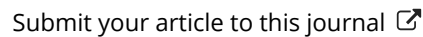


# A Tribute to Heinz Hartmann

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## A TRIBUTE TO HEINZ HARTMANN

BY ALBERT J. SOLNIT, M.D. (NEW HAVEN)

In this period of clarifying and systematizing psychoanalytic theory and its applications, Heinz Hartmann has provided crucial guideposts by his theory-building contributions, as well as critical suggestions about the sources and directions of future developments in the science of psychoanalysis. On the occasion of Dr. Hartmann's seventieth birthday in November, it is appropriate to survey from the peaks he has surmounted in his own work some of the perspectives provided by the range of his psychoanalytic contributions and vistas, especially in ego psychology. At every point in his pioneering work he also has demonstrated his competence as a historian of science by fully documenting Freud's creation of psychoanalysis, relating its history to elaborations and contributions by others who have helped to develop psychoanalysis into the general psychology that Freud had envisaged it would be. Hartmann's contributions to this developing science are of such a range and of such basic importance that it is impossible for anything short of his own work (8) to do justice to the advances he has contributed, to the questions he has raised, and to the many facets of human development and adaptation he has insisted we keep in mind.

Hartmann's work has emphasized the multitudinous, changing influences of the simultaneous inner-instinctual and outer-reality demands in individual development. The balance of these demands develops a focus on adaptation through which Dr. Hartmann has made possible the establishment of a general psychology of human behavior within the frame of reference of psychoanalytic ego psychology. One can see in retrospect that Hartmann's earlier experimental work (1, 2, 3, 4) set the stage for his later accomplishments in which he critically clarified and advanced psychoanalytic theory, formulating and applying the

multidimensional criteria through which he sees all human adaptation. All of his work is a highly creative blending of clinical reality, developmental illumination, and theoretical abstraction, accomplished in a manner that leaves others breathless with the burst of ideas, questions, and insights produced in each of his 'ascents'. Hartmann's intellectual vigor and astuteness are such as to enable him to reach the loftiest peaks of theory with a comprehensive vision of what lies ahead and a precise memory and knowledge of the clinical observations, the hypotheses at various distances from the data, and the multideterminants of the various pathways required to gain the peaks of theoretical abstraction.

Like Freud, Hartmann raises new questions and suggests new illuminations and applications with each reading of his classic papers. In this brief presentation, an awareness of Hartmann's past, present, and future contributions will be expressed only in a very partial way by demonstrating how one of his concepts clarifies a sector of child development in a fruitful manner. The sector to be clarified is related to accidents in early childhood. The article, *Notes on the Reality Principle* (7, [8, pp. 241-267]), will be used as the stimulus for this expression of appreciation on the occasion of Heinz Hartmann's birthday.

In his 1956 article on the reality principle, Hartmann briefly but strikingly states: 'We should also consider what is, I think, a necessary assumption that the child is born with a certain degree of preadaptiveness; that is to say, the apparatus of perception, memory, motility, etc. which help us deal with reality are, in a primitive form, already present at birth; later they will mature and develop in constant interaction, of course, with experience; the very system to which we attribute these functions, the ego, is also our organ of learning'. Later in this article he writes: 'Sooner or later, though not every step has been clarified thus far, the child unlearns and outgrows the distortions inherent in the purified pleasure position. . . . The impact of all stages of child development—the typical conflicts, the sequence of danger situations, and the ways they are dealt with—

can be traced in this process. The problem has been most extensively studied in relation to the development of object relations. Perception, objectivation, anticipation, intentionality, neutralization of energy—all participate on the side of the ego in this process. One may well ask why this whole development of the reality principle (or the corresponding ego functions) shows such a high degree of complexity in man, a complexity to which there is hardly a parallel elsewhere, except perhaps for some higher mammals. No doubt, one reason is that in the human the pleasure principle is a less reliable guide to self-preservation. Also, self-preservation is mainly taken care of by the slowly developing ego with its considerable learning capacity. But pleasure conditions for the ego on the one hand and the id on the other differ significantly, while the instincts of the animals represent at the same time what we would call in man ego functions and functions of the drives. Also, probably as a result of the differentiation of the human mind into systems of functioning, the id is here much farther removed from reality than are the instincts of the animals. . . .’

Further along in *Notes on the Reality Principle*, Hartmann repeats what he has indicated many times before. ‘I said earlier that in man the pleasure principle is not a very reliable guide to self-preservation. There are, though, exceptions to this rule; the avoidance of pain (*Schmerz*), e.g., retains its biological significance. As a very important exception we might also consider what I am discussing just now. In those situations in which pleasure in one system (id) would induce unpleasure in another one (ego), the child learns to use the danger signal (a dose of unpleasure) to mobilize the pleasure principle and in this way to protect himself (Freud, 1926). He will not only use this mechanism against danger from within but also against danger from without. The process is directly guided by the pleasure principle; it is really the pleasure principle that gives this move its power. What interests us in this connection is that through a special device an aspect of the pleasure principle itself (avoidance of unpleasure) is made to serve one of the most essential

functions we make use of in our dealings with reality. It is a definite step in development to be distinguished from what I called the reality principle in a narrower sense (the so-called modification of the pleasure principle, meaning postponement of discharge, temporary tolerance of unpleasure)—and I may refer you here to what I said, partly with this case in mind, about the necessity to keep apart the two concepts of the reality principle. Genetically, of course, the use of the pleasure principle I am discussing now is also dependent on the development of the ego, as is the reality principle in the narrower sense.'

It is characteristic of Hartmann's papers that they present many original and complex contributions interwoven in a thoroughly documented discourse that is often modestly titled 'Notes on. . .' or 'Comments on. . .'. One of the many contributions that this paper makes is contained in the idea that the young child, while still predominantly under the domination of the pleasure principle, learns to use the danger signal (a dose of unpleasure) to mobilize the pleasure principle in the service of the ego to protect himself. The failure of this function to develop or operate would appear, from our observations, to be one of the major factors in explaining a leading threat to child health and survival, the possibility of serious 'accidents', in the second and third years of life. From the time a child can walk independently, certain expected risks or dangers become inherent in the 'average expectable environment' (5).

In Hartmann's successful efforts to establish the groundwork for a theory of human behavior, observations and formulations are based on normal as well as on abnormal phenomena. For example, in the above reference to his formulation of the average expectable environment Hartmann states: 'We know that, according to Freud, the development of the upright posture had a decisive influence on the vicissitudes of man's instinctual drives. Why shouldn't we then—keeping in mind the differences between ontogenetic and phylogenetic situations—assume a similar relationship between adaptation and instinctual drive in ontogenesis as well? No instinctual drive in

man guarantees adaptation in and of itself, yet on the average the whole ensemble of instinctual drives, ego functions, ego apparatuses, and the principles of regulation, as they meet the average expectable environmental conditions, do have survival value. Of these elements, the function of the ego apparatuses . . . is "objectively" the most purposive. The proposition that the external world compels the organism to adapt can be maintained only if one already takes man's survival tendencies and potentialities for granted' (5).

Children in the second and third year of life who are 'safe' in their growing up have the assistance and guidance of the maternal figure in using their survival tendencies. The mother supplements the child's capacity to avoid danger and to depend increasingly on painful danger signals emerging from the developing ego when an id-determined pleasure impulse threatens to endanger the child. The capacity to feel ego discomfort and to respond to it in the situation of dangerous id temptation depends on early learning experiences in which the parent's perception of reality as safe or dangerous is available as a guide to the child in the intimacy of sound object relationships. Such early learning experiences are constituted by the same mechanisms that later enable the child to take care of his body as the parent has, and to sense from the parent what is prohibited in the context of the early object relationships. These mechanisms probably include also the forerunners to early ego identifications, so essential for adaptation. It is, as Hartmann explained, a situation in which the child learns to use the danger signal (a dose of unpleasure in the ego) to mobilize the pleasure principle to protect himself from dangerous consequences of pleasure in the service of the id. This mechanism is used against danger from within as well as against danger from without (6, 7, 8). Where this mechanism fails to operate, the child in the second and third year of life is in need of extraordinary environmental protection from such things as gravitational forces in certain situations (stairs and other heights), objects which are excessively hot or cold, the ingestion of noxious sub-

stances, and many other everyday situations. Obviously the well developing child is in need of and thrives on a large number of appropriate opportunities to explore and experiment with the aid of external and internal safety factors. Since the cognitive resources of the ego are not yet sufficiently developed for the understanding of causal relationships, the prelogical child relies on a balance or combination of environmental safeguards provided by parents (auxiliary ego) and the unpleasure danger signal from his own ego when the demands of pleasure from the id in the usual environment threaten the child's safety or well-being.

Obviously, it is not a matter of excessive environmental safeguards or none, since the environment of the healthy two-year-old child must have built-in safety factors. However, if the child is not capable of coöperating with the love object or the love object with the child, early learning mechanisms may be jeopardized. These would include those mechanisms through which the ego's functions become experienced as pleasurable when they are harmonious with the directions and influences of the parental figure. A paucity of such early learning mechanisms interferes with the ego's ability to develop unpleasure in the face of danger and the child is then less well protected from the necessary—and desirable—risks of the average expectable environment. Conversely, the child's average expectable environment can be safe for and stimulating to development when the confluence of id, ego, and environmental influences promote adaptation and survival rather than danger and destruction. Thus, a two-year-old child whose ego development has lagged in establishing a capacity for unpleasure created by id demands that are dangerous is more likely to stumble to a fracture, ingest aspirin or a toxic household agent in a life-threatening way, or walk into a swimming pool where only ordinary precautions have been taken. The reasons for this developmental lag in a physically normal child are most likely to be found in the pattern of the early experiences with the mother, i.e., in the area of object relationships.

Although much of the above is a working hypothesis derived from Hartmann's work, it is also derived from studies of children who have accidentally ingested a noxious substance (9).<sup>1</sup> In these preliminary studies of children under the age of four, cognizance was taken of the fact that over four hundred thousand children were seen by physicians in 1962 for 'accidental' poisoning (National Health Survey, 1962). However, the most impressive fact is that so many more children do *not* ingest noxious agents ranging from aspirin to ant poison, and from cleaning agents to heating fluids, such as kerosene.

Hartmann's formulations are unusually fertile in the critical suggestions and predictions they offer in what might be termed applications of psychoanalytic theory. Thus, in our study of fourteen children under the age of four who had accidentally ingested poison, Hartmann's psychoanalytic investigation of the pleasure and reality principles enabled us to approach an understanding of those children who do *not* ingest poison as well as those who do. In each of the fourteen children studied, for a variety of reasons, the mother-child relationship was deficient because of the mother's state of depletion. In those children under two years old, the mother's lack of psychological and emotional resources was reflected by an environment that was less safe than an average expectable environment should be for motile, grasping children of this age. For example, kerosene was left where an eighteen-month-old child could easily move toward it and drink it. One might say in this youngest group that the environment created by the depleted mother offered invitations to ingest noxious substances (id temptations) without the expected protection of the mother, and before the child's ego development could provide the danger signal of unpleasure or the protection of understanding.

In older children studied, between two and four, there were a number of influences that sapped the resources of the maternal figure, ranging from unexpected pregnancies to the dis-

<sup>1</sup> From the Department of Pediatrics and Psychiatry, Yale University School of Medicine and Child Study Center.

approval and rejection of the mother by her own mother (the child's maternal grandmother), or by inadequate supportive interest and care from her husband. It became clear that the withdrawal of such crucial psychological support of the mother impaired the mother-child relationship to the detriment of those ego capacities of the young child (two to four) that enable him to learn from and identify with the protective mother, and which stem from libidinal ties of a satisfying and soothing nature. In these situations it appeared that the child was unable to develop or use effectively the unpleasure signal of the ego to ward off the impulse to ingest a tempting noxious substance, even in those instances in which it had been put away with ordinary precautions. In a child in whom the object relationships were sound and in whom ego development was not impaired, we assumed that such impulses stemming from the id (to open the bottle and eat the aspirin) would probably have been ward off by the danger signal of unpleasure from the ego based on early learning mechanisms and on partial identifications of the child with a libidinally satisfying love object. This formulation received support from our comparative study of fourteen children of the same age and sex who did not ingest poison. In this comparison group, factors of maternal depletion or deviant ego development were absent.

Hartmann's formulations enable us to understand not only why so many young children do not ingest poison, but also underscore the necessity to avoid oversimplifications that explain 'accidents' mainly or only on the basis of carelessness in the environment. It is beyond the scope of this paper to go into greater detail about the findings of this investigation, which will be published. This study, however, is but one example of the productivity of Hartmann's insistence that theory, clinical observation, and developmental considerations be viewed as essentially related aspects of psychoanalysis, a general human psychology. Thus, Hartmann's conceptualization of the pleasure principle in the service of the ego in a developmental continuum enables us to approach the study of accidents in early

childhood anew, with fresh and promising hypotheses that relate normal or healthy development to deviant development.

Hartmann's published work is filled with fruitful suggestions and direction indicators for the uncovering of new knowledge and the refinement of areas of understanding that have been staked out previously. Many psychological vistas have been made possible by his brilliant theory building, a unique form of theoretical illumination that because of its closeness to clinical realities is replete with suggestions for research, involving applications of psychoanalysis which, in turn, have the effect of sharpening or refining theoretical formulations.

It is also characteristic of Hartmann's comprehensive views that they increase our knowledge of psychic health and indicate pathways to the prevention of mental illness. His many contributions have provided sufficient elaborations, well-designed questions and suggestions about future studies to keep psychoanalysts and other behavioral scientists busy and productive for many years to come. It is appropriate on Heinz Hartmann's seventieth birthday to express our gratitude and congratulations to him, as well as to demonstrate our readiness to use the continuing perspectives and knowledge that his work and contributions make available.

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## The Training Analysis

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# THE TRAINING ANALYSIS

## A CRITICAL REVIEW OF THE LITERATURE AND A CONTROVERSIAL PROPOSAL

BY DAVID KAIRYS, M.D. (NEW YORK)

The training analysis is generally accepted as the cornerstone of psychoanalytic training, but the published literature on the subject is not very large. One reason for this may be that those who have written on the subject think that it is unsuitable for general publication and should be restricted to the limited circles of educational committees and institute faculties. Perhaps also analysts who have been engaged in training for a long time have come to believe that the problems of analyzing within a training program are intrinsically insoluble and no longer worth discussing. Indeed, I have heard exactly this pessimistic viewpoint expressed by a senior training analyst. Fortunately, this hopelessness is not universal, as is shown by the fact that this review of the literature was originally requested as an initial step in a projected study of the training analysis by the Committee on Psychoanalytic Education of the American Psychoanalytic Association.<sup>1</sup>

The monumental work of Lewin and Ross, *Psychoanalytic Education in the United States* (22), has performed services from which psychoanalysis will benefit for years to come, one of its greatest contributions being the crystallization of the overriding problem of psychoanalytic training in the concept of syncretism. Syncretism is defined as 'egregious compromise in religion or philosophy that is illogical or leads to inconsistencies; uncritical acceptance of conflicting or divergent beliefs and

<sup>1</sup> Dr. Phyllis Greenacre has abstracted a number of recent papers on training analysis and written a short review with her own comments (17). She has kindly permitted me to quote from this material.

I have not included historical papers in this review. Discussions of the history of the training analysis will be found in Balint (1), Ekstein (8, 9), and Lewin and Ross (22).

principles', and Lewin and Ross tell us that outside of religious circles it has come to mean 'the *use* of conflicting and irreconcilable assumptions'. The term 'psychoanalytic education' in itself epitomizes the conflicting dualism: psychoanalysis-education; therapy-teaching; therapist-teacher. The difficulties created by this dualism come to light in many areas of psychoanalytic training, but the training analysis is the locus par excellence of the syncretistic dilemma. Analysts have known of these problems and struggled with them from the time our present system of training was established, but Lewin and Ross formulated the difficulty in a way that focuses and clarifies our thinking. I can think of no better way to introduce this review than to set it against the background of the concept of syncretism.

This paper has been divided into three main sections. The first will deal with the special problems of the training analysis; the second will discuss ways that have been suggested in the literature for meeting these problems; the third will advance a proposal of my own for modifying the present training system.

