he writes, 'is almost of that kind which I call serendipity, a very expressive word, which, as I have nothing better to tell you, I shall endeavor to explain to you: you will understand it better by the derivation than by the definition'.

He then goes on to relate a fairy story he once read called *The Three Princes of Serendip*. These princes as they traveled abroad were always making discoveries 'by accidents and sagacity of things which they were not in quest of'. One of them observed that the grass on the left side of the road had been cropped, but not on the right. The problem was solved, thanks to the prince's sagacity, and we now know the answer. He discovered that he had been preceded on the road by 'a mule blind of the right eye'. 'Now', Walpole concludes, 'do you understand *Serendipity*?'

The tone of the letter is ironical, and it is this all-important quality that is missing from the terse dictionary definition.¹ He is not suggesting that important scientific insights can ever be of the same order as the chance discovery of a first edition in a secondhand bookshop. Walpole's opinion of the fairy story is summed up in one word, 'silly'.

Contrary to the spirit of the inventor, it has been commonly assumed that serendipity is 'a good thing'. One English man of letters has stated, ironically no doubt, that it was 'his sole recreation'. The discovery of the Boswell Papers by Professor Abbott was hailed as 'the most extraordinary example of serendipity in literature'. Ernest Jones—and here we come to the passage that caught the eye of the patient—when speaking of Freud's major work, *The Interpretation of Dreams*, states: 'It was a perfect example of serendipity, for the discovery of what dreams mean was made quite incidentally—one might say accidentally—when

¹ William Empson (6) has written at length of the shortcomings of those who compile the typical English-into-English dictionary. 'Thesaurusmongers', he calls them. 'They must not chat frankly about emotions' nor must they admit the connection of words and emotions. It is, therefore, this emotive quality that is missing from the 'circular' definitions of the dictionaries.

Freud was engaged in exploring the meaning of the psychoneuroses'. Others, however, would claim that Saul of the Old Testament was the greatest of all the princes of Serendip on the grounds that while he was seeking his father's asses he discovered a kingdom. The whole point of Walpole's letter is the opposite. If in seeking a kingdom a prince were to discover an ass—that, he would say, is serendipity.

One writer, a humorist, who has caught the irony of Walpole's letter is the author of a mock-serious treatise on the subject of beards (*Ir*) which is a tongue-in-cheek satire on serendipity. He begins with a description of the symptomatology of his 'incurable disease'. 'Any good library is to a serendipitist what a flypaper is to a fly' and, he concludes, 'the most dangerous of all such flypapers to a fly of small learning such as myself is the Reading Room of the British Museum'. He writes feelingly of the hours that he has wasted there, of the pamphlets and broadsheets he has pored over and found 'all the more entertaining because they have nothing in common with your studies'. Words in themselves 'are fatal to a serendipitist'. He has drawers crammed with notebooks and odd scraps of paper 'where I have noted the gleanings of my dictionary digressions'. He likens his confused miscellany of knowledge to 'a magpie's nest of useless knowledge'.

A serendipitist, therefore, is not one who makes scientific discoveries by good luck. He is, for unconscious reasons, prohibited from finding out what he wants to know and is perpetually being deflected from his aim; hence, the large assortment of discrete and unrelated facts that he likes to exhibit constitutes a pretense of knowing. It is substitutive knowledge. Serendipity is the mark, not of the scholar, but the sciolist.

III

The patient's accidental discovery of the word occurred at the beginning of his analysis and served to pin-point his inability to observe and correlate facts, and to make the necessary deductions.

During the months that preceded his re-examination he reported a series of dreams in which he was wandering in the suburbs of a large city trying ineffectively to get to the center. These dreams were always accompanied by anxiety. That these dreams summed up his inability to get to the heart of a matter he readily admitted. Metaphorically, he was always floundering in the suburbs. His constant repetition of the word 'outskirts' led to the deeper symbolic meaning, his dread of the female genitals (the city center). At first, the city was sprawling and inchoate, without contours and often shadowed. As the series progressed the city gradually took on the likeness of a medieval city, a compact and self-contained entity with a halo of light about it. In its final version the turreted city becomes his college: he is trying vainly to photograph it, but all he can achieve are 'partial views'.

Learning was thus a body of knowledge which unconsciously was equated with a knowledge of the body (the female's). His dread of approaching the center was immediately connected with an aspect of his castration complex.

After his failure, a professor, sensing his plight, suggested that in preparing for his re-examination he confine himself solely to his lecture notes as they contained the gist of what he needed to know. It was typical of this student that such an obvious course of action had never occurred to him, and it was equally typical that having decided to do this he could not find them: many had been used as bookmarks and others had been hidden under piles of magazines.

Having at last assembled the bulk of his notes his task was to read them. It was now possible to see in detail what his difficulties were. At the point in his reading where he came to a significant fact, or when he was on the point of understanding a passage, he did the following things and in this order. He emitted a long 'Ah-h-h' of conviction. He then removed his glasses, rubbed his eyes, closed the book, got up from the table—and went for a walk, or to the movies, or had a long session on the toilet. On returning, he would open his notes at random and

begin on a new theme which might, or might not, have a bearing on what he had been reading previously.

He passed the examination, but he was now faced with the much more difficult task of writing his dissertation. The long summer vacation was spent, not in writing, as he had intended, but in gathering more and more facts. It was clear that he could not set pen to paper. When eventually he did, hours were wasted in revising and crossing-out and in long discussions; or he would ponder long over which of two synonyms he should use, even though to a detached observer they seemed as alike as identical twins.

Asked how he had spent a day, Oscar Wilde once replied: 'In the morning I put in a comma. In the afternoon I took it out.' Such was the patient's problem. After five months the first chapter was completed. It consisted of forty-five pages and ninety-eight references. The comments of the two examining professors are particularly relevant. The first wrote, 'you never got near your subject'; and the other, 'formless, circular wandering'.

He had, as we have seen, two exclamations, one for each class of discovery. The irrelevant was greeted with a cry of mock amazement, 'Would you believe it!' But when he made an important discovery he uttered the prolonged 'Ah-h-h' of conviction.

His behavior in the learning situation was repeated in the analytic setting and always at the point where his associations related to his castration complex. The first time was when he was speaking of his grandfather who had an artificial leg. He recalled that as a child he had entered his bedroom and saw him without the leg. He saw 'a beard and a stump'. At this point he took off his glasses and began vigorously to rub his eyes as if he could not believe the evidence of his senses. Subsequent memories and fantasies which directly or indirectly related to his fear of the female genitals were met by the same utterance and accompanied by the same actions.

So far the obvious connection between this student's serendipitous proclivities and an aspect of his castration complex has

been stressed. But the matter went deeper. Of his character in general it could be said that he was a 'futilitarian' (it is pointless to expect anything, for hope invariably brings disappointment). A fatal resignation to the elusiveness of all satisfactions was his main characteristic. An important dream from a previous analysis epitomized his whole unconscious philosophy of 'pointlessness'. He is a small child standing in the street looking up at an enormous breast which in its immensity fills the whole street and reaches high above the housetops. Across it, as if it were signwriting, was written in huge capital letters, 'You need not look; there is nothing in this for you'.

While connecting this dream with his unconscious technique of warding off disappointment, he acted in the following manner. As if deaf to what was being said he began to move his head from side to side like an infant seeking an elusive nipple. In response to this interpretation and in confirmation of it he ceased the movement of his head, opened his mouth and uttered a prolonged 'Ah-h-h'. Presumably, he got the point.

It is significant that this patient indulged in sporadic outbursts of homosexuality. These consisted exclusively of fellatio in which he played the role of the suckling child. The expeditions were furtive and the satisfaction fleeting. The important aspect of these acts was the impulsive and imperative urge to go out and seek, not a man, as he liked to think, but a penis. So impersonal was the contact that it is doubtful whether he could have recognized again his sexual partner. The man was nothing more than an appendix to a penis. In the analysis of this behavior it became clear that the sudden urge to practice fellatio occurred when he had denied himself food to the point of near starvation. By a remarkable feat of repression he denied his increasing hunger and instead sought out an unsatisfactory substitute. For example, the first time this correlation was established he reported that he had had during the day, black coffee and a piece of toast for breakfast, coffee and a slab of cake for lunch, and at 8 p.m. a can of beer. Shortly afterwards he had an urge to look for a penis. The outcome of this correlation was a

marked increase in his weight and a decrease in his homosexuality.² The unconscious equation of breast and penis, which Freud established as long ago as 1910 in his analysis of the *coda* fantasy of Leonardo da Vinci, was corroborated in this patient in a particularly primitive manner.

In this connection it should be stated that the term, 'phallic mother', as a description of the imago of the precædipal mother is incorrect. Behind the fiction of the mother with a penis, a denial that belongs to the phallic stage of development, lies the fact that the mother has a breast. In explaining the remarkable persistence of the unconscious fiction, psychoanalysis has stressed its connection with the castration complex. Assuming the unconscious equation of penis and breast, it should also be added that what is imagined to exist in the fiction of the phallic stage is but an illusory substitute for the reality which does exist. This objective fact, that there is 'something there', is also a reality which the infant in his omnipotent self-sufficiency attempts to deny.

The 'phallicist' and the serendipitist, then, have this in common: the reality they seek always eludes them because they are always looking in the wrong place and the 'discovery' that each thinks he has made is illusory and inevitably substitutive.

Lest there be any doubt about the definition of serendipity, Walpole emphasizes with heavy underscorings, 'You must observe, *no* discovery of a thing you *are* looking for comes under this description'.

IV

A young man of twenty-seven, newly in analysis, displays three neurotic character traits.

At the moment a woman shows an interest which is more than platonic, he breaks off the relationship. This pattern he has repeated since his adolescence—his invariable pretext: 'I lost interest'.

² This correlation would also be in keeping with Bergler's assertion that behind the 'frantic chase after the male organ the disappointing breast is hidden' (1).

He has a marked inability to study. At the age of seventeen he failed his university entrance examination in science because he could not attempt a single question in geometry. His method of studying this subject was as follows: at the moment he was on the point of understanding a problem he would close the book and go out for a walk; his explanation, 'I was bored with it'. After this failure his interest turned completely to literature and philosophy. He is now interested in metaphysics and psycho-analytic theory.

During the last ten years he has been dismissed from two good positions and in each instance the reason given has been identical: 'You seem to be losing interest'.

The bulk of this information was gleaned in a few preliminary interviews. When he was finally confronted with the question as to whether or not he wished to begin analysis, he ignored the question. His face became animated. He had observed something passing outside the house. Thus his basic pattern of behavior is repeated. At the moment when his attention should be focused on the relevant it is captured by the irrelevant.

Soon after beginning treatment he was given the opportunity to enter a university. He has elected to study philosophy. His object is 'to get a bird's-eye view of the whole totality of human knowledge'.

Like the previous patient he delights in reading around a subject. Curious, out-of-the-way pieces of knowledge enchant him and these collector's items that he displays to his friends give him the reputation for being well read and well informed. He gets lost in a dictionary and in a library he behaves like a true serendipitist. Knowing, for example, that the town library possessed a copy of *The Psychology of Women* (5) he finally overcame his resistance and decided to take it out. As he was nearing the shelf his eye fell on 'the very thing' he had been looking for, a book on difficult chess problems and how to solve them. The book he had intended to read is still for him virgin territory.

His mother was a modernist and at an early age he was given

a thorough grounding in the facts of life and the appropriate books to read. When, however, he was caught at the age of seven examining a little girl's genitals, he was reprimanded. The ironic inference is clear: it is permissible to get facts from books but not by direct observation. The impression is that his whole attitude to learning is an unconscious parody of his mother's hypocrisy.

Knowledge is for him a totality and already the symbol of the city has appeared. One of his first dreams is that he is sitting in a niche of the old Roman walls of his native city. There is a light in the center. He dare not look lest he be reported to the authorities.

Shortly after he was caught making his clinical examination he became obsessed with the concept of 'completeness' which manifested itself in the obsessive compilation of lists. His first was of all the makes of cars. Another was of all the publishers in the English-speaking world. He has compiled all the works of Beethoven and Mozart. He has just completed a bibliography of all the writings of Kant, having done the same with other philosophers. In these projects he begins with enthusiasm then anxiety develops lest, as he puts it repeatedly, there should be 'something missing'.

Although the analysis is in its early stages, it is evident that here is a serendipitist in the making and his resemblance to the first patient is striking.

V

The learning problems of these two students were blatant. Both were precious and given to an aimless dilettantism. But they were well aware of their plight. There are others, however, in whom the same problems are latent. To the outward eye their sublimations function well. They have already established themselves as scholars and scientists and society sets value on their contributions. From the clinical viewpoint, however, it is often possible to discern a gradual moving away from their central

interests. Superficially, they seem to have little in common with the trivialities of the serendipitist. But their problem is the same. Their undoubted intelligence and their deductive abilities are being devoted to problems which are far removed from what they were originally 'in quest of'. It is as if one is dealing with a sublimation once, or more, removed.

The deviation may be slight. A physicist in his mid-thirties, having spent much of his session describing his childhood attempts to observe the nocturnal habits of his parents, stopped and apropos of nothing at all, asked, 'Did I ever tell you that I used to be an astronomer?'. He had not, nor could he rationally explain why he had at some sacrifice changed his occupation, although there were certain symptoms as his inability to write any more scientific papers, and his doubts as to the worthwhileness of his work. The inhibition of the voyeurism that forced him to change his former job was thus also the cause of his sterility in the new one.

In the following example it is possible to see at what point and for what reason the student deviated from his original path of study. As an adolescent he knew that philology was to be his life's work. To this he described himself as having been 'dedicated'; but when he enters analysis at the age of twenty-six, he is immersed in a dissertation on some abstruse aspect of Buddhism.

He came into analysis because he was impotent. He discovered his condition on his wedding night when he touched his wife's genitals. He was 'petrified' and the marriage was accordingly annulled.

He had been a child of exceptional precocity, an indefatigable worker with a prodigious memory for facts. Brought up to speak English he began at the age of three to learn Hebrew with the help of his grandfather. At an exceptionally early age he began the study of Latin and Greek. A degree in classics was only a prelude to learning Sanskrit. His excitement at the prospect of learning it was such that no words could convey it: he physically trembled. But, by the time he is in analysis he has only one word

for it, 'humdrum'. Apart from his knowledge of dead languages this prodigy had mastered most European languages. He also had a good knowledge of Russian. Chinese and Japanese had now supplanted Sanskrit, for he needed them to understand oriental philosophy which had taken the place of philology.

The gradual shifting from his central interest began in adolescence. While studying textual criticism of the Old Testament he became acquainted with the mystery religions of the East and so the gradual process of seduction began.

Apart from his studies he had two hobbies. One was traveling on the subway because his remarkable knowledge of languages enabled him to eavesdrop. The other, extending back to childhood, was the study of beards which had gradually extended itself to a compulsion to observe on which side the hair was parted.

It would be hard to say how many languages this polyglot had acquired, but in the learning of each he behaved as he had with Sanskrit: first, an intense excitement, then, as he achieved a mastery, boredom supervened, and he would repeat the same cycle of emotions with the next language. For him each language gave promise of being the key to unlock a mystery which must be solved. As each language proved a disappointment it was discarded.

That the acquiring of languages unconsciously represented a guilty voyeurism was easily established. Quite consciously he romanticized the learning of each new language as entering 'a forbidden city'; furthermore, his reason for learning Hebrew was to understand the private conversations of his parents which took place in Yiddish.

That knowledge was ultimately sexual was convincingly demonstrated by his use of the word 'understand'. Attempts at interpretation were at one period of his analysis met by a loud reiteration of the phrase, 'I don't understand'. One day on leaving, as he stood in the doorway, he gratuitously gave his assurance that he never once had looked up the adjacent stairway which led to the living quarters. In the next session he elabo-

rated; it was always possible that a maid or 'somebody' might be cleaning the stairs and that if he were to look up he might see up the woman's skirts. At this point he reacted as if he had received a great illumination. He recalled that as a child he had always taken the verb, 'to understand' to mean literally 'to stand under'; thus, his constant reiteration of the phrase was an unconscious disclaimer of what in fact he had often done as a child.³

The castration anxiety of this patient was exceptional. Dream followed dream in which 'the woman with the penis' appeared. Like the first patient he would remove his glasses and rub his eyes vigorously when he was on the point of 'understanding'. Most important was his use of the phrase, 'There's more in this than meets the eye', whenever he was faced with an abstruse passage in an article.

The age of seven, the year he began to wear glasses, was, he recalled, the first time he used the phrase. He and his younger brother were secretly observing their mother, naked. His brother made the correct anatomical deductions. The patient assured him that he was mistaken and that 'it was hidden' ('there is more in that than meets the eye'); hence, his obsessive interest in beards and later in what the parting of the hair would reveal; hence, also, his panic on his wedding night.

His progress as a scholar was a movement away from the center to the circumference. It was not an accident that in the later stages he was moving in a 'cloud of unknowing' among the metaphysics of Oriental philosophy. It was as if he had unconsciously to demonstrate that the fruits of his researches had no connection with their instinctual roots, or that 'knowing' is ultimately sexual knowledge, and that it has that meaning in the Old Testament (3).

Lampl-de Groot (10) has stressed the importance of differentiating 'between the material pertaining to the oedipal and that pertaining to the preoedipal phase' and in particular the

³ This example of infantile literalism is confirmed by two philological dictionaries. 'Understand', they both state, originally meant to 'stand under'.

differences in the transference material. In dealing with the earlier phase, she points out, the patient regresses to a primitive level of behavior. With this patient it was markedly so. For him the analyst was the great withholder. If he were so minded he could bestow the gift of potency, and at any moment; but out of sheer malevolence he kept him waiting. He conceived that the analyst had the 'gift' concealed on his person, like a breast.

Bunker (2) has convincingly shown that Tantalus, for whom the water disappears as he tries to drink and for whom the fruit is blown away as he is about to reach for it, is essentially a preœdipal figure, a symbol of the oral frustration which the infant endures 'at the hands of that ceaselessly refusing mother' whose malevolence, needless to say, is the product of the infant's first projections.

These three students who, like the Three Princes of Serendip, were always making discoveries of things they were not 'in quest of', had much in common with Tantalus.

VI

The notion that the verb 'to discover' means to find out is a modern meaning. Its older meaning was 'to uncover'. It is in that sense that one reads 'discovered on the stage', which means that it is uncovered for us to take in by eye and ear. An earlier age would say that a truth is 'discovered unto us.' According to this line of reasoning a fact is not something one finds out, but something one accepts (or denies).

This older use of the word carries with it the implication that the prototype of the learning process is the feeding situation. It is not true to say that the infant finds the breast. It is given. This is the first fact that is discovered, and scientists accordingly call their facts *data* (that which is given). The work of the scientist is to see connecting links.

Scientists sometimes give the impression that their discoveries are accidental. Koestler in his study of astronomers calls them 'sleep-walkers' (the title of his book). The implication is that

they only woke up to what they had found when they barked their shins on it. What might be called 'the work of intellection' on observed facts is in part preconscious so that when this unceasing mental activity crystallizes into a hypothesis it comes as a revelation. Thus Darwin says: 'I can remember the very spot in the road, whilst in my carriage when to my joy the solution occurred to me' (4, p. 12).

The ultimate deterrent to knowing is the painful acknowledgment that something exists 'outside' oneself. 'An "object"', states Freud, 'presents itself to the ego as something . . . "outside" ' which he describes as 'threatening' (8, p. 12). Ferenczi (7) elaborated on the reasons why the discovery of the first stage of reality is unpleasant: the recognition that one is dependent on something outside is a threat to the infant's omnipotence illusion that he himself is the magical provider of all his needs. Thus it follows from this line of reasoning that the discovery of the outside world—growing up—is unpleasant quite irrespective of the environment, in that every acceptance of reality involves the renunciation of some degree of omnipotence. A part of man's 'incurable megalomania', Ferenczi points out, finds satisfaction in fairy stories in which he can be 'in a hundred places at once', and where all his needs are met without delay and his 'magic wand opens all doors.' Princes who are always making discoveries by accident 'of things they are not in quest of' exist not in reality, but only in what Walpole calls 'a silly fairy tale'.

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THE JAMAIS PHENOMENON WITH REFERENCE TO FRAGMENTATION

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In a paper, *Synthesis and Fragmentation* (5), the various manifestations of libido and aggression, their continuous interplay, and their essential roles in the structural and dynamic development of the mind were investigated.

Fragmentation is a normal function of the id, ego, and superego. It derives its energies from the various stages of the aggressive drive. Accordingly, we distinguish fragmentation 'at its best' and fragmentation 'at its worst'. The latter is observable in the id, in pathological states, in repression, and in regression.

In order to describe a specific phenomenon of fragmentation, several clinical instances are reported.

The first acute schizophrenic symptoms in a brilliant, scholarly Southern girl of seventeen appeared during a college test in history. Staring at the questions, she felt as if she were facing something unknown; something which she had never heard of before. The blank sheet of paper frightened her, demanding, as it did, answers that seemed totally unavailable. She felt barren and numb, 'as if I was falling apart'. Making an effort to recover, she could nevertheless only say to herself: 'I don't know the answers. I never knew anything about history. What's history?' The soliloquy did not reduce her panic and, utterly confused, she fled to her dormitory whence she was brought in a feverish state to her parents' home where she became somewhat calmer. A few days later she was awakened at night by the sounds of fire engines which, it seemed to her, were increasing with a heightened intensity of earsplitting noises. She fell into a rapidly mounting panic and despair, holding her hands over her ears, repeatedly crying out with anguish: 'What are those horrible noises? I've never heard such noises. They're splitting my brain in two. What are they?' A few hours later, apparently

hallucinating, she covered her ears again, then shaken with panic moved her arms as if she were trying to push something away from her.

In the hospital, although she requested my visits, for a long time she crouched in a corner of her room, her face contorted with fear, and begged to be taken away because a blazing fire was about to destroy her. She covered her ears with her trembling hands and tears streamed down her cheeks. She hid her head between her knees as if she were threatened by unfathomable dangers. After a while she would look at me in utter bewilderment; then she would remain silent for the rest of my stay. One day, after many visits, she stared at me intently as if she had never seen me before. She asked me who I was and what I wanted of her. When I told her that I was her physician, she shook her head and with a vacant look in her eyes whispered: 'You're a stranger to me, I've never seen you before in my life', after which she relapsed into muteness, taking no further notice of me. Some weeks later, she received me with less bewilderment, and after repeating that she had never seen me before asked: 'How do I know that you're a doctor?' Identification was of no help, and she returned to her previous *jamais-vu* insistence. One day a further change occurred. She stared at me with still less estrangement. After many minutes, she said: 'Who are you? Have I ever seen you before?' When I answered in the affirmative, she seemed to be battling with doubts, as though she did not know which to trust: her strange feelings or my response. This continued for a number of weeks. One day she put me to a test. After she had asked me her usual questions, she inquired if she could remove the handkerchief from my coat pocket. When I consented, she rolled it up and put it on my head. With a slight side-to-side nod, she began to laugh, and announced with gaiety in her voice, that she had crowned me and that we belonged together now! This marked the establishment of a new contact and clearance of the air of estrangement. Instead of saying, 'I've never seen you in my life' she now questioningly addressed me: 'I've seen you before,

haven't I? Yes, I have! You are my doctor, aren't you?' Finally, coinciding with the weakening of her massive negation, her *jamaïs* experience, she slowly improved and it became possible to reconstruct her life history.

From early childhood her life was haunted by loneliness and a 'longing for belonging'. Her mother, who obtained a divorce shortly after the child's birth, left the baby solely in the care of a nurse. To strengthen the one-year-old child's health, the nurse exposed the infant too long to the sun with the result that she was burned so severely that she nearly died. From then on a succession of bewildering experiences followed one another. The mother took care of her child for a time; then she was sent to live with an aunt; and after that to her grandparents. She became particularly fond of her grandfather, who played games with her, and introduced her to the fields and gardens where he often crowned her with a wreath of flowers.

Her series of residences in boarding schools and foster homes began at about the age of six, at which time she also had her first meeting with her father who was to her a total stranger. The many shifts and changes in her life made it very difficult for the child to get properly acquainted with her environment and to develop a sense of identity. On many occasions she would say to herself: 'I've never seen these people before'. She was puzzled, upset, and uncertain about her own past. She lost track of her own history. The unending changes, separations, and reunions confused and saddened her. Her mother attempted to console the depressed child by inventing a fanciful picture of an unhappy Southern nobility whose birthright the girl should be proud to share; but she felt more separated and alone: a stranger without ties or bonds, belonging nowhere. To make things worse, being a beautiful, gracious, and intelligent girl, she was pointed out to other children as a model of loveliness and kindness, as one never possessed by anger or hostility toward anyone. Such adulation widened the gap between her and her peers. Her aggression, finding no means of external expression, was turned against herself, causing serious pathology.

Although her mother stated that when the child was five or six she had told her of the almost fatal sunburn, the patient was able only gradually to recapture any memory of it. She was likewise unable to reconstruct the various changes of residence in schools and foster homes or her visits with her mother and other relatives until she had long been in treatment. Her belief that nobody had ever been unkind to her and that she in return loved everybody with great affection and held them all in deep admiration for their unending patience and kindness represented another problem. She was convinced that her mother had planned the various placements in her early life carefully and with foresight, motivated only by concern for her daughter. Her disappointment, anger, and rebellion were totally repressed, and on several occasions she stated, 'I never was displaced'.

The first signs of improvement became evident when her adamant *jamais* reactions changed to doubts, and when her doubts made possible her understanding that her fears of fire and history were rooted in her past.

The reaction, 'I've never experienced anything like that before', is frequently observed in varying degrees. In contrast to the *déjà* experience it may be described as the *jamais* phenomenon and it varies in intensity from a simple, easily correctible phenomenon to a firmly fixed and unchangeable conviction.

Out of the many cases which may be cited I shall select only a few that permit stress on the *jamais* phenomenon.

An intelligent and usually observant woman was disturbed by her attraction to other women, and by her somewhat frigid attitude toward men. Although her relationship to her husband could be best described as lukewarm, she grew more and more jealous until one day, finding herself unable to tolerate what she believed to be his infidelity, she contemplated suicide. Her conviction was intractably founded on 'typical lipstick marks' she discovered on his handkerchief. She persisted in this delusion despite the fact that her husband at the time of her

alleged discovery was almost immobilized by a severe depression. Although she had frequently repeated with much amusement that she often bought large quantities of pistachio nuts for which he had a great fondness, she would not attribute the red spots on the handkerchief to the red color of the processed nutshells. She maintained that he had eaten pistachio nuts for a long time and that she had never seen the red spots on his handkerchief before; also that pistachio stains are not so red. After long and intense working through, and as her homosexual tendencies and her pathological jealousy were analyzed, the *jamaïs* experience gave way to doubts and later to recognition of her defensive irrationality.

A middle-aged man was dominated by chronic hypochondriacal delusions. By going from one internist or surgeon to another with the complaint of unbearable abdominal pain for which no objective basis could be found, he finally persuaded a doctor to operate on him, only to find that there was no pathology in his abdomen or anywhere else. A short time later he returned to his surgeon with the same complaint, demanding another operation. In consultation, he was found to be an anxious, self-absorbed, and withdrawn man who complained desperately about his tormenting pains and the necessity that he be cut open again to be liberated from his suffering. When told that no further surgery could be considered, he fell into a state of mournful apathy. He was convinced that he had never felt this kind of pain before and that each attack of pain differed from all that had preceded, although the description and localization of the pain were identical. Therapy could not reach him.

Another instance of *jamaïs* phenomenon was revealed in a young man with a preëdipal character disorder with autistic features. He explained his tangential existence by the 'fact' that he had never known maternal love or closeness; that his mother had never held him in her arms or on her lap; that she had in

short never, as far as he could remember, given any sign of affection or warmth for him, had even ignored his feeding and his appearance. The only communication between them had been through enemas which she had administered interminably. He appeared, however, sufficiently well nourished and neatly dressed.

When his severe oral frustrations came in time more and more to the fore and the wish to remain eternally connected with the maternal breast became progressively obvious, he protested vigorously: 'I never felt anything like that. How can I have such craving, or know what it feels like to be close to her when I was never near her body?' Asked how he could be so sure about these deprivations, he replied: 'My mother could not have nursed me. She had an infection of her breast.' Asked if he knew how most inflammations of the breast are caused, he was somewhat disconcerted and said lamely that I had an answer for everything. However, his *jamais* was shaken. Doubts and hints of humor intruded and opened the way to further exploration.

A number of dreams and associations indicated a patient's fear of being suffocated at the breast. His response to this was ridicule. He had never heard of such a thing. It was humanly, physically impossible for anyone to be squashed by his mother's breast! When he was asked whether he knew how a child was nursed, and what the situation of the infant was in relation to the breast, he answered with a superior air: 'Of course I know! I'm a physician! I know how it's done, and in addition to having observed it on so many occasions, only the other day I saw a picture of my mother nursing my brother, two and a half years my junior. She lifted him up, holding his head over her breast; and lifting her breast to his mouth, she inserted the nipple from below.' My silence apparently made him less sure and subsequently he appeared sheepish and bewildered. He had re-examined the photograph and found, to his astonishment,

that his mother held the baby in her arms, lifting him to her breast which she held over his mouth and face.

A depressive male felt that he was ignored by his peers and not properly valued by his friends; that he was a failure, having achieved nothing of importance in his life. Fearful of being alone at night as a child, he would steal into his parents' bedroom from which he was promptly evicted by his father. Through his mother's intervention he was permitted to sleep at the foot of her bed on those occasions when she found him crying in the darkness, standing at the threshold, a pitiful picture of despair. He remembered little else about his mother. Outstanding in his memory were fears of being left on railroad tracks, or in a burning building, or otherwise abandoned. It was nevertheless difficult at first for him to acknowledge his yearning to belong, which he countered by such assertions as, 'I never felt deserted, never abandoned. I never felt lonely. I know that I am fearful, but that's all!'

One day he saw a toy in a window different, he said, from any he had *ever* seen before. With an inexplicable sense of excitement, he bought it for his young son. Father and son played with the toy with fun and fascination because of its *novelty*. The toy turned out to be the very popular pegboard American children know so well. This *jamaïs* phenomenon was particularly interesting because the patient had reported that often as a child he had been puzzled by the fantasy of a red hole in his mother's arm. The hole was sufficiently large to admit an electric plug or a thick wooden peg. It was not too difficult for him to connect this screen memory with the *jamaïs vu* of the pegboard, and to advance through its understanding to problems connected with his pessimistic negativism.

The following case shows the *jamaïs* phenomenon in a loose setting, easily corrected and properly utilized for further understanding. After returning from a vacation, I found one of my anxiety-ridden patients more anxious than I had ever seen him.

He complained about his lack of improvement; that I was not trying to do my best for him, and that I showed no friendly feelings for him. When I asked him how he had felt during my absence, he replied with annoyance: 'I hesitate to tell you, you're imagining things. You've never left me as far as I know!' After further protest accompanied by dawning realization, he exclaimed: 'For heaven's sake. You've just returned from your vacation!'¹

All of us have experienced *jamaïs* phenomena from which we recovered without much difficulty. I would also like to refer to its occurrence in many women immediately prior to menstruation (4). One such patient remarked: 'I never recognize my premenstrual symptoms, so I never know when to expect my menstruation. Doctor, would you please tell me when I'll be due again?'

The *déjà* and *jamaïs* experiences are mechanisms of defense of the ego. Both phenomena appear under normal as well as pathological conditions.

The *déjà* experience is the result of a partial irruption of repressed content which, as in dreams, attaches itself to a current experience. It occurs when '... something is really touched on which we have already experienced once before, only we cannot consciously remember it because it has never been conscious' (1). In the *déjà* experience something which had been repressed attempts to enter consciousness and become ego-syntonic. It evokes feelings of surprise and uneasiness at first, which soon give way to sensations of familiarity, of having previously seen, heard, and known by experience the relationship, event, or situation. It bears the attribute of 'affirmation'.

