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## FRIGIDITY: A REVIEW OF PSYCHOANALYTIC LITERATURE

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'Throughout the ages the problem of woman has puzzled people of every kind' Freud said in 1932 (23). The sexual responsiveness of his partner has been of major concern to man, not only out of consideration for her pleasure, but also because of doubt about his own performance. This concern is indicated in a preoccupation with various coital positions and other techniques in intercourse. Such preoccupation was evidenced by ancient Roman authors such as Horace and Ovid, in early Islamic and Oriental writings such as Vatsayana's *Kama Sutra*, and is continued in the marriage manuals of today (35). Implicit in these writings, ancient and modern, is an acceptance of male responsibility for woman's erotic gratification. This attitude is consistent, on the whole, with certain psychoanalytic ideas: that masculinity is associated with active, loving anacletic traits, and femininity with a passive, narcissistic desire to be loved. Nevertheless, psychoanalysis has not been content with this assessment of responsibility but has sought to understand the inability of a woman to respond sexually, principally in terms of the genetic and dynamic factors influencing her development.

It is the purpose of this paper to review the psychoanalytic theories of female sexual development which may provide a basis for better understanding of frigidity. In this complex subject, however, there is danger of becoming lost in a Minoan labyrinth. The dilemma of the reviewer is to find and present what is relevant without losing the reader in a mass of detail. Emphasis will be placed, therefore, on those biological, psychological, and experiential factors that may produce deviations in the female developmental sequence which contribute

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to the phenomenon of frigidity. A comprehensive discussion of the vicissitudes of female sexuality, or even of frigidity, will not be possible. Only certain aspects and authors can be considered, often summarily, without specific credit for priority and without tracing the development of theory.

### DEFINITION

In a monograph on frigidity by Hitschmann and Bergler (27) it is stated: 'Under frigidity we understand the incapacity of woman to have a vaginal orgasm. It is of no matter whether the woman is aroused during coitus or remains cold, whether the excitement is weak or strong, whether it breaks off at the beginning or the end, slowly or suddenly, whether it is dissipated in preliminary acts, or has been lacking from the beginning. The sole criterion of frigidity is the absence of the vaginal orgasm.'

In the main this definition has been accepted by psychoanalysts. Logically inconsistent with the 'all or none' quality of this definition, however, is a tacit understanding which seems to exist that there may be varying degrees of frigidity ranging from total anesthesia, complete absence of psychic excitement, and lack of glandular secretion and involuntary contractions, to full participation and enjoyment of the sexual act with the apparent sole exception of vaginal orgasm. This implies that the difference between clitoral and vaginal orgasm is merely a matter of intensity, a conclusion contradictory to the commonly held belief that qualitative as well as quantitative differences distinguish vaginal from clitoral orgasm. In the psychoanalytic literature attention has often been focused, perhaps too greatly, on the transfer of erotogenic zones and the importance of vaginal as opposed to clitoral orgasm.

On the other hand, nonpsychoanalytic investigators with a biological orientation are inclined to define orgasm, even in humans, in more general physiological terms. Kinsey (35), for example, describes it as 'a build-up of neuromuscular tensions which may culminate at a peak—from which there may be a

sudden discharge of tension followed by a return to a normal physiologic state. This sudden release of neuromuscular tensions constitutes the phenomenon which we know as sexual climax or orgasm.' Because sensory end organs are relatively lacking in the vagina, as observed clinically and anatomically by gynecologists, he regards it as a physiological impossibility that the vagina itself should be the center of sensory stimulation. He discounts the spasms of the perineal muscles and the levator muscles of the vagina as a basis for reference to a 'vaginal orgasm', explaining them as an extension of the spasms that may involve the whole body after orgasm. Women with extensive spasms throughout their bodies are likely to have vaginal convulsions of some magnitude, and these patterns are highly individual and variable. Kinsey acknowledges, however, in apparent contradiction of himself, that 'many females, and perhaps a majority of them, find that where coitus involves deep vaginal penetration, they secure a type of satisfaction which differs from that provided by the stimulation of the labia or clitoris alone'. This fact he attributes to some mechanism that lies outside the vaginal walls themselves, possibly a stimulation of muscular masses of the pelvic sling. Nevertheless, his report of studies showing that the upper end of the uterus goes into rhythmic contractions of considerable frequency whenever there is sexual arousal confirms the observations of women reporting the sequence of deep vaginal orgasm. Kinsey does not seem to have established his point. The evidence he presents of vaginal insensitivity does not invalidate the concept of a vaginal orgasm as a subjective phenomenon. What is probably important is not the presence or absence of sensitivity but the cathexis of the organ as the site of erotic satisfaction. While emphasizing the total physical participation of the body in the sexual climax, Kinsey apparently minimizes the social and psychic elements by equating all types of orgasm, whether masturbatory, the result of premarital petting, or that associated with marital intercourse. Thus Kinsey's approach is behavioristic rather than dynamic, quantitative rather than qualitative.

Ford and Beach (15) report correlations of subjective sensations of orgasm in women with peaks in the heart rate. They found that a more or less steady state of arousal, as indicated by this physiological criterion, accompanies penetration and continued intromission. They believe that 'women come to recognize and identify these physiological changes and call them orgasms'. Relatively minor physiological changes are sometimes called orgasms, and these authors are therefore not surprised by variations in intensity or failure to recognize orgasm. To them psychological factors are more important than physiological factors in respect to degree of satisfaction.

Even in the psychoanalytic literature there is some difference of opinion about orgasm. Thus Marmor (41) doubts that erotogenicity normally becomes transferred from the clitoris to the vagina. He believes that clitoral sensitivity is a continuing factor in adult female sexuality, a point made in poetic terms by Freud (16) as early as 1905. To Marmor it is logical to assume that the actual spinal mechanism of orgasm is identical in all human females, but the variations which take place are due to the degree to which cortical inhibition or cortical facilitation accompanies the spinal reflex.

Sylvan Keiser (31) attributes a certain type of preorgastic anxiety to 'apprehension of the physiological, momentary unconsciousness that accompanies a healthy orgasm, which is comparable to death or to falling asleep—all accompanied by withdrawal of cathexis from the body ego'. Keiser regards this momentary loss of consciousness as a *sine qua non* of normal orgasm. Although Freud (16) once alluded to the phenomenon in these same terms, and Kinsey reports it as occurring in a very small percentage of cases, Needles (43) found it a rare and probably pathological phenomenon. Of course alterations in the state of consciousness and withdrawal of cathexes from the outside world during intercourse and orgasm are well-known phenomena. This is but one example of the confusion that exists with respect to orgasm. It is evident, I think, that the technically extremely difficult task of studying the metapsy-

chology of orgasm itself should be pursued as well as the physiological and behavioral phenomena if we are to understand the condition characterized by its supposed lack.

### THE LITERATURE ON FRIGIDITY

Psychoanalytic understanding of the causes of frigidity was naturally dependent on the formulation of a comprehensive theory of female psychosexual development with which Freud (17, 18, 19, 20, 21, 22, 23) was occupied during the period between 1916 and 1932. His ideas aroused active interest among his followers who contributed confirmatory and supplementary observations, but there was also some dissent. Certain female analysts seemed to consider feminine psychology a mysterious realm which could not be penetrated by a male analyst because of his masculine bias. Others, however, notably Helene Deutsch, Jeanne Lampl-de Groot, and Marie Bonaparte, have remained in essential agreement with Freud throughout their lifelong studies of the psychology of women. For the most part, discussion of frigidity has been subordinate to the presentation of concepts relating to the broader field of female psychosexual development; its occurrence was explained on the basis of the psychic phenomena in question or used to confirm and support theoretical hypotheses. However, as early as 1926 Stekel (46) had singled out the problem of frigidity for specific attention in two volumes, and it was the subject of a monograph by Hitschmann and Bergler (27) in 1936. Bergler (3, 4) has since published two additional volumes dealing with impotence and frigidity.

Considering its incidence (total frigidity in about one third of women according to Kinsey [35]) and its importance for marital happiness, there has been in recent years a surprising lack of psychoanalytic papers giving specific consideration to frigidity. There is, it is true, an abundance of incidental references to the problem in clinical papers or in theoretical works primarily concerned with other matters. After initial interest in the subject as part of the enigma of femininity, psychoanalytic attention therefore has been directed largely to other mat-

ters. Like many other behavioral phenomena, frigidity may be regarded as one possible consequence, highly overdetermined, of an aberrant course in a complicated series of psychosexual developments. Therefore, it may be that further clarification of various aspects of psychoanalytic theory was necessary before understanding of frigidity could progress beyond the early explanations. Freud apparently required for this subject such a period of latency while other problems received greater attention. As early as 1905, he had noted the two principal reasons for the complexity of female sexuality: the necessity for a change in the sex of the object from that of the original and a shift from clitoris to vagina as the leading erotogenic zone (16). He related vaginal anesthesia to difficulties in this transference of erotogenicity and to repression. Differences between the sexes in regard to active and passive aims and penis envy were also observations available to him at that time for the understanding of frigidity. His letters to Fliess contain occasional references to frigidity and other writings indicate his continuing clinical interest, but it is an indication of the complexity of the subject that Freud did not complete his formulations about the psychology of women until 1932. His interpretations of frigidity came *pari passu* with his broader understanding. For this task he needed as background his theories regarding instincts and their vicissitudes, the polarities of activity and passivity, the œdipus complex, narcissism, masochism, the infantile genital organization of the libido, and the structural concept.

Further cultivation along these theoretical lines has been continued by the same female analysts who worked in concert with Freud to establish the basic theory of feminine psychology. Jeanne Lampl-de Groot (37, 38) and Ruth Mack Brunswick (8) contributed largely to understanding the preœdipal phase and changes in the active and passive aims of the child. In an early volume (9) on Psychoanalysis of Sexual Functions of Women, in a series of papers (10, 11, 12), and in two final volumes (13) in 1944, Helene Deutsch has made significant contributions to our knowledge of feminine masochism. Her work



offers an integration of the psychology and the intrinsic biologic functions of women as these are influenced by cultural and social factors. She demonstrates that disturbances of erotism cannot be viewed as isolated phenomena. Marie Bonaparte (6) emphasizes the bisexuality and masochism in woman's biologic nature as an explanation for frigidity.

The works of a few other authors deserve mention, either for their direct bearing on frigidity or because they suggest new and promising directions. Lorand (40) and Langer (39) have demonstrated clinically the relation of frigidity to frustrated orality. Therese Benedek's (2) careful attempts to correlate hormonal changes during the sexual cycle of women with the psychic manifestations observed during analysis opened up another avenue for consideration of the biological phenomena. Careful study by Phyllis Greenacre (24, 25) of the effect of early vaginal and clitoral sensations has made more understandable the preœdipal organization and the patterning of later sexual response, character, and intellectual functioning in women. The previously somewhat bare outlines of the vicissitudes of female sexuality have been filled in recently by the contributions of Judith Kestenberg (33, 34).

Fliess (14) has examined the psychic organization of the genital zones. Finally, a renewed interest in the psychoanalytic study of the phenomenon of orgasm itself has been shown by Sylvan Keiser (31, 32), Judd Marmor (41), and others. Whether advances in these specific areas or in general psychoanalytic knowledge relating to ego psychology and defense mechanisms in particular are sufficient to make worth while a re-examination of the subject of frigidity remains to be seen.

### BIOLOGICAL FACTORS

It would be a gross misrepresentation of the psychoanalytic point of view to omit consideration of biological factors in the causation of frigidity. Freud (23) believed that biology, not psychology, would have to solve the riddle of femininity. Frigidity, he said, is sometimes psychogenic, but in other cases one



is led to assume that it is constitutionally conditioned or even partly caused by an anatomical factor. In regard to the masculinity complex, its determinant is 'nothing other than a constitutional factor; the possession of a greater degree of activity such as is usually characteristic of the male'. Although Helene Deutsch (10, 13) has stressed the psychic influence that biological functions exert on the development of the erotic life of women, it is Marie Bonaparte (6) who has given most emphasis to the specifically biological determinants of disturbances in feminine sexuality. Her opinion is based on embryological data and the admixture of activity and passivity, masculinity and femininity to be found in every human being. She believes that bisexuality is the primary cause of manifestations such as penis envy which accompany frigidity. An essentially female inertia and a limited amount of libido, further weakened by the changes in genital zones, is the specific female condition for frigidity while the masculinity complex, which makes it harder for the libido to adapt to woman's passive, vaginal role, is the specific male condition. Our patriarchal civilization, which imposes greater sexual inhibitions on women and results in stronger repression of their sexuality, is a cultural, moral condition.

The characteristically female avoidance of sexual approach and the lack of a recognizable orgasm in some infrahuman species has led some biologists to attribute frigidity in the human female to biological differences between the sexes. However, Ford and Beach (15) clearly denote the greater role of psychological factors in the woman as opposed to reflexly and hormonally determined behavior in infrahuman species. In lower mammalian females there is a rigid, clear-cut relationship between reproductive fertility and sexual responsiveness, controlled by the periodic secretion of ovarian hormones. This correlation between fertility and sexual receptivity is less well defined in subhuman primates and completely obliterated in the human female. Ford and Beach conclude that the growing importance of cerebral influences accounts for the progressive relaxation of hormonal control over sexual responses and has

resulted in greater lability and modifiability of erotic practices.

It appears that the influence of the cerebral cortex is essential to effective mating in males of most of the lower mammalian species but is dispensable in females. This difference in importance of the cerebrum is directly responsible for other differences between males and females at this level of the evolutionary scale. Practice and learning of sexual behavior seem to be more important to the male animal than to the female. Males, too, are more easily inhibited by strange surroundings or by previous unsuccessful sexual experiences. While males may be positively conditioned, so that stimuli which originally had no sexual significance become capable of evoking intense erotic arousal, comparable conditioning has never been observed in lower mammalian females. The sexually aggressive male often displays more discrimination, refusing some females and mating with others that are no more receptive.

Consistent with these cerebrally determined differences between the sexes of lower orders are certain aspects of human sexual behavior. Conscious sexual fantasy often accompanies self-stimulation and adds greatly to the satisfaction of the climax in male masturbators. The majority of women, in contrast, appear to rely more heavily upon the actual presence and behavior of a sexual partner. Moreover, Kinsey's data (35) suggest that men are more aroused than women by scopophilic stimuli. For erotic gratification, physical climax seems less necessary and personal relations more important for the human female.

From this observation we may deduce that the cerebrally determined differences in male and female sexual behavior established experimentally in lower animals may also apply to humans. If so, cerebral differences may account, at least in part, for the varying sexual responsivity of women. This would approximate the neuroanatomical theory about the nature of female orgasm advanced by Marmor and discussed previously, although there seems little reason to deny, as he did, the existence of vaginal orgasm.

### AN OUTLINE OF FEMALE PSYCHOSEXUAL DEVELOPMENT

Freud's views on female psychosexual development underlie all subsequent additions and modifications relating to the causes for frigidity. According to him, both sexes pass through the early phases of libidinal development in the same way. Even the phallic phase is strikingly similar, for both boy and girl behave as though there is only one kind of genital organ—the male. Ultimately it is necessary for the girl to transfer the dominant erotogenic zone from clitoris to vagina; but in the phallic phase the vagina is still relatively unknown to both sexes, and the clitoris is used by the girl to obtain a measure of masturbatory gratification. There are consequences of far-reaching importance when the girl first sees the penis. She appreciates the situation, becomes aware of her deficiency, and desires an organ like the one she sees. She develops a 'masculinity complex' characterized by the unrelinquished hope of eventually getting such an organ, denial of her penisless state, and a sense of inferiority which causes her to share man's contempt for her sex. Her penis envy may become displaced from the true object and find expression in various character traits such as jealousy. Unconsciously she holds her mother mainly responsible for not providing her with a penis, and this, together with other, older complaints, results in a loosening of her ties to her mother as a love object. Masturbation, which has been clitoral and associated with masculinity, frequently becomes unacceptable because of the smallness of her clitoris, her inability to compete with boys, and her consequent narcissistic sense of humiliation. It is often given up as a result of the defensive efforts of the ego which at puberty repress a large amount of the girl's masculine sexuality. Development of her femininity is thereby facilitated unless the repression is so strong as to impair all erotic feeling. As she gives up her mother as a love object and discontinues masturbation, the little girl, in usual development, relinquishes her wish for a penis and replaces it with a wish for a child. For this purpose, she takes her father as a love object and her

mother becomes an object of jealousy. If her attachment to her father later comes to grief, it may give rise to a return to the masculinity complex with permanent impairment of her sexuality.

In girls, the operations of the castration complex precede and prepare for the œdipus complex. In boys, the phallic phase coincides with the œdipus complex which succumbs to the threat of castration and gives rise to superego formation. The realistic possibility on which the castration threat is based does not apply to girls, and the fate of the œdipus complex is different from that in boys. It may be slowly abandoned or eliminated by repressions, or its effects may persist far into the woman's mental life with consequent modifications of superego development.

Freud postulated three lines of development that may follow this castration complex in the girl: she may turn her back on sex, giving up sexuality in general; she may cling in obstinate self-assertion to her masculinity; or she may go on ultimately to develop the normal feminine attitude.

#### PSYCHOLOGICAL FACTORS THAT MAY CONTRIBUTE TO FRIGIDITY

A separate discussion of the various psychological factors that may contribute to frigidity is required for the purpose of brief presentation, but such separation is not intended to imply that these factors operate singly or independently. The active or passive aims of the libido will be considered first.

#### ACTIVITY AND PASSIVITY

In the libidinal development of the child, male or female, the erotogenic zones are passively awakened by the active ministrations of the mother, the first seducer. This passive cathexis invests the mouth, the anus (or cloaca, as Bonaparte prefers to call the region because of its lack of differentiation in the mind of the female infant), and the phallus, as well as the whole cutaneous surface of the body. In the anal-sadistic stage, about

the beginning of the second year, activity begins with the acquisition of sphincter control and concomitant development of the muscular system. The helplessness of the child, however, results in its continued passive stimulation. Cathexis of the cloaca is strengthened, not only by the mother's cleansing but also by the fecal masses in the rectum, which the child, as he or she matures, becomes able to appreciate in an increasingly differentiated way. Anatomical differences determine the generally greater cathexis of the penis in the male, and the clitoris, cloaca, and skin in the female. Though all erotogenic zones are endowed with both active and passive cathexes, passivity is predominant in the early history of the clitoris. Bonaparte (5, 6) believes that regression facilitates the giving up of activity acquired later and aids in transfer of the dominant erotogenic zone from clitoris to passive vagina. While the cloaca is both actively and passively cathected, passivity predominates because of the type of stimulation it receives.

It is in this early stage, in which the penis is endowed predominantly with activity and the cloaca with passivity, that the dominant unisexuality of the child becomes defined. However, Bonaparte points out that the tendency to future bisexual expression may be increased by an excessive erotization of the active sadistic muscular activity in the girl. Conversely, I might add, overstimulation of the skin may contribute to excessive passive erotization of the diffuse cutaneous surfaces of the body, detracting from the libido invested in the specifically genital region (as we see, for example, in those women who can be aroused sexually only by prolonged stroking of the body). But early factors accentuating passive anal erotism presumably predispose to later passive psychosexual attitudes.

In the preœdipal period, therefore, the girl child's sexual aims in relation to the mother are first passive but later increasingly active. Active wishes are fulfilled in play with dolls and may be manifested in oral, sadistic, and even phallic impulses toward the mother, which are sometimes later transferred to the father object. Brunswick (8) and Lampl-de Groot (37) re-

gard such play as an identification with the active mother in an attempt to gain mastery over the self and the outside world. Only later, with the onset of the desire for a penis, does the doll become a child by the father and thenceforward the strongest feminine wish. Such active phallic wishes directed toward the mother<sup>1</sup> are, however, antithetical to the ultimate choice of object and the feminine destiny. Normally, there must be not only a change of object but also a change from active phallic to passive feminine desires.

Some of the factors that contribute to this essential change from activity to passivity require specific mention at this point although they are related to subjects to be discussed separately later. The discovery of the penis and of her own supposed deficiency wounds the female child's narcissism and cannot be accepted. For this reason she assumes unconsciously that her genital is a wound that has resulted from castration. She feels deprived and blames her mother. It is only secondarily, when she has accepted her own castration and erotized it in voluptuous fantasies of sadistic coitus, that she can masochistically imagine herself castrated by father. As a result of her fantasied mistreatment at the hands of her mother, the active, loving phallic attitude toward the mother changes to hostility. Mother is given up as an object, the child identifies herself with her, and father is accepted as object in the positive or passive oedipal phase. Of course, if mother is of the type Deutsch has described as active-erotic instead of passive-masochistic, the result of identification will be a perpetuation of activity in the daughter. This will interfere with her erotic gratification in the feminine role even though she is able to carry out the biological functions of motherhood. Conversely, lack of identification with mother, who remains the unconscious love object, will be pathogenic

<sup>1</sup> The Kleinian school explains the active, masculine attitude toward mother (28, 36), which Freud and Lampl-de Groot considered a preoedipal phase, in terms of a very early oedipal disappointment resulting in identification with the father. This results in repression of early vaginal sensation and in denial of the vagina (29).

to erotic feminine function and will lead to physical rejection of motherhood and children. Another hazard is that in the process of giving up mother some of the passive trends may also suffer disappointment and, with repression of active masculine strivings, the general sexual life may be permanently injured.

In the course of these events, what Deutsch (13) describes as a process of aim-reversal normally takes place. Activity is turned inward, converted to passivity, and contributes to the feminine masochistic component of womanhood as well as to the enrichment of her inner life: this endows her with intuition, subjectivity, and general feminine affectivity. Kestenberg (33) has given some indication of how this aim-reversal takes place. She points out that organ activity presupposes libidinal and aggressive cathexis of the organ. This is withdrawn in passivity, for which complete relaxation is a model. However, she believes that there are indications of early vaginal sensations (activity) before psychic organ representation occurs. Muscle tension, innervation, and vascularization, which do not lead to visible movement, are experienced in various ill-defined ways (often fused with urethral, anal, and abdominal sensations), and the activity of the vagina is not recognized. To the ego, the experience is a passive one, as if something were inflicted upon the person by an outside force. Nevertheless, such inner activity creates an urge for relaxation which is experienced as a need to shake off the aggressor. 'This need stimulates various activities to accomplish discharge. As a last resort, passive dependence on someone else's visible activity is accepted as the only effective means of relaxation. . . . The ego gives up its prerogative of mastery over the body, and contents itself with the feeling of mastery over people who can provide satisfaction and thus effect relaxation.' However only through active experiences can an organ image develop fully. 'Passivity promotes haziness of boundaries, stimulates fantasies, and thus acts adversely upon reality testing. Passivity enhances the development of affects, while activity provides discharge and thus releases the ego for the practice of discriminatory functions.'



Jeanne Lampl-de Groot (37) throws some light on the later role of activity and passivity in women. She conceives of activity as essentially masculine and passivity as feminine, though Freud (23) warned that this is not entirely true. She regards these aims as the result of complicated vicissitudes of the life and death instincts, determined in part by the biological processes appropriate to the two sexes. Nevertheless, bisexuality and the late role of predominating sexual behavior, which is delayed until maturity, result in incomplete subordination of active to passive libido strivings in women. A purely feminine love orientation of a woman to a man would leave no place for activity and would be a purely narcissistic process making satisfactory fulfilment impossible by any man. She would not love but would only permit herself to be loved. When a woman does accomplish object love, as in her relation to her child, Lampl-de Groot believes that she does so with actively directed libido components. Many women retain some of this activity in their relations to men also and love the man with real object love, that is, with masculinity. She believes purely feminine, narcissistic women are usually poor mothers. Yet some very maternal women are so disturbed in their feminine sensibilities that they have a poor relation to their husbands and often suffer from frigidity or other difficulties. Normal development, she believes, consists in attainment of a balance between passivity and activity that enables a woman who is feminine in her sexual life to develop strong maternal feelings for her children. In this Lampl-de Groot agrees with Brierley (7).

#### PREOEDIPAL AND OEDIPAL FACTORS

Freud believed, in agreement with Lampl-de Groot, that the active, phallic attachment to mother constitutes a prolonged negative œdipal situation which is superseded, after the discovery of presumed castration, by the positive œdipal attachment to father. Although many women remain arrested at the original phase of attachment to mother, with disastrous results for their subsequent erotic life, others develop a particularly strong attachment to father which is transferred from an equally

strong and passionate attachment exclusively to mother. As a result such women may take father as a model for the choice of a husband, but repeat with the husband the bad relations that existed with mother. Freud believed that this hostile attitude toward mother was not a consequence of rivalry implicit in the œdipal situation, but that it originated in the preceding preœdipal period and simply found in the œdipal situation re-enforcement and opportunity for asserting itself. As the first object relation, the attachment to mother was the most intense and ambivalent and therefore doomed to failure, as is often the first marriage of such women. Though there has been a successful transfer of object, as Bonaparte points out, unconsciously such women remain passively fixated, cloacally and phallically, on the mother.

Even in relatively normal female development, Freud thought that dissolution of the œdipus complex is rarely as complete as in the male; some degree of father-fixation is common. This he attributed to the lesser degree of castration anxiety in the girl, although others have found somewhat equivalent anxieties that tend to drive her away from father. Deutsch (11), for example, mentions the ego fear, due to masochistic impulses in the id, of the masochistic triad: castration-defloration-parturition. A strong persisting œdipal attachment to the father may be repressed but nevertheless determines choice of husband. In this case the husband is never anything but a proxy. Whether he is rejected as unsatisfying depends upon the strength of this fixation and the tenacity with which it is upheld (17). Though the husband chosen is often passive, the unconscious wish is most frequently for the 'violent man' by whom she will be overpowered. The superego reacts to masochistic œdipal fantasies with severe prohibitions and the ego may defend itself with feelings of guilt and frigidity (27).

#### NARCISSISM

An increase of secondary narcissism is ascribed to compensation for absence of the male organ by Harnik (26) but is also

regarded as a defense against masochism by Deutsch (11): it is a genitalization of the body instead of the vagina. Freud (23) associated this increased secondary narcissism with the narcissistic type of object choice and the desire to be loved so typical of women. An excess of narcissism not transferred to the whole body of the little girl may prevent her acceptance of her genital 'wound' and lead to what van Ophuijsen (44) called the 'masculinity complex' and Abraham (1) the 'castration complex'. Though the causative factors of this complex are more complicated, narcissism in this way makes its contribution to frigidity. Marked passivity is often associated with exaggerated narcissism in women and interferes with object relationships. The demands of such women cannot be fully satisfied by any man, and they make poor mothers as well.

#### THE MASCULINITY COMPLEX AND PENIS ENVY

The origin of the 'masculinity' or 'castration complex', its varied forms, neurotic transformations, character traits, and significance for frigidity have been described in detail in classic papers by van Ophuijsen (44), Abraham (1), Jones (30), and Rado (45).

Van Ophuijsen attributed the phallic significance of the clitoris to anatomical connections between it and the bladder and the desire to urinate like a boy. Horney (28) convincingly related penis envy to three elements: 1, urethral erotism, based on the narcissistic overestimation children attach to excretory processes; 2, scopophilia, since sexual curiosity regarding his organ can be so easily satisfied by the boy; and 3, suppressed onanistic wishes, which the little girl construes as permissible to the boy who can hold his penis while urinating. As the dynamic force giving rise to penis envy, Horney postulates disappointment in a very early and strong father-fixation. The object relationship is given up together with the desire for a child, and identification with the father ensues with regression to anal ideas and the old demand for a penis. In other words, Horney places at an earlier stage the dynamics described by

Freud (19) in *The Psychogenesis of a Case of Homosexuality in a Woman*, but Freud was discussing there the consequence of revival of the infantile œdipus complex in pubertal disappointment of the wish for a child from father. Of course regressions to the masculinity complex do occur, not only as a result of disappointment and a protection against œdipal guilt but also as a means of defense against feminine masochism. According to Deutsch (13), Freud believed that penis envy in the preœdipal period results in identification with father, but recognition of her organ inferiority leads the little girl to transfer object attachment to father in normal feminine development.

Abraham (1) pointed out that the girl assumes unconsciously that her genital is a wound which has resulted from castration. She persists, nevertheless, in castration fears, a logical incompatibility which Rado (45) clarified by demonstrating that girls with a strong masculinity complex establish a denying fantasy of an 'illusory penis'. This organ exists in the realm of unconscious fantasy and finds displaced representation in some other part of the body or in character traits. Masturbation is sacrificed to avoid coming in contact with reality which might imperil the illusory penis.

Her biological equivalent of castration gives rise, in the girl with a masculinity complex, to hostile wishes for revenge—to castrate the man and rob him of what he possesses, an expression of the anal-sadistic developmental phase. Abraham (1) described two general types of neurotic transformation of the castration complex: the wish-fulfilment type and the revenge type. The first finds gratification in dreams, substitute formations, fantasies, and symptoms. The revenge type also finds expression in many ways. Vaginismus, for example, serves the repressed fantasy of performing castration on a man, preventing intromission, or, alternatively, not letting the penis escape. The hostile purpose may be displaced from the organ to its function so that the aim is then to destroy the potency of the man. Another modification is the wish to disappoint the man—to excite expectations and not to fulfil them—most frequently and significantly expressed in

frigidity. Whatever pleasurable sensation exists in such women is situated in the clitoris, homologue of the penis, thereby confirming the desire to be male. Transitory pleasure may be abruptly terminated and disowned. Normal sexual sensation may develop in some women after the birth of a child who is adequate compensation for the missing penis. Others refuse any substitute, particularly one that reminds them of their femininity. Humiliation of the man may be a necessary condition for erotic fulfilment of the frigid woman. The frigidity of the prostitute signifies for her the humiliation of all men and therefore a mass castration. The avoidance of such revenge for her fantasied castration in defloration is the unconscious purpose, according to Freud (18), of the taboo of virginity and the ritual defloration of virgins by a person other than the intended husband in certain primitive tribes.

The view of Deutsch (13) regarding the masculinity complex is that woman's masculine wishes and her difficulty in mastering them result from multiple psychologic influences in which penis envy plays a part but does not constitute a primary cause. The development toward femininity proceeds primarily by virtue of a constitutional impulse which may be hindered but not thwarted by traumatic situations along the way unless they are overwhelming. The aggressions of the masculinity complex are intensified by penis envy, but are the result of the rage and excitation accumulated in the preceding development.

#### THE TRANSFER OF EROGENIC ZONES

Something needs to be said about the process by which transfer of erotic cathexis from the clitoris to the vagina takes place. Brierley (7), Horney (29), Müller (42), and others (24, 33, 36) believe in the existence of early female genital impulses which are subsequently repressed with denial of the vagina. Brierley found evidence of vaginal contractions during happy suckling or during a time of acute frustration at the breast, an idea confirmed at least to some degree in the more recent work of Greenacre (24) and Kestenberg (33, 34). Brierley believed that the spread

of excitement from one zone to another finds representation in ego organization and accounts for the series of displacements: mouth-anus-vagina and nipple-penis-feces-child. Such oral-vaginal association may be weak, but she believes that what matters is its establishment under pleasurable or painful conditions; in other words, the degree of sadism with which it is invested. She concludes that only babies whose vaginas participate to some, even if very slight, extent in happy suckling are headed for normal femininity. Frustration and oral sadism particularly predispose to erotic abnormality. The concept of oral frustration as a cause of frigidity has been advanced by Lorand (40) and Langer (39).