## I. PROBLEMS OF THE TRAINING ANALYSIS

### TRANSFERENCE

Much of what has been written on the subject of the training analysis concerns the fact that when analysis is carried on in a psychoanalytic school important things happen to the process that set it apart from an ordinary therapeutic analysis. The most graphic description of the difference was written twenty-five years ago by Anna Freud (13): 'It would be viewed as a gross technical error if an analyst accepted as his patients persons from his close social environment, if he were to share his interests or opinions with them, if he were to discuss them in their presence; if he were to criticize and judge their behavior and discuss it with others and would permit himself to draw realistic consequences from his judgment; if he were to intervene actively in his patients' lives and offer himself as an example to them, and permit them at the end of the analysis the identification with himself, and his professional activity. The training

analyst commits every one of these gross technical errors in the framework of the analytic training situation. It remains an as yet unanswered question how much the transference situation of the training analysand is complicated and obscured by this technically deviating procedure. One hears again and again among analysts the complaint that the analysis of the future analyst fails to succeed therapeutically as well as the analyses of most neurotic patients. Many analysts suffer from unresolved infantile attitudes which disturb them in their affective relationship to their environment, or from unresolved transference fixations to their training analysts, which influence their scientific attitudes. They remain in a state of dependence on their training analyst, or else they separate from him in a violent revolt against the unresolved positive relationship. This is often accompanied by clamorous, hostile, though theoretically rationalized declarations.'

Since this was written, a number of authors have discussed the transference problems of the training analysis (Bernfeld [5], Bibring [6], Grotjahn [18], Lampl-de Groot [21], Nacht [23, 24], Nielsen [25], among others), and there is a general consensus about the problems which are created. Many have recognized that, as the analytic process depends heavily on analysis of an uncontaminated transference, it is here that the success of the training analysis encounters one of its gravest obstacles. In the dilution and distortion of the transference imposed by the training situation, syncretism has its sharpest impact, for the essence of the problem resides precisely in the dual function of the training analyst who tries at the same time to treat the candidate's neurosis and to be one of his educators.

The reactions of student-analysands to the analyst are determined in part, as in any analysis, by the infantile attitudes projected onto the analyst; they are also determined by realities introduced by the training situation. If, for example, the student-patient experiences his analyst as a depriving parent or sees him as a judge, this is not necessarily fantasy but may be largely true; as Nacht (23) points out, the sense of infantile

dependence of the candidate is partially due to his very real dependence on the analyst. The pure culture of the ideal transference is contaminated by elements of reality and, as in the bacteriological laboratory where colonies of pathogenic organisms are readily overgrown and obscured by undesired contaminants, the true transference feelings are so clouded and confused by reactions to reality as to render the analyst unsure of what he is witnessing. And even if *his* vision remains clear, the student finds it difficult to see the infantile nature of his own responses. The contaminating reality becomes an all too readily usable resistance. As Grotjahn (18) has put it, 'the doctor-patient . . . is invited to form a transference neurosis on a screen distorted by reality'.

For as we have it today, the training analyst must to some degree report his patient's confidences and be his judge. In the usual training program, the Students' Committee or its equivalent relies heavily on reports from the analyst in making its decision at each point in the student's progress. Whatever administrative 'gimmicks' may be introduced to obscure or minimize the training analyst's role, in the end he inevitably determines when the student starts courses, when he takes his first supervised case, and, above all, when he graduates. In all these decisions, the analyst must step out of his analytic role and intervene crucially in the student's real life.

In psychoanalysis as in other forms of psychiatric therapy the whole therapeutic relationship is founded on the patient's full assurance of the confidentiality of his communications to his therapist—his knowledge that nothing said in the privacy of the consulting room will ever be repeated or used in any way to his detriment. Yet the training analyst does exactly what we all insist must never be done. At some point he may have to use information confided to him by his patient to influence unfavorably the student's course and ultimately his entire professional career. It is therefore inevitable that some candidates will be unable to repose full trust in their training analysts and this must affect the freedom of their analytic work. At an informal

meeting of the faculty of the New York Psychoanalytic Institute in 1960, Anna Freud compared this situation to the analysis of children in which the analyst, regardless of his efforts to side with the child, remains part of the parental adult world and is distrusted by the child-patient. The training analyst is in the same position in the student-patient's unconscious in that he reports to the institute just as the child analyst reports to the parents. Miss Freud concluded that no candidate can ever really fully trust his training analyst.

The analyst's lost anonymity is a further hazard to the training analysis. His position as a member of the institute faculty frequently leads to professional contacts with his student-analysands and they come to know much more about him than is usually considered desirable for the analytic relationship. Bibring (6) minimizes the trouble these contacts cause the analysand; but they add considerably, she believes, to the burdens of the analyst. She counsels the analyst to pay equal attention to the positive and negative aspects of the student's response to any outside contact with him,—to avoid, for example, the easy pitfall of accepting compliments as realistic appraisals and treating criticisms as neurotic reactions. Greenacre (17) shows more concern about outside contacts. She warns that both analyst and patient may readily remain unaware of their significance so that the whole experience becomes 'embedded' in the transference resistance.

In all that has been written on how the training situation endangers the training analysis, one thing missing is any informed estimate of how often a training analysis fails because of these problems, nor do we know how many analyses have succeeded in spite of them. The unanswered question of Anna Freud in 1938—'how much the transference situation of the training analysand is complicated and obscured by this technically deviating procedure'—is still unanswered today in any quantitative sense. Opinions expressed in the literature are impressionistic; to the question 'how much?' the answer is 'very much indeed'.

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MOTIVATION AND SELECTION: THE 'NORMAL'  
AND THE 'SICK' CANDIDATE

Since Anna Freud's 1938 paper, various authors have dealt with the question of motivation for analysis in candidates, and how the degree of motivation affects the course of the training analysis. Miss Freud pointed to a difference between the patient-analysand and the candidate-analysand: 'The neurotic person wishes to be relieved of his suffering. The relatively well candidate comes to analysis for professional reasons.' She had the conviction, however, that this difference hardly influences the course of the analysis: 'as the analysis progresses, conscious motivations lose significance, while the unconscious motivations gain in importance in terms of either impelling the candidate toward the analysis or tending to interfere with continuing it'. The suffering of the neurotic patient, Miss Freud believed, may be an affectively more powerful motivation, but the professional motivation of the candidate proves more dependable. Pointing out that candidates seldom leave analysis under pressure of resistance, as neurotic patients so often do, she nevertheless considered that the relatively stable defensive systems of normal candidates make for more powerful resistances than occur in the analyses of neurotics, whose defenses against uncovering of unconscious material are weaker. But the neurotic's need to maintain established patterns of drive discharge makes for id resistances more powerful than those of the normal candidate. Miss Freud suggested that on balance the mental health of the candidate does not present a formidable obstacle to his successful analysis. In her discussion in 1960, mentioned above, Miss Freud reaffirmed this belief. She also pointed out that in the normal candidate, libido is firmly attached to real objects, whereas in the neurotic the libido is attached in large measure to fantasy objects; hence the normal candidate will take much longer to develop a transference.

Hanns Sachs (27) in 1947 expressed the view that candidates with 'too few neurotic symptoms' should not be accepted, as their defensive systems produce too great a repression of con-

flict. Kubie, in an unpublished paper read at a 1948 panel and quoted by Gitelson (15), spoke of the danger that the student may mask serious neurotic traits in the training analysis so that he appears more normal than he is, a point which Gitelson explores thoroughly in his 1954 paper. Knight (20), in a presidential address, also expressed his concern over the problems of training the many postwar 'normal' candidates, and Kurt Eissler (11) had similar misgivings about the analyzability of 'normal' persons.

It is my impression that Miss Freud's rather optimistic view of the motivation of the normal candidate is not shared by many training analysts, at least as expressed in their papers. With regard to the infrequency of 'drop-outs', it is no doubt true that a candidate is unlikely to stop his analysis since to do so means an end to the aspirations on which so much is staked. He is, in a sense, a captive audience. But although his professional ambitions may keep him coming, mere continuation of the analysis is of course no indication of a meaningful analytic process. Nacht (23) also alludes to the infrequency with which candidates interrupt their analyses, but is not happy about this fact. As he puts it, 'Flight from the analysis is practically impossible', and the candidate is tied to the analyst by vital needs, like a child to his parents. His dependence on the analyst is not a fantasy derived from infantile sources but a current reality.

Lampl-de Groot (21) mentions a difficulty remarked on by Anna Freud: that it is hard to analyze defenses not involved in a pathogenic conflict; she concludes that it takes great time and patience. Grotjahn (18) speaks of the candidate as being like a 'sick physician'—the physician cannot forget his medical knowledge and the candidate cannot forget that 'he is in training and not only in therapy'. Grotjahn's conclusions with regard to technique will be referred to later. Nielsen (25) considers the lack of motivation of the normal candidate a greater hazard to the training analysis than the knotty problem of transference. As to selection, he advises as one possibility a

policy of deliberately choosing neurotic candidates. As an alternative, he suggests selecting normal candidates with the clear expectation that they will not be analyzed intensively, but will have a short didactic experience (similar to the practice of the early years of analysis) that will let them experience, and become convinced about, unconscious forces. Nielsen's suggestions would probably seem highly oversimplified to other authors, particularly Gitelson (16). Nacht (23) also accepts, but with misgivings, the idea that normality, which may create so many problems in the training analysis, should not be a positive criterion in selection of candidates.

All this discussion tacitly assumes that 'normal' candidates exist. Gitelson cut through the argument with a penetrating analysis of normality. In 1948 (15), he was already dubious about accepting the term 'normality' at face value and spoke about it as a defense. He suggested that it would be better to determine through interviews what a man has made of himself in spite of his neurosis, and then to let the analysis be the final test. In his paper of 1954 (16) he argued that the apparent normality of many candidates is a defensive façade under which there is often a deep-seated neurosis. The normal candidate, says Gitelson, 'lives in terms of a façade whose structure is patterned by his environment. This provides opportunistic gratification of his instincts by virtue of their imbrication with the demands of his environment.' This façade presents a difficult technical problem. Gitelson does not discuss the application of his thesis to selection of candidates.<sup>2</sup>

Greenacre (17) largely agrees with Gitelson that plans for a career and conscious competitive attitudes are motivations that do not necessarily deform or upset the course of the training analysis. She says, however, that 'in a fair number of cases it

<sup>2</sup> Gitelson's 1954 paper is too full and complex to be adequately discussed here. His arguments can be presented only in an oversimplified form. They are supported by discussion of the question of adaptation and mental health and of cultural influences on defense. His paper should be studied by all those concerned with the problems of training analysis.

seems . . . that this conscious motivation . . . is a continuum with severe narcissistic defenses and resistances, of which only the surface manifestations are conscious'. She refers to a type of candidate frequently attracted to analytic training in recent years: he is 'brilliant, intellectual, and [has] narcissistic facsimiles of, rather than real, object relationships'. In these individuals, 'competitive success in fact and fantasy forms the major bulwark of defense'. These apparently normal candidates, in her experience, have great difficulty in reaching knowledge of the unconscious, and in many cases are 'not really analyzed until the matter of graduation is settled'.

The question of whether to select 'sick' or 'normal' candidates is primarily a problem for students of the process of selection, but it also closely affects the course of the training analysis. We have much to learn about this issue and any conclusions about training analysis must inevitably influence selection of candidates. The two problems—training analysis and selection—overlap and should be studied together.

#### ECOLOGICAL COMPLICATIONS

It is not only the analysand for whom the waters are muddied by the training situation; the analyst who works as a member of the faculty finds himself subjected to interfering 'ecological' influences that do not disturb the calm of his consulting room when he is treating an 'ordinary' patient. The training analyst has a special narcissistic stake in the success of his students' analyses; their course as students, their achievements or shortcomings, are under constant scrutiny by committees of his colleagues. What is more, as Grotjahn says, the student-analysand, unlike the private patient, does not obligingly vanish from the scene. Once the analysis ends he becomes, if fortune favors, a member of the Society and what he does will always reflect on the man who analyzed him. The training analyst works, as it were, in a fish bowl, and, as Nacht points out, may feel anxiety about the judgment of his colleagues,—especially

of his senior colleagues if he is a young training analyst. A more serious problem may occur when the training analyst is unduly competitive with his colleagues and uses his student analyses as the battlefield of his competition. All these extraneous pressures may distort the objectivity with which the training analyst sees his student-patient and may color his decisions in endless ways. He may identify himself too much with his student, collaborate in his denials, fail to examine his own motives in dealing with administrative problems, underestimate or overestimate the severity of his patient's neurosis; in short, his personal reactions may in a variety of ways add to the difficulties the student himself brings into the analysis. Benedek (3) discusses the untoward reactions of the training analyst from an interesting point of view. 'By becoming a training analyst, he is like a man—like most men—who become fathers without having resolved their conflicts with their own fathers. He is compelled by his unconscious to live out in his attitude toward his children those conflicts which he has in regard to his functions and responsibilities as a parent.' She points out the various ways in which this sort of countertransference may complicate the training analysis.<sup>3</sup>

Nothing appears to have been published about selection of training analysts. There is a vast territory to explore here, involving such questions as the relation between analytic skill and ability to teach, the criteria for selection, procedures for appointment and reappointment, and the ways of terminating an appointment. Individual institutes have discussed these questions but their experiences and deliberations have not yet been published.

The student is affected in another way by the fact that his training analysis takes place in an institute; any school setting is competitive. Bibring (6) emphasizes that problems caused by

<sup>3</sup> Benedek is speaking of a true countertransference problem. It should be pointed out that many of the unfavorable reactions of the training analyst commonly described as 'countertransference' are not really that, but are rather neurotic reactions to the conditions of being a training analyst. It is desirable to keep this distinction clear.

competition especially flourish in large institutes but, as Greenacre points out, they are likely to be even worse in small ones. The students watch each other's progress in classes; the student who is delayed at any point in his training suffers a narcissistic hurt that often reverberates in his analysis; when two or more students are in analysis with the same training analyst, rivalries may be heightened even further. Anna Freud (13) states that a variety of infantile family relationships may be revived in fellow students and that in the institute 'the living out of the sibling transference becomes more significant than the interpretation of the infantile material that reappears in it'.

## II. MANAGEMENT

### TECHNICAL RECOMMENDATIONS

Various writers have suggested solutions for the problems of the training analysis. Fenichel (12),—without much hope that they would be effective—offered two ways out of the difficulties caused by the fact that 'the training analyst is actually a decisive person in the life of the candidate'. First, it should be stressed that a whole training committee makes the decisions, not the analyst alone; but he adds, 'the candidate certainly realizes that in this committee too the voice of the analyst will be the decisive one'. Second, the complication must be frankly admitted to the candidate. Lampl-de Groot (21) suggests that special transference problems be dealt with by 'most careful and rightly timed handling in the analytic situation'. She believes that the training analysis has a more extensive aim than a therapeutic analysis—in the latter one tries only to analyze those defenses involved in the pathogenic conflict, whereas in the former one wants to analyze all aspects of ego functioning. In the absence of conflict and suffering this is hard, and Lampl-de Groot counsels that great patience and plenty of time are called for and that less frequent sessions are clearly contraindicated.

Nielsen (25) recommends an active technique, a deliberate attempt by the analyst to create pain in the analysand. Heimann (19) suggests that the analyst try to turn the difficulties of the

training analysis into instruments of therapy by carefully analyzing the candidate's reactions to the various interfering factors; but she also recommends strict adherence to analytic procedure. Grotjahn (18), in sharp contrast, urges that 'rules inhibiting spontaneity and enforcing regularity or even rigidity in training analysis must be kept to a minimum if the training analysis is ever to approximate a therapeutic analysis. I consider such freedom or flexibility or spontaneity essential to safeguard the efficiency of training analysis.'<sup>4</sup> Nacht (23), in dealing with difficulties of the transference, can only advise that one must use more subtle interpretation. Balint (2) expresses concern over a tendency to interpret small hostilities early and drain off aggression before it can emerge in full intensity. With every minor aggression quickly drained off ('real hatred is only talked of, not felt'), the student-analysand cannot 'nibble bits off his analyst' but must swallow him whole as an idealized and hated object, so that any criticism of his analyst he may later hear releases all the old rage at the critic—a factor in factional fights among analysts.

Bibring (6) offers specific and succinct technical recommendations. The analyst, she says, must make it his business to deal with such of the candidate's characteristics as might make him unsuitable to become an analyst. She cautions against the danger that the analyst may use the administrative apparatus of the institute to avoid discussing these problems in the analysis,—that is, by leaving them to be handled by committees instead of by himself. The analyst may behave like the mother who in rearing her child is afraid of acting as a bad mother. Not to confront the student-analysand with these important realities is only to postpone a conflict that may come to a head at an inopportune moment. Bibring recommends as essential that the analyst deal with the system of defenses which the analysand so frequently presents in place of overt symptoms. With this must go a careful analysis of his motives for seeking training.