The *jamaïs* phenomenon, on the other hand, is the result of a rigid warding off of an event torn out of the context of experience. As a result there appears a lacuna in memory, a break

¹ A phobic girl reported that her frequent sexual relations were experienced without any genital sensations. Once she firmly stated: 'No man has ever been inside me; otherwise I would have felt it'.

in continuity, an unawareness of causality and sequence. Confrontation with the *jamaïs* phenomenon is at first experienced with a sense of bewilderment and alienation, which is re-enforced by the conviction that it never occurred. It is an experience removed from consciousness and hidden in the darkness of the repressed. It has become ego-alien, and the tendency prevails to maintain it in its state of fragmentation. The essential reaction in the *jamaïs* phenomenon is that of negation. Freud's statement about *déjà* reactions is pertinent to this: 'There is another set of phenomena which may be regarded as their positive counterparts—what are known as *fausse reconnaissance*, *déjà vu*, *déjà raconté*, etc., illusions in which we seek to accept something as belonging to our ego, just as in the derealizations [*Entfremdungen*] we are anxious to keep something out of us. . . . they aim at repudiating something, at keeping something away from the ego' (2).

We can assume that, whereas the *déjà* experience has synthesis as its dynamic factor, the dynamic factor in the *jamaïs* phenomenon—a specialized form of denial—is fragmentation. The latter is a ' . . . psychic tendency to keep parts separated, to prevent their unification and integration, even to detach some parts from existing wholes' (5).

Synthesis and fragmentation are normal functions of the mind, the former being nurtured by the sexual, the latter by the aggressive drive. Since aggression permeates all systems of the psyche, fragmentation operates, although with obvious differences, in the id, the ego, and the superego. In the id it is characterized by primitive attributes. As a consequence of progressive neutralization, transforming and binding of the aggressive drive, fragmentation is progressively altered into a higher level of functioning. In accordance with the levels of drive development and maturation of the ego, fragmentation runs through a number of progressions. Both synthesis and fragmentation mature with the maturation of the ego; thus we can speak of synthesis and fragmentation as being 'at their worst' or

in their primary stages, and 'at their best' or in their secondary stages of development.

Through the quality and degree of fragmentation the level of maturation and regression can be recognized. The strength and duration of the *jamaïs* phenomenon as an expression of fragmentation indicate the level of the regression. Normal and neurotic individuals do not defend their *jamaïs* experiences with the same vigor and rigid persistence as does the psychotic patient. When the *jamaïs* phenomenon is implacably maintained and the repressed content rigidly fixed in isolation, the pathology is serious.

It is noteworthy that both the *jamaïs* and the *déjà* experiences appear not only during waking hours but also in dreams. Freud gives an excellent illustration of *jamaïs* phenomenon from one of his own dreams. He saw in a recurrent dream a church tower of simple design. He searched his memory in vain to recall such a structure. Ten years later, traveling in Austria, he suddenly found himself face to face with the very tower he believed he had never seen before. He now remembered the church and knew he had seen it many times.

A final instance is reported by Freud of a patient who dreamed of ordering a *Kontuszówka* in a café. The patient was convinced he had never seen or heard that bizarre name. He asked Freud to tell him what it was—if in reality it was anything at all. Informed that it was a well-known Polish liqueur, the patient was incredulous. Later, however, to his great surprise he came to a familiar street corner and saw a conspicuous advertisement for *Kontuszówka* (3).

SUMMARY

The *déjà* phenomenon is an ego-syntonic experience. The *jamaïs* phenomenon represents precisely the opposite. The former is affirmative and has the vitality of life; the latter is ego-alien and negative and has the finality and silence of never having happened. In the *déjà* experience something forgotten is helped to enter consciousness; in the *jamaïs* experience some-

thing is withdrawn from consciousness and kept hidden in the recesses of the forgotten. Both reactions are widely differing mechanisms of defense. Whereas the *déjà* experience has synthesis as its dynamic factor, the dynamic factor in the *jamaïs* phenomenon is fragmentation.

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MODIFICATIONS IN CLASSICAL PSYCHOANALYSIS

BY SANDOR LORAND, M. D. (NEW YORK)

Freud's principles of technique derive from clinical observation and remain the basis for analytic therapy. But his theoretical formulations and those of his early co-workers concerning technique and therapy were continuously subject to re-examination. Freud expected improvements in analytic technique and expressed 'the hope that advances in the experience of psychoanalysts will soon lead to agreement upon the most expedient technique . . .' (9, p. 333). This problem of correlation of theory and technique has become vital at the present time when new hypotheses, new theories are being proposed. New theoretical orientations call for new technical approaches.

Theoretical orientation undoubtedly influences the clinical approach and technique of the individual analyst. But we find different interpretations of the same phenomenon by different analysts. Variation in technique has its usefulness, but variation from analyst to analyst must be appraised and evaluated with a sound understanding of the theoretical basis for such technical innovations, deviations, or maneuvers.

In 1919 Freud wrote 'we have never been proud of the fullness and finality of our knowledge and our capacity; as at the beginning, we are ready now to admit the incompleteness of our understanding, to learn new things, and to alter our methods in any way that yields better results' (11, p. 392).

Though we still observe basic rules and fundamental procedures, therapy and theory change under the impact of continuing scientific contributions. Progress in theory often comes about as a result of therapeutic progress. Technique is still ahead of theory, and one cannot correlate a comprehensive theoretical

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schema. When Freud wrote that the object of psychoanalytic therapy 'is to strengthen the ego' (10, p. 111), it may have appeared as an admonition to center the interest of therapy on the ego; but Freud actually had a much wider technical and therapeutic point in view. He restated this point in 1937: 'The quantitative factor of instinctual strength in the past opposed the efforts of the patient's ego to defend itself, and now that analysis has been called in to help, that same factor sets a limit to the efficacy of this new attempt. If the instincts are excessively strong the ego fails in its task. . . . we shall achieve our therapeutic purpose only when we can give a greater measure of analytic help to the patient's ego' (8, pp. 331-332).

And yet, Freud assured us that he did not consider the ego as standing at the top of the hierarchy in importance for psychoanalytic therapy. In the main psychoanalytic therapy consists of analysis of resistance. We deal constantly with the ego, superego, and id resistances.

In a paper on the psychoanalytic therapy of religious devotees (13), I pointed out how the therapy focused sharply at periods in analysis on the function of the superego's moral aspects—demands, self-punishments, masochism, and so forth. But side by side with this, the ego problems and id drives were constantly dealt with in the endeavor to strengthen the patient's ego.

The superego concept may be theoretically unclear. Clinically we can understand the early development of superego and ego ideal, and the later moral aspects of the œdipal superego, and we can work with it in clear, defined fashion. But when the analyst tries to force his clinical experience into his theoretical mold, confusion frequently results.

At a meeting in the spring of 1961, the theory of psychoanalytic therapy was examined. One contribution attempted to formulate a theory of the nature of psychoanalytic cure, stressing the relationship between the ego and the superego; the author commented that more than a reconciliation between ego and superego has to occur to result in successful psychoanalysis. According to him, the ego actively invades the superego and ac-

quires a continuing ability to modify it. He stated, 'where super-ego was, ego should be', paraphrasing Freud's dictum about the relationship of the ego and the id: '... the therapeutic efforts of psychoanalysis have ... for their object ... to strengthen the ego, to make it more independent of the superego, to widen its field of vision, and so to extend its organization that it can take over new portions of the id. Where id was, there shall ego be' (10, pp. 111-112).

We agree that the ego should take over areas from the super-ego where it can handle reality more reasonably, reducing unreasonable autonomy, guilt feelings, and masochism imposed by the superego. But in the view of the author who paraphrased Freud, successful analysis causes the disappearance of the super-ego, which loses its identity and function. This recalls Alexander's concept of the superego: 'In a fully developed personality the superego has lost its connection with external reality. It is more or less rigid and has sunk to the depth of the personality. It is consequently to a high degree unconscious' (2, p. 145). Even earlier, Alexander spoke of the problem of the dissolution of the superego: 'Therapeutic endeavor must be directed against the superego whose prohibitions function automatically.... The dissolution of the superego is and will continue to be the task of all the future psychoanalytic therapy' (1, p. 32).

The analyst, whose paper I have been discussing, also had something to say about the changing values arising as a result of therapy. He said that the analyst must remain neutral to such changes. But he had, of course, overlooked the fact that we in effect introduce new values with our therapy right at the beginning of analysis, and that in analysis the patient is expected to and does acquire new values, behavior, and ways of functioning on the basis of his new way of thinking of himself and of evaluating his actions and feelings. Therefore, we cannot and should not avoid analyzing them. On the one hand the speaker emphasized ego analysis as the center of analytic therapy and, on the other, advocated passivity in the face of the emerging new values and ego attitudes.

Therapeutic success cannot be made dependent upon the disappearance of the superego and therefore on making the ego independent. It is true that the superego is a precipitate of the ego, and that the expansion of ego psychology has therefore also clarified the developmental phases of the superego—the early superego ideal and the œdipal phase of the moral superego. But if theoretically the superego is considered absorbed into the model of the ego, nevertheless, clinically we must differentiate, analyze, and integrate ego function and the functions of the superego, delineating its role in creating and maintaining pathological conflicts.

Much has been written in past years on the subject of modification, interference, and variation in psychoanalytic therapy and technique. These papers usually show a certain vacillation and confusion; they try to defend the classical orthodox method but propose that suggested technical variations are not active measures and interferences in the sense of Ferenczi (6, 7). These essays (3, 4, 15, 16) refer to various types of manipulation and their use in transference neurosis, to the humanness of the analyst, to his giving love to the patient, etc. As these variations imply active interference on the part of the analyst, they may legitimately be referred to as 'activity' though the very word 'activity' seems to be anathema to these writers. In fact these 'newly discovered' methods are all mentioned by Ferenczi (5), after he had modified and abandoned those of his 'active' rules which were intended to create 'painful' abstinence and had advocated instead a greater adherence to the basic rules and the substitution of 'suggesting' for 'forbidding'. Many seem to have forgotten that it was Ferenczi who first drew our attention to 'forced fantasies'—a term which many of us now use despite its clearly 'active' connotation.

No analyst doubts that exceptional cases need special technical handling, and that we meet very few cases of simple transference neurosis, cases with strong ego and some neurotic difficulty—e.g., slight unhappiness where steady interpretation and adherence to basic rules bring about good therapeutic results.

In some cases activity may be at a minimum, but in others—e.g., character difficulties and infantile patterns of behavior, borderline cases—analysis may stagnate or break down entirely unless active interference is used. The question is not whether to maintain absolutely strict neutrality but rather to what degree one should be neutral. What we have to consider, then, is how much activity there should be on the part of the analyst and at what stage of analysis. For example, at the end of therapy the analyst will often have something more to say than just interpreting why the patient wants to leave or why he is not yet ready to leave; even if he does no more than interpret the patient's reasons for leaving, this may involve active interference in the patient's decision. The patient often will be told not to make any important decisions, whereas the analyst himself makes the most important decisions affecting the patient and the entire course of analysis without previously discussing at any length the intended change.

Glover deals with some of these questions in his latest book on technique (12, p. 341) and his remarks on the whole problem of activity are very illuminating and instructive. He calls 'complete neutrality' something of a myth, and questions whether even the generally accepted rule of not making 'important decisions' is desirable.

All of us accept the fact that we do not analyze in the same way, and that within the basic framework of established methods we alter our technical approaches on the basis of indications for such technical handling of the patient, and because of experience. Teachers of the techniques of psychoanalytic therapy should emphasize these technical possibilities in clinical conferences and supervisory work. It is all well and good to tell students that if they do not know what to do, be silent, but the student must not come to think of variations in technique as a result solely of the analyst's personality, governed only by his intuition. As things are now, candidates in analytic training are generally surprised when the theoretical basis for active measures on the part of the analyst is pointed out to them. We know, for example, that Ferenczi advocated seeing the patient in his

own home in certain circumstances in order not to interrupt the course of the analysis; we know also that others have done and still do this either as an experiment of their own or following Ferenczi. Students should not be left to evaluate such techniques on their own, but rather must be shown the basic principles underlying them so that they do not rely merely on intuition.

Full discussion and airing of the problem is of importance not only for the sake of clarifying the theoretical principles involved, but more in order to eliminate the current vacillation in the teaching of technique. We all expect our patients to adhere to the basic rules of therapy, but we know that we cannot expect absolute obedience to these rules all through an analysis; a forbidding attitude and active interference in the case of every infraction gives no credit to the patient's ego functions.

At the present state of knowledge about technique we cannot say definitely what is right and what is wrong. Many analysts seem thoroughly convinced on correct procedure, believing everything else to be utterly mistaken. Of course, the 'correct procedure' is often that which was used by their own analysts.

There is ample room in our analytic work for technical intervention. It is rare for an analysis to be completed without the analyst's interfering at some time with the patient's acting out. Some analysts will not even start analysis of a homosexual or drug addict unless they try to stop such activities at the beginning of therapy. Those who follow the classical line make use of many variations in technique and at times change their attitudes toward their patients and the so-called basic problems. They will not refrain in certain circumstances from directing their patients. They talk of manipulating the transference and of 'dosing' the interpretations, or of intervening in an extra-analytic way, such as making financial arrangements or living arrangements. All these so-called 'active' methods are utilized in stages of resistance where analysis stagnates, or in situations where the standard technical methods are of little help. Close examination of cases with unsatisfactory results often suggests the analyst's judgment may have been at fault.

Although we should constantly emphasize the importance of

neutrality and of adhering to basic rules, we must also make clear to candidates that situations arise during analysis when experienced analysts set aside basic rules and interfere actively in order to further therapy. The candidate will learn to formulate his own methods within the framework of classical psychoanalytic technique, and also how to use variations in technique when necessary to further therapeutic progress.

Even if the analyst avoids active measures and restricts himself to interpretation, his own attitudes, his personality, and the way he feels about the patient and the material will come through.

Timing is an important factor in the therapeutic process. 'Dosing' interpretations is a technique of manipulating the transference relation that may be necessary in the course of treatment. During certain phases of analysis, the patient's emotional involvement with the analyst may have to be kept in check to prevent a revival of early childhood conflicts and emotions before the patient is able to tolerate them. Or again, the patient's defense against reviving early traumatic experiences may be so strong that he has to be helped to face their re-emergence. Though the therapist may take on the role of a 'mediator', he will have difficulty in certain situations resolving the confusions between the influences of the past and the present problems; and here the analyst's attitude to present problems and new values acquired as the result of therapy will certainly have a role in shaping the transference relation. Sometimes the role the patient imposes on the analyst may be difficult to handle, even when the patient is aware of the unreal expectations derived from childhood.

Active interference sometimes may be carried too far as a result of the analyst's intolerance of the patient's acting out in the analytic session. For example, a female patient brought up in one session some quite unpleasant material which referred to a particularly painful situation in the analyst's personal life. When the patient talked about it the intention of acting out aggressive feelings, the attempt to annoy the analyst, was quite obvious. The analyst stopped her with the remark that he did not want

to listen to or discuss it, and if the patient insisted on repeating it, the analysis would have to be stopped. The analyst's threatening termination of analysis naturally had to be corrected through understanding his countertransference reaction which had made him impatient and impulsive.

Another candidate discussed the problem of his patient's constant preoccupation with anti-Semitism. The patient had been reared in the South and had always classified Jews, Italians, and Negroes in the same category. His interest in the anti-Semitic problem meant criticism of the analyst, and also of analysis itself which he considered a Jewish science. After a period during which this issue was repeatedly brought up, the analyst forbade the patient to mention the subject again. In this case the analyst was also reacting impulsively, and the analysis came to a standstill. However, after a period the situation was corrected by the analyst, and the patient resumed work with much less anxiety.

Another patient with an aggressive character made fun of the analyst, imitating his speech and mannerisms. The patient attended an evening affair where he saw his analyst and observed his manner of talking, eating, etc. The patient's descriptions of the affair and his imitations of the analyst annoyed the therapist, just as the patient had hoped it would. The analyst tried to interpret the patient's reaction, showing him how much it had to do with the revival of his early repressed fears of criticism by authorities, parents, teachers, etc. However, the patient continued his sarcasm and criticism. Finally the analyst announced: 'You cannot talk to me this way. This is a way of behavior that I won't tolerate.'

In the examples cited the patients' acting out and their abreacting of inner tensions were connected with and reflected early repressions. But they put emotional strains on the analysts. One of my patients, a young woman, spent many months in analysis attacking, screaming, crying, and fighting. At the same time she was very dependent upon me; she expected, even demanded, that I think and act for her. Childish in her behavior, she required constant confrontation of infantile rela-

tionships and the present situation to make her coöperative and willing to accept adult responsibilities and a more realistic relationship in the analytic situation.

Winnicott writes: 'Acting out has to be tolerated in this sort of work, and with the acting out in the analytical hour the analyst will find it necessary to play a part, although usually in token form. There is nothing more surprising both to the patient and to the analyst than the revelations that occur in these moments of acting out. The actual acting out in the analysis is only the beginning, however, and there must always follow a putting into words of the new bit of understanding' (18, p. 289). He calls attention especially to problems of managing the patient with strong tendencies to act out and to techniques of providing in the analytic environment opportunity for the strengthening and growing of the 'repressed ego'.

In tolerating the patient's extreme outbursts of crying, agitation, screaming, or prolonged silence, the analyst sometimes has to play the part of the good parental image. Naturally, whatever is acted out must then be interpreted and expressed in words.

In an earlier paper (14), I discussed the countertransference problems of a number of candidates in training who tried all kinds of manipulation intuitively—active interference and silence—when they did not know what to do. Too often silence brought out their counterfeelings toward their patients. Naturally the analyst learns in the course of treating various types of patients that certain manipulations sometimes do not bring the desired results; in fact, they may even counteract his therapeutic aims. However, being aware of this possibility, the experienced analyst will be the better equipped to deal with the situation.

Above all, we must remember that the use of active techniques does not mean that the analysis is not classical. Without repeating the historical facts about Freud's own technique of interference—for example, that of advising certain patients, during specific stages of treatment, to expose themselves to situations connected with their phobias—and without reviewing Ferenczi's active measures, it is clear today that technique is

quite different from that of earlier periods of analysis. I certainly would not consider it a breach of classical procedure if, for example, I intended to clarify a situation by indicating the possibility of alternative actions. For instance, a young woman progressing well in her analysis was nevertheless somewhat afraid of company, of being exposed, and of being criticized. During these times she would be shy and silent. Then she was invited to visit out of town for a weekend; she discussed it at length and all the possibilities were interpreted: why she would or would not want to go, what would happen if she did or did not go, and so forth. Finally, I offered her the following suggestion: 'Suppose you do go and you feel that you are uncomfortable, or you feel panicky, what will happen? You can always take a train and come back.' The patient followed this suggestion. As it happened, she had a very pleasant time and it gave her a new experience, being exposed to and tolerating the difficulties without running away from them. Nor is this a unique example. I am sure other analysts have done this also, without considering it active interference.

There are cases where interference is even more clearly necessary. One such patient was silent at certain times but hyperactive at other times—acting out, singing, or falling asleep during the analytic hour. One would think that analysis in such a case would hardly be possible since this resistance was really a defense against analysis. As he put it, he wanted to find me out, to analyze me and my reactions, to see whether I would give him up, and whether I would be the weaker one in the battle. His songs for him were magic, recreating the early childhood situations when his mother or nurse sang him to sleep and protected him from the world. Real life became more and more meaningless to him. Although he was very intelligent and intuitive, his sense of reality was submerged. Constant interpretation did not help; he made fun of it. In addition, he began to act out more and more outside of analysis; if continued, his behavior would threaten his business and marital life. Only by understanding and constant exploration of his ego defense against reality func-

tioning, in addition to constant focusing on his physical symptoms (which he aggravated against the advice of his medical doctor), was it possible to bring him to some insight of his behavior. I had to spend a long time in analysis suggesting and re-educating, which is necessary in certain character cases and in cases of infantile personality structure, and which always involves active technique.

Today we tend to treat what would have formerly been considered unapproachable cases, which leads us to deeper insight into the therapeutic process and adds to our armamentarium.

Ernest Rappaport (17) writes about the therapy of borderline cases with weak ego or ego deformity, and describes an approach to treating such patients from the initial stages to the time when real analysis begins, which he calls 'preparation for analysis'. The cases described by Rappaport indicate how much the theory of technical proceedings and handling has to be reoriented from what was considered the classical technique of psychoanalysis. With such weak, unyielding patients, who show a deep regression, the basic problem in the beginning stages, as Rappaport emphasizes, is the struggle to maintain the patient's relationship with the therapist and a degree of ego strength. The problem is to preserve the ego instead of creating with the therapeutic interference itself a still deeper regression.

The first step in Rappaport's approach was to give some support directly to the patient so that he was able to tolerate and cope with current conflicts. Rappaport did not attempt any reconstruction or interpretation, but limited himself to strengthening the patient's ego through guidance of his everyday contacts and life. In this way he was able to reduce the rigidity of the patient's dependence and resistance before starting with regular analytic procedure. Naturally this involves manipulation and the type of management Winnicott (18) drew attention to in his cases that were threatened by problems of regression in the therapeutic situation.

Glover has written about 'the policy' of ego strengthening and its relationship to the type of manipulation Rappaport

mentions. He states: '... it should therefore be our object to re-enforce those parts of the ego which are less affected by guilt processes and through which the patient's capacity for positive contact can be increased. The same policy should be followed when encouraging the patient to make decisions regarding his life and work which owing to a feeling of inertia he is unable to make himself. ... Naturally, these maneuvers are adopted only when it is clear that ... our attitude or advisory interference will not be construed as a hostile or reproachful gesture' (12).

Deviation from regular procedures may be based on the personality and temperament of the analyst and yet achieve a degree of success, but we need to keep in mind that deviation from classical technique should not be based on the analyst's personality and temperament alone. Obviously they may stem from the analyst's countertransference, but when this is too excessive results are invariably bad. What is going on in a given case must be understood apart from personal, subjective feelings in the matter. Tactful application of active measures always derives from the analyst's objectivity and understanding, and indicates his real empathy with his patient.

Above all we should keep in mind that Freud claims the name 'psychoanalysis' for a form of therapy which does not involve manipulating the patient deliberately; and we should remember his warning about the importance of the effects of an analyst's imperfections on the course of therapy—especially the dangers of manipulations of the analysis arising solely out of the analyst's countertransference.

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Sociopolitical Functions of the Œdipus Myth in Early Greece

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SOCIOPOLITICAL FUNCTIONS OF THE ŒDIPUS MYTH IN EARLY GREECE

BY GEORGE DEVEREUX, PH.D. (NEW YORK)

The psychoanalytic study of social and cultural phenomena seeks to translate subjective, unconscious, psychological processes into objective, sociocultural data. This problem was first broached by psychoanalysts primarily in terms of paleopsychological speculations regarding the origins of culture, relatively little information being then available regarding concrete examples of the manner in which—under pressures of stress—unconscious conglomerates of impulses and fantasies are transformed into myths or customs.

As the œdipal myth is, from the psychoanalytic point of view, the nuclear example of this transformation of a subjective complex into a cultural phenomenon, it is proposed to discuss the probability that this myth—as distinct from the œdipus complex—may have been evolved in response to certain sociopolitical stresses resulting from the ultimately successful pressure of the Sky-God-worshipping Hellenic invaders to impose patrilineal descent and patrilineal inheritance laws and practices upon the but half-conquered, Earth-Goddess-worshipping, matrilineal, pre-Hellenic inhabitants of Greece.

It is, of course, clearly understood that the œdipus complex is a universal, developmental human phenomenon, wholly independent, in all its essential aspects, of the specific nature of the society and culture into which an individual is born. It is unnecessary to appeal to highly speculative paleopsychological arguments to provide a biological basis for the œdipus complex, since there exists an observable biological fact, which readily explains the universality of the œdipus complex in man, and only in man (5).

The human female is unique in being sexually receptive even during pregnancy and lactation. She is therefore hormonally

and psychologically the only female capable of experiencing simultaneously both sexual and maternal emotions. It has been shown elsewhere—both by analysis of the Œdipus myth (2) and by clinical data fully confirming my interpretation of it (9)—that it is most efficient and economical to derive the œdipus complex from parental counterœdipal impulses. The simultaneous presence of sexual and maternal attitudes in the human female entirely suffices to explain why the œdipus complex is a universal and, indeed, a species-characteristic complex of mankind only. Freud stated that it is the pivot of man's differentiation from animals and of the development of the human psyche and of human culture (11) which, as I have shown, must be viewed as coemergents (3).

This conception of the œdipus complex fully dovetails with Lowie's (15) cogent argument, that apes cannot possibly commit incest, because kinship is a psychocultural concept that has no meaning for the ape. The biological fact that a given female happens to be his mother, daughter, or sister has no psychic significance for the ape and therefore no motivational force for the male ape who finds himself in the presence of his sexually receptive mother, daughter, or sister; hence, it can neither impel him to reject 'virtuously' nor seek 'neurotically' or 'criminally' sexual cohabitation with his female relatives.

The demonstration that the genesis of the Œdipus myth—as distinct from the œdipus complex—had certain sociopolitical determinants in ancient Greek society therefore strengthens, rather than weakens, the freudian position regarding this complex and its nuclear importance in human psychology. What we propose to discuss here are simply the factors which cause a subjective (and partly unconscious) psychic constellation of impulses and fantasies to erupt into consciousness, and—as a defense against this return of the repressed—to become depersonalized and incorporated into culture, by the transformation of subjective fantasies, for which one has a personal feeling of responsibility, into a culturally sanctioned myth for which one does not feel responsible (6, 7).

THE SOCIOPOLITICAL SETTING

Despite wide divergences in the appraisal of details, many classical scholars affirm that the principal problem confronting the Hellenic invaders of Greece was the incompatibility of the Earth-Goddess-worshipping, matrilineal culture pattern of the pre-Hellenic inhabitants of Greece with the Sky-God-worshipping, patrilineal culture pattern of the conquerors.

Considerable effort was required to syncretize the female deities of the pre-Hellenic people with the male deities of the Hellenes; to define the relationship between them; and to impose the view that the ancient local goddess Hera, for example, in marrying the invading Sky-God Zeus became subject to his authority according to the Hellenic pattern, instead of retaining her hegemony which, according to the ancient local pattern, mother-goddesses exercised over their boy-son lovers, who were designated by the term *paredros*. It is permissible to speculate that the innumerable references in Homer and in many other sources to constant bickerings between Hera and Zeus may represent remote echoes of this forcible blending of two pantheons. An even more striking echo of this struggle for power between Zeus and Hera is the birth of Athena and, to a lesser extent, that of Dionysus, and of Typhon and Hephaestus.

In various versions of the myth we find that Zeus and Hera entered into a contest of parthenogenetic parenthood. Hera managed to give birth parthenogenetically to Typhon and, perhaps, also to Hephaestus, after being angered by Zeus's giving birth to Athena. Regarding Athena's birth, two versions exist. In one, Zeus causes Metis to become pregnant with Athena, and then either swallows the pregnant Metis, or else transfers the already conceived Athena into his own belly. In another version Athena is born, clad in full armor, from the head of Zeus. A less specific pregnancy and birth is exemplified by the myth of Dionysus. After killing his pregnant mistress, Semele, Zeus rescues his unborn son, Dionysus, by slitting open his own thigh and placing the foetus into this substitute womb. Surely a

male god would not have 'demeaned' himself to the point of seeking to become a mother had the absolute supremacy of male over female been fully established at the time this myth came into being.¹ It is an important fact that Athena—originally herself a local pre-Hellenic goddess—subsequently becomes an obedient tool of her father Zeus's will.

The struggle for supremacy between male and female deities swayed back and forth for a long time. According to one etymology, the name, Poseidon, simply means Husband of the Lady, suggesting that Poseidon was not granted at once supremacy over his spouse.

On the human level, the conflict assumed its most acute forms in connection with the transmission of royal powers. Graves' extreme views apart (12), the findings of conservative classical scholars suggest that in pre-Hellenic Greece kingship was not inherited by the king's son, but by the one who at specified intervals ritually killed the current king and married the queen. In the transitional period there appear to have been instances—such as the violent death of Oenomaus when his daughter married Pelops—where the successor was the man who killed the king and married his daughter.

A lingering echo of this tradition is found in the *Odyssey*. Although Odysseus was a just, well-established, and beloved king, not without great difficulties was he able to bring his bride Penelope to his own kingdom of Ithaca, instead of assuming a matrilocal residence as did so many of the early kings. His son, Telemachus, found it quite impossible to enlist the support of the Ithacans against the suitors who sought to become the heirs of Odysseus by marrying his supposed widow, Penelope. This lack of support for Telemachus' claim can only be viewed as the result of a still altogether insufficient acceptance of the principle of patrilineal succession to the throne. This simple fact is partly obscured by the many references in

¹ One is reminded in this context of such primitive practices as the *couvade* (16), and of Róheim's analysis of the Australian 'father-with-a-vagina' complex (17).

the *Odyssey* to the number and power of the suitors and by its description of Telemachus as weak, young, and like Hamlet in his vacillations (14, 8). Paradoxically, Telemachus' sole support is the originally pre-Hellenic goddess Athena, now a faithful adherent of the new system. She lends her assistance to Telemachus in his claim to kingship by right of patrilineal inheritance. This supports the interpretation that Telemachus' practical difficulties are rooted in the conflict between two traditional modes of inheritance. Indeed, although Telemachus' claim is based on the patrilineal principle, he seeks to obtain sovereignty with the help of a pre-Hellenic goddess, Athena. To restate this important distinction, his abstract claim is based on the principle of patriliney; his method of seeking to gain his inheritance is, however, related to the ancient principle of kingship acquired with the help of, and in a manner agreeable to a goddess. This distinction is crucial. A correct interpretation of the social function of the Œdipus myth necessitates that a distinction be made between the principle in terms of which inheritance is claimed, and the accepted means for gaining possession of it.

THE SUCCESSION OF ŒDIPUS TO THE THRONE

The crucially relevant episode of the Œdipus myth is that Œdipus does inherit his kingship from his father in accordance with the Hellenic principle of patrilineal succession, but gains possession of it in accordance with a pre-Hellenic ritual: he kills a king who is his father, and marries a queen who is his mother. Anthropologically, the accession of Œdipus to the kingship by means of a traditional rite, whose ideological basis is already in jeopardy or even obsolete, accords with the principle that rituals often outlive their ideological basis and are placed in the service of a new ideology.²

Curiously enough, echoes of this duality are found in the lost sequel to the *Odyssey*, which reports that Odysseus was

² A familiar example is the rite of the Christmas tree. It is one of the many pagan rituals incorporated into Christian practice.

eventually killed by Telegonus, his son by Circe, whereupon Telegonus, together with Penelope and Telemachus, goes to the island of Odysseus' erstwhile paramour, Circe, where Telemachus marries Circe while Circe's son marries Penelope (18)!

These observations help view the tragic majesty of the *Œdipus* myth as the product of an attempt to syncretize patrilineal principles of inheritance with matrilineal techniques of gaining possession of the inheritance. It clarifies the socio-political function of the *Œdipus* myth in the transition from pre-Hellenic to Hellenic society. Thus, the *Œdipus* myth, even though it arouses an Aristotelian 'horror and pity', is, in the last resort, also a 'cautionary tale' of immense proportions and scope. Some champions of the old system seem to say: 'You wish the kingship to be inherited by the king's son? Very well then! Since only the old, matrilineally oriented ritual of accession validates kingship, you must anticipate and accept the slaying of the father by the son and the subsequent marriage of the son with his mother. That is what *Œdipus* did. Behold the consequences!'