Though acknowledging the vital importance of early stages, Deutsch (10, 13) looks at the total development of the woman as effecting her acquisition of vaginal sensitivity. Libido that originated in the oral zone and first cathected the maternal breast is transferred to the father, and the unconscious equates the father's penis with the mother's breast as an organ of suckling. In the anal phase feces become an organ of mastering. Thus is established the equation of breast-column of feces-penis. The clitoris attracts to itself a large measure of this libido, but at the oedipal period it must be given up, flowing back to the body as a whole. At puberty libido must again flow toward the vagina, partly from the whole body and partly from the clitoris which had retained some cathexis. This transformation may be difficult but it is aided by further erotization of the vagina by menstruation and its revival of castration fantasies. This process occurs by means of a series of identifications of genital parts with objects and part-objects, with consequent transfer of actively or passively directed libido. The vagina, through its secretory and contracting functions, takes over the activity of the clitoris. The truly passive feminine representation of the vagina is based on oral sucking activity, an activity turned inward.

Incorporation of the penis is a repetition and mastery of weaning. Deutsch sees in parturition a final phase of the sexual act, a delayed stage in orgasm, with similar pleasure. During

pregnancy libidinal stages of development are repeated and the child, as libidinal object of the mother, forms part of the mother's ego, bringing back to her some of the narcissism which the woman imparted to her partner in the sexual act. This incomplete presentation of Deutsch's ideas demonstrates that she views the erotic life of woman as a series of transformations and exchanges of energy intimately interwoven with those biological processes that are intrinsically and exclusively female. Fulfilment of her biological function, continuation of the species, does not require of woman that her erotic cathexis be discharged in the sexual act by orgasm. Perhaps even the opposite is demanded, that there be some conservation of her resources. If so, it is not surprising that little or none is expended by some women in sexual intercourse.

#### MASOCHISM

Finally, to understand femininity we must consider Deutsch's very important contributions on feminine masochism (11, 13). The female child must give up clitoridean masturbation before it has a new pleasure zone. In the interim the active cathexis that has abandoned the clitoris regressively cathects earlier points in pregenital development and is deflected toward masochism, contributing to the wish to be castrated by father. The masculine protest, 'I won't be castrated', is converted into its opposite. This is the passive feminine masochistic destiny, the feminine masochism of which Freud spoke, as yet untinged by reaction to a sense of guilt. The first infantile identification with mother is in terms of this masochistic orientation. Deutsch makes clear that in neuroses primary libidinal feminine masochism is closely interwoven with and obscured by moral masochism, originating under pressure of the sense of guilt.

Deutsch ascribes frigidity to woman's fear of her own masochistic wishes, related to earlier sadistic fantasies. These threaten the ego, which takes up a narcissistic position of defense by identification with father, which is also flight from masochistic identification with mother. Rado (45), agreeing in the main,



formulates the matter somewhat differently with more emphasis on castration fear. Discovery of the inferiority of her organ, he says, is a narcissistic injury to the girl which causes her to give up masturbation, but the intensity of the hurt provides a new substitutive gratification. It leads, however, to masochistic fantasies that are threatening. To deal with this danger the ego protects itself by flight, combat, or choice of the lesser evil. Frigidity represents the reaction of flight. Thus Deutsch and Rado explain femininity in terms of masochism that results from the vicissitudes of instinctual aims, and they explain frigidity as an expression of the ego's defense. Bonaparte (6), on the other hand, seems to regard suffering as the biological fate of woman as seen in castration, defloration, menstruation, and parturition. Feminine masochism represents an adaptive acceptance of that lot.

#### MOTHERHOOD

The visual and tactile inaccessibility of the vagina and the diffuseness of its excitations make difficult its incorporation in the body schema. Early in life vaginal sensations are fused with those from other zones and projected to the outside of the body. Kestenberg (33, 34) believes that maternal feelings develop from this biological need to discharge vaginal tensions on an outside object over which the little girl can attain active mastery. Aided by identification with her mother and the concept of the 'anal baby', she finds in the baby-doll a suitable substitute for the lack of an organ of discharge. This fact may account for the inverse relation between vaginal sensitivity and maternal needs elucidated by Deutsch. Adult vaginal satisfaction in coitus and masturbation brings relief of sexual tension, but does not allow for active mastery of the organ which can be achieved only through active manipulation of an infant.

Whatever its source, psychic representation of motherhood is important to femininity, representing the main goal of existence for a woman, and individual gratification may be exchanged for the racial aim. Though motherhood is not necessarily an-

tagonistic to sexual gratification, various grades of detachment of one from the other may lead to neurotic conditions of love comparable to the split in the love of certain men. Normal identification with mother is accompanied by the desire to be loved by father and, like mother, to have a child by him. This wish can be fulfilled provided the girl exchanges her infantile object, the father, for another man. Otherwise, instead of successful identification, she develops spiteful rivalry with mother accompanied by a grave sense of guilt which requires renunciation of the maternal role (12). If œdipal wishes are excessively strong, discovery of the mother's sexual role results in degradation of her as a prostitute and identification with her is charged with intolerable guilt.

These causes of detachment of sexual gratification from motherhood may result in various forms of asexual motherhood. In one, the woman accepts motherhood and her child but the role of the man as sexual partner is denied. In another type, marked masochistic tendencies may find such gratification from motherhood that direct sexual satisfaction becomes insignificant. A third form occurs in women whose strong sadistic components result in a markedly masochistic view of motherhood. Sexuality may be rejected for fear certain dangerous masochistic wishes may be fulfilled, but the wish for a child is retained. In brief, identification with the mother may be rejected, or the mother's role as a sexual object denied (13).

### SUMMARY

Frigidity appears to be somewhat uncertainly defined. It could not be otherwise so long as the phenomenon of female orgasm is itself not clearly understood. Obviously it is important to integrate the facts of female anatomy and physiology with psychoanalytic theory if we are to further our understanding of the psychology of women. But the attempt to do this has led some writers on the subject to set up certain rigid criteria of 'normality' more concerned with a priori assumptions than with the psychology of the individual. Thus there is perhaps overempha-

sis on the transfer of erotogenic zones and the importance of vaginal rather than clitoral sensation as a requirement of feminine gratification—as if there were a need to affirm the difference between the sexes. In this respect Freud was more circumspect than some of his followers. His discussions of frigidity were based more on psychological considerations than on the tenuous validity of physical manifestations.

In this review, attention has been focused primarily on the individual psychological bases for frigidity, although the influence of early objects is always implicit and sometimes of paramount importance. The effect of the sexual partner and the social and cultural conditions under which intercourse takes place have not been examined, although they are undoubtedly of at least secondary importance. Also beyond the scope of this paper is consideration of the role of society in limiting the opportunities of women for direct sexual gratification or sublimation, as well as the interesting question of the effect of the relatively greater equality of women in our modern world.

Certain biological factors undoubtedly contribute to a lack of sexual responsivity in some women. In general the female sex is thought to be endowed with a weaker libido which is still further weakened by the deflections caused in a change of object and erotogenic zone. Moreover the innate bisexuality of mankind, and perhaps a constitutionally determined greater degree of activity, may account for the masculinity in some women that interferes with full erotic pleasure. Some evidence suggests the existence of neuroanatomical differences between the sexes and possibly between two individuals of the same sex. If these do exist, cortical influences may contribute to a greater or lesser intensity of orgasm in some women through facilitation or inhibition of a spinal reflex center.

Biological and cultural factors are not amenable to change through psychoanalysis but their psychic representation in the individual provides therapeutic opportunity. Of even greater interest to psychoanalysis are the predetermined, chiefly unconscious psychic processes accompanying the vicissitudes of

female psychosexual development. This development is the result of a series of interdependent genetic, dynamic, economic, and adaptive factors which make for fluctuation between the antitheses active-passive and masculine-feminine. Disturbance in one or more may disrupt orderly and harmonious development and cause impairment in the erotic life of women. Nevertheless, feminine development proceeds along a course forcefully predetermined by the biological destiny of motherhood unless strong disturbances are created in the aim and object of woman's libido by the powerful influence of primary objects. The girl's instinctual impulses in regard to these objects will give rise to conflict and affective upheavals which may determine frigidity as a defense.

However, this review of the literature seems to indicate that neither the compromise nature of frigidity as a symptom nor the metapsychology of orgasm or of frigidity has been adequately clarified. The converse proposition, that orgasmic discharge may have pathological implications in some women, has had insufficient attention. It appears, moreover, that some developmental vicissitudes do not give rise to conflict. There is the suggestion also that the erotic needs of some women find such gratification in their biological function of motherhood that specific orgasmic discharge is not required or missed. If they exist, differentiation of such conflict-free, relatively normal, frigid women from those in whom the frigidity is clearly pathological would throw light on important problems of sublimation and symptom-formation as well as on female sexuality.

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## A Classical Error in Freud's 'The Interpretation of Dreams'

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## A CLASSICAL ERROR IN FREUD'S 'THE INTERPRETATION OF DREAMS'

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A minor freudian slip seems to have escaped the eye not only of the great psychoanalyst but also of the editors of his epochal work, *The Interpretation of Dreams*. In the first edition and left uncorrected through all subsequent editions, including the definitive translation by James Strachey, we find the following:

This was the same method of treating a wish fulfilment as was adopted by the Parthian queen toward the Roman triumvir Crassus. Believing that he had embarked on his expedition out of love of gold, she ordered molten gold to be poured down his throat when he was dead. 'Now', she said, 'you have what you wanted' (3, p. 570).

Freud mistakenly substituted a Parthian queen for the Parthian king, Orodes, who, upon receiving the severed head of Crassus from his army commanders, is said to have ordered that molten gold be poured into its gaping mouth. All versions of the legend are quite clear on this matter and there is absolutely no literary or historical basis for Freud's slip.

The story first appears in the *Historiae* of Florus:

The head of Crassus was cut off and with his right hand was taken back to the king and treated with mockery which was not undeserved; for molten gold was poured into his gaping mouth, so that the dead and bloodless flesh of one whose heart had burned with lust for gold was itself burnt with gold (2, pp. 212-213; cf. 1, p. 447).

Since it is clear enough that Orodes performed the barbaric outrage, a question necessarily arises: why did Freud think that the retribution forced upon the dead Crassus for invading Parthia came from the hands of a queen rather than a king?. This is particularly pertinent since Freud scrupulously corrected in *The Interpretation of Dreams* a series of other

blunders such as the matter of Schiller's birthplace (3, p. 456, n.), the confusion between Hasdrubal and Hamilcar (p. 197, n.), and Zeus as the castrator of Kronos (p. 256, n.).

Before analyzing the significance of this displacement from male to female on the part of Freud, we may point out that all ancient sources agree that after the battle of Carrhae (53 B.C.) the head and right arm of Crassus were cut off and sent to Orodes, King of Parthia. Nevertheless, according to Freud the molten gold was poured 'down his throat when he was dead'—a difficult job to perform on a neckless head. One surmises that Freud meant to say that the mouth of Crassus had been stuffed with gold; apparently castration anxiety aroused by the thought of a severed head gave rise to the fantasy that the victim's throat was still connected to his head (and presumably to his body).

The first observation that strikes us when we seek the motives behind Freud's mistake is the fact that the Parthian king is named Orodes, sometimes spelled Hyrodes. The similarity of this name to that of King Herod is immediately evident. We are acquainted with Freud's reference to Herod's legendary activities as a child killer. Wilhelm Fliess and Freud, while visiting the town of Breslau, noted a sign bearing the words, 'Doctor Herodes. Consulting hours: . . .'. Freud remarked to his Berlin friend, 'Let us hope that our colleague does not happen to be a children's doctor' (3, p. 443).

But Herod the Great is associated with massacre, poisoning, and assassination rather than with decapitation. His son, Herod Antipas, who was married to Herodias, is remembered for having ordered the beheading of John the Baptist. At her mother's behest, Salome enticed her stepfather into giving the fatal order. Both Josephus, the Jewish historian, (10, pp. 552-553), and the New Testament (5, 6) relate this story.

Freud (3, p. 334) has informed us of his early perusal of Josephus. When he thought of decapitation, his richly stocked mind immediately recalled John the Baptist. He confused the name of the Parthian king, Hyrodes, with the names of the principals involved in the execution of John—Herodias and

Herod Antipas. (Actually Herod Antipas never assumed the title of King but ruled, under Roman jurisdiction, as Tetrarch.)

Further, it seems plausible that Freud, reading Josephus, amalgamated Prince Herod Philip, the first husband of Herodias and father of Salome, with Herod Antipas, his half brother. Freud himself had an older half brother named Philipp, whom he utilized as a surrogate for his remotely known father, Jakob (9, p. 14). His consistent confusion about his own half brother, Philipp, may thus have triggered the error about Hyrodes and the fate of Crassus. In any event, he not only condensed the names of the participants in both deeds; he seems also to have imagined that, since a queen had instigated the murder of John, another queen might have motivated the action of Hyrodes. Apparently Freud believed it was she who poured molten gold into the mouth of the dead Crassus.

In this connection, we reflect that Freud's knowledge of Heine had undoubtedly kept in his unconscious the terrible picture of Herodias which the poet painted so threateningly, yet so lovingly:

*Schleudert sie das Haupt zuweilen  
Durch die Lüfte, kindisch lachend,  
Und sie fängt es sehr behende  
Wieder auf, wie einen Spielball.<sup>1</sup>*

If Freud had read of Herodias as depicted by the master lyricist, Heine, could he ever forget the sadistic question:

*Wird ein Weib das Haupt begehren  
Eines Manns, den sie nicht liebt?<sup>2</sup>*

Heine's meter must have acted like a trip hammer in impressing the name of Herodias, whose love demanded the head of

<sup>1</sup> Now and then with childish laughter  
She will hurl the gruesome burden  
Through the air, and catch it lightly  
And adroitly, like a plaything (7, p. 273).

<sup>2</sup> Will a woman ask the head  
Of a man she does not love? (*Ibid.*)

her 'beloved', upon the romantic brain of the young Freud. Only a shift of accent would be required to alter Hyrodes to Herodias and merge their images in his mind, since both are linked with decapitation and desecration of the dead.

Freud may also have arrived at his error by confounding Crassus, the plutocratic Roman, with Croesus, the exemplar of Asiatic wealth, for the names are indeed similar and both men are noted for their love of gold. Croesus, King of Lydia, was captured by Cyrus, King of the Persians, but was not put to death. Cyrus next waged war on the barbaric Massagetes of Scythia, led by their ferocious queen, Tomyris. Croesus went with his conqueror on this last expedition. Herodotus relates that, after the defeat of Cyrus,

Tomyris ordered a search to be made amongst the Persian dead for the body of Cyrus; and when it was found she flung his severed head into a skin which she had filled with human blood, and cried out as she committed this outrage: 'though I have conquered you and lived, yet you have ruined me by treacherously taking my son. See now—I fulfil my threat: you have your fill of blood' (8, p. 100).

Freud transferred the exultation of the Scythian queen to the Parthian king. This anecdote may have served as the model for Florus in his account of Crassus and the molten gold, with King Orodes taking the role of Queen Tomyris. Freud apparently knew both stories, but for his simile chose the tale of Crassus and the Parthians rather than the gory affair of Cyrus and the Scythians. It was not hard to link the two, however, by identifying Tomyris as a Parthian queen. He would have preferred the anecdote of the gold to the one depicting the horror of a head in a sack filled with human blood, finding the Crassus incident less exciting to his castration complex. At any rate, his mind set up a series of connected associations.

Another determinant of this error may be found in Plutarch's melodramatic version. The Parthian court at that time was situated in Armenia. According to Plutarch, a messenger bear-

ing the head of Crassus arrived from the battlefield at Carrhae while a performance of the *Bacchae* of Euripides was being staged. This drama concludes with the appearance on stage of Queen Agave bearing the head of her son, King Pentheus, which she has torn off in a Dionysiac orgy. In Plutarch's version, the Parthians gleefully substituted the head of Crassus for that of Pentheus (II, pp. 421, 423).

It would seem then that Freud was fascinated by the idea of a mother beheading a son. In the case of Pentheus it was the real mother, Agave; in the case of John the Baptist it was his queen, Herodias. Freud, indeed, found it difficult to connect decapitation with the wish of a man. Note his horror of the Medusa myth (4, pp. 273-274). Rather, he expected that a misanthropic mother would be guilty of such an atrocity. What is more natural than that he should shift the blame for the grim edict of Hyrodes to a Parthian queen? Freud's classical fantasies amalgamated the three villainesses, Herodias, Tomyris, and Agave, into a creation of his own imagination, a Parthian queen, instead of ascribing the fearful act of castration to a man, namely, Hyrodes, whom he equated with Herod the Great, butcher of male children.

On the other hand, a series of unconscious condensations might be established which would demonstrate that Freud suffered from ambivalence about the possible source of castration. For example, the activating force in the decapitation of John was the stepdaughter of Herod Antipas, Salome. Her name is merely the Aramaic feminine form of Schlomo, Freud's own Hebrew given name. (In the Bible, King Solomon [another version of Schlomo] commanded a child to be split in half.) Thus a scheme would show:

Herod the Great	=	Jakob Freud
Herod Philip	=	Philipp Freud
Salome	=	Schlomo Sigmund Freud

This geneological table indicates that a castration threat also came from his half brother and father surrogate, Philipp Freud.

A friend has pointed out to me that there is a common Jewish saying to the effect that a child is fortunate when 'they have poured gold down his throat'. In checking the possibility that Freud's family relations lay at the root of the error under discussion here, I discovered that the proverb was current in the Moravian area where Freud spent the first three years of his life. The ideational content of this proverb constitutes an inversion of the basic theme we have examined, for a child to whom gold is fed is expected to have good luck. In Freud's simile of Crassus he showed wish fulfilment turning into the opposite of the heart's desire. Furthermore, we are aware that Freud's beloved mother, Amalie, referred to him even late in life as '*mein goldener Sigi*'. When we also remember that a good speaker is commonly said to possess 'a golden tongue' and that Freud's first name means 'victorious mouth', we might possibly ascribe to Freud unconscious feelings associating success with a golden mouth, tongue, or throat. The tale of Crassus would then have excited Freud's repressed fears and fantasies concerning wealth. The person pouring the gold into the child undoubtedly symbolized the nourishing mother; so again we can see where Freud would ascribe the act to a woman rather than to a man.

One hesitates to seek deeper familial motives in attempting to analyze the cause of his error which has been printed, as we have noted, without criticism or correction until the present.

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# CHEMICAL HOMOLOGUE OF THE MODEL PRESENTED IN FREUD'S 'PROJECT'

BY ROBERT BERNHARD (BETHPAGE, NEW YORK)

## INTRODUCTION

Recent years have seen an increasing variety of efforts to simulate diverse aspects of the behavior of organisms. Among the most promising of these efforts have been those aimed at an understanding of human mental processes in machine terms. The explosive development of electronic computer and control technology in the past two decades has led to simulations of such processes as learning, perception, and adaptation. These have proceeded apace, following the logic and structure of computer and control circuitry. There is no need here to summarize the rapidly accumulating store of research in the area that has come to be known as *artificial intelligence*. Excellent surveys and transactions of symposia are readily available, including those of Bernard and Kare (1), Minsky (12), Muses (15), and Yovits and Cameron (17).

Significant progress in the duplication of mental behavior, of course, depends largely upon the development of a unified, detailed energy model of behavior which includes the motivational basis of behavior. Conversely, of course, the specification of models shaped around the physical concepts of energy and energetic interactions is aided by the attitudes developed in computer and control technology. On this question, a survey of the research in artificial intelligence reveals, in my opinion, a quite apparent lack of progress toward a unified outlook—that is, one which integrates the diversity of behavioral effects in a dynamic pattern with their causes. Yet behavioral models

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that promise such a unified outlook do indeed exist in the literature of classical psychology. This is not to suggest that the mind-brain problem has been resolved or that it will be settled here, but particular theories in a limited way do provide a unified framework for the guidance and interpretation of research. Rather than to employ such models, the temptation apparently has been to invent isolated solutions to isolated problems. The result of these limited perspectives, with few exceptions, has been the mass production of analogues which incorporate a few isolated behavioral and physiological 'facts', but which make barely noticeable contributions to basic knowledge and have only marginal technological value.

Of the several theories of the motivation and basis of psychological behavior, only four make explicit reference to behavioral *forces* or *impulses* which can be construed as having direct correspondence with classical physical concepts of energy (7). Such models are translatable potentially into tangible machine (nervous system) components. Four workers—Freud, Tinbergen, Lorenz, and McDougall—have conceived such energy models of motivation. But only Freud has oriented the model neurologically and has pictured the functions that underlie behavior in terms that should be clear (although possibly disagreeable) to neurophysiologist, physicist, or engineer.

In this paper we have taken our cue from an essay of Freud's published in English only recently, *Project for a Scientific Psychology* (5), to provide us with a unified behavioral framework for a neurone network model; this network model is based upon the kinetic model of chemical reaction systems. The interpretation of the kinetic model as a stimulus-response, self-regulating mechanism reveals a significant similarity between Freud's neurological systems dynamics and the nature of open chemical reaction systems (from the point of view of formal kinetics). This interpretation is central to the theme of the coalition of the tangible energy model of Freud's behavioral theory with a formal chemical reaction system model.

In superficial appearance these two models seem antithetical

in origin and mode of description, but closer observation discloses much in common. In both models the hydraulic analogy plays a heuristic role; the energy which impels (motivates) behavior in Freud's theory 'flows' through the nervous system like a fluid, branching on alternative paths according to rules that quite resemble Kirchoff's law for electrical circuits. Similarly, chemical reactants increase and decrease in their mass much as a fluctuating quantity of fluid flows past a given point in a complex piping system that has variably set valve openings, reservoirs, and drains. As will be shown later, formal kinetics expresses the behavior in time of reaction systems in terms of concentrations of reactants and rate constants. These rate constants may be viewed as analogous to conductance in an electrical circuit. While it is not a formal mathematical formulation, Freud's model derives a broad dynamic pattern of psychological phenomena in terms of the accumulation of energetic quantities and the displacement of these quantities over pathways (in the nervous system) offering a variety of resistances.

The coalition that is being attempted has two virtues: (a) Freud's model, for better or worse, organizes the complexities of human personality development from the point of view of an economical, neurologically based number of quite primitive assumptions and provides a testable structure for experimentation within a unified system; (b) it is reasonable to assume that every manifestation of organism activity is ultimately derivable from models of chemical reaction systems, since chemical reaction networks appear to be at the root of all organismic function. And a chemical kinetic model of neurological systems would lead to a homologue rather than to an analogue of behavior. We use the word homologue in its biological sense.

Freudian theory has its supporters and detractors, probably the latter predominating, and it has never, to my knowledge, enjoyed any status whatsoever in cybernetics research. Bernhard (2) and Kubie (10) have tried somewhat to bring the psychoanalytic point of view to the attention of cyberneticists but without noticeable success. This point of view retains an unearned

stigma although few in the field seem to be aware of its precepts. Here we shall give only a very brief review of Freud's model, in order to provide a background for discourse on the unification of this motivational theory and the model of neurone networks.

It is unnecessary to comment on the philosophical and technical complexities of the problem with which we are dealing; indeed no comment such as could be entered here can possibly rise to the occasion. However, we must anticipate possible future objections to the sketchiness of the chemical kinetic homologue of a neurone network. Indeed the use of the word homologue may appear pretentious to some. The model has not been challenged, at this point in its development, to incorporate certain details of behavior without which, admittedly, no model could be called anything more than inadequate. Here we aim first to resist the strategic error of defining isolated particulars without providing the supporting structure of an integrated system, and then to elucidate the nature of a structure that could lead to an adequate model, without pretending that we can now offer this model.

#### ENERGETIC BASIS OF FREUD'S MODEL

To account for the human organism as a spontaneously active intellectual machine rather than as a clockwork passively reacting to external stimuli, it is reasonable to suppose the influence of instinctual stimuli, i.e., genetically given, internally derived, energetic quantities motivating psychological units of behavior. These instinctual systems reside in organs or neural complexes either outside or inside the brain or in some combination of both, depending upon the particular theory to which one is devoted. The tangible patterns of interaction between these *a priori* sources of excitation and this-or-that region of the brain are the propulsive bases of all manifestations of behavior observed on psychological scales. Instinctual stimuli must play the role—quite literally—of the power source or battery for the neurone network that, presumably, immediately underlies this behavior.

If one can speak of the aim of an instinctual stimulus, it becomes possible to construct a motivational theory. How sophisticated can one permit these instinctual organizations to be? Surely they must be sufficiently primitive and biologically based if they are not to beg further description. On this point Freud's model parts company with behavioral theories that list as instinctual already rather elaborately developed psychological systems such as instincts of acquisitiveness, curiosity, or play (14). Freud's model argues only for the importance of organ systems outside the brain region as the instinctual sources of energetic excitations, the aim of these systems being the release or discharge of this excitation in the fashion of the reflex arc. The release of excitation is defined as *gratification*. Then every aspect of what we call *thought*, as a behavioral phenomenon, must be expressed as a function of the postulated aim of instinctual systems for gratification. Such expression forms the central dogma of Freud's model; its roots lie in the logic of the distinction between external and internal stimuli (3, 4, 5).

To begin with, stimuli of instinctual origin, being initiated internally, cannot be avoided; no 'flight' can either permit escape or minimize these excitations. This is explained as standing in contrast to exteroceptive stimuli which act as relatively temporary or momentary impacts on the peripheral sensory receptors. For this reason, instinctual stimuli have a quite different effect on the organism from that of stimuli originating in the external environment.

In Freud's terms the primary function of the nervous system is the discharge, through motor function or motility in general, of all excitation. The primary function therefore aims at gratification in the fashion of a reflex arc, which is the prototype of all behavior. In the case of endogenous stimuli, however, only special types of action provide gratification, because special objects are required in the environment (for example, food or a sexual object). Thus the system is compelled to adopt strategies other than the reflex arc to obtain release and satisfy the 'principle of neuronal inertia' (5); in other words, neurones tend to divest themselves of excitation and to return to states

of inactivity. The secondary function of the nervous system appears in the absence of successful release through the regressive (primary) path. These circumnavigations of the reflex arc are the foundations of thought; that is, thought is substitute gratification. The secondary function is compromise activity, minimizing rather than fully discharging the level of excitation in the brain due to instinctual stimuli. Therefore the characteristic of the secondary function is the toleration and storage of internal stimulus energy until a specific action of gratification is successful.

The tangible nature of the motivating energy in this model cannot be mistaken. Endogenously derived stimuli cause a pattern of excited neurones in the brain. These Freud (5) called the 'nuclear neurones', and their sustained activity he defined as 'will', the driving force of psychical activity. The neurone of Freud's definition (*circa* 1898) has the same functional properties as those employed in the numerous neurone network analogues currently being contemplated. These analogues also have thresholds in the form of *contact barriers*, and *memory* is defined as the now familiar distributed pattern of permanent changes in a measurable parameter (resistance) in the contact barriers, such changes being brought about by stimulation. These changes alter the resistances in neural pathways so that excitation is displaced from point to point in the network in inverse proportion to a path's resistance, the sum of excitations being conserved on branching paths in the fashion of Kirchoff's law for electrical circuits.

Ostow (16) has discussed the neurophysiological correlates of this model with some supporting evidence from comparative anatomy, pathology, and the action of tranquilizing drugs. He speculates that the *globus pallidus* is the location of these 'nuclear neurones'. The foregoing remarks are in sharp contrast to the very broadly accepted supposition that forces in Freud's model are a vague and ethereal fiction, that an intangible 'behavioral energy' has been confused with a physical energy (7). It is difficult to understand how this misunderstanding came

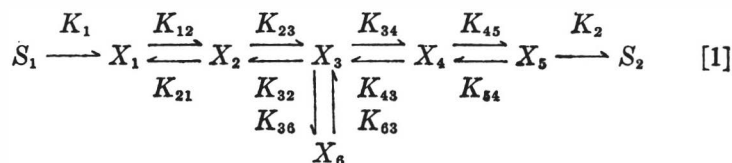


about and still persists. To proceed further with the details of this model would violate our previously stated purpose, and the interested reader is referred to the already quoted literature on this subject.

We turn our attention now to the framework of a neurone network model which considers the brain as a system provided with a 'source' of motivating energy (instinctual stimuli) and a 'sink' (motor system) for its energy 'dump'; such a system is homologous with the kinetic model of an open chemical reaction system. The nature of this homology is discussed below.

### HOMOLOGUE OF A NEURONE NETWORK

Hyden's postulate on the basis of a neuronal network function (8) starts with the fact that nucleoproteins are produced increasingly by neural activity and with the assumption that this protein production is as characteristic a quantity for the neurone as is its production and propagation of electrical impulse. To follow this line of reasoning, consider a large number of chemical reactants (components) coupled by patterns of reaction paths and homologous with a network of neurones and its pattern of propagating signals. For convenience of illustration, consider a quite simple open reaction system, one consisting of unimolecular, reversible reactions, a 'source' component, and a 'sink' component. This system is illustrated by equation [1] below.



The flux of the source component,  $S_1$ , into the system of reversible reactions,  $X_1 \rightleftharpoons X_2 \rightleftharpoons \dots \rightleftharpoons X_6$ , is irreversible and an arbitrary function of time. The excretory step,  $X_5 \rightarrow S_2$ , also is irreversible. The  $K$ 's are rate constants; e.g.,  $K_{12}$  for the forward reaction  $X_1 \rightarrow X_2$  and  $K_{21}$  for the backward reaction

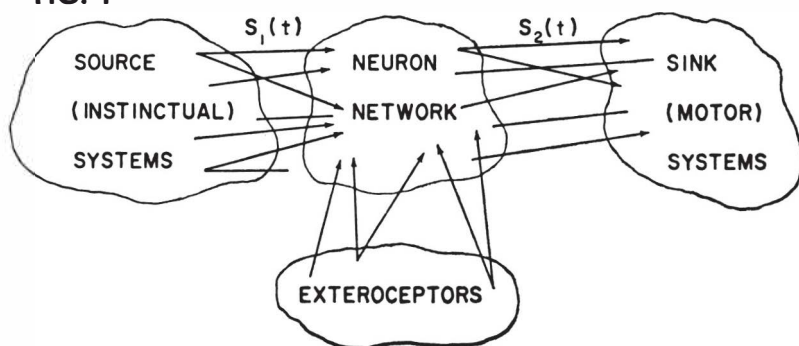
$X_2 \rightarrow X_1$ . Ordinarily, in neurone network models one speaks of the intensity of a signal observed at a neurone site (input or output), i.e., of some measurable quantity associated with the function of the network. In the kinetic model, however, we will speak rather of the concentration of reactants  $X_1$ ,  $X_2$ , etc., and this will be understood to refer to a measurable quantity at the site of neurone 1, neurone 2, etc. Thus  $X_1$  is *signal concentration* at neurone 1,  $X_2$  the signal concentration at neurone 2, etc. To avoid introducing a new vocabulary, we will retain the terminology of chemical kinetics, with the reminder that 'reaction paths' take the role of neural fibers and chemical component concentrations, the role of signal levels at neurones. To pursue for a moment the electrical circuit interpretation of equation [1], a rate constant, e.g.,  $K_{12}$ , may be considered as the conductance in the path  $X_1 \rightarrow X_2$ , while  $K_{21}$  is a conductance in the path  $X_2 \rightarrow X_1$ . The logic of this interpretation is apparent from the kinetic equations [2] to follow, and these constants can be seen to be quantities associated with Freud's *contact barriers* (synapses).