<sup>4</sup> Grotjahn refers here specifically to rules laid down in minimal training standards.

After this it is possible to establish a number of indispensable conditions: first, to achieve the necessary therapeutic splitting of the ego by which a therapeutic alliance can be formed; second, to introduce the principle of dealing with reality within the analysis; and third, to see to it that the candidate becomes familiar with the real significance of the analyst's evaluation of him so that it will become his concern as well as that of the analyst. Only after these issues are clarified and the leading mechanisms of defense well understood does Bibring consider it possible for the candidate to begin his theoretical training. (Greenacre suggests that the analyst who adopts Bibring's recommendations is directing the early stages of the analysis; if so, she asks, what will be the effect on the rest of the analysis and on the transference?)

Gitelson (16) devotes considerable attention to the clinical problems presented by analysis of candidates. He starts with the assumption that a student-patient attempts to accomplish in his relationship to the analyst the same things that he has accomplished in the world at large, and in this attempt he follows patterns that have been more or less successful in mastering the environment. Gitelson suggests that the analyst must use ego analysis as it is described by Fenichel 'which, in the case of candidates, includes as a first step a meticulous effort to resolve that part of their defenses which has gained strength from the ecology of their pre-analytic experience. This includes the analysis of the very choice of psychoanalysis as a career.' Freud asked whether it is ethically warranted or technically possible to turn an unconscious conflict into a conscious one. Following Fenichel, Gitelson suggests that it is not a matter of creating new conflicts but of mobilizing latent ones, and that in so doing the analyst must pay attention to 'small signs' ignored by the patient but usable to demonstrate the existence of conflict and to bring it into the analysis. He makes clear that he is not referring to various maneuvers that attempt to manipulate the transference. These, he believes, will only duplicate the manipulations of the patient's parents, which contrib-

uted so largely to the creation of the adult neurosis. He feels rather that the analyst must try to correct, for the analytic situation, the 'spoiling' produced by the milieu in which the patient grew up. 'The hope of the analytic situation lies in the possibility of effecting a differentiation between it and the atmosphere of the candidate's past life. . . . It is, therefore, concerned with the institution of a learning process which goes on during a prolonged initial period of "testing", during which the validity of the analytic situation establishes itself. The patient must prove its "difference".' Gitelson concludes in part that ' . . . looking upon the culturally determined normal behavior as itself a resistance, we may attempt to mobilize conflict made latent by the culture and thus, in the end, analyze the vicissitudes of the libido itself'. He concedes that 'this is a large order', but after all, 'our candidates, as we find them, are the future of psychoanalysis. We cannot sidestep our responsibility for trying to insure that future.'

Taken as a group, the papers that make technical recommendations for dealing with the transference problems of the training analysis seem to me to fall far short of what is needed. It is quite all right to advise such things as careful timing, subtle interpretation, turning difficulties into therapeutic instruments, taking plenty of time and patience, and so on. But none of these well-meant suggestions can possibly overcome the massive problem of the distorted and contaminated transference situation which these same authors agree exists in the training analysis. These small prescriptions for an enormous problem are like advising aspirin for encephalitis. Grotjahn's suggestion of increased flexibility and spontaneity is not clear;<sup>5</sup> but can any amount of modification of analytic arrangements make a training analysis really like a therapeutic analysis? None of the suggestions made in this group of papers can be considered a real approach to the solution of the problem of the transference, although the papers of Gitelson and Bibring are valuable

<sup>5</sup> In a discussion in 1953 (29), it was vigorously opposed by Bibring, Gitelson, and others.

contributions to a different question—how to handle the character analysis of the symptom-free candidate.

#### THE TERMINATION OF TRAINING ANALYSIS

In 1954, a panel discussion was devoted to the problems of termination of the training analysis, and four papers from this panel, by Ekstein, Benedek, Weigert, and Windholz, were published the following year. Ekstein (10) said that in training analyses (as in other analyses—a point made by Annie Reich) it is important to analyze the mourning reaction of the patient after a date is set for termination. He counseled against a social or professional relationship between the training analyst and the candidate too soon after the analysis is terminated, for such contact hinders resolution of the mourning reaction.<sup>6</sup> Ekstein's central recommendation is that the institutional setting be used for resolution of the transference. If the training analyst is of equal status with his colleagues, he will not need to maintain a 'transfer' to his candidate but can 'allow [him] to make an institutional transfer', to continue training with other colleagues. This seems to me a promising suggestion for using constructively the dissolution of the transference in training analysis.

Benedek (4), in discussing termination, laid out a broad plan for the entire training analysis. She proposes analysis in two phases: a short first phase, similar to the early training analyses, to be interrupted when the candidate is ready to do supervised work. Benedek advances a number of reasons for believing that supervision during analysis is undesirable, and accordingly

<sup>6</sup> Anna Freud (13) also advised against contact of analyst with analysand soon after analysis, but formulated it differently. 'The final resolution of the transference neurosis and the detachment of libidinous quantities invested in the transference in the analyst is a process that requires time. . . . It reaches its end not until the patient has the opportunity to test himself and find confidence in his ability to function without the analyst's support.' Paul Kramer, in reading Miss Freud's paper to the Faculty of the Chicago Institute, added disapprovingly that sometimes 'the end of the training analysis is prematurely celebrated by a round of mutual dinner invitations and a taking up of social relationships shortly after the last session'.

wants phase two to start when supervision is completed. It would then serve to test the adequacy of the candidate's self-analysis and the working through of conflicts reactivated by supervision. She concedes that this would only change the problem of termination to one of interruption and add new problems, but suggests that it would permit systematic study of the various phases of training. I doubt that most analytic educators would favor this plan; aside from its clinical difficulties there is the practical disadvantage that it would extend the period of training beyond its already tremendous length.

Weigert's paper (30) is devoted chiefly to the countertransference of the training analyst. 'The termination of training analysis is essentially a matter of trust—mutual trust as well as the trust that the trainee will carry on his self-analysis. The analyst's awareness of the subsidence of his own countertransference feelings is an important part of this criterion, as is the development of mutual openness and frankness between training analyst and candidate.' I very much agree with Ekstein's comment that Weigert here seems to introduce a moral issue into what should be an objective clinical problem. Also is not 'the development of mutual openness and frankness' an essential feature from the start of the analytic relationship? As for the analyst's awareness of the subsidence of his countertransference feelings as a criterion for termination, I find this rather hard to accept.

Windholz's paper (31) on the termination of training analysis ranges over a variety of problems, and he concludes that all the factors that influence the course of training analysis will affect the phase of termination. He does not attempt to spell out how the terminal phase should be handled. His clearest feeling is perhaps expressed in one short sentence: 'Didactic analysis—is interminable'.

Bibring (6) said that the state of the candidate's 'analytic superego' partly determines his readiness to conclude his analysis. By this she means that the process of growth which occurs in the training analysis should enable the candidate to continue

to acquire self-knowledge (even if it is painful) without requiring to be directed to it by the presence of his analyst. At the point of termination she has found it helpful to tell the candidate that no didactic analysis should be considered ended, but rather that the end of regular sessions should be considered a trial interruption. Unresolved difficulties are reviewed and analyst and candidate agree together as to when they will meet again for a new survey of the results. Usually they decide to let a year elapse, after which they will meet to evaluate the candidate's work and progress and to decide whether further analysis is called for.

The problem of termination requires consideration of the candidate's identification of himself with the training analyst. Anna Freud dealt with this in her paper, but otherwise the subject has received rather scanty attention. Miss Freud pointed out that in a therapeutic analysis one looks for resolution of the patient's identification with his analyst through the interpretation and uncovering of the infantile roots of the identification. The analysand is thus brought to recognize the unreal character of the identification and can turn his energies to his own life interests. In the training analysis this cannot happen since identification with the analyst takes place in reality and the infantile and real determinants of the identification become fused. The patient in therapeutic analysis ends by becoming independent of the analyst and separating his fate from that of the analyst, while the candidate at the end of training connects his future with that of the analyst by becoming his colleague and sometimes his collaborator. This fact must affect the success of any training analysis and sometimes has produced cliques and factions within analytic groups.

#### ADMINISTRATIVE ARRANGEMENTS

Lewin and Ross expressed the hope that psychoanalytic educators will find a way of synthesizing in an acceptable way the two conflicting functions of training analysts. Proposals have

been made, and sometimes carried out, that the training analyst be exempted from taking part in administrative decisions about his analysands. There are recommendations that all decisions about progress and graduation be made by committees and communicated by committees, so that it is not the analyst who tells the student that he may or may not start courses or supervision, or that he needs more supervision. But Fenichel and others who make these suggestions, as well as those who carry them into practice, are aware that these changes really change nothing. It does not matter who, *de jure*, takes the actual vote or who writes the letter; the critical fact is that it is the analyst *de facto* who makes the decision, since the committees tend to consider his the final and authoritative voice. As long as this is so, his dual function and its effect on the analysis are unchanged.

At the Chicago Institute for Psychoanalysis the candidate, after selection, is referred for training analysis. When he and his analyst agree that he is ready to begin supervised analysis, he applies for matriculation (didactic work and supervision) and a letter is sent by his training analyst to the Education Committee. (Occasionally an analyst exercises the option of declining comment.) The candidate is now interviewed and a decision is made by the Education Committee and the staff. In most cases, apparently the analysis has been concluded before the student is ready to be considered for graduation.<sup>7</sup>

As I see it, the change effected by this procedure is one of phase rather than essence. The student's matriculation must be influenced to a large extent by the course of his analysis; the training analyst, instead of making the decisions as to progress, in effect influences the earlier decision as to matriculation, and the analysis is carried on under the burden of this crucial fact. Although using the analysis itself as an aid in selection of candidates has many advantages, it is hard to see how the problem of dualism is mitigated in any essential way by this arrange-

<sup>7</sup> Dr. Charles Kligerman furnished me with this account of the procedure in Chicago.

ment. As Bibring (6) puts it: 'I wonder whether this procedure, different as it may appear technically, does really procure what it sets out to do: a greater security for the analysand and less apprehension as to the outcome of the analysis. It does not seem to represent an important difference so far as the candidate's conscious and unconscious anxieties are concerned. Whether they refer to the analyst's hostile judgment interfering with the hope of qualifying as an analyst, or with the hope of being accepted by the Institute . . . the issue in question will hardly be touched.'

Analysis before admission to the institute also has the disadvantage, as Greenacre and others see it, that the student is not in analysis during his supervised work so that problems brought to the fore by his work with patients cannot be subjected to scrutiny in his own analysis. Moreover, training analyses are already long; to require that a candidate complete his analysis before admission increases the already burdensome length of his training. In fact, the whole question of the timing of supervised work in relation to the training analysis remains unsettled. Benedek (4) advocates that supervised work be done while the candidate is not in analysis. Analysis before admission would have the same effect. Blitzsten and Fleming (7) at one time recommended that supervision itself be used as a means of continuing the analysis. Most writers favor some degree of overlap, and some authors, like Bibring, attempt to specify when in the analysis it is desirable for supervision to begin. Certainly it seems that supervision will usually bring forward problems that require analysis and that may be fruitful for the analysis. Bibring points out in illustration that when the analysand takes his first analytic patient he becomes like young parents with their first child; they often discover new aspects of their relationship to their own parents and may find themselves, for example, compulsively treating the child in ways to which they had objected in their parents. Similarly, the analysand-become-analyst will often do to his patient what he did not want done to him by his analyst—which Bibring

cites as one of various possible 'transference-countertransference configurations'.

The most radical proposals have come from Bernfeld who would, in effect, abolish altogether the administrative apparatus of organized psychoanalysis. The recommendations in his posthumously published paper on psychoanalytic training (5) affect all aspects of training, for his overriding concern was that psychoanalysis has become overorganized and overinstitutionalized to the point where its essential spirit is in danger of being smothered by an inflexible bureaucracy. He would therefore eliminate formal requirements as to previous training, would do away with committees on admission, education, and students, and would indeed altogether eliminate the category of 'training analyst'. He outlined an informal, personal process by which an analyst, having spotted someone who seems 'interesting, talented [and] passionately interested in psychoanalysis' would bring such an individual to meetings of the Society, have him meet other analysts, perhaps read a paper, and receive supervision of his psychotherapy. 'Since he is interested in psychoanalysis, he probably will be eager to be psychoanalyzed himself', and the introducing analyst would undertake his analysis or refer him to a colleague. After the protégé has mingled with other analysts and worked with 'control analysts', he would be well known to most of the group who would then decide whether or not to accept him in the Society. Bernfeld suggested that this informal procedure would have no worse flaws than the existing system, and would have the essential advantage that 'extra-analytic considerations' would be eliminated.

I believe that one can have full respect for the spirit of Bernfeld's concern without accepting his extreme solutions. Rigidity and bureaucratic proliferation are hazards inherent in organization, and they tend to grow as the organization grows. It behooves everyone who is concerned with psychoanalytic education to heed Bernfeld's warnings. But it seems inconceivable that psychoanalysis can go back to the informal procedures of its infancy. Bernfeld's proposals would indeed eliminate syn-

cretism, the besetting dilemma of training analysis, but I believe that this dilemma will have to be solved by means less radical than the dismantling of the organizational structure of psychoanalysis.

#### THE QUESTION OF THE SECOND ANALYSIS

Lampl-de Groot (21), Nacht (23), other writers, and faculties of institutes in their discussions, have noted that many candidates are not successfully analyzed as students and perhaps need a second, potentially more fruitful analysis after graduation when the fact of being a student no longer interferes. Support for this recommendation is often drawn from Freud's famous statement in *Analysis Terminable and Interminable* (14) that '... every analyst ought himself to submit to analysis at intervals of, say, five years, without any feeling of shame in so doing. This is as much as to say that not only the patient's analysis but that of the analyst himself is a task that is never finished.' Some discussants seem to regard postgraduate re-analysis as a solution to the problems of the training analysis. This proposal demands careful scrutiny, however.

Freud thought of the training analysis as a brief and incomplete affair, its purpose accomplished if 'it imparts to the novice a sincere conviction of the existence of the unconscious, enables him through the emergence of repressed material in his own mind to perceive in himself processes which otherwise he would have regarded as incredible, and gives him a first sample of the technique which has proved to be the only correct method in conducting analyses'. Granting that this would not constitute adequate training, Freud relied on a continuation of the analytic process after the candidate's analysis had ended. But today training analyses are aimed at resolution of complex characterological problems and last several years. If the student needs further analysis after graduation because his training analysis faced inherent obstacles, re-analysis should certainly not be considered a desirable solution to the problem and there should be no complacency about it.

### III. A CONTROVERSIAL PROPOSAL

The crucial problem of the training analysis appears to be the dual function of the training analyst, a problem much discussed but still unsolved. Analytic training has scarcely changed since it was developed in Berlin in the early 1920's, and no one except Bernfeld has suggested a fundamental modification.

I think it is time to ask ourselves some hard questions. Are we justified in asking our students to make the great investment of effort, time, and money for training analysis if we know that it is being conducted in a way likely to hamper it from the start? This question is particularly pertinent when we think of the heavy sacrifices many students make to pay for their training analyses. Further, are we giving our students a defective model of analytic behavior in having their training analysts violate the normal rule of confidentiality by reporting on their personal problems to third persons? Further yet, training analysts have little time to spare. Is it right to ask them to conduct analyses with so many built-in hazards? Finally, are we doing justice to the analytic profession as a whole by continuing a system of training which, we believe, leaves many students unsuccessfully analyzed and in need of further analysis after graduation? There is after all no way of enforcing the post-graduate analysis, and although many conscientious and honest graduates do, when necessary, re-enter analysis, who knows how many who should do so fail to enter a second analysis? And who knows how much harm these inadequately analyzed persons do to psychoanalysis? If we face these questions squarely, we have an obligation to seek answers that go beyond mere tinkering with the details of the present system.