The thesis that the *Œdipus* myth has a major political significance is supported by the myth of Theseus. Like *Œdipus*, he was exposed to death, albeit for the public weal: he was sent to Crete, as part of Athens' tribute to Minos. Having seduced Ariadne, the daughter of Minos, he killed the monstrous Minotaur with her help. On his return to Athens, he 'forgot' to hoist the white sail, which was to have signaled to his royal father his safe return, whereupon the king committed suicide, thereby 'accidentally' vacating the kingship for his son.

In this myth, marriage between mother and son is transposed to the next generation. Theseus' wife, Phaedra, falls in love with Theseus' bastard son, Hippolytus, who rejects her advances, because, being a devotee of chaste Artemis, he is presumably impotent, as Phoenix became impotent after committing incest with his father's favorite concubine (4). The frustrated Phaedra thereupon hangs herself, after falsely accusing Hippolytus of having raped her: Jocasta, it may be recalled, hanged herself after truthfully accusing *Œdipus* of having

married her or, according to an earlier version, of having also raped her as soon as he had killed Laius in combat (2). The deceived Theseus curses his son who, as a result, is killed under dramatic circumstances.

These parallels are not mere coincidences. Theseus plays a crucial role in establishing the supremacy of the male in Hellenic Greece. He accomplished this mainly by his daring convocation of the Athenian Areopagus which absolved Orestes of the crime of matricide and freed him from persecution by the pursuing Erinyes—a judgment which established, once and for all, that a son was more closely related to his father than to his mother. This celebrated deed tends to obscure the fact that, in befriending the blind and homeless Œdipus, in providing him with a retreat at Colonus, and in giving him a hero's burial, Theseus also broke another lance on behalf of the new system of patriliny. He gave protection and honor to the man who acceded to his father's kingship in accordance with the new law of patrilineal inheritance, albeit by means of the ancient ritual of killing the king and marrying the queen.

Another notable parallel is that, having become kings 'accidentally' by causing the death of their respective fathers, Œdipus and Theseus both established dynasties which rapidly went down in chaos. The struggle for Œdipus' succession led to the War of the Seven, and then to the War of the Epigoni against Thebes. Theseus' direct succession, too, ended in chaos in the very next generation, power being wrested from his sons by his distant nephew, Menestheus. These aftermaths of the 'irregular' manner in which both Œdipus and Theseus succeeded their fathers—comparable to the troubles of Telemachus—show that the old system was reluctant to relinquish its hold on the imagination of the people. Homer side-stepped the issue simply by bringing back Odysseus, thereby leaving the rule of succession in Ithaca undecided. The Telegonia also leaves the problem undecided as regards Ithaca, but clearly returns to the ancient system in Circe's country by having Odysseus' two sons marry their respective stepmothers. The myths of Œdipus and of

Theseus bring the issue to a head, and seemingly resolve it in favor of patriliney, though the new system leads to chaos in the very next generation. The case of Phoenix is even more extreme. He commits incest with his stepmother and becomes impotent; hence, the problem of his founding a patrilineal dynasty does not even arise (4).

A few words should be said here about the concept of hero in ancient Greece. First, nearly all the cities made famous by the deeds of heroes were pre-Hellenic settlements. They were the cities where the struggles between the conquered pre-Hellenic population and the conquering Hellenes took place (10). Second, the conduct of most of the mythical heroes was anything but virtuous. Now, broadly speaking, even though all heroes were guilty of countless crimes by ordinary standards, the Greeks tended to differentiate between primarily meritorious heroes such as Œdipus, Theseus, Herakles, etc., and truly villainous heroes, such as Aegisthus (slayer of Agamemnon and paramour of Clytemnestra), Salmoneus, Tantalus, etc. This distinction would be understandable and transparent enough, were it not for two curious facts, cogently highlighted by Harrison (13). The first is that, according to Greek belief, the worship of heroes did not necessarily involve the expectation of receiving positive benefits from the sacrifices offered them. Some of these sacrifices were perhaps more in the nature of bribes to induce the heroes to refrain from harming the donors. This attitude is not unique. The sacrifices offered by the Sedang Moi of Indochina to the Thundergods are, likewise, solely intended to avert harm, and not as inducements to grant benefits (1); moreover, as Angelo Brelich, Professor of the History of Religions in the University of Rome, kindly pointed out to the author, sacrifices to the Olympians were afterwards partly eaten, because one may share sacrifices with the living gods, whereas those offered to the heroes of the past and to chthonian deities were entirely given over to the flames because one may not share a banquet with the dead. In other words, both 'good' and

villainous heroes were dangerous. Often the sole benefit one derived from their cult was that they could be induced not to cause harm.

The most perplexing problem, however, is one specifically analyzed by Harrison (13). The paradoxical epithet, 'blameless', is apparently given only to villainous heroes like Aegisthus or Salmoneus. According to Harrison, this curious epithet underscores the fact that the villainous heroes were not simply antisocial. Their deeds were largely motivated by their adherence to the ancient, pre-Hellenic ways. Unlike the 'heroic' heroes, they are the heroes of the conquered. They are held in qualified admiration by the conquerors, somewhat in the manner in which, in contemporary America, the Indian 'villains' of the nineteenth century—Geronimo the Apache, Sitting Bull the Sioux—have become heroes of American history. Oral tradition and imagination—even in Hollywood—after decades of heroic-cowboy versus wicked-Indian plots, is beginning to turn out westerns in which the roles are reversed.

All these elements and many others suggest that the great crisis of Greek society—far exceeding in importance the Trojan War, the Persian Wars, and the Peloponnesian War—was the struggle for the supremacy of the patrilineal system over the matrilineal, which led to the attempt to blend the two cultures into a functional whole. One decisive element in this syncretistic conflict is the emergence of the Œdipus myth as a traditional cautionary legend, or as a conservative political manifesto, which played an important role in the gradual shaping of the Homeric Greek state.

These findings do not call for a modification, or for a so-called neofreudian 'culturalization' of the œdipus complex. On the contrary, they illuminate the tremendous role which the œdipus complex in its classical form plays in all human affairs, be they subjective or sociocultural. No realistic conception of man as a phenomenon *sui generis* is possible without assigning a nuclear position to the œdipus complex in social science as well as in psychology.

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Notes on Negation, Affirmation, and Magical Thinking

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NOTES ON NEGATION, AFFIRMATION, AND MAGICAL THINKING

BY ARYEH FEIGENBAUM, M.D. (JERUSALEM, ISRAEL)

In a former essay (4) I tried to defend two theses with regard to the linguistic origin of verbal negation and affirmation by determining the origin of their verbal utterance in adult speech in a goodly number of languages, and by tracing negation to the earliest sounds produced by the infant while taking the breast; namely, the labial sounds *m*, *b*, and *p*, and the nasal sound *n*. The origin of the phenomena found in expressions of consent and refusal were traced to a primary biological function dominant during the oral-libidinal phase—the opening and closing of the mouth. These acts express in the first case a readiness to receive food and a kind of contentedness, which psychologically would represent affirmation and in the latter case aversion and a kind of defense which would be negation. This agreed with Freud's formula based on the pleasure principle: 'It is to be *inside* me' or 'It is to be *outside* me', respectively.

Though evidence for the supposition about opening and closing the mouth will be somewhat supplemented in the following, this alone would not justify the present communication if it were not for amplification and proper elucidation of the second thesis. The latter referred to the fact, remarkable from the psychological point of view, that in a number of widely separated and unrelated languages, negative particles or particles nearly related to negation in the particular language are often used to mark or to introduce a question, a doubt, or a conditional statement. Weighty evidence was adduced to this effect, which seemed to show the psychologically negative quality appertaining to utter-

In memory of Dorian Feigenbaum, on the seventy-fifth anniversary of his birth (19th May, 1962).

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ances of this kind. But, except for the assertion that there are linguistic indications that manifestations of negation toward the outside world are among the most archaic of human psychological categories, and that a certain negativism is a primary normal attitude (which, though correct to a certain degree, does not touch the core of the question), no proper explanation was given for these and related linguistic indications. This then is the main purpose of the present article. The hope expressed in the first publication is maintained: that the material under discussion will some day be dealt with on a larger scale by more competent experts.¹

I

Some general reflections about the nature of language and its relation to psychology may serve as an introduction. A well-founded supposition in modern linguistics should be borne in mind, that evolution and growth of language, of *each* language, is from the awkward and complicated to the simple, and not inversely from the simple to the complicated. The latter view is frequently suggested by those who fallaciously try to derive the origin of human language from the way children imitatively acquire a language from persons around them. From significant indications, one must imagine that the starting point for human speech during a prolonged period was necessarily the emotional cry inherited from man's animal ancestry, possibly some kind of singsong that accompanied moments of joy (love-making, etc.). Most of the clarification and simplification within the verbal intercommunication was dependent on the use of verbal symbols (coupled with gestures). Primitive and archaic indeed,

¹ Being at the moment in a similar precarious position, the writer may quote Freud's introductory words to Chapter III of *Totem and Taboo*: 'Writings that seek to apply the findings of psychoanalysis to topics in the field of the mental sciences have the inevitable defect of offering too little to readers of both classes. Such writings can only be in the nature of an instigation: they put before the specialist certain suggestions for him to take into account in his own work' (10, p. 75).

the most essential part of the process must have taken place during the remote early infancy of the human race—followed, of course, for an inestimable period by immense growth. The quantitative share of this early prehistorical phylogeny, *mutatis mutandis*, might be compared to the total amount of experience gathered during an individual's first three years, enormous in proportion to the experiences during the rest of his life.

In a fascinating booklet, Hans Sperber (27) tried to show the role of emotion in bringing about the changes which every language undergoes in the course of time. The author distinguishes between two main aspects of primal language: 1, the expression of individual emotion, and 2, its use as a medium of intercommunication. 'Formation of language was preceded by a stage in which the human being was able to utter sounds [cries] but used this faculty only to give vent to excitement.' In the interest of communication these sounds gradually became articulated. In this continual process of change—the dynamic struggle between emotional expression and speech that served communication—the tendency to compromise must have necessarily produced a series of peculiar lingual manifestations which reflect the conflict between the two components. In time, however, the emotional component becomes less and less pronounced. It is recognized that the gradual change in language affects not only the names of objects and activities that appear in a sentence but also its syntactical structure.

Phylogenetically then the development of language takes its course under many powerful factors and consists in amassing verbal utterances, adapting them gradually to communication, after which there is a sort of simplification with increasing accuracy of expression. In historical times the most important changes and progressive strides made in this direction in civilized languages can be retraced by the inductive method, based especially on the 'backward' consideration of the history of language, the most fruitful source of information. This is the original contribution of Otto Jespersen toward the elucidation of the nature, development, and growth of language, which is an addi-

tion to the methodical study of the language of children and of primitive races.²

In historical times this simplification can be shown, for example, in the gradual disappearance of the dual number form of noun, pronoun, and verb, in the disappearance of complicated tenses and reduplication (which had served to strengthen the expression or to form 'frequentative' or 'desiderative' verbs), and, what interests us here in particular, in the disappearance from language of multiplicity of negation, especially of the particle that serves for the expression of prohibition. The prohibitive negation *mē* no longer exists in modern Greek. In Latin the prohibitive *nē* also gradually disappeared, entirely so from all Romance languages. The unemphatic *nē* in French is used only in conjunction with other words of Latin derivation, like *nē . . . pas*, *nē . . . rien*, *nē . . . point*, etc. In comparison to Biblical Hebrew (earliest times to 200 B.C.) which contains about six particles of negation (*ma*, *im*, *bal*, *al*, *lo*, *ayn*), the Hebrew of the Mishnah (about 300 B.C.—300 A.D.) has only three (*lo*, *al*, and *ayn*); the remaining ones (*ma*, *im* [in oaths], and *bal*) even in Biblical times were negations in poetry only.

Unquestionably, a source of imprecision in primitive speech is the ambiguity caused by human ambivalence. Its vestiges, as we have seen (4, pp. 243-258), are abundant in all languages, a point to which we shall return later.

In a discussion about the relevance of depth psychology to linguistics it is impossible not to quote Freud's remarks about philology (7, pp. 165-178). He shows why this branch of science should be able to help psychoanalysis and by implication how vice versa psychoanalysis could help linguistics. He calls attention to the common features of early (archaic) phases of lin-

² Cf., Jespersen's beautiful summing up at the end of his book: 'Language, then, began with half-musical unanalyzed expressions for individual beings and solitary events. Languages composed of, and evolved from, such words and quasisentences are clumsy and insufficient instruments of thought, being intricate, capricious, and difficult. But from the beginning the tendency has been one of progress, slow and fitful progress, but still progress toward greater and greater clearness, regularity and pliancy. No one language has arrived at perfection' (17).

guistic development and the equally archaic language of the unconscious. The first instance is the ambiguity of the various elements of dreams which are paralleled in the ancient system of pictorial writing. 'In dreams', he says, 'it is above all the sexual organs and sexual activities which are represented symbolically instead of directly. A philologist, Hans Sperber [28], of Uppsala, has only recently (1912) attempted to prove that words which originally represented sexual activities have, on the basis of analogies of this kind, undergone an extraordinarily far-reaching change in their meaning' (p. 177). Especially interesting here is another remark in Freud's paper which has a bearing on the attempt at elucidating the origin and meaning of certain syntactical usages. He refers to the curiously elliptical mode of thought in dreams as well as in ancient systems of pictographic script where connecting links are omitted. In both domains these must be supplied from the context in decipherment of the elements. And it may be added, this approach, derived from psychoanalysis, enables us today to unearth the hidden meanings and motives which have partly or altogether lost their emotional origin in phrases and syntactical usages in more modern and even living languages.

In linguistics, of which the modern period began some one hundred fifty years ago, there have always been judicious men who recognized that language and psychology are thoroughly intertwined. But even today when semantics is fashionable, i.e., language in its broadest aspect, the spoken, written, gestural, and symbolic, the contribution that psychoanalysis has made and is still making toward its exploration is not sufficiently appreciated, sometimes even not 'recognized', naturally to the detriment of a proper understanding. A scholarly work by W. Havers (15) deals with empirical research of language and undertakes 'to describe the facts empirically and to explain them through detection of the conditions and driving factors'. In spite of the rich factual material collected, a mine of wealth in the domain of psychopathology of speech and writing, stylistic and syntactical aberrations, Havers does not use true psycho-

logical reasons, nor explain why and how the anomalies which are encountered in speech and writing occur. He is content to list and describe them and to give shallow formal explanations³—in short, he unfortunately 'is not endowed with the fine hearing for unconscious processes'(25).

The so-called 'emotional abundance' (12, p. 375) in speech manifests itself in heaping synonyms. All kinds of grammatical mistakes are made because of a 'tendency to emotional discharge'. 'Not concerned with the rules of logic, negation frequently hastens toward lingual expression, and owing to the so-called "emotional power of negation" [29, p. 69]⁴ it presses

³ Havers agrees with Weimer, for whom the main feature of the parapraxis in speech is the (incomplete) breakdown of 'the three principal functions, attention, memory and thinking . . .' (15, p. 56). He quotes Wechsler 'who years ago found the right formula for slips of the tongue: "The speaker does not need . . . to turn his attention . . . to what he is going to reproduce; he speaks . . . *without noticing* what and how he is speaking; and it has to be welcomed, if latterly preference is given to the expression 'unnoticed' over the unfortunate 'unconscious' . . .". The source for *unnoticed*, *Zur Grundlegung der Sprachwissenschaft* by E. O. Otto, is given on page 222. The only quotation that I found from Freud's *Psychopathology of Everyday Life* is inaccurate and flattened for the author's purpose (p. 75). Amman is cited (p. 224): 'In each sentence spoken actually by man to man one has to keep distinct what [the sentence] purports in itself and what the speaker intends to say thereby to the listener'. And Fr. Polle (*Was denkt das Volk über die Sprache?* Third edition. Leipzig: O. Weise, 1904) produces documentary evidence for the fact how often 'even careful writers say not only something different from what they intend to say but . . . exactly the opposite . . . and it is *frequently the negation* [italics mine] that plays one the nasty trick'. 'Negations are everywhere an essential part of speech of which the etymology frequently goes back to primitive interjection of disgust, and the logical character they carry in civilized languages, under primitive standards, recedes before the feelings of antagonism and defense' (p. 157).

⁴ We could thus go on producing psychological catchwords, for instance 'emotional paucity of words'. In *King Lear*, asked by her father: 'Which of you [three sisters], shall we say, doth love us most?' Cordelia (whose 'love [is] more richer than her tongue') says:

Nothing my lord.

Lear: Nothing?

Cordelia: Nothing.

Lear: Nothing can come of nothing . . . (I, i).

The 'emotional power of negation', however, is pathetically illustrated by another quotation from *King Lear* when the latter, carrying dead Cordelia in his arms, exclaims: 'No, no, no life . . . O, thou wilt come no more, Never, never, never, never, never!' (V, iii).

forward as far as possible to the head of the sentence' (e.g., *non post multos dies . . .* 'not after many days . . .'). Tendency toward a full and powerful expression of negation, it is well known, is the reason the simple 'no' is frequently replaced in Latin by *nunquam*, *neque*, *nullo modo*, *nulla ratione*, etc.; in English by *never*, *not a bit*, *not a scrap*, *not a jot*, etc.; in German by *nimmer*, *nie und nimmer*, etc.; in Mishnaic Hebrew 'he did not do but nothing', etc. Sperber was mentioned but not discussed by Havers.

A few words on *affirmation*. It is in the nature of things, already discussed by the writer (4), that antithetic affirmation and negation are an unequal pair. While the latter is in general expressive, militant, and conspicuous, the former, in general is unemphatic and conciliatory, and becomes expressive only in cultivated and polished language. Yet, whenever in ancient writings, or even in our own day, one comes across a strong assertion, strong hidden ambivalence must be suspected (*vide infra*).

In the child's early language there is no 'yes'. The child simply does what he is asked to do, while 'no' appears quite early. Affirmation is sometimes expressed by repeating the question, its last word, or even the last syllables of this word, which is a kind of 'echoism'.⁵ In conformity with this behavior in infancy we find by retrograde investigation that the further back we go in the history of language, the less does affirmation seem to be established as an independent verbal expression. Thus in classical Hebrew there is no word for 'yes', an archaic condition in language. An affirmation may either be expressed by: 'It shall be as you say' (the ambivalent form is: '*loo*, it shall be as you say'; in the Septuagint: *esti kata to rhēma sou*), or by repeating the request positively with the corresponding grammatical change (19): 'Will you go?' 'I will go!' (Genesis, XXIV: 58); 'Are you witnesses?' 'Witnesses!' (Joshua, XXIV: 22). An-

⁵ Children between the ages three and six, in answering a question, occasionally (and sometimes habitually) use the word 'why' in the sense of 'because' (24). In the same way uneducated adults, e.g., in the Jewish-Spanish dialect or in Hebrew, may use their interrogative 'why'—*porqué* and *lama*, respectively. This may be a residue of an echolike infantile repetition.

other, very characteristic example: '. . . the woman said, "art thou Joab?" And he answered, "I am [he] (*āni*)". Then she said unto him, "Hear the words of thy handmaid". And he answered, "I [do] hear (*āni shomé'a*)"' (Second Samuel, XX:17). The particle which in later Hebrew is equivalent to 'yes', namely *ken*, originally meant 'certainly', 'true'.

In ancient Egyptian too, as quoted by H. Grapow (13, p. 56), after having been asked or ordered to do something, the person's answer is *iry.i mk iry.i iry.i*, 'I do it, I do it'. Yet Grapow translates anachronistically: 'Jawohl (!), ich tue es'. In Akkadian, *annu bēlī annu*, 'this, my Lord, this' stands for 'yes'. In classical Arabic, *na'am*, 'agreeable' means 'yes'. In Latin, *aio*, 'I assent', essentially means: 'I say *ai* (yes)' but there seems not to have existed an independent *ai* except as imperative of *aio*, while there was a more or less independent 'no'.

In ancient Greek the *naï* (when not used in the meaning of 'certainly') was taken up for strong affirmation (as in oaths and solemn assertions). The person addressed used to repeat the request, either with the corresponding grammatical change (for example, *sy oun élexas tauta?*, 'did you say this?'—*élexa*, 'I said'), or with *ésti tauta (tautá esti)*—'this is (so)', or *málista*—'most certainly'. In Biblical Hebrew the device for affirming something strongly is to repeat the important word.⁶ To inculcate something (a strict order, warning, threat, etc.) or to express deep emotion, a verb, usually as an infinitive, is frequently repeated (and put before the imperative or the future tense). Thus, what in The King James Version of Genesis, XV:13 is rendered: 'And he said unto Abram: *know of a surety* that thy seed shall be a stranger in a land that is not theirs . . .', literally reads: '. . . *knowing* [to know], *know* . . .'. Similarly this way of emphatic expression occurs in numerous passages.⁷ In First Kings, II:37 even two emphatic expressions of this kind can be

⁶ Of this the writer was reminded by Edmund Wilson in a passage of his book (30, p. 389), starting with the sentence: 'The [Biblical] Hebrew language is also emphatic to a degree with which our language can hardly compete'.

⁷ Genesis, XX:7; XXXI:30; Joshua, XXIII:18; Judges, IX:8; First Samuel, XX:3, 9; XXVIII:1; Jeremiah, XXVI:15; XLII:6, 10, 22; Psalms, CXXVI:6; and so on.

found next to each other. Thus, '... Thou shalt know of a certainty that thou shalt surely die' (The King James Version), in the original literally reads: '*Yado'a taida', ki moth tamuth*' ('*knowing* [to know], *know*—that *dying* [to die], *you will die* . . .').

From all this it follows that, regarding affirmation, a parallel can be drawn between ontogeny and phylogeny.

II

Grammarians and lexicographers for the most part are content with clever and erudite derivations of words and with analyzing linguistic structures, but when they try to explain the driving motor behind this or that expression, they usually remain in shallow waters. Some examples may be quoted or repeated before we discuss the psychological reason or reasons for the frequent syntactical use of a negative particle (or its derivative) as a rule at the beginning of an interrogative (principal or subordinate) clause, or of one containing a doubt or a conditional statement, as well as in exclamations of surprise, of an ardent wish, etc. As evidence for this thesis we shall first review the ways some languages express the simplest questions, and we shall present a selection of particles that introduce the relevant clauses, where it is either certain or most probable that they are derived from a negation.

Starting with ancient Egyptian (where *n*, *nn*, and *m*, and later *bw* and *bw pw*, were used for negation), a few examples may be cited from H. Grapow's collection (13, pp. 10, 65, and 14, respectively): 1, *m pw* (*m* being the interrogative particle)—'what is it?'; 2, *ntk nim* (who?) *tr*—'who are you?'; 3, *in* (interrogative particle) *iw.k mi šs*—'do you feel well?'.

In Semitic languages *m* and *mn* are primitive particles that express privation or negation. The equivalent for 'who?' is *mi* in Hebrew (negations were mentioned above); *min* in Arabic (negation: *ma*, *lam*, *la*, and the ancient *in*); *man* in Aramaic (negation: *la* and *la-u*). 'What?' in Hebrew is *ma*, in Arabic *ma*, in Aramaic *ma*, *ma-i*.

'Why' in Hebrew is *madu'a* (contraction of *ma* + *yadu'a*, originally: 'not known') and 'what for?' is *lama*, which has the same use in Syriac and Arabic. In Aramaic, as well as in Mishnaic Hebrew, *lama* also means 'nothing'.

'If' and 'whether' in Biblical Hebrew are *loo*; 'if not' is *im lo* and *loolay*. In Mishnaic Hebrew 'if' and 'whether' are *im*, *illu*, *ilmalay*; 'if not' is *im lo*, *illulay* and (again!) *ilmalay* (some of these particles contain two or three negations, respectively). The particle introducing a question, a doubt, or a conditional clause is *im*, which, in interrogation, is used in both instances whether an affirmative or negative reply is expected, while *hā-im* once (Numbers, XVII:28) pathetically introduces a question that implies a negative reply like *num* in Latin. 'If' in Arabic is *la-u*, 'if not' is *lau-ma*. For 'lest', 'that not' (*nē* in Latin) the usual particle in Hebrew is *pen* (in Aramaic *pon* means 'maybe'). In Mishnaic Hebrew *shemma* was discussed previously (4, p. 250). *Lama* 'why', 'what for' also sometimes stands for 'lest', 'that not' (as in Exodus, XXXII:12; Septuagint *mēpote*, Vulgate *nē*); *loo* can have the same (ambivalent) meaning (as in Genesis, I:15).

In Latin (primary negation *nē*, later *non*) there is the interrogative particle *num*,⁸ which usually implies a negative answer, and another one, appended to the first word of the clause, namely, *-nē*, used enclitically. Stemming from the primary emphatic negation *nē*, the particle is mostly colorless, and the reply will be either affirmative or negative.⁹ Both *num* and *-nē* may be followed by the conjunction *an*, continuing the inquiry. Ex-

⁸ Stemming from the primary negation, *num* is a 'weakened' form of the older *nam* ('for', 'because'); the latter was used in emphatic interrogation, *nam qui peridi?* 'For how did I lose?'; *nam* (with negative shade of meaning) used enclitically: *quisnam?* 'Who in the world?' (Cicero, Pliny); *ubinam gentium sumus?* 'Pray, where in the world are we?' (Cicero). Other derivatives are: *nem-pē* (compositum of *nam* and enclitic *-pē*) and *e-nim* (compositum of *nam* and *-e*), with an affirmative meaning; both served to strengthen or to confirm an assertion.

⁹ Examples of construction with *-nē*: *Nonnē—n'est-ce pas?*. *Memnistinē me dicere in senatu?*—'Do you remember me saying in the senate?' (Cicero, Catiline, I:3, 7). More rarely *-nē* was used in the same sense as *num* (i.e., with the meaning 'surely not'). The writer does not think he contradicts himself by pointing to a

ample: *Num furis, an prudens ludis me obscura canendo* (Horace, Satires II: 5, 58), 'Are you out of your mind or rather (or perhaps) intentionally making fun of me by invoking mysterious charms?'

Knowing that the primary *nē* belongs to an older stratum of the language, one might suppose that the interrogative *-nē*, implying either an affirmative or a negative reply is per se more ancient than *num*, where a definite negative reply is expected. This, together with other similar examples (while proving nothing about Abel's (1) antithetic so-called 'primal' words) would simply indicate that the older a word is in the life of a language, the greater its probability of being ambivalent. There are indications that negation was treated by primitive man as if it were a separate, tangible object. This might be a parallel to what was said by the writer in connection with the Hebrew *ma-ēn* (4, p. 250).

We are not surprised to find that *nē* in Latin, circumstantially, has also the opposite meaning, the same as the interjection *nē* in Greek, that is, 'truly', 'verily', 'indeed' (*nē ego homo infelix fui*, 'I was indeed an unhappy man'—Plautus).

In ancient Greek *ou* (*ouk* and *ouch*) is the negation saying that 'a thing is not' and *mē* the negation saying that 'one thinks a thing is not'. *Naï*, a strong affirmation as mentioned before, whenever used in answers, stands for 'certainly' (like *ken* in Hebrew) rather than for a simple 'yes'.

Ou and *naï*, like an antithetic pair, as maintained by the writer (4, p. 253), are an inverse fixation, retained in modern Greek, of the verbal expression in language of negation and affirmation.¹⁰ Ordinarily, an affirmation begins with a vowel

striking resemblance of this use of the *-nē* in Latin to a negation used by the child when he begins to express words of what he will not have. He often does this in the form, 'Bread—no', and sometimes with a pause between the words, as two separate utterances, as when we might ask in our fuller form of expression: 'Do you offer me bread?—I won't hear of it' (17). This, too, is probably an ontogenetic illustration of phylogeny.

¹⁰ It would be worth while to investigate when, how, and why such inverse fixations take place.

and a negation with a labial or nasal sound. *Mē* follows this rule, as do the negative prefixes to adjectives and verbs, *nē-* and *an-* (or *ana-*), of which *nē-* signifies the stronger negation (e.g., *nērithmos*, 'countless'; *nēpios*, 'not yet speaking', 'an infant').

For 'if, whether', there is in Greek the ('inverse') particle *eī*. To express some degree of probability, *an* is added and the particle becomes *eän*, *en*, or *an*; to express impossibility, the *eī* is followed by a separate *an* in the consequent clause of the conditional sentence. In composition, enclitically, with one of the many interrogative particles derived from the stem *pos* ('who'), *eīpote* means 'if ever', and *eīpou*—'if at all' (*eī ti pou estin*, 'if it is any way possible'—Homer). To express doubt *ē* *pou* was used and to confirm an assertion *ē men*. *Pō* (Doric, for Attic *pou*) stands for 'where'; *pō mala?* or *pōmala?* (*mala*, 'very much') rhetorically stands for 'where in the world?', 'how in the name of fortune?' and means 'not a whit'. The enclitic particle *-pō* is always combined with a negation: *oupō* ('not at all'), and *mēpō* (as conjunction) meaning 'that not yet', 'lest yet'. The interrogative particle *āra* expects a negative answer, like *num* in Latin.

Tis?, *ti?* are the interrogative pronouns 'who?' and 'what?'. Combined enclitically with *mē*, *mētis*, or *mē tis* and *mēti* stand for 'lest any one', 'lest anything'. The latter, significantly, also stands for 'would that', as in the following imprecation: *ólōinto mē ti pantes*, 'may they all perish' (Sophocles). The question: *mē ti soi dokō tarbein?* means: 'do I seem to thee to fear?' (i.e., 'I do not'—Æschylus). Finally, *mēpote* (*mē pote*), 'lest ever', may be mentioned: *mēpote kaī sy olessēs*, 'lest ever thou mayst perish too' (Homer).

English *if* has the same origin as German *ob*. The latter comes from Old High German *obe*, *ube*, of which the oldest form is *ibu*. In Gothic, *ibai*, *iba*, as given by Kluge (18, p. 353), stands for *ob denn*—'whether perhaps' or *dass nicht etwa*—'lest ever'. Here we find in fact a negative shade of this particle, expressing itself in doubt or in apprehension, respectively.¹¹ In Japanese

¹¹ Though I cannot prove its negative derivation, German *denn* (related to the

nai is the negative adjective; *nai?* has the same meaning as *n'est-ce pas?* in French.

To conclude our considerations about the negativity of a goodly number of interrogative particles, etc., we shall discuss the antithetical conjunction 'but' in some languages, as this conjunction unmistakably has a privative and partly negative significance.

In classical Hebrew *bal*, as mentioned before, is one of the negations used in elevated language; for the restrictive 'but' Hebrew has a derivative of *bal*, namely, *ā-bal*. It is significant that *ā-bal* can nonetheless appear as a strong assertion, as in Genesis, XLII:21, 'we are *verily* guilty' (*naï* in the Septuagint), say Joseph's brethren to each other. It is also significant that in Arabic *bal* means either 'no' or 'yes' which can be understood from the context. In reply to a provocative negative question, *bala* in Arabic means 'yes', as in the following example from the Koran: 'Am I not your Lord?, they said *bala*' ('yes, you are' or 'yes indeed').

For 'but' we similarly find in Romance languages: *mais* (French) and *ma* (Italian), both ambivalently derived from the Latin *magis* ('more', 'better'); however, *mai mai* (of the same origin) means 'nevermore' in Italian.

It is pathetic that even such an eminent linguist as the late Otto Jespersen was lost when he intuitively followed what was a real scent but, due to his ignorance of depth psychology, arrived at an untenable conclusion. He discusses (17, p. 314-316) the *adversative* (italics mine) conjunction *m*, starting with the Latin *sed* ('but') which has been supplanted in Romance languages by *magis*: 'Sometimes obviously correct etymologies yet leave some psychological points unexplained . . .' and the long paragraph (without giving the psychological explanation sought)

English 'than, then') may be listed here, for more than one indication points in this direction. We have in interrogation: *wo ist er denn?* 'well, where is he?' and when a negative answer is expected: *wollt ihr denn, dass?*; in doubt: *ist er denn so arm?* 'is he indeed so poor?'; in a conditional clause: *ich lasse dich nicht, du segnest mich denn*, 'I will not let you go *unless* you bless me' (Genesis, XXXII:27), where 'unless' represents the ambivalent Hebrew *ki im*.

concludes: '*. . . for in the hesitating m as the initial sound of objections we have one of those touches of nature which make the whole world kin*' (italics mine). How very true in this general wording!¹²

The German *aber* stems from the Middle High German *abe* (Sanskrit *apa*, Greek *apo*, Latin *ab*-, 'away', 'away from'). *Aberwitz* (Middle High German) means, according to Kluge (18, p. 3), *Unverstand*, 'lack of wit', 'imprudence'.