Aside from the possibility of introducing higher order kinetics by considering multimolecular reactions, e.g.,  $X_1 + X_2 \rightleftharpoons X_3 + X_4$ , etc., with more complex schemes, the network chosen for illustrative convenience (equation [1]) has to be elaborated enormously to approach the lowest limit of reality. We should require many source inputs of the  $S_1$  type corresponding to patterns of stimuli from instinctual systems in Freud's model, and many outputs of the  $S_2$  type that would correspond to patterns of excitation directed to motor systems (which include all motile modes, such as limb movements, speech, and vascular and gastrointestinal motilities). We should need a means of sensory data transmission from exteroceptors, but this has not been shown, although all that is needed in this regard are mechanisms for changing concentrations  $X_1$ ,  $X_2$ , etc., by external stimuli. A schematic elaboration of equation [1] is shown in Figure I. Comment on this picture will be made later.



polynomials in  $t$ . In electrical circuit theory the parts of the solution involving the initial values  $a_1, \dots, a_n$  are called *transients*, since in circuitry problems the  $\lambda$ 's contain a negative real part due to electrical resistance so that these terms become negligible as time increases. The terms involving the integral of  $\theta(t)$  describe the conditions after transients have become negligible. In general these latter terms are similar to  $\theta(t)$  (13). Whether or not the chemical reaction network exhibits transient behavior for a steady flux of  $S_1$  into the system depends upon the magnitudes of the rate constants in equation [2]. Indeed it may happen that for a given complement of rate constants the values of certain variables increase without limit. Assuming however that the system of illustration in fact converges in all its variables to a steady state for all finite inputs, we may stress for our purposes that the same steady state is reached from all starting concentrations of reactants and that this state depends only on the rate constants and  $\theta(t)$ . In the complete absence of flux of  $S_1$  no steady state can be 'supported'. Hence, for a fixed 'motivation',  $\theta(t)$ , the values of the rate constants provide a 'remembered' state, the steady state which suggests that 'memory' can be defined by an appropriate matrix of rate constants. Changes in rate constants can be postulated to occur in different reaction paths due to single or repeated 'stimulation' of a neurone; this stimulation may originate in a 'source' pattern or in a pattern of exteroceptor excitations (see Figure 1).

FIG. 1



Rate constant changes amount to enzyme (catalyst) concentration changes in biochemical reaction systems. The significance of catalysis in open reaction systems extends beyond the matter of reducing activation energy and hastening reaction. More than this, catalyst concentrations dictate the time course of variation of reactants' concentrations and, finally, the steady state structure of the system. Indeed the genetic control of biological structure has been discussed elsewhere precisely in these terms; that is, the genotype dictates the enzyme complement through a hierarchy of chemical reactions, thereby fixing the rate constant magnitudes in the organism (9). In this light, let us review the previous postulate concerning the mechanism of memory: does repeated stimulation of a neurone produce ultimately a permanent change in enzyme concentration and consequently new transient and steady state distributions of concentration of reactants (signal levels) in regions of the network? We will assume in fact that this is the case; memory of particular stimulus patterns consists of more or less characteristic patterns of increase in rate constant magnitude and therefore more or less typical distribution of signal levels in the steady state.

At this point let us pause momentarily and fix our current position by reference to Figure I. The fluxes of instinctual excitation appear as patterns of inputs of the type exemplified by  $\theta(t)$ ; this patterned flux provides the motivational basis of the system. (This set of 'sources' then corresponds to the *id* of the freudian description.) Exteroceptor stimuli impinge upon a neurone network which has been pictured as a chemical reaction network. In the figure, the area called the 'neurone network' is that region in which memories, percepts, etc, are stored by aid of the mechanism of rate constant changes outlined above. This region must be the repository of 'learning' and the effects of contacts with the external environment, i.e., the *ego* in Freud's model (*circa* 1896).

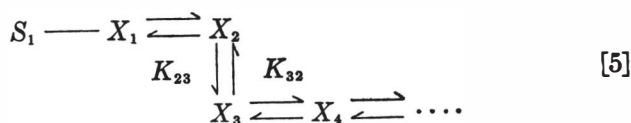
In a large network of reactions, it is difficult to predict just what variety of steady state (or transient) effects ensues from a change in magnitude of the rate constants for certain steps in

the reaction. The behavior of the concentration of a reactant does not depend upon all rate constants but only upon some proportion of them. Thus certain reactant concentrations may remain unchanged in the steady state although rate constants in the region of a reaction involving this reactant have been changed. This is the phenomenon of 'buffering'. To look back at the note on genetic control, a given gene change does not alter all the characteristics of an organism; many changes are buffered out by the structure of the reaction system.

In a network which must respond more or less differently to more or less different stimuli, a given 'response' in the form of a steady state distribution of reactant concentrations must be preserved against the effects of subsequent rate constant changes which are due to subsequent, different stimuli. Some strategies of buffering, aside from the kind mentioned above, can be applied to the task of isolating or limiting the effect of rate constant changes to the 'neighborhood' of a directly affected reaction step. Here is one such strategy: consider equation [4] below, where we shall regard the reaction system as a



collection of subsystems connected by irreversible steps. It is clear that in the steady state supported by a steady flux of  $S_1$  into the subsystem  $X_1 \rightleftharpoons X_2 \rightleftharpoons X_3$ , the flux of matter (or signal) leaving each subsystem must be equal to the flux of  $S_1$ . Rate constant changes anywhere within a subsystem will therefore have effects isolated to that subsystem in the steady state. Another somewhat similar strategy with additional virtues can be based upon the connection of subsystems of reactions through insoluble components rather than by irreversible steps. This mechanism provides a buffering against transient phenomena, acting, so to speak, as an inertial mass that resists the change of state in a region. Consider the collection of subsystems in equation [5]. Here  $X_3$  is an insoluble component transforming into  $X_2$  at a constant rate,  $C_0$ , while  $X_2$  is a soluble component trans-



forming at a rate in proportion to its instantaneous concentration. To demonstrate we will ignore all reactants save  $X_2$  and  $X_3$ ; the kinetic equations for this single step are

$$\begin{aligned}
 \dot{X}_2 &= -K_{23}X_2 + C_0 \\
 \dot{X}_3 &= K_{23}X_2 - C_0
 \end{aligned} \quad [6]$$

Since  $X_3$  transforms at a constant rate, an increase in  $X_2$  causing  $X_3$  to increase will not cause the subsequent increased tendency of  $X_3$  to convert to  $X_2$  that it would cause were  $X_3$  soluble. Therefore the concentration changes in  $X_3$  lag behind changes in  $X_2$  and the neighboring reactants. In the absence of a flux of  $S_1$  this inertial property of the insoluble component will maintain activity in other subsystems (e.g.,  $X_4 \rightleftharpoons \dots$ ) for a longer period of time than activity could be maintained in the absence of insoluble components—*acting then as a short-term memory of transient behavior in neighboring subsystems*.

As has been emphasized above, all the steady state concentrations depend upon  $\theta(t)$  (see equation [3]); any alteration of the pattern of fluxes from the 'source' (see Figure I) will cause either a suspension of activity in the affected regions of the network or a new steady state activity in other regions after transients have become negligible. The shifting of the instinctual excitation pattern from one source pattern to another will withdraw 'primary' stimulation from some regions of the network and displace it to other regions. These new regions either will have been inactive previously in a steady state or in the midst of transient behavior. In any case, a new transient is instituted which reflects the interaction of motivational patterns with the 'past' or current state of the network. A new steady state may possibly be reached if there is 'successful' excretion into the 'sink' (motor system). Unsuccessful 'discharge' must lead to continuing transients that reflect 'thought', i.e., the seeking of

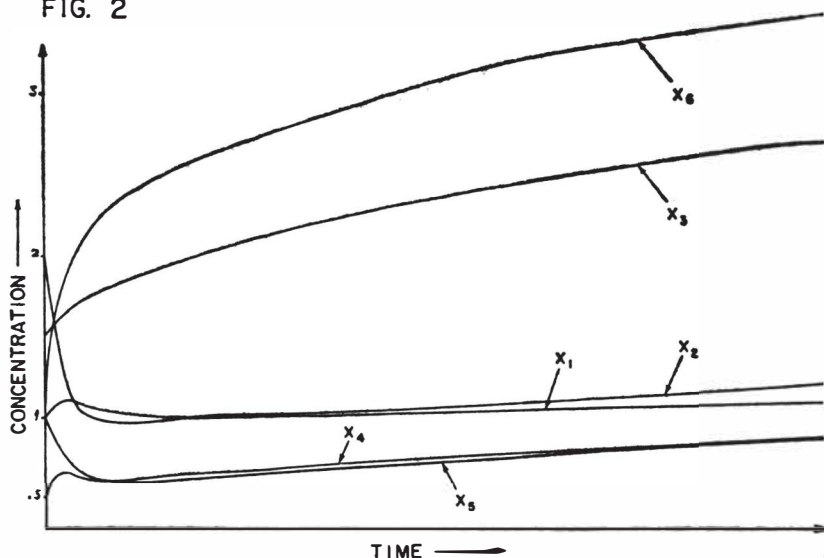


gratification. (The model cannot at this time offer the mechanisms for these procedures, which themselves require research and further specification.)

A quite simple illustration of buffering (requisite for the memory capacity) was constructed using the reaction system in equation [1]. This example should acquaint the reader who is unfamiliar with chemical kinetics with the rudimentary behavior of a simple unimolecular system—and therefore with the behavior of a homologous neurone network.

A fixed set of initial reactant concentrations and a steady unit flux of  $S_1$  into the system were taken. In Figure 2 the system

FIG. 2



was 'let go' with a fixed enzyme complement and reached a steady state, at least to within only a few percent of the asymptotic values of the variables. In Figure 3 a rate constant change in the step  $X_2 \rightleftharpoons X_3$  results in a transient behavior somewhat different from that shown in Figure 2; but the approximate steady values of  $X_3$ ,  $X_4$ , and  $X_6$  remain unchanged. It is important to note here that rate constant changes are made with

FIG. 3

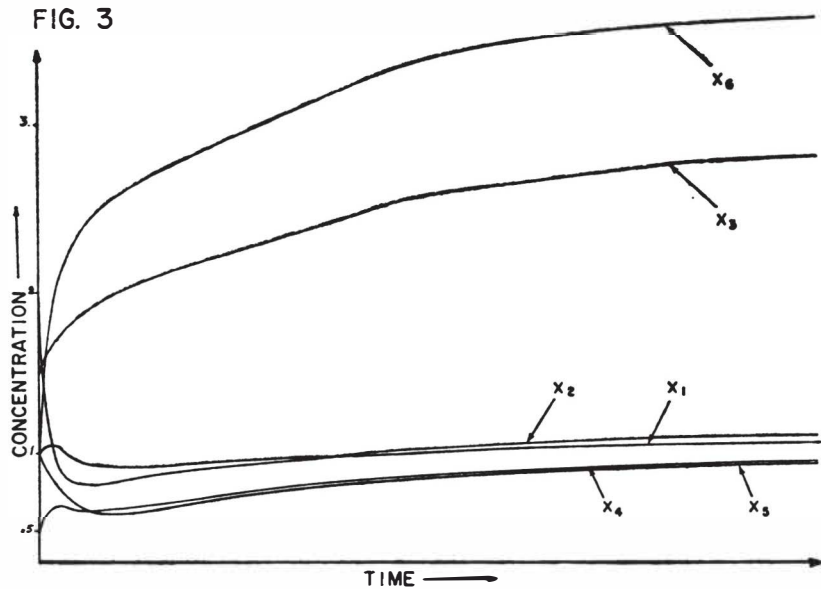
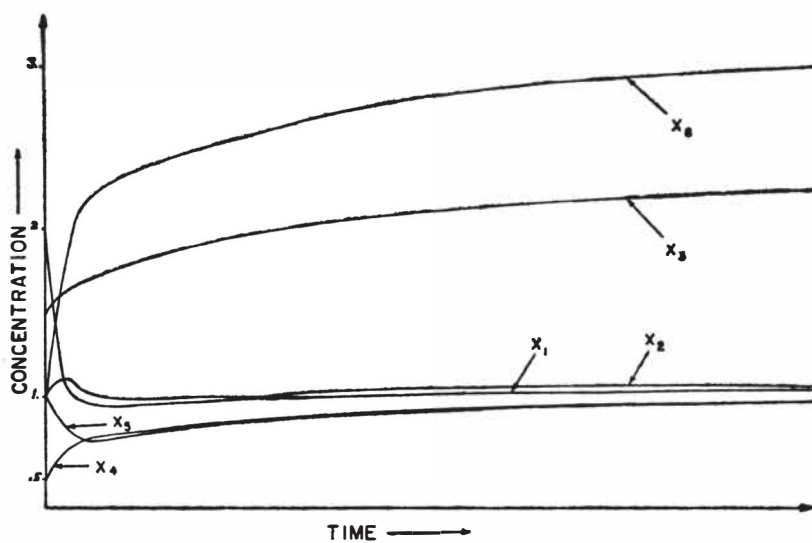


FIG. 4



the constraint that the ratio of forward and backward constants must remain invariant (6). In Figure 4 the system is released with a rate change in the step  $X_3 \rightarrow X_4$ ; the consequent transient gives way to steady state conditions in which  $X_3$  and  $X_4$  remain unchanged (to within a part in a few millions) with respect to their final values in Figures 2 and 3. This reaction structure then has buffered out the effects of these two single rate changes on  $X_3$  and  $X_4$ . In much larger structures containing large numbers of reactants and irreversible processes, a more realistic and interesting test of the memory capacity can be made. These tests must involve the change of many rate constants throughout the reaction system.

We must not give the impression that the transient behavior is unimportant, as it is most frequently in electrical circuit theory. The transient evolution of the system toward the steady state reflects the *current* state of the system through the concentrations of various reactants when a disturbance (stimulus) arises and, further, by way of rate constant values, reflects the effect of a stimulus on the *history* of the network. Preliminary thought has been given to the question of 'reading' transient behavior over large regions of a network. In this regard the already mentioned insoluble components may play a role, since they have been seen to follow the transient changes in their neighborhoods and act as short-term memory of transients.

## DISCUSSION

In elucidating the structure underlying a unified model of brain function, we have refrained from comment on the wealth of isolated behavioral properties usually described in the literature of cybernetics and have concentrated on the broad foundations of the model. These foundations rest in the consideration of two homologies: the flow of motivational energy is homologous with the flow of mass in an open system of coupled chemical reactions, and this flow is homologous with 'signal' flow in a neurone network. The virtue of this unification is its possession of two important characteristics: (a) the chemical model

seems to be the 'natural' context for any description of the behavior of the organisms, and (b) Freud's motivational model develops a wide variety of behavioral effects from first principles that avoid prejudicing the system with preformed, elaborate intellectual capacities.

The mechanism of enzyme concentration (and rate constant) change remains unspecified; the implication is only that somehow stimuli act through reactant concentration changes to effect the required alteration of catalyst levels. With a considerable increase in complexity—unwarranted now in my opinion—the rate constants could be made time-varying, depending upon the history of the stimulus-inputs to the neurone network. To what extent do the suppositions regarding catalyst concentration change and reversible reactions meet with observed data? To my knowledge, aside from the role of acetylcholinesterase in muscle innervation, no enzymatic basis for the function of the central nervous system has been proposed, nor have enzyme systems been related to the permanent changes in neurone properties which would have to be associated with memory, learning, etc. As for the question of reversibility, Lorente de No (11) reported a 'law' of reciprocal connections for neurones. Further comment on these subjects cannot be made in this paper.

### SUMMARY

Freud's view of the functional structures that underlie behavior rather closely resembles the kinetics of an open, catalyzed chemical reaction. A chemical reaction system of this sort is strikingly homologous to the network of coupled neurones that determines behavior. Chemical concentration in the reaction corresponds to signal intensity at the neurone. The control and the 'memory' of such a system depends on the concentration of catalyst in the same way that the development and later steady state of biological systems depend upon enzyme concentrations. Changes in concentration of the catalyst are brought about by changes in input of reactants comparable to changes in the stimuli to the

neurone. The 'response' of the chemical system is change in the distribution of concentrations of transient and steady state reactants, and this 'response' resembles the response of the network of neurones to stimuli.

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## Mastery of Fear in Psychoanalysis

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# MASTERY OF FEAR IN PSYCHOANALYSIS

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## I

When neurotic fears lead to avoidance of tasks, instinctual satisfaction may be seriously curtailed. Such avoidance may deprive the individual not only of what Hendrick (7) refers to as 'work pleasure' but also of the pleasure of satisfying libido and aggression either directly or through meeting the demands of the ego ideal. Some resolution, some mastery of the underlying fears may be necessary in order to achieve a satisfactory therapeutic result by psychoanalysis. The therapeutic steps necessary to overcome these fears may constitute a highly complex and variable analytic process, certain phases of which can, however, be delineated.

Avoidance of a feared task is often initially unconscious and comes to the attention of the analyst only because certain activities are conspicuously absent. The pattern of avoidance itself in such cases must be brought to consciousness. Yet even when this pattern is made conscious, the fears that cause it may still be unconscious; the patient denies his fears and uses a variety of rationalizations to justify his avoidance and conceal the underlying fears.

As the fears are next brought to consciousness, the individual may become ready to proceed to an understanding of their genetic bases. Characteristically they originate in early childhood and arise from unconscious expectation of re-experiencing intense emotional discomfort in execution of a task associated with early painful experience. For example, a student may avoid study of biology because he unconsciously fears re-experiencing

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intense disgust of learning about bodily functions. Another student is caused to avoid athletics by unconscious fear of re-experiencing injury and intense pain.

As insight into the fears is acquired, they tend to diminish in intensity, but may not disappear even though the patient realizes that his fears pertain to the past and are now unrealistic. He still avoids the task and continues to use a variety of rationalizations for doing so. He may even argue that since further analysis should completely eradicate his fears, he may as well wait until this result is achieved before undertaking the task. Through clarification of such defenses, however, a new attitude may eventually develop, in which the analytic process is seen not only as a means of understanding his fears and their causes but also as a means of facilitating efforts to undertake certain tasks in spite of residual fears with the knowledge that, if such efforts are made with some understanding of the emotional factors involved, increased mastery of the fears may result. When a patient begins to realize that no matter how much analysis he has had he may still have to face certain fears in order to help resolve them, a new approach to such fears may arise, one that is active rather than passive.

In the process of analyzing avoidance of feared tasks it is not uncommon for a patient to think of childhood experiences in which similar avoidance occurred, together with other occasions when a feared task was faced and mastered. For example, a patient who repeatedly avoided reciting in grammar school eventually faced that fear in high school and found that he could tolerate his self-consciousness and embarrassment much better than he had expected. His fear diminished and he became more free to participate in a variety of group activities. Such an experience may help to prepare the patient for his new efforts to master his fears during the analytic process.

Once a patient is ready to tolerate his fears long enough to execute a task and test the consequences, he is ready to find through a new experience whether his fears can be actively mastered. If he finds that the unpleasant consequences he has

foreseen simply do not occur or can be prevented from occurring, his fears will tend to diminish and he will then be more free to repeat the task as often as he wishes.

## II

A nineteen-year-old girl in her third year of college was untidy and disorganized when she entered analysis. She had been depressed for several years and had attempted suicide three years previously by cutting her wrists and taking an overdose of sleeping pills. Early in analysis the patient complained one day of a cold, saying that she could not study and spent her time lying around her room waiting for the cold to go away or running to friends in the hope of diverting her attention from her suffering. I asked whether she had considered taking medicine to relieve her symptoms. She said she did not believe in taking medicine for such a trivial illness, and she was sure medicine would not help. It became apparent that she was afraid of medicine, partly because it reminded her of her suicidal attempt, partly because she feared being injured by drugs, and partly because she was afraid that she would not be able to control her impulse to take more and more medication once she started to 'dope myself up'. Through clarification of these fears she acquired additional insight into her tendency to avoid active efforts to deal with certain problems because of irrational fears.

In the following hour she informed me with pleasure that she had begun to take aspirin and felt better; the unpleasant effects expected from medicine did not occur and she was now less fearful of it. She had also learned that she could control her taking medicine. Thereafter she showed less fear of seeking other appropriate means of relieving unpleasant symptoms.

During another hour this patient mentioned that she had been asked to inspect some dormitory rooms, a task she strongly resented. She remarked, 'If people want to live in a pigsty, they should be allowed to do so'. This subject led to discussion of her reluctance to keep her own room clean. She claimed that her mother's standard of tidiness was excessive, and she rebelled at

an early age against her mother's efforts to get her to clean her room. She was still rebelling. On another occasion she stated that she was planning to go to a dance but wished she had not accepted the invitation because she was self-conscious at parties and felt like a child among a group of grownups. She then revealed that she felt embarrassed when wearing grown-up clothes and she rarely used cosmetics. Furthermore, she had always let her mother buy clothes for her and had no confidence in her own ability to make appropriate selections. Discussion of these matters led to closer examination of her feelings toward her mother. On the surface she felt that she did not want to be like her mother, but at a deeper level she was intensely envious of her. It became apparent that during the oedipal period the patient had shown strong attachment to her father and intense competitiveness toward her mother. But she soon became ashamed of her sexual fantasies about her father and repressed them completely. This repression spread to include her competition with her mother, in place of which she substituted intense rebellion. She was left with an unconscious fear of competing with her mother since such behavior might reveal the nature and intensity of her attachment to her father. When she understood this fear and realized that it had prevented her from developing some of her talents, there was a dramatic change. Her rebellion began to dissolve; she spontaneously cleaned her room and began to acquire habits of orderliness. She started to use cosmetics and to shop alone for her clothes. At first she bought only small articles but eventually chose her entire wardrobe. She enjoyed these tasks and soon developed a sense of pride in her appearance, which improved in the following months.

During another session she was discussing her habits of chewing at her fingers and biting her fingernails. When asked if she had tried to control these habits, she said she did not care to stop them but was sure she could do so if she wanted. She was told that she seemed to be adopting an attitude of confidence about controlling these actions in the future in order to avoid

having to analyze her difficulty in controlling them in the present. It then became evident that she considered these habits valuable means of draining off tension and that she was afraid to check them lest her depression increase. After this she decided to test her ability to restrain these impulses, a decision that necessitated facing her fear of instituting controls. In the next hour she triumphantly stated that she had stopped chewing at her fingers and biting her fingernails and that nothing serious had resulted. In subsequent weeks she was pleased to find that she was able to maintain this control without experiencing unbearable tension and that the urge to return to these oral activities gradually diminished.

She also showed reluctance to face certain fears by her unwillingness to reveal sexual fantasies to the analyst. For several months she maintained that she could not do this and that there was no point in her even trying. It was clear that she was afraid of experiencing intense shame if she related these fantasies which, as I found out later, concerned being kidnapped, tortured, and raped, and which often accompanied masturbation. Through analysis she became more conscious of her fear that she would experience intolerable shame if she exposed her sexual fantasies to the analyst. She was also brought to realize that her fear of self-exposure had contributed to her difficulties in many other situations in the past and that, by yielding to this fear in the analysis, she was depriving herself of the opportunity to work out her problems. She then began to face her fear directly by speaking out in spite of her shame. At first she merely outlined the sexual fantasies, adding details only if pressed to do so. However as time went on she related the details spontaneously and was surprised and pleased to find how well she could tolerate the shame. Her fear of self-exposure diminished both in analysis and when talking with others.

This patient acquired mastery of many other fears. For example, she became able to go for help to strangers instead of calling upon an old friend for assistance in such a minor task as arranging to have her phonograph repaired. During analysis

she began to use the telephone more frequently, thus coming to know more people.

The patient made efforts not only in doing new things, but also in not doing old things. And as she mastered her fear of shame she became less awkward and self-conscious. She obtained new sources of pleasure, such as satisfaction of exhibitionistic impulses in socially acceptable ways and of narcissistic aspirations by a sense of increased competence. These satisfactions helped to counteract her depressed state.

In the treatment of the above-mentioned patient considerable effort was made to investigate her pattern of rebellion against her mother. This effort was directed toward analyzing not only the genetic sources of this pattern but also the ways in which it was still playing itself out.

Rebellion in childhood may persist into the new conflicts of adult life. Though it may originate as a healthy protection against overwhelming tension, unfortunately the growing child may acquire his sense of strength from his rebellion itself rather than from active efforts to improve his useful skills. Furthermore, the rebellion may include a powerful resistance to the internalization of those commands and prohibitions that contribute to a mature superego. In some instances the rebellion appears as 'choice of the Negative Identity' (5), or 'total identification with that which one is least supposed to be'.

Rebellious people usually resent the demands of authority and may complain that they are being treated like children especially when they are being encouraged to behave like adults. This complaint frequently covers the wish to remain a child and to be spared the emotional discomforts of adult tasks. The patient can usually be shown that he gains a sense of strength from defiance and that underlying it are childhood fears of experiencing pain. He can also become aware that his rebellion may have deprived him of the opportunity of developing a variety of useful and gratifying talents which he cannot develop until he undertakes certain tasks that mobilize painful feelings. Such feelings can frequently be faced in small doses

rather than overwhelmingly as in childhood, and expected suffering is thus avoided. That painful feelings such as shame can be well tolerated when they are experienced in small doses can be a dramatic insight, as may also the knowledge that one can find ways of avoiding such feelings as one gains familiarity with the new task. Thus the patient becomes ready to attempt feared tasks.

### III

In many patients fear of criticism plays an important role in the avoidance of certain tasks. A twenty-year-old girl, who had rarely done any routine chores at home, largely restricted her activity to her studies when she went away to college. In analysis it became clear that this pattern had originated in early childhood; whenever she had attempted to help at home she thought that her mother was critical of her performance, and this criticism seemed to her a threat of desertion. She thus developed intense fear of her mother's disapproval, and this fear led to a variety of inhibitions.

When she understood the nature of her fear, she also saw that by yielding to it she had foregone acquiring many skills and therefore had little choice but to remain dependent upon her mother. She now became ready to try all sorts of new things in spite of her fear, and as she progressed in these areas she gained further confidence that she could progress in other ways too. She started doing her own shopping, sewing, and cooking. She had dates more often and made more friends. She also expressed her thoughts more freely and her writing improved. Her gradual acquisition of new abilities diminished her fear of her mother's disapproval.

### IV

Development in childhood and adolescence is furthered by sexual exploration of oneself and others in play. When such play is forbidden by others or by the child's own scruples, restriction of sexual activity may arise and may persist into adult life. To overcome this restriction, analysis of the patient's unconscious

fears of sexual activity may have to be followed by an active process in which residual fears are faced by sexual activity.

A young man in his second year of college had had but two dates in his life, was terrified of girls, and had never tried to kiss one. He knew little about sexual matters and said he had never examined his genitals nor masturbated. He had intense castration anxiety and bemoaned the fact that he had only one penis whereas so many other organs come in pairs. His exhibitionistic and scopophilic impulses were subject to severe inhibition, dating, he believed, from the age of seven when he was ridiculed by a group of boys and girls for removing his bathing suit before them on the beach. After that he carefully avoided exposing his genitals to anyone and felt great anxiety when urinating in public toilets. His exhibitionism took vicarious forms, for instance the occasional wearing of conspicuous clothing. He felt intense desire to see women's bare upper arms. Through analysis the patient became aware of some of the childhood roots of his fear of observing his genitals and having them observed. He then spontaneously faced his fear and inspected his genitals carefully for the first time, discovering with surprise that his scrotum looked like 'the skin of a chicken'. After clarification of his fear of touching his genitals he began exploratory masturbation and told vivid and often sadistic heterosexual fantasies. He now had dates with girls and participated in exploratory sexual play with them. When he found there were no bad results his fear gradually diminished.

He had sought analysis chiefly because of difficulty in learning; he did poorly in his first year of college and began to fail in his second. We learned that his way of studying was highly ineffective. At lectures he tried to take down almost every word the professor said, and when he reviewed his notes he tried to memorize all sorts of details. As he read a novel or a play he repeated each phrase in his mind in an attempt to implant it there indelibly. Occasionally when alone he read aloud, hoping to be able to remember better, and he also attempted to translate what he read into visual imagery. It was clear that he was trying to take in and retain large quantities of words and



ideas. He thought of his mind as somewhat like a sieve through which ideas would readily pass and disappear unless he made a special effort. He wished his mind were like a filing cabinet where things could be put in their proper places and always found when desired. He was constantly memorizing and felt confident of having learned something only when he could repeat it verbatim. He showed a fondness for, and tried especially hard to memorize, polysyllabic words which he thought of as long penises that he might expose for the world's admiration. He searched for 'delicious phrases' to memorize in the hope of exhibiting them later. His oral and exhibitionistic impulses were largely displaced to the intellect he had erotized.

His fear of missing something resulted not only from castration anxiety but also from an infantile fear of starvation. The result was oral greediness which frequently led to what might be called 'psychic indigestion'. His greed made it difficult for him to move ahead at a normal speed in his studies. He was like the boy who puts his hand in the candy jar and cannot get it out because he tries to take too much.

'What will happen', he said, 'if I ignore something? I might be asked that very thing on the examination.' But when he began to understand the early origins of this fear, he also realized that by indulging it he remained infantile; he then determined to face the fear and master it. He took fewer notes, memorized less, and tried to understand more. To his surprise, his reading became freer and he absorbed more; as a consequence his grades began to improve.

To achieve greater freedom he had to face his fear repeatedly: for example, to dare to ignore some things and concentrate on the essentials. He enjoyed this new way of learning, abandoned polysyllabic displays, and found that he had new energy for his work.

## V

Another male patient, a twenty-two-year-old graduate student, entered analysis because of impotence. When with a girl he had never dared to express his feelings but pretended to be re-

laxed and of even temperament at all times, regardless of how tense he was. If he were annoyed, happy, or frightened he would never let the girl know. It became apparent that his intense fear of revealing his feelings to a woman was originally directed toward his mother who had frequently ridiculed him in childhood. When he understood the infantile origin of this fear and saw how it limited his relations with women, he began very gradually to reveal some of his feelings to his girl. When he found that he could tolerate thus exposing his feelings his fear began to subside. Before long he felt relaxed with the girl and was relieved of his impotence with her.

### DISCUSSION

Because these case reports are greatly simplified it may appear that the technique of 'experiential manipulation', as defined by Bibring (3), was mainly responsible for the improvement. Bibring states that when a patient is, for example, 'encouraged and even expected . . . to assume self-responsibility', his capacity to handle responsibility may increase. This kind of manipulation played a part in the therapy but the readiness to seek new experiences did not originate from it. When the patients learned how and why they avoided situations they became able to face them.

It is generally accepted that when fixations and regressions are resolved through psychoanalysis curative forces are released. These curative forces can be summarized briefly as follows: 1, the forces of instinctual tension and instinctual development; 2, certain universal aims of the ego and superego which Bibring (2) calls 'biological sense'; and 3, the synthetic function of the ego. Treatment does not always lead to spontaneous readiness to attempt feared tasks, however. Hendrick (7) says, 'work has naturally been accepted by analysis as an essential function, but has generally been considered a matter-of-course function which is automatically restored when a neurosis is successfully treated, rather than as itself the subject of intensive psychological analysis'. The analysis of the attitude to such functions

as work must often include special efforts to bring to consciousness and to understand the fears that have led to avoidance of tasks, especially when the avoidance is ego syntonic.