It seems strange that so little consideration has been given to a step which would go a long way toward resolving the syncretistic dilemma of the training analyst; namely, *to divorce the training analysis completely from the rest of the student's training*. It is generally assumed without question that one cannot gauge the progress of the student without knowing how

he is doing in his analysis, and yet surely this assumption must be questioned and studied. Do we really know, for example, to what extent we can judge a student's progress by his work in courses and particularly his work in supervised analysis, without reference to the progress of his own analysis? Has any Students Committee ever studied the possibility of dispensing with reports from the analyst in making its decisions? Is it possible, even, that committees might make *better* decisions without the analyst's reports? I am not at all convinced that reports from the analyst are essential and there may be reason to think that in some instances they are detrimental. The Rainbow Report (26), for example, referred to the fact that the training analyst, because he is the therapist, may not be able to act as an objective judge of his student's progress. This is consistent with what has been written about the neurotic problems the training analyst may bring to the analysis. The problem of the analyst's objectivity has been recognized in another way by the Admissions Committee of the New York Psychoanalytic Institute. When an applicant for admission as a student had already been in analysis prior to his application, it had once been customary to seek an opinion from his analyst for use in judging his suitability. Some years ago this practice was discontinued, since it was found that the recommendations of the analysts were not reliable; they often differed sharply from the impression of the applicant gained from admission interviews and they often led to bad results. This logically suggests that Students Committees too should not be governed by the opinions of the training analyst about the candidate, since it is also impossible for him to be objective.

I propose that we give serious consideration to a major change in the structure of our training. The student would begin analysis with a recognized training analyst and the institute be informed only that his analysis has been started. Thereafter, the training analyst would observe the same rules of discretion and confidentiality that are adhered to in any other analysis; he would under no circumstances discuss the candi-

date's analytic progress with the governing committees of the institute. The institute committees would receive reports from course instructors and from supervisors, and, as in any school, would judge the candidate on the basis of his academic and clinical work. When the reports of his supervisors indicate that he is able to conduct an analysis in a satisfactory way and seems from his supervised work to have an adequate grasp of the principles of analytic theory and practice, and when he has completed all of his courses, he is graduated. The question of the completion of his personal analysis remains a matter between him and his training analyst. The training analysis in this way becomes free from the hampering effects caused by the dual function of the analyst.

It is true that this arrangement would do nothing to solve a number of other problems discussed above. The problem of the symptom-free 'normal' or 'pseudonormal' candidate with all its attendant therapeutic complications would necessarily remain unchanged. The various ecological problems of student and analyst would be untouched since the analysis would still take place in an institutional setting. The difficulties caused by contact of analyst and analysand outside the analysis would remain, and the analyst's anonymity would still be impaired. But one overriding problem would be largely eliminated: the transference would not be contaminated but could be used to the full as it should be for a successful analysis.

I am aware that a host of new administrative problems might grow out of such an arrangement, such as problems of the student who does not complete his analysis, or whose analysis is interrupted for one reason or another. New methods would have to be devised for deciding when the student's courses and supervision should begin. These problems, I think, could be solved and, in any case, might represent a smaller hazard than does the present arrangement.

The objection will also undoubtedly be made that if the training analyst does not report on his analysand, grave problems will go undetected and we shall be graduating some candidates

with psychosis, psychopathy, or perversion, and that exceptions would have to be made for special cases of this sort. I believe, however, that if we were to decide to apply all the rules of an ordinary analysis to the training analysis, we should have the courage of our convictions and make no exceptions. This may seem an extreme position, but there are a number of things to be said in its favor. First, the chance that a student with so severe a disturbance would 'get by' all who observe him, including advisors, instructors, and supervisors, seems very small. Second, the training analyst confronted with such a problem might arrange a private consultation with a colleague, leading, for example, to a recommendation to the student that he withdraw—in which case only an administrative report would be made. Third, and most important, to allow any breach in the rule of strict confidentiality, even for extreme cases, would defeat its basic purpose once students became aware that exceptions were to be made, and this impairment of the value of the whole arrangement would have to be weighed against the danger that a psychotic student might in rare instances succeed in being graduated.

A few authors have made passing references to the idea of total separation, generally to dismiss it out of hand. But there is an interesting precedent. Bernfeld (5) tells us that 'Dr. Sachs, the first training analyst, soon withdrew from all offices in the Society and Institute'. Bertram Lewin has told me, in a letter, of his recollection that Sachs confined himself to analyzing patients and teaching courses, and avoided participation in the work of the Education Committee. In recent times only two authors, so far as I can determine, have advocated a comparable plan. Szasz (28) proposes that 'the training analyst should be considered the sole agent of his patient [candidate]. Institutes and societies should not ask for information from training analysts concerning candidates.' Szasz's premises for this recommendation, however, are quite different from mine and I doubt their relevance; moreover I find his argument in many ways unacceptable. Nacht (23) in 1954 referred briefly to the

possibility of arranging 'that the career of the future psychoanalyst should not depend on his own analyst's opinion of him. Only the supervisors . . . would decide.' It was only as this paper was nearing completion that I found the following passage in a paper of 1961 by Nacht and two of his colleagues (24): 'Here in Paris . . . we have developed means for diminishing the candidate's state of dependence in respect to his analyst. The method adopted by the great majority of the training committee handling the didactic analyses in Paris consists of practically removing from the analyst charged with handling the didactic analysis all personal initiative in other aspects of the student's training and all direct influence in appreciating the results obtained.'

This is a succinct statement of my own proposal. On grounds of both theory and principle, separation of the training analysis from the school has, in my opinion, a compelling logic, and I believe that ultimately we shall have no choice but to try it.

### SUMMARY

A number of problems calling for investigation emerge from a study of the literature on training analysis.

1. What kind of student should we select for training? Should we prefer 'normal' or 'sick' candidates: 'normality' is sometimes a façade that profoundly complicates the training analysis.

2. What should be the relation in time between formally becoming a student, starting supervised work, and the course of the training analysis? There is a range of suggestions: that the analysis be completed before admission, or that supervision begin early in analysis, late in analysis, after analysis, or during a hiatus in analysis. All these proposals merit study.

3. The problem of criteria for selection of training analysts has received no attention in print.

4. The most serious problem of all lies in the fact that the training analyst must play two incompatible roles in relation to his student-analysand: he must analyze and simultaneously be a

teacher and judge. There is general agreement in the literature that the dual function of the training analyst may seriously hamper the training analysis. Various suggestions for avoiding this difficulty have been made. The author of this paper advocates that the dilemma be resolved by separating the training analysis from the rest of analytic training.

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## Gambling Addiction in an Adolescent Male

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## GAMBLING ADDICTION IN AN ADOLESCENT MALE

BY HERBERT I. HARRIS, M.D. (CAMBRIDGE, MASS.)

In some form the impulse to gamble, to take a chance, arises in everyone from the driver who risks parking his car illegally to the speculator who risks millions in the stock market. Many forms of gambling are accepted as highly respectable businesses. 'Venture capital' is a term commonly employed by economists to euphemize these aspects of speculative enterprises. Implicit in the simple purchase of a bargain, for example, is the speculation that the price of the bargain will never be as low again and that a reduction in price is not the signal of inferior value.

From the earliest psychoanalytic study of gambling by von Hattingberg (20) in 1914 to Bergler's book on the psychology of gambling in 1957 (3), there have been fewer than twenty studies made of the compulsion to gamble. Von Hattingberg concluded that the fear inherent in the risk taken by gamblers is erotized; that this derives from a period in infancy when the pleasure in urethral-anal strivings was denied in a manner that engendered 'pleasure in fear', that is, masochism. In the following year Freud (10) described legal transgressors who are driven to perform reprehensible acts by an unconscious guilt and who seek relief by being punished, thus rationalizing their sense of guilt and relieving the hidden guilt by connecting it with a current reality (8).

Simmel's report to the Sixth Psychoanalytic Congress (19) was the next attempt to formulate the psychodynamics of this universal urge. His patient was prey to 'many active pregenital anal-sadistic impulses. . . . Gambling satisfied narcissistic bisexual impulses and provided autoerotic gratification' in which the playing was forepleasure, winning being equated with orgasm and losing with ejaculation, defecation, and castration.

Simmel believed that 'on the developmental path of mankind, games of chance are a reservoir for the anal-sadistic impulses held in a state of repression'. He thought that should a patient's gambling activities lead to criminality we must assume œdipal factors because he is then seeking the punishment of the avenging father or his representative in the person of the public prosecutor.

Freud's classic, Dostoevsky and Parricide (9), enlarged upon Simmel's observations. In this brilliant and beautifully written essay Freud develops 'an important amplification' of the œdipus complex. When bisexuality is strongly developed in the child, the tendency to identify with the mother to escape the threat of castration by the father is intensified. But to be loved by the father as a woman also requires that the boy be castrated. Freud continues: 'Of the two factors which repress hatred of the father, the first, the direct fear of punishment and castration, may be called the normal one; its pathogenic intensification seems to come only with the addition of the second factor, the fear of the feminine attitude. Thus a strong bisexual predisposition becomes one of the preconditions or re-enforcements of neurosis. . . . For every punishment is ultimately castration and, as such, a fulfilment of the old passive attitude toward the father. Even fate is, in the last resort, only a later father projection.'<sup>1</sup>

Freud shows that in his compulsive gambling Dostoevsky sought the punishment his burden of guilt repetitively demanded: ' . . . the chief thing was gambling for its own sake—*le jeu pour le jeu*. All the details of his impulsively irrational conduct show this and something more besides. He never rested until he had lost everything. For him gambling was another method of self-punishment. . . . When his sense of guilt was satisfied by the punishments he had inflicted on himself, the inhibitions on his work became less severe and he allowed himself to take a few steps along the way to success.' In the papers of

<sup>1</sup> Most of man's personifications of fate have nevertheless been females; Lady Luck—Clotho, Lachesis, and Atropos, the three fates—Nemesis, and the Furies or Erynes, fateful creatures.

Freud and Simmel, the foundation for all future theoretical discussion of the dynamics of gambling was laid.

René Laforgue (17) enlarged upon von Hattingberg's thesis in stating that for some people fear and orgasm are identical at an unconscious level. This may well be the origin of a French phrase, 'the little death', applied as descriptive of the orgasm. Laforgue stated that gamblers take satisfaction from pain, and postulates that fear and forepleasure, punishment and orgasm are equivalents. Ernest Jones (14), in a psychography of Paul Morphy, believed that his extraordinary talent for chess sprang from a sublimation of Morphy's œdipal aggression toward his father.

In 1935 Israeli (13) briefly noted the psychology of a depressed patient interested in planned gambling. It was his observation that the states of depression which are so frequently encountered among habitual and compulsive gamblers—and which, as a rule, precede indulgence in gambling—are relieved by the loss of all the addict's money.

Bergler (4), in 1936, presented his hypothesis that the compulsive gambler is forced by a deep-seated, infantile repetitive compulsion to re-create situations in which he feels unjustly treated. By losing at gambling this type of gambler confirms that his parents are deprivers and it is from this masochistic revelation that his deepest gratification derives. Two years later Menninger (18) introduced the concept of the demands of a severe superego which was satisfied by the punitively ruinous losses in gambling. In that same year Kris (16) referred to Freud's paper on Dostoevsky noting again the parallel between masturbation as play and gambling as play. Kris postulated that the sexual excitement inherent in gambling tapped inner tensions of an erotic nature in which the playful characteristic may be lost. Then, under orgiastic pressure, the ego is unable to control what it has initiated and reaches for the reassurance of winning, which changes the gambling process from a playful pastime to a matter of life and death. As previously noted, ruin at gambling, orgasm, and death appear to be equated at an un-

conscious level in some gamblers. In 1943 Bergler (2) resumed the development of his observations on gambling and in 1945 Fenichel (8) summarized most of the material published up to that time. Greenson (12), in 1947, proposed that the 'gambling neurosis', like many compulsive neuroses, was a defensive effort to avert an impending depression. In addition to promising the gratification of omnipotent fantasies, gambling offers possibilities for satisfaction of latent unconscious homosexual, anal-sadistic, and oral-receptive drives, and compliance with unconscious demands for punishment. He found that the disorder was severely regressive with a poor prognosis. In 1949 Bergler (1) reaffirmed much of his previous theoretical material and Eissler (7), in 1950, reported the case of a twenty-five-year-old impulsive gambler who engaged in extremely self-destructive gambling bouts, had severe impairment of his ability to work, and was unable to maintain adequate personal relationships. This patient had grave anxieties, hypochondriacal fears, and other compulsions.

The psychodynamics of gambling among the Mohave were reported by Devereux (6) in 1950. He observed that, as in other cultures, there are oral and masochistic components in Mohave gambling games. The Mohave, however, attach such a low value to possessions that the intensity of their interest in gambling never reaches the level found in European cultures. The degree of bisexuality observed by other writers on the subject of gambling is not found in the Mohave gambler and there appears to be open genitality in the climate surrounding their gambling. 'For the average Mohave', Devereux writes, 'gambling represents a relatively innocuous temporary return of repressed omnipotent fantasies (sure to win) and of oral and anal elements, rather than a neurosis or an addiction in the strictest sense of these terms'. Galdston (11), in 1951, felt that preconscious thinking lay at the bottom of the gambler's compulsion to lose. 'The neurotic gambler seldom, if ever, quits when he has made "a killing"; the neurotic gambler stays until he loses; and he seems to have a compulsion to lose.' Bergler's book (3),

published in 1957, is illustrated by many case histories and presents in footnotes much of the bibliography of this subject. It makes no significant additions to his previous observations.<sup>2</sup>

From this survey of the literature there emerges a consensus which tends to amplify one particular theoretical aspect of the addiction to gambling. It becomes clear that only minor alterations are necessary to fit all the hypotheses into the basic theoretical structure proposed by Freud. Most of the other comments are derivatives of this basic formulation which so often proves to be the case when we compare Freud's profound thinking with that of his followers.

A severe neurosis in a nineteen-year-old adolescent conformed to many of the observations in the literature. The patient was a student who had left college when he applied for treatment. He had received only passing grades in his freshman year but dropped out in the second year because he had done no work at all. He said that he became depressed when he returned to college in the fall and almost immediately resumed his compulsive visits to the race tracks. He had become increasingly involved in gambling on horse and dog racing over the past three years and had lost large sums of money. Having exhausted his bank account, he forged several checks on his father's account and stole various sums from his father's pockets. His father's influence and the fact that the forgery was a family affair averted prosecution.

He was the oldest of three children. His sister, seventeen, was a lovely and popular girl who seemed to have no problems. His brother, twelve, was aggressive, popular, and maintained a constant battle with the patient. His mother, forty, a charming, handsome woman, was the disciplinarian in the home. Violent scenes had taken place between the patient and his mother for several years. He seemed driven to contradict or rebel

<sup>2</sup> Cf. also Fred J. Cook (5) who gives vivid journalistic descriptions of the compulsive and addictive nature of gambling from the numbers racket to horse racing.

against anything she said. His father was highly successful in business, a self-sacrificing, public-spirited man who had little time for his family. He was overweight, had had a coronary attack, and was said by the patient to be living on borrowed time.

The patient's childhood medical history was uneventful. During his early years he so gorged himself on sweets that he grew embarrassingly fat, especially in the buttocks, and had fairly severe facial acne which cleared up during his eighteenth year. His gambling, confined almost entirely to racing, became seriously compulsive in his junior year in high school. A couple who worked for and lived with the family were avid followers of the races. He went with them occasionally to the races and was eventually spending much of his time at the tracks or poring over racing forms.

He became depressed frequently and found that whenever he did he had an irresistible urge to go to the race track. The depressions occurred without warning. They were not relieved by betting but changed to feelings of guilt after he had lost his money. He described the dominant thought and feeling when seized by the compulsion to gamble as the desire to 'make a killing'. He had fantasies of being the owner of racing stables and of being an outstanding horseman and jockey, winning every race he entered. He had overdrawn his account by twelve hundred dollars when he began to forge checks. This precipitated a crisis which revealed his disorder and led to his referral for psychiatric treatment.

The analysis began with a strong positive transference. With the patient on the couch, I sat across the room from him where he could see me by turning his head. Two reasons dictated this procedure: his patent anxiety on assuming a supine (passive) position and the need to establish, in the course of analyzing the transference, the essential difference between the analyst and the parents.<sup>3</sup> As the analysis progressed and the patient's anxiety

<sup>3</sup> It is the writer's clinical impression that each adolescent who enters analysis may require the use of different therapeutic parameters, depending upon the personality, the emotional age, and the nature of the conflicts which have caused the patient's psychic decompensation.

diminished, he turned less and less often to look at the analyst until, in the last hours, he rarely looked in my direction. Moderate anxiety appeared upon his assuming a recumbent position on the couch and his associations were to dislike of swimming in deep water where sharks might lurk. Speech was rapid, loud, and voluble; silences were rare. Denial was the prominent defense in the service of the ego. Regression to an œdipal level occurred, marked by a wealth of fantasies that his father, who traveled extensively, might be killed in a plane crash and that the patient would have to 'fill his shoes' and take care of his mother and the two younger siblings. He spoke freely about his gambling. On one occasion he lost three thousand dollars. A dream he reported at this time reveals another aspect of his œdipal situation with the corresponding transference implications.