From this material it seems clear that a negativity or ambivalence exists in particles and conjunctions that introduce apprehensive, optative, and restrictive clauses with: who, what, why, what for, if, if not, lest, lest ever, would that, but, etc.

III

The 'emotional power' inherent in negation, the element that appears with such frequency and vigor in speech and writing under normal and pathological conditions, suggests the existence of a powerful motor in the human psyche, and our attention is irresistibly turned to the domain of magic. We know that primitive man, living in an animistic world and sensing magic everywhere around him, is ready to use magic defenses against all kinds of harmful influence or to use magic aggression wherever necessary. We also know that not only the primitive and 'not only mentally ill people employ magic. As a matter of fact, we all still practice magic. The demarcation between the performance of magic and action adapted to reality is not always sharp. Language, for example, in many instances still has a magic connotation' (22, p. 121).

Thus in order to find an answer to our query it is worth while considering the imprint magic has on language and its development. In this factor, rather neglected by linguists, psy-

¹² Cf. some additional examples to the ambivalent pair *magis-mais*: *more, mehr, maior* (Latin)—*minder* ('less' in German); *many, mnogo* ('much' in Russian)—*meion* ('less' in Greek); *minus, mienshy* ('smaller' in Russian)—*nimius* ('too big', 'beyond measure' in Latin), etc.

chologists have a lively interest. We must, therefore, discuss first the ontogenesis of magic in the human being. A feeling of omnipotence is an essential attribute of magic. Of the four phases of omnipotence and magic distinguished by Ferenczi in the infant, the second one, which follows the initial 'unconditional omnipotence', is that of 'magic hallucination' (5, p. 69). It is derived from the pleasure-unpleasure principle. 'In this phase every impulse, every wish is supposed to be magically realized. If, for instance, the infant is hungry, he will procure gratification for himself by the mere idea of sucking if he is not gratified in reality', as aptly described by Nunberg (22). This period is like a continuation of the paradisial state that only recently existed in the mother's womb.

Ferenczi's third phase is 'omnipotence with the aid of magic gestures'. After the infant has learned from the experience of kicking and screaming that his wants, whether hunger or some other discomfort, can be allayed by the appearance on the scene of the mother or the nurse, he is no longer satisfied with mere hallucination and he develops the unconscious 'magic of gestures and conduct'. With the aid of this magic a state of unpleasure is turned into one of intense satisfaction and sleep usually ensues.

'In the next, the fourth stage, the "omnipotence of thoughts" appears. Its beginning can be traced back to the origin of speech. At first speech consisted of unarticulated sounds, which became endowed with a magical significance, and even today there are still remnants of it to be found in children and schizophrenics. . . . In the course of development, words were associated with these instinctual sounds and ideas which through this union likewise acquired a magical character. . . . A correlation of verbal and other ideas which have thus become independent, a correlation which follows certain laws, we call thinking' (22, p. 125).

In search of a further clue to the question before us I came upon an article by Winterstein (31), who calls attention to Freud's suggestion in *The Resistances to Psychoanalysis* (9, p.

213). There the attitude of various people when they are confronted with something new and strange to them is characterized as follows:

'A child in his nurse's arms will turn away screaming at the sight of a strange face; a pious man will begin the new season with a prayer and he will also greet the first fruits of the year with a blessing; a peasant will refuse to buy a scythe unless it bears the trade-mark that was familiar to his parents. The distinction between these situations is obvious and would seem to justify one in looking for a different motive in each of them.

'Nevertheless, it would be a mistake to overlook what they have in common. In each case we are dealing with unpleasure of the same kind. The child expresses it in an elementary fashion, the pious man lulls it by an artifice, while the peasant uses it as the motive for a decision. The source of this unpleasure is the demand made upon the mind by anything that is *new*, the psychical expenditure that it requires, the uncertainty mounting up to anxious expectancy, which it brings along with it. It would be interesting to devote a whole study to mental reaction to novelty; for under certain, no longer primary, conditions we can observe behavior of the contrary kind— a thirst for stimulation which flings itself upon anything that is new merely because it *is* new.'

Becoming acquainted with external reality in the first instance is an *experience of resistance* (*Widerstandserlebnis*), as manifested by the term 'ob-ject', *Gegen-stand* (31). The two states described above as the outcome of the unconscious 'magic of gestures and conduct'—first unpleasure, then pleasure—in this sense become objects endowed with a negative and a positive sign, respectively, i.e., hate and love. Occurring in close chronological sequence, they may be the very source of the emotional quality called ambivalence, and thus we would necessarily come to associate the *origin of negation and affirmation with the initial development of object perception*.

At Ferenczi's fourth stage, which he calls the 'projection period', after the discovery of external objects, the omnipotence of thoughts is shifted to these outside forces. The new, the strange, located outside the ego and regarded as hostile, is denied. Though caused originally by unpleasure the negation may nevertheless turn into pleasure, according to Freud (8, p. 184), when it is 'rediscovered' as something already known which formerly afforded real satisfaction. The reaction of the growing child to objects shows three stages of development: *renunciation* (the strange object that causes unpleasure is not acknowledged), *negation* (it is denied, and this is accompanied by more or less anxiety), and *affirmation* (it is acknowledged) (31).

Because negation in language stems from the unpleasure that arises with the negation of the new, strange, and hateful object, we can understand why negating language is also accompanied by anxiety. Young children ask questions to which they seem to know the answers and their curiosity in this concealed form, as psychoanalysis has long recognized, is 'amalgamated with sexuality . . . infantile sexual curiosity being concerned mainly with three questions: where do children come from; what is the difference between a boy and a girl; and what are father and mother doing together' (21, p. 74). These questions arise in the infant in the wake of some observations and reminiscences that are interpreted according to the child's imagination and certain sensations connected with preconceived fanciful ideas. They usually contain more or less painful elements which may create unconscious conflicts, lead to feelings of guilt, and produce symptoms (3, pp. 209-217).

It is interesting to find this fundamentally normal behavior exaggerated and distorted in pathological cases. Nunberg (21) describes in some detail a case of obsessional curiosity, the patient suffering from the compulsion to ask questions and to look for answers. It did not matter to him whether the questions looked simple or complicated. Behind them, as revealed by analysis, there always lurked in the unconscious the usual queries laden with grave conflicts, so that the patient's questions

were always accompanied by anxiety, ranging from a slight feeling of distress to attacks of panic.

All this, when it is applied to the development of speech, I consider sufficiently apt to explain why in language the use of a negation, i.e., of a negative particle, to introduce a question, doubt, or condition had, so to speak, necessarily to make its appearance: it represents a magic defense against the anxiety arising with the primordial questions.

That this is true not only ontogenetically but also phylogenetically becomes evident from a sentence taken at random from Nunberg. In connection with the negativism of the schizophrenic, he says: 'This negation and destructive attitude toward the "strange and unknown" world seems to be a primary one. Indeed, children and primitives also flee from new stimuli and destroy their sources' (22, p. 129).

IV

As to phylogeny of magic thinking, Freud said:

'If we are prepared to accept the account given above of the evolution of human views of the universe—an animistic phase followed by a religious phase and this in turn by a scientific one—it will not be difficult to follow the vicissitudes of the "omnipotence of thoughts" through these different phases. At the animistic stage men ascribe omnipotence to *themselves*. At the religious stage they transfer it to the gods but do not seriously abandon it themselves, for they reserve the power of influencing the gods in a variety of ways according to their wishes. The scientific view of the universe no longer affords any room for human omnipotence; men have acknowledged their smallness and submitted resignedly to death and to the other necessities of nature. Nonetheless some of the primitive belief in omnipotence still survives in men's faith in the power of the human mind, which grapples with the laws of reality' (10, p. 88).

It is true that these are the successive stages but they do not supersede each other completely; this, however, is acknowl-

edged by Freud in the last, rather pessimistic sentence of the quotation. The primary reason that the irrational powers of human omnipotence and ambivalence only hesitatingly and fitfully give way to rational thinking and behavior obviously lies in the dual structure of the human psyche, in the precarious balance between the complete, robust but primitive system of the unconscious and the lofty, complicated, and highly vulnerable superstructure of the conscious.

We see that in the second half of the third millenium B.C., 'in all matters concerning their religion, the Egyptians placed considerable reliance on the magic power of the written word. They believed that by using the correct formulas they could impose their will upon the gods. The spells carved on the walls of the chambers and corridors are the best examples of magic in the Pyramid age' (2, p. 31). Here animism and religion, and even applied science, concurred side by side. And similarly, during the classical stage there still was in the ancient house of every Greek and Roman an altar with the sacred fire, and 'the worship of the gods of Olympus and that of the "heroes and manes" [spirits of the dead] never had anything common between them' (11, p. 122); they more or less coexisted. Moreover, in the Olympian stage of their religion, the Greeks retained three great festivals, the *Diasia*, the *Thesmophoria*, and the *Anthestēria*, which had their roots in the preceding, much more primitive stage like the one just mentioned, called the *Chthonian* (from Chthonioi, spirits of the nether world). 'In all of them there was a pervasive element of vague fear . . . terror of the breach of *Taboo*—the Forbidden Thing' (20, pp. 32, 33). For nonobservance of the obligation ('violating the forbidden thing') great punishment was lurking. This feeling of anxiety confirms Freud's remark that the fact of 'primitive man . . . [being] compelled . . . to hand over some of his omnipotence to the spirits . . . would constitute a first acknowledgment of *Anankē* [Necessity], which opposes human narcissism' (10, p. 93).

The following account of some magic rites is based mainly on the now classic work of Jane Harrison (14) which is an original,

erudite, and critical analysis of the whole field of Greek religion based on the examination of ritual. Some of the sentences are in her own words and the story illustrates the phylogeny of magical thinking and the philological details show the magic in language.

The *Diasia* was primarily a gloomy ritual to placate the dark powers of death. The rites were addressed to an underworld snake, the worshipped totem animal, or 'the god' with the euphemistic name (Zeus) *Meilichios*, the 'Easy-to-be-treated', the 'Gentle', the 'Gracious One'. Much later the god was superseded by the humane figure of Asclepius, the Healer, *the snake he once was* remaining coiled around his staff.

The *Thesmophoria* was an autumnal magic ritual performed by women, to mark disappearance of life underground and to ensure the rising of crops and offspring. Women carried magic charms (*sacra*), fir cones, snakes, and 'unnamable' things (*phalli*) made of cereal paste, unmistakable symbols designed to promote fertility. Only after thorough purification, including fasting as a precondition, they were allowed to handle and probably to taste the paraphernalia. In order to unbind the taboo altogether they also had to offer to the goddess (Demeter of a later stage) newborn pigs, the totem animal.

Thesmoi means in Greek 'that which is laid down and established'. Derived from *tihēmi* 'to put', 'to lay down', 'to establish', it probably expresses the idea of 'establishing the law', for which only in Solon's time the word *nomos* arose. 'Magic is for cursing or for blessing, and in primitive codes it would seem there was no commandment without cursing. The curse, the *ard*, is of the essence of the law. The breaker of the law is laid under a ban. . . . Nay more, it began in the dim days when religion itself had not yet emerged from magic, in the days when, without invoking the wrath of a righteous divinity, you could yet "put a curse" upon a man, bind him to do his duty by magic and spells' (14, p. 138). The Thesmophoria was superseded by the great festival of Demeter, the Earth-goddess, in her double form as Mother and Maid.

The *Anthestēria* was a festival of ghosts, overlaid in classical times by the Olympian Dionysus (later along with some other prominent Olympians, one of the 'benefactors of mankind'), 'and so far *the riddance of ghosts by means of placation* has been shown to be an important element in ancient sacrifice and in the ancient notion of purification' (p. 76). Its totem was the bull, the chief of magic or sacred animals in Greece.

Dwelling for a moment on the autumnal Eleusinian mysteries, we learn that the word 'mystery' stems from *mysos*, 'uncleanliness', 'pollution'. The essence of *mystērion* for the ancient 'primarily was purification in order that one might safely eat and handle certain *sacra*. There was no revelation, no secret to be kept, only a mysterious *taboo* to be prepared and finally overcome' (p. 154). We get insight into other magic performances carried out there; according to an ancient report, 'looking up to the sky they cried aloud *hyē!*, "rain", looking down to earth they cried *kyē!*, "conceive"' (p. 161), which is an allusion to the 'sacred marriage' between the male sky and the female earth ensuring fertility.

The story of these and similar Greek festive occasions and their transformations is most fascinating, and 'to mark the transition from rites of compulsion to rites of supplication and consequent thanksgiving is to read the whole history of primitive man' (p. 124).

However, we have to admit, no matter how much one tries to bring the evolution of human irrationalities into an orderly sequence, the account will never come out even. These altogether inadequate notes on Greek beliefs (or, for that matter, mystic beliefs of any other civilization) and their evolution may be concluded by a footnote which quotes a delightful and most eloquent story told by the classical scholar, Gilbert Murray, and which shows that magical habits of thought die hard, even in the course of roughly two and one-half millenia.¹³

¹³ 'Anyone who has been in Greece at Easter time, especially among the more remote peasants, must have been struck by the emotion of suspense and excitement with which they wait for the announcement "*Christos anestē!* Christ is

Another characteristic anachronism may be cited that probably indicates the universality of some archaic beliefs. 'Here we come to a famous and peculiar Greek custom for which I have never seen quoted any exact parallel', says Gilbert Murray (20, p. 35), when describing what the ancient Greeks used to do when '“from time to time emergencies arise, the like we have never seen, and they frighten us . . . we must go . . . to our ancestors, the *heroës*, the Chthonian people, lying in their sacred tombs, and ask them to help”'. There is, however, an exact parallel in what Jews of Eastern Europe used to do in similar circumstances until the end of the nineteenth century: when a calamity befell the community they went out to their cemetery ('the sacred place') to prostrate themselves on the tombs of the ancestors, asking them to 'fatigue themselves' and help!

It is interesting to note that the Greek word *horkos*, 'an oath', was originally equivalent to *herkos*, 'a fence' (derived from *ergo*, *eirgo*, or *heirgo*, 'to shut in'), i.e., 'that which restrains from doing' (makes a taboo of) a certain thing. *Horkismos*, (originally: administration of) an 'oath', deserves our attention because the derived word, exorcism, the expelling of an evil spirit by ritual or incantation, is very near in meaning to the removal of the spell of a curse.¹⁴

risen!" and the response "*Alēthōs anestē!* He has really risen!". I have referred elsewhere to Mr. Lawson's old peasant woman who explained her anxiety: "If Christ does not rise tomorrow we shall have no harvest this year" (*Modern Greek Folklore*, p. 573). We are evidently in the presence of an emotion and a fear which, beneath its Christian coloring and, so to speak, transfiguration, is in its essence, like most of man's deepest emotions, a relic from a very remote pre-Christian past. Every Spring was to primitive man a time of terrible anxiety. His store of food was near its end. Would the dead world revive, or would it not? The Old Year was dead; would the New Year, the Young King, born afresh of Sky and Earth, come in the Old King's place and bring with him the new growth and the hope of life? (20, preface).

An almost analogous story is retold in that great classic, *The Golden Bough*. After the antique colossal statue of Demeter was removed from Eleusis in 1802 A.D., a firm belief arose among local peasants that their harvests suffered greatly in consequence (6, p. 397).

¹⁴ Cf. *arcanus* in Latin, originally 'shut up', hence 'keeping a secret'; *arcanum*, 'a sacred secret', 'a mystery'.

Some Greek oaths have been quoted above. Others are: *naï ma* (strong protestation) *tode skēptron*, 'yes (verily), by this scepter'; *naï ma Dia*, 'Yes, by Zeus'. *Ma* is sometimes omitted: *Naï pros theōn*, 'yes, by the gods'. *Naï ma Zēna*, 'yes, by Zeus' (in affirmation) and *ou ma Zēna*, 'nay, by Zeus' (in negation). But, *nē Dia* (Zeus) and *nē tēn Artemin* (Artemis) are invocations of divinity, where *nē* (otherwise a negative prefix, as mentioned) stands for a strong assertion.

Among other particles used in oaths there is the obviously ambivalent *ē men* (example: *kai moi omosson ē men moi arēxein*, 'and swear to me that surely thou wilt assist me [in battle]'—Homer). A curse introduced by the ambivalent *mē ti* was quoted previously from Greek tragedy.

Certain primeval practices of invocation, exorcism, cursing, blessing, etc. are firmly rooted in a belief in omnipotence of thoughts and, presumably from social motives, ambivalence becomes their more or less regular companion. A possible later development of the same trend is the oath, the adjuration, the vow, etc., at the bottom of which in almost every instance is a curse. Frequently there even exists no clear differentiation between them, and curse and oath may replace each other. This is not surprising for they both originate from a similar taboo.

Oath and adjuration appear to have become significant social institutions and, in primitive tribes, in the absence of written contracts and witnesses, their object was to ensure jurisdiction and order, to unite members of the clan, to regulate friendships and alliances, and to serve for purposes of warfare. Ample evidence of this has been gathered from studies particularly among the nomadic tribes of Arabia and from Biblical accounts of the nomadic period of the Hebrews (23).

An oath in classical Hebrew is introduced in the opening sentence by an imprecation, followed in the concluding clause by *im* which then assumes a negative force ('that not') and by *im lo* (double negation), which has an affirmative force ('that') as well as the positive *ki* ('that').¹⁵ The usual verb for taking an

¹⁵ Examples: The sentences reproduced in the previous publication (4, p. 250),

oath, of which there are various ways, is *nishba'*, a passive form of an active *shaba'* which does not exist in this sense in Hebrew. There is, however—at least according to Pedersen (23, p. 5)—a verb *saba'a* in Arabic which, significantly, denotes 'to curse', and then the Hebrew *nishba'* would mean 'burdened with a curse'. As convenient as this derivation is, I cannot suppress the information received from another authority that *saba'a* in Arabic means 'to revile' and not 'to curse'.

An oath in Hebrew is *shěbu'ah*; the latter is frequently accompanied by an *aláh*, 'a curse', and *shěbu'ah bē-alah* is a formula of an 'oath with a curse' which is supposed to take effect in case the oath is not kept. *Aláh* stands sometimes alone for 'oath', and *shěbu'ah* in rare cases (Isaiah, LXV:15), for a 'curse', by which we have come full circle. This model, repeated in a similar manner in any primitive society,¹⁶ leaves not the slightest doubt that the oath became a powerful magic instrument in the service of 'the law', at first through imprecation as a deterrent, and then through promise, as a reward and a hope.

Conservative grammarians would like to make a clear distinction between a *shěbu'ah bē-alah* ('oath with a curse') and a

from the Song of Songs (with *im*) with one correction: *Hishba'thi* (translated as 'I entreat you') would, literally, have to read: 'I charge you on oath . . . not (*im*) to wake . . . '.

'And the King [David] sware, and said: As the Lord liveth . . . I swear unto thee by God . . . , Solomon thy [Bathsheba's] son shall reign after me . . . , *ki ken* ('so I certainly') will do this day' (First Kings, I:29-30).

'I the lord have said, *im lo* ('I will surely') do unto all this evil congregation . . . ' (Numbers, XIV:35).

'By the life of Pharaoh *ki* ('surely') you are spies (Genesis, XLII:16).

¹⁶ Unmistakable traces of such a relation can be found plentifully in various (not only Semitic) languages. The English *to swear*, French *jurer*, Spanish *jurar*, Italian *giurare*, etc., can also easily stand for 'to curse'. Examples from Slav languages: *kl'atva* in Russian means 'an oath'; in Polish, the same word (with a slight change in pronunciation) stands for 'a curse'; in the latter language the verbal root of this word *kl'a(s)t'*, 'to curse' (essentially the same but differently spelled and pronounced), if used reflexively, means 'taking an oath'. While in Russian the simple verb *kl'at'* does not seem to exist, its reflexive use *kl'at'sia* significantly also means 'taking an oath'. *Prokl'atiye*, however, stands for 'a curse'. Examples could be multiplied.

shēbu'ah in which God, or something holy, is invoked to serve as a witness (*shēbu'ah bē-eyduth*).¹⁷ However, they must admit that this distinction has become untenable (26), in view of the oath in the form of 'by the life of' (including 'by the life of God') with an *im* (negative force) in the next sentence. Significantly, in this atmosphere of ambivalence there are also examples of particles that change into their opposites as in Second Kings, V:20, where *ki im* ('that no') appears instead of *ki* ('that surely'); as in Exodus, XXII:10, where *im lo* ('that surely') appears instead of *im* ('that no'); and as in Genesis, XXXI:52, where *im* ('that no') appears instead of *ki* ('that surely').

Furthermore, we find in about a dozen passages of the Bible a curious interjection which always introduces a sentence and is the reply (or the address) of a humble person, directed to God or to a person of higher rank, which contains a refusal (a request or an excuse) coupled with anxiety (19). Declining is naturally couched in modest language. The formula is: *bee Adonay* ('*bee*, my Lord')! or *bee ādoni* ('*bee*, my Sir')! in which *bee* cannot pronominally mean 'by myself' (as in *bee nishba'ti*, 'I swear by myself') but must have some mildly negative meaning. Examples: Moses, sent by God to the Israelites: *Bee Adonay*, 'I am of a slow tongue' (Exodus, IV:10); Gideon, encouraged by the angel of God (who says, 'the Lord is with thee to deliver Israel from the Midianites'), replies evasively: *Bee ādoni* . . . 'if God is with us, why has all this befallen us?' (Judges, VI:13); the woman whose child shall be divided into two by the sentence of King Solomon: '*Bee adoni* . . . , give [the other woman] the living child and . . . in no way slay it' (First Kings, III:26).

Thus, as the interjection starts with a *b*, I am under the circumstances inclined to assume it has some (infantile) mildly negative meaning. In translations this *bee* is rendered as 'O, my Lord', 'But yet, Lord', 'Pray, my Lord', 'Ach, mein Herr' (Luther), and its figurative meaning is certainly one of defensive imploration. But as it appears in the Septuagint as *dēōmai*,

¹⁷ In the 'covenant' between Laban and Jacob: 'See, God is witness between me and thee' (Genesis, XXXI:50).

Kyrie, its negative shade becomes obvious. *Déömai* (from *deō*, 'to lack', 'to miss', 'to stand in need') is passive in form but active in meaning: 'I am in want' or 'need', 'I have no strength', 'I am not up to it' which can be equated with 'I have not . . .', 'I cannot . . .'. And from 'being in want' to 'asking a thing of a person', 'beg a favor of a person' (second meaning of *déömai*) there is only one step. Thus that *bee* stems from Aramaic *ba'a* is probably correct etymologically, but the meaning of 'request' is a secondary derivation.

In Hebrew, finally, *omnam* ('verily', 'truly') according to Gesenius, is compounded of *omen* ('truth', 'faith', 'fidelity') as in *amen*, with the ending *-m*, which then becomes an ambivalent compound (*omen* + *im*).

In dealing with the oath and related practices among the Arabs, we shall confine ourselves to a few selected philological remarks. Many essentials on the subject, except the role of the sacrifice, have been commented on and the subject is vast and not to be treated summarily. Among nomadic and seminomadic Arabian tribes, spread over vast territories from ancient times till our own day, these institutions have played a vital role, the material is immense and variegated, and the Arabic language extremely rich in the relevant terminology and definitions. The term mostly used is *yamin* which means '[lifting] the right hand' while taking the oath, a parallel to the Biblical Hebrew *nasa*, which means 'lifting [the hand]'. Another word for 'oath' significantly is *qasm* which, in Arabic as well as in Hebrew (*qesm*, cf. Numbers, XXIII:23), stands for 'charm', 'sorcery', 'magic'. *Alwa* or *aliya* ('curse') recalls Hebrew *aláh*, and both expressions may be derived from the Assyrian 'demon' *alu* (23, p. 13).

'There is a peculiar relation between the oath and the particles of negation', says Pedersen (p. 19). 'The [oath] may sometimes, accordingly, altogether dispense with a particle. "By Allah, I will (not) do this or that." . . . On the other hand, we have the fact, strange as well, that in some passages of the Koran, *la*, the particle of negation, is found before the verb 'I swear' where we would expect instead a particle of assertion.' This 'peculiar

relation' between the oath and the particle of negation, stressed by a philologist in a detailed monograph on the oath, is strange indeed!

In utterances containing fearful or undesirable statements, superstitious persons even in our day will use a negation to keep off the evil. One is reminded of some vestiges in civilized language when obviously defensive formulas are used impulsively in reaction to something new and unbelievable, such as: 'You *don't* say!', 'Was du *nicht* sagst!', 'Was *nicht* alles passieren kann!'. In Japanese (*nai* negative adjective) there is a phrase *ano ne* which serves to 'attract attention', to 'express wonder', 'sorrow', 'regret', 'astonishment'.¹⁸

In English 'swearing at' means to imprecate evil upon by oath. There was a period starting with the Reformation when Puritan efforts to eliminate profane language from the stage (law enacted in 1606) finally 'conquered, and the English came to swear less than other nations. . . . The Twentieth Century, and especially the time after the Great War, has put a stop to many of the linguistic prohibitions that flourished in the Victorian era' (16, pp. 256, 259).

It is probably true that, while not relinquishing its hold on mankind altogether, omnipotence of thoughts is becoming more and more the special domain of the neurotic and of the obsessional neurotic in particular. It also seems true, apart from the field of neurosis, that there is 'the probability that the psychical impulses of primitive people were characterized by a higher amount of ambivalence than is to be found in modern civilized

¹⁸ In counting people, a superstitious person will say, or rather bashfully mumble, in Yiddish: '*Not* one, *not* two, *not* three', and so forth . . ., as a protection against the evil eye, lest some evil befall one of those counted. Being sorry for someone is expressed in Yiddish by the insertion of *nebbich*, a word in use from the Middle Ages, probably a contraction of the German *nie bei Euch*, 'never [should it happen] to you!'. In colloquial Arabic there is a similar insertion *be'id minnak*, 'far be it from you'. In colloquial Hebrew one usually says: 'I am doing this or that' (by way of precaution) 'in case of need which *shall not* (instead of "may") arise', and so forth. When two persons are mentioned together and one of them is dead, the phrase 'may he be separated for life' is inserted before the name of the one still alive.

man. It is to be supposed that as this ambivalence diminished, taboo (a symptom of the ambivalence and a compromise between the two conflicting impulses) slowly disappeared' (10, p. 66).

However, there emerges another aspect from the point of view of linguistics. It is my firm conviction that systematic historical exploration of language *sub specie* the psychological categories 'omnipotence of thoughts' and 'ambivalence' is bound to yield important results, both in helping us to get nearer the solution of at least some of the riddles of the primal history of language as well as in isolating factors that in the course of time caused, and may still be causing, changes in language. Such findings too may benefit depth psychology.

SUMMARY

The nature of language and its relation to psychology are discussed. Modern linguistics stress the fact that growth of language during the ages (phylogenetically) proceeds from a cumbersome and complicated way of expression to simplification, and thus from initial imprecision to a continually growing accuracy of expression. Among the diverse factors of lack of precision in primitive speech are the ambiguities caused by human ambivalence. Vestiges of the latter are abundantly deposited in all languages, and in no other sphere do these ambiguities appear in human speech with greater frequency than in negation and affirmation. This was stressed by the writer in a former essay in which the origin of verbal negation and affirmation was traced to the oral phase of earliest infancy. While the infant is suckled, opening and closing of the mouth are frequently accompanied by sounds, the former indicating readiness to receive food—by vowels; the latter indicating refusal of food—by the sounds *m*, *b*, *p*, and *n*, in accordance with Freud's 'formula', based on the pleasure principle.

Primal language serves a twofold purpose: individually, for expressing emotion; in community, as medium of intercom-

munication. Gradual change of language affects not only the denomination of objects, their qualities and activities, but also the syntactical structure of a sentence. The main thesis defended in this paper refers to the peculiar fact that in adult speech in many otherwise unrelated languages, negative particles are frequently used to mark a question or a doubt, a conditional statement, an ardent wish, or an exclamation of surprise. Close examination of these particles and conjunctions introducing apprehensive, optative, and restrictive clauses in a series of languages with who, what, why, what for, if, if not, whether, lest, lest ever, would that, but, etc., not only make it evident that they contain a great amount of negativity, but also proves that they are, in the first instance, subservient to ambivalence. A parallel is drawn between the ontogeny and phylogeny of affirmation. Further examination of the psychological element inherent in negation leads to understanding of the decisive role magical thinking ('omnipotence of thoughts') and its derivative 'superstition' play in the use of negation, and in verbal negation in particular. Such an investigation makes it very probable that the origin of ambivalence (and of negation and affirmation) is closely related to initial object perception. The pleasure-unpleasure principle coming thereby into force consequently causes a reactive magic defense unfolding in the form of 'omnipotence of thoughts' against the unpleasure (anxiety). With the ontogenesis of magic in the human, the relations between curiosity and anxiety are commented upon. The phylogeny of omnipotence of thoughts is illustrated by magic ritual, and magic defense contained in the curse and the oath are discussed in some detail. Ambivalence and omnipotence of thoughts have always been, and still are, powerful factors in causing perpetual changes in spoken and written language.

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An Exhibitionist

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AN EXHIBITIONIST

BY HAROLD L. LEVITAN, M.D. (NEW YORK)

The exhibitionist's compulsion that his penis be seen indicates a reliance on the visual confirmation of another person and, by the same token, a lack of confidence in his own power to perceive his bodily configuration. The difficulty in perceiving himself arises from his doubts about his tentative masculine identification which receives powerful re-enforcement by displaying his penis to another person.

This aspect of denying an unconscious fantasy of maternal identification in exhibitionism is clearly illustrated in the following case. The patient developed the urgent need to expose his penis to unknown females only after the tragedy of his mother's sudden blindness deprived him of his most important spectator. This particularly specific precipitating event quickly led directly to an account of the essentially delusional fantasies shared by mother and son which formed the background of his symptoms from earliest childhood. The confirmation of this sequence is by force of circumstances rare, and to my knowledge has not been previously reported in the literature.

A twenty-three-year-old, Catholic, married foreman first began to exhibit himself when he was sixteen, some five months after the onset of his mother's total blindness. During these five months he had some severe additional blows including failure in his high school examinations and a serious accident in which his cherished automobile was destroyed. After a five-year period of freedom from the symptom, a relapse was precipitated by his wife's pregnancy and a promotion (alarming to him) to foreman in his plant.

He first made mention of his mother's blindness in the sixth interview (he had had two previous clinical studies in which he failed to reveal this crucial item of information). In his exhibitionistic ritual his penis remained flaccid until he had been seen by the woman. Immediately after he had been observed he developed an erection and masturbated, thus proving that the exhibitionism was not an end in itself but, like a fetish, was a necessary precondition for gratification.

During the second period of symptoms, in which these observa-

tions were made, the immediate stimulus for each episode was an oral deprivation: his wife had refused to make his dinner. Each time he would go immediately to his mother's house, gravitate to his former bedroom, and expose his genital through the open window. The provenance of this behavior was found in a bizarre feeding ritual practiced by mother and son. As long as he could remember, his mother, who was massively obese and a chronic alcoholic, would encourage him to eat as much as possible, admonishing him that he could grow only if he 'tried hard enough'. The literalness of this fantasy is shown in the fact that she measured his height with a ruler after each meal. For the patient, at least, this magic was unconsciously in the service of ensuring his potency and exorcizing the threat of castration. By exhibiting himself he was in fact gaining the reassurance he would have obtained had his wife not refused him dinner.