Active mastery of fear of a task is a 'corrective' experience. This is not the 'corrective emotional experience' described by Alexander and French (1), a term that refers to the therapeutic effect of the patient's experiencing 'the difference between the original conflict situation and the present therapeutic situation'. In active mastery of fear the patient finds that by taking one step at a time he can produce in himself changes he previously considered impossible. The analyst helps the patient to obtain insight into his fears and offers emotional support to the patient in his efforts to undertake certain tasks in spite of his fears. The analyst's attitude conveys to the patient the feeling that the analyst has confidence in him and if something goes wrong will not criticize but will help the patient 'pick up the pieces' and start again.

Insight attenuates the fear of the task and by showing the patient his strengths and weaknesses helps him to avoid unwise attempts destined to failure. The patient can approach the new task in a gradual manner with some knowledge of the tensions to be met. Furthermore he can learn to institute his new efforts at times when he is at his best rather than when he is going through a period of emotional upheaval.

Such new efforts may, of course, be unsuccessful. The pain of the effort may cause the patient to abandon it, say 'I can't do it', and be reluctant to try again. His fear of the task may thus increase. To urge the patient to the attempt—as one does in some kinds of therapy—may cause premature attempts to master fears with consequent loss of self-confidence. In analytic therapy, the transference relationship may also lead to premature attempts. Analysis of attempts based on transference usually forestalls this danger.

The therapeutic effects that may arise from active attempts to master one's fears are complex. Besides mitigating fear, availability of flexible and efficient new patterns of behavior helps

one give up some of the repetitive and inefficient old habits. Hendrick (7) states that 'when the means of discharging tension by an appropriately integrated act are available, objective and subjective evidence of the repetition compulsion disappears'. Increased autonomy and proficiency in new areas of activity lead one closer to one's ego ideal and arouse admiration and even love in others. 'When I see a man who knows how to do or say something better than the rest of the world', said Michelangelo (4), 'I am constrained to fall in love with him, and then I give myself so completely to him that I no longer belong to myself. Even the dancer, or the lute player, if he were skilled in his art, could do what he liked with me.'

The therapeutic effect of undertaking certain tasks in spite of one's fears is a type of working through which leads to major changes in patterns of adaptation. Avoidance of tasks is replaced by more successful autoplasic and alloplastic methods (6).

Often a patient's avoidances are ego syntonic and come to the attention of the analyst only because certain types of effort or interest are conspicuously absent. For example, the analyst may ask himself, 'Why does she never shop for her clothes? Or call a doctor when she is ill or never take medicine for her pain?'

We must, of course, remember that avoidance is a valuable means of adaptation sometimes necessary for survival. However it is the analyst's task to help the patient evaluate his avoidances so that he may use them wisely. Avoidances that initially seem useful may be shown by analysis to restrict unnecessarily the satisfaction of instinctual drives.

### SUMMARY

Neurotic fears may cause patients to avoid various everyday activities—such tasks as trying to control undesirable habits, or buying one's clothes, or the sexual experimentation that occurs in normal development. The analyst must be alert to point out ego syntonic avoidances and to help the patient analyze the fears that cause them. Such analysis permits the patient to undertake the shunned activity and thus to acquire increased

mastery of fear and to achieve desirable new gratifications of libidinal and aggressive impulses.

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## A Psychoanalytic study of Shakespeare's Early Plays

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# A PSYCHOANALYTIC STUDY OF SHAKESPEARE'S EARLY PLAYS

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

Freud's repeated and cogent comments about Shakespeare's plays and characters indicate that he found in them abundant material for psychoanalytic investigation (11, 12, 13). Throughout his works he often quoted Shakespeare. He also became interested in the dramatist's life, espousing (with some vacillation) the theory, rejected by modern scholars, that the plays were written by the Earl of Oxford (16).

Shakespeare's writings have had an influence upon psychoanalysis. Can psychoanalysis help us to understand the personality of the Bard himself? Three sources of information exist: known biographical facts; the psychological theories expressed in the plays; and the content of the plays treated as evidence similar to the free associations offered by a patient to his analyst.

## FREUD ON SHAKESPEARE

From the earliest days of psychoanalysis, Freud found in Shakespeare's works evidence for the soundness of at least one of his basic postulates. When he first hinted at the discovery in his own analysis of what he later termed the *œdipus complex*, he referred to *A Midsummer Night's Dream*, not to *Hamlet*. In a memorandum to Fliess he commented: 'It seems as though in sons this death wish is directed against their father . . .' (9, p. 207). A few lines later Freud pointed out that 'Titania, who refused to love her rightful husband Oberon, was obliged instead to shower her love upon Bottom, the ass of her imagination' (9, p. 208).

Freud recognized a theme common to his self-analysis, to the

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Œdipus Rex of Sophocles, and to Hamlet. In another note to Fliess he wrote: 'I have found love of the mother and jealousy of the father in my own case too, and now believe it to be a general phenomenon of early childhood. . . . Every member of the audience was once a budding Œdipus in fantasy . . . the same thing may lie at the root of . . . Hamlet's . . . hesitation to avenge his father . . . he . . . had meditated the same deed against his father because of passion for his mother . . . ' (9, pp. 223-224). Initially Freud believed that the theme of Hamlet was related to the dramatist's life. In *The Interpretation of Dreams* he wrote: ' . . . it can . . . only be the poet's own mind which confronts us in Hamlet . . . [the drama] was written immediately after the death of Shakespeare's father (in 1601), that is, under the immediate impact of his bereavement and, as we may well assume, while his childhood feelings had been freshly revived' (8, p. 265).

#### METHOD OF EXAMINING THE PLAYS

Freud considered 'the analysis of works of the imagination and of their creators . . . among the most fascinating in the whole application of psychoanalysis' (7, p. 321). In the same note to Fliess referred to earlier, Freud said: 'The mechanism of creative writing is the same as that of hysterical fantasies. . . . By means of this fantasy [the writer] protected himself against the consequences of his experience. So Shakespeare was right in his juxtaposition of poetry and madness (the fine frenzy)' (9, p. 208). In *Delusions and Dreams in Jensen's Gradiva*, he described two methods that 'may enable us . . . to gain some small insight into the nature of creative writing. . . . One . . . to enter deeply . . . into the dream-creations of one author in one of his works. The other . . . to bring together and contrast all the examples . . . of the use of dreams in the works of different authors' (6, p. 9).

In this study the eleven earliest plays, taken in chronological order, were treated as if they were the productions of a patient in analysis. The audience was viewed as participant-observer and

transference object for the writer, its role resembling that of a therapist. Each play was read (and listened to, if recorded), with eye and ear attuned to its latent as well as its manifest content.<sup>1</sup> The plays were then compared with the known sources (*1*) to ascertain what the playwright selected, what he eliminated, and what apparently originated in his own mind. Whatever Shakespeare had to say about psychology and mental illness was also carefully noted.

For purposes of a psychoanalytic inquiry, I have assumed that the plays are closely connected with Shakespeare's life experiences. I also proceeded on the assumption that Shakespeare wrote the plays attributed to him by his contemporaries. Thus far I have found nothing in the plays to cause doubt that he did write them and many details to indicate that he did. I have also found that this approach to the subject tends to clear up some of the mysterious lacunae of knowledge that have fostered doubts as to the authorship.

#### SHAKESPEARE'S LIFE

The general biographical outline of Shakespeare's life is well known and well documented (*2, 3, 17*). The dramatist's father, John Shakespeare, the son of a farmer, became a shopkeeper in Stratford. His mother, Mary Arden, came from a well-to-do family of landed gentry and inherited money and property from her father. John prospered in business and took an active part in the town administration, becoming town councillor, treasurer, and alderman. In 1568 he was elected 'Presiding Officer of the Corporation'. Stratford was the marketplace of a rich farming countryside and an independent political unit with its own self-contained government, and John Shakespeare's position was one of considerable prestige, authority, and power. By virtue of his high office he was 'automatically eligible for a gentlemen's coat of arms if he could afford to pay the fees' of an application. He submitted his application in 1576, when William was twelve.

<sup>1</sup> In this study I have received invaluable help from George E. Daniels, M.D., in weekly discussions at the Columbia University Psychoanalytic Clinic for Training and Research.

This was the pinnacle of John's career. In September of that year something went wrong. He stopped attending town council meetings, although the other members apparently expected his return since they waited nine years before electing another alderman to replace him. After 1578 the family was also in some financial difficulty. Part of Mary's inheritance was sold and another portion mortgaged. The Shakespeares were not impoverished, however, and retained possession of their three houses in Stratford. Two explanations are usually offered for John Shakespeare's political eclipse and the financial difficulties of the family. It has been suggested that John either sustained a serious business loss or that he was being harassed by the authorities because of his religious beliefs. Evidence for either view is inconclusive and leading authorities remain uncommitted. One other possibility, based upon evidence in the plays, rather curiously does not seem to have been considered. John's withdrawal from community affairs and his financial troubles may have been caused by a prolonged, serious illness in the family, perhaps his own or perhaps William's.

Stratford records reveal that William was christened on April 26, 1564. He was the third child, the first two being girls who died before William was born. Five more children completed the family. As the eldest son of a leading citizen and town official, William was entitled to attend the fine grammar school in Stratford. The schoolmasters were university graduates and well paid, and the education he received from them was of a high order for that time. His schooling appears to have ended at about the same time that his father's difficulties began. Although he was eligible because of his father's position to go to Oxford or Cambridge, he did not continue his formal studies.

At the age of eighteen and a half years, Shakespeare married Anne Hathaway who was eight years his senior and already three months pregnant. They apparently married in haste since records seem to indicate that, on the day before, William was planning to marry another woman and had obtained a license to do so. His marriage to Anne appears to have been one of

the determining elements in his selection of dramatic material and his handling of important characters. Suspected infidelity of the wife is a constantly recurring theme in the plays.

The first child born to William and Anne was Susannah who became an important influence in Shakespeare's life and writings when she reached puberty, as suggested by the development of the father-daughter theme in his plays. One fact worth noting is that Susannah was only three years younger than her uncle Edmund. There are a number of slips and hints in the plays that indicate Shakespeare's suspicions and resentment concerning the relation between his daughter and his youngest brother.

A year and half after the birth of their first child, Anne and William had twins named Hamnet and Judith. About this time William separated from his family, leaving them in Stratford. Nicholas Rowe, who wrote the first biographical sketch more than a century later, gave this explanation: 'He had fallen into ill company . . . that made a practice of deer stealing, [and] more than once [robbed] a park that belonged to Sir Thomas Lucy near Stratford. For this he was prosecuted by that gentleman . . . and in revenge . . . he [wrote] a ballad . . . so very bitter that it redoubled the prosecution against him [and] . . . he was obliged to leave his business and family.' Although this story has not been substantiated it appears to reflect a continuing reputation for antisocial behavior that Rowe encountered many years later when he visited Shakespeare's home town. All the evidence about Shakespeare's adolescence suggests that it was a period of considerably more than ordinary turbulence.

The sudden deterioration in family finances and prestige, the discontinuance of his schooling, the hasty forced marriage to an older woman already pregnant (when another marriage had been licensed), the deer poaching compounded by a defiant public attack upon an important personage, and his leaving his family fit a pattern of delinquent adolescent behavior as unacceptable in Elizabethan times as now.

Nothing is known of Shakespeare's life from the time he

abandoned his family until the age of twenty-eight when he was already recognized as a new but significant playwright for the London stage. Throughout the twenty years of his career as a writer he was also an actor. He became a principal member and shareholder of the acting company known as the Lord Chamberlain's Company which was formed in 1594. The shareholders owned the theater and shared the returns from performances. Shakespeare also profited from the sale of his plays to his company as well as through the sale by the company of the publication rights to the plays. In the world of the theater such a situation is unusual. It allowed Shakespeare a degree of freedom of choice and expression that has rarely, if ever, been duplicated. It means—a consideration important for our study—that Shakespeare was exceptionally free to choose themes for his plays without external dictation.

Shakespeare led a lonely life in the capital, lodging in various private homes. Most of the other members of his company had their large families with them. He did not, however, sever his Stratford ties entirely and may have returned there at times. Once he began to enjoy financial success he invested in real estate within Stratford and its immediate surroundings and eventually became the largest property holder there. He also successfully reinstituted his father's application for a family coat of arms twenty years after the initial request had been filed.

### THE EARLY PLAYS EXAMINED

Sufficient evidence exists in the dramas and in various contemporary records to permit Shakespearean scholars to reach general, though not precise, agreement on the chronological order of the plays. The first eleven, the subject of this study, were probably written between 1590 and 1596.

Certain major trends can be recognized. The three parts of Henry VI as well as Richard III and Titus Andronicus reveal preoccupation with the destructive power of the phallic woman and the passive dependent man's fear that he will be killed or driven mad. Three comedies follow, *The Comedy of Errors*,

The Taming of the Shrew, and Love's Labour's Lost, which reveal persistent concern with therapeutic means of achieving restitution and repair. The Two Gentlemen of Verona and Romeo and Juliet, both romances, deal with symptoms of depression, withdrawal, isolation of affect, and confusion about sexual identity. The fear of women diminishes as the relation between a jealous father and a defiant, independent daughter develops. All these trends are recapitulated in the major dream creation, A Midsummer Night's Dream.

Shakespeare's attempts to understand psychopathology and psychodynamics are evident throughout his earliest plays. He made dramatic use of the theories of demoniacal possession, witchcraft, and bewitchment that were the accepted popular explanations of mental illness. However, he consistently rejected these concepts and expressed support for the more humane, naturalistic view of psychopathology first propounded in 1563 by the physician, Johann Weyer (21).

Shakespeare began his career as playwright when the witch mania had taken a strong hold in England, about a hundred years after it had started on the Continent (18). In his early historical plays, he used material concerning three politically motivated witch trials described in the chronicles that served as his sources.

The First Part of King Henry VI (20 a) dramatizes the unsuccessful efforts of the English to retain possession of the conquered areas of France. This attempt is frustrated by Joan of Arc. She triumphs in hand-to-hand combat with a man and routs the English forces. She is captured and convicted of witchcraft, but Shakespeare carefully dissociated himself from those who attributed her power to supernatural causes and demoniacal possession. Shakespeare's Joan says:

I never had to do with wicked spirits.  
But you, that are . . . tainted with a thousand vices . . .  
You judge it straight a thing impossible  
To compass wonders, but by help of devils (V, iv:42-48).

Eleanore Cobham, the Duchess of Gloucester, in The Second

Part of King Henry VI (20 b) is exiled for consorting with witches and conjurers. Her husband's opponents take political advantage of her mental instability to bring about his defeat and death. But Shakespeare depicts her as a 'bedlam brain-sick duchess', not as a witch (III, i:51).

In *The Tragedy of King Richard III* (20 c), the dramatist accepted the view of the Tudor-inspired chronicles that the last of the Plantagenet kings was a villain. To get rid of Lord Hastings, an unwanted political ally, Richard, now himself Duke of Gloucester, accuses Hastings of protecting Jane Shore, claiming that she has withered his arm through witchcraft (III, iv:68-72). But Shakespeare, seeking a psychodynamic explanation of Richard's distorted self-image and psychopathic behavior, attributed both to rejection by his mother which began before he was born. Richard's mother tells him:

... I have stay'd for thee, ... in torment and agony. ...  
 Thou cam'st on earth to make the earth my hell.  
 A grievous burthen was thy birth to me,  
 Tetchy and wayward thy infancy,  
 Thy school-days frightful, desperate, wild, and furious, ...  
 (IV, iv:162-169).

Although he rejected the idea of woman-as-witch, Shakespeare was deeply concerned with the possibility that a woman could drive a man insane. In *The Third Part of King Henry VI* (20 d), Queen Margaret takes over from the passive, dependent King, creating disorder and chaos in England. Margaret clearly expresses the desire to drive a man mad. At one point she waves a handkerchief soaked with the blood of his murdered son in the face of the captive Duke of York.

I prithee grieve, to make me merry, York. ...  
 Why art thou patient, man? Thou shouldst be mad;  
 And I, to make thee mad, do mock thee thus (I, iv:86-90).

It was this powerful depiction of female vengeance that first called public attention to Shakespeare. The badgered York describes Margaret as having a 'tiger's heart wrapt in a woman's hide' (I, iv:137). This line was paraphrased by another play-



wright, Robert Greene, who resented Shakespeare's rising reputation and described him as having a 'tyger's heart wrapt in an actor's hide', expecting that the public would immediately recognize the target of his attack.

Titus Andronicus (20 e) tells the story of another man physically injured and finally driven mad by the vindictiveness of a woman, Queen Tamora. In this startlingly brutal tragedy, Lavinia, only daughter of Titus, is raped, her hands cut off, and her tongue cut out to prevent her revealing her attackers. Using one of her nephew's schoolbooks, Ovid's *Metamorphoses*, she points with the stumps of her arms to the story of the rape of Philomel, thus telling her father what has befallen her (IV, i:42-51).

Titus Andronicus is also of interest because of the violence of the intrafamilial relations portrayed. There are subtle suggestions of incestuous relations between father and daughter and mother and sons. The play compares the attitudes of two fathers toward their sons. The hero, Titus, willingly has sacrificed twenty-two sons in battle and kills another with his own hands. The villainous Aaron, an early prototype of Iago, is willing to sacrifice himself to save his bastard son's life.

Shakespeare used the *Metamorphoses* as a source of several early plays and of the long poem *Venus and Adonis* (20 l). In this poem, Shakespeare deals with the seduction of a young, sexually inexperienced, and uninterested boy by an older woman who is a nymphomaniac. The content of *Venus and Adonis* may have afforded Shakespeare an opportunity to express in poetic form his own feelings about being married at eighteen to a woman eight years older.

In *Titus Andronicus* Shakespeare began to demonstrate his concern with questions of the care, treatment, and prognosis of the psychiatrically ill. This interest in emotional disorders and their treatment was an important theme in the next three plays, all comedies. The *Comedy of Errors* (20 f) deals with amusing situations resulting from the confusion of identities of two sets of twins. But Shakespeare was concerned also with two opposing

concepts of the psychodynamics and therapy of mental illness. This interest was entirely his own and in no way derived from his sources. All the characters in the play become convinced that one of the twins is insane. He, in turn, believes that he is surrounded by witches who want to drive him mad. Shakespeare, within a comic situation, contrasts two conflicting views of the etiology of mental illness: is it the result of supernatural causes, demoniacal possession and bewitchment, or are there natural causes? He takes an unmistakable position in favor of natural causes.

He compares the methods of Doctor Pinch, a charlatan, who attributes aberrant behavior to demoniacal possession and treats the patient by exorcism, restraints, and imprisonment, with the naturalistic approach of an Abbess, who seeks to understand the onset and course of the man's derangement through careful questioning of his wife. The wife pleads with Doctor Pinch:

Good Doctor Pinch, you are a conjurer.  
Establish him in his true sense again,  
And I will please you what you will demand  
(IV, iv: 50-52).

Doctor Pinch attempts to exorcize the Devil.

I charge thee, Satan, housed within this man,  
To yield possession to my holy prayers,  
And to thy state of darkness hie thee straight.  
I conjure thee by all the saints in heaven! (57-60).

The patient describes the quack as:

. . . a hungry lean-faced villain, . . . a mountebank,  
A threadbare juggler and a fortune-teller,  
A needy, hollow-eyed, sharp-looking wretch,  
A living-dead man. This pernicious . . . conjurer  
. . . gazing in my eyes, feeling my pulse, . . .  
Cries out, I was possess'd. Then all together  
They fell upon me, bound me, bore me thence,  
And in a dark and dankish vault at home  
There left me . . . bound . . . (V, i: 238-249).

The husband escapes and seeks refuge in the abbey. There the Abbess attributes the man's emotional symptoms to conflict with his wife. Her therapeutic approach is to separate him from his family by keeping him in the abbey, where she will administer sedatives and then pray for him. Her psychological approach is apparent as she interviews the wife Adriana to elicit the precipitating cause of the man's mental illness.

Adriana: . . . hurt him not, for God's sake—he is mad. . . .

Abbess: How long hath this possession held the man?

Adriana: This week he hath been heavy, sour, sad,  
And much different from the man he was.

But till this afternoon his passion

Ne'er brake into extremity of rage.

Abbess: Hath he not lost much wealth by wreck of sea?

Buried some dear friend? Hath not else his eye

Stray'd his affection in unlawful love,

A sin prevailing much in youthful men,

Who give their eyes the liberty of gazing?

Which of these sorrows is he subject to?

Adriana: To none of these, except it be the last,

Namely, some love that drew him oft from home.

Abbess: You should for that have reprehended him.

Adriana: Why, so I did.

Abbess: Ay, but not rough enough.

Adriana: As roughly as my modesty would let me.

Abbess: Haply in private.

Adriana: And in assemblies too.

Abbess: Ay, but not enough.

Adriana: It was the copy of our conference:

In bed he slept not for my urging it;

At board he fed not for my urging it;

Alone, it was the subject of my theme;

In company I often glanced it; . . .

Abbess: And thereof came it, that the man was mad.

The venom clamours of a jealous woman

Poisons more deadly than a mad dog's tooth. . . .

In food, in sport and life preserving rest

To be disturbed, would mad or man or beast.

The consequence is then, thy jealous fits  
Hath scared thy husband from the use of wits. . . .  
Adriana: She did betray me to my own reproof.  
Good people, enter, and lay hold on him.  
Abbess: No, not a creature enters in my house. . . .  
Be patient, for I will not let him stir  
Till I have used the approved means I have,  
With wholesome syrups, drugs, and holy prayers,  
To make of him a formal man again. . . .  
Therefore depart, and leave him here with me  
(V, i:33-108).

When Shakespeare pointed to the wife's jealous fits as the precipitating cause of her husband's apparent madness and denied the reality of demoniacal possession, he took a stand that seems entirely sensible to us but which was in direct conflict with the prevailing attitudes of his own day.

The therapy of mental disorders is also important in *The Taming of the Shrew* (20 g). In this play within a play, a nobleman discovers a chronic alcoholic, Christopher Sly, in a drunken stupor. At first repulsed by the man, he decides to treat Sly with kindness and consideration. A play is presented to him because:

. . . your doctors . . .  
Seeing too much sadness hath congealed your blood,  
And melancholy is the nurse of frenzy;  
Therefore they thought it good you hear a play,  
And frame your mind to mirth and merriment,  
Which bars a thousand harms, and lengthens life  
(Induction, ii:133-138).

Therapy is the theme of the play presented for therapeutic reasons. A violent, abusive, 'stark mad' young woman is treated by a man who is determined to marry her. He scores a therapeutic triumph by behaving in a more irrational and uncontrolled manner than she, thereby forcing her to control her behavior. The result is that she becomes an obedient and loving wife. Actually, Shakespeare was describing two therapeutic

methods that are employed today—Moreno's psychodrama and the paradigmatic method used by Rosen and others in the treatment of psychoses.

The third comedy, *Love's Labour's Lost* (20 h), appears to have been entirely original with Shakespeare. It begins and ends with the leading character, a poet named Berowne, facing the prospect of entering an institution. The opening scene has a familiar ring for the psychiatrist. Berowne is hesitant about signing an agreement that commits him for a three-year period during which he is not to see a woman, and must study and fast, and sleep little. When he is told that he has already verbally committed himself, he says that he swore in jest and wants to know the purpose of this study. The purpose of the confinement, he learns, is:

Why, that to know which else we should not know.  
Things hid and barr'd . . . from common sense?  
Ay, that is study's god-like recompense (I, i:56-58).

Berowne, who appears quite sane, is repeatedly compared to and mistaken for the poet-playwright Armado.

A man . . .  
That hath a mint of phrases in his brain;  
One whom the music of his own vain tongue  
Doth ravish like enchanting harmony. . . .  
A man of fire-new words . . . (165-179).

This certainly could be Shakespeare's image of himself, if only because no other literary figure has had such a 'mint of phrases' or so many 'new words' (15). Armado is a melancholic whose writings and speech are pure 'schizophrenese', full of neologisms, puns, concretisms, and clang associations. They have the effect of creating temporary madness in the other characters, one of whom complains that Armado makes him feel insane, 'frantic, lunatic' (V, i:29). For example, Armado writes a letter:

. . . besieged with sable-coloured melancholy . . . as I am a

gentleman, [I] betook myself to walk: the time When. About the sixth hour, when beasts most graze, birds best peck, and men sit down to that nourishment which is called supper; so much for the time when. Now for the ground Which; which I mean I walked upon; it is y-cleped thy park. Then for the place Where; where I mean I did encounter that obscene and most preposterous event, that draweth from my snow-white pen the ebon-coloured ink, which here thou viewest, beholdest, surveyest, or seest. But to the place Where, it standeth north-north-east and by east from the west corner of thy curious-knotted garden . . . (I, i:231-248).

Berowne is told by his ladylove, Rosaline, that if he wants to win her, he must for a whole year

. . . from day to day  
Visit the speechless sick and still converse  
With groaning wretches; and your task shall be,  
With all the fierce endeavour of your wit  
To enforce the pained impotent to smile. . . .  
A jest's prosperity lies in the ear  
Of him that hears it, never in the tongue  
Of him that makes it: . . . (V, ii:861-874).

The poet is appalled by the task imposed upon him. Nevertheless, he acquiesces.

To move wild laughter in the throat of death?  
It cannot be; it is impossible:  
Mirth cannot move a soul in agony. . . .  
A twelvemonth? Well, befall what will befall,  
I'll jest a twelvemonth in an hospital (V, ii:866-880).

In a brief epilogue, Shakespeare contrasted this penance of Berowne with that of the insane poet Armado who has committed himself to marry the woman he has made pregnant and remain in the country with her for three years. By the end of this play, Shakespeare has made some observations which are probably self-revealing about a poet who must amuse hospital inmates in the face of their suffering if he is really to prove

himself and about an insane writer who makes a country woman pregnant and then agrees to marry and remain in the country with her for three years.

Although *The Two Gentlemen of Verona* (20 i) is about love and friendship, it contains very little expression of feelings. Everything in the play is dull, lifeless, and flat, albeit the sources Shakespeare used are rich in emotional content. The playwright appears to have been aware of an affectual blunting in himself. The one memorable character, the servant Launce, expresses his concern about the lack of emotion displayed by his dog, Crab.

. . . I think Crab my dog be the sourest natured dog that lives: My mother weeping; my father wailing, my sister crying; our maid howling; our cat wringing her hands, and all our house in a great perplexity, yet did not this cruel-hearted cur shed one tear . . . (II, iii:5-10).

Launce confuses the dog with the man.

. . . I am the dog; no, the dog is himself, and I am the dog. Oh, the dog is me, and I am myself. . . . Now the dog all this while sheds not a tear, nor speaks a word; but see how I lay the dust with my tears (23-35).

He also exhibits considerable sexual confusion as he debates which of his shoes should represent his mother and his father.

. . . I'll show you the manner of it. This shoe is my father: no, this left shoe is my father. No, no, this left shoe is my mother. Nay that cannot be so neither. Yes, it is so, it is so, it hath the worser sole. This shoe with the hole in it is my mother, and this my father (14-20).

The play contains evidence of regression to an infantile level. For example, discussions about love almost invariably end by referring to food and eating. And Launce in another monologue, ostensibly on the noble subject of friendship, becomes involved with urination.

. . . O 'tis a foul thing when a cur cannot keep himself in all



companies! . . . He thrusts me himself into the company of three or four gentleman-like dogs, under the Duke's table: he had not been there . . . a pissing while, but all the chamber smelt him. 'Out with the dog!' says one: 'What cur is that?' says another. 'Whip him out!' says the third: 'Hang him up!' says the Duke. I, having been acquainted with the smell before, knew it was Crab, and goes me to the fellow that whips the dogs. 'Friend,' quoth I . . . 'twas I did the thing. . . '. He makes me no more ado, but whips me out of the chamber. How many masters would do this for his servant? . . . I remember the trick you served me when I took my leave of Madam Silvia. Did not I bid thee still mark me and do as I do? When didst thou see me heave up my leg and make water against a gentlewoman's farthingale? Didst thou ever see me do such a trick? (IV, iv:10-42).

Feelings of estrangement and withdrawal are described in a soliloquy.

This shadowy desert, unfrequented woods,  
I better brook than flourishing peopled towns:  
Here can I sit alone, unseen of any,  
And to the nightingale's complaining notes  
Tune my distresses and record my woes (V, iv:2-6).

In *The Two Gentlemen of Verona* we find also the theme of a father's incestuous desire for his daughter that recurs in many of Shakespeare's plays. The Duke of Milan tells how he has locked his daughter up every night out of jealousy. He describes her as:

. . . peevish, sullen, froward,  
Proud, disobedient, stubborn, lacking duty,  
Neither regarding that she is my child  
Nor fearing me as if I were her father.  
And . . . this pride of hers,  
. . . hath drawn my love from her,  
And, where I thought the remnant of mine age  
Should have been cherish'd by her child-like duty,  
I now am full resolved to take a wife,  
And turn her out to who will take her in: . . . (III, i:68-77).

The play shows a degree of confusion about locale not found elsewhere. On three separate occasions (II, v:1; III, i:81; V, iv:129) Shakespeare made mistakes about the place of action. These errors are corrected in modern editions, but they are present in the original folio. Moreover, stage directions are lacking, notations of entrance and exit are missing, and new scenes are indicated in several places where the action is in fact continuous.

The *Two Gentlemen of Verona* may have been written following a period of severe emotional disturbance. Perhaps Shakespeare at thirty-one returned temporarily to Stratford where he may have attempted a reconciliation with his wife. This would also have given him an opportunity to become reacquainted with his children, especially with his eldest daughter, Susannah, who was then thirteen.

This question of the relation of father and daughter and their respective ages was of considerable importance to the playwright, as indicated in the next play, *Romeo and Juliet* (20 j). He reduced Juliet's age from sixteen, as it was in the sources, to thirteen. There is no dramatic justification for this change, but Juliet's age is the same as that of Susannah Shakespeare at the time the play was written. That the heroine was identified in Shakespeare's mind with Susannah is supported further by the Nurse's comment that her own child Susan and Juliet would be the same age, had Susan lived. The Nurse reminisces about episodes of Juliet's life up to the age of three. Her recollections thus appear to coincide with the time before Shakespeare left his family. The significant point is that his return to them reunited him with his daughter at the time of her early adolescence, and this appears to have had a profound and lasting effect on his attitude toward women.

The intensity of feeling that Shakespeare infused into the old poem that was the source of *Romeo and Juliet* is in striking contrast to his inability to give any affective content to *The Two Gentlemen of Verona*. This swing from virtually complete affectual blunting to intense feeling is probably clinically significant.

A *Midsummer Night's Dream* (20 k) is of particular interest to the psychoanalyst. First, it is Shakespeare's major dream creation in which he drew together many of the themes he had already used in other plays. Second, in this play Shakespeare clearly deals with the oedipal theme and the conflicts within the family triangle. Finally, it is here that the influence of Johann Weyer's ideas regarding mental disorders is most evident.

Two conflicts provide the underlying motivation in *A Midsummer Night's Dream*. One involves a father who insists on his right to choose a husband for his defiant daughter and also on his right to kill her if she does not obey him. The other conflict is between a married couple, Titania and Oberon, the estranged King and Queen of the Fairies, who are struggling for possession of a changeling mortal boy. As part of his ruse to get the boy away from his wife, Oberon uses a magic potion that will make her fall in love with the first thing she sees on waking. Puck changes the appearance of the weaver-actor, Bottom, by giving him an ass's head. When Bottom's fellow actors run off terrified by the sight of him and leave him alone in the woods, he sings a song to show that he is not afraid. His singing awakens Titania, and she immediately falls in love with the ass-headed Bottom.