I am playing golf with my father and he is beating me. I feel very resentful about his winning.

In this example he is seeking justification for his rivalry with his father and satisfying his masochistic need for punishment for the unconscious crimes he has perpetrated upon him. The florid aspect of his œdipal conflict was evident in both dreams and masturbatory fantasies concerned with having intercourse with voluptuous 'floosies' alternating with being a gangland leader—one, incidentally, who made various kinds of 'killings'.

In the second month of analysis he was seized with the impulse to go to the races. Though only tentative analysis of the transference had been essayed, calling attention to his unconscious hostility toward the father and the analyst, it seemed that a change had occurred in the quality of his impulse to gamble. He reported that as he yielded to the irresistible urge to drive to the track he could not deceive himself that he was going to make 'the killing'; also contrary to his usual custom, he did not gorge himself with food and drinks while watching the races.

He began attending summer school at a nearby university in an attempt to make up some of the courses he had failed the previous year. He found that he was unable to apply himself

and, after a week or two of eager enthusiasm about his teachers and the courses, he began to cut classes. His initial enthusiasm for teachers was invariably followed by a disaffection and the return of his negative attitudes toward his studies. This ambivalence deriving from his oedipal relationship to the father had the characteristics of a reaction-formation concealing, behind the outspoken admiration for and devotion to the father, a mine of unconscious death wishes. As increasing amounts of this unconscious hostility were expressed and insight gained through confrontation, interpretation, and analysis, his ability to concentrate improved and time formerly wasted in being obsessively neat and systematic in the preparation of written homework was put to constructive use. This compulsive behavior had served his ego in two ways: he was behaving like his mother—an inordinately tidy person—so diminishing the threat of punishment from father; also he was channeling some of his violent hostility for both parents into compulsive self-disciplinary rituals. Similarly, his ritualistic neatness in dressing and tidiness in his room no longer seemed necessary.

His parents' decision to take a trip to Europe stimulated a flood of associations to plane crashes and other accidents involving both the father and mother. He saw himself assuming control of his father's business, taking care of his sister (who resembled his mother and to whom he was excessively attached), and seeing that his brother had everything done for him. Immediately following their departure he became moderately depressed with a regression to his periodic bulimia. Finally he announced that he just did not care about anything any more, cut classes with increasing frequency, and went to the races.

His gambling was much more restrained. He limited his stakes to two dollars on a race. He then decided to renew his passport so that he could join his parents in Europe during the summer. All these reactions had a decided phobic coloring and the analysis of them revealed unmistakably that his depression was the effect of destructive, biting anger toward his parents, vented upon himself. Meanwhile neglect of his studies led to

failure in his courses at summer school. This raised practical questions about his draft status and plans for the fall. It was evident that return to college was not likely to be successful. He had occasion at this time to go swimming and announced that he had lost his fear of sharks attacking him in deep water.

The impulse to go to the race track recurred with the fantasy of making a 'killing'. That this was connected with the transference was proved by his decision not to tell the analyst about it. That evening, as he prepared to retire, he remembered an old fantasy he had had since the age of six. With the thought that there might be a rattlesnake in his bed he pulled back the covers very quickly and widely. He thought of a story of three students who had kept a cobra in a desk drawer, and of a python that was reported to have escaped into the underground steam pipes of the university where it still lived on rats.

This rich eruption of material deriving from the phallic level of his unconscious appeared to be denial by exaggeration in the service of warding off the fear of punishment by the analyst who had revealed his awareness of the patient's hostile feelings for him. He went again to the race track and stopped after winning twenty-three dollars, saying, 'This is enough to satisfy me'. Planning to drive to camp to visit his brother, to see if he needed anything, and report by telephone to his parents in Europe, he dreamed that his brother had boarded a camp bus and been fatally injured in an accident. Later he dreamed that his brother had been drowned at the seashore. Other dreams repeated the death theme involving both his brother and father. Accompanying one of these he dreamed that he was covered with boils, to which he associated his former acne and his excessive indulgence in eating. He recalled hearing his father leave the house in the morning followed by the doorbell ringing; he fantasied that his father had fallen with a heart attack and was dying on the front steps.

He quit summer school ostensibly to join his parents in Europe but partly it was to avoid the increasing anxiety that his emergent hostility was producing in the analysis. His tolerance

for his aggressive and hostile impulses had apparently increased to the point where he could be amused by the variety of death wishes he entertained against literally everyone with whom he came in contact. Some of it was sublimated in fantasies of omnipotence. During a hurricane he imagined himself to be a city official organizing rescue and salvage operations and a scientist causing the hurricane to change its course and head out to sea.

His father and the analyst were alternately or interchangeably the objects of his destructive fantasies. Concomitant self-punitive and homoerotic ideas appeared with equal frequency. An example is the notion of being stabbed in the chest at a point where he had had a fatty tumor removed four years before. Following a dream about a 'weird horse race' in which the odds were forty to one on a horse called 'Angry Andy' (the patient's first name), he had a fantasy of a large gash or hole in his right leg at the site where he had been bitten by a dog when he was six years old.<sup>4</sup>

It has been repeatedly observed by the author that in adolescence hero worship may represent a non-neurotic form of 'transference' in which the adolescent adopts models of his choice to emulate as part of the process of developing his own maturing personality. Transient identification or imitation in childhood and again in adolescence are introjective processes by means of which the personality is gradually formed and such imitation is essential to the definition of both superego and ego (15). Occasional blocking attended renewed conflicts between this patient's partial feminine identification and his striving to free himself from his mother in his struggle to attain effective genitality. This was often accompanied by acting out assertions of his masculinity. He engaged vigorously in sports without the compulsion to lose when he was ahead. High diving and swimming in deep water were indulged in without fear and he competed openly with his father in playing golf to the point where he occasionally bested the 'old man'.

<sup>4</sup> I have found that a limb with a hole in it frequently represents the bisexual organ in adolescent dreams and fantasies.

While on a business trip for his father's firm, he was able to argue himself out of a strong temptation to go to a race track. He was alone in a hotel room at night with his day's work done and time on his hands. Telling himself that there was 'no sense' in going, that he was trying to punish himself and defeat his plan to go back to college proved effective. He set himself instead to prepare a report of his work and returned home with a ten-page account, remarking that he had never before been able to write as quickly and easily.

He became interested in university extension courses and for the first time since he was a pupil in the sixth grade, he participated actively in the class discussions. There was a corresponding improvement in his ability to concentrate.

Thoughts of his father's having a heart attack became tiresome 'old stuff' bearing little affect. It was equally possible that other older men in the firm might have heart attacks or strokes. He compared the analyst to 'queers who molest boys', thought of leaving the analysis and so depriving him of a source of income; called him a sphinx whose facial expression told him nothing. He then called the analyst by his first name and kidded him about his silence.

A grade A given him for a class exercise made him jubilant. Convinced that he could resume work at college where he had left off, he thought of going to a college which had a big football team and other distractions, rather than to the college of high academic standards he had left. His surge of interest in studies and planning to return to college was followed by a relapse into depression.

His bisexuality became now more clearly evident. There were dreams and fantasies of being covered with and stung by insects; of walking on sand which concealed razor blades. Other fantasies were of mutilation involving his legs. When the bisexual trend predominated there was much compensatory masculine behavior outside the analysis as well as ideas and ambitions that were constructive realistic masculine strivings. Working through the passive feminine fixation required the

most extensive repetition and clarification. The unconscious identification with his mother diminished very slowly and intensification of the œdipal conflict at times produced outbreaks of anger that involved the entire family.

His conduct at home began nevertheless to change, especially toward his mother. Much more tolerant and accepting of her position, he strove to 'get around her' by adopting humorous or mollifying maneuvers to such a striking degree that it became a source of amusement to his parents. His interest in girls increased and he began to 'date' more frequently. His dreams and fantasies were of girls of his own age rather than the poorly disguised mother substitutes, voluptuous and aggressive, by whom he was passively seduced.

Another striking change was in his style of driving a car which in his excesses of speed, taking risks, and competitiveness had resembled his compulsion to gamble. It had also served as a defense against his passive feminine impulses, and overcompensatory, phallic, hostile assertiveness. He was accepted for entrance to advanced standing by several colleges. Once admitted to the university of his choice, which had a winning football team, he soon discovered his mistake. He found himself among students with different interests, attitudes, and backgrounds, and decided to return to the college he had left. It required considerably more courage to return to the scene of his failure, face the music, and succeed.

### SUMMARY

The analysis of a gambling compulsion in an adolescent is reported. It illustrates the various components described in the literature on the subject.

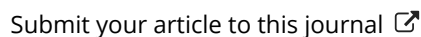
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## THE RE-EVOCATION OF ANXIETY BY ITS ABSENCE

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There are occasional references in the psychoanalytic literature to clinically anxious patients who develop severer exacerbation whenever the original anxiety subsides. No detailed account has been found that explains this phenomenon in dynamic terms. The references note only that for certain individuals anxiety is required as a continuing psychological defense and that absence of anxiety is felt as a threat (2). The analysis of a male who at times suffered from extreme anxiety clearly demonstrated this alternating sequence; it was possible to show that his symptom served a specific defensive function and was based on an identification with his mother.

The patient, twenty-four years old when he entered analysis, complained of intense anxiety. He was phobic of elevators, tunnels, and in social gatherings. He first experienced fear of insanity upon entering college at the age of sixteen. There was an intensification of symptoms following his engagement to marry, and on a trip to Europe he developed a phobia of traveling. On starting graduate training he became increasingly depressed and had obsessive fantasies of sexual promiscuity. Despite these symptoms he functioned ably in his profession and adequately in social relationships. Occasionally he would suddenly become aware that he was not anxious. He would then feel uncomfortably deserted or deprived, as if he had lost something essential to him.

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I need my anxiety or I get anxious. My anxiety protects me against an even worse anxiety. When I feel I am losing my anxiety, I have a feeling of being deserted. I feel cut off, alone, when I am without anxiety. . . . My primary fear then is of going insane . . . like my mother.

The awareness of freedom from anxiety at times followed some unusual success.

I felt good yesterday. I bested four of my colleagues. Suddenly I realized how deeply anxiety had been submerging me. I saw how I could really operate—what life could be like. But when the throes of battle were over, I felt let down. I felt strange, because I did not feel the way I feel normally—the emotions I normally have ever-present were not with me—that is, I was not conscious of my anxiety nor of my analysis. I did not immediately lapse into my usual state though. I felt strange. I was in betwixt. My usual mode of thought, anxiety, was canceled by my 'good state'—and now I was coming out of it.

The next day I was overwhelmed by a need to prove I was a failure. I felt very tired, wanted to fall asleep. I came here—felt I had lost something—that I had lost my analysis—that I had lost my mind . . . that I could not freely associate—that nothing would enter my mind—that I would go to sleep—that I would have no memories. . . . It means losing my personality . . . as though part of me is sedated . . . the part that is my memories. I felt that my analysis was exorcised.

The patient's parents were middle-European Jews. The father was a weak, passive, and resigned figure, submitting to the tyranny of his wife. The patient had a brother, eight years his junior. The relationship that was crucial in his development was with his mother who was immature, exhibitionistic, and narcissistic. She existed in a wholly dependent, symbiotic relationship with him. She had lived in awe of her father, had idealized him, and it was during a separation from him in her girlhood that she first had a psychosis. When the patient was three years old, his mother was hospitalized for another psychotic episode. She insisted that the patient be sent to live with

her in a convalescent home where they remained for almost a year. She continued wiping him after bowel movements until he was past four, walking him to school until seven, and keeping him in her bed until he was nine, excluding her husband. She was obsessively concerned with his health. At the age of three he had a tonsillectomy, his terror of the anesthesia persisting into adult life.

Other factors also contributed to the patient's intense castration and separation anxiety. His parents' marriage had been arranged through a matchmaker after the patient's mother had been jilted by a lover whom she idealized as she had her father. The patient witnessed the mother's continual humiliation of his father for a variety of fancied shortcomings. She made the son an unwilling confidante and, in the course of long walks, would make derogatory and contemptuous remarks about his father. She gave the boy the clear impression that he was preferred by her to his father. During angry outbursts with her husband, she would often run out of the house, saying that she was leaving to become a prostitute. The terrified child would run after her, begging her to come back.

One aspect of the patient's castration anxiety was a fear of success, exemplified by his relationship with his partner. After graduating from professional school, he chose a partner who he hoped would provide the firm with clients, while the patient would provide professional talent. However, the partner was unable to do the work or provide the clients he had promised. The patient grew professionally as his partner waned. The partner did less and less, retreated into illness, and refused to acknowledge the patient's superiority. He often attempted to pass off the patient's brilliant work as his own. The patient, in fact, was supporting a sick and helpless colleague. What had begun as a relationship designed to acquire a partner who would take care of him, became one which duplicated his relationship with his mother: he supported the partner who got a feeling of strength and power from this alliance. The practical consequence was a severe crippling of the patient's career.

His wife also at first had appeared to give promise of a strength on which he attempted to become dependent. Later in treatment, as he gained confidence and attempted to detach himself from her, like his mother she became increasingly dependent, demanding, hypochondriacal, and feared that when he was successful he would leave her.

A marked tendency to identify characterized the patient. Quick, transient, and clear-cut identifications with mother, wife, and analyst were frequent. In one analytic hour he was quite depressed although there was no discernible cause. It soon became evident that his wife had been dejected over the loss of a ring and that he had 'borrowed' her depression. He chiefly identified with his mother through their mutual pathological anxiety. Identification with her appeared also in a fear of sleep and fear of loss of control.

When I was four or five, I was afraid of falling asleep. I would sleep in a double bed with mother—I would fear falling asleep because I was afraid I would not wake up. I think of being enveloped by mother—by a spider. Mother was on my mind recently when I was afraid of falling asleep. She was administering the anesthesia. I cannot protect myself when I go to sleep and I may be completely lost. Sleep means to be close to mother. Mother is close to me. I think of her sadness. She was not able to sleep . . . walked around at night . . . was disturbed. Mother wants me inside of her body. Actually I do not have such an aversion to being there. I think of her being pregnant. She always wanted me to take care of her. She was not normal. She had to be fed—needed me. Mother is going to sleep . . . she might never get up. Mother not being able to control herself. . . . If I go to sleep, I may not be able to control myself.

The fantasy of being inside mother was directly connected with fears of being devoured by and fusing with her, of losing control, and of falling asleep. Lewin (8) has pointed out that the fear of falling asleep (one aspect of the oral triad) has the significance that the patient wishes the blank sleep of infancy

but fears the erotized, anxious sleep that means being devoured by mother, and dying.

A notable aspect of the patient's identification with his mother was related to prostitution which she had openly expressed as a wish and threatened to act out. He had the fantasy that if he walked in the street he would meet a man wearing a wig—a man masquerading as a prostitute. (The mother is bald and wears a wig.) The patient periodically had casual extramarital, guilt-ridden experiences in which he embraced and fondled the women, occasionally submitting to fellatio. Identification with the castrated prostitute-mother was related to an early traumatic viewing of her genital.

The patient's mother was an intensely anxious woman whose fear of castration led to an appropriation of this son as her penis. The symbiotic relationship with the patient was illustrated by her requirement for him to be with her at the time of her mental hospitalization, when he was three, and also by her hypochondriacal concern about him.

Mother accused me of being bad—of causing her psychosis. . . .  
The cure for my mother is to give me back to her. She lost me.  
When I was born, a piece of her came out and that is what made her sick.

Her attempt to acquire him as a phallus was expressed also in telling him that she wanted him to be a girl because boys leave their mothers. This intensified the patient's fear of losing his mother. The feeling of oneness with her was strong.

She wanted me with her—so I was sent with her while she convalesced at this place. I hardly knew her—it was one of my first contacts with her in a long time. I was so lonely for her that I would have agreed with her that black was white. . . . My mother was a vampire, she drained my feelings . . . she cannot exist without me. I breathe life into her.