When he was refused food he turned to the reassuring second portion of the delusionally based feeding ritual which is in fact the measuring, or the later exhibitionism. His mother had always reacted with surprise if 'growth' had occurred and both were temporarily reassured as to his integrity. The woman's shock has special value for him because with its expressions of surprise and the difference between him and the woman, it indicates that he is not 'cast in the same old mold' (not castrated), an expression he often uses with reference to his mother.

The patient, moreover, tries by feeding to equip his infant daughter with a penis. His habit is to put the bottle in her mouth before she is awake so that she will experience no period of need which, given his fantasies of growth, he imagines would be extremely painful to her. He then stands back and watches for the result as his mother was wont to do with him before she became blind. In fact, he rarely takes his eyes off her for fear that he might miss one of the 'new developments', such as a new movement or the sudden growth of a new tooth. He takes motion pictures of her to fix his image of her in 'a stage of growth'. In the intervals during which he is not feeding her, he plays various games with her to insure that she is in an upright position. He often holds her as she stands so that 'her legs will not buckle under her'; also, he takes her by the hands as she is lying down and amidst great squeals of laughter at the wonder of it all draws her to an erect posture. The voyeurism which regu-

larly complements exhibitionism is in this case calculated not only to induce the female to show her organ, but actively to attempt to give her a new one.

SUMMARY

Some features from a case of genital exhibitionism precipitated by the unusual and yet apparently specific circumstances of sudden and total blindness in the mother have been presented. A study of this patient offers some data as to how at least one exhibitionist resolves castration anxiety by having his penis seen by a woman. The sensitivity to the reaction of the woman in this instance originated in a long-standing feeding ritual with the mother who harbored bizarre ideas regarding the effects on growth as a result of her feeding. The feeding process seemed primarily a mutual bisexual identification, with nutriment as a secondary consideration. The exhibitionism was an attempt to allay anxiety at times when he was uncertain as to his identification and was the counterpart of the mother's attitude in which shock and surprise meant that 'growth' had occurred. As the mother could not respond after she became blind, the son was compelled to seek the reaction and act out the fantasy with strangers.

The Minutes of the Vienna Psychoanalytic Society. Volume I, 1906-1908. Edited by Herman Nunberg and Ernst Fedem. New York: International Universities Press, Inc., 1962. 410 pp.

Herbert F. Waldhorn

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BOOK REVIEWS

THE MINUTES OF THE VIENNA PSYCHOANALYTIC SOCIETY. Volume I, 1906-1908. Edited by Herman Nunberg and Ernst Federn. New York: International Universities Press, Inc., 1962. 410 pp.

On April 15, 1908, a dozen men meeting in Freud's apartment in Vienna voted on a motion proposed by Freud to call themselves The Vienna Psychoanalytic Society. The period of two years immediately prior to this noteworthy event is reviewed in this, the first of a three-volume series to be edited by Herman Nunberg and Ernst Federn. The entire series promises to be a historical document of unique importance, since it offers an illuminating, firsthand account of both the background and content of a crucial segment of the history of the psychoanalytic movement. The scientific contributions which first appeared during these early discussions are all well known to us in their elaborated and refined later versions. A great deal of historical human detail is offered here to afford the reader invaluable aid in understanding the evolution of this body of theory, as well as to provide a full measure of literary enjoyment and nostalgic pleasure.

The developments which led to the founding of The Vienna Society began in 1902 with those first meetings in Freud's home which came to be known as the Psychological Wednesday Evenings. These gatherings continued on a regular basis, and for Freud and this heterogeneous group of friends and colleagues who were interested in psychological problems, they presented an opportunity for the informal discussion of new ideas, a chance to review current and classical literature, and to report on their own personal and clinical experiences. Up until 1908 it was the rule that each person present had to participate in the discussion, but, unfortunately, no record of the meetings was kept between 1902 and 1906. These digests are the work of Otto Rank, from 1906 to 1915 the salaried official secretary of the group. His skilful and creative preparation of these minutes, from extensive notes taken during the meetings, almost always succeeded in conveying a remarkable feeling of freshness, identity, and personal stamp in the observations credited to each contributor, something which adds immeasurably to the readability of these records.

Ernest Jones, in his biography of Freud, discusses the impact of the Viennese professional, intellectual, and social climate in this period of the early struggles for the acceptance of psychoanalysis, noting its effect on Freud and on the course of the psychoanalytic movement. Nunberg's introductory essay and biographical notes about the early members add much that is instructive and pertinent to this material. He stresses the point that this period of Freud's development came on the heels of the separation from Fliess, and that the association with this group ended a long and discouraging isolation. The meetings provided Freud with a sounding board for his nascent ideas as well as a comradeship he was often to acknowledge as a great comfort and support. While in the main this early group was made up of physicians and psychiatrists, it included in its number writers, teachers, a publisher, a philosopher, a musicologist and others who shared an enthusiasm for the new science and its founder.

This heterogeneity helps to explain the wide range of interests, awareness, and types of comprehension of psychoanalytic ideas revealed in these Minutes. Nunberg, in noting that this period had already seen the publication of the *Studies on Hysteria* (1895), the *Interpretation of Dreams* (1900), the *Psychopathology of Everyday Life* (1901), the *Three Contributions to the Theory of Sexuality* (1905), and *Jokes and Their Relation to the Unconscious* (1905), remarks that not everyone in the group had the same degree of familiarity with all these works. It seems likely that Freud also read drafts of works in progress to the group and that these probably included several of the explanatory papers on the psychoanalytic method and theory which he contributed to a number of different publications in this period. But these new ideas must have been so disturbing and provocative to readers with the education and social background which these men all shared that it is little wonder that their understanding developed so slowly, irregularly, and inaccurately. In trying to understand this, the Introduction quite perceptively stresses the existence in these men of a sizable ambivalence which often led to an alternation of devotion to Freud and a troublesome competitiveness. We have continued to observe that this conflict can color the psychic response of any student of psychoanalysis even today. Yet, despite all the clarifying observations Nunberg offers, it remains very impressive to detect the giant gulf which

separated Freud from even the most talented and most earnest of his early disciples in so far as appreciating and being able to work with these revolutionary ideas was concerned. Even in the midst of what must have been personally agonizing instances of confusion, silliness, and hostility in his colleagues and friends (many of which are poignantly hinted at in these pages), Freud remained the most gentle, tolerant, patient, and permissive teacher imaginable. This opportunity to scan a primitive curriculum and the vicissitudes of the learning process in a 'student body' so different from our current groups of candidates may well be instructive to those concerned with the problems of psychoanalytic education. Among many other insights which might be obtained, our understanding of the universality and inevitability of unconscious resistance to these provocative ideas and theories will be reaffirmed.

It is also interesting to note the not infrequent appearance in these minutes of confessional and frank, self-probing expositions by many of the speakers in the course of either general discussions or in connection with special clinical presentations. One can sense in these remarks not only the speaker's desire for self-understanding and professional improvement, but also an evident yearning for relief from personal suffering, doubt, or concern. Clearly, then as now, the hope that psychoanalysis would provide a prompt and universal panacea was harbored by many attracted to it. The existence of unresolved neurotic conflicts and the special condition of working in direct contact with Freud himself must have contributed to the many instances of rivalry, conflicts over priority of ideas, and demands for recognition and attention which marked the history of the group. Nunberg takes special pains to spotlight the early signs of Adler's divergence in view from that of Freud, and repeatedly calls attention to Adler's persistent claims of significance for his own pet ideas. In many other instances too, the squabbles over rights of authorship and privileges of publication recurred and necessitated frequent ingenious and delicate peacemaking by Freud.

The industry and energy of this little group carried them forward despite such handicaps, as a glance at the scope of their program for this two-year period will demonstrate. In addition to hearing clinical and theoretical presentations, reports of the psychiatric and other literature, discussions of pathographies of poets, writers, assassins, and philosophers, revisions of rules of membership and con-

duct, they received guests: Jones from London; Brill from New York; Jung, Eitingon, Binswanger from Zurich,—and drew up plans for a psychoanalytic 'Congress' in Salzburg! Some of the scientific papers are indicated or discussed in the Minutes in fuller detail, but each session is reported in a way which conveys some of the excitement and stimulation which must have been felt by each of the participants in this varied adventure.

A word might be added about the view of psychoanalytic theory this early document conveys. As Nunberg points out, it is not solely early libido theory with which Freud and the others were able to work and think. Many hints concerning the dual nature of instincts, refined ideas about the problems of repression and sublimation, and subtler awareness of the role of the sense of guilt in many neurotic phenomena are discernible. The footnotes to many of Freud's contributions show the relationship of these early ideas to his later writings from 1911 to 1923 which form the core of modern psychoanalytic theory. The recurrent attention of the group to the question of the choice of neurosis and the theory of cure as well as the problem of the definition of normality reminds us of the unfinished nature of the tasks of psychoanalysis, even after fifty years or more. This enjoyable, well-organized, and eminently readable volume should serve as a renewed stimulation to every student of psychoanalysis, and to any reader interested in the history of ideas.

HERBERT F. WALDHORN (NEW YORK)

THE PHENOMENA OF DEPRESSIONS. By Roy R. Grinker, Sr., M.D.; Julian Miller, M.D.; Melvin Sabshin, M.D., and Jum C. Nunnally, Ph.D. New York: Paul B. Hoeber, Inc., 1961. 249 pp.

The Preface and Introduction to this book echo the reviewer's own experience that in some of our psychiatric training centers stereotyped psychodynamic formulations have replaced good descriptive clinical psychiatry. The authors' plans for a new, unbiased empirical approach to depression, which might lead to the discovery and distinction of new clinical sub-categories, certainly sounded very promising. Unfortunately, in the example of such common psychodynamic statements on depression (p. xv), the formulations, as quoted, completely misrepresent our basic psychoanalytic hypotheses regarding melancholic depression.

The book begins with a review of the literature on depression which is too brief to do justice to the nosological approach of such great clinicians as Kraepelin, Bleuler, and Lange, or to the discoveries of Freud, Abraham, and other analysts, or to the modern English and American empirical behavioristic studies on depression. Yet again the authors, who welcome the healthy trends in the current American behavioristic literature on depression, misrepresent psychoanalytic concepts in a way that shows a regrettable lack of psychoanalytic understanding.

It is not surprising that the authors believed that in their research they could not rely on 'depth interviews' or on the contents of psychotherapeutic or psychoanalytic sessions. But in their ensuing outline of questions, which was used as a guide for the interviewers, we find an enumeration of 'the specific dynamic and defensive operations called into play in the emergency' that includes questions regarding 'attempts at denial and incorporation', 'regression', 'projection', 'self-abusive behavior', and 'development of phobic or counter-phobic reactions'. If they relinquished psychoanalytic methods of investigation, how could the researchers expect anything but glib, stereotyped, psychodynamic answers of the sort they had so correctly rejected?

Succeeding chapters describe the methodology and the results, first of the authors' pilot study, then of their full-scale study. In the pilot study, twenty-one subjects were selected at random from patients of the Institute for Psychosomatic and Psychiatric Research and Training of Michael Reese Hospital. In their choice the researchers were concerned merely with the current diagnosis of depression. Evidently the question of neurotic or psychotic depression was intentionally disregarded. The subjects were interviewed and observed by a psychiatrist who was, in turn, observed and overheard by another psychiatrist. Since extensive information was gained from the twenty-one patients in the pilot group, it was decided to use, for purposes of comparison, the method of factor analysis—a procedure for finding groups of items, or 'factors', that tend to measure the same thing—by the Q-sort technique. As a result of this factor analysis, six factors were extracted, of which Factors A, B, and C (bipolar) were investigated further. Factor A described the typically depressive person; Factor B, a type (in which males predominated) wanting supplies from the external world; Factor C (positive pole), a person concerned about what he has

done to others and what restitutive efforts he can manage; and Factor C (negative pole), also concerned with external loss, possibly representing a projection of a feeling of inner change (aging).

An interesting finding of the pilot study was the discovery that the 'current behavior' ratings made by the psychiatrists showed a surprising unreliability in contrast to their 'feelings and concerns' ratings. In fact, the psychiatrists turned out to be poor observers and describers of behavior.

In the full-scale study one hundred twenty patients were examined. Presumably because of the large series of subjects, the methods had to be changed. The trait lists had to be reduced, the form of interviewing was altered, the group of interviewers increased, and the Q-sort rating replaced by the use of two radically modified check lists: one of 'feelings and concerns' and one of 'current behaviors'. Actually, this reviewer could not understand what necessitated these changes nor how far the research profited by them. Indeed, it seemed that the first period of research was comparatively more fruitful than the second.

In the latter, five factors of 'feelings and concerns' were established which describe: I. 'Characteristics of hopelessness, helplessness, failure, sadness, unworthiness, guilt, and internal suffering. There is no appeal to the outside world; no conviction that receiving anything from the environment would change how the patients feel. There is self-concept of "badness".' II. 'Characteristics of concern over material loss and an inner conviction that this feeling state (and the illness) could be changed if only the outside world would provide something.' III. 'Characteristics of guilt over wrongdoing by the patient, wishes to make restitution, and a feeling that the illness was brought on by the patient himself and is deserved.' IV. 'Characteristics of "free anxiety".' V. 'Characteristics of envy, loneliness, martyred affliction, secondary gain, and gratification from the illness, and attempts, by provoking guilt, to force the world into making redress.' The authors' clinical interpretation suggests 'the hypothesis that Factor I is the essence of depression and hence its strength indicates the depth of the affective disturbance. Factor IV, anxiety, seems to be an indicator of activity in the process and perhaps also a signal of increasing or decreasing affective arousal. On the other hand, the remaining factors indicate varying attempts at defense and restitution of the depression.'

The poverty of the clinical results of this time-absorbing research is rather saddening when one considers its high goals. Clinically, the reviewer had the impression that Factors I, III, and IV represent well-known types of depression, which belong to the manic-depressive group and were much more carefully described long ago. The variations here might depend in part on the stage of illness at which the patients were examined. The predominance of males in the group described by Factor II (Factor B of the pilot study) is interesting, but its interpretation is merely speculative. Factor V might cover neurotic, psychopathic, or schizophrenic depressive patients.

In any event, the research led not to a discovery of new sub-categories nor to new and more subtle clinical distinctions, but to clinical and psychoanalytic simplifications. Particularly objectionable, from the reviewer's point of view, is the superficiality evident in the psychoanalytic interpretations of the various factors. For example, the authors suggest that 'Factor II indicates the projective defense, III, the restitution resolution, and V, the attempt by enslavement of external objects to deny anger, and secondarily to regain love'. Since none of the patients was ever subjected to any sort of psychoanalytic investigation, these are indeed stereotyped psychodynamic formulations.

EDITH JACOBSON (NEW YORK)

MAN'S PICTURE OF HIS WORLD. A PSYCHOANALYTIC STUDY. By R. E. Money-Kyrle. New York: International Universities Press, Inc., 1961. 190 pp.

Money-Kyrle writes from the Kleinian point of view. He states that 'a psychology which confined itself to the study of the development of world-models would be comprehensive'. He envisages 'an ultimate systematization of knowledge, with a psychological preface about the general principles . . . of the construction of a world-model which it is the business of the other sciences to elaborate in detail'.

Chapter one deals with the validation of interpretation. The author considers—and this reviewer thinks rightly so—anthropomorphic thinking, based on identification, legitimate in the realm of psychology, although it has had to be eliminated in other sciences

and replaced by a nonanimistic approach. According to Money-Kyrle, the identification of the analyst with the analysand occurs in two phases. First, the patient's words and gestures arouse an echo of feelings in the analyst (introjective phase); secondly, the analyst imagines what it feels like to be the patient (projective phase). This is followed by the interpretation. The basic test for the interpretation is the analysand's recognition that what the analyst has said about him is true.

The analyst's tests can never be as direct. He has confidence in his interpretation if he can recognize in the patient an aspect of himself; he also assesses its probable correctness in terms of the correctness of the predictions his interpretation implies if it is confirmed by the patient's further behavior. If prediction and behavior do not correspond, he must modify or replace his interpretation. With the help of these tests, the author confirms by clinical examples Melanie Klein's theory of the paranoid-schizoid and depressive positions in earliest childhood. (For the non-Kleinian analyst this alone makes the validity of these tests questionable.)

It is in the second chapter that Money-Kyrle tries to demonstrate that Freud's theory of instincts—including the death instinct—is compatible with the theory of evolution while the next chapter is devoted to a description and genetic examination of the child's, mainly the infant's, psychology. It leads to a lucid presentation of the child's psychological experiences according to Kleinian theory. Later, the author deals with the various psychological constructions of world-models, from subjective monism and naïve realism to the dualism of 'common sense' and, finally, to rational world picture in which the reality principle dominates. He also examines the possible distortions of our world picture through regressive interference with the rational by paranoid-schizoid and hypermanic belief-systems.

The second part of the book applies the author's propositions to the realm of beliefs and evaluations, æsthetics, ethics, and morals, and to the problem of political agreement. He also examines avoidable sources of political conflict and, finally, deals with political philosophies.

This reviewer, though not in agreement with the basic assumptions concerning the earliest infantile psychological experiences, profited from reading this book. The presentation of the Kleinian theory of the early developmental phases is lucid and instructive.

It is easy to follow the author's reasoning; his vast knowledge and broad outlook make it an enjoyable book.

RICHARD F. STERRA (GROSSE POINTE, MICHIGAN)

EGO SYNTHESIS IN DREAMS. By Richard M. Jones. Cambridge, Mass.: Schenkman Publishing Co., Inc., 1962. 100 pp.

The author is interested in the general psychology of dreams rather than in their clinical application. He sees the approach to dreams as having been primarily dynamic, confined to interplay between wish fulfilment and ego defenses. Although various workers following Freud have, implicitly or explicitly, indicated that the dream also has the task of solving personal problems, the author's objective is a detailed specification of how the dream may perform this function. He therefore concentrates on synthetic ego functions—'the synthesis ego'—which mediates epigenetic and adaptive functionings. He confines his approach solely to the manifest dream and in particular employs a method of 'epigenetic analysis' for the study of adaptive growth.

Jones relies on Erikson's epigenetic principles for his frame of reference. Using Erikson's 'worksheet' of psychosexual zones, modes, and psychosocial development (with some highly speculative modifications and extensions), he shifts attention from the usual content variables to formal variables in the manifest dream. This necessitates a search for a regular pattern in the material that may correspond to these (forms and) structures (stable or quasi-stable psychic and behavioral patterns). In testing his hypotheses, Jones does find characteristic patterns in his material, which he believes may be typical of the dreamer's 'synthesis ego'.

There is no reason why the manifest dream, like any other piece of psychic material, should not come under scrutiny. Thus Jones's interest is in line with that of workers on the problem of cognitive structures. However, some questions do arise. One can sympathize with Jones's wish to keep variables at a minimum, which leads him to use dreams and associations written by students in nonclinical settings; this permits him to approach the material 'objectively' as one might a Rorschach protocol. But, whereas the Rorschach has

as its basis statistical patterns, Jones's framework is the still highly arbitrary 'worksheet' of Erikson.

Moreover, whereas Erickson's approach to the dream¹ involves a synthesis or reconstruction of both latent and manifest elements, Jones believes it sufficient to rely only on manifest content. In view of his insistence on an epigenetic approach, one can only wonder about an 'epigenetic analysis' which ignores epigenetic precursors, i.e., patterns in the latent material. This does not mean that patterns in the manifest content are valueless; rather the concern is for possible incompleteness, or perhaps errors due to the imbalance of the approach.

Many other questions may occur to the reader. Is it wise, for example, to introduce delineations such as 'cerebral-cortical' or 'autonomy-centric organismic' into the category of the 'psychosexual zones', especially since most of these terms are not adequately defined?

The author indicates that his approach is still far from being a diagnostic tool. The practicing psychoanalyst will find little of immediate clinical applicability in the monograph; indeed, even Erikson's approach and theories still require integration into practice and theory. Yet, in spite of these reservations, Jones should be encouraged. If, as he believes, his method may lead to a cataloguing of specific mechanisms of ego synthesis, it would be a worth-while contribution.

The writing is rather uneven and the lack of an index adds to the difficulty.

LOUIS KAYWIN (NEW YORK)

MILIEU THERAPY IN SCHIZOPHRENIA. By Kenneth L. Artiss. New York: Grune & Stratton, Inc., 1962. 169 pp.

Artiss, in a lucid report of a first-class piece of clinical research, describes the techniques, theory, and philosophy by which doctors, nurses, and aides learned to make effective psycho- and socio-dynamic interventions in the pathological behavior of forty-two

¹ Erikson, Erik H.: *The Dream Specimen of Psychoanalysis*. J. Amer. Psyc. Assn., II, 1954, pp. 5-56.

schizophrenic men. This experiment took place in a ten-bed ward over a period of about three years.

The foreword by Bullard and the introduction by Rioch establish the historical and present-day significance of Artiss's study. The first four of the five chapters are essentially devoted to describing research and treatment methods. Clinical examples abstracted from massive amounts of data are abundantly used to illustrate both group and individual processes. The first chapter, describing the ward and the staff, elucidates the development of an integrated treatment team. The excruciating process of developing meaningful communication between doctor and ward staff is the keystone of such integration. Chapter two presents a description of the group therapy sessions in the ward as well as the attitudes of staff and patients toward group therapy. Patient behavior in group therapy was found to be predictive of ultimate outcome of illness on the basis of the extent of participation in group processes. The third chapter, dealing with experiences with patient government, further elucidates the tremendous impact ward group processes can have upon the acutely psychotic patient. Chapter four conceptualizes the therapeutic effect of the milieu in terms of support and setting of limits. The way these factors are individualized is documented by the detailed presentation of two very different patients. Most important is how data from the patient's history are used by the staff to understand the 'major message' of his psychopathology. When this understanding is applied to everyday interactions with the patient his psychopathology becomes less rewarding and he can begin to learn new social skills. Chapter five should make psychiatric history. Using the data presented in the previous chapters, Artiss attempts to formulate in operational terms the essential ingredients of the therapeutic aspects of the milieu. These formulations are sufficiently explicit to permit approximate replication in other hospital settings. The epilogue suggests that Artiss has stepped on the toes of invested theoretical and economic interests. Fortunately, he emphasizes the generalizability rather than the uniqueness of his formulations. He sees as essential to the success of a treatment strategy of the schizophrenic patient the following: 1, the therapist or therapeutic agency should have a known goal for its treatment efforts; 2, education in the rudiments of successful social behavior should be made part of the treatment regime; 3, the patient should be placed in a

position where he has both a regular opportunity to interact with a healthy group and the responsibility to do so.

This volume is significant in at least two ways. It is an excellent example of clinical research in which data are collected at a level appropriate to the current status of knowledge. The workers do not get bogged down in obsessional counting of parts of the total picture, nor have they succumbed to the temptation of explaining everything on the basis of highly inferential theory that cannot be related to behavior. There is a ring of authenticity immediately recognizable to one who has tried to develop a therapeutic milieu. Solid data about the elusive 'therapeutic milieu' have been scarce. Most important, this volume constitutes a cohesive attempt to provide a body of theory relevant to milieu therapy comparable to that which underlies individual psychotherapy.

To the psychoanalyst who seeks reification of intrapsychic formulations, this volume will be disappointing. To the psychoanalyst who seeks to expand his awareness of the effective treatment of the psychotic and of the necessary social processes involved, it will be an instructive experience.

STANLEY H. ELDRED (BELMONT, MASS.)

LECTURES ON EXPERIMENTAL PSYCHIATRY. Pittsburgh Bicentennial Conference. Western Psychiatric Institute and Clinic, March 5-7, 1959. Edited by Henry W. Brosin, M.D. Pittsburgh: University of Pittsburgh Press, 1961. 361 pp.

This conference report is unusually rewarding in that it shows the great diversification of attempts to understand mental functioning under normal and abnormal conditions. Analysts will be especially gratified by the extent of the efforts neurophysiologists, neuropharmacologists, and animal psychologists are making to integrate their findings with psychoanalytic theory.

Five analysts are represented. Alexander outlines a project which tries to introduce 'objective observation' into the study of the therapeutic process between two persons. The main goal is to show by what 'interventions' the 'corrective experience' can be achieved. The method includes extensive recording of interviews and exposure

to dramatic films as emotional stress to subject 'psychosomatic correlational hypothesis to rigorous experimental tests'. Alexander is one of the few researchers who still believe in the specificity of psychodynamic factors in the etiology of psychosomatic entities. The publication of reports showing correct organic diagnosis from the psychodynamic data was promised by Alexander as far back as 1950, and we are looking forward to it.

We have come to expect precise scientific formulations from John Benjamin. After a well-reasoned discussion of the theory of interaction between the innate and the experiential, and its history in psychoanalytic thinking, he describes some research projects designed to study such interaction in early infancy.

1. At the approximate age of three to four weeks, an infant goes through a 'critical period' of increased sensitivity to over-all stimulation, during which time he requires especially adequate tension reduction within the normal mother-child relationship. This increased sensitivity may be a function of the rapid rate of maturation of sensory apparatuses at this given time, and the absence of adequate mothering may contribute greatly to 'predisposition to anxiety'. This is one example of the interaction between 'an assumed innate universal and a demonstrated experiential variable'.

2. The first electroencephalographic patterns of sleep develop at the age of four weeks. Interestingly, premature babies show this pattern not much later. Here the experiential factor seems to speed up maturation.

3. Social smiling appears at the approximate age of two to two and a half months, as a delayed Innate Releasing Mechanism (I.R.M.). Benjamin has evidence that the timing and nature of this response are not only maturationally determined, but are significantly codetermined by previous experiences with the mother.

4. Benjamin's observations let him assume a relation between sensorimotor behavior and later choices of defense mechanisms. It may also have a predictive value for infantile separation anxiety.

5. Finally, the author outlines research in progress on: (a) the relation of the development of conceptual thinking to early and later object relationships; (b) variations in various cognitive functions if performed with highly cathected, as compared to neutral, objects (an aspect to which Piaget paid little attention); and (c) the mutual influence of the sharp acceleration in performance of

abstract tasks at the age of six, and the resolution of the œdipus complex.

Ewalt's paper is concerned mainly with the definition and organization of various methods of research. He compares the method applied in psychiatry to those in science, and points to Freud as the best example of the observational type of research, emphasizing Freud's readiness to change his theoretical models whenever they could no longer be correlated with such observations.

Grinker, who in the past has preferred to make formulations in terms of the 'transactional approach' or of the 'field concept', now proposes his discussion of the problem of anxiety as a model for a 'unified theory of human behavior'. But do we gain anything besides an impressive slogan from what Grinker calls 'a unified theory'? Can the psychological approach to anxiety be reduced to problems of 'input, storage, and output of information'? Can we reduce the 'sociological aspect of anxiety' to a problem of communication?

Since the publication in 1926 of *Inhibition, Symptom, and Anxiety*, we have learned to apply to the problem of anxiety all the viewpoints of metapsychology. The same approach has helped also to clarify regressive resomatization as a response to various anxiety-producing stimuli. Experimental physiologists and psychologists have discovered a great deal about the somatic concomitants and equivalents of anxiety. We have also learned that we do not gain much by equating prematurely psychological concepts with specific physiological processes. Do we, therefore, gain anything if we say 'ACTH is somatically of the same order of events as anxiety'? The same objection, of course, could be raised if anxiety had been 'equated' with adrenalin, noradrenalin, hippuric acid, etc. The neurophysiologists on this panel seem to have been much more careful to avoid such equations.

Kubie speaks from great experience as scientist and teacher when he tries to pinpoint the difficulty of training psychiatrists and researchers in psychiatry. Necessary teamwork is even more difficult. 'An organophobic analyst and a psychophobic neurophysiologist have a hard time trying to make a joint attack on the problems of human behavior.' He calls for state and federal help to finance scientific training, including training analysis, and for tax exemption of researchers who work in tax-exempt institutions. Kubie documents his courage when he comes out flatly for a new subdis-

cipline, a doctorate in medical psychology, to fill the glaring need for psychotherapy which cannot 'remain the exclusive domain of the medical profession'. How will the American Psychoanalytic Association and the American Medical Association react to such a suggestion? Let us remember what Freud said about this in 1926.

Malamud arrives at certain main formulations in discussing the concept of dynamics as applied specifically to psychiatric research. He quotes extensively from Socrates, Freud, and Krehl, on the concepts of Pavlov, the gestalt psychologists, Cannon, and others.

We have followed Liddell's studies on goats and sheep for many years. Several aspects of his present paper will be especially interesting to analysts. He attempts to correlate, as far as possible, certain aspects of Pavlovian concepts which he has modified crucially by the inclusion of experiential aspects, with psychoanalytic concepts. He reports on long-range longitudinal observations of the consequences of experimentally manipulated conditions. In previous papers, Liddell mainly used as a stress situation electrical stimulation leading first to conditioned reflexes. His animals, after going through a period that he succinctly calls a state of 'vigilance', later developed various manifestations of experimental neurosis.

The present experimental setting has been developed partly under the impact of Spitz's work on 'hospitalism'. It also draws on observations partly made at the Cornell laboratory showing that in goats a satisfactory mother-infant relationship can develop only under the influence of a well-determined chain of perceptual stimuli during the first hours after delivery. If this interaction is interfered with for even a very short time before it has been firmly established, this crucial relationship can never develop. The result is a complex deficiency in somatic development and ability to learn.¹ We may ask why Liddell found it necessary to include the added stress of the conditioning session to the trauma of the interruption of the mother-infant relationship. We know from Harlow's monkeys, from Schneirla's cats, and even from Lorenz's birds how severely development can be disrupted by such early traumatization.

It is difficult to convey the richness of material in the paper by Elkes, *Psychotropic Drugs*. To paraphrase a famous statement: rarely has so much integrated knowledge been compressed in a single

¹ Freud spoke of the 'ego' of higher animals in his *Outline* (1939). Such an 'ego' development has obviously been severely damaged in these animals.

chapter which has the subtitle, *The Origins of Present Ignorances*. Elkes points to the increasing difficulty of forming conceptional models that can cope with the wealth of data supplied by psychoanalysis, experimental animal psychology, ethology, biochemistry, and biophysics of the central nervous system—data that may provide the clue to a chemical and morphological basis of learning and information theory. Elkes attempts a provisional classification of psychotropic drugs using a carefully reasoned set of criteria.

The well-known relationship of LSD-25 to serotonin, and of mescaline to adrenalin, has given rise to speculations on the role of these neurohumoral substances or their derivatives in the pathogenesis of the psychoses, and particularly the schizophrenias. Elkes is highly sceptical of attempts to correlate the intracerebral effects of such drugs with the schizophrenic process and its etiology. Especially noteworthy is the author's very careful and critical attempt to map the potential approaches to correlation of psychologic concepts of the operation of the mental apparatus with the effect of psychotropic drugs. He shows clearly the limitations of the therapeutic value of drug therapy and surveys the organization of research to test their action.

The paper by Marrazzi, *Neuropharmacological Approach—from Units to Patterns*, is perhaps too technical for the uninitiated reader. One also gets the impression that his conclusions about the correlations of chemical processes to such phenomena as psychoses and hallucinations and their alteration by drugs are in contrast to the careful formulations of Elkes.

There is, however, much agreement with the views presented by Elkes in the paper by Felix, *Perspective on Experimental Psychiatry*. Of special interest to us is his discussion of the transmission of impulses in the central nervous system which is not, as previously thought, limited to the synapses. Instead, certain parts of the neuron are viewed as capable of giving rise to responses of different amplitudes (graded responses), depending upon the intensity of stimulus. Thus different parts of the neuron share responsibility with the synapses in introducing a plasticity in what would otherwise be an inflexible circuit. It seems also that the glia cells, which comprise eighty to ninety per cent of the cells of the central nervous system, may participate in its elective physiological activity. It is tempting to dwell here on a hypothesis about the importance of such findings

for the theory of learning and especially for the problem of 'attention cathexis'.