The physical change that Bottom undergoes may symbolize a mental disturbance. Bottom expresses this when he says that he hopes he has 'wit enough to get out of this wood' (III,i:152). 'Wood' meant madness in Elizabethan parlance, so that Bottom may be speaking metaphorically of recovery from insanity.

In this play a more frankly oedipal situation is portrayed than in *Hamlet*. When Bottom grows tired, Titania says:

Sleep thou, and I will wind thee in my arms.  
Fairies be gone, and be all ways away.  
So does the woodbine, the sweet honeysuckle, gently entwist;  
The female ivy so  
Enrings the barked fingers of the elm.  
O, how I love thee! how I dote on thee! (IV, i:41-46).

They go to sleep on stage, clasped in each other's arms.

Oberon takes the changeling boy and then directs Puck to restore Bottom's head and mind.

... Puck, take this transformed scalp  
From off the head of this Athenian swain;  
That he, awaking . . . think no more of this night's accidents,  
But as the fierce vexation of a dream (IV, i:66-72).

Shakespeare indicates that the significance of Bottom's dream is too shocking to bear interpretation, although it can be employed for dramatic purposes. Bottom says:

I have had a dream, past the wit of man to say what dream it was: man is but an ass, if he go about to expound this dream. . . . Man is but a patched fool, if he will offer to say . . . what my dream was. I will get Peter Quince to write a ballad of this dream; it shall be called Bottom's Dream, because it hath no bottom; . . . (IV, i:211-222).

Bottom returns to reality, rejoins his fellow actors, and resumes his duties as actor, director, and playwright. Immediately afterward, Theseus makes a speech comparing the imaginations of 'the lunatic, the lover, and the poet'.

Lovers and madmen have such seething brains,  
Such shaping fantasies, that apprehend  
More than cool reason ever comprehends.  
The lunatic, the lover, and the poet  
Are of imagination all compact.  
One sees more devils than vast hell can hold;  
That is the madman. The lover, all as frantic,  
Sees Helen's beauty in a brow of Egypt.  
The poet's eye, in a fine frenzy rolling . . .  
[From his] imagination [creates]  
The form of things unknown . . . and gives to airy nothing  
A local habitation and a name.  
Such tricks hath strong imagination,  
That, if it would but apprehend some joy,  
It comprehends some bringer of that joy.  
Or in the night, imagining some fear,  
How easy is a bush supposed a bear! (V, i:4-22).

It will be recalled that, in *The Taming of the Shrew*, Sly's

recovery is to be effected through watching a play performed expressly for therapeutic purposes. In *Love's Labour's Lost*, Berowne must prove himself by attempting to relieve the mental anguish of hospital inmates. In *A Midsummer Night's Dream*, Bottom's 'dream' is to become a ballad. It appears that Shakespeare during this period connected playwriting and acting with the treatment of mental illness.

### SHAKESPEARE'S CONCEPT OF MENTAL ILLNESS

When Shakespeare wrote that the madman imagines 'more devils than vast hell can hold' and juxtaposed this process with the 'fine frenzy' of the poet, he was expressing a radical attitude about psychopathology and the etiology of mental illness. In Elizabethan days, psychopathology and psychodynamics were regarded chiefly in terms of demoniacal possession, witchcraft, and bewitchment. Psychotherapy consisted of exorcizing the demons that had possessed the sick person so that they would leave his body and free his soul. It was indeed a reversal of accepted thought to say that demons were the products of the deranged mind rather than the cause of it.

Legalistic consequences of psychopathology involved imprisonment, torture, and execution. At the time Shakespeare was writing these lines, men, women, and children were being convicted as witches in league with the Devil. It has been estimated that more than seven hundred fifty thousand people were burned or hanged for witchcraft during the sixteenth and seventeenth centuries, an average of ten every day for two hundred years (22). It must have been terrifying to a man who could understand that what was happening in his own mind could seriously jeopardize his life.

Today many of these unfortunate persons would be considered mentally ill and would be referred for psychiatric care and hospitalization. The magnitude of what was going on at that time is difficult for us to comprehend; psychiatry is still struggling with the aftereffects of that massive attack upon the mentally ill.

Shakespeare's concept of mental disorder resembles that of

the physician Johann Weyer. A pupil of Cornelius Agrippa, Weyer received his medical degree from the University of Orléans. He became court physician to Duke William of Cleves in 1550, and prevailed upon the Duke to halt the persecution of witches. Weyer's clinical observations led him to believe that mental illness, rather than demoniacal possession, was responsible for the aberrant behavior of these people. His book on witchcraft (21) was published in 1563 and went through six editions in twenty years (22).

Whether Shakespeare read Weyer in the Latin is not known. His work on the subject of witchcraft has never been translated into English.<sup>2</sup> Certainly the dramatist was acquainted with Weyer's ideas and we can only speculate why he was so impressed. An English popularization of Weyer, written in 1584 by Reginald Scot (19), was one of the sources for *A Midsummer Night's Dream*. Scot freely acknowledged the influence of Weyer, whom he described as 'the most famous and noble physician'. Later both Scot and Weyer would be vigorously attacked by James the First in his book on witchcraft (14). One of James's first acts on becoming King of England was to order copies of Scot's book to be seized and burned.

Zilboorg (23, 24) considered Weyer's book one of the most important in medical history and described him as the leader of 'the first psychiatric revolution', with Freud the leader of 'the second psychiatric revolution'. Although Freud made no reference to Weyer in his papers, he had a very high regard for the scientific importance of Weyer's treatise. He once wrote that among the ten most significant books he would include 'scientific achievements like those of Copernicus, of the old physician Johann Weyer on the belief in witches, Darwin's *Descent of Man*, and others' (5, p. 245).

Freud, in an article about Charcot, expressed the same point of view as Weyer and Shakespeare: '. . . existing records of witchcraft trials and possession . . . show that the manifestations

<sup>2</sup> Weyer's *De Praestigiis* is currently being translated by William R. Nethercut of Columbia University, New York, as a result of this study.

of neurosis were the same then as they are now' (4, p. 20). Later he wrote a fascinating article, entitled *A Seventeenth-Century Demonological Neurosis*, in which he stated, '... the neuroses of those early times, emerge in demonological trappings. ... The states of possession correspond to our neuroses. ... We merely eliminate the projection of these mental entities into the external world which the middle ages carried out; instead, we regard them as having arisen in the patient's internal life ...' (10, p. 72).

### SUMMARY

Shakespeare's theories of mental illness, as expressed in his early plays, were in advance of his time; they seem to have been influenced by those of Johann Weyer, of whose writings Freud also expressed a high opinion.

By treating the content of these early plays as if they were the associations produced by a patient in psychoanalysis, some hypotheses can be constructed concerning Shakespeare himself, and some of these hypotheses are given support by examination of what is known of the dramatist's life.

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## Vivian Jarvis

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## COUNTERTRANSFERENCE IN THE MANAGEMENT OF SCHOOL PHOBIA

BY VIVIAN JARVIS, M.A. (FREEPORT, NEW YORK)

Phobic reactions to attending school are increasing to such an extent that a professional conference recently recommended the establishment of a clinic to study the subject. Children with school phobia are almost uniformly bright, well-behaved students who have previously posed no problems to the staffs of the schools they attended. Their difficulties arise following an acute attack of anxiety which makes the pupil feel that attendance at school is unbearable. He thus involves the school psychologist, the principal, the truant officer, the teachers, sometimes tutors, and a psychotherapist—or the consulting psychiatrist—who evaluates the necessity for not attending classes. Moreover, the child seems to engender hostile reactions among those who are trying to help him.

When we encounter school phobia, one of our tasks is to evaluate the animosity, often great, among personnel of the school. And although one must be on guard against distortions in the accounts given by the children and their parents (which almost always emphasize this animosity), my experience shows that hostility is indeed engendered by school phobia—a surprising fact when one considers what acceptable students these patients usually have been. The phobic child asks to withdraw from school; he does not fight the school authorities as does the delinquent—why does he therefore provoke anger? The following examples illustrate the problem.

A first grader was placed in a private school when he refused to continue in public school after a period of anxiety attacks which began with the hospitalization of his mother. He reported to me that he had pushed his new teacher's desk on the first day and that she had poured cold water in his face. The teacher told me the following story: 'Ricky attacked me and got so excited that I took him to the bathroom and dashed

a cup of cold water in his face. This is the advice of my doctor who told me to do this whenever a child gets excited about wanting to go home, and it always works.'

A thirteen-year-old girl developed school phobia soon after her sister had announced that she was to be married. On the day before the phobia began she had been ordered by her mother from the living room where her sister was being courted. She suddenly found she could not walk and had to be carried to her room. The paralysis was transitory and although she had fully recovered by the next morning, she said she would not go to school. Her father beat her to no avail; she kicked and screamed so much that he became alarmed and took her to the family doctor. He advised psychological treatment and she was brought to me. She had heretofore been a good and willing student and was popular at school although she was described as a retiring child at home. I was told by the girl and her mother and by the school psychologist that a psychiatrist had refused to grant her suspension from the school and had advised that the girl be 'dragged on her knees, if necessary, to get her to school'. The psychiatrist believed that a child with school phobia should not under any circumstances be permitted absence from school.

A fourteen-year-old girl with chronic absence due to illnesses without discernible organic cause developed acute school anxiety after a genitourinary examination. Her mother had been over-anxious about many of her own duties when she had taught school before she raised a family. The girl was an exceedingly good student and a 'very good girl'. Her panic was met at first by her father's spanking her to get her to return. Psychological personnel described her as 'spoiled and wilful' and expressed resentment at her unwillingness to discuss her return to school in a 'reasonable' way. They said they had gone out of their way to send an attendance officer to her home to see her, but this attempt had failed when the girl locked herself in her room; the officer was obliged to leave without seeing her.

A boy in second grade who had successfully attended school for a year developed a sudden school phobia after he had seen

his father strike his mother during a violent argument. He could not be persuaded to return to school unless his mother went with him, and even though he knew she was in the school building he would have to leave the classroom occasionally to see her. The teacher expressed annoyance to the principal, who told me that the teacher 'couldn't tolerate the child's not learning properly'. Both parents complained to me that they had spoiled this unplanned child by bringing him up in accordance with the 'newfangled' idea of avoiding spanking, whereas their older children had not been spared the rod. They therefore agreed with the school psychologist's suggestion of a spanking for the child the next time he ran out of class. When the child did run out again the mother telephoned the father, who thereupon came to school and there paddled the child 'six years worth'. The parents said that, on advice of the school psychologist, they took away the child's toys and confined him to his room on the days when he refused to go to school. They were told to do this because it was important for the boy to realize that he was being treated as a sick child. They sought assistance after he ran away from home several times because of the confinement.

The school psychologist told me, 'I did not advise a spanking, but if the father had to do it, he should most certainly have spanked the child at home, not in school. Besides, Bruce has to learn that he is not the center of the universe and he has to learn the necessity of school attendance and the reality of things.' He added that the teacher had stated that if Bruce's behavior did not improve it was 'either the child or me'. Bruce, aged seven, was indeed a threatening person to all concerned.

An extremely bright girl of thirteen could still function well enough to hide her mental and emotional impoverishment. Despite her good manners and frequently verbalized concern not to hurt anyone or cause trouble, she generated great hostility in most of the school personnel. Her constant apologies ('I hope I'm not late', 'I do hate to inconvenience the school', 'I feel sorry for the way I hurt my teachers') were necessary to

her and utterly irritating; they were her defense against hostility. The worry that she might give vent to some of her angry feelings in the classroom had been partly responsible for her withdrawal from school. She had never actually revealed anger. During the illness of two close relatives, one of whom was living in her home, she became unable to tolerate sitting through the entire school day and the superintendent, recognizing her difficulty, shortened it. Nevertheless, after the deaths of the relatives, she could not attend school at all. No connection had been perceived by the girl between the deaths and her anxiety over school. However, death brought many of her smoldering problems near to the surface. An angry, jealous feeling about the 'stupid' adolescents in her class was clearly a displacement of jealousy and death wishes created by the arrival of a sibling. She was consciously aware only of her strong wish that the baby should never be hurt as she had been. This narcissistic wound was the more intense because she had been encouraged to exhibitionistic display of her intellectual precocity by her mother before the birth of the new child.

After these deaths the girl had many dreams of running around the bedrooms at night, either pursued by mutilated frogs or finding people dying in bed. She had been permitted to sleep intermittently in her parents' bedroom until age eleven when she had anxiously screamed out to the parents during their coitus, 'Dad, what are you doing to Mother—what's happening to her?'. He explained that Mother was choking and he was removing something from her throat.

With her phobia she had developed an extreme aversion to social studies, because, she said, the American Civil War was being taught. She could not read *Uncle Tom's Cabin* and, although she loved the theater, she refused to see a play about Abraham Lincoln. In initial sessions with me she reverted often to the fact that she could not tolerate the Civil War 'because the teachers tell you stupid things about it and not the real truth'. The girl now tried hard to be a vegetarian and 'choked' when her mother forced her to eat meat. Moreover, she actually

'choked up' with tearful rage at having to learn school subjects under duress. At times during her sessions, with clenched fists and tears, she would suddenly cry out, 'They can't force me to learn about the Civil War; there's no authority that can force me to learn anything'. When her fury abated she would start to fantasize about the innocence of childhood which, she said, she had never possessed. She associated 'civil war' with family fights and dreamed that her mother, an anonymous lover, and the daughter were all in a slaughterhouse. These associations showed that the Civil War had become a screen for the experience of the primal scene. She felt that she had been compelled by her excitement and horror to watch and thus had lost her innocence. Social studies was the beginning and focal point for protest against any knowledge the school authorities included in the curriculum, but the protest spilled over into other fields as well.

When it became clear that no one could get her to return to school by any means (her mother had resorted to hitting her), the school psychologist gave her a last chance to 'make her own choice to return to school'. He reported to me his attempt to 'show her realistically how illogical she was being'. He told her that she was punishing her mother by hating school and that there was no reason to think she would not soon hate and avoid the therapeutic relationship she was presently willing to enter with me. He explored with her all her fantasies of self-inflicted injuries that might keep the attendance officer away, such as jumping out a window and breaking a leg. He made no reassuring comments, however, when she asked him if it were true that she might be dragged to school against her will by the truant officer. To this he maintained a neutral silence. At my next interview with her she repetitively sought reassurance about the illegality of physical force on the part of truant officers. From her talk with the psychologist she had concluded that the school would sanction physical force to get a student to school; indeed, she had got little else from what he had said.

The school then requested psychiatric consultation for sus-



pension. The girl anxiously insisted on seeing the psychiatrist without her parents, but when she appeared for her appointment alone and late (because of her mother's carelessness) the psychiatrist wanted to know where her parents were. The girl felt that the psychiatrist was annoyed. She replied that her mother was waiting in the car because she wanted to speak to him privately. According to the girl, the psychiatrist said angrily, 'You're not a child of gypsies. You have parents and must bring them with you.' She felt that she was then dismissed abruptly.

This encounter ignored one of the girl's most urgent needs—to appear to be able to separate from her mother. Her oft-repeated, almost compulsive cry, 'I'm not my parents' child! I'm not their daughter! I'm their friend!' was a poorly conceived rationalization to help ward off fusion with her mother, whom she perceived as dangerous. Her very appearance (long hair, unkempt and startling in color) and tardiness seemed to proclaim to the psychiatrist her wish to be a wandering gypsy of unknown origin, not bound by time or place—a wish seemingly understood by the psychiatrist, who verbalized it for her with annoyance: 'You are *not* the child of gypsies'.

A home tutor, with uncanny intuition, picked the subject she could tolerate least, giving her much reading on the Civil War and extending the time of her work on this subject. When I explained to the school psychologist that it was precisely this subject that should receive as little attention as possible, he answered angrily, 'I hate to put down a good teacher who does his best with nonconventional methods to create a different approach. All we get anyway is complaining from the mother and kid.' Gone, momentarily, was any understanding of what I had been trying to explain. The ranks were closed: school psychologist and teacher 'trying their best' and getting not thanks but complaints. The psychologist added that he might lessen emphasis on the subject content but would never change the teacher no matter how she might dislike him. No one had informed him of this dislike, but he had sensed it and refused to make any concession.

We have, in short, an overly polite girl, heretofore on the honor roll, always well-behaved in school, stirring up manifold anger in most of the people who were trying to help her with an emotional problem. What is more, the authorities seemed to have the knack of attacking her where she was most vulnerable.

Why is the child with school phobia met with such antagonism? The answer seems to be that the inordinate suppressed rage of the child triggers an overt, though mild, rage in school personnel and psychotherapists. The likelihood of this reaction in those working with such children should be recognized if it is not to be detrimental in management of the problem. The sudden attack of school anxiety, with its manifest infantilism, at once undoes the good school record and the good behavior of the child. It seems to act as an unconscious threat to the adults, showing as it does the power of the unconscious in regression to the anal-sadistic level. The good child becomes wilful, stubborn, recalcitrant, and impervious to reason, and he upsets the rule of secondary process thinking so highly prized in school and in the adult world. Thereafter child and school join forces in pretending that this is a school problem to be solved in school. Although school personnel often talk as if they understood such concepts as the displacement and projection so prominent in phobia or the idea that neuroses should not be treated symptomatically, all this is forgotten when school phobia presents itself.

Melitta Sperling<sup>1</sup> points out that 'the precipitating events that touch off the acute anxiety, manifested in school phobia, are always events that unconsciously are interpreted by the child as a danger to the mother's life and his own life' (p. 507).

Mother and child have, moreover, a somewhat symbiotic relation and displacement of their struggle to the school also carries with it the overt and covert rage common to such relations. It is this displaced rage, lurking beneath the child's fearfulness, that induces countertransference anger. This countertransference hostility is particularly evident when school

<sup>1</sup> Sperling, Melitta: *Analytic First Aid in School Phobias*. This *QUARTERLY*, XXX, 1961, pp. 504-518.

phobia occurs in girls who have recently menstruated for the first time. It is the task of the young adolescent girl to defend herself against the recrudescence of phallic strivings toward the mother and other impulses that may struggle for expression at menarche. The girl with school phobia, because of an unusually close but troubled relation with the mother, has a greater struggle at this time to ward off her attractiveness and verbalizes more clamorously the need to separate from her. The school phobia permits continuance of the close relation, while the extreme hostility shown their mothers by these adolescents when at home is proof to them of their 'independence' of mother. This wish to leave and inability to get away, while most apparent in my adolescent patient, also existed in the others. One of the little boys made several attempts to run away from home although at school he demanded mother's presence. School personnel almost seem willing to continue the much-needed yet hated role of the mother who misunderstands but with whom the child is enmeshed. By attempting to get the student to accept school one way or another (for instance, by modification of the school program) during the bouts of anxiety, the school assumes the role of the overpowering mother who insists on manipulating the child. The school thus becomes a frightening place for him because of the reactive anger of the authorities as the student rejects one modified plan after another. More than this, it is as though the personnel understand unconsciously the primitive aggression of the child's fantasies and stimulate it by such suggestions as 'Drag her on her knees', 'A good spanking would be helpful', or 'You are not the child of gypsies', as well as by hinting that the school authorities may themselves act out the child's violent fantasies (the psychologist would not deny that truant officers might be permitted to be violent).

Work in schools—or indeed any work with children—may attract adults who enjoy sadomasochistic relationships. For such gratifications the child with school phobia is unconsciously singled out because of his thinly concealed rage, and he is placed in the feared situation long before he can tolerate it without

damage. Harm is done to the personality by so treating the child. If, instead, his unconscious mechanisms are worked through, not only is the child helped but the community is enriched by one who usually has much to contribute to it.

### SUMMARY

The hostile countertransference manifested by some school personnel toward children with school phobia is provoked by the thinly covered sexual and aggressive drives of the child. Such personnel are led by their own sadomasochistic impulses to re-enact in the school setting the sadomasochistic aspects of the relation between mother and child. The hostile response to the school phobic that forces him into the feared situation is masked as 'realism' and prevents proper treatment of the pathological unconscious processes in the child.

## Franz Alexander 1891–1964

Leon J. Saul

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## FRANZ ALEXANDER

1891-1964

Franz Alexander's build was somewhat like that of Babe Ruth. He loved skiing, tennis, and golf. An athletic vigor and sharpness permeated his thought, gestures, and speech, and shone in the twinkling of his eyes. One morning, in a paralyzing blizzard in Chicago, he came to the Institute on skis. The walls of his living room were completely filled with books, and they reflected the breadth and depth of his interests. From earliest childhood his divers interests were encouraged by his father, a professor of philosophy who had a keen appreciation of science and its history and development. Franz Alexander was a warm and generous host and one quickly sensed that he had been a loved child for he radiated ease, confidence, and security in his social relations. His sister, Lila, adored him and he spoke of her and his younger brother with affectionate admiration. Born in Hungary, he married Anita Venier, a painter with an unusual touch and authority, and they had two daughters, Sylvia and Kiki. He was devoted to his family.

Alex, as he was affectionately known, relished the amenities; they were part of his natural zest for life. He enjoyed good food, good books, good company, good conversation. By the time he was forty he had achieved such a degree of object interest that his enthusiasm was roused by almost every conceivable topic—history, the physical sciences, the history of philosophy, the mechanics of the golf swing, the latest art exhibit or movie or humorous story, or how Norbert Wiener could learn Japanese in only a few weeks. He was 'unbelievably good', as Franklin McLean put it before inviting him to the University of Chicago. One might paraphrase the Scottish saying: Where Alexander sat, there was the head of the table. This was a natural, unconscious response of people to his knowledge, insight, intellect, humor, and judgment. The transition from Eastern Europe—where to be seen at work in the afternoon was a disgrace—, to

the bustle of Chicago—where not to be working was shameful—was not an easy one. And at ‘The Gypsy Camp’, over chicken paprika and Tokay, to the ardent strains of a Hungarian trio, we could feel how this was to the Hungarians ‘another planet’.

A fortunate combination of intellect and man of action, Alexander came into psychoanalysis through the physical sciences. He was the first graduate of the Berlin Institute, where his training analyst was Hanns Sachs. Later Freud invited him to Vienna as his assistant, and at the same time he was invited to Chicago. Many of his colleagues could not understand why he had any indecision about accepting Freud’s offer. He related that he had had a dream of leaving and when he awoke decided that, nearing forty, he must choose independence and leadership. He remained close to Freud, visiting him every summer, seeking his advice and reporting on developments in the United States. Many Europeans, said Alex with a twinkle, still thought of Chicago as a Fort Dearborn with Indians and gangsters prowling the streets.

Psychoanalysis in all its aspects became Alexander’s life. All his cultural knowledge was grist to the mill. Master of psychoanalysis in all its areas, Alexander kept up-to-date in its various applications—not only in psychosomatic medicine, of which he was perhaps the chief founder, but in the social and biological sciences and academic psychology; he mastered the relations and contributions of imprinting, conditioning, learning theory, and the like, to psychoanalysis. Seminars on literature and humor, discussions of current events were all used for practice in reading the unconscious. In seminars French and Alexander would engage in heated controversy, but on a high academic level and with good fellowship; then everyone would adjourn to a nearby restaurant for dinner. The Menningers from Topeka, Levine from Cincinnati, John Benjamin from Denver, and many others came for training at the Institute and enriched it. Whether in research seminars, in teaching, or in administrative meetings—in small groups or large—Alex was always the warm host, putting others at ease. Perhaps most striking was his sense of



reality and ability to penetrate to the very heart of the matter.

Independence, productivity, and leadership arouse hostilities in some people. But Alexander had the rare quality of sympathetic understanding toward all, including those hostile to him.

He was completely loyal to Freud. 'Of course I am cautious in any developments in my observations and thinking in psychoanalysis', he told me two years ago, 'after those years in close contact with a genius'. I once saw a postcard that Freud wrote to a man who had asked him to recommend an analyst in this country. Freud referred him to 'Dr. Franz Alexander, my best pupil in the United States'.

Franz Alexander was seventy-three, but looked little more than fifty-three. He had had two mild coronaries the year after our entry into World War II, but when he died was still on the high plateau of his professional powers. He golfed regularly, and in Puerto Rico only a few months ago he did not miss a party. With his usual zest he was anticipating presenting psychoanalytic papers in the next few weeks—his name was already on the published programs. But one day he felt tired, soon suspected pneumonia, and consulted a physician. A few days later, at home, he was stricken and died in an ambulance on the way to the hospital. His diagnosis of pneumonia was correct. Fortunately for us, he had completed his history of psychiatry, which we can expect will use much of his life's wisdom. For Franz Alexander was outstanding in psychoanalysis as therapist, teacher, researcher, writer, leader, statesman. And he was a warm and loyal friend.

The finest tribute we can pay him is, I believe, the one we should also pay Freud—cease classifications and labels of analysts and their contributions as freudian and neo-freudian, orthodox and liberal, and the like; for all of these terms can be used to depreciate others and for political purposes; they confuse and prejudice students and the public, and injure everyone. Let us honor Freud by treating his work as a science, by using reality alone as our standard, just as Freud did. And let us judge Alexander's contributions in the same way, by the standards of

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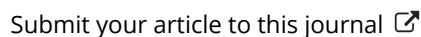
science—that is, by testing them against reality. Theory, insisted Freud, is superstructure; the foundation is reality, observation. This Alexander carried on with outstanding energy, productivity, and constructiveness, *sans peur et sans reproche*.

LEON J. SAUL, M.D.

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**William F. Murphy**

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## FELIX DEUTSCH

1884-1964

When Felix Deutsch died on January 2nd at the age of seventy-nine, psychoanalysis lost a brilliant pioneer with an inherent talent for teaching and creative writing that was made use of continually to the end of his life. He was a kindly, sensitive man of dignified mien, a fascinating teacher, and, above all, a tireless and original thinker. A steady flow of papers and books, translated into many languages, earned him fame in many areas outside as well as within the field of psychoanalysis. He was never a learned recluse, but rather actively participated in the training program and affairs of the Boston Psychoanalytic Society where he served as President for several terms. His medical talents in both clinical and psychological spheres were equaled only by a talent for æsthetic appreciation which led to a profound knowledge of music and painting; he played the piano charmingly and while vacationing on his farm in New Hampshire enjoyed painting in oils. In his younger days he was actively interested in sports and played tennis up to the age of fifty. The family bond to his wife and son was a particularly close one, but his devotion to them never excluded a warm friendship with many colleagues and students.

Felix Deutsch was born August 9th, 1884, in Vienna. At twenty-five he was graduated from the University of Vienna Medical School and then interned for one year at the Wiedner Hospital in Vienna. At this time his interests focused mainly on internal medicine for which he was trained at the University Clinic in Munich and the Obersteiner Institute for Brain Research in Vienna. During this period he met and married Dr. Helene Rosenbach. Their son, Martin, is now a professor of physics at the Massachusetts Institute of Technology.

In the early years of his medical practice, Dr. Deutsch was an associate clinical professor of internal medicine at the University of Vienna and Freud's personal physician. He became

increasingly interested in the psychological aspects of medicine and was analyzed and trained at the Vienna Psychoanalytic Institute. This was a happy time of tremendous activity and intellectual stimulation, as new discoveries in analysis followed one another in rapid succession. Felix Deutsch was one of the first to see the importance of a liaison between clinical medicine and psychoanalysis. Although he had an eager curiosity and penetrating concern in many areas of psychiatry and psychoanalysis, his main interest was always in psychosomatic problems. The cruel political events of the early 1930's deprived him of a brilliant career at the University of Vienna. In 1933 he came to this country for the first time and read a paper before the New York Psychoanalytic Society, *Studies in Pathogenesis: Biological and Psychological Aspects* (This QUARTERLY, II, 1933). This paper contained the seeds of many others to come. The warmth of his reception in New York and the regard he inspired here were such that in 1935, as the shadow of the Nazi party rose above the horizon, Felix and Helene Deutsch came to this country to stay. A period of acclimatization followed during which he accepted a research fellowship in psychiatry at Harvard, took his Board examination in psychiatry, and lectured at the Boston Psychoanalytic Institute. From 1939 to 1941, he was associate professor of clinical psychosomatic medicine at Washington University, and was busy commuting between Boston and St. Louis. From 1942 to 1948, he directed a psychiatric clinic maintained by the Boston Psychoanalytic Institute. In 1947 he became a senior consultant at Cushing Veterans Administration Hospital, and embarked on a resident-teaching program.

In reviewing his achievements, it is apparent that in addition to his psychosomatic studies one of Felix Deutsch's main contributions to clinical psychiatry was his success in applying psychoanalytic theory to the interview. Always an investigator of meaning, he searched continually for the motivating forces that rule men's destinies and he taught his students how to find them in everyday speech. He had an extraordinary ability

to link what appeared to be a series of unrelated historical details and then convincingly prove the soundness of his constructs during an interview. His expositions of psychoanalytic and psychosomatic principles were marked by a serene clarity enlivened by dramatic comment, quaint phraseology, and incisive illustrations. An ever-increasing number of medical students, psychiatrists, and people in associated disciplines came to hear him. In 1952, the growing demand for his teaching forced him to expand his activities to include the Boston Veterans Administration Mental Hygiene Clinic and, a few years later, he added to his busy schedule the Massachusetts Memorial Hospital of Boston University where he was made an honorary professor. He was also a visiting professor at the Smith College School of Social Work from 1942 to 1950.

In 1954, a special meeting was held by the Boston Psychoanalytic Society to celebrate the seventieth birthdays of Felix and Helene Deutsch. This event was an affectionate tribute from colleagues, students, and friends to these colorful and beloved personalities.

No account of Felix Deutsch can omit a richly deserved mention of his wisdom, profundity, personal integrity, and the self-sacrifice involved in his teaching within and outside the Boston Psychoanalytic Institute. His students could always rely on his loyalty and sincerity, and he always encouraged research in younger colleagues. Many generations of psychiatrists and psychoanalysts will derive guidance and stimulation from his writings. It will be difficult to become reconciled to our loss.

WILLIAM F. MURPHY, M.D.

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## BOOK REVIEWS

AUF DEM WEG ZUR VATERLOSEN GESELLSCHAFT. IDEEN ZUR SOZIAL-PSYCHOLOGIE (On the Way to a Fatherless Society. Ideas on Social Psychology). By Alexander Mitscherlich, M.D. Munich: R. Piper & Co. Verlag, 1963. 499 pp.

Alexander Mitscherlich, Professor of Psychosomatic Medicine at the University of Heidelberg and Director of the Psychoanalytic Institute in Frankfurt, has undertaken a tremendous task in writing this book, an outgrowth of his experiences as psychoanalyst and suffering observer of what happened in Germany. In 1949 and again in 1960 Dr. Mitscherlich published collections of documents demonstrating the horrible acts which a number of physicians, men of high academic standing, had committed during the Hitler regime.<sup>1</sup> His present work investigates certain psychological effects of industrial mass society and conditions that make it possible for cultural and moral norms to break down to such a degree. The title of the book shows the influence of Paul Federn, who in 1919 published a paper, *Zur Psychologie der Revolution: Die vaterlose Gesellschaft* (On The Psychology of the Revolution: The Fatherless Society).