He developed the feeling that he was necessary to his mother's mental stability. Fantasy material in the analysis sub-

stantiated this. He believed that women thrived on sex, that they 'suck a man dry', and that prostitutes get very strong from intercourse. In these fantasies, as in the 'wig' fantasy, he showed his unconscious wish to give the phallus back to mother, by which he strove to insure himself against castration anxiety. The prostitute-mother served both his mother's and his own fantasy of acquiring a penis.

### DISCUSSION

Freud (3) called identification 'the earliest expression of an emotional tie with another person'. It implies some loss of the distinction between ego and object. The nature of the identification depends on the nature of the object relationships. In borderline cases, where sadomasochistic features are prominent, the capacity for object relations is impaired and there is a fixation to early identifications. In these cases identification preserves threatened object relations or, indeed, may be a substitute for them. That identifications can occur through affects was described by Freud (3) in the well-known example of 'mental infection' in a girls' boarding school. He noted that identifications can ensue on 'openness to a similar emotion'.

Identification through the affect of anxiety maintained an object relationship that my patient could not give up. As long as he was anxious he maintained his tie to mother. Identification replaced object relationship. The narcissistic, unrealistic, impulsive mother did nothing to assist the patient toward his development as an independent person. It is noteworthy that the mother's second psychosis came when the patient was a toddler—i.e., when he was walking away from her. One is reminded of the *post partum* psychosis with manic-depressive features that, as Lewin (8) has pointed out, represents the patient's reaction to the loss of the child-phallus.

The usual identification with the parent of the same sex, i.e., the more frustrating parent, which is the hallmark of the development of the superego at the resolution of the oedipus com-

plex, was denied this patient. Instead there was a reversal—identification with the mother, strongly imprinted in the patient's psyche from the overly seductive and overly frustrating experiences in the oral stage, and continuing in the phallic phase. The absence of the father as a figure of consequence abetted this process.

Jacobson has noted the extent to which a child is aided and encouraged in establishing realistic ego identifications by a realistic and loving mother. He is thereby protected against magical and primitive preœdipal identifications. The mother's narcissistic overinvestment in her child induces regressive experiences of reunion between self and love object leading to magic, primitive identifications (5). Mahler's studies of the symbiotic schizophrenic child confirm this observation (9, 10). This patient's early tie to mother influenced his subsequent œdipal relationships. His attempt to solve his castration anxiety, brought on by viewing mother's genital, developed as the fantasy of being mother's phallus. The attempts to fulfil œdipal wishes and restore mother's phallus were expressed in the wish to re-enter mother. This in turn reactivated the wish to fuse regressively with her and led to typical conflicts against being devoured.

Lewin, in several classic papers (6, 7, 8), has written penetratingly on this subject. In *The Body as Phallus* he discusses the fantasy seen in certain patients: 'if I leave you, it will be like removing your penis'. He states, 'The fantasy of one's whole body being a penis is symbolically a passive feminine fantasy, the equivalent of the phallic level fantasy of castration. The fantasy of "returning to the mother", or of going into the mother with the whole body, is a distortion of the idea of being eaten up. . . . The specific anxiety connected with the idea of one's entire body being a penis is a fear of being eaten.' In discussing the evidence for the thesis that the equation of one's body with a penis represents a wish to be devoured, he points out that the 'returning to mother' fantasy 'erroneously referred to as "intrauterine regression" . . . is a genitally colored regres-

sive variant of the Chronos myth; in place of an active penetration of the woman, the individual is swallowed *in toto*'.

Greenson (4) has noted that in these patients there is a struggle against identification.<sup>1</sup> This is not true of the case here presented. Though he feared that he would be devoured by the completeness of the identification with his mother, the patient feared even more separation and castration for himself and mother if he failed to sustain it.

Arlow (1) has noted that to describe such symptoms as representing part of a struggle against identification, or as an outgrowth of the struggle between opposing identifications, lacks precision and clarity. He states that an identification per se does not pose any danger to the ego unless it is effected in pursuit of some forbidden impulse: '... the danger arises not from the identification, but from the drive gratification which such identification signifies'.

The phenomenon in states of chronic anxiety of becoming more anxious when there is a lapse of anxiety is therefore not similar to that seen characteristically in the phobias. A patient will cross the street without anxiety, for example, and will suddenly become anxious upon realizing this. Here the phobic has externalized and pinpointed his anxiety. Having failed to do this momentarily, he is compelled to bring himself up short and resume his defenses.

<sup>1</sup> Greenson attributes this to a variety of factors. These patients 'sensed the archaic instinctual drives involved in their primitive identifications. They were terrified of identifying ... as though they dreaded being devoured by this parent ... as though they had intuitively felt the oral sadistic nature of their early introjection.' He believes 'there is a hierarchy of introjections' and that a regression in terms of objects takes place. 'These patients were predisposed to this regression by a history of excessive deprivation, frustration, and satisfaction in early childhood, and violent parental discord. When disappointments in their later life caused them to abandon external objects, they regressed ... to a level where the ego is unable to maintain a separation between the introject and the self. ... As a result of the fragmentation or defusion of the internalized object and of the self-representation, the ego has to combat the early identifications because this primitive kind of identification brings with it the feeling that the patient is being devoured or is losing his identity. ...'

It was necessary for my patient to feel anxiety because it reassured him that his identification with mother remained effective—mother had not died, disappeared, nor been castrated. However, identification with mother through the affect of anxiety (fusing with her) threatened him with a new anxiety (being devoured).

Paradoxically, though a symptom usually serves to ward off anxiety, this patient, precisely because of his identification with mother through the affect of anxiety and his defense against the danger of castration and separation, experienced the re-evocation of it.

### SUMMARY

A patient complained of becoming increasingly anxious whenever he tended to become free of anxiety. Analysis revealed that anxiety gave him a feeling of closeness to his mother. This identification, by way of the affect of anxiety, which he shared with his mother, protected him against the danger of object loss and the unconscious fear of having castrated his mother by deserting her. Concomitantly, the identification regressively reactivated early wishes for a symbiosis which, in turn, aroused a secondary fear of being devoured by her. The means by which he sought to ward off the danger of object loss brought in its wake another, equally threatening, danger.

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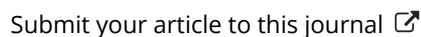
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## FIRST DREAMS DIRECTLY REPRESENTING THE ANALYST

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It is an analytic truism that the first dream reported in analysis is uniquely revealing and important. Gitelson (2), Rappaport (8), and Savitt (9) have discussed the special meaning of first dreams in which the analyst is directly represented in an undisguised manner. Papers by Harris (5) and Feldman (1) deal with dreams about the analyst, but they report only one first dream. This dearth of papers on the subject is surprising in view of the importance of transference in analytic work.

The cases reported in the literature whose first dreams directly represent the analyst are classified as schizoid personalities and 'borderline' cases, or some, as suffering from profound pregenital difficulties associated with gross ego defects and disturbances in object relations. One common characteristic was the tendency to develop rapidly an intensely erotized transference. The authors state that the undisguised representation of the analyst indicated an inability or refusal to differentiate the analyst and important childhood figures, and heralded an early and persistent demand for actual gratification of transference wishes; the patients were said to resemble those described by Nunberg (7) who were unable to treat the analytic relationship as an 'as if' situation. Nunberg states that these patients do not react to the analyst *as if* he were the parent but instead treat him *as* the parent and accordingly demand gratifications they received or wished for as children. Interpretation of the basis for their demands tends to bring about little or no change, and their curiously ego-syntonic demands persist. The

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authors agree that these patients are difficult to manage, their analyses stormy and characterized by much acting out. Some analyses are broken off early, and only a few reach appreciably successful conclusions; in short, prognosis in such cases proves to be generally poor. They emphasize that at times the transference relation to the analyst becomes too 'real' because of a contribution to the situation by the analyst himself from his countertransference or from his actual physical resemblance to a parent.

Of these cases only two are described in any detail; the others are described briefly, sometimes in just a few words. Except in the two detailed cases the authors merely offer impressions and broad generalizations based upon little clinical evidence. In this paper the literature is re-examined and re-evaluated from the vantage point of the case material presented.

The patient to be considered here had a sister and brother who were two and four years her junior, respectively. She was twenty-six-years old when she came for analysis because of growing concern over not being married. She told me she had become involved repeatedly with men unsuitable because of differences in socioeconomic class, nationality, or religion. She also complained of free-floating anxiety, of shyness in social and professional groups, and of occasional depression. Moreover, the patient considered herself naïve about sex, could not recall ever masturbating, and had never experienced orgasm in intercourse.

Before seeing me she had gone twice to a consultant. Prior to her first visit to him, she said she felt 'as if I were going to meet a lover instead of going to see a doctor for consultation'. By the time of the second interview her already intense transference reaction had blossomed and, at the end of the interview, she had the conscious fantasy that he would take her for a walk in the park, return with her to his apartment, and then, quickly, they would have intercourse. These erotic fantasies were not reported to the consultant.

This precocious, highly erotized transference resembles that of patients cited in the literature. Since the literature stresses countertransference problems in such cases, I questioned the consultant about it. He believed that countertransference was not a major factor and that her reactions stemmed basically from within. Both her relation to me and the course of her analysis confirm this.

The patient was given my name and that of another analyst and saw both of us. For various reasons she rejected the other analyst. Her choice of me was unconsciously influenced by her belief that my socioeconomic status rendered me 'unsuitable' and the fact that I was young. A young analyst whom she could consider a degraded object was of vital importance to her as a defense against identifying the analyst with her successful, prominent father. Her preoccupation with the social status of her analyst and her consultant had special importance as will be seen.

In the first interview, she was told that I had time available and could make arrangements for beginning analysis. That evening she had two dreams which she reported the next day. In the first dream she was in the countryside with two men: one, middle-aged and the other, myself. (In this paper we shall often return to this dream which, for convenience, will be designated the 'First Dream'.) We both spoke with a German accent but I was represented physically without any modification. Behind a screen she could see the silhouettes of two young, grown boys who were my sons. She felt very happy. In the second dream of the pair she was in an office in a municipal hospital. The office was dark and dreary and had a depressing air about it. I was seated behind a desk. After looking into a huge appointment book, I told the patient that I did not have time to see her. At this she became furious. In this dream also I was represented without any modification but spoke in my normal voice without an accent.

After reporting the dreams, she spontaneously explained their origin. In a matter-of-fact way she said she felt that the

'First Dream' was stimulated by her having seen a few doctors about starting analysis. Although all the doctors were American born, she thought the German accents in the dream were probably due to her tendency to think of analysts as Europeans and to the fact that her initial consultant had a German-sounding name. She recalled having seen in the consultant's office a photograph of Freud when he was middle-aged, taken in the company of a young analyst, and felt that this too contributed to the dream. The second dream of the pair, she thought, owed itself to two factors: she had once worked in the same municipal hospital depicted in the dream and had thought the actual physical setting a dreary, depressing one, as it was in the dream. She also found dreary the apartment house in which my office was located and considered my office furnishings and lighting to be rather dark too. Here interest in the dream was abruptly dropped and she went on to discuss other matters.

It seemed at the time that her reporting the dreams, her interest in them, and her attempt to understand them augured well for the analysis. Later experience with the patient indicated, however, that she was not attempting to explain these dreams but, rather, to explain them away. She had seized upon a few associations about innocuous realistic matters and had used them, in effect, to dismiss the dreams. She was thus able to deny that they had any unconscious or symbolic meaning. We shall understand these dreams better as we analyze subsequent modifications of them and related vicissitudes of the transference.

Everyone is terrified of his unconscious drives and fantasies but this patient's dread of her unconscious was inordinate. She accordingly reacted to beginning her analysis with great anxiety and much acting out, culminating in her deciding to terminate analysis because it created overwhelming tension. However, reassurance and interpretation of some of her fears enabled her to continue treatment.

At first she came regularly but chattered endlessly about social activities, her work, and many trivia. She was skimming

the surface because of her dread of being overwhelmed by intense affects and fantasies which were reflected in part by dreams of passively being subjected to violence and threats of physical injury related to castration. During this period she would hurriedly go to and from the couch, try not to look at me, and avoid me in a phobic way. On the couch, however, she frequently turned abruptly to look at me. Although this behavior had many unconscious libidinal and aggressive motivations, its most compelling reason was to see what I really looked like. She was struggling against her intense inclination to distort her actual image of me in accordance with emerging transference fantasies. Whenever doubts about my physical appearance occurred, she would turn around on the couch to test reality by looking at me. Once she wished to turn and stare at me for several minutes in order to fix in her mind my exact image. She said that if she did not do this her imagination might take over and she would distort greatly her image of me—something she desperately wanted to avoid.

During this early phase, the patient was preoccupied with florid romantic fantasies about her initial consultant whereas I was unceasingly criticized and depreciated. My attire, my speech, and my office furnishings all received their share of scorn. Frequently she commented on how 'amusing' I was—even the way I greeted her or bade her good-bye was 'amusing'. In fact, she declared that lying on the couch and the whole business of analysis was 'silly and amusing'. Patients who succeeded her envied the smile of amusement with which she passed through the waiting room. This behavior seemed to result from her basically phobic attitude toward me. The depreciations and mockery were intended to create distance and to reduce me to a nonentity not fearsome to her. Her true feelings, however, were reflected occasionally in an outburst of thoughts about my 'staggering' powers of concentration or my 'enormous' intellect, revealing that she considered me a powerful and frightening person. Although she denied emotional interest in me, she admitted to thinking about me a great deal.

She wanted to know about my education, marital status, social background, and interests. Her questions were motivated by the same forces that led her to turn around on the couch and fix her mental image of me; her intense need was to know as much as possible about my actual identity and to use this knowledge to reduce my frightening ambiguity, thus avoiding investing me with symbolic importance.

At this point, after a transference allusion to a former lover who had created intense sexual excitement in her, she had three dreams about me in one evening. The first was indirectly typically depreciating of me. In the next two dreams the defenses broke down and her admiration for me was given open expression. I was directly represented in 'realistic' professional settings. In the second dream she was in my office, happily advising me on certain matters, but the dream ended with her finding cause to be angry with me. In the third dream she was attending my professional lecture and was aware of feeling deep admiration for me. These dreams occurred when she was profoundly threatened by the danger of unmanageable transference feelings. Although disguised, I was made a contemptible figure in the first dream. The id drives demanded more expression with each dream but could be given expression only by casting our relationship into a realistic one. In the second dream she also used the protection of reversal of roles by helping me with her knowledge, but she still had to close the dream by finding a basis for being angry and withdrawing. In the third dream she openly admired me but only as an auditor at a lecture—a setting recognized by the patient as realistic and impersonal. Of note is her viewing me in an exhibitionistic situation.

As her fears and defenses were gradually interpreted she felt less overwhelmed and more overt sexual ideas began to emerge. A thinly veiled oedipal dream terrified her and she refused to work with it. Her hostile defense against transference feelings was again mobilized as was the need to turn and look at me in order to re-establish her impressions of how I actually looked.

In this emotional state she presented another pair of dreams. In the first she met me in the street while on the way to my office and I said 'hello' to her, as had actually occurred on one occasion. The second of the pair depicted my office and patients in a bizarre, mocking manner. Faced with drives that threatened her ego, she again represented our relationship as casual and socially realistic and me as impotent, foolish, castrated, and therefore safe.

A week later this defensive pattern reappeared. Her father had taken her to lunch and had been kind to her. To this she reacted as to a seduction, for so intensely did she fear closeness to her father that she could not let him touch her. She was his favorite child on whom he doted to the point of cruelly ignoring the other children. The sexual yearnings stirred up by her father's interest overwhelmed her and resulted in acting out in life and in the analytic situation, and in another dream of me.

This first of a tripartite dream differed from others about me in that its setting was a shabby, dirty house, the floor covered with mud. Many people were about. She had come for a treatment session and anxiously inquired whether we should be alone. She noted how kind I was as I reassured her that we would be alone. In the second part of the dream a policeman told her that she had done nothing wrong. In the third, she insisted to a girl friend that the friend was wrong to think that some mutual male friend was listed in the social register. In association, she talked of her admiration for me and the beginning of an emotionally personal interest. Her father's kindness and an impending trip he was making with her mother were the other central associations.