Gerty's paper, *Discovery*, deals mainly with what one could call the philosophy of science in general and of psychiatry in particular.

Only a few points can be singled out from Gerard's highly rewarding paper, *The Architecture of Knowledge and Neural Functions*. His main interest is the storage of information and the functional changes resulting in the learning process. He attempts to correlate the development of percepts and concepts through sensory, especially visual, input, in support of which he quotes a number of fascinating experiments. He then describes the hierarchical development of abstraction. 'Attention moves first to fairly simple abstractions, then to more elaborate ones, and finally to functional units and to historical or developmental processes. . . . Such abstractions as permeability or information-carrying or excitation become the entities of attention.' Psychoanalytic theory operates, of course, also with the concept of hierarchical layers of mental functioning. Gerard's discussion of the relation of fixation of memories to the details of the function of neural units, the relation of fixed thresholds to rigid performance, and of fluctuating thresholds to imaginativeness may be relevant to psychoanalytic concepts. Gerard finally compares the physiological concept of a functional neuron reserve with the psychological concept of psychic energy. We might prefer to correlate the concept of the functional neuron reserve with the concept of attention cathexis.²

Rioch's paper, *Dimensions of Human Behavior*, leans also on information theory. He speculates that three longitudinal divisions of the mammalian neuron tube can be divided into 1, a central part, having to do with the internal household workings of the body and their interaction with the environment; 2, an intermediate part, concerned largely with posture, locomotion, and maintenance of temporal continuity in interaction with the environment; and 3, a peripheral division, upon which all mammalian differential activity, including the trial and error development of new behavioral patterns, depends. He compares those three divisions with three interconnected sets of computers. The dimension of language, of course, greatly increases variability and modifiability of human behavior.

² See my discussion of the paper by Felix above.

McCulloch, the foremost representative of cybernetics at this symposium, presents his paper in the form of a travelogue in which he tells about the progress of his field in Europe and introduces us to the way his 'own computer system' works: when his train got into a fog between Sheffield and Birmingham and all the lights went out, he developed 'Fancy', a computer which would perfect a new method to imitate (McCulloch may call it 'create') improved nets of neurons. He gives us only a glimpse of the complex research done in his field, perhaps with the realization that most listeners and readers could not really understand it. He leaves us somewhat awed.

Birdwhistell, in his paper on paralanguage, introduces us to a field of particular interest to analysts who are, or should be, alert to every communication from their patients: modulation, intensity, rhythm, speed, continuity, vocabulary, and style of speech.

Hilgard's paper on hypnosis deals mainly with an attempt to establish experimentally hypnotic susceptibility and to measure the relative frequency of successful and failed tasks. He tries to correlate his results with the well-known Zeigarnik Effect. The chapters about hypnosis in therapy and especially about the theory of hypnosis are somewhat outdated because, in the meantime, the extensive study by Gill and Brenman has been published.

The majority of these excellent papers have one common theme: the attempt of varying disciplines to arrive at a learning theory. The contributors and the editor are to be congratulated on the publication of this symposium.

MAX SCHUR (NEW YORK)

HALLUCINATIONS. Edited by Louis Jolyon West, M.D. New York: Grune & Stratton, Inc., 1962. 295 pp.

The American Psychiatric Association and the American Association for the Advancement of Science jointly sponsored a symposium on hallucinations which was held at the annual meeting of the latter in December 1958 under the chairmanship of Dr. West, who also chose the topic of the symposium, selected the contributors, and edited the papers. This volume includes all the papers presented there and some of the discussions. There are twenty-five papers, eight of which report experiments with sensory isolation.

As one might expect, the quality of the papers is rather uneven. Some are speculative; others are bare reports; some are well composed, others poorly; some are sophisticated, others naïve; some are interesting, many are dull. The reported discussions seldom repay the effort of reading them and rarely look as good on paper as they sounded at the meeting. The wide variety of viewpoints represented in the collection guarantees that nothing resembling a consensus will be reached. As usual, the existentialist is most literate, the psychophysiologist most complicated, and the clinician most arbitrary. One sees again the tendency that pervades much of psychiatric writing today, to refer to Freud respectfully from time to time, but without using his insights even as a point of departure.

It is sad also to see how the ponderously 'scientific' discussions lead, after involved reasoning and appeal to electronic analogues, to the simple clinical observations of psychoanalysis, now half a century old. 'To the extent that we immediately, automatically, and erroneously assign the source of excitation beyond the boundaries of the body and project images beyond the receptors, all experience is hallucination.' How much more clearly and helpfully Freud dealt with the same concept in 1913! Another contributor suggests that 'it is interesting to speculate on the possibility that the houses people build for themselves and the kinds of contrivances in which people are interested represent the way they feel about their body'. It certainly is. The psychoanalysts have been making this point for several decades now.¹

Among the better papers one may mention that of the Duke psychophysiologic group which includes Bressler, Silverman, Cohen, and Shmavonian. They are able to induce visual experiences after relatively brief periods of imperfect isolation, whereas others fail with prolonged periods of heroic isolation because they appreciate the importance of the anxiety of the unknown in inducing the pathologic reaction. Modell's theoretical review of the metapsychologic theory of hallucination is well written and worth reading. I was pleased to see how clearly several investigators made the distinction between the hallucinations of schizophrenia and those of hallucinogenic drug delirium. Malitz reports that phenothiazine tranquilizers induce temporarily an intensification of visual hallucinations when

¹ Cf. Nunberg, Herman: *Principles of Psychoanalysis. Their Application to the Neuroses*. New York: International Universities Press, Inc., 1956, p. 120.

given to a subject who has had LSD. This sounds reasonable because I have found that tranquilizers often induce hallucinations temporarily when given to psychotic schizophrenics.

The volume is useful to the psychiatrist for it gives him a view of the way in which research is being done on hallucinations at the present time. The psychoanalyst who works with psychotic patients will be interested in the diverse phenomena described, for he will want to check his theoretical formulations against them.

MORTIMER OSTOW (NEW YORK)

DIALOGUES WITH MOTHERS. By Bruno Bettelheim. New York: The Free Press of Glencoe, Inc., 1962. 216 pp.

For a number of years Dr. Bettelheim conducted meetings with a group of young parents to discuss the everyday problems they encountered in caring for their children. This volume contains a representative sample of transcriptions of these discussions. Included are such diverse problems as when should a child be weaned from the bottle; what to do with a three-year-old girl who still wets herself; how much and when should a pacifier be used?

The author avoids the parents' persistent efforts to draw him into giving advice or theories of child care. Rather, he seeks to teach them how to think about the problems and how to ask meaningful questions. He feels that once this has been accomplished the solution to the problem will usually be self-evident. This is quite an expectation, since the task of teaching people to think and to ask fruitful questions is formidable in itself. It is not surprising then that Dr. Bettelheim falls far short of this ambitious mark.

One of the major guideposts for parents in these dialogues is the question, 'Why would I do this?', which underscores the utility of the parents' empathy in understanding the child. A second, related question, 'Are they so different?', is concerned with the tendency of some adults to view the functioning and motivations of the child as if they were different from their own and had a correspondingly simpler texture. A third question is, 'What kind of child do you want?'. Apart from some trivial applications of this query, the author offers the complicated and subtle thesis that varying continua of gratification, frustration, and prohibition will tend to produce

differing organizations of the child's personality. This is an exciting vista but it is doubtful whether anyone is able to perform this abstruse calculus. Undoubtedly a parent who can assimilate these points will have a powerful tool in approaching the many problems inherent in a child's development. One cannot help wondering whether the ubiquitous neurotic conflicts of the adult may not result in lapses in his ability to apply Dr. Bettelheim's type of thinking. It is likely that many of the child's difficulties arise within the locus of parental conflicts.

Any pediatrician will attest to the urgent need for guidance in the area under consideration here. Although Dr. Bettelheim falls short of the ambitious but laudable goal he sets himself, he does succeed in one worth-while purpose; the reader will certainly be stimulated to think about this important problem.

HERMAN ROIPHE (NEW YORK)

DETERMINANTS OF INFANT BEHAVIOR. Edited by B. M. Foss. New York: John Wiley & Sons, Inc., 1961. 308 pp.

Ten papers presented in 1959 at a Tavistock Study Group on Mother-Infant Interaction reflect some recent thinking about infant maturation by advanced workers in psychology, pediatrics, psychiatry, and zoölogy, with some contributions from obstetrics and psychoanalysis.

Part I, *Neonate Behavior*, offers a study by Blauvelt and McKenna on the regular neonatal response of head orientation to tactile stimulation of mouth and ear. Gunther reports his finding of one hundred percent correlation (in how many mothers?) between the shape of nipple and effectiveness of breast feeding; Prechtl deals with neuropathological damage following complications of birth, imputing the damage to foetal position during the last part of pregnancy rather than to specific or central lesions.

Part II, *Animal Experiments*, contains a paper by Rosenblatt, Turkewitz, and Schneirla describing a sophisticated and significant investigation of the effects of early separation upon the socialization of the domestic kitten and upon the response of the adult female. Harlow reports important experiments with rhesus monkeys, de-

lineating their reactions to fearsome objects and their retention of affectional responses to cloth mothers.

Part III, *Social Behavior*, begins with an account by Appell and David of a severely retarded, two-year-old girl whose development under therapy rose to normal and made possible her release from the institution where she had been treated. In sharp contrast is a paper by Rheingold on the effects of differing environmental stimulation (both home and institution) upon the social and exploratory behavior of three-month-old infants. Ambrose reports a simple but careful experiment to measure variations in the smiling response to standard stimulations among infants at home and in institutions. The response appeared and reached its peak earlier in the home infants; in general, the strength of the response declined gradually during the observation period (eight to twenty-six weeks). Hinde stresses the effects of stimuli leading to increase or decrease of response strength and changes in responsiveness that take place with age and experience.

Part IV, *Theoretical Approach*, has one paper by Gewirtz with a brief comment by Bowlby. *A Learning Analysis of the Effects of Normal Stimulation, Privation, and Deprivation on the Acquisition of Social Motivation and Attachment* is both overabstract and oversimplified. It takes apart without indicating a plan for synthesis, deals in exact manner with questions that are meaningless from a dynamic standpoint, and, as the author would concede, is of no help in the further investigation of problems related to inner psychic phenomena.

Harlow, Rheingold, and Gewirtz are well known in American psychology, and their attention to specific kinds of observational data is important. It is unfortunate, however, that three of the four American psychologists at the conference should have been proponents of classical learning theory. They seem compelled to emphasize the observable acquisition, perpetuation, or extinction of specific items of behavior and often remain naïve about the meaning of affective phenomena in human terms. More of the relevant work in infant physiology also would have been welcome and useful.

The Tavistock Clinic has done a service in bringing to our attention the work of those investigators who had the opportunity or were willing to report their studies of infant behavior. Some of the best work is being done with animals and birds. It appears that

psychoanalysts, four or five of whom were present at the conference, have not yet found a way, nor felt it sufficiently important, to report what they know about psychic development during infancy.

SYLVIA BRODY (NEW YORK)

THE NOTEBOOKS OF SAMUEL TAYLOR COLERIDGE. Vol. II in Two Parts (1804-1808). Edited by Kathleen Coburn. Bollingen Series L. New York: Pantheon Books, 1961. Text, 478 pp; Notes, 548 pp.

Wednesday Morning, May 9th—a day of Horror . . .

after two long frightful, fruitless struggles . . .

I remained still three quarters of an hour . . . with
pains and sore uneasinesses, and indescribable desires . . .

Thurs. May 10th/—pretty well—. . . we catch large Turtles/
beautiful, indeed heavenly Sunset . . . of a delicious Marone, a
mulberry red—& this dying away into a rich smoky yellow-green/
above it the new moon/—The double Path . . . of white light
from the Reflection of the Sails to each Ship in the daytime,
a pleasant Image . . .

Thus, in consecutive entries in these Journals, Coleridge on his constipation and on an impression from his voyage to Malta. The strange juxtaposition is typical of these volumes, which are the attic of a poet's mind. In them we learn how to plant oak trees, what helps amenorrhea, what makes Faith desirable. Here are stanzas from Dante, recipes, the addresses of friends, transliterations of the name 'Wordsworth' into Greek. There is plenty of junk; but even as this attic is fuller than most, it also reveals more gleams of treasure well worth the dust and frustration encountered in the exploration. For among the metaphysical speculations and the anecdotes from newspapers we find trial lines that will reappear later in *The Ancient Mariner* or *Kubla Khan* (and others that will not, yet are worthy to); we find breath-taking moments of physical or intellectual vision—and we find a self-observation that produces foreshadowings of Freud and modern psychology.

For Coleridge was always watching himself and thinking about what he saw. 'Indescribable desires' he perceived while trying to re-

tain the enema—and the psychoanalyst notes a suggestion of the pleasures of the bowels to be discovered by Freud a century later. The book is full of hints, of fleeting allusions, of visions, insights no sooner mentioned than left behind, unexplored.

In looking . . . as at yonder moon dim-glimmering thro' the dewy window-pane, I seem rather to be seeking, as it were *asking*, a symbolical language for something within me that already and forever exists, rather than observing anything new . . . as if that new phaenomenon were the dim Awakening of a forgotten or hidden Truth of my inner Nature . . .

Coleridge offers a theory of compulsive thought and activity in another passage.

I was standing gazing at the starry Heaven, and said, I will go to bed the next star that shoots/Observe this [same tendency] In counting fixed numbers previous to doing anything, &c. &c. &c. and deduce from man's own unconscious acknowledgment man's *dependence* on some thing *out* of him, on some thing more *apparently* and believedly subject to regular and certain Laws than his own Will and Reason.

His dreams, however, are the poet's chief material for psychological speculation. He is, for instance, struck by the importance of one's physical state on the formation of dreams. Not that he ever betrays the shallowness and vulgarity of the many who have sought to dismiss dreams as explicable simply by, for example, the existence in the stomach of undigested beefsteak. Coleridge's observation is more subtle.

How often am I doomed to perceive & wonder at the generation of violent Anger, in dreams, in consequence of any pain or distressful sensation in the bowels or lower parts of the Stomach/When I have awoke in agony of pure Terror, my stomach I have found uniformly stretched with wind/but anger not excluding but taking the Lead of Fear . . .

He notes also the effect upon dreams of the position of the body, observes that a nervous person, or one ill with disease of the bowels, is better able than a healthy man to carry on his dream after waking and to observe its 'increasing faintness and irrecollectibility'.

Among Coleridge's many remarks about his dreams—some of his deductions more, some less, explicit—a recurrent note is his emphasis on the fact that dreams have a meaning larger than what we should call their manifest content. The images in the dream may represent, he says, feelings not sensed in the dream but lurking somewhere beneath its surface as we are aware of it. Sometimes the characters and events of the dream likewise stand as representatives of a number of other persons and happenings not occurring in the dream itself. There is, says Coleridge, a 'universal-in-particularness of form' in dreams—is not this the poet's perception of what Freud called over-determination?

The present is the second double volume (one of text, one of notes) to be published; the notebooks will eventually be available complete in five or six double volumes. The editing is wholly admirable, as is also the physical format. Miss Coburn and her helpers make almost all Coleridge's obscurities clear by an extraordinary wealth of learning that includes even psychoanalytic writings. To the psychoanalyst these volumes offer, first of all, pleasure. Beside that, Coleridge's untiring wish to know and to understand the whole world leads us, not merely to Freud and the country he explored, but on journeys even far beyond that—many of them into countries still uncharted and unknown.

Readers of *This QUARTERLY*, being connoisseurs of dreams, may be interested to learn that one of the most famous specimens may not have been a dream at all (as has been suspected by some recent critics). Coleridge, in his well-known account of the episode, described how, having taken 'an anodyne', he fell asleep and in that sleep composed his famous *Kubla Khan*, seeing as he did so 'all the images [which] rose up before him as *things* with a parallel production of the correspondent expressions, without any sensation or consciousness of effort'.

In a manuscript recently acquired by the British Museum, however, the poet describes the work as 'composed in a sort of Reverie brought on by two grains of Opium, taken to check a dysentery'. This fragment suggests that the poem is indeed something other than the manifest content of a true dream.¹

G. F.

¹ The new version is reproduced in *The Times Literary Supplement* (London), 16 February 1962.

PSYCHOTHERAPY IN THE SOVIET UNION. Edited and translated by Ralph B. Winn, Ph.D. New York: Philosophical Library, Inc., 1961. 207 pp.

This cross-section of contemporary Russian psychiatry contains thirty-five papers, most of them very short. Unfortunately, no references indicate when and where the papers originally appeared; the accuracy and quality of their translation could be judged by this reviewer in only a single instance, where it proves to be fluent, perhaps somewhat free, but adequate.

Soviet psychiatry is based theoretically on Pavlovian premises. Miassischev's important paper is no exception. However, in his view 'the legacy of Pavlov . . . does not consist merely in automatically repeating Pavlov's words, but rather in deepening and making more intelligible our conception of man, in all his activities, as a union of psychology and physiology'. The author goes on to say that Pavlov's critical attitude toward the psychology of his day was directed rather against 'any type of idealistic methodology'; indeed, 'Pavlov put the psychoclinical approach to health and disease ahead of the physiological one'. Pavlov even expressed the conviction that, in order to clarify the function of psychology in psychiatry, it is absolutely necessary to bring psychology and physiology into a very close relationship. Miassischev is of the opinion that scientific achievements in the physiology of the higher neural centers and activities have provided 'the knowledge of the laws of normal neural activity, complex interrelations among individual processes, and mechanisms of pathological deviation'; Pavlov's concept that the secondary signal system exists exclusively in man best explains the regulatory function of these processes. He said, 'Words can serve as real conditioning stimuli beyond any quantitative or qualitative comparison with any other stimulation in animal life'. Thus, speech is the most significant apparatus in human beings subject, however, to certain specific laws which have not yet been sufficiently studied as an integral part of normal or pathological physiology.

Miassischev distinguishes 'two basic forms of psychotherapeutic influence—suggestion and persuasion', which 'differ mainly in the purpose of activating words. Sometimes they are contrasted as the irrational method and the rational one'. Elaborating further on this distinction, he plunges into physiology: 'In the first instance [that is, in suggestion], the efficiency of the word is determined by changes

in the response of the patient's cortical centers in the state of hypnosis. In the second instance, the cortical inhibitions and facilitation typical of hypnosis are absent; in fact, the process of persuasion is found among the highest activities of the secondary signal system and makes conscious and critical analysis readily accessible to the patient' (pp. 12-13).

Miassischev further differentiates two main forms of hypnosis—one which 'is inseparable from an emotional attitude toward the hypnotist who becomes the source of overpowering stimulations' and the other which has the effect of pacifying and of making one sleepy (pp. 12-13). However, Miassischev does not sufficiently clarify this distinction. Citing several brief case histories to support his argument, he states that the 'so-called sexual trauma represents . . . but an outer appearance capable of assuming a great variety of forms, which only conceal entirely different and highly individual traits of personality' (p. 18). For instance, a woman developed a fear of cancer because her husband had been unfaithful and 'regarded her husband's conduct as a shocking insult to herself, making it completely impossible for her to trust him any longer' (p. 17). Miassischev asserts that this circumstance alone 'constituted the original cause of her mental condition' (p. 17). There is no inkling of the way in which he reached this conclusion, and he provides no other data for this case.

The persuasive force of the spoken word seems to be the leading therapeutic device used by most of the contributors to this volume. For example, Platonov uses the term 'speech therapy' to refer to 'the immediate curative influence of the physician's words in his dealing with the patient' (p. 21). He further states that there is apparently no human organ or tissue whose condition cannot in some way be modified by words and suggests that 'speech therapy . . . is now clearly indicated not only in psychogenic disturbances but also in other illnesses' (p. 26). Among the methods of treatment he recommends is 'special verbal suggestion leading the patient to the state of deep rest, in which he remains for a definite prescribed time' and adds: 'We refer here emphatically to the state of deep rest because this kind of suggestion is capable of bringing about wider biochemical changes in the patient's organism than can possibly happen under the conditions of ordinary rest and tranquility' (p. 29).

Povarinsky treats cigarette addiction by medication intended

to make smoking unpleasant, and by hypnosis and persuasion—the same two methods espoused by Miassischev. Povarinsky finds hypnosis unsatisfactory because hypnotic suggestion ‘disregards many experiences intimately connected with smoking’, and because ‘it has been known to establish various conflicts within the patient’s mind’ (p. 146). Yet his two cases seem to exemplify incorrect use of hypnosis rather than inappropriateness of hypnosis as such. Gordova and Kovalev use hypnotherapy in the treatment of alcoholism, either alone or in conjunction with apomorphine.

Kapol-Levina reports, in *Therapy of Certain Forms of Hysteria*, that ‘the general disturbance of skin sensitivity around the defective organ may be regarded as a definite diagnostic sign of functional disturbance’ (p. 78) and describes a method whereby functional disturbances of sense organs, as well as of speech and kinesthesia, are treated by gradually approaching the affected area from the region of normal sensitivity through a series of pinpricks. Paucity of detail prevents adequate evaluation of this finding.

Chitava maintains that ‘under the influence of sleep there is strengthening of the protective forces of the organism leading to a better tonus of the nervous system’ and that medicinal sleep induces ‘favorable opportunities for psychotherapy’ (p. 84).

Haletsky interprets phobias mainly in Pavlovian terms. While the bulk of the chapter is devoted to what he calls ‘simple phobias’, his examples, which might be viewed more appropriately as instances of stage fright, are rather narrowly interpreted as fear of loss of memory. In simple phobias the patients are usually ‘aware of the origin of the phobic symptom, but tend to minimize the pathogenic side of the original experience which, anyway, has in the meantime lost its significance’ (p. 174). Haletsky recommends inducing the patient to relax (partly by means of exercises) and pointing out to him some of the conditioned links in the establishment of the pathological reaction.

As for the more complex phobias, Haletsky says somewhat cryptically that ‘this problem has never been sufficiently studied, perhaps because it readily reminds us of the psychoanalytic theory of repression’. Here we have a clue to the true culprit, the real inhibiting factor in the slow progress of psychotherapy in the Soviet Union. In his contribution, *On the Psychotherapy of Schizophrenia*, Molokhov states that ‘the main obstacle to the use of psychotherapy

in schizophrenic cases has lain since the beginning of the century in the psychoanalytic approach to the understanding of pathology of the mind' (p. 113). Miassischev complains that 'the main fault of group psychotherapy, as interpreted by foreign specialists, consists in its dependence on the teachings of S. Freud'.

Of course, in any Soviet approach to psychotherapy, the unconscious is not merely neglected but is emphatically negated. 'The psychoanalytic schools cling to the notion that the unconscious is a separate subdivision of the psyche, essentially independent of the external world, the environment, and one that exerts a decisive influence on man's consciousness. Man is thus fenced off from the world, from the reality of which he is a part and outside of which, indeed without his oneness with which, he is inconceivable'. These are the words of D. Fedotov, Director of the Institute of Psychiatry of the U.S.S.R. Ministry of Health, from an article published some years ago.¹ In essence, they are also the words which this reviewer heard again and again in his discussions with Soviet psychiatrists during a recent visit to Russian psychiatric institutions. But it is worth pointing out that in Soviet Russia today criticism of psychoanalysis as an idealistic philosophy is no longer fashionable; rather, it is criticized as a theory grounded 'on the false proposition that man is by nature aggressive'. I could not ascertain whether the psychiatrists with whom I talked had read Fedotov's article, but they all referred to the famous correspondence between Freud and Einstein, as did Fedotov, and all their wisdom seemed drawn from the same well. Their somewhat naïve reasoning, their uniformly dogmatic rigidity, was not amenable to any rational and scientific argument.

Miassischev's chapter, *Certain Theoretical Questions of Psychotherapy*, ends with a statement which precisely expresses the contemporary Russian concept of psychiatry: 'Soviet psychotherapy, built on the traditions of Marxism-Leninism, Pavlov's physiology, and materialistic psychology, has a truly scientific foundation; it is closely related to hygiene and prophylaxis. Under conditions of a socialist society, it has every chance of extensive growth and fruitful application to the protection and restoration of the workers' health.'

PAUL FRIEDMAN (NEW YORK)

¹ Cf. Fedotov, D.: *The Soviet View of Psychoanalysis*; and Reider, Norman: *A Psychoanalyt Replies*. *Monthly Review*, IX, December, 1957.

CURRENT PSYCHIATRIC THERAPIES. Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., Vol. I, 1961. 246 pp.; Vol. II, 1962. 289 pp.

The function of handbooks, symposia, and annual reviews is to provide a convenient though brief survey of a field of thought. The cynic might be reminded of a Reader's Digest version of Faust, but there is no question that our mushrooming publications make condensations necessary and useful. Still, volumes such as these lend themselves to critical evaluation not much more easily than an issue of a journal. The first volume contains twenty-seven papers, the second, thirty-five. All deal with aspects of psychiatric therapy. The level of sophistication, the scope, and the background of the contributors vary, and the section headings are hardly more than awkward afterthoughts. Nevertheless, a psychoanalyst primarily preoccupied with problems of his own practice might peruse these volumes profitably to keep abreast with what the rest of the psychiatric world is doing.

LEOPOLD BELLAK (LARCHMONT, N. Y.)

PSYCHOLOGICAL ANTHROPOLOGY. APPROACHES TO CULTURE AND PERSONALITY. Edited by Francis L. K. Hsu. Homewood, Ill.: The Dorsey Press, Inc., 1961. 520 pp.

This book is a collection of fifteen papers apparently intended to be used as a textbook. Of its four parts the first contains papers relating to culture and personality in such major areas as Japan and Africa and among the Indians of North America. There is a paper by Alex Inkeles on national character as related to modern political systems and one by the editor on the United States. The second part, Methods and Techniques, is a *mélange*. It includes papers on the use of projective techniques, biological and cultural factors in mental illness, the role of the dream, and the relationship of anthropology and psychology. Part three, Socialization, Culture and Feedback, is comprised of the following papers: Socialization, Process and Personality; Culture and Socialization; and Kinship and Ways of Life. Part four, Assessment, contains one paper by Spiro, An Overview and Suggested Reorientation, claiming that culture and

personality, or psychological anthropology, should be included within the mainstream of cultural anthropology since culture itself is filtered through personality. The bibliography is highly selective and incomplete and the book ends with several pages of photographs.

The papers are uneven, as is true of most compendia, and with one or two exceptions they show little knowledge of psychoanalysis. For one thing, there is no contribution by anyone with sound training in both psychoanalysis and anthropology. Most of the authors mean by personality nothing that would be recognized as such by the psychoanalyst. Many of the papers deal not with personality but with institutionalized child rearing and social structure. And, although there are a few exceptions, the level of knowledge of psychoanalytic theory and of clinical data is low. For instance, several of the papers refer to Malinowski as showing that the *œdipus* complex is not universal, because in the Trobriands there is no overt hostility to the father; the maternal uncle is the target instead. There is a double error in this. Malinowski did not make observations of children at the height of the phallic phase, and the *œdipus* complex cannot be treated as if it were a completely conscious phenomenon. The paper on dreams negates the use of free association and of latent content. Nowhere is there an effort to link culture to the psychoanalytic theory of personality and to phases of psychosexual development. Wallace's *Mental Illness, Biology and Culture* is a plea for reinstatement of the organic factor in mental disturbances and argues that Freud's hysterical patients had a calcium deficiency. Hysteria is so rare today because nutrition is so much better. This paper tries to rule out psychogenic explanations of mental illness in favor of organic and cultural explanations, with the cultural explanation used to explain variations in the conditions giving rise to the organic factors. Wallace ignores evidence unfavorable to this thesis. For instance, he does not mention Kety's work in schizophrenia.

Some of the papers are of more value. Kaplan makes a strong argument against the cross-cultural use of projective tests and points out that personality should never be evaluated on the basis of only one test. These points would rule out most of the culture and personality studies based on projective tests. Inkeles' paper on national character and politics is not a survey of the results of studies on an area, as are the other papers in the group, but is a sophisticated treatment of some of the relationships between personality and

politics, a field in which the ground was broken many years ago by Harold Lasswell. Whiting's paper is a survey of cross-cultural studies, most of them based on the Human Relations Area Files, which test 'hypotheses concerning the way in which elements of culture can be integrated by underlying psychological processes'. The studies are essentially quantitative and, if not conclusive, at least stimulating.

Overall, one is left with the impression 1, that if this book represents a valid sample of what anthropologists do with personality, then the important theorist is not Freud, but Margaret Mead; 2, that there is a psychic structure, but it is confined to the peripheral aspects of the ego and the conscious contents of the superego; and 3, that the id never was, and that the formation of personality is not explained by inborn mechanisms and conflict but by learning theory.

SIDNEY AXELRAD (NEW YORK)

THE ART OF THINKING. By Dagobert D. Runes. New York: Philosophical Library, Inc., 1961. 90 pp.

This small book contains twenty-five essays, each two to three pages in length. The author writes against shoddy emotions, greed, cowardice, snobbism, and dictatorship; he is for serenity, free thinking, wisdom, and tolerance. The essay on daydreams and nightmares is of interest to the analyst as a collector's item, recalling as it does the type of criticism of Freud which was more characteristic of the turn of the century than of now.

In summary the essays espouse in a semireligious manner the bromidic, the banal, and the platitudinous.

WALTER A. STEWART (NEW YORK)

SUICIDE AND MASS SUICIDE. By Joost A. M. Meerloo, M.D. New York: Grune & Stratton, Inc., 1962. 153 pp.

'I like the essay form', says the author in his foreword. 'It liberates me from the limitations of scientific writings. I don't have to succumb to the scholar's compulsion to quote as many fellow professionals as possible and thereby wear a mask of sophistication. I can try to get rid of scientific jargon and magical, mystifying

words. . . . Above all, in the essay form, I can contradict myself and I can use emotional illogic just as frequently as scientific exactitude.' Indeed, this book is not meant to be a scientific monograph based on clinical observations and statistical data. The latter, in fact, are only rarely cited. And it is all the more regrettable that the source of the one thousand cases on which the author bases his detailed tabulations of motivations to suicide was completely omitted.

This book, in short, is but a collection of philosophical reflections, broad definitions, and eloquent aphorisms. To the old aphorisms to which the author refers with some condescension are added a few new ones. For instance, 'suicide represents the precocious victory over the inner drive toward death'. Or, 'there is also the secret belief in mystical rescue and revival; an urge to make a magic offering to the gods, and many other motivations contributing to the fateful act. Passivity means lack of vitality. The man who is weak and has an awareness of it may compensate with a fantasy of power, and the will to power is a frequent motivation of suicide. . . . Life begins with violent departure—the trauma of birth—and life ends with departure—the trauma of death', philosophizes the author.

His gift for poetic imagery often carries him beyond the frontiers of clinical experience. To say that the homosexual act represents a suicidal tendency, 'an inner fury against prolonging the race', is one typical example of this kind of speculation. Or that 'having produced children can be symbolically experienced as a suicidal act'. Or again, that 'bringing children into the world stimulates in many people the idea: "Now I can die, because my seed goes forth" '.

This reviewer agrees completely with Meerloo on prevention and therapy; that hospitalization is never a cure-all for suicidal patients but rather that 'a positive doctor-patient relation is the best protector . . .'. He also has this reviewer's sympathy when he states that clinical psychology and the arsenal of the most complicated personality tests have so far not enhanced our understanding of the problem.