Mitscherlich applies modern biology, social science, and psychoanalysis to understanding present-day man in Western civilization. A review can only attempt to present the main theme. Man, he says, a newcomer in each of his cultures, does not come into this world with an inherited pattern that determines his behavior toward his environment. In contrast to animals, governed by instincts, man has no inborn steering mechanism for his drives; control must be learned from his group in the manner specific to it. Birds of passage orient themselves by inherited abilities but we need for this purpose to acquire knowledge accumulated by many generations. This means that man depends on his environment to learn mastery of his drives and must accept its solutions. The natural sciences demonstrate the development of life from primitive forms to the stage in which life becomes conscious of itself. This develop-

<sup>1</sup> Mitscherlich, Alexander and Mielke, Fred, Editors: *Medizin ohne Menschlichkeit. Dokumente des Nürnberger Ärzteprozesses* (Medicine Without Humanity. Documents of the Nürnberg Doctors' Trial). Frankfurt: Fischer Bucherei, 1960.

ment of the scientific understanding of man's evolution and his infinitesimal place in the universe has made increasingly difficult the projection of responsibility on an anthropomorphic god, a kindred being. There remains the question how mankind can get along without its group-specific social order (the family structure with paternal authority) in the enlarged scale of the modern world. What form will society take in a society not controlled by a mythical father or his earthly representative? Drive forces are increasingly released, set free from traditional protections. It is true that evolution unfolds at the same time the forces of consciousness; but the question remains whether these forces of conscious reasoning can replace the former authorities and take over control of the released instinctual drives. For many people the loss of a secure world order means such a disappointing and anxiety-producing experience that they try to escape from it by regressing into irrational attitudes.

But Mitscherlich's main argument is that the evolution of modern industrial mass society has reduced the role of the father (not only the mythical father) to such a degree that he has become 'invisible'. This effacement of the father image is inherent in our civilization. Work, as industry has become more complex, becomes so fragmented, so devoid of life, and so incomprehensible to the child's mind (compared to older forms of handicraft or agriculture) that the image of the father as worker disappears. In former stages of society the means to master life passed on through the generations. The father's place in his work and social life could become an understandable model. This process of learning from the father as part of education used to be taken for granted; a problem arises if life and work undergo constant revolution and the former style of life disappears. As visible paternal instruction by example is lacking, youths orient themselves by each other's example. Nor is the state any longer the father; a deeper dependency develops—'one leans upon it [the state] as upon a mother goddess with countless breasts'. Individual initiative has less and less chance, which contributes to an oral regression.

The theories of science in the last few decades, incomprehensible to most people, reduce man's role and image of himself in the universe. This weakening of anthropomorphic concepts should have strengthened rational and conscious thinking; but here the 'disappearance of the father' is of decisive consequence because with-

out an inner security derived from this model, the greater insecurity of the new world view is difficult to endure. This weakening of the father image of the growing child in the family and religious world view is repeated in his experience of society's power relations which become increasingly anonymous, impersonal, and hard to perceive. Industrial development leads to division of control, power is exercised, but no identifiable individual exercises the power. 'The fatherless child [also, increasingly, motherless] grows into an adult without masters; he exercises anonymous functions and is governed by anonymous functions.' One has no live image of power relations.

Thus industrial development weakens the child's father image, and when he is grown up he experiences the fatherlessness for a second time in the social and ideological sphere. Modern mass movements are discharges of tensions created and not resolved by these developments.

Mitscherlich's suggestions for raising children are of general nature and do not brighten the rather gloomy landscape of his work. He advises guiding the child toward critical consciousness. He believes that the survival of a humane order depends on the solution of this task.

In his arguments supporting his main thesis the author touches upon many problems. Interesting are his remarks about the leader of the masses who at the same time promises and threatens. He does not really replace the father, but rather becomes the imago of a primitive mother-goddess. 'He himself acts as if he were superior to the conscience and provokes a regressive attitude of obedience and sponging which belongs to the child in the preœdipal phase.' The responsibility remains with the leader. Goering said, 'I have no conscience. My conscience is Adolf Hitler.' If the leader fails, he is simply abandoned and extinguished from memory.

The main thesis of the author leads essentially to questions of identification. No superego ties characterize the identifications in modern society; the masses are bound together through identification in their id wishes.

Mitscherlich comes to the conclusion that the regressive adjustment to social changes is noticeable on all levels of society. It is a necessary task to explore the mutual effects of social conditions and affective responses. His work is significant as one of the rare serious attempts to use the tools of psychoanalysis for an understanding of

changing society and the impact of these changes on man's psychology. There is no doubt that the character of our patients has changed since Freud wrote his case histories, but our literature has thrown little light on this problem. And while Freud contributed so much to understanding of the civilization of his period, psychoanalysis has not contributed much to understanding of the present age, and of such problems as the growth of delinquency or the intellectual despair in cultural circles. The 'discontent in our civilization' has aspects other than those it had in the period when Freud wrote. Mitscherlich's effort is a step in the direction psychoanalysis must take to maintain its significant place in a changing civilization.

HENRY LOWENFELD (NEW YORK)

**SLEEP AND WAKEFULNESS.** By Nathaniel Kleitman. Revised and Enlarged Edition. Chicago: The University of Chicago Press, 1963. 550 pp.

Sleep and Wakefulness in its new edition brings up to date the book first published in 1939. It is simultaneously a scholarly monograph and an encyclopedia with an impressive bibliographical list of 4337 items, almost entirely of papers and books that deal with the physiology of sleep and states resembling sleep. Notably included are many references to papers on the physiology of sleep and dreaming by Kleitman and his co-workers, most of which are widely known. In the long list psychoanalytic authors are represented too, though not extensively. Indeed, oddly, the little booklet here called *Dream Psychology—Psychoanalysis for Beginners* is the sole reference given for Freud himself, although Federn, Charles Fisher, Garma, Isakower, this reviewer and some others are given several references.

The text arises as if from this extensive reading, and the excellent list shows the page on which the work is mentioned or discussed. The book attempts a comprehensive and critical survey of the phenomena of sleep and states resembling sleep, and the thirty-six chapters are arranged in eight large divisions: 1, Functional Differences between Sleep and Wakefulness; 2, Course of Events during the Sleep Phase; 3, Periodicity; 4, Interference with Sleep and Wakefulness; 5, Spontaneous Changes in Sleep-Wakefulness Rhythm;

6, Means of Influencing Sleep and Wakefulness; 7, States Resembling Sleep; 8, Theories of Sleep.

The psychoanalyst and the psychiatrist will find much of general interest and much that comes close to his own special interest. There are chapters on the work done on motility during sleep, dreaming (with relevant EEG and eye motility studies), the depth of sleep, the duration of sleep, and awakening. One chapter deals with the deprivation of sleep; in others there are discussions of pathology, narcolepsy, cataplexy, encephalitis lethargica, hypersomnias, hypsomnias, and other sleep abnormalities, as well as hibernation, hypnosis, sleepwalking, sleep talking, etc. This partial list indicates the scope of this remarkably condensed text.

In his discussions, Kleitman is cautious but convinced. He rejects Pavlov's idea that 'sleep is a generalized cortical inhibition' and dreaming a partial one. Kleitman states that 'dreaming may be considered a crude type of cortical activity associated with a recurrent appearance of stage 1 EEG in the course of a night's sleep. . . . As such, dreaming need not have a special function and may be quite meaningless. The effects of dream curtailment, discovered by Dement, may be due to interference with an acquired habit.' (His analogy is the cutting off of the supply of sweets if one has a craving for them.)

As is well known, Kleitman distinguishes between 'primitive' sleep such as that shown by anencephalous children with its characteristic period, and the later 'monocyclic' sleep that involves the cortex and shows the effect of maturation and 'acculturation'. 'Advanced sleep with dreaming is as inevitable a consequence of cortical development as is advanced wakefulness with thinking. Teleological explanations are as superfluous for one as for the other. . . . In sum, according to evolutionary theory, in man the innate two-to-one polycyclic alternation of dreamless sleep and primitive wakefulness is a subcortical, probably mesodiencephalic, function, and the individually acquired one-to-one twenty-four hour rhythm of sleep with dreaming and advanced wakefulness is a cortical function.'

For Kleitman dreaming is meaningless; he has resolutely excluded all teleology and has essentially adhered to Aristotle's statement that the dream is a form of consciousness. Dreaming is only like thinking; its content similarly is not part of the 'objective' world that Kleitman's method defines and delimits epistemologically. He

is uninfluenced by Freud's various ideas and distinctions and for this reason can say that 'the study of dreams is ancient lore, and whereas astrology had long ago given way to astronomy, concerning dream knowledge and understanding moderns are not much further advanced than the ancients'. He hopes to substitute 'objective' methods of study for the study of 'subjective accounts'. Meanwhile people dream and associate to the unreliable accounts, and some of the problems this dreaming raises get some sort of solution. Teleology too has its victories.

B. D. L.

THE CLINICAL USE OF DREAMS. By Walter Bonime, M.D. New York: Basic Books, Inc., 1962. 343 pp.

In *The Clinical Use of Dreams* Bonime describes a therapeutic method of dream investigation derived from Horney, Robbins, Sullivan, and Fromm. An introductory chapter, *The Dream in the Therapeutic Situation*, deals with technique and eleven succeeding chapters with special aspects of dream analysis. Particular attention is given to symbolism, anxiety, feeling, sexuality, interpretative activity, and the place of the analyst in dreams. There are chapters on *Introductory Dreams* (describing the use of initial dreams in introducing the patient to the free-association procedure), on the *Evidence of Evolving Health in Dreams*, and on *Terminal Dreams*.

Bonime places his major emphasis on the 'here and now' and the current state of the relation between patient and therapist. His book contains many clinical illustrations and the dreams are amplified by the author's comments on problems of cynicism and competitiveness in our culture; these comments often color his therapy.

In the foreword, Montague Ullman stresses the originality of the author's treatment of symbolism and feeling in dreams. It is true that Bonime has developed these topics helpfully, as, for instance, in his emphasis on the need for grasping the patient's 'personal glossary' of symbols, but he has not added to what is contained in *The Interpretation of Dreams*. He has indeed discarded much of Freudian theory and, in so doing, has sacrificed the opportunity to reveal the power of dreams to contribute to therapy by unifying present and past, theory and practice, a task so well performed by Ella Sharpe.

There is originality in Bonime's book but it is less the originality of a theorist than the personal account of a skilled and experienced



psychotherapist who, with an unusual ability to communicate his ideas to others, describes what he does and how it works. Because of this, the hope expressed in the preface that his book will be read by workers in other disciplines as well as by those in psychoanalysis may well be realized. This reviewer has already learned from residents in psychiatric training that *The Clinical Use of Dreams* is instructive and helpful in their psychotherapeutic work.

There are few literary references in this book—a fact partially attributable to its essentially clinical character, but one cannot but be struck by the absence from the index of the names of Sharpe, Ferenczi, Rank, Lewin, and Jones.

DOUGLAS NOBLE (WASHINGTON, D. C.)

**BODY, MIND AND THE SENSORY GATEWAYS.** By Felix Deutsch, M.D. with the collaboration of Donald Thompson, Charles Pinderhughes, and Harold Goodglass. New York: Basic Books, Inc., 1962. 106 pp.

The late Dr. Deutsch proposes (as have also Freud and Piaget from different sets of data) that the infant's first awareness of environmental objects begins with the sensory experience of his own body in relation to the object. Thus every perception of an object is 'a composite of very early cathected sense perceptions which were once formed into a body ego. These sensory constellations became fused through partial identification with sensorially perceived parts of other objects qualified to represent the ideational image of a mother or father, woman or man.' If this is so, then 'any sensory signal must by necessity reach down to early memories, since sensory impressions belong to the first objectless sources of psychic development. They are the sensations of that pre-ego period before strong defenses (superego forces) are developed. All sensory stimuli—external and internal—lead to memories of object relationships on a pregenital and primary narcissistic level. These stimuli trigger memories of these relations on a preverbal level.' This hypothesis, says Deutsch, can be applied in his method of 'associative anamnesis'. 'Objectless sensory stimuli initiating the interview should pierce the unconscious at an instant when the defenses against tabooed object relations are not thoroughly alerted.'

Deutsch examined his hypothesis by carrying out six associative anamneses with four patients, using different initial sensory stimuli.



These included noisily pushing aside an ashtray, lowering the room temperature, use of a stuffy room with one patient, a bad smelling room with another (odor of cat feces and ammonia), and a darkened room with yet another. One patient was subjected to three interviews by three different investigators, using an odor, cold, and darkness in that order as the sensory stimuli. All of the patients were neurotic men between the ages of twenty-five and thirty-eight of working class background who were being cared for in a Veterans Administration facility. All interviews but one were tape recorded and transcribed in full in the text. Notable in the technique was that the interviewer in an offhand way called attention to the sensory stimulus in his first or second comment to the patient.

The interviews, transcribed from tape recordings, appear to show that the sensory stimulus influenced the content and flow of the associations, but this impression must be tempered by the fact that the interviewer also frequently re-enforced both content and flow by responding more actively to such associations and by repeatedly calling attention to the sensory stimulus. That the sensory stimulus actually facilitated and accelerated development of the associations that revealed the unconscious meaning of the symptoms in each case is therefore not in fact verifiable from the text. Nonetheless, the authors pronounce it as 'obvious'. It may be that they are correct, but unfortunately the design of the study does not permit a conclusion.

How does one establish the validity of psychoanalytic concepts? Most psychoanalytic situations are hardly experimental in the proper sense of the word and hence cannot be subject to the usual tests of reliability and validity. For the most part we are constrained to rely upon the consistency with which a phenomenon occurs in the course of psychoanalytic work, clearly not so much a statistically verifiable datum as a weighted clinical impression. A judgment that a fact is 'obvious' cannot be discounted simply because it has not been subjected to some methods of experimental or controlled verification, but this cannot justify failure to apply such tests when they are possible. In the present study, for example, there are a clearly stated hypothesis and a deliberate attempt to set up an experiment to study it. It is here that the fine psychoanalytic talents of the authors prove insufficient, for they fail to meet even the most elementary requirements of the well-conceived experiment. Indeed, they stop where the good investigator would have begun—that is,

after the preliminary observations had appeared to yield results in keeping with the hypothesis. At this point the well-equipped investigator would have proceeded to design the study in such a way as to control those variables capable of being controlled, while sharpening the definition of the questions to be posed. How can one make a comparative statement about the speed and depth of penetration into the unconscious of a sensory stimulus without providing some basis for comparison, as, for example, by using interviews in random order in which the stimulus is remarked upon by the interviewer, not remarked on, or absent? Conditions of the subjects before the interviews, standardization of the stimuli, criteria for 'speed and depth of penetration into the unconscious'—must not these and other questions be taken into account?

My criticism is not so much that the authors did not meet these scientific requirements, but rather that they report their conclusions as if they had. At the same time they are to be commended for publishing the complete transcript of five interviews, thus giving the reader the opportunity to make his own judgment of the quality and meaning of the data. This reviewer found them to be consistent with the hypothesis but hardly to constitute proof. Also to their credit the authors did not hesitate to test the psychoanalytically derived hypothesis on patients not in analysis, thus adapting the method to meet the requirements of the problem, rather than vice versa. The insistence on adhering to a pure psychoanalytic technique and setting when examining a psychoanalytically derived hypothesis has not always been the most fruitful way of proceeding.

Read as a proposal for further research this book has much merit but as a demonstration of the validity of the authors' ideas, it leaves something to be desired. Perhaps an analyst conversant with experimental design in behavioral research will take up the challenge and pursue further these interesting ideas, which remain unverified in the present work.

GEORGE L. ENGEL (ROCHESTER, N. Y.)

EXPRESSION OF THE EMOTIONS IN MAN. Edited by Peter H. Knapp, M.D. New York: International Universities Press, Inc., 1963. 351 pp.

This volume, based upon a symposium at the American Association for the Advancement of Science in December 1960, is first con-

cerned, in Darwinian tradition, with origins. The second group of papers considers the levels at which emotional phenomena can be specified clinically. The third group is a synthesis of the material. The volume is well organized, the papers well written.

An experiment with the associative anamnesis described by Dr. Felix Deutsch will capture the interest of the clinician. Interviews with sensory stimuli impinging on both patient and interviewer are studied and discussed by the various participants who arrive at widely divergent opinions. Study of the interview at the lexical and linguistic level yields a different order of information from that derived from kinesic or visceral levels. The conclusions arrived at by clinical observation are at variance with those from different disciplines, and the conclusions of the clinicians themselves differ. This reviewer is in accord with Dr. Colby, who says that the psychoanalyst will become more firmly convinced that the human being can be studied only as a person.

MORRIS W. BRODY (PHILADELPHIA)

**PSYCHOGENIC PSYCHOSES.** A Description and Follow-up of Psychoses following Psychological Stress. By Poul M. Faergeman, M.D. Washington, D. C.: Butterworth, Inc., 1963. 268 pp.

The concept of psychogenic psychoses, alien to American psychiatric thinking, has been intensively studied and debated by European psychiatrists for more than fifty years. Psychogenic psychoses include what we should label severe reactive depressions, reactive disorders of consciousness (such as stupors, delirium states, and states of depersonalization), hysteria, and, in many instances, traumatic neurosis. The concept is not equivalent to 'functional psychoses'. Schizophrenia and manic-depressive psychosis are not included among psychogenic psychoses and have to be differentiated.

Faergeman has clarified the concept, which he believes valid, by bringing to the problem his rich clinical experience, his familiarity with the Anglo-American and European literature, and, above all, his psychoanalytic training and experience. Although interested in refining nosology, he eschews phenomenologic hair-splitting and preoccupation with questions of mind versus body. Psychoanalytic theory, particularly the concept of predisposition to neurosis or psychosis because of specific unconscious conflicts, is shown to be

essential to understanding the multitude of clinical manifestations that are precipitated by the relatively few types of experiences of stress. The abundant and well-presented clinical evidence strongly supports Freud's concept of the complementary series: 'As is the case for epileptic seizures, so too for the psychogenic disorders the constitutional and acquired dispositions are inversely proportional to the environmental stress factor'.

The historical, clinical, and comparative psychiatric content of this book will be of interest to psychiatrists and psychoanalysts in general. Because of its psychoanalytic content one hopes it will have wide circulation among European psychiatrists.

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

SCIENCE AND PSYCHOANALYSIS. Vol. V. Psychoanalytic Education.

Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., 1962. 332 pp.

The fifth publication of the Academy of Psychoanalysis compiles the proceedings of a symposium on psychoanalytic education which took place in 1961. In striking contrast to *Psychoanalytic Education in the United States* by Bertram D. Lewin and Helen Ross, which limited itself largely to a factual survey, this book is replete with speculations and recommendations relative to the future of our discipline. It contains proposals to the effect that psychoanalysis be revitalized by infiltration with the concepts and methods of other disciplines, that it be reorganized under different auspices, and that it be fused with other forms of therapy.

The theoretical papers that constitute the first part of this volume are concerned with education in a broad context. The authors consider the benefits that might accrue to psychoanalysis as a science from a scholarly study of its own history, from a wider acquaintance of psychoanalysts with recent advances in evolution, genetics, and physiology of the brain, from more critical attention to normative issues, and from the use of alternative psychological models.

Recommendations for reorganization run the gamut from proposing affiliations to suggesting their implementation. The variations on this theme which find expression point up the dissonance that can result when the disciplines clash. For example, some of the

authors bring strong arguments for the integration of psychoanalysis within 'comprehensive medicine'; some present with equal conviction the importance of establishing educational programs which articulate primarily with the behavioral and social sciences. Those papers that address themselves to implementation result in a confusing medley of proposals for organizational changes. Some would abolish institutes, after setting up a six-year medical school program for the education of psychotherapists [*sic*]; others would house all psychoanalytic teaching within a nonmedical university. More conservative champions of the liaison of psychoanalysis with the social sciences state that this could best be accomplished by the loose affiliation of institutes with universities.

In considering technique, widely divergent methods and goals become apparent. One author labels regression to pregenital, pre-conflictual phases of development as 'untherapeutic'. Another author recommends fostering regression to the point of achieving a 'transference-symbiosis'. Social and clinical applications stress sociocultural factors in the treatment of the neuroses as well as in their genesis. One author expresses doubts regarding any correlation between theoretical points of view and therapeutic outcome.

Several papers reiterate the familiar plea for research. Recommendations are made for research into the processes and concepts of psychoanalysis and its educational philosophy; into the therapeutic method and the results of the 'standardized technique' as well as its 'experimental variations'. Directives for such ambitious projects are left largely to the ingenuity of the reader.

In consonance with previous proceedings of the Academy of Psychoanalysis, a guiding principle appears to run throughout this symposium: that change instigated by controversy and innovation will best serve progress in our field. Such an assumption is open to considerable doubt when, as in this publication, controversy takes precedence over clarification of the complex issues involved and innovation is proposed without assessment of the educational program under consideration. Although many of the papers in this volume prove to be well written and thought-provoking, considered as a whole its contents give rise to a basic question. Is the Academy, as the title implies, concerned with psychoanalytic education or with relating psychoanalysis to other disciplines by which eventually it is to be replaced?

HELEN H. TARTAKOFF (BOSTON)

BERTHA PAPPENHEIM: *LEBEN UND SCHRIFTEN* (Life and Works). By Dora Edinger. Frankfurt: Ner-Tamid, Publisher, 1963. 156 pp.

The student of the history of psychoanalysis will be delighted to have this little book on Bertha Pappenheim written by her friend, Dora Edinger. The reader, however, must not expect a psychoanalytic study. There is no new information about her family or her early childhood. Her contact with Joseph Breuer and her importance to Sigmund Freud and the origins of psychoanalysis are mentioned in less than one page, where the author refers to 'the unauthorized publication of the patient's identity as Fraulein Anna O'. Bertha Pappenheim referred only once to psychoanalysis in all her published works. She wrote, 'Psychoanalysis is in the hands of the physician what the confession is in the hands of the Catholic priest: it depends on who uses it and how, whether psychoanalysis is a good tool or a double-edged sword'. Psychoanalytic treatment remained strictly forbidden for any person working with her or for her.

As we already know from Ernest Jones, Anna O remained unmarried. In her long life (1859-1936) she became one of the most fearless, courageous, and untiring workers for the emancipation of Jewish women in Germany. With great energy she fought against white slavery, other forms of prostitution, poverty, and tuberculosis, and for the rights and welfare of women.

There are selected quotations from her books, letters, and reports of her travels, a few poems and prayers, and startling sketches of her own obituary—for example: 'The Jewish community of the world—men and women—could be grateful for her social action. But this they are not. What a pity [*schade*]!' Two charming photographs show 'Fraulein Anna O' as a young woman at the time when she was under the care of Breuer and Freud, and as an impressive, kind, and alert lady of seventy-seven—still of great beauty.

MARTIN GROTJAHN (BEVERLY HILLS)

SIGMUND FREUD: *A NEW APPRAISAL*. By Maryse Choisy, Ph.D. New York: Philosophical Library, Inc., 1963. 141 pp.

One of the penalties of being a genius is that after death many who have known one only slightly will write personal memoirs at-

tempting an interpretation of one's greatness. This seems to be the fate of Sigmund Freud, a fate unavoidable considering the nature of his contribution to mankind, his personality, his long life, and his many contacts with other men.

Choisy, president of the Association for Applied Psychoanalysis, had three analytic sessions with Freud, a treatment then broken off and apparently never resumed with him. On this she bases her 'new appraisal'. She has also read his works, his letters, and his biographies; these are put together with the author's own 'psychoanalytic' and 'philosophic' understandings. What emerges is the picture of a man who only late in life discovered within himself a fear of death which he used to bring forth his theory of death instinct and which, Choisy believes, brought him close to the philosophy of early Hindu thinkers. Choisy presents her evidence that such a fear of death was all-pervasive and existed throughout much of Freud's life. In an effort to deny it he was led first to discover and write of libido and sexuality. Later he came to an acceptance of death and, toward the end of his life, to a way of living with it. Mixed with this thesis is much philosophic and religious discussion which, to this reviewer at any rate, serves only to becloud her presentation.

Choisy gives an interesting account of her approach to Freud's home, her initial impression of him, and the beginning of treatment. The most intriguing part, however, is the point at which her narrative breaks off. She recalls reporting to Freud an incomprehensible dream, which is given in the book, together with a few associations. She then describes how Freud pondered for a few moments, after which he proposed a reconstruction that 'such and such an event happened in your family when you were still in the cradle'. She broke off her analysis at this point, and here she breaks off her narrative, too. We do not know what the reconstruction was; we learn only that she rushed to her home in France, confronted her family, and found that Freud was right. It would be most interesting to know what was put together, but that apparently would be too revealing of personal secrets. Beyond this vignette of Freud's acumen, Choisy had no personal experience with him.

In short, to the psychoanalytic reader, this 'new appraisal' of Sigmund Freud offers little about the man or his genius.

EDWARD D. JOSEPH (NEW YORK)



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EXPERIENCES IN GROUPS AND OTHER PAPERS. By W. R. Bion. New York: Basic Books, Inc., 1961. 198 pp.

This book contains nine previously published articles derived from the experience of Bion (some of it with Richman) in using intra-group tensions in work and psychotherapy groups, first of soldiers and later of patients at the Tavistock Clinic since 1943.

Every group, says Bion, is motivated by certain 'basic assumptions'. The first is 'that the group is met in order to be sustained by a leader on whom it depends for nourishment, material and spiritual, and protection'. The second assumption is the pairing assumption: the group has come together for purposes of procreation, not merely for sexual purposes, but to provide the hope that, through the appearance of an as yet unborn leader (a genius or messiah), the group and its members will be preserved and fulfilled. The third basic assumption is that of fight-flight, 'that the group has met to fight something or to run away from it'.

These ideas are inactively present in all individuals and become active and observable only when a group comes together. They underlie social, organized groups such as the church, the army, and the aristocracy. They are unconscious, emotional, and completely irrational in contrast with the conscious and rational attitudes of the work group. They cause the group to seek a leader—an unborn genius, an idea, a bible, a patient in a therapy group—who will further these basic aims of the group. The leader is also subject to these aims. One basic assumption alternates with another in the unconscious mental activity of the group. Anxiety arises when the group comes too much under the sway of these basic assumptions; it then turns to another leader—the therapist in a therapy group—to guide it back to the rational goals of the work group.

Bion's last chapter attempts to relate these concepts to other psychoanalytic views of group dynamics; he believes that they supplement rather than contradict those of Freud. Freud focused only on the pairing assumption and the more neurotic (the more developed, less regressed) aspects of this as it developed from the relationships of the family. Bion believes his views, derived from those of Melanie Klein, give a more basic and complete view of the dynamics of the mental activity of the group. 'Each basic assumption contains features that correspond so closely with extremely primi-



tive part objects that sooner or later psychotic anxiety, appertaining to these primitive relationships, is released . . . the basic assumption phenomena appear far more to have the characteristics of defensive reactions to psychotic anxiety. . . . it is necessary to work through both the stresses that appertain to family patterns and the still more primitive anxieties of part-object relationships. In fact . . . the latter . . . contain the ultimate sources of all group behavior.'

A main function of the therapist in group psychotherapy is through interpretation to help the group become aware of the interference by the basic assumptions with its work group activity. For example, a woman patient told a group about her fear of choking if she ate at a restaurant and of her embarrassment over the presence of an attractive woman at her table. The group responded negatively, mumbling that they did not feel like that. Instead of interpreting as he would to a patient in individual analysis, Bion pointed out to the group that this response showed their 'anxiety to repudiate that the woman's difficulty . . . was theirs and furthermore [to show] that they were . . . superior to the woman'. These interpretations were not concerned with the individual significance of the woman's anxieties but more with her reaction in the group. They were made to try to help her see that she was having 'disagreeable emotions connected with being the receptor in a group which is resorting freely to projective identification'.

Such an example—and Bion gives others—has many limitations for understanding the complex ideas and relationships involved. A major defect in the book is, in fact, its lack of adequate clinical illustrations. Nevertheless the volume is most interesting and important. Bion is one of the few group therapists to attempt to study, from a truly psychoanalytic point of view, the dynamics of the mental activity of a group. His ideas need refutation or confirmation by additional studies, but he has indicated an approach and a method of studying and treating groups that is psychoanalytic. In this sense, he has made a real contribution to the psychoanalytic approach to investigation of the dynamics of the group.

AARON STEIN (NEW YORK)

**THE FAMILY AND HUMAN ADAPTATION.** By Theodore Lidz, M.D.  
New York: International Universities Press, Inc., 1963. 120 pp.

If the psychoanalyst lives in an ivory tower, this book shows what a splendid vantage point an ivory tower is for viewing mankind

from China to Peru. Not that the author depends on the far-flung researches of the anthropologist or sociologist. Rather, he finds in his clinic, in thorough investigations of schizophrenics and their families, a starting point from which to explore civilizations ancient and modern.

In three lectures, originally given at Tulane University, he concerns himself with the threat of the collapse of whatever social values we have today. He points out what is all too frequently ignored, that the family of yesterday, a cohesive clan consisting of parents, two couples of grandparents, numerous aunts and uncles, and a multitude of cousins, capable of offering impulsive traditional advice and willing unskilled help, is seldom found in the United States today though it persists on other continents. The typical child today is confronted with only two adults, his parents, whose ancestors may have spoken different languages and who are guided and supported by new found precepts and intellectual novelties rather than by other people, since they probably live in an environment of new acquaintances. The need for maturity in such parents is greater than ever before since they must inculcate in their children the adaptability necessary to live with the ever-quickenings variants of life imposed by expanding technology.

And of what does such maturity consist? By demonstrating how children suffer from their parents' inadequacy, the author shows the need for marital partners to form a reciprocating coalition, to maintain the boundaries between their generation and the next, and to fulfil their sexual and sex-linked social roles.

This microcosm of the family is united to the macrocosm of its culture by the words it uses. Following Whorf, the author exemplifies the fact that the specific qualities of a language influence its user's mode of experiencing life—that it 'constitutes a type of social contract unwittingly imposed'. How paramount then is the parents' role in modifying the child's spontaneous babble into sounds that have meaning in his culture, and which elicit desired responses! The schizophrenic, seen as part of his familial matrix, shows how father and mother have hindered adaptation and integration by their unrealistic thinking, whether this takes the form of masking disagreeable situations, inconsistency, rigidity of defenses, or any one of many other kinds of the distorted use of speech.

This sketchy synopsis does not indicate the outstanding charac-

teristics of this small book—its richness, its clarity, its firm clinical basis, and its provocation of new and exciting trains of thought in the reader on nearly every page.

GERALDINE PEDERSON-KRAG (NORTHPORT, N. Y.)

**POSITIVE ASPECTS OF CHILD PSYCHIATRY.** By Frederick H. Allen, M.D.  
New York: W. W. Norton & Co., Inc., 1963. 300 pp.

An interesting retrospective of the child guidance movement in America is found in this book which contains the major papers of the late Dr. Allen, student of Adolf Meyer and founder of the Philadelphia Child Guidance Clinic and for thirty years its director. The papers published from 1929 to 1963 are divided into five sections: Historical Aspects in Child Psychiatry, Basic Principles, Clinical Application of Principles, Training, and The Relation of Child Psychiatry to Allied Fields.

The old problem of the roles of members of the guidance clinic team is discussed in papers written over many years. Dr. Allen points out that proper functioning of the psychologist, social worker, and psychiatrist in the clinic involves a differentiation of function rather than a blurring of these differences. Unfortunately, he does not clarify the differing roles in guidance clinic practice. The idea that the child is central and therefore 'in therapy' whereas the parent receives 'casework' is unconvincing. He states that social workers can be and are therapists, but only when they receive training beyond that in social work.

This volume is worth while for those interested in a historical account of a child guidance clinic and in the thoughts and concerns of a distinguished teacher and writer in child psychiatry.