In the first dream she attempted to show her relation to me as professional, but the defense failed, and symbols with direct associative threads to the father emerged: I was kind to her as father was; I reassured her that other people would not be allowed to intrude into the relationship as mother was about to do with father. Her guilt was reflected in the second dream

and in the third one she again defensively attempted to dissociate me from her socially prominent father. These transitional dreams, concomitant with the beginnings of conscious transference, heralded an important change in the analysis, now of four months' duration. Instead of typical attacks there appeared seductive attempts to tease and provoke me. As her coquetry mounted and she became irked with what she called my passivity—unconsciously meaning sexual inaction—her dreams changed further. I now appeared only in disguise. At the same time, she expressed wishes for gratification in the analysis like that she experienced at home. The emergence into consciousness of clear and sharp transference feelings made it necessary for the patient to disguise me in her dreams, in which infantile wishes were given even more sway. Although she dreamed often during the remainder of the analytic year, I never again appeared in the dreams without disguise. As her conscious transference fantasies became more direct, bolder, and more preoccupying, she became aware of a sharp diminution in her former daydreams about her consultant who, in fact, now began to appear in her dreams of situations, such as cocktail parties, as a symbolic representation of me. Since I had become a true transference object, the incest taboo prohibited dreaming of me directly.

Eight months after the beginning of analysis she presented, for the first time, what appeared to be a modified version of the 'First Dream'. In the original dream there were a middle-aged man and myself and two grown boys behind a screen. In the new version, the patient was reading a book and became embarrassed upon seeing photographs of her uncle completely nude. She then found herself in the presence of an unrecognized psychiatrist to whom she directed questions concerning premarital sexual activities which he refused to answer. At that point she was informed that an unmarried relative had become pregnant without having had intercourse and was carrying twins. For the middle-aged man, me, and two grown boys behind a screen of the 'First Dream', she had substituted

her uncle, an unrecognized psychiatrist, and a virgin carrying twins. The new dream, a more richly symbolic and less disguised form of the earlier one, could be analyzed more fully than her previous dreams. The nude uncle reminded her for the first time of screen memories of often seeing her father nude when she was age three and four. The doctor's refusal of sexual information brought memories of father's refusal to discuss sex with her as a child. He had walked about nude and shaved in her presence. This screen memory and other material pointed up the repetitive exposure to her father's penis and possibly to seeing it in the erect state. She did not then remember noticing her father's penis but vividly recalled how much taller he always seemed than when dressed. These experiences roused her to awe, fascination, and denial of existence of her father's penis. The reworking of the 'First Dream' and the analytic accessibility of the reworked dream are reminiscent of the modification that occurs in a screen memory when its defensive aspects are undergoing dissolution during an analysis.

In the tenth month she recalled, in her associations, the 'First Dream'. She felt certain that I had forgotten the dream after so many months and so described it in detail. Her memory of it was distorted. She said: 'I'm in the country, and there are a lot of people about. There's an old man with a long, gray beard. His grown son is behind a screen and I can see his silhouetted body moving. This old man tells me to lie down and he will remove the tick embedded in my skin.' Of special note in this memory is the condensation and replacement of the middle-aged man and me of the original dream by a bearded figure symbolic of the penis. The 'First Dream' had, in effect, been dismissed by the patient. She now attempted to analyze her grossly falsified but more symbolic recollection of it. Her associations consisted of a rich intertwining of thoughts of her family genealogy, her father's preference for her, and her thinly disguised fantasies of marriage to me.

In the case thus far presented, one can see two striking

trends: defensive flight into reality and preoccupation with the penis. The flight into reality as a defense is seen in her dreams of the analyst, in her behavior on the couch, and in her life. In the 'First Dream' the patient pictured me with a middle-aged man in an attempt to deny the transference by separating her analyst and her father. However, ego control and superego pressures were not sufficient to prevent some equating of the two, so both analyst and father speak with accents. Much real symbolism and its positive affect is evident in the dream because the dream defenses are weak. Although the dream was interrupted, id drives were in motion and she dreamed again—this time of being in an office with me and being told that I could not see her which made her furious. Threatened ego and alerted superego seemed to demand that the dream be recast into more realistic terms and be experienced emotionally in a negative way in order better to deny the incestuous undertones. Similarly, on the couch she had to look at me in order to re-enforce her true image of me and so stem the distortions effected by emerging fantasies. All this was combined with a need to know me as I 'really' am and endless talk on the couch about trivial day-to-day matters.

As these multiple uses of reality as defense broke down, dreams and fantasies emerged. One recurrent central feature of them was awe, fascination, and terror of her father's penis. In her first dream of being in my office the only unrealistic detail was the symbolic representation of my penis by the huge appointment book. In that dream she was angry because I denied her the opportunity to see me—that is, to see my penis. This is a reversal and denial of the fact that I had agreed to see her in analysis and of the dream detail of my having my appointment book in full view of her, as father, in the past, had freely exhibited his penis to her. Others of her dreams showed the importance of her fantasies and anxieties about the penis,—her dreams, for example, of seeing me lecture, the re-worked version of the 'First Dream' when she saw her uncle nude, and her falsified conscious recall of the 'First Dream'

about the old man with the long beard. It became evident too that her fantasies about my 'enormous' intellect, her wish to stare at my face, to know what I was 'really' like, had to do with her wish to look at my penis and to know what it was really like.

Transference fantasies of marriage appeared in the second year of her analysis. These were motivated by the wish to identify herself narcissistically with me. I was to serve merely as an appendage to her and become, in effect, her penis. Dreams and fantasies began to indicate powerful wishes to castrate her father and secure his penis. The analysis became stormy with transient breakdowns of the hard-won therapeutic liaison and much acting out. It was at just such times that dreams of the analyst recurred. The dynamics of these dreams followed the same essential patterns as those of earlier ones. However, they became more symbolic and overtly sexual and regularly included members of the family. In one of them, even my face was changed.

Fantasies, dreams, and memories of childhood and adolescence began to make clear how great was the narcissistic injury of being without a penis. Her whole body seemed to her defective, a hurt re-enforced by the fact that her sister, two years her junior, had been physically precocious and as big as the patient at age four. In fact, her sister was often supposed to be her twin. To add insult to injury, she was constantly praised for her beauty, making the patient feel like a malformed, ugly dwarf. Naturally enough, she blamed and hated her mother for her condition.

Her mother had been cold and distant and had relegated much care of the patient to others. Separation anxiety was accordingly great, arising from pathological differentiation of self and mother, and development of her body ego suffered. Hurt, rage, and disappointment in her mother forced her to turn to father who was solicitous, tender, and the possessor of an awesome and magical penis which she hoped to obtain. The wishes he had frustrated were directed toward the analyst

with the same desperation. These wishes also mobilized the great castration anxiety that afflicted her on so many levels and was one with primitive separation anxiety. This forced the patient to resort defensively to regressive fantasies and behavior indicative of the prephallic drives behind her relationship to her father. The central theme of these regressive fantasies was the wish to establish a perfect state of fusion with mother.

The fantasy of fusion was gratifying and also served as defense against mobilization of her rage, dangers of retaliation based on projection of her aggression, and anxieties ranging from castration to ego dissolution. One saw these considerations in her sexual activities. In intercourse she wanted to get so physically close to her lover that there would not even exist any air space between them. Although orgasmically frigid, she enjoyed intercourse but when it ended became depressed and hostile. During it she gratified both the fantasy of fusion and the fantasy of intactness of body produced by the penis in her vagina. Termination of intercourse punctured both fantasies, resulting in depression and rage. Her daydreams of sexual intercourse were of a literal melting into her lover's body with no thought or imagery about the penis or vagina. These fantasies were all brought into the transference.

Greenacre (4) describes the girl's shock at sight of the penis, causing her to see the male as godlike and to seek out masochistic humiliation by men or attempt to inflict humiliation on them. Her patients experienced visual hypersensitivity, headaches, and, what is especially pertinent to us, difficulties in discriminating between the real and the unreal. In my patient all these traits could be seen. Defects in superego formation evidenced by Greenacre's patients were also similar to those in my patient.

In another paper on screen memories Greenacre (3) discussed the use of reality to hide reality, a technique my patient used in her struggle to deny the reality of the penis. Freud pointed

out that the exclamation of patients, 'the dream seemed so real!', indicates that its latent content deals with the memory of a real event of childhood. My case suggests that another way of representing a childhood event in a dream is to portray a present-day reality. The patient used analyst and analytic situation in her dreams like a screen memory. She often described her dreams as 'so ordinary and right out of everyday life' and rejected them as 'meaningless'. To treat a dream so serves denial when, as infantile memories become more pressing, one would expect the defense to require that the manifest content become ever more permeated with current reality. For example, this happened in the 'First Dream', in which I was represented, but too much infantile material was entering it so it had to be terminated and replaced by a highly 'realistic' one. So tenuous were the patient's ego defenses that, as occurs in the formation of day residues, there developed in both her dream life and everyday life a flight into reality in order to ward off unconscious memories by displacement to trivia. Similarly, on the couch she defended herself against acknowledging the reality of my penis by a fetishistic concern with various objects in the office and other 'externals' of my life and my 'real' identity.

Normally the little girl displaces qualities she ascribes to the penis not only to the actual person of her father but also to other persons, and finally to symbols. To effect displacement to symbols, the ego of the child must be able to establish distance by repression, displacement, and replacing the concrete with the abstract. My patient's attempts to deny the reality of the penis clearly interfered with this process, and this difficulty was reflected in her literal and concrete approach to things. She complained of being excessively materialistic and of being unable to get truly involved in intellectual and abstract matters as others did. In her dreams of the analyst and in her attempts to analyze them, she clung in a concrete manner to perceptions (day residues). She resisted with equal intensity understanding a symbolic element in a dream and seeing the analyst as a symbolic figure.

Keiser (6) describes similar difficulties encountered in male patients who have been unduly exposed to traumatic and persistent visualization of the genitals of exhibitionistic mothers. His paper stresses the difficulty with which these men internalize the mother and the resultant maldevelopment of the ego function of abstract thinking.

Other writers on the subject of first dreams emphasize that they imply the wish for id gratification and the inability or refusal of the patients to differentiate the analyst and important childhood figures. Rappaport (8) and Savitt (9) describe in some detail two men with archaic defects of body ego, severe difficulties in sexual identification, and powerful awe and envy of the fathers' penises. Their initial dreams and behavior in analysis showed that they attempted, as did my patient, to make a mockery of the analysis and the analyst and to resist investing the analyst with symbolic import. In Rappaport's case, he appeared in the first of two dreams. Although portrayed mockingly, he was visualized in an exhibitionistic situation. In the second dream a stranger appeared who was transformed suddenly into the patient's father. Upon the undisguised appearance of the father, the patient awakened. The anxiety caused by the direct appearance of the father would seem to contradict Rappaport's statement that the patient insisted on equating father and analyst. In Savitt's case, the patient dreamed of homosexually seducing the analyst in his office and, in doing so, of scoring another homosexual 'conquest' such as he had achieved many times in real life. He insisted he would treat the analyst as he would any 'ordinary' man—in short, that he would defend himself against emotionally treating the analyst as a special or symbolic figure. I believe such material essentially reflects ego defense. Both authors immediately interpreted to their patients the resistance to analysis implied in their dreams, but did so in the context of id resistance.

Because the other pertinent analyses cited in the literature were so unfruitful or so quickly terminated, or because the subject of first dreams involving the analyst was only part of a

broader subject dealt with by the authors, the conclusions drawn seem impressionistic. For example, in one instance the dream about the analyst is not described. The dreams reported usually involved realistic settings punctuated by direct or symbolic representations of the analyst's penis or by symbolic intrusions of themes of exhibitionism, voyeurism, and castration. It is of interest that, where the history is known, there was often repetitive visual exposure to, or physical contact with, the penises of adults, including the father's. Greenacre (3) describes a first dream in which she was directly represented. Although Greenacre paid no attention to the unusual form of the dream, she emphasized that her patient insisted that she had never seen a penis until her adulthood. Analysis of the dream subsequently brought up a direct reference to a childhood observation of a cousin masturbating. Greenacre stressed the shocking and traumatizing effect of such a visual exposure and further stated that her patient—like mine—used external reality and ego gratifications as her main defense against instinctual conflicts.

### SUMMARY

A case is described in which the first dream reported in analysis contained an undisguised representation of the analyst. Subsequent modifications of this dream, with associated transference vicissitudes and other analytic data, contributed to the elucidation of the first dream. The undisguised representation of the analyst was an attempt to treat him as a 'real' person and thus avoid investing him with symbolic importance; in effect, a resistance to transference formation. A primary defense in the patient's dreams, on the couch, and in her life was a flight into reality. Later, as evidence appeared that the analyst had become a true transference object, he disappeared from dreams and was replaced by disguised symbolic figures. The flight into reality was traced to denial of the reality of her father's penis. This was associated with a fetishistic displacement to concern with the 'externals' of life, the analyst's office, and his actual social

identity. Concern with present-day realities served to screen childhood events involving her father's exhibitionism.

The previous literature dealing with this subject considers such dreams to reflect id resistances and the inability or refusal of the patients to differentiate the analyst and important childhood figures, but offers little clinical support for such suppositions. Most of the cases cited met with extremely limited analytic results, and the data are sketchy. Re-examination of this literature suggests that the cases presented offer support for the present thesis. In light of these findings, detailed re-examination of this subject seems necessary.

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## Snoring: Unavoidable Nuisance or Psychological Symptom

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## SNORING: UNAVOIDABLE NUISANCE OR PSYCHOLOGICAL SYMPTOM

BY KENNETH Z. ALTSHULER, M.D. (NEW YORK)

One person in eight snores during a good part of each night. This disorder produces a variety of buzzes, snorts, grunts, or gurgles that range in volume from the tones of normal conversation (forty decibels) almost to the noise level of a pneumatic drill (seventy decibels and up) (4). The sounds are generated for the most part by the vibrations of soft structures in the nose and throat that accompany mouth breathing during sleep. Occasionally some form of nasal blockage (polyps, a deviated septum) is found to be the root of the disorder. More commonly however medical examination is negative and such general factors as fatigue, heavy smoking, obesity, and ill health are invoked as contributing causes (5). The fact that more than three hundred snore-curtailling devices are patented in the United States alone attests to the size of the problem, as well as to the lack of specific treatment.

Strangely, the snorer himself is rarely distressed by the havoc he causes. Rather it is the victimized spouse, the 'sleepy, disgruntled person with the bloodshot eyes', who leads a sheepish patient into the doctor's office (6).

Perhaps it is this combination of the general prevalence of the symptom, the indifference of the offending person, and the tendency to treat it as a topic for comedy that has caused psychiatrists and analysts to pay little attention to snoring as a disorder. In a literature rich in studies of somnambulism, bruxism, enuresis, and night terrors, to say nothing of the great volume of writing on the subject of dreams, not a single reference to snoring is found as other than a 'benign concomitant of sleep'.

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Read before the Association for Psychoanalytic Medicine in New York, March 3, 1964.

A moment's consideration of the snore makes this omission more striking. That during sleep we waken in response to internal needs as well as to external auditory stimuli has been well documented since at least 1830 (3). Recent evidence suggests that selective awareness during sleep is such that an individual can discriminate and respond to a predetermined stimulus, especially one that is emotionally meaningful, while ignoring others that are similar. These stimuli may be incorporated into dreams whether or not they interrupt sleep. Based on such data, a number of workers conclude that during sleep there is a steady scrutiny of sensory signals which, according to the significance of their content to the dreamer, leads to arousal from or allows continuance of sleep (1, 2, 7, 8). If this is so, why is there so little reaction to exceedingly loud noises that are self-produced? At the very least it would appear that a maintenance of no response—an apparently sustained attitude in sleep that such sounds are nonexistent or unimportant—would be required. One instance in which this seemed to be the case, and where the symptom was interwoven with the patient's psychodynamics, is here presented.<sup>1</sup>

The patient was a thirty-two-year-old professor of English who had quickly established himself as being notably talented and destined to succeed. His boyish charm, coupled with a prodigious amount of bounding and emotively styled work, had assured him the liking and respect of his colleagues. His presenting symptoms were acute attacks of anxiety with a globus hystericus that interfered with his speech when he was teaching his predominantly female classes. The symptoms had been present in some degree from the beginning of his teaching career and had grown in intensity with the increasing solidity of his position and the added responsibilities given him in his field. Family responsibilities had also grown apace, and he entered treatment shortly after the birth of his second child.

<sup>1</sup> Grateful acknowledgment is made to Dr. B. Ruth Easser for the psychoanalytic supervision of this case and for helpful comments on the manuscript.