In this book, however, the author has concentrated more particularly on mass suicide. And it is at precisely this point that the arguments grow thin, if not totally inaccurate. Drawing on his experiences under Nazi terror, he arrives at some astonishing convictions. Consider his baffling statement that 'many of my Jewish

patients who could have escaped [from the Nazis] remained at home passively waiting for their executioners'. The author undoubtedly was not aware that such statements reach a crescendo of absurdity in his pronouncement that 'when one hears the description of many of the six million Jews going to the gas chambers, weak, paralyzed, or in a religious ecstasy, one must accept the existence of a mass suicidal drive'. This is neither the time nor place to enter into a polemic on the notion of passive masochistic surrender of the Jews to the Nazis—a notion which has recently been the subject of much controversy—but it suffices to say that this 'psychologistic' sophistication defies objective, historical facts. The victims of Nazi persecutions have no pretensions to heroism. They did not survive by virtue of their strong egos, as I have endeavored to show elsewhere.

Dr. Meerloo's speculation on this subject is clearly only one instance out of many where 'emotional illogic' triumphs over 'scientific exactitude'.

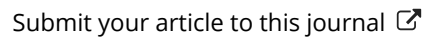
PAUL FRIEDMAN (NEW YORK)

PSYCHIATRISTS AS TEACHERS IN SCHOOLS OF SOCIAL WORK. Report No. 53. New York: Group for the Advancement of Psychiatry, 1962. 49 pp.

It is easy to agree that those interested in the study and amelioration of human behavior should have the means to communicate with each other and share experiences, but it is not so easy to agree on the method. Particularly for psychiatrists and social workers, the need is great. This report indicates fairly and helpfully the problems these two influential professions have in making common cause—psychiatry from the individual's side and social work from society's. There is, of course, no need to make a social worker of the psychiatrist or a psychiatrist of the social worker. Each of these disciplines has all it can cope with if it sticks to its own last. If this report accomplishes nothing else (and I think it has done much more) than suggest ways in which the psychiatrist can serve the social worker better by understanding more clearly the social worker's needs, it will have achieved its purpose.

LEON L. ALTMAN (NEW YORK)

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ABSTRACTS

International Journal of Psychoanalysis. XLIII, 1962.

Ego Autonomy in Sensory Deprivation, Isolation, and Stress. Stuart C. Miller. Pp. 1-20.

Miller collates material from biographical, experimental, clinical, and theoretical writings relevant to sensory deprivation, and re-examines the concept of ego autonomy in connection with this phenomenon. He finds that maintenance of ego autonomy is associated with ego activity and regression in the service of the ego, whereas impairment of ego autonomy is associated with ego passivity and regression proper. Certain disparities among previous formulations are discussed. For instance, Rapaport has suggested that ego autonomy from the id varies reciprocally with autonomy from the environment, and he conceived of sensory deprivation as maximizing 'ego autonomy' from the environment, whereas Gill and Brenman regard these two aspects of ego autonomy as varying symmetrically. Miller cites various reasons for preferring the formulation of Gill and Brenman, and even questions the desirability of conceptualizing these two 'ego autonomies' as separate functions. He proposes a new definition of ego autonomy, emphasizing the capacity for self-government and bringing it into relationship with both the demanding and the nondemanding aspects of id and environment. This more complete definition seems to offer greater clarity and consistency.

Dream Psychology and the Evolution of the Psychoanalytic Situation. M. Masud R. Khan. Pp. 21-31.

Khan presents an integrated series of hypotheses concerning relationships between the analytic situation, and sleep and dreams, and, in capsule form, the relevant theoretical material from the analytic literature. The unique and valuable outcome of Freud's self-analysis was his invention of the analytic situation, a waking replica of that intrapsychic state conducive to a 'good dream'. The analyst is seen as assuming the role of the 'arouser', the wakeful one who guides the regressive drift of the patient's free associations and gives them meaning and shape through interpretations. Khan's construct of 'the good dream' is modeled on Kris's concept of 'the good hour'; it denotes a dream which incorporates an unconscious wish through successful dreamwork, thus sustaining sleep, and yet remaining available to the ego after awakening. The capacity for having 'good dreams' Khan finds to be a measure of ego strength and analyzability, and this clinical finding is related to the hypothesized derivation of the analytic situation from dream psychology. In borderline cases, the analytic situation is no longer analogous to the psychic situation in dreaming.

An Observation on the Defensive Function of Schizophrenic Thinking and Delusion-Formation. Charles Rycroft. Pp. 32-39.

Rycroft describes material from the analysis of a paranoid schizophrenic patient, comparing it with that of the Schreber case and delineating various defensive layers within the thought disorder. He particularly emphasizes how the

decathexis of reality and instinct to avoid guilt and anxiety led to a loss of identity; the loss of identity then was combated by the construction of a megalomaniac delusion. The delusions of omnipotence were in turn threatened by contact with people who held incompatible conceptions of reality, and therefore the delusions had to be safeguarded by seclusiveness and modifications in their content.

The Mute Sad-Eyed Child: Collateral Analysis in a Disturbed Family. Gillian Elles. Pp. 40-49.

This paper describes a Kleinian analysis of a three-year-old boy, a mute, sad-eyed child. Of special interest are the reactions of the three other family members to the progressive improvement of the patient. As his symptoms disappeared during analysis, first his mother, then his younger sister, and finally his father developed overt depressions, mimicking to varying degrees the presenting symptoms of the boy.

Psychoanalytic Therapy of Religious Devotees. Sandor Lorand. Pp. 50-58.

In this paper, Lorand discusses a number of technical and theoretical aspects in the psychoanalysis of religious devotees. He limits his comments about religious beliefs and practices to one question: how and to what extent do they contribute to the patient's neurotic disabilities?

The cases, only briefly described, all had hysterical symptoms which Lorand found to be related to oedipal conflicts. However, a most consistent and important feature was extreme submissiveness, which served to secure love and protection as well as to deny strong unconscious hostility. The dynamics included an oral dependency upon mother and father and prominent masochistic elements, both serving as defensive regression from an oedipal conflict. Free association is very difficult for these patients because they equate with confession the verbalization of thoughts and feelings forbidden by their religion. In psychoanalysis, the 'confession' goes beyond what one is prepared to confess and leads to further disturbing material, rather than to reassurance and absolution. Lorand recommends a long period of reconstructive work in the early phases of analysis with these patients.

M. Royden C. Astley comments on the paper and discusses the close parallelism between Lorand's observations and his own classification of conflict areas between psychoanalysis and religion.

Disposition and Memory. Stuart Hampshire. Pp. 59-68.

This paper by an English philosopher was originally presented to the British Psychoanalytic Society as the Ernest Jones Lecture for 1960. Hampshire seeks to integrate psychoanalytic theory into the philosophical view of the human mind. He uses the nontechnical concepts of 'disposition' and memory as the major links to join the two fields.

'Disposition' is used to refer to the emotions and impulses within an individual which predispose him to take some action with respect to some person. By emphasizing the ontogenetic view, the author demonstrates that a gradual process of interiorization leads to the pure instance of 'disposition' without

any action; by the same token, he identifies the fallacy in one prevailing philosophical view which regards 'emotions and sentiments as primarily something hidden in a man's consciousness and as linked by a contingent and causal relation to their outcome in behavior'. He discusses the critical importance of the capacity for language in human beings, which he sees as making possible the many higher mental processes: the ordering of time, the human faculty of deliberate choice, and the extension of our possible desires beyond those objects physically present at a given time.

The second mental concept chosen for this essay—memory—is also viewed genetically by the author, and includes the extended concept of total memory, either conscious or unconscious, for important events. Hampshire points to the major role of unconscious memories in providing nonrational motives for conduct. Unconscious motives or inclinations, however, are sharply distinguished from intentions, the latter concept being 'preserved free from any taint of the less-than-conscious'. By means of careful clarifications such as these, the author is able to elucidate several thorny issues: e.g., psychoanalytic 'determinism' which nevertheless is incapable of prediction; the critique of psychoanalytic formulations as 'retrospective causal explanations'; and the validity of a teleological rather than causal orientation in investigating mental processes.

Infantile Narcissistic Trauma. Observations on Winnicott's Work in Infant Care and Child Development. Martin James. Pp. 69-79.

This paper is a review of Winnicott's Collected Papers. The author places Winnicott's relatively unconventional work in its relationship with Anna Freud, Hartmann, Glover, and others. James points out that Winnicott's preoccupation with psychosis and psychotic defenses (in connection with their presumed origin in the narcissistic phase) complemented the concurrent mainstream of analytic concern with ego-analytic theory and the neuroses; similarly, he feels Winnicott's emphasis on the psychological aspects of the infant's first six months of life complemented the interest of Spitz, Mahler, and others in slightly older children.

The author believes one reason for the relative neglect of Winnicott's work is the fact that he is regarded as a Kleinian. James feels this is not the case, although he admits that Winnicott's papers occasionally lapse into a sort of overcondensed shorthand which lends credence to that classification. Two other sources of prejudice against Winnicott's work, according to James, are his emphasis on regression within the therapeutic setup and his major emphasis on the therapeutic tool of management rather than interpretation. James cites passages, however, in which Winnicott expressly distinguishes such therapy from psychoanalysis proper. It is clear that the author admires Winnicott's work, but one gains the perhaps unfortunate impression that his review is in considerable measure an apologia for Winnicott's unorthodoxy.

Anxiety and Depression-Withdrawal: The Primary Affects of Unpleasure. George L. Engel. Pp. 89-97.

The author draws on material from ethology, infant observation, and primate experiments as well as from psychosomatic and psychoanalytic papers to con-

struct his classification of affects. Anxiety and depression-withdrawal cited as two primary affects of unpleasure, are then examined with respect to their ego, self-object, and drive aspects. The attitude of 'fight or flight' is seen as characterizing the affect of anxiety, while 'giving up' characterizes depression-withdrawal. The paper concludes with some brief clinical implications derived from the metapsychological considerations presented.

The Manic-Depressive Problem in the Light of the Schizoid Process. Harry Guntrip. Pp. 98-112.

The author seeks to bring about a major reorientation of clinical and theoretical thinking, particularly in regard to depressive illnesses. However, he extends his comments to the whole range of phenomena which classical analysis has related to the oedipus complex. He draws heavily on the writings of Klein and Fairbairn to develop the thesis that classical depression is the result of an unsuccessful attempt to defend oneself against a schizoid withdrawal by clinging to ambivalently valued objects (essentially bad objects). Similarly Guntrip sees mania as a defense against regressive tendencies, i.e., against devitalization and passivity. To illustrate his thesis, he cites clinical material from the case of one manic-depressive patient.

Indeed, Guntrip regards the basic conflict in all emotional illness to be either the expression of or the struggle against regression, i.e., withdrawal to a womb-like state or flight from life. Like Fairbairn, he regards the oedipus complex as 'an end product of infantile insecurity and not as the cause of psychoneurosis per se'. He consequently believes that the oedipal material must be analyzed in treatment not as the ultimate cause of neurosis but rather, to be seen as a defense against the deeper schizoid tendency.

Comparison and Development of the Psychoanalytic Theories of Melancholia. J. O. Wisdom. Pp. 113-132.

This is a careful attempt to detail the theoretical hypotheses involved in the classical (Freud-Abraham) view of psychotic depression and to compare those hypotheses with a similarly explicit set postulated by the postclassical (Kleinian) analysts. To aid in this comparison, Wisdom utilizes the distinction between orbital introjects and nuclear introjects which he has set forth in previous papers. He discusses in admittedly cursory fashion primary narcissism in its relation to the classical theory of melancholia and emphasizes the difficulty of verifying this concept. These shortcomings in the theory of primary narcissism are part of his grounds for preferring the Kleinian theory which postulates no phase of primary narcissism.

The author details the Kleinian theory of the depressive position in regard to the object, the subject, projected unity, projective identification, and especially in regard to reparation. He finds many points of agreement between the two theories but two major differences: the question of primary narcissism and whether the lost object is introjected into a nuclear or orbital position within the self. That which the classical theory explains by a primary narcissistic wound is explained in the postclassical theory by the hypotheses of nuclear strain and de-erotization.

Wisdom then compares the two theories in their conception of suicide. In the classical theory, suicide involves a destructive attack on the nucleus of the self; in the postclassical theory, suicide is seen as the outcome of nuclear strain, a disintegration of the self-nucleus, hence a fundamentally schizoid phenomenon. (This reviewer presumes that 'suicide as the outcome of nuclear strain' is to be understood solely in the intrapsychic rather than geopolitical sense.)

The Repetitive Cycle in Depression. Daniel W. Badal. Pp. 133-141.

Badal reports the psychoanalytic treatment over a seven-year period of a young woman with repetitive cycles of incapacitating depressions and hypomanias. Prior to analysis, electroshock had been used to relieve two of the depressive spells which occurred approximately once a year. The patient's analytic sessions were continued during many periods of depression severe enough to require hospitalization, and gradually a modest degree of improvement was noted. Modifications of the usual analytic technique were necessary but tended toward their own elimination.

Although the patient was considered far from well at the time of reporting, she had been able to marry and have a child with only two relatively minor (not incapacitating) depressions during the five years since the continuous phase of her analysis was terminated. She had resumed analysis on the occurrence of the second depressive episode and seemed to be making further progress at the time of this report.

Some Typical Complications Mobilized by the Psychoanalytic Procedure. Louis A. Gottschalk and Roy M. Whitman. Pp. 142-150.

The authors draw attention to the ways in which inherent characteristics of the analytic procedure may create nontherapeutic complications in a patient's life. These complications may be extra-analytic, i.e., disruptive to the analyst's relationship with his spouse or parent; or they may be intra-analytic, i.e., destructive to therapeutic efficacy. Clinical instances of such reactions are described and their points of origin in the analytic situation are identified. Although the authors do not attempt to prescribe a specific technique or formula for dealing with such iatrogenic complications of analysis, they show in clinical examples how an alertness to these reality aspects of analytic procedure can lead to their mitigation. The paper calls for the systematic consideration and review of techniques which other analysts have undoubtedly utilized but rarely reported in the literature. The frankness, clarity, and simplicity of language with which these authors have approached their subject could well be taken as models for future contributors.

Dreams about the Analyst. Irving D. Harris. Pp. 151-158.

This communication reports some statistical observations and theoretical formulations concerning dreams about the analyst. Some twenty-one hundred dreams from seventeen patients treated by the author were collected. Those dreams in which the analyst appeared undisguised in the manifest content were studied in an attempt to delineate the circumstances under which they occurred. The incidence of this category was also compared with that of other categories

(e.g., orality dreams, heterosexual dreams, 'attacked' dreams) in the beginning, middle, and terminating phases of treatment. Harris finds support for the theses of previous analytic writers that 'analyst dreams' reflect the patient's desire for fusion with the mother (especially to ward off castration anxiety) and frequently are precipitated by countertransference problems. This paper is noteworthy among psychoanalytic contributions for its admirable methodology in combining the statistical, clinical, and theoretical approaches to a narrowly defined aspect of psychoanalytic practice.

Structural Considerations in Overt Male Bisexuality. Philip Weissman. Pp. 159-168.

Weissman distinguishes several types of overt bisexuality in men, basing his categories on differing psychodynamic constellations. The most detailed case report describes a patient whose overt bisexuality was essentially preœdipal in origin, and whose overt heterosexual behavior was a disguised form of passive homosexual contact. From this case material the author proceeds to a discussion of ego and superego aspects of preœdipal bisexuality and of fetishism in the latter.

The paper concludes with briefer case reports to illustrate the contrasting features of two quite different kinds of overt bisexuality, both based primarily in œdipal conflicts rather than in preœdipal sources. In one case the overt homosexual acts were the prelude to a repetitive acting out of the patient's special mode of defeating his father in an œdipal struggle. In the other case the sporadic episodes of overt homosexuality were defenses against intense castration and separation anxiety related to his œdipal wishes.

The Psychoanalytic Study of the Development of a Conversion Symptom. Irvine Schiffer. Pp. 169-174.

Schiffer presents clinical material from the treatment of a woman who developed various hysterical symptoms while in analysis. He elaborates on these phenomena as a form of nonverbal communication which aids in the understanding of the patient's body symbolization.

In the case described, the author found a consistent relationship between dream material which foreshadowed conversion symptoms and conversion symptoms which forecast predictable verbal content. The discussion section deals with many aspects of conversion phenomena, relating this case to a number of other contributions.

On Resignation. Adrian Stokes. Pp. 175-181.

Drawing heavily on the theoretical concepts of Melanie Klein and his own previous paper on the death instinct, Stokes attempts to delineate the metapsychology of resignation. He suggests that resignation involves a freeing of 'the refusal component' from persecutory fusions, especially from envy, and that the capacity for resignation requires the infantile experience of an unidealized good object.

An intriguing contribution to the psychology of thermonuclear war was included in discussing the role of envy in resignation. Stokes suggests that one

reason for our relative indifference to the threat of nuclear war is the secret wish that the world may cease with our own death: '... let no one else, says our envious part, have what we cannot have ...'.

FRANK T. LOSSY

Bulletin of the Philadelphia Association for Psychoanalysis. XII, 1962.

The 'Aristocracy' Among Homosexuals: Lovers of 'Trade'. Edmund Bergler. Pp. 1-9.

The 'trade lover' among homosexuals is one who hates other homosexuals and prefers as an ideal partner a heterosexual, married athlete; it is desirable that the partner be homosexually a virgin and one who is trying out homosexual contact for the sake of variety. The 'trade lover's' greatest triumph comes when he can evoke 'active participation' in the initially passive resistant partner. The difficulty of finding a partner to meet these specifications is obvious.

Bergler theorizes that the typical homosexual wishes to be mistreated by a woman—mother. This wish is an alien one, and the homosexual camouflages it by substituting man for woman. The aim however is continued. Although he speaks of wanting love and understanding from a man, the underlying need is for mistreatment. The 'trade lover' is a hypermasochist. He sets up conditions which absolutely assure disappointment. Two case histories are presented to support and illustrate the author's thesis.

EDWIN F. ALSTON

Journal of the Hillside Hospital. XI, 1962.

A Psychoanalytic Interpretation of a Primitive Dramatic Ritual. Maurice N. Walsh. Pp. 3-20.

The Hopi Indian six-act dramatic ritual represents for each individual Hopi an external plastic representation of deeply repressed oedipal memories, especially aggressive ones. The productions of patients in psychoanalysis can be similar to these dramas. An example is cited of a young actor whose phallic fixations included many different male and female, adult and child identifications. These were related to a defense against depression.

Dramatic representation functions on attempts at mastery as well as safe discharge of impulse life. The actor avoids violent emotions by arousing the audience as he disguises his own identity.

Supervisors' Conference: The Problem of Reality and the Therapeutic Task. Sidney Tarachow. Pp. 21-28.

Therapist and patient face a basic problem, the problem of object need. They wish to regard each other as real objects. The real situation is changed to an 'as if' situation—'you react as if I were ...' by interpretation. The therapist imposes a therapeutic barrier and creates a therapeutic task. Object need must first be overcome to establish conditions for transference. An uninterpreted relationship to the therapist is real. Interpretation creates the tension and depriva-

tion of the therapeutic task. This task for the therapist demands a capacity to tolerate loneliness. In effect, there are two concurrent relationships, the real and the 'as if'. The very act of interpretation may have a double significance, to separate therapist and patient and to bring them together.

Eye and Face Movements as Nonverbal Communication in Group Psychotherapy. Charles Winick and Herbert Holt. Pp. 67-79.

Some expressive and communicative functions of eye and face movements are described via clinical examples from group psychotherapy. A blind person in a group of seeing patients led to a shift in communicative modes involving tactile and voice-tone communication. They found idiosyncratic meanings for users of looking for approval, looking away, absence of direct looking, lining up objects and people in a direct line of people, and winking. Exchanged looks facilitated subgroup formation. 'Looking at' was seen as avoidance, 'looking at objects' as objects for affect displacement, and 'looking up' as interior gaze. Head tilt and mouth gestures also enter this realm.

Organic Visual Defects in a Case of Obsessional Neurosis. Eugene H. Kaplan. Pp. 80-85.

The analysis of a married businessman suffering an obsessional neurosis disclosed the importance of his eye defects in his symptom of indecisiveness. Awareness of his color blindness in latency organized his feelings of shame, guilt, and doubt in that 'he did not see what others saw—he could not trust his eyes'. An accidental blinding of his right eye at fourteen years of age left him with 'no margin for error' and cut short the adolescent developmental processes.

Disorders of Visual Perception as Detected in Psychoanalysis. Nathan Roth. Pp. 86-96.

Psychoanalytic data, free associations, and dreams enable the analyst to follow the vicissitudes of conflict as expressed in visual functions. These functions are sensitive indicators of emotional events. Often the patient is unaware of visual difficulties. Psychogenic visual dysfunction is rarely of a fixed nature in any one case. Various defects may follow one another: field defects, scotomata, size distortion, color misperceptions. Color in dreams in those with neurotic dyschromatopsia fulfils the wish for healthy visual functioning. There is a close link between ocular perception and oral strivings.

The 'Superobese' Patient. Geraldine Fink; Harry Gottesfeld; and Lewis Glickman. Pp. 97-119.

Seven men and twenty-four women, all superobese, were studied. Clinically they are depressed, withdrawn individuals with minimal social contacts and poor relationships. There is a high incidence of physical illness. There is also a striking incidence of child-parent separation in their histories.

The psychodynamic factors elucidated in the treatment of one such patient disclosed fixations on every level of psychosexual organization.

Some Comments on Breast Envy in Women. Alexander Grinstein. Pp. 171-177.

Breast envy in women is a displacement of shame derived from feelings of genital inadequacy. There is the feeling that if one cannot be a man, one should be able to be a complete woman with admired breasts. Breasts and testicles may be unconscious equivalents. A case is described in which breast envy is part of early oral wishes for the mother's comforting and nourishing breast.

Further Contributions to the Concept of Stuttering. I. Peter Glauber. Pp. 178-189.

Glauber reviews the different hypotheses concerning stuttering: as a pregenital conversion, as part of a psychoneurosis, as an organ neurosis, and as an ego affliction. His genetic hypothesis relates to the anxiety of the disruption of the mother-child symbiosis. Using Federn's concepts of ego structure, ego cathexis, and ego anxiety, the author proposes that stuttering is an impairment of an ego apparatus, speech functioning. This is due to too much or too little investment of psychic energy.

The Phenomenology of Schizophrenia in Childhood: A Review of the Literature and Clinical Material. Paul Kay. Pp. 206-216.

The clinical picture of childhood schizophrenia is fairly constant. Symptom fluidity and psychotic functions coexist with other functions. The essential signs and symptoms are primitive or absent relationships to people, usually an excessive attachment to inanimate objects; impaired or absent reality testing; weak, absent, or bizarre affective responses; mutism or language use for other than the usual human communication; severe disturbances of motility. Other important signs and symptoms run the gamut of psychopathology.

JOSEPH AFTERMAN

Psychosomatic Medicine. XXIV, 1962.

Hypnotic Age Regression: A Critical Review. Theodore X. Barber. Pp. 286-299.

It has been claimed that hypnosis can induce psychological and physiological regression. Criteria for such regression are the re-establishment of Babinski's sign, changes in EEG pattern, infantile intelligence test performance, and Rorschach response, as well as other experimental findings. This review questions the interpretation of the data suggesting hypnotic age regression. In addition the author points out a possible bias in subject selection that favored those skilled in carrying out imaginative tasks and predisposed to giving a 'good' performance.

ROBERT D. TOWNE

American Journal of Psychiatry. CXVIII, 1961.

The Child Who Refuses to Attend School. T. P. Miller. Pp. 398-404.

The refusal of a child to attend school is viewed as a symptom complex rather than as a phobic reaction. The author suggests that this symptom com-

plex, in its acute form, is likely to be situational rather than symptomatic of a structured neurotic illness.

Childhood Mourning and Its Implications for Psychiatry. John Bowlby. Pp. 481-498.

Dr. Bowlby describes some of the results of his work dealing with sequelae of the loss of the mother figure in infancy and early childhood. In these examples the loss is sustained between six months and six years of age. He describes the reaction of the child as consisting of three sequential phases, protest, despair, and detachment. These experiences are felt to be characteristic of all forms of mourning.

Anger is an integral part of the process of grief, rather than a pathological result of bereavement, and is seen as an attempt to recover the lost object. Pathological mourning, then, is a consequence of the inability to express overtly this affect, which undergoes repression. In childhood mourning, the urges to recover and to punish the lost object persist, with serious consequences.

LAURENCE LOEB

Psychiatric Quarterly. XXXVI, 1962.

Suicide in Sweden. H. Hendin. Pp. 1-28.

From studies and interviews with Stockholm hospital patients shortly after their suicide attempts, Hendin postulates several complex relationships between suicide and the standard of living—both rated high in present-day Sweden. The early separation of the child from his mother stimulates anger, the control of which requires much detachment. Later, competitive performance salves the man's deflated self-esteem and may channel an outlet for aggression. But even with small upsets the affective detachment, based on the need to control aggression, offers a fertile soil for suicide. The woman has the same difficulties in dealing with aggression, and usually cannot get from the preoccupied man the relationship she needs for her self-esteem; both lose interest. In severe cases the patient may become paranoid.

The Therapeutic Personality, as Illustrated by Paul Federn and August Aichhorn. Ernst Federn. Pp. 29-43.

Both Federn and Aichhorn successfully used their personalities to treat psychotic or delinquent patients. Both combined great strength with kindness and courage. Federn could detect quickly the nature of the ego impairment and furnish support, helping the patient increase his psychic energy or reduce his demands. Combining objectivity with great empathy, he could in an underlying psychosis continue analysis of the ego disturbance while aiding the patient to gain repression. Aichhorn dealt directly with the patient's disorganization, rather than with deficiency of libido cathexes, as did Federn. Both gave up the first stage of analysis, but used the psychoanalytic concept of transference and accepted the libido theory.

Hypnoanalysis of a Fetishism. W. S. Taylor. Pp. 83-95.

A man of twenty-five was treated in only two rather long sessions of hypno-therapy for fetishism of female underwear and voyeurism. From childhood incidents of cruelty and fear and of misapprehensions with girl playmates, he had gained a fearful impression of women. His parents were cold and rigid. Some scenes of sadism centered about his father, a butcher. The author twenty-five years later reviews and regrets the incomplete treatment. This rugged and able man, at fifty years of age, despite success in his profession, lacks self-respect and feels socially inadequate. He had been in love several times but somehow each affair had fallen through.

A Contribution to the Study of the Unpleasure-Pleasure Principle. Ludwig Eidelberg. Pp. 312-316.

The unpleasure-pleasure principle can well be considered as two separate principles. The discharge of tension is not identical with the attainment of pleasure. While the former gives relief, the latter is a distinct experience resulting in greater instinctual gratification. This formulation helps explain why unpleasure is tolerated, under certain conditions, without being discharged.

Transference in Brief Psychotherapy: Experience in a College Psychiatric Clinic. H. G. Whittington. Pp. 503-518.

In brief psychotherapy of college students, Karl Menninger's concept of a tri-phasic, interrelated transaction was followed. Brief cases are given. The therapist actively resisted being cast in the transference role assigned to him and aimed to relate the patient's 'present reality, childhood experiences, and therapeutic reality, so as to result in insight which allows change to occur'. Some acting out of transference feeling or unconscious conflict was usual. This the therapist interpreted, intervening if necessary.

BERNICE S. ENGLE

Journal of Nervous and Mental Disease. CXXXIII, 1961.**Evidence for Hypnotically Induced Amnesia as an Analogue of Repression.** Eugene Levitt; Harold Persky; John Paul Brady; Joseph Fitzgerald; Arie den Breeijen. Pp. 218-221.

A group of paid volunteers were subjected to hypnotically induced anxiety followed by hypnotically induced amnesia. Anxiety was measured by two pencil and paper tests, multiple observers, and the plasma hydrocortisone level. Scores in all measures tended to be higher in an exposure to the same experience six months later. These findings are cited as evidence that hypnotically induced amnesia is analogous to repression.

On the Greater Amplifying Power of Causal-Correlative Over Interrogative Inputs on Free Association in an Experimental Psychoanalytic Situation. Kenneth Mark Colby. Pp. 233-239.

An attempt is made to use rigorous experimental method and the language of

communications engineering in the study of the associative process. Four paid volunteers attempted free association for thirty minutes, four times a week for three weeks. The sessions were recorded and scored. The experimenter varied the 'input' (interrogations vs. causal correlatives). It was found that interrogations led to less amplification (i.e., added information) than causal correlatives.

Sequelae to Hypnotic Induction with Special Reference to Earlier Chemical Anesthesia. Josephine R. Hilgard; Ernest R. Hilgard; Martha Newman. Pp. 461-478.

Isolated cases of the sequelae of hypnosis have appeared in the literature, but always in connection with therapy or psychopathology of some consequence. The authors made a systematic study of a nonpatient, student population. Sequelae were found in 7.7 per cent, but sequelae lasting more than a few minutes were found in only 2.3 per cent. It is postulated that the conflicts within the induction phase that produce symptoms pertain to conflicts between conscious willingness to be hypnotized and unconscious resistance to or fear of the required submission. Conflicts which occur in the established hypnotic state make the subject vulnerable to conflicts based on reality distortions or ethical social issues (i.e., superego conflicts).

The Rebus Technique: A Method for Studying Primary Process Transformations of Briefly Exposed Pictures. Howard Shevrin and Lester Luborsky. Pp. 479-488.

Previous studies of briefly presented images have demonstrated primary process transformations. Two rebuses (made of pictures suggesting syllables of words) were exposed briefly to thirty subjects; they could not identify the exposed pictures. The subjects were then exposed to lists containing the words. A 'clang' effect was found in their responses to the lists when they were asked for spontaneous associations—there were associations with one rebus and not the other. The authors postulate that the correct identification may serve to protect perception against primary process transformations.

HARVEY POWELSON

Archives of General Psychiatry. VI, 1962.

Contemporary Conversion Reactions. Frederick J. Ziegler and John B. Imboden. Pp. 279-287.

The authors examine the three elements of psychodynamic models that purportedly explain the phenomenon of conversion: defense against anxiety, transmutation of energy, and symbolic expression of conflict. They discuss what they believe to be serious scientific objections to all three. Then having divorced themselves particularly from libido theory, they present their own views: that a patient with a conversion reaction is enacting the role of a person with organic illness, a phenomenon limited to motor and sensory systems. Other contributing factors are the patient's ideas about physical illness, identification with ambivalently regarded objects, and the suitability of symptoms for symbolic representation. [Schilder once expressed his impression that motor and sensory

conversion reactions were modeled on organic illnesses in childhood, but he did not dispense with the economic aspects in his formulations. (Ed.)]

Transference Neurosis. George H. Pollock. Pp. 294-306.

Pollock reviews the work of a German sociologist and contemporary of Freud, Georg Simml, regarding the behavior of groups consisting of one, two, or three people, called isolate (monad), dyad, and triad. The author then juxtaposes this frame of reference with the psychoanalytic situation, examining the vicissitudes of object relations that occur in transference neurosis during analysis. He believes that the perspective of the psychosocial framework allows for further understanding of psychic development and the therapeutic process.

Relation of Physiological Response to Affect Expression. Donald Oken, Roy R. Grinker, et al. Pp. 336-351.

In a lengthy and thoughtful experiment the authors tested the hypothesis implicit in explaining psychosomatic symptoms—that undischarged emotion leads to increased physiologic responses. Various physiologic recordings were made of normal subjects who were given a psychological work-up and confronted with ambiguous, nonsupportive, and stressful situations in the laboratory. Only the immediate magnitude of response was tested. At least in this regard, the hypothesis was not borne out under the conditions of the experiment. However, there was an increase in vascular tone when affect was suppressed, suggesting some relationship of suppressed affect discharge to high blood pressure.

KENNETH RUBIN

Journal of Abnormal and Social Psychology. LXIV, 1962.

Clinical Patterns of Defense as Revealed in Visual Recognition Thresholds. Donald T. Shannon. Pp. 370-377.