MYRON STEIN (NEW YORK)

**A READER FOR PARENTS. A Selection of Creative Literature About Childhood.** Edited by Child Study Association of America.  
New York: W. W. Norton & Co., Inc., 1963. 463 pp.

Eleanor Roosevelt as a child told lies 'for a number of years'; little Oliver Wendell Holmes had a phobia of ships and engaged in all

sorts of superstitious compulsions. Parents, and perhaps even children too, may take comfort in the knowledge that these and other 'disturbed' children whom they can learn about in this Reader turned out well after all. They can also learn here all sorts of other things not made clear in the writings of the professionals on childhood and adolescence. James Joyce conveys the eerie quality of two boys' encounter with a soft-spoken, confused old pervert, and Charles Jackson shows the effect produced upon children by the sudden arrival at their house of an unheard-of down-and-out uncle. Harold Brodkey and William Shakespeare portray in very different ways the fierce unhappiness of a child abandoned it seems by those he relies upon to help him meet the alluring terror of first love. . . . How do they know these things so well? Why writers and artists understand psychology so much better than students of the subject (including psychoanalysts) is an unanswered question taken note of by Freud himself. This Reader makes clear once again that they do.

This is a remarkably good book, by no means to be enjoyed only by parents. The selections, which illustrate various times and happenings of childhood and adolescence, come from widely various sources (stories, novels, poems, plays, autobiographies) and are long enough to be satisfying. Perhaps their greatest merit is that they suggest to us where to look for more, and who would have thought of turning to the writings of such people as Charles Chaplin, Jr. or Winston Churchill for delicate portraits of childhood?

Anna Wolf, who always writes well, seems herself to have been touched by the magical sensitivity of the writers in this anthology, and her introductions to the groups of selections are more than ever perceptive and clear,—and sometimes, moreover, unique, for some of them touch upon affairs of childhood not elsewhere written about, or at least not written about nearly so well.

G. F.

**THE BOY WHO SAW TRUE.** With an Introduction, Afterword, and Notes by Cyril Scott. London: Neville Spearman, 1961. 248 pp.

This fascinating little book purports to be the diary of a Victorian boy gifted with the ability to see and talk with spirits of the dead as well as gnomes and fairies, and to see about the heads of persons he meets 'auras' curiously indicative of their psychological states.

These revelations of the occult, though it must be confessed that they carry more plausibility than most such productions, will not recommend the book to psychoanalysts. But it does deserve attention as one of the very few books that convey to us in the child's own words what childhood was like in an earlier time, and it tells us besides what the Victorian child observed and what he thought about matters supposed until Freud to be no concern of his. We learn, for example, about his overhearing a mysterious 'accident' suffered during the night by the newlyweds in the next room at the hotel. He speculates about the nature of adultery and why the maid was so suddenly fired by his parents. Always of such matters he knows nothing, yet somehow implies at the same time full understanding in a different part of his consciousness. Always his style is vivid and so full of a charming and indescribable naiveté as to bring conviction that the diary is genuine.

The boy, who seems to be about nine years old at the start of the journal, shows a taste for anal matters: flatus, 'rude' words, the nature of buttocks. His Sunday School teacher replied to this last question that she had never heard of them, and the same unfortunate lady, cornered by his insistence that she explain circumcision, told him she believed it meant removal of a piece of skin from the baby's forehead.

On November 17, 1885, we learn that,

There is something up with mamma. She has been staying in bed for breakfast. And today when we were in the dining room she was sick in the coal-box because she couldn't get to the closet in time. . . . She is getting all fat about the middle like the Vicar. . . .

December 23. She has got still fatter . . . I can't make it out. . . .

February 10. Auntie Maud has just told me . . . I've got a little sister. . . . 'How old is she?' I asked. . . . 'Why she's only a tiny baby.' 'Oh, I see', said I. 'I merely wanted to know because if doctors bring babies in a bag, why must they be always the same age? Why can't they keep them for a bit like people keep eggs?' And Auntie seemed to think that very funny.

The diarist is, in fact, a Little Hans, minus phobia and analyst but with the same curiosities and the same teasing scepticism. His diary is a most delightful commentary on childhood and on the repressions of Victorian England.

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MODERN CLINICAL PSYCHIATRY. Sixth Edition. By Arthur P. Noyes, M.D. and Lawrence C. Kolb, M.D. Philadelphia: W. B. Saunders Co., 1963. 586 pp.

Psychoanalysts are much involved in the teaching of psychiatry to medical students, residents, and, increasingly in recent years, to general practitioners, pediatricians, and other medical specialists. Moreover, in the expansion of old and the creation of new community psychiatric facilities, we are being subjected continually to overt and insidious pressures for faster methods of treatment not requiring thorough knowledge of psychoanalytic principles or thorough training in psychoanalytically oriented psychotherapy. Indeed it is advocated in some circles that the nation's mental health needs can be met largely by rapidly 'trained' cadres of semi-professional and nonprofessional workers who would be directed and 'supervised' by psychiatrists.

To counteract such regressive blandishments it is most helpful to have a standard textbook of psychiatry that respects the complexity of psychological, biological, and sociological determinants of human behavior—a text that emphasizes the need for thorough training of the therapist before he treats. Noyes and Kolb have given us such a book. It is one of the few textbooks that presents a systematic summary of psychoanalytic theory and the principles of psychoanalytic treatment. Throughout the book the authors indicate the value of psychoanalytic knowledge in the understanding and treatment of any patient. They are most explicit about rigorous psychoanalytic training as a prerequisite to the practice of psychoanalysis.

The volume brings us up to date on valuable contributions in the areas of genetics, biochemistry, and drug therapy. The standard sections on such subjects as psychoses and neuroses are delineated instructively. Commendable too are the handling of the history of psychiatry, the chapters on psychopathology, etiology, and examination of the patient, and the carefully selected bibliographies at the end of each chapter.

A text of this scope cannot possibly cover every subject to every reader's satisfaction. For example, I found the chapter on child psychiatry very meager. Yet even here there is compensation in the splendid bibliography of primary sources. The subject of manic-depressive psychosis could stand rewriting in line with recent psycho-

analytic contributions that seriously challenge the traditional 'cyclic' concept of these disorders. But the shortcomings are trivial when one considers the excellence of the work as a whole—including format and type.

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

**IMPOTENCE AND FRIGIDITY.** By Donald W. Hastings. Boston: Little, Brown and Co., 1963. 144 pp.

Too elementary for the psychiatrist in training, this little volume will provide a valuable introduction to the problems of impotence and frigidity for medical students, clergymen, and physicians who lack psychiatric orientation. The author's approach may be described as psychodynamically eclectic. He eschews moralizing, stresses the need for careful objective exploration of various etiologic possibilities, and employs some psychoanalytic concepts constructively. The section on interviewing technique is excellent for beginners.

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

**PSYCHOLOGY: A STUDY OF A SCIENCE.** Study II. Empirical Substructure and Relations with Other Sciences. Volume 6. Investigations of Man as Socius: Their Place in Psychology and the Social Sciences. Edited by Sigmund Koch. New York: McGraw-Hill Book Co., Inc., 1963. 791 pp.

It is difficult to know whether the title of this volume is portentous or pretentious. Much depends upon the postscript to the study, which will be published as Volume 7 and promises to be the 'study director's' over-all view and synthesis of the entire series of contributions. The reviewer who has read only Volume 6 is at some disadvantage. It may be that he is raising certain questions that would prove superfluous if he had read Volumes 1 through 5.

Be that as it may, titling this work 'a study' is bound to arouse expectations that the various contributors had engaged in some prior interchange of ideas before writing their presentations. However, there is not much evidence of this, and the present volume is little more than a symposium of loosely connected, albeit scholarly, survey articles. The description of an apparent group enterprise as 'Investigations of Man as Socius' by experts in the various sub-



disciplines of psychology and sociology has a resounding ring. But so far as I can follow the editor's introduction to Study II, the authors of the various chapters did not meet to discuss the integration and reciprocal implications of their contributions. This task was performed instead by the editor and a group of 'consultants' who planned the 'study' and then subcontracted the specific topics to other specialists. In fact an appendix details the 'themes for analysis' that were sent to each contributor in an attempt to give the symposium 'architectural' coherence. The editor himself is somewhat dubious about the success of this steering device when he says, 'the net effect of these circumstances (as already indicated in the introduction, p. 18) is that the architecture of the present set of themes is reflected hardly at all in the architecture of the essays'. This does not mean that the result lacks merit. It does not however fulfil the expectations of a new view of 'man as socius'.

The book begins with a group of essays on social psychology and its interdisciplinary implications for general psychology and the behavioral sciences. Included here is a very scholarly and comprehensive discussion of the problems of psycholinguistics by C. E. Osgood who summarizes recent contributions to this complex field by experimental psychologists, information theorists, and structural linguists. The contributions by anthropologists stress their views on the application of findings related to the study of cultural change to problems in individual and social psychology, as well as the effects of psychology on anthropological studies. Among these is an interesting though technical essay by F. G. Loundsbury, a student of structural linguistics and cultural anthropology. He discusses some of the implications of the study of linguistic forms for psychological processes. His account of lexical units in different kinship terminologies leads him to the conclusion that differing principles of classification are not arbitrary quirks of particular languages but linguistic reflections of social realities in particular societies. The conditioning effect of such linguistic variations on kinship relationships themselves is also suggested. The psychoanalytically oriented reader will find his intellectual appetite whetted by all this, but he will find little encouragement to remain for a more substantial repast. A stimulating group of essays on the relation of psychology to economics and the relevance of psychology to economic theory and economic research concludes the symposium.

The reader whose major interest in psychology and the behavioral



sciences stems from a clinical background will find here a great deal that is new and stimulating. Much of it, however, will leave him with a sense of frustration and the futility of transdisciplinary discourse in an era of rapidly multiplying specialized technical and intellectual skills. Many of the contributors from various disciplines seem to take for granted the reader's familiarity with their specialized concepts and terms in spite of the fact that a quite diverse audience might reasonably be expected to be attracted to such a volume. Nor do the psychologists who speak largely the language of behaviorism make any concession to lexical simplicity. Perhaps a psychoanalyst reveals some lack of awareness of the beam in his own eye in voicing such a complaint. If so, it seems that development of an interdisciplinary Esperanto is necessary before our 'empirical substructures' can be made mutually available.

VICTOR H. ROSEN (NEW YORK)

**HEADS I WIN, TAILS YOU LOSE.** By Charlotte Olmsted. New York: The Macmillan Co., 1962. 277 pp.

The author considers the universal interest in games and compulsive gambling from the anthropological and psychological points of view. Her anthropological data are interesting and informative. For example, astragali, or knucklebones, are described as six-sided bones from the legs of sheep or deer, used much in the manner of modern dice, which are probably their lineal descendants. Specimens, often much worn from use, are found all over the Old World and the New; copies in clay, bronze, or crystal have been discovered in places as far apart as Peru and Etruria, dating back to a very early period. They are still used by some modern Arabs and American Indians.

The descriptions of the gambler and the formulations of the psychology of the gambler are derived by the author from observations made in Gamblers Anonymous, an organization similar to Alcoholics Anonymous, from some individual therapy, and from questionnaires answered by psychiatrists.

According to the author, eventually the true compulsive gambler always loses. If he wins, his first thought is to keep playing or to find another game until he loses. The gambler's behavior is apt to be childish. He deliberately puts himself at the mercy of forces

he cannot understand or control and substitutes magical means of control. He talks to the dice as if they understood him; he is full of private superstitions as to lucky and unlucky days, lucky and unlucky seats, and all sorts of rituals. The person who consults a fortune teller is asking in essence: 'Will I or won't I get what I want? Am I lucky or not?'—the same questions the gambler asks.

Gamblers are noted for being 'cold' people in the sense that they avoid emotional involvements with other people by shunning activities such as jobs, hobbies, or artistic creation, useful causes, or other organized social purposes. One of the most prominent features of male gamblers is a high degree of surface amiability and charm. Because of a favorable first impression (which is not borne out by subsequent performance), the gambler has relatively little trouble in relations with strangers. In consequence, he spends most of his life moving from group to group, never maintaining relationships long. He is often successful in giving the impression that he is from a much higher social class, better educated, and more prosperous than he actually is.

Many gamblers have disorders of sexual potency. The excitement of gambling and the symbolic equivalents for sexual release built into many games appear to serve as substitutes for sexual relationships. A fairly high proportion of gamblers, particularly horse players, are complete social isolates. They never marry, and they have left and lost touch with their original families.

The gambler repeatedly tries and fails to win money, just as he repeatedly tries and fails to win social approval, pointing to the masochistic aspects of his make-up. In these ways he establishes his helplessness; if married, his wife treats him like an exasperating but lovable son, serving special needs on her part. When the gambler gives up gambling and begins to function more adequately in other areas of his life, his wife often puts considerable pressure on him to go back to his old ways. The gambler tends to seek out a wife who is a martyr and enjoys carrying an ostentatious burden. When the gambler's wife becomes too unbearably patronizingly kind to him, he may react by gambling, which involves the removal of financial support as well as sexual withdrawal.

Gambling tends to run in families. Also, in the group studied, half the gamblers had lost their fathers by death or divorce before they were twenty; the remainder seemed to have problems in iden-

tification. Although, along with Bergler, the author emphasizes the passivity of the gambler, the gambler is seldom an overt homosexual nor are homosexuals particularly given to gambling. Homosexuality and gambling appear to be alternative methods of dealing with similar unconscious attitudes. Some alcoholics have been brought up very much as have gamblers, but the author believes that severe disturbances of potency are less prominent in the alcoholic than they are in the gambler.

His tendency to lie and his reluctance to give money make the gambler a poor subject for psychiatric treatment. He neither enters this relationship readily nor stays in it long nor, for the most part, does it appear to do him much good.

This volume is a useful collection of analytically oriented (not analytic) observations of games and gambling and is a valuable contribution to this field.

ARNOLD Z. PFEFFER (NEW YORK)

STUDENTS UNDER STRESS. A STUDY IN THE SOCIAL PSYCHOLOGY OF ADAPTATION. By David Mechanic. New York: The Free Press of Glencoe, 1962. 231 pp.

Mechanic describes the behavior of a number of graduate students preparing for examinations for their doctorates. He attempts to show that the ways in which an individual sees, responds to, and copes with a situation are determined partly by what that person brings to the situation, and partly by the way his group defines and deals with it. To document theory, regardless of how well known and widely accepted it is, can enrich our understanding of the concepts it involves. This is not what is done here. Instead, Mechanic deals with his facts in a sterile and superficial manner, and the writing is often so shallow as to be unsound.

He seems curiously determined to place this book in apposition to *Men Under Stress* by Grinker and Spiegel,<sup>1</sup> first with his title (though he spends several pages specifically defining stress not as the situation but as the 'discomforting responses' to it), then later, repeatedly, by drawing extensively on Grinker and Spiegel for illustration. But he never addresses himself to the glaring dissimilarities between airmen in combat and students in school. His failure to

<sup>1</sup> Cf. also, *This QUARTERLY*, XV, 1946, pp. 109-112.

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do so results in occasional absurdities. After quoting at length evidence that men in combat rely greatly upon the efficient functioning of the team and the airplane for protection and security, he says that this 'can easily apply to a student group' and equates airplanes with books and old examination questions as means available to the group for coping with stress.

In his discussion of research on stress, he dismisses the psychoanalytic approach to psychosomatic illness as 'scientifically inadequate since it is impossible to demonstrate empirically that an individual's early life experiences are in fact responsible for physiological changes that occur in later life'. This is an example of the kind of thinking that pervades the book.

PAUL H. SETON (NORTHAMPTON, MASS.)

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## Jerome Ennis


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## ABSTRACTS

*Journal of the American Psychoanalytic Association*. XI, 1963.

**Some Considerations on Free Association.** Rudolph M. Loewenstein. Pp. 451-473.

Loewenstein reconsiders free association in psychoanalysis in the light of ego psychology. Resistances are no longer seen only as obstacles to free association but rather, with Freud, as the inevitable result of unconscious psychic conflict which must be analyzed. The associations are determined by the ego and super-ego, not just by the id. The consequent limitations on compliance with the basic rule are recognized. Free association is interfered with not only by resistances from all three divisions of the mental apparatus but by intra- as well as inter-psychic conflict. Not all resistances, however, disturb free association and, contrary to Freud, not all obstacles to free association and analysis are caused by resistance.

The analysis, with its curtailment of action and external perception, facilitates free association. The latter requires partial and temporary suspension of selected autonomous ego functions which ultimately must be exercised again by the patient for reflection and insight. During the time of their suspension, the analyst temporarily takes over these ego functions. This, together with the tolerance for intense, ungratified transferences, requires a positive therapeutic alliance between the patient's weak ego and the analyst. The prototype for this alliance is in the trusting mother-child relationship.

**An Inquiry Into the Concept of Working Through.** Walter A. Stewart. Pp. 474-499.

Stewart suggests that the term working through be confined to Freud's meaning—what is required of the patient to change his habitual pattern of instinctual discharge—rather than confusing it with activities of the analyst and with other aspects or results of the analytic work. Working through is achieved by overcoming id resistances which consist of psychical inertia and adhesiveness of libido, both independent of neurotic conflict and fixation. For success the patient's maturational forces require sufficient time to overcome the repetition compulsion.

It is unclear how specific factors in patient and analyst, which Stewart maintains influence working through, differ from those affecting the whole course of the analysis and its prognosis.

**Pathological Mourning and Childhood Mourning.** John Bowlby. Pp. 500-541.

Bowlby maintains that children react to object loss with mourning which is characterized chiefly by persistent, often unconscious yearning for and reproaches against the object. Such childhood experiences predispose adults to pathological mourning which has the same characteristics as loss reactions in children. The unconscious striving to recover the lost object in pathological mourning, according to Bowlby, has been insufficiently appreciated in psychoanalysis; instead, the emphasis, following Freud's ideas, incorrectly has been on the processes of iden-

tification which accompany object loss. In minimizing the role of identification, however, Bowlby seems unaware of its function of psychically recovering lost objects. Bowlby contends that hostile, aggressive, ambivalent reactions to lost objects are principally healthy and appropriate responses to loss. He ignores the importance of such impulses in psychic conflict and in the genesis of and reactions to object loss.

**The Hidden 'We'.** Robert Seidenberg. Pp. 542-545.

The author presents a clinical vignette in which attention given to a patient's use of the pronoun 'we' clarified for the first time his neurotic attachment to his father and the consequent tenuousness of the object relationships, including the transference.

**A Critical Digest of the Literature on Psychoanalytic Supervision.** Daryl E. DeBell. Pp. 546-575.

DeBell discusses the purposes and function of supervision, varying methods of dealing with countertransference, when to start supervision, the selection of cases, the special problems of the supervisor's countertransferences, and the therapist's transference to the supervisor and resistance to supervision, methods for studying the supervisory process, and the selection and training of supervisors.

In the controversy over whether the supervisor should teach or treat—in view of the importance of unconscious determinants on the conduct of analysis—he favors the former but advocates 'collaborative analysis' (Blitzstein and Fleming) in which the supervisor reports 'meticulously' on the supervision to the therapist's analyst. He believes this is more effective than relying separately on the teaching and therapeutic functions of supervision and personal psychoanalysis.

**The Supervisory Situation.** Jacob A. Arlow. Pp. 576-594.

Arlow examines the supervisory process by studying its unique characteristic interaction between therapist and supervisor. This reflects and is also analogous to, but not identical with, the interaction in therapy between patient and analyst. The same splits in ego function (Sterba) and vicissitudes of empathy (Greenson) occurring in both patient and analyst in psychoanalysis also take place in the therapist and supervisor in supervision. From the observation in supervision of these transient identifications and shifts in empathy, such difficulties in the analysis as grow out of shared resistances and defenses of patient and therapist with their influence on the nature and timing of interpretations can be inferred, as can the common fantasies and id impulses.

Proper reporting in supervision, analogous to analysis, implies a minimum of resistance. Identification with the supervisor is the most effective pedagogical influence; the work of supervision is addressed to the observing portion of the therapist's ego and imparts information, understanding, and a realistic appraisal of the psychoanalytic process. In addition, Arlow compares supervision as a learning process to artistic creation. He warns that, for the resolution of unconscious problems of the therapist, supervision is no substitute for psychoanalysis (foregoing the collaboration with the therapist's analyst advocated by DeBell)



because it is basically a learning procedure. Its observations refer to surface phenomena. He accepts the characterization of supervision as psychoanalysis of a psychoanalysis but not of a psychoanalyst.

JEROME ENNIS

**Psychiatric Quarterly.** XXXVII, 1963.

**Effectiveness in Psychotherapy.** Hilde Bruch. Pp. 322-339.

Patients with poor ego strength and ill-adaptive ability to effect changes within themselves are treated by 'consistent emphasis on the patient's developing awareness of self-initiated behavior'. The patient is thereby helped to become more certain of his basic tools of mental operation and to learn how to face problems and conflicts. Successful use of the therapy can be followed by traditional analysis.

**The Problems of the Psychoanalyst as a Teacher in General Psychiatry.** M. Ralph Kaufman. Pp. 340-354.

The process of teaching psychoanalytic psychology to psychiatric residents has many problems. The residents usually become disturbed and have difficulties and psychoanalyst-teachers often present this material too early in the course, tending to make clinical facts become distorted. Therefore the author, in his work at a teaching hospital, emphasizes basic clinical psychiatry the first year, reserving the essentials of psychoanalysis for the second and third years in order to answer questions arising on descriptive and phenomenological levels. Residents may apply in the third year but cannot begin psychoanalytic training until the year is completed.

**A Study of the Psychoanalytic Concept of Castration Anxiety in Symbolically Castrated Amputees.** William E. Block and Pierre A. Ventur. Pp. 518-526.

In this poorly devised study a group of male amputees, symbolically castrated subjects, are compared with physically normal male adults, chiefly by the Blacky Pictures, as analogues of psychoanalytic theory. The significant differences between the groups support the psychoanalytic concept of castration.

**Response to Humor in Depression; A Predictor and Evaluator of Patient Changes.** Kurt Nussbaum and William W. Michaux. Pp. 527-539.

Of eighteen women patients with severe neurotic and psychotic depressions, those who responded even slightly to presentation of humor in the form of jokes or riddles had a better prognosis for improvement with psychotherapy than did those who failed to respond.

**Delinquency as a Manifestation of the Mourning Process.** Mervyn Shoor and Mary Helen Speed. Pp. 540-558.

In twelve cases of boys and girls aged eight to seventeen, delinquent behavior in previously conforming adolescents masked their mourning for bereavement. Psychiatric consultation usually helped to establish a mourning process, and delinquency ceased within a six-month period.

BERNICE ENGLE

**Psychiatry. XXVI, 1963.**

**Color and Identity Conflict in Young Boys. Observations of Negro Mothers and Sons in Urban Baltimore.** Eugene B. Brody. Pp. 188-201.

Nineteen latency-age boys in treatment at a psychiatric clinic and their mothers are the subjects of this investigation. Conflict about color varied in severity among the boys and mothers. The wish to be white, and the defense mechanisms of identification with the (white) aggressor and turning of aggression against the self were frequently evident. The mothers' problems, notably those associated with the matriarchal role, and their influence on the sons' development are briefly analyzed. Brody believes it is extremely unlikely that a relationship with a mother as the most important power, however secure, can be an adequate basis for the development of a stable social identity in a boy, whether in terms of sex, color, or any other significant element.

H. ROBERT BLANK

**Archives of General Psychiatry. IX, 1963.**

**Dream Research and the Psychoanalytic Theory of Dreams.** Harry Trosman. Pp. 9-18.

Experimental findings, stemming from the observation that rapid eye movements during sleep are indicative of dream activity, are reviewed. Trosman evaluates the psychoanalytic theory of dreams in the light of these data. He believes that revision is needed in the notion that dreams can occur instantaneously; for example, as a manifestation of a preformed fantasy. The experimental evidence showed in all cases that dreams take as long to form as the action requires.

**Psychotherapy of Male Homosexuality.** Lionel Ovesey; Willard Gaylin; and Herbert Hendin. Pp. 19-31.

The psychodynamic motivations for the development of homosexuality in the male are seen as consisting of three types: homosexuality itself and two pseudo-homosexual goals, dependency and power. The stand explicitly taken with each patient is that the goal is a change-over to a heterosexual position and that the homosexuality is a symptom that results from a defensive maneuver and is, therefore, of psychological genesis. The symptom is then treated like a phobia, the patient ultimately being required to come to grips with it in bed with a woman. Three case histories of successful treatment are presented.

**Psychoanalytic Treatment as Education.** Thomas S. Szasz. Pp. 46-52.

Szasz views psychoanalysis as better conceptualized as an educational process rather than a therapeutic one. Thus, he uses the analogy of learning to describe the analytic process. The first level is proto-education, the giving and receiving of advice; the second, education, the teaching and learning of abstractions; and the third, meta-education, the learning about learning. He feels that it is in the third category that psychoanalysis goes beyond any other therapy.

**Explorations of Ego Structures of Firesetting Children.** Ralph Rothstein. Pp. 246-253.

The Rorschachs of eight firesetting boys are examined. They tend to fall into two groups: borderline psychotic and impulsive neurotic character disorders. For the former, the setting of fires seems to represent the projection of inner tensions as well as the attempted introjection of the vitality of the fire to fill inner emptiness. For the latter, it is more clearly associated with sexual conflicts and seems to be the sudden breakdown of compulsive and repressive defenses allowing for acting out.

KENNETH RUBIN

**Revista de Psicoanalisis.** XX, 1963.

**Countertransference, Identification, and Counteridentification: Studies in Their Psychopathology.** Leon Grinberg. Pp. 113-123.

An attempt is made to systematize the knowledge of identification. It is desirable to consider it from the qualitative and quantitative viewpoints, the id contents, and the effect of interpretation in order to show that there are different types of identification and counteridentification functioning on different levels. The modifications of the mechanism displayed depend on fixation and/or regression present at the time of interpretation. This clarifies the concept of the complementary countertransference of Racker, which shows how analysts react differently due to countertransference conflicts even though the patient's material is the same. Emphasis is given by the analyst himself. The analyst does not react differently in projective counteridentification since its intensity and specific qualities are predominant in the patient. Therefore, the author feels that at that time the emphasis comes from the patient.

**Aspects of the Transference, Countertransference, and Interpretation in the Analytic Nonverbal Communication.** Fidias R. Cesio. Pp. 124-127.

In any interpretation the understanding of the patient becomes an actuality if the unconscious character of nonverbal transference and countertransference reactions are taken into consideration. This should be a lively, unseen, nonverbal participation by both the patient and analyst which could be regarded as the enactment of 'an acted drama'.

**Depression, Melancholia and Mourning.** F. Cesio; L. Alvarez de Toledo; J. Mom; T. Schlossberg; L. Storni; M. Morera; and E. Evelson. Pp. 128-132.

In order to study the difference between depression, mourning, and melancholia one must be aware of intermediate states; e.g., pathological mourning. Mourning is normal and is considered a healthy reaction of ego restitution in people who have reached the genital stage of development. In depression or melancholia, since the death instinct is the dominant element, pathologic process precludes ego restitution and the death instinct could be so strong as to lead to suicide. In melancholia the loss of the love object is not related to reality, but depends on the regression of the patient to primitive, archaic, and infantile libidinal and ego stages.

**Rilke and the Confrontation with Death.** Nora Rascovsky de Bisi. Pp. 237-252.

Rilke, in one of his characters, Malte Laurids Brigge, deals with his autobiography. He was born prematurely after his mother had been advised not to have any more children. A sister, one year older, died at the time of his birth. Given a girl's name, Rainer Maria, Rilke was brought up to believe that the family had an aristocratic background. He was reared as a girl, dressed in girl's clothing, his hair was braided, and he played only with dolls. The mother had literary aspirations and barely took care of the boy who, in the first few years of his life, had twenty-four different nurses. He was allowed no friends. His father 'made him live like a soldier'; he was forced to sleep in a bare bed with only a light blanket even in winter. He eventually failed at the army school because of his inability to get along with people. After falling in love with Lou Andreas-Salomé, thirteen years his senior, Rilke changed his name for a more manly one and succeeded in re-creating a triumphant oedipal fantasy when Andreas-Salomé turned down Nietzsche.

Throughout Rilke's work one finds the constant cry for mother and castration fear related to abandonment. His most significant neurotic conflict involved the mother imago with a dead child. Death became the final abandonment. He often wrote about his own death and the destruction of other people as a means of coping with his fear of disintegration.

**Kafka's Metamorphosis.** Gilberte Royer. Pp. 253-267.

The French version of Kafka's book describes the sense of liberation that the monstrous cockroach has when he looks out the window, at the same time complaining of more and more intense myopia. In the metamorphosis an autistic fantasy is represented, replete with primary process elements. The fact that Grete, the sister, takes care of him, as she is the only member of the family who understands him, is based on feminine identification. During the metamorphosis the identification is masochistically complete and thinking the only ego function that remains. But the thoughts are not quite realistic and appropriate; they show a parasitic and clinging quality, especially when the sister turns her back on him. Castration anxiety related to a masturbatory fantasy with prominent pregenital roots is also evident. All these features account for the mixture of nostalgia, repugnance, and an indefinable sinister sensation that pervades the story.

**Body Ego and the Conception of the World.** Dora N. de Fiasché. Pp. 268-282.

A psychotic patient developed a philosophic, delusional system in his adolescence. At times, paranoid and depressed, he criticized and tried to change the world around him. Eventually, in an attempt to resolve difficulties by reality testing and to eliminate his almost constant immobility, he utilized a delusional body ego schema as a referential system in order to cope with the outside world. All the early mechanisms of defense were well delineated and utilized in what the patient called his 'classic work', Theory of Egotism as a Source of Disease, in an attempt at restitution.

**Journal of Abnormal and Social Psychology. LXVII, 1963.**

**Implications from Psychological Testing for Theoretical Formulations of *Folie à Deux*.** M. Harrow and H. C. Schulberg. Pp. 166-172.

Psychological tests were given to two brothers who had identical, bizarre, world reconstruction fantasies. The resulting data were used in a critical examination of previously published findings concerning the role of premorbid personality, interdependence, identification, and dominance-submission patterns in pairs of individuals with this symptom. The authors report striking similarities in personality functioning and describe a mutual and reciprocating process of identification between partners. The psychological test material failed to support the expectation that the overtly submissive partner accepts the delusional system of his apparently dominating partner.

IRWIN C. ROSEN

## Meetings of the New York Psychoanalytic Society

John A. Cook & Bernard D. Fine

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## NOTES

### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 28, 1964. VARIATIONS OF ARCHAIC THINKING IN NEUROTICS, IN BORDERLINES, AND IN SCHIZOPHRENICS. Andrew Peto, M.D.

From observations of neurotics, borderlines, and schizophrenics in regressive phases of the transference, Dr. Peto makes assumptions which, from the economic point of view, describe infantile thought development from primary to secondary process. Following Freud, the author regards the hallucinated image of the non-present need-satisfying object (the milk-giving mother) as the first stage of thought formation; the image is cathected with unneutralized energy derived from an undischarged libidinal wish. In the second stage, the ego by its goal-directed 'fragmentizing function', reduces this image to highly cathected splinters. In the third stage the 'thought splinters' become decathected by a process of archaic denial, seen clinically as negative hallucinations. Finally, a fourth stage occurs in which the fragments reappear, now cathected, as a result of ego maturation. In this stage, thought takes the form of negation, a structured development beyond the phase of denial, which then gives way to intellectual acceptance of the negative event: 'No breast is available for satisfaction'.

A relatively well-integrated twenty-seven-year-old woman with a hysterical character disorder regressed to hallucinatory imagery. This became fragmented and denied before she was able to reintegrate the fragments as abstract thought symbols pertaining to primary objects. Aberrations at the stage of negative hallucination or archaic denial interrupt the normal sequence of thought development and are related to thinking defects. A borderline male patient in his thirties, whose thinking defects took the form of confusion, false analogies and generalizations, had a hallucinatory image of the terrifying psychotic mother which was fragmented and decathected in a regressive phase of transference. However, the stage of negative hallucination of the fragments was not succeeded by the reappearance of proper thought symbols and archaic denial continued to be reflected in his confused feelings, images, and unintegrated thought fragments. Another form of regressive archaic thinking was seen in a twenty-year-old schizophrenic male college student whose symptomatology included confused thinking, disturbances of body image, and severe anxiety accompanied by hallucinations of a devouring and castrating mother. Here the negative hallucinatory stage was absent and the stages of fragmentation were succeeded directly by integrated thinking.

Dr. Peto concludes that absence of archaic denial may be typical for a particular form of schizophrenia, and that the decathexis seen in archaic denial is a *sine qua non* for the economic changes which lead to neutralizations characteristic of secondary process thinking. The absence of archaic denial from the normal sequence is seen as an inborn defect in the development of the autonomous functioning of the ego and not as a derivative of infantile trauma and conflict. The regressive thinking of adults, a 'new edition' of the original pattern in infancy, varies with the particular form of ego pathology; yet in all variations



the child-mother unit serves as the basis for primary hallucinatory activity. The classical technique of psychoanalysis best serves the neurotic because the core of the symbolization process is intact; schizophrenic and borderline cases require modifications in technique because the faulty basis for autonomous ego functions cannot be altered by a resolution of intrapsychic conflict. Such patients may use an intense regressive transference that penetrates to archaic conflicts in order to improve control of faulty thinking sequences, thus sealing off the faulty symbolization process.

DISCUSSION: Dr. Edith Jacobson agreed with Dr. Peto that the ego has a normal fragmentizing function which is used for the development of thought symbols and thinking. She alluded to Lewin's quotation from William James to the effect that 'to understand life by concept is to arrest its movement, cutting it up into bits with scissors, and immobilizing these in our logical herbarium where comparing them as dried specimens, we can ascertain which of them statically includes the other'. She compared the energetic sequences in grieving to Dr. Peto's sequences of thought development. Thus, the image of the lost object is intensely cathected in terms of fantasies of former wish-fulfilment. The image is then divided into highly charged single memories. These may be decathected in stages and reappear as quiet thoughts about the relationship to the lost object accompanied by release of neutralized libido to various ego areas. Inner numbness of the grieving person might correspond to the baby's negative hallucination. While concurring with the clinical inferences in the borderline and psychotic cases cited by Dr. Peto, Dr. Jacobson expressed doubt that the hallucination, introjection, projection, or fragmentation had been persuasively demonstrated for the neurotic patient whose thought development had been postulated as normal.

Dr. Bernard Brodsky felt that stress on the economic point of view had excluded a consideration of adaptational factors essential to thought development. He found Peto's 'fragmentizing function of the ego' close to Linn's 'discriminatory function of the ego' in that both are goal-directed and both are used to explain thought formation. Linn's concept, however, emphasizes that the discriminatory function serves to select from a cluster of psychic processes composing any ongoing event those most adaptive to a particular goal, such as defense or secondary process thinking. Quoting from de Monchy, he remarked on the importance of a content concept corresponding to the economic concept of 'withdrawal of cathexis'. Emphasis on content makes possible an epigenetic explanation for the necessary achievement of inhibition of negative hallucination of perceptual stimuli before acts of comparison and selection, characteristic of secondary process thinking, can come into being. No such explanation is possible when the approach to the problem is in terms of energies alone. Dr. Brodsky questioned whether fragmentation can be anxiety-provoking when its presumed goal is to reduce anxiety in conflictual situations. He also saw inconsistency in Dr. Peto's third case, who, at times, was capable of secondary process thinking although there had been no stage of negative hallucination in the analysis. This fact makes doubtful the thesis that transference phenomena always recapitulate the infantile sequences.

Dr. Victor Rosen, amplifying a statement by Dr. Jacobson, felt that the first

patient used to illustrate Dr. Peto's thesis might not have been undergoing a hallucinatory phase but merely might have been reporting her fantasies.

In his summation Dr. Peto accepted Dr. Jacobson's suggestion that the energetic sequences in grieving might parallel those of thought formation. He re-emphasized the importance of the fragmentizing function, and does not believe that it is an artifact, although it can be observed only in certain types of patients. He gave more material to substantiate his belief that there had indeed been a hallucinatory stage in his first case. He agreed with Dr. Brodsky that some of the phenomena could be conceptualized in other than energetic terms, but it had been his purpose to place emphasis on the economic point of view.

JOHN A. COOK

February 25, 1964. DEPRESSION: THREE CLINICAL VARIATIONS. Stuart S. Asch, M.D.

Following a classical schematic outline of the depressive constellation, Dr. Asch suggests a re-examination of these formulations in the light of more recent understanding of the contents and structure of the ego. He emphasizes that the term 'depression' includes different clinical states with similar but not identical psychopathology. Variations in these states seem to be a function of the vicissitudes of the introject, depending on the type of incorporation and the ego attitudes toward it. The clinical picture seems to be determined first by the location of the introject, its distance from the 'ego core' (Loewald), or its position in the superego; and second by the expression of the ambivalent conflict over the wish to hold onto and get rid of the psychic representation of this locus.

The author discusses the relationship between body image and narcissism in hypochondriasis. Early defects in external stimulation, or confused internal stimulation, result in a poorly defined body image. A current real or anticipated loss of a narcissistically cathected object may revive the earlier body image, threatened with loss of part of itself. If this loss is regressively experienced, it may result in hypercathexis of the body part involved—one cause of depletion of ego energy that results in the clinical picture of ego restriction with limited abilities in thinking and interests. The affected organ in hypochondriasis is treated as the ambivalently cathected introject seen in depression, but there may be no guilt or depressed mood. The only affect consistently present is anxiety. Since hypochondriasis frequently appears without a depressed mood, it is tempting to consider it a manifestation of 'unconscious depression'. Although frequently seen in medical practice, it is rarely recognized by nonpsychiatrists as a manifestation of depression.

Dr. Asch then discussed depressions involving a special type of object relationship—masochistic submission to the object. Such patients clearly are depressed, but without obvious narcissistic injury or object loss. There even may be resolution of a threatened separation so that the threat of loss no longer exists. The involvement is seen as that of an intensely narcissistic relationship in which the threat of separation does not arise from the object but rather from the individual's wish actively to dissociate from it. It is an overt expression of destructive impulses toward the object and the attempt to resolve such a conflict results in clinical depression.

In a clinical report the analytic work involved a working through of a tremendous rage at mother (and analyst) for 'requiring' the patient to be helpless. The feeling of responsibility and guilt over any injury to any of her objects brought on a depressive state, vividly confirmed in the transference. In a second case, a sado-masochistic marital situation, each attempt on the part of the patient to leave her husband resulted in panic with an impulsive flight back into the relationship. She felt forced to submit masochistically to the husband and accept his abuse without contradiction, but would then become depressed. Genetically this relationship could be traced to a strikingly similar sado-masochistic tie with her mother.

The specific distinguishing characteristic in these depressions is that clinically the depression seems to be a function of the continued relationship with the object. Actual separation from the object may relieve the depression, but the fact of separation arouses panic at the thought of destroying it. Depression is not an expression of ambivalence to an incorporated lost object but rather to a part of the self that takes the place of the object, both to deflect the instinctual drives and to gratify them. Since the patient is the victim, guilt becomes an inconstant and secondary involvement.

In the final section of the paper the author discusses fragmentation of the depressive complex with displacement and projection. When identification with an ambivalently loved object is made as a result of the resolution of the oedipus complex, it tends to involve a more peripheral and less stable part of the ego's structure. Involvement of these peripheral additions to the self-representation in a depressive process is manifested clinically by a wish to get rid of the 'bad part'.

The author feels strongly that pregnancy occupies a very useful place in the study of the depressive process. It is the only condition in which actual physical manifestations of a psychic introjection occurs. Pregnant women have many conscious and unconscious fantasies about the fetus similar to the mental content of depressed patients. In varying degrees in most pregnancies, the 'introject-fetus' is treated as an ambivalently loved object while the ego of the pregnant woman acts as its superego. The experience of childbirth has been found to result in some depression, lasting until the mother can recathect the baby with the values of the lost object. Post-partum suicide is experienced libidinally as an attempt to re-enter the womb of mother, and to serve as the direct discharge of rage at being abandoned. Infanticide may occur as an acting out by the mother of the superego assault on the introject. The nature of the overt aggressive assault in the post-partum depression, i.e., suicide or homicide, depends on the location of the object representation (introject).

DISCUSSION: Dr. George Gero pointed out that depression is a large nosological category including many different conditions, and that depression resulting from object loss should be distinguished from other forms related to loss of self-esteem. He felt the particular merit of this paper was its testing and enrichment of the more recent concepts of ego psychology. Dr. Asch's view of hypochondriasis, going beyond the usual concept of libidinal hypercathexis of the organ and including aggression and re-incorporation of the lost object in the body image, is original and useful. He suggested the term 'somatized depression' rather than 'uncon-

scious depression'. Dr. Gero, however, disagreed that 'the earlier a disturbance takes place, the greater effect it has on psychic development'. He maintained instead that there is a definitely greater effect from disturbances in the phallic and oedipal phases.

Dr. Edward Joseph felt that Dr. Asch focused our attention not merely on the reaction to the loss, but also on the defensive reactions that attempt to deal with the loss and with the associated painful affect, depression. He thought that the concrete usage of the concepts of identification, cathectic processes, and introject in the paper could lead to misunderstanding, and suggested a clarification by specifying references to object representations rather than to concrete images. He agreed that emphasis should be placed on the particular level of object or self-representation involved in the conflict, and felt that the cases illustrated a hierarchy of pathology depending on the level of development of the particular ego functions involved in conflict.

Dr. Edith Jacobson emphasized that Freud's classic description of depression referred to a psychotic depression (melancholia), as differentiated from compulsive depression. She considered Dr. Asch's concept of hypochondriasis and its emphasis on location of introject important. In some instances, however, as in simple depression, it is not unconscious depression but an unawareness of mood. Dr. Jacobson questioned the absence of object loss in the masochistic submission to the object.

Dr. Edward Harkavy pointed out that depressive states always involve complicated affects, and that in treatment each component must be separated and traced to its developmental root with the uncovering of its specific unconscious fantasy.

Dr. Marcel Heiman emphasized that pregnancy is a very critical time in every woman's life. Distinctions between object and self become blurred and the fetus may be felt as a person on the outside with almost constant ambivalent attitudes being experienced by the mother.

In conclusion, Dr. Asch emphasized that he is not convinced that the depressive elements are different in neurotics than in psychotics, although obviously the rest of the ego structure is quite different.

BERNARD D. FINE

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#### MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

November 18, 1963. PROTOTYPES OF DEFENSES AND DEFENSIVE BEHAVIOR. Max M. Stern, M.D.

While prototypes of defenses—defined in the literature as 'early direct reflex action of a purely physical nature'—have been hitherto determined mostly in terms of analogy, Dr. Stern attempts to highlight the genetic path from somatic defensive pattern in infancy to psychic elementary defenses by establishing the anticipatory process as mediator between both. His thesis is that elementary psychic defenses are variegated and attenuated anticipatory repetitions of postnatal somatically-determined defenses against disintegration. This does not equate psychic with psychologic processes but refers to some interaction, to 'connections

and interdependences' as Freud expressed it. The anticipatory process underlies Freud's concept of thinking, and he specifically applied it in the definition of danger and anxiety as well as repression.

Dr. Stern stresses the importance of closer examination of the anticipatory process—the carrier of cathectic shifting. In it an emergent need instigates a repetition of previous experiences, including their somatic corollaries, and involves a constant oscillation between past and present, between somatic and mental processes. He describes protoanticipation as the antecedent response in homeostatic regulation, originating possibly in selective evolution. For instance, we feel thirst before there is dehydration. In anticipatory or conditioned behavior, a stimulus which previously anteceded trauma or gratification elicits the response. Thinking (trial acting) is anticipatory behavior occurring in the mind, with infinitesimal quantities of cathexis.

On the physiologic level of the postnatal phase, in which the homeostatic regulation is inadequate, anteceding somatic reflexlike responses forestall threatening disorganization. The behavior of the newborn presents, therefore, fewer signs of shock than anticipatory defensive responses forestalling it. Innumerable child observations (Ribble, Spitz, Mahler, Escalona) yield a hierarchy of responses, following each other with increasing severity of frustration, from agitated to depressive to cataleptoid with stupor and hallucination. Ultimately they may terminate in shock. There is oscillation between and overlapping of these phases. The defensive effect of the described primary defenses is explained by their physiologic impact—the matrix out of which later defenses develop. But these primary defenses become a source of trauma and have to be arrested. The transition from the protoexistence at birth, functioning on the level of reflexlike responses, to the thinking human being is effected by increasing inhibition of primary responses and interpolation of increasingly differentiated and mature realistic anticipation (secondary process). The inception of even more mature anticipation is a double-edged gift. In order to avoid trauma, it perpetuates once experienced primary trauma through repetition in the anticipatory process, especially in the early phase of ego weakness. A compromise then evolves: only a fraction of the experienced traumatic situation will be repeated in anticipation, and it is the repetition of this fraction that constitutes the psychic defense.

The stupor reaction of the catatonic reaction in primary trauma accounts for Freud's description of primary repression. In repression proper, an emergent impulse previously connected with trauma elicits, as the compromise between anticipatory repetition of trauma and its undoing, the repetition of a fraction of the stupor reaction. It blots out not only the recall of the previous traumatic threat but with it the budding instinctual impulse in its very inception. This also applies to denial. The prototype for hallucination, which introduces all kinds of defensive imagery (fantasies) into thinking, is another aspect of the cataleptoid response with blocking of higher centers and hyperactivity of lower ones. Prototypes of projection, introjection, and identification were discussed. The author stated that this presentation will be followed by metapsychological investigation of defenses.

DISCUSSION: Dr. Louis Kaywin expressed his agreement with most of Dr. Stern's general concepts. The main problem it seemed to him is to explain how a blank

or stuporous state can be revived in anticipation, since recall or registration cannot be expected in a state of stupor. The state of stupor requires further clarification, clinically and metapsychologically.

Dr. Judith Kestenberg thought that at this point of infant study, when we know so little about the beginning of psychic functioning, the validity of Dr. Stern's impressive psychobiologic theory cannot depend completely on our clinical experience. She reported cases from her own material in which Dr. Stern's primary defenses persisted beyond the postnatal period, usually in very disturbed infants. Differences in flow of movements and thoughts in children reflect what Dr. Stern calls oscillation in the anticipatory process.

Dr. Max Schur felt that while analogy was of some value, the use of the physiologic 'stress' reaction as a conceptual model for psychology was of questionable value. Dr. Mark Kanzer directed his attention primarily to the body-mind relationship suggested by Dr. Stern's concepts. He commented that we are presented with the problems of how anticipatory mechanisms of the body find expression in the id, which is regarded as unstructured and as giving rise to wishes that seek immediate discharge, whereas the ego, to which we assign anticipatory functions, has no direct connection with the homeostatic regulatory mechanisms of the body. Dr. Kanzer thought there may well be some link between preadaptive mechanisms of the body—a term he prefers to protoanticipation—and the ego structures.

Dr. Joseph Coltrera deemed any attempt at correlation between body and mind premature. Defenses which he defined as structuralized delay cannot be explained by the reflex arc. We cannot even speak of protodefenses before this delay appears at approximately eight to twelve months.

Dr. Jan Frank considered Dr. Stern's contributions, stretching over the last ten years, far-reaching with regard to their heuristic value and metapsychologic and clinical implications. He mentioned particularly the concepts of early anticipation as a defense against disintegration of structure, the determination of ego defenses by psychic revival of trauma, the postulation of a fractioning of the emerging percepts and stimuli within the ego. He pointed out that parallel work in neurophysiology (Eccles, Sperry, Weiss, Sokolow) is in accord with Dr. Stern's views. He thinks that although a unified neurophysiologic-psychologic view does not exist, it is perfectly legitimate to postulate a correlation between neurophysiology and psychology.

In conclusion, Dr. Stern stressed that the conceptual frame of his theory is not the stress reaction, as Dr. Schur assumes, but the genetic principle involved in the anticipatory process. It was applied explicitly in Freud's explanation of anxiety and repression. It seemed to him that Dr. Schur overlooked the transformation which primary somatic defenses undergo, analogous to the transformation of the birth experience into signal anxiety or of primary repression into repression proper, as described in Freud's *Inhibition, Symptom, and Anxiety*, a work not yet sufficiently integrated. In commenting on Dr. Kestenberg's remarks, the author pointed out that fixation to primary defenses, or regression to them, means more or less severe pathology and arrest of development. The persistence of primary defenses in behavior patterns, attitudes, moods, or character qualities deserves



further investigation. Dr. Kaywin's question is partly answered by evidence of the registration of subliminal stimuli (Fisher), and by the biologic nature inherent in the catatonic reaction which will be repeated in repression proper just as heart palpitations are repeated in anticipatory anxiety. Dr. Stern thought that the problem brought up by Dr. Kanzer concerning the correlation of his concept of the anticipatory process with the structural theory requires detailed metapsychologic investigation, which the frame of this paper excluded. However, he pointed to Hartmann's idea that the id contains inborn apparatuses with regulating functions which, after differentiation of ego and id, we ascribe to the ego. He conceived of the existence of a 'protoego' as separate from what we call id, with the quality of preconscious processes. From this protoego the ego would emerge through maturation. The 'chaotic' id would contain everything connected with trauma and which therefore had become repressed. This would solve a number of existing difficulties; for instance, the assignment of the quality of unconsciousness, as well as preconsciousness, to the id. Protoanticipation, the precursor of later anticipation, then would not be assigned to the id but to the protoego. Dr. Stern could not agree with Dr. Coltrera's scepticism regarding the correlation of physical and mental processes which, as is known, underlie our theories, nor with the definition of defense which current usage refers to the relation to consciousness rather than to delay.

#### AUTHOR'S ABSTRACT

December 16, 1963. BIOGRAPHICAL NOTES ON SANDOR FERENCZI (1875-1933). Sandor Lorand, M.D.

Dr. Lorand presented portions of his chapter on Ferenczi from the forthcoming book, *Pioneers in Psychoanalysis*, which he has written to correct distortions and inaccuracies regarding Ferenczi in Jones's biography of Freud. He reiterated that 'from 1908, when he met Freud for the first time, nearly up to the time of death, Sandor Ferenczi played a heroic part, second only to Freud, in building psychoanalysis into a branch of science'.

In his introductory remarks Dr. Lorand spoke of Ferenczi's early interest in reading. As a medical student, he became interested in psychic phenomena, including hypnosis. After his army tour of duty, he directed a service which included treatment of the prostitutes of Budapest. His interest in sexual psychology soon broadened to nervous and mental diseases and the study and treatment of neurotic difficulties. In 1900, he opened an office for the practice of neurology and psychiatry. He was a prolific writer and by 1907 had published about thirty papers. He met Freud in 1908 and from that time on they were close friends.

Ferenczi 'was recognized as an outstanding therapist, and his clinical publications and lectures on psychoanalysis attracted great attention'. Lorand mentions as especially significant *Nosology of Male Homosexuality*, the first description of the difference between active and passive homosexuality; *On the Part Played by Homosexuality in the Pathogenesis of Paranoia*; *Stages in the Development of the Sense of Reality*, a pioneer work in ego regression; and *Thalassa: A Theory of Genitality*, a 'bioanalytic' monograph that Freud considered to be his 'most brilliant achievement and the richest in thoughts'.

Dr. Lorand then discussed Ferenczi's 'active technique'. The first papers on



the subject stemmed from suggestions made by Freud regarding the treatment of phobias. Initially they were well received, coming at a time when many analysts were experimenting with technique. 'The central idea . . . was to request the patient, in addition to free association, to act or behave in a certain way, in the hope of increasing tension and therefore mobilizing unconscious material.' Dr. Lorand compares this to the innovations and modifications used today in the treatment of borderline cases. Ferenczi then 'experimented with adjusting the atmosphere of the analytic situation to the patient's needs. . . . He assumed . . . certain roles in the transference relationship to influence the emotional . . . processes of the patient'. It was this approach, advocated around 1930, which created a wide gap between Ferenczi and many of his colleagues. When his experiments failed to bring the desired results, Ferenczi wrote to Freud that he had 'succeeded in understanding where and how much I had gone too far' (October 1931). About Ferenczi's trip to America in 1926-1927, Jones has written: 'Relations became more and more strained as the months went by until he [Ferenczi] was almost completely ostracized by his colleagues' and that Ferenczi had 'trained eight or nine lay people' while in New York. In this Jones followed Oberndorf, who, in his *History of Psychoanalysis in America*, was guilty of 'glaring omissions' regarding the visit. It was true that the official relationship with the New York Psychoanalytic Society was cold and distant, but friendly relationships existed between Ferenczi and many New York analysts. He was given a private dinner by Brill, president of the New York Psychoanalytic Society, on his arrival. Many analysts attended his lectures at the New School for Social Research. He held private seminars on technique for members of the American Psychoanalytic Association, and finally, he gave a highly stimulating lecture, *Present-Day Problems in Psychoanalysis*, before the American Psychoanalytic Association at their midwinter meeting in New York. Dr. Lorand believes 'the behavior of Oberndorf and the New York Society, of which he was a member, was caused entirely by their anger at Ferenczi for being in favor of lay analysis'.

Turning to Ferenczi's terminal illness, Dr. Lorand feels that 'there is not a shred of evidence to indicate that Ferenczi ever suffered from personality impairment or mental illness, with the exception of the last weeks of his life, when his spinal cord and perhaps his brain were attacked in the terminal phase of pernicious anemia'.

In conclusion, Dr. Lorand remarked that 'among the contributors to psychoanalysis, there is no one, with the exception of Freud himself, who contributed so many valuable and original ideas, no one who did as much as Ferenczi to develop psychoanalysis and bring it to the status it enjoys today'.

DISCUSSION: Dr. Ludwig Eidelberg said that Ferenczi was the most charming man he ever met and the best lecturer. He recalled the advice of Nietzsche that great men should disguise their greatness to avoid the envy of those who work hard and produce little. He agreed that many had tried to imitate Ferenczi's approach without talking about it and even Freud 'was not as passive as his pupils accused him of being'. He emphasized the importance of Ferenczi's studies of infantile omnipotence and their relevance to psychoanalytic technique.

Dr. Max Schur emphasized the importance of Ferenczi's contributions to the literature and his excellence as a teacher. However, he considered the technical innovations of the last decade of doubtful value. 'While he started from Freud's suggestions in certain severe phobias, and was motivated by his burning desire to help his patients, he ended up with methods which did not meet the criteria of "parameters" of psychoanalysis.' Dr. Schur confirmed the statement that Freud never withdrew the genuine affection he felt for Ferenczi. He called the section on Ferenczi in Jones's biography a 'sad chapter', saying that he had called to Jones's attention the fact that Ferenczi was suffering from pernicious anemia and that he tried to soften some of Jones's statements. He said he was glad that Dr. Lorand had set history straight.

Dr. Otto Sperling explained that, in his experience, paranoia was the most frequent psychiatric manifestation of the combined system disease which accompanied, and often preceded, pernicious anemia, before the present treatment methods were introduced. He regards it as certain that the last three years of Ferenczi's life were under the shadow of this organic brain disease. Its first symptom, a deterioration of judgment, can be seen in his paper, *Child Analysis with Adults*. However, he believed that Jones was wrong in predating Ferenczi's paranoia on the basis of his letters to Freud. Letters to one's analyst are still under the influence of the basic rule and of the elimination of censorship; it would be interesting to study the Freud-Ferenczi correspondence from the point of view of where free-associations turned into delusions.

ROY LILLESKOV

January 20, 1964. THE LIMITATIONS OF TECHNIQUE. Sidney Tarachow, M.D.

The total psychoanalytic treatment situation is characterized by an object relationship between the analyst and patient which develops to its most regressive extent, namely, psychic fusion (symbiosis) between the two. This is the basis for various antitheses which express the conditions and limitations of treatment. The psychoanalytic situation drives toward fusion and must be differentiated from psychoanalytic work. Psychoanalytic work, i.e., interpretation, drives toward separation, better ego boundaries, improved sense of reality, improved object relations, victory over narcissism, and movement from primary to secondary process and from unconscious to preconscious. Analytic work and the analytic situation are antithetical aspects of the total treatment situation. The dynamic force in the attainment of insight is the enforced process of separation and identification. The motivation in analysis includes both the fear and love of the analyst. The unwilling process of the renunciation of the original symbiosis with mother, as described by Ferenczi, is the model for the crucial aim of analysis. The analytic situation must not be confused with transference neurosis which is created by analytic work; only interpretation is analytic work.

Analytic work itself also has its own antithesis. Interpretation may be viewed either as act or as content. As an act it tightens the bond between analyst and patient; it is an aggression, a penetration, and facilitates fusion. As content, interpretation attempts to establish a separation between patient and analyst and between fantasy and reality. Reassurance interferes with the patient's sense of

reality because the therapist, in that act, agrees with the patient's infantile fantasies about himself and does not give the patient the task of confronting his own fantasies. Instead the therapist acts out these fantasies in collusion with the patient and assumes all the responsibilities of the mother in his acting out. The content of an interpretation has its antithesis, as every interpretation contributes to both insight and defense. It moves the patient toward increasing self-knowledge but, at the same time, it is used as a resistance against further self-knowledge. The very vehicle of treatment, speech, also has its antithesis. Speech is both communication and concealment. The more specific the speech, the more its affective value and completeness is lost. Like education, speech favors repression and restriction of instincts.

**DISCUSSION:** Dr. Norman Reider discussed three topics from the paper: 1, the value of the dialectical thesis-antithesis approach; 2, the elaboration of the seemingly paradoxical effect of interpretations, simultaneously contributing to insight and heightening of defense; 3, the humanness of the analyst. He questioned antithetical sets on the basis of their theoretical mien, highlighting the need for clinical corroboration to determine if they could contribute technical awareness. Speech as communication and concealment was suggested as the easiest antithesis to study. By becoming aware that the more specific speech is, the more its affective value is lost, one can be led to the defensive use of articulateness in speech and help the patient to talk plainly, simply, and even regressively. That interpretation contributes to insight and defense was similarly scrutinized for technical derivatives. Using clinical material, Dr. Reider concluded that there are technical cues which come from the recognition that both the act of interpretation and its content lead to insight and then to defense maneuvers. In considering the 'humanness' of the analyst versus the restriction of his work to interpretation, Dr. Reider rejected situations which hinder analytic work by gratifying transference demands. However, he pointed out that there are theoretically human manifestations in the analyst which are transference gratifications that facilitate or, at least, do not hinder analytic work. There is a paucity of intimate and detailed examination of clinical material on this subject in the literature. Dr. Reider believes that should such a study be undertaken, it would demonstrate the principle that when analytic work is facilitated, it can also give rise to defensive maneuvers.

Dr. Otto Sperlberg commented that the concept of ego boundaries is often taken too narrowly. For instance, in the act of empathy, one puts oneself in the place of a patient to see how a patient will react. Though this might be classified as a defect in ego boundary (fusion), it is not. Rather it is a temporary inclusion of the patient in the analyst's ego. This is a high level of ego function, not a defect, and is a controlled and reversible activity similar to the auxiliary constructions used in geometry. In such controlled activities, ego boundaries are changed, but there is no defect. True understanding of another person is not based on empathy and introjection. It is the result of thinking, a higher level of function. Dr. Sperlberg called attention to the dangers of a technical approach using a corrective emotional experience. As an example, he referred to the failure of the analitytic treatment of ulcerative colitis. In the psychoanalytic situation,

there is a continuously repeated succession of regression and progression. Regression stops in response to interpretation while, in order to understand interpretations, the patient must function on his highest level.

Dr. William Niederland commented that Dr. Tarachow's sharp differentiation through a series of theses and antitheses sets up a new way of examining analytic technique. Other processes that might be mentioned as impinging on the ego of the patient in analysis are the number of sessions, vacation breaks, and weekends. Dr. Niederland questioned in this connection the use of the words 'weapon' and 'penetration' to describe analytic interpretation. Technical approach or instrumentality are preferred. Nunberg's formulation that an interpretation often provides the connection that moves the analysis along was mentioned, and interpretation in this sense can be viewed as 'connecting'. In reference to the idea that speech has both communicative and concealing aspects, Dr. Niederland pointed out that verbalization by way of speech amplifies and expands the synthetic function of the ego. He suggested that here, and elsewhere, more than antithetical presentations are necessary to understand what happens to patients in analysis.

Dr. Nathaniel Ross stated that it is misleading to conceptualize the analytic situation solely in terms of a sharp polarity which is based on a model of early ego development. Such a dichotomy does not take into account the persistence of a more mature level of object relationship, upon whose existence we predicate the feasibility of psychoanalytic therapy. When this breaks down, we may be compelled to become overtly real objects to the patient for a while in order to restore the analytic situation. If this entails certain difficulties in the continued conduct of the analysis, these are usually not insuperable.

Dr. Gustav Bychowski saw a similarity between Dr. Tarachow's ideas and some of his own thoughts. In a paper presented at the American Psychoanalytic Association, he spoke of the antinomy and the continuum: objective detachment versus emotional closeness and fusion, as characteristic of the psychoanalytic situation in which technique oscillates between objectivity and some minimum of reassurance and encouragement.

Dr. Jan Frank objected to a too free use of the concept of the polarities: separation versus fusion. Fusion is a striving for identification which may occur in normal children, but occurs only in adults who are very sick. We adapt our technique to these patients by adding parameters. Dr. Frank then discussed the role of maturation in resolving fusion tendencies during long analyses.

In conclusion, Dr. Tarachow said that one must be a purist in thinking about the underlying structure of what goes on between patient and analyst. There may be relative freedom of action, but one must know what he is doing. His model for understanding improvement in analysis is maturation, not symptom change. He recalled Bunker's series of renunciations which occur as maturation advances toward the ultimate: renunciation of the mother, renunciation of adult sexuality, and renunciation of life itself. In answer to Dr. Bychowski, he emphasized the limitations of the analyst's personality in responding to the demands of the patient. In response to Dr. Niederland, he pointed out that the connection of present and past made in the interpretation is a deprivation which robs the patient of infantile object ties.

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At the annual business meeting of the AMERICAN PSYCHOSOMATIC SOCIETY, April 4, 1964, in San Francisco, the following officers were elected: Eugene Meyer, M.D., President; Robert A. Cleghorn, M.D., President-elect; William A. Greene, M.D., Secretary-Treasurer. The next annual meeting of the Society will be held in May 1965 at the Sheraton Hotel, Philadelphia.

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The 1964 MAURICE BOUVET PRIZE has been awarded to Anne Bermann for her translation into French of the works of Sigmund Freud.

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ERRATUM: Authorship of Dr. Robert Seidenberg's paper *Omnipotence, Denial, and Psychosomatic Medicine* was wrongly attributed in This QUARTERLY, XXXIII, 1964, p. 303.