Fifty-one hospitalized male psychiatric patients were grouped according to clinical judgments regarding major conflict area (sex, aggression, dependency) and according to 'defensive orientation' (externalization, internalization, acting out). Word lists and pictures dealing with conflict-relevant and neutral material were presented to each of the groups in a rigidly controlled experimental design, and differences in recognition thresholds for the two types of material appeared between the groups in the hypothesized directions. Patients whose defensive orientation was toward externalization and acting out reported lower recognition thresholds for conflict-relevant stimuli than for neutral stimuli, while the 'internalizers' reported higher recognition thresholds for conflict-associated material. The relevance of this experiment to the hypothesis of perceptual defense is discussed.

IRWIN C. ROSEN

Journal of Abnormal and Social Psychology. LXV, 1962.

Dream Reports From Different Stages of Sleep. W. David Foulkes. Pp. 14-25.

Indications of mental activity are gathered from subjects during all four

stages of the sleep cycle as described by Kleitman and his associates. Whereas previous investigations have tended to assign dreaming to stage I (characterized in terms of EEG activity by the complete lack of spindles and by low-voltage, nonperiodic activity with occasional bursts of alpha rhythm, and by rapid eye movements), this study finds evidence of dreaming in the other stages of the sleep cycle as well. However, dreams during these other phases possess certain differences in formal characteristics from those of stage I. Such differences concern a heightened affective involvement, greater use of visualization and of physical movement, increased distortion, and greater distance from external reality in the dreams occurring during stage I of the sleep cycle.

Some Effects of Early Sensory Deprivation on Later Behavior: The Quondam Hard-of-Hearing Child. Nathaniel Herman Eisen. Pp. 338-342.

This case report describes the effect of temporary sensory deprivation (hearing loss during the first three years of life) on the psychological functioning of a seven-year-old child. The effect of such temporary hearing loss on thought organization, delay capacity, and interpersonal relationships is described, and the substitution by the child of motoric, nonverbal modes of communication for speech is demonstrated. Eisen also summarizes much of the relevant literature on the reversibility and irreversibility of certain effects produced by early sensory deprivation.

IRWIN C. ROSEN

Meetings of the New York Psychoanalytic Society

Eugene Ninincer

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

October 16, 1962. VARIANTS OF COMIC CARICATURE AND THEIR RELATIONSHIP TO OBSSIVE-COMPULSIVE PHENOMENA. Victor H. Rosen, M.D.

Obsessions are grotesque parodies without laughter and compulsions are ritual travesties devoid of fun. An illustration of the characteristics of travesty in an obsessional neurosis is the Rat Man's celebrated attempt to repay a small debt to a fellow army officer that becomes a charade of misdirected punctiliousness. Comic situations effect pleasure, as we know from Freud, through an apt bringing together of elements—essentially those of the attacker, the victim, and the motive for the attack—that saves mental energy which can then be released through laughter. Dr. Rosen suggests that, in addition, the comic converts bound energy into free energy so that it may become available for discharge. Also, aggression is released under socially acceptable circumstances through the use of a victim who holds little interest other than as an object of laughter. Obsessive-compulsive phenomena, on the other hand, keep the essential elements from flowing together in comic release by the distance of the observing function and the defense of isolation. Then, too, for obsessive-compulsive patients, the torment of a victim is their central objective rather than the pleasure of an audience. In both comic distortion and obsessional phenomena, sadomasochistic pregenital relations are found in limitless combinations and permutations.

An example of victimizing within the analytic situation is the obsessive-compulsive's penchant for making a caricature of the analytic rule by overliteral pursuit of it in a way that reduces the inexperienced analyst to exasperation. An example from fiction is Good Soldier Schweik who humbles the high command of the Austrian Army by his insistence upon literal interpretation of 'regulations'.

These characteristics of obsessions and compulsions suggest variations in treatment procedure—given the appropriate circumstances—which can lead to beneficial results. An instance in which an interpretation containing humor was followed by an important therapeutic gain is seen in the case of an especially humorless patient who described himself as 'a cantankerous old Scrooge' but was unable to see that he repressed resentment over his monthly bill. On the day he was to receive it again, he related a dream of the night before in which he was on trial and being falsely accused of 'headhunting'. His associations included an amusing episode involving the purchase of shrunken heads in New Guinea at inflationary prices which he summed up by saying, 'I am damned if I can see what this has to do with the price of lettuce'. Handing him his bill at the end of the hour, the analyst remarked that 'a head of lettuce was cheap but it took a lot of lettuce to shrink a head'. The patient responded with the first merriment that had occurred during a starkly serious analysis. Subsequent sessions produced much information about some financial problems that had never before been revealed in the treatment.

In his summary Dr. Rosen emphasized that the ability of the patient to

express or enjoy wit or humor can be an important way station in the direction of health and away from the grim nature of his illness. Appropriately timed interpretations containing humor appear to be an aid to this transition.

DISCUSSION: Dr. Annie Reich commented that, while the therapeutic value of humor is known and used in analysis, this is the first time it has been subjected to specific investigation. Humor as used by Dr. Rosen is a technical device that provides the ego with a reward of pleasure for accepting some aspect of the primary process, but it can be of use only if the unconscious process is near the surface. The defense of isolation in obsessives provides a basis for contrasting them with comics, but obsessional patients also show the defenses of undoing, reaction-formation, and turning into the opposite. These defenses lend themselves less easily to Dr. Rosen's comparisons. It is true that obsessive patients are regularly grimly serious and that the ability to be less serious is a sign of gain in their treatment. But they can also joke compulsively. Their most important material is *not* in their jokes, which they use to bribe and woo the analyst. A shift from active to passive, masculine to feminine, etc., in comic phenomena seems to be more closely linked to severe pregenital than to obsessive phenomena. One manic-depressive patient identified with the victim during this phase. Some of the humor was funny to the audience, but not to the patient. It is important to make this distinction. Dr. Reich would restate how important for the treatment was the analyst's talent for joking. Not everyone possesses this ability. Beginners especially should be cautious in using it. Fenichel possessed this faculty to a high degree.

Dr. Henry Edelheit thought that in obsessive patients the elements of aggressor, victim, and motive for attack were not isolated one from the other. In the examples presented, aggressor and victim were confused and the motive was left in doubt. In primal scene fantasies of obsessive patients, affect is isolated from content, but within the content itself the patient may identify with both aggressor and victim or oscillate between them. This confusion appears to spring from a pathological segment of the ego which, at a critical phase in the development of the sense of self, becomes split off from the normal developmental phase.

Dr. Sidney Tarachow observed that the superego in the obsessive patient corresponds to the audience in the comic situation. It is an internalized audience on whom the obsessive plays his practical jokes. Both the obsessive and the comic outwit the superego, the obsessive by obeying the letter but not the spirit of the law, the comic by the speed and agility of his disobedience. He doubted the value of comic fusion as a maturing process, although he could see it as an advance over the obsessive state in that it contains less anxiety about object loss and less distance or isolation from objects. Comedy pierces this isolation and in this sense provides a fusion. However, wit and comedy maintain as separate entities both sides of the ambivalence which are expressed so speedily that guilt is evaded and the task of maturity—fusion of ambivalence and sacrifice of aggression—is avoided. The very popularity of a comedian rests on the fact that he helps us enjoy a momentary revival of childishness and ambivalence. It is true that laughter in a patient indicates an interpretation is correct, but a

more profound reaction is one of depression and loss such as occurs when he is forced to renounce infantile object ties or contemplate the immense affective losses he has endured through his illness. Art as well as comedy can enlarge our personalities and ego strength, but techniques vary, particularly with respect to time. Whereas the comedian handles ambivalences in a bold flash, the artist does so by hints and nuances. In contrast to comic pleasure, æsthetic pleasure is slow and we need time to relish it. Accordingly, we remember beauty and forget jokes. If the comic has more disturbed object relations than the obsessive, the artist has the least satisfactory relations of all. He gets his pleasure, not from his objects but from the work of art, which is his special defensive device.

In reply to Dr. Reich, Dr. Rosen agreed that instances of compulsive comedy and punning have more regressive tendencies than do obsessive symptoms and are closer to manic-depressive conditions. Comedy should not be used in the therapeutic approach to such cases. In comparing obsessive phenomena and instances of the comic, he was primarily concerned with the defense of isolation in obsessive phenomena. It is correct to say that the reaction of the audience is not the same as the reaction of the patient. In using the comic, one must wait for a particularly felicitous opportunity in which the patient can also be audience. To Dr. Edelheit's remarks, he commented that confusion of elements which may be part of the surface picture of the obsessive does not necessarily mean merging of elements in the sense of early pregenital relations. In obsessive phenomena, elements are kept apart through isolation rather than merged. In response to Dr. Tarachow, he welcomed the conception of the superego as the obsessive's audience. He was not suggesting comedy as a better way of life or a maturer form of behavior but as something useful for catching glimpses not otherwise available. In this sense it is a way station to better resolution of conflict. Beside laughter or sadness as reactions to interpretations, there is sometimes a biphasic reaction in the form of laughter followed by sadness.

EUGENE NININGER

October 30, 1962. A PSYCHOANALYTIC STUDY OF ANTI-SEMITISM: THE PSYCHODYNAMICS AND PSYCHOGENESIS OF PREJUDICE, ANTI-SEMITISM, AND NAZI ANTI-SEMITISM. Martin Wanhg, M.D.

This paper was written in preparation for a symposium on anti-Semitism held in Wiesbaden, Germany in 1962. The purpose of the symposium was to deepen understanding of anti-Semitism in the hope that a recurrence of the type prevalent in Germany between 1930 and 1945 may be prevented. Dr. Wanhg's purpose was to apply psychoanalytic thinking to an understanding of this problem and thereby extend the traditional religious, economic, and political considerations. His paper considered prejudice in general, clinical material, anti-Semitism in Germany, and National Socialist anti-Semitism.

Dr. Wanhg described prejudice from the standpoint of dynamics and genetics as an unrealistic attitude in which a person's judgment of another person or group is essentially beyond modification. Prejudice defends against impulses (predominantly but not exclusively aggressive) while at the same time expressing them. Characteristics of prejudiced individuals include a tendency to express

problems alloplastically; projection of a preferred defense mechanism; and strong separation of 'in' and 'out' groups as a means of supporting an uncertain sense of identity. Dr. Wangh suggests that prejudice originates in the earliest phases of development when separation of self and nonself is defective and there results too much love for self and too much hate for strangers.

He described a patient who demonstrated these dynamic formulations. The man's father left home before the patient was born; his mother died when he had barely reached his teens. His father was depreciated by the family; before her death his mother was sickly, weak, and narcissistic. At crucial moments in his life he was left in the care of servants or in boarding school. Anti-Semitism was strong in some members of his family but was opposed by others. The patient was unsure of his own identity, searched for security through status or 'proper' groups, tried to solve problems alloplastically, and was strongly prejudiced against women, Jews, and Negroes.

Anti-Semitism in Germany had only weak roots in religious teachings. Politics and socioeconomic factors were more important, especially among the lower middle class whose sense of identity was threatened by the process of industrialization. This was accentuated by the economic depression in the nineteen-twenties. The traditional patriarchal German family further discouraged independent identity formation in young men.

National Socialist anti-Semitism was an extreme regression to magic, slavery, and genocide. Dr. Wangh suggested that the leaders and older members were mainly war veterans who were not inclined to independent superego judgments and could not handle their own aggression or guilt. He noted that a large percentage of the early Nazi followers were members of the lower middle class. The younger, receptive masses had suffered from the particularly pronounced authoritarian set-up in lower middle class families; having been young children during the defeat of their fathers in World War I and its aftermath; and a second defeat as they were coming into manhood because of the economic depression. Dr. Wangh suggested that the prolonged anxiety experienced by these individuals at crucial developmental phases resulted in defective egos and super-egos with the result that they could be easily encouraged to regressive ideas, defenses, and actions.

DISCUSSION: Dr. Norbert Bromberg added that there were intellectual forces in Germany, such as admirers of Lagarde, Langbehn, and Moeller von der Bruck which encouraged Nazi anti-Semitism. He stressed the influence of the group in the movement and suggested that 'the last straw that released the anti-Semitic barbarities was the regression activated by group psychological forces under the leadership of disturbed individuals'. Dr. Rudolph M. Loewenstein thought Dr. Wangh's emphasis on the absent or weak father helped explain the Nazi superego: their interest in destroying moral values while championing an ideology, their willingness to submit to the moral judgment of leaders, and their general cynicism. Dr. Leo A. Spiegel was impressed that historically Germans have shown little resistance to political coercion, possibly because of a defect in their collective superego. Dr. Max Schur was of the opinion that the Nazis were like a criminal gang which methodically spread collective guilt to permit greater crime.

Some prejudice, including anti-Semitism, was diabolically planned. Dr. Sidney Axelrad thought the key to the Nazis was in the negative oedipus complex and subsequent identification with the aggressor. Dr. Bernard C. Meyer suggested that the crucial factor was the chance emergence of a leader, since the predisposition of Germany was not specific.

Dr. Wangh, responding to the discussion, agreed that group psychology was an important factor, but in his presentation he wished to stress why this group wanted to be a crowd. This wish could be understood as a reaction to the cynicism of the generation before the Nazi regime. The next generation, finding this cynicism distasteful, wanted a leader. He felt that although there might be some weakness in the German collective superego, this theory is nebulous and difficult to substantiate. Certainly the Nazis constituted a criminal gang.

KENNETH T. CALDER

November 13, 1962. THE PSYCHOPATHOLOGY OF THE PSYCHOSES. Charles Brenner, M.D.

The clinical phenomena of the psychoses, like the neuroses, can be satisfactorily understood in terms of Freud's basic concepts: the dual instinct theory, structural hypothesis, and the 1926 theory of anxiety. Dr. Brenner's view is consistent with that of Freud, who also felt that the psychic processes in psychoses and neuroses display a fundamental unity. Freud held that the essential characteristics of the psychoses which differentiate them from the neuroses were the break with reality, the occurrence of delusions and hallucinations, and the self-centeredness of the psychotic patient (megalomania, hypochondriasis, etc.). He believed these features could be understood as a result of regression to an earlier fixation point in the psychoses and a difference in defenses employed. The neurotic patient uses repression in which derivatives of instinctual wishes and defenses are barred from consciousness, although the wishes retain strong libidinal cathexis. In psychotic repression there is a decathexis of the unconscious mental representation. The libido thus detached is invested in the patient's self, giving rise to symptoms of grandiosity and hypochondriasis. Thus the psychotic defense involves regression to the narcissistic preobject stage of development. Delusions and hallucinations represent the restitutive phase of the illness in which the patient tries to reinvest with libidinal cathexes the mental representations of the object world.

Dr. Brenner questions the need to retain these two formulations as an integral part of the psychoanalytic theory of the psychoses. The symptoms of the first phase (world destruction fantasies, megalomania, and hypochondriasis), which were explained by the withdrawal of object cathexis, can better be understood as a consequence of three factors: instinctual regression, defenses against aggression, and ego and superego regression which is motivated by the need to avoid the emergence of anxiety. This formulation suggests the value of a study of the ego functions which have been lost, rather than focusing on the loss of object relations as the central issue. For example, the defensive functions of the ego are clearly more primitive in psychotic patients than in neurotic individuals. Other ego functions such as reality testing are also influenced by psychotic regression. An example was quoted from a paper by Dr. Arlow in which the

patient hallucinated the disappearance of his wife's face. This defensive and wish-fulfilling distortion of perception is characteristic of very early life before stable reality testing appears. Many other ego functions are likely to be impaired in psychotic patients. These include failure in the synthetic function, integrative ability, impulse control, etc. It must also be borne in mind that the regressive impairment of ego functions, beside serving defensive needs, at times also facilitates drive discharge, or expresses superego demands, or both.

Dr. Brenner concluded that these formulations, consistent with Freud's later concepts, make the assumptions of object decathexis in schizophrenia and of a secondary, restitutive phase unnecessary. In fact, the clinical phenomena of many psychotic patients constitute a clear contradiction to the assumption of total decathexis of object representations.

DISCUSSION: Dr. Heinz Hartmann opened the discussion with the remark that Freud never felt that his work in the field of psychosis was as complete as his contribution to the understanding of neurosis. However, as early as in the Schreber case, he speaks of the importance of understanding independent ego functions and the differences in defense mechanisms. Dr. Hartmann felt that the similarity of the role of the awakening of infantile instinctual forces in neurosis and psychosis was not clear. Certainly the psychotic cannot find a solution to the instinctual problem without a loosening of the attachment to reality. Dr. Hartmann recalled Freud's example of a girl whose sister dies; she then thinks she can marry her brother-in-law. In the neurotic the wish would be repressed; in the psychotic the sister's death would be denied. The problem focuses on the deficiency of the ego which attempts to solve the conflict. Some ego functions are incompletely developed or become weakened. Psychosis, then, is not simply an outcome of drive and defense, but relates to lost functions of the ego. Occasionally one sees a dramatic detachment from objects ending in a catatonic stuporous state. But this is exceptional. As a rule there is an oscillation between detachment and investment (restitution) of objects. Besides the two alternatives of object cathexis and self cathexis, there is a third possibility—cathexis not only of the aims or contents but also of the functions of the ego. Freud's concept of narcissistic regression is incomplete because the change in ego functions is not described. Their vulnerability is still to be studied. Freud's two-stage description of decathexis and restitution should not be taken too literally, but viewed as an ideal type and schematic description. Many phenomena described as restitutions could perhaps be better understood as the product of remaining ego functions or interaction between these and damaged ego functions. There is also an elaborate interaction between object relations and types of defense available. Primitive defenses against object relations have an effect on reality testing. A fear of surrender to love objects may lead to a rejection of all objects. The psychotic's diminished capacity for neutralization leads to a loss of more complex defenses, and the stability of object relations is lessened.

Dr. Robert C. Bak questioned Dr. Brenner's assumption that the ego disturbances in psychoses are to be explained simply as a secondary defect and a defensive function. Some ego disturbances seem to arise as a primary defect.

One of the pathognomonic symptoms of schizophrenia, the 'significance experience', cannot be reduced genetically nor can one see its defensive purpose. Certainly the phenomena of schizophrenia are complex and interdependent. Libidinal withdrawal is the central theme. How far it goes and which objects it affects is one aspect of the variety of clinical manifestations. The consequence of libidinal withdrawal is an intensification of the aggressive cathexis. This is also true of object relations which are not given up, but the libidinal withdrawal produces a shift toward aggression and the destruction of objects. The cathetic imbalance may affect not only the self but also various ego functions, especially by aggressivization. Schizophrenia and psychosis are not identical terms. Some patients show the schizophrenic defect without psychotic symptoms. When there is an intensification of the instinctual conflict, this, coupled with the ego defect, will result in psychosis. It is necessary to distinguish content from form in order to achieve full psychological understanding. The content will always reflect the instinctual wish and the defense. What is specific is the form in which this occurs; for example, a hallucination, when compared to a neurotic symptom, involves a break with reality rather than repression. Freud felt that the differences between psychosis and neurosis lay in the nature of the defenses. The primacy of instinctual forces is now thought to be less central. In the Schreber case the appearance of feminine fantasies can be understood as a lessened capacity to repress bisexuality. Delusional ideas are omnipresent; the subjective certainty is the specific functional defect. As to the restitutive phase, an effort to re-establish more stable object relations is made at every level of ego and psychosexual regression. Objects are not always given up; often the self and object differentiation is lost in the regression to undifferentiation.

Dr. Jacob A. Arlow felt Dr. Brenner's paper was a valuable examination of the frame of reference which we use to evaluate and understand psychoses. It illustrates the need of science to pursue the implications of our hypotheses, so that they can be judged in terms of their essentiality and usefulness. Dr. Brenner's paper offers a more consistent and clearer psychological explanation than uncertain quantitative biological concepts. If we consider ego functions and their relationship to libidinal cathexis, do we believe that ego functions, such as attention, perception, etc., operate in proportion to the libidinal cathexes? If this is true and is applied to schizophrenia, what is the relationship of primary autonomy to libidinal cathexis? Freud's first formulations were based on object decathexis, increase in ego libido, and restitution. We should follow these propositions to their logical conclusions in order to understand their value and limitations. The suggestion that only some ego functions are decathected is not an adequate compromise since in the original proposition there is an assumption of a total shift of cathexes. Applying Freud's early formulations to catatonic stupor, we see they are incorrect. Patients after recovering will tell of their deep involvement with objects. We can understand catatonic stupor better if we view it not as a decathexis but as a defensive operation in which there is a massive counter-cathexis as a defense against destroying the object.

In world destruction fantasies, Freud felt there was a loss of cathexis of the external world. Clinical observations show the phenomena to be the consequence of the patient's projection into the external world of his hostile destructive

wishes. What was the patient's wish is then experienced as an external world phenomenon. We have two alternative explanations: decathexis or the more parsimonious concept of projection as defense.

Freud explained hypochondriasis as the consequence of libidinal energy withdrawn from objects and invested in parts of the body which became painful because of a surfeit of energy. Hypochondriasis in the psychoses was parallel to the actual neurosis in the psychoneurotic; neither contained a psychical representation. However, clinical experience demonstrates that in the hypochondriacal symptom there is a fantasy wish with conflict and defense, i.e., it is a psychoneurotic symptom. In our understanding of ego functions in psychoses it appears clear that ego defects facilitate the regression and that the regression further alters ego function. Dr. Brenner's emphasis on ego regression as a defense is a continuation of earlier formulations. Ego distortions such as *déjà vu*, depersonalization, and body-image changes can be handled like the manifest content of a dream. The analysis of *déjà vu* shows the dynamics to represent a reassurance along the lines, 'I have gotten through this before; I will do so again'. Depersonalization, which is treated as a decathexis by Fenichel, can better be understood in genetic, dynamic terms and as serving a defensive function. Conflicts are projected into the external world with the feeling, 'This does not involve me'. Twin studies by Dr. Joseph showed that distortion in body image simultaneously expressed both the fulfilment of sexual wishes and the denial of separation. The change in reality testing was first viewed by Freud as a consequence of decathexis. Employing his later structural concepts, alterations in reality appear to be consequent to the awareness of a danger which must be denied; therefore the outside world must be diminished in importance.

Dr. I. Peter Glauber noted the omission of Federn's contribution to the understanding of psychoses. Federn suggested that the withdrawal of libidinal cathexis from the outside world was secondary and resulted from a crisis in the ego. The impoverishment of the supply of ego libido required the retreat of the libido into the ego. Federn felt that the idea of defense had been used indiscriminately. Psychological explanations which had begun in causal terms had degenerated into teleological ones in which defense was frequently a total explanation. More likely, the ego exploits for defensive purposes any breakdown of an ego function. One of Federn's valuable formulations was the concept of the decathexis of ego boundaries which allowed a fusion of the self and the outside world.

Dr. K. R. Eissler disagreed basically with the formulations in Dr. Brenner's paper and the supporting comments of Dr. Arlow. We need to distinguish between schizoid psychosis and the schizophrenic process. In the latter, a loss of structure cannot be reversed although treatment, if instituted in the earliest phase, may arrest or slow the malignant process. The object relationships that are preserved, e.g., those to the mother, are not as they now are, but only as the mother was; only the infantile object representation remains. Dr. Eissler felt that there was a fundamental difference of opinion between himself and Dr. Brenner in their understanding of Freud. The dynamics of wish fulfilment as in a dream does not explain a symptom. In understanding dreams, the fact

of sleep with the withdrawal of cathexis from the outside world is the central prerequisite which allows cathectic shifts to occur.

Dr. Emanuel Klein suggested that the term decathexis may be misleading, and that 'shifts in cathexis' is more descriptive, in that it designates the replacement of more mature by more primitive cathexes. The normal ego with a wish for contact with the object may have the normal impulse to kiss. This in the regressed ego may be replaced by the more primitive and frightening cannibalistic wishes. Psychoses are complex phenomena involving oscillating shifts of cathexis, with ego functions being carried out by a combination of defective, distorted, and normal ego operations. One should be wary of apparent clarity achieved by sacrificing scientific accuracy.

Dr. Brenner, in response to the discussants, acknowledged the complexity of the predispositional factors in psychoses. An example is Hartmann's formulation involving a failure in neutralization with its interacting effect on ego functions, defense, and object relations. The present paper presupposes the predispositional factor. It then examines the impact of conflict and overwhelming anxiety on the defensive changes in ego function. Referring to Dr. Bak's comment that 'libidinal decathexis of objects is clinically obvious', Dr. Brenner suggested that it might better be stated that some clinical observations can be explained by the hypothesis of libidinal decathexis. Then one can ask, 'Is this the best hypothesis? Are the clinical phenomena better explained by the hypothesis of decathexis or by the hypothesis of counter-cathexis?' As Dr. Hartmann said so succinctly, metapsychology is the theoretical explanation of clinical phenomena at the best *current* level of our psychoanalytic theory. This is the aim of the presentation. Again quoting Dr. Bak, Dr. Brenner recalled his stating that 'clinical schizophrenia can exist for years without psychosis'. Dr. Brenner felt that this would depend entirely on the definition of terms and would require prolonged discussion for clarification. Dr. Eissler's definition of schizophrenia seems related to Kraepelin's which involves a relentless progression to certain end symptoms. This is still a controversial point.

WALTER A. STEWART

November 27, 1962. THOUGHTS ABOUT DEVELOPMENT AND INDIVIDUATION. Margaret S. Mahler, M.D.

In the Abraham A. Brill Memorial Lecture, Dr. Mahler reports on a systematic study of average mothers and their normal babies, ranging from six months to the second and third years of life. The central theme is the universal, lifelong, although diminishing, dependence of the child on the mother, from 'mother-infant symbiosis' to the separation-individuation phase.¹

The particular need for this study is suggested by two of the author's fundamental hypotheses. First, a discrepancy between the biologically predetermined maturation of the ego apparatuses and the relative lag of development toward emotional readiness for separation-individuation results in separation which is experienced as a catastrophic threat, triggering 'psychotic' defense

¹ Cf. also, This *QUARTERLY*, XXXII, 1963, pp. 1-14.

mechanisms. Second, the development and maintenance of the 'sense of identity' is dependent on normal separation-individuation. Dr. Mahler has described in previous contributions two extreme disturbances of the sense of identity. They are exemplified in the autistic and symbiotic infantile psychosis. This hypothesis can be summarized as follows: whereas in primary autism, there is a deanimated, frozen wall between the subject and the human object, the symbiotic psychosis reflects a fusion and lack of differentiation between the self and nonself. The feeling of identity, defined as a cohesive cathexis of securely individuated and differentiated self-image, occurs during the first two years of life as the child 'hatches' from the symbiotic relationship. Differentiation has as its core a demarcation of the body image from the image of the object. It is based on sensorimotor sensations with rhythmic alterations of gratification and frustration. The reliability and predictability of this rhythm and the availability of the loved object lay the foundations for object constancy.

The optimal evolution of the infant's partial ego functions, following a biological timetable and attributable to the conflict-free sphere of the ego, is either facilitated or hindered by the conscious and, more particularly, the unconscious attitudes of the mother. Mothering which is productive of neither undue frustration nor stifling intrusion is not easy to accomplish. Dr. Mahler's clinical studies suggest that in the first half of the first year there are imitations without mental contact—complex patterning acquired during the symbiotic phase, too complex to be regarded as inborn, yet irreversibly established before it could be the outcome of ego identifications. Certain sensorimotor patterns and autonomous developmental profiles unfold in the second half of the first year, which reflect the mother's fantasies, predilections, and anxieties.

Dr. Mahler next contrasts two six-month-old infants, a boy and a girl. Larry explores the world with his mouth open, actively crawling. Two older children of the same parent behaved similarly. This is felt to be the product of an inborn motor proclivity, and the mother's predilection for teaching the children to 'shift for themselves'. The mother offered rewards for independence and warded off physical closeness and cuddling. Margie, plump, rosy-cheeked, and slightly flabby, took in the world with her eyes. An older sibling, Tommy, behaved in a similar manner. Both children reflected their mother's predilection for quiet passivity. Tommy showed an early evidence of ego precocity and premature perceptual awareness. The balance between sensoriperceptive intake and motor discharge was disturbed. The mother's difficulties, which contributed, became clearer with her second child, Margie, and she was obviously unable to respond specifically enough to the infant's specific cues. The average infant enjoying the practice of his newly emerging autonomous ego functions can tolerate separation from the mother while he widens his acquaintance with reality. As free locomotion is mastered, the balance of activity shifts to the toddler, who ranges away and back to the mother. At the same time an increased ability for affective communication occurs. Tommy's separation was complicated by his and his mother's difficulties and led him to follow and need to remain close to his mother.

Optimal conditions for separation occur when the mother has been and is fully available emotionally and yet participates in the child's pleasure in the

separation-individuation phase. Finally, verbal communication that is highly affectively charged aids in separation and dilutes the unavoidable pain. Failure to comfort or to reassure through emotional contact during the separation phase leads to repetitive, coercive, aggressive behavior—a desperate 'shadowing' of the mother. Frequently, there is a developmental lag in language employment and the synthesis of partial ego functions. Finally, the toddler may turn his aggression against his own body.

One goal of the research was to understand the child's bipolar orientation: one pole representing the relationship to his own body and its functions along with the erotogenic zones, and the other representing the mother. The impact of the oral phase and the early discovery of the genital differences can be clearly observed in these studies. This work offers clinical proof that the libidinal availability of the mother facilitates the optimal unfolding of the infant's innate potentialities, the harmonious synthesis of the autonomous ego functions, and the neutralization of the drives. 'It is amazing to observe to how great an extent and with what resiliency the child's autonomy unfolds from within his own ego, if only he feels a fair degree of emotional acceptance and communicative matching on his mother's part.'

WALTER A. STEWART

THE ACADEMY OF PSYCHOANALYSIS announces the following officers for 1962-1963: President, Sandor Rado, M.D., New York; President-elect, Franz Alexander, M.D., Los Angeles; Past President, Roy R. Grinker, Sr., M.D., Chicago; Secretary, Alfred H. Rifkin, M.D., New York; Past Secretary, Joseph H. Merin, M.D., New York; and Treasurer, Earl G. Witenberg, M.D., New York.

The Academy will hold its annual meeting at the Hotel Ambassador, St. Louis, Mo., on May 4 and 5, 1963. Four sessions will be held each day. Three will be devoted to panels on the general subject, Post-freudian Contributions to the Theory and Practice of Psychoanalysis and Psychotherapy. The fourth session will be for short clinical communications.

THE NATIONAL INSTITUTE OF MENTAL HEALTH announces continuation of its small grant program, designed to encourage initiation of research in the behavioral, biological, and medical sciences relevant to mental health. Small grants provide support for a year or less, in amounts up to \$3,500, plus indirect costs. Applications may be submitted at any time. Notification of final action can usually be expected within three months. For additional information and application forms, write to: Executive Secretary, Mental Health Small Grant Committee, National Institute of Mental Health, Bethesda 14, Maryland.

Dr. George Engel of the University of Rochester (New York) has been awarded the 1962 FRANZ ALEXANDER PRIZE for his paper, Anxiety and Depression-With-

drawal: The Primary Affects of Unpleasure, by the Chicago Institute for Psychoanalysis. The prize is awarded biannually to a graduate of the Institute for a paper in the field of psychoanalysis.

The annual MAURICE BOUVET PRIZE for a psychoanalytic publication in French was awarded January 29, 1963, to Dr. Jean Kestenberg for a paper entitled, *À propos de la relation érotomaniaque* (On Erotomania). The prize is a memorial to Dr. Bouvet, Past President of the Paris Psychoanalytic Society.

Michael Balint, M.D., Tavistock Clinic, London, will deliver the SEVENTH ANNUAL SANDOR RADO LECTURES for the Columbia University Psychoanalytic Clinic for Training and Research, and its Alumni Association, on May 24, 8:45 P.M., and May 25, 10:00 A.M., at Bard Hall, 50 Haven Avenue, Columbia-Presbyterian Medical Center, New York, N. Y. His topic will be The Malignant and the Benign Forms of Regression.