Born in Austria, he was the youngest child and only son of Jewish parents. His father was described as an exuberant lover of life and family, a busy and competent physician, and connoisseur of wine and music. His mother was more distant and depressed. A sweet, sad tenderness intermingled with austerity and withdrawal characterized her relationship with the patient as a child. She would often leave early for vacations with the patient, to be joined weeks later by the husband. Although the other children were always included in these trips, they were not mentioned in the patient's reminiscences. During the working part of the year he was frequently left in the care of servants whom he often terrorized, though not without affection.

When the Germans occupied the country and the patient was eight years of age, his family hurriedly escaped. Relying on her Nordic good looks for protection, the mother took care of all the preparations, while the rest of the family stayed in relative concealment and hoped for her success. The escape involved a stay in England during which the patient was temporarily separated from her.

There, despite the reassuring presence of his older sister, he refused to accept the friendly overtures of the family with whom he was placed. He isolated himself and exhibited such an imperious sense of deprivation that his mother soon made room for him in her own accommodation. Hitherto a wishful though not always successful little dictator, at this point he consolidated a defensive conception of himself as a poor but likable orphan boy. A few months later all rejoined the father who had gone ahead to make arrangements in America.

Life was relatively calm after the family was reunited. The patient continued his education with much success and had many friends of both sexes. Late in college he met and married a mild-tempered, dependent, and indulgent girl. While he characterized their relationship as 'just fine', it appeared that he exacted a good deal of service and selfless devotion from her. As his demands were made with hapless charm, and his wife was generally quite willing to gratify them, the relationship

was stable and satisfactory to both. Their sexual life was mutually satisfying.

The patient was treated for two and a half years. Except for occasional mild recrudescences, relief of symptoms and considerable insight had been achieved and maintained for the better part of a year when a date for the termination of treatment was set. The anxiety and globus hystericus had been defined as reactions to an unconscious impulse to shout out his demands. In this fantasy, the class became his personal harem of loving and obligated mother-servants who should gratify all the sexual and dependent wishes of the child prince. The emotional rapport with his students and the almost physical pleasure he got from his dramatic teaching were in conflict with his intellectual controls, and made untenable the defensive concept of himself as a deprived urchin. While he was diligent in working through these problems at school, he had been generally less inclined to make any real effort to change at home.

On several occasions he had noted in passing that he habitually snored loudly. His wife tolerated this disturbing nuisance, although she sometimes complained that it kept her awake and drove her to sleep in another room. The patient was unconcerned and slept very well.

As separation from his doctor became imminent, his dependence on his wife intensified. Finally he realized in a way meaningful to him the extent to which he had been acting out the orphan's role at home to indulge a vigorous but unnecessary insistence on passive-receptive gratifications. He became aware with some relief that he could be the giver as well as the recipient of open feelings of tenderness. Quite enthusiastically he exclaimed, 'Maybe I don't have to keep banging on my wife's ears so she will notice me every minute of the day'. 'The night too?' inquired the therapist. The patient pondered this comment, visibly nonplused.

The next day he reported that he had slept poorly, awakening several times. In the morning his wife told him, unsolicited, that he had not snored. He spoke at length of their habit of sleeping

back to back, unless she was driven from the bed by the noise, and of a desire to turn toward and reach out to her. He would, he said, like to be appreciative and loving, to give her his arms to lie in, yet he felt some vague inability or unwillingness. That night he dreamed.

I was going to visit a friend and his wife. I was in the foyer of their building with my daughter, looking for the doorbell to their apartment. Above each mailbox was a picture of the nativity, mother and child. Trying to get in, I push one buzzer, then another, and another. As I go from one to the other I seem to be ignoring my daughter, who stands in the far corner looking small and hurt.

He identified the nativity as the madonna-child illusion he was seeking to maintain with his wife, and the daughter as his wife, neglected and alone as a result.

The therapist commented that the role of the buzzers in the dream suggested that his mighty snoring was somehow a vehicle of his search. This the patient vigorously denied. There was no snoring in the dream, he said. How could he snore as an unconscious demand? It was just nonsense to assume that on the basis of some whim he turned the noise on while he was asleep. Perhaps that was so, the therapist agreed, but how about turning it off? Surely the sounds were audible to him; besides, the whole process must create a good deal of vibration in his head and neck. Possibly he chose to ignore these cues rather than respond with a change of position or some other means of stopping the noise.

The patient continued his argumentative soliloquy for a few minutes and then lapsed into a resentful silence. Suddenly he began to laugh with such hilarious embarrassment that he could barely talk. Between spasms, he finally stammered that for the past several weeks he had unaccountably begun to feel that his friend in the dream was quite irritatingly a baby in relation to his wife. But what struck him even more acutely was his simultaneous recollection that this man was also a snorer! In-

deed, whenever the patient and his wife were with this couple, the conversation invariably turned to the snoring of both husbands and the mutual trials of the wives as they tried to get a peaceful night's sleep. The dream showed him trying to get into this man's house, to join the scene, to be him. Their only real points of identity were their snoring and their dependence on their wives.

With this embarrassed shock of recognition, the interpretation was unavoidable. From this point the patient began to deal actively with the snoring as a symptom and with its emotional determinants. When treatment was terminated a few months later it had decreased noticeably, and, according to the patient and his wife, did not recur significantly over a follow-up period of six months.

For the most part this clinical fragment speaks for itself in favor of assessing the snoring as a motivated symptom. It may be of interest, by way of further confirmation, to touch briefly on its role in defense and on how it may be woven into the fabric of resistance. Immediately following the sessions reviewed, the patient dreamed.

My wife fell asleep beside me in our bed, but it was not our present bed. I felt I had lost her. I was fearful and upset. I said, 'What about the snakes coming out of the wall that terrify me?'

The bed was the bed shared with his mother in England after their escape from the Nazis. In the course of this and subsequent sessions he re-experienced some of the anxiety that was involved in the separation from her and in risking independence in a dangerous world. That his associations were strongly tinged with sexual feelings suggested a further motivation for the symptoms as protecting him from dangerous sexual wishes. As long as the wife-mother remained awake and watchful he could remain asleep in her bed comfortable and undisturbed. In working through these aspects of his snoring, threads of re-

sistance arose in which sound effects continued to figure prominently in dreams.

A camp director talked about a radio with pleasant music tuned softly to one station. I decide it's all phony.

I'm flying on the wing of a World War I one-engine fighter plane. The engine is roaring. As we swoop under a bridge I fire my machine guns at the enemy, who is firing at me.

I visit a friend, who looks like you, with a record I want to play. The record is grand and tragic Wagnerian opera, but the needle of his victrola is a peculiar cutting tool which cuts up the record each time I start it.

I'm hobnobbing with the president. We watch television. A fan is blowing to keep the room cool and comfortable.

I'm skiing with a friend. I advise him not to go down a dangerous slope. Instead we go to the lodge and hum folk tunes to the strum of a guitar while an elderly female feeds us chocolate.

Even without associations a variety of aggressive, dependent, and anxiety-evoking factors can be easily observed in the resistance or search for magical alternatives in these dreams. It is equally clear that the sound, selectively audible to the patient, is placed in intimate relationship to the predominant affect; thus, the roar of the engine and machine gunfire as an aggressive attack, and the comforting hum of a fan or the strum of a guitar as the magical repair of dependence are invoked. These findings appear to be clinical parallels to the experimental evidence previously noted that emotionally meaningful stimuli may modify and be incorporated into current dreams.

During this phase of treatment, the patient related the dream sounds directly to his snoring. It is also of interest that a review of earlier sessions proved that passing references to his snoring occurred as associations to other dreams containing sounds, generally also in the context of feelings related to his wife. Probably these associations provided the therapist with unconscious clues for the apparently spontaneous formulation that was readily

available with the first interpretive comment. Perhaps as the patient became emotionally involved in his marital relationship the suppression of awareness of the snoring threatened to fail so that further efforts—through the dream work—were required to disguise or deny the dream wishes and so maintain sleep. In any event, the patient's elaborate disregard of his loud snoring had finally given way to concentration of attention on it; moreover, from the time the point was raised until the termination of treatment, the degree of his snoring served as an accurate barometer of the state of the patient's relationship with his wife. The experience with this patient suggests that chronic snoring, habitually ignored by the snorer while continuously disturbing to those about him, sometimes may be unconsciously motivated.

To be sure, alternative explanations cannot be excluded. The patient's wife may have felt more peaceful and slept more soundly as he released her from his nagging dependence and gave less sparingly of tenderness and support. Since the dream noises were associated with a variety of shifting affects, it might also be argued that they were incidental artifacts, residues representing whatever emotional conflict was in ascendance during the previous days. Against these interpretations are the appearance of sound effects in his dreams, usually when he was in states of conflict about feelings toward his wife, their apparent bearing on his concern about her sleeping, their disappearance from the dreams in accordance with variations in their relationship, and his conscious struggle with the symptom. In this connection the similar dynamic significance of the snoring and of the globus hystericus with anxiety should be included. The one was a full, free roaring of demands at his wife in his sleep, the other a waking reaction to unconscious wishes to do the same with his students.

Presentation of this case in no way presumes to elucidate the problem of the choice of a symptom. Why the snoring first occurred, and whether it was initiated by a specific conflict or became involved secondarily as an expressive vehicle remain unknown. What was indicated by the analysis of this patient's

snoring is that his ignoring the symptom and its free indulgence without concern were psychologically determined.

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## Jung's 'Memories, Dreams, Reflections'

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## JUNG'S 'MEMORIES, DREAMS, REFLECTIONS'<sup>1</sup>

BY HENRY EDELHEIT, M.D. (NEW YORK)

We know from his letters to Fliess and from *The Interpretation of Dreams* how Freud had yearned to visit Rome but had put off the fulfilment of that wish until 1901 when he was forty-five. He had rationalized his inhibition in various ways; for instance, 'at the season of the year when it is possible for me to travel, a residence in Rome must be avoided for reasons of health'. To this observation (in *The Interpretation of Dreams*) he added, in 1909, a dryly understated footnote: 'I discovered long since that it only needs a little courage to fulfil wishes which until then have been regarded as unattainable'. As Jones explains in his biography: 'It was only after four years of determined and unsparing self-analysis that Freud at last conquered [his] resistances and triumphantly entered Rome'.

C. G. Jung's posthumously published memoirs, here reviewed, contain the confession: 'I have traveled a great deal in my life, and I should very much have liked to go to Rome, but I felt that I was not really up to the impression the city would have made upon me. . . . I always wonder about people who go to Rome as they might go, for example, to Paris or to London. Certainly Rome as well as these other cities can be enjoyed aesthetically; but if you are affected to the depths of your being at every step by the spirit that broods there, if a remnant of a wall here and a column there gaze upon you with a face [Freud's?] instantly recognized, then it becomes another matter entirely. . . . In my old age—in 1949—I wished to repair this omission, but was stricken with a faint while I was buying the tickets. After that, the plans for a trip to Rome were once and for all set aside.' Seen against the background of Jung's familiarity with *The Interpretation of Dreams* and his knowledge of Freud's self-analysis, this statement constitutes a profound (though unintended) self-revelation.

It is not surprising that Jung had misgivings about publishing this book, though to be sure his misgivings were carefully rational-

<sup>1</sup> Jung, C. G.: *Memories, Dreams, Reflections*. Recorded and edited by Aniela Jaffé. Translated from the German by Richard and Clara Winston. New York: Pantheon Books, 1963. 398 pp.

ized to the last. 'This task has proved so difficult and singular', he says, 'that in order to go ahead with it, I have had to promise myself that the results would not be published in my lifetime'. And his editor adds: 'To the day of his death the conflict between affirmation and rejection was never entirely settled. There always remained a residue of scepticism, a shying away from future readers.' He could never frankly acknowledge the book as his own but spoke of it as 'Aniela Jaffé's project'. Perhaps this was to some extent literally true, and perhaps he mistrusted his waning powers; but it may be that he sensed in these revelations the ultimate discovery of his failure. It is as a piece of naïve autopathography that the work is fascinating. Otherwise it is often tedious, garrulous, evasive, and heavily overloaded with minute accounts of obsessively detailed dreams.

Jung's calling in life was the creation of a personal myth, and he might well be characterized as an artist *manqué* who emerged as a gifted charlatan. Greenacre has called attention to a group of characteristics manifested in childhood by persons who later show significant creative talent; these characteristics include a heightened sensitivity to sensory stimulation, an unusual capacity to establish relations among various stimuli, and a predisposition to empathy that appears as a peculiar degree of empathic animation of inanimate objects and anthropomorphizing of living objects. With reference to these characteristics, the early chapters of these memoirs could document an interesting case for Jung as potential artist.

On the other hand, the early chapters seem designed to illustrate and support Jung's personal myth. Between the ages of three and four he had a dream which, he says, 'was to preoccupy me all my life'. The dream (much abbreviated here; Jung's account covers several pages) is of a subterranean chamber in which is enthroned an erect phallus, big as a tree trunk. A distortion of historical sequence is strongly suggested in a memory, placed at age six, of peering through the open door of a Catholic church (his father was a Protestant clergyman): 'I just had time to glimpse the big candles on a richly adorned altar (it was around Easter) when I suddenly stumbled on a step and struck my chin on a piece of iron'. Jung no doubt intended this sequence of dream and memory to stand as an early exemplar from his own experience of the 'prospective tendency' of dreams. It is part of his method of mystification that he does

not state this explicitly but leaves it to the reader's conjecture. It seems plausible enough, however, to assume that dream and memory have simply been reversed and that behind both is a primal scene fantasy (later to be glorified in the exalted Jungian terminology as the *mysterium coniunctionis*).

In a later chapter Jung describes a series of crucial developments from his twelfth year. The first is the appearance of a school phobia. This was followed by a split in identity—the discovery that he 'was actually two different persons'. Next in sequence came a religious experience—an illumination—of a particularly idiosyncratic sort. The school phobia was expressed in fainting attacks every time he had to do homework or tried to go to school. As a result, he was free of responsibilities for half a year: 'I . . . could dream for hours, be anywhere I liked, in the woods or by the water, or draw. . . . Above all, I was able to plunge into the world of the mysterious. To that realm belonged trees, a pool, the swamp, stones, and animals, my father's library'. This pleasant interlude came to a halt when he overheard his father's pitying remark that he, the son, might never be able to earn his own living. For Jung this was a sobering 'collision with reality' (compare his later emphasis, in therapy, on admonitions to pursue one's 'life task'). 'From that moment on', he says, 'I became a serious child. I crept away, went to my father's study, took out my Latin grammar, and began to cram with intense concentration.' He fought off the successive fainting spells which threatened to overwhelm his efforts and persisted until he had conquered the symptom. Shortly afterward he returned to school. It was not much later, however, that he discovered that he was actually two people—one a child of twelve and the other a mysteriously wise old man.

The religious illumination that followed came as the culmination of a three-day struggle against an obsessional thought: that God would defecate on the Basel cathedral. Jung spent three days in anxious inward debate and feverish consultation of theological texts in his father's library. Then, having concluded that the thinking of this thought must be God's will, he permits himself to think it, God defecates, and Jung, in evident empathic identification with the deity, experiences 'an enormous, an indescribable relief'.

It is clear from the context that Jung, even in retrospect, regarded his childhood neurosis as cured with the overcoming of the school

phobia. The conception that he was two different persons he regarded as a discovery (in his fully elaborated psychological system, the 'No. 2' person is ultimately represented as the archetype of the Old Man); and the obsessional struggle with his blasphemous thought he regarded not as a manifestation of illness but as a religious experience that provided him with a sustaining secret for the rest of his life. It was later elaborated in Jung's compulsive mystico-religious preoccupations, which are characteristically of a schismatic rather than an orthodox variety. His relationship to Freud reflected the same ambivalence toward 'orthodoxy' and found an analogous schismatic expression.

The break with Freud was a critical turning point for Jung and brought in its wake a profound spiritual upheaval. It is interesting to set this later crisis against the school phobia and the rest of the childhood sequence described above. As with his school phobia, Jung went into a retreat. He gave up his university teaching and avoided public appearances. As the upheaval had been occasioned by the separation from Freud, so the self-therapy was now clearly inspired by Freud's self-analysis—at least in the superficial aspect of a preoccupation with his own dreams. In these dreams, Jung's 'No. 2' personality soon put in an appearance—as a *guru*, or mentor, who instructed him in the secrets of the unconscious. It is tempting to imagine that even this dream-*guru*—whom he calls Philemon—is a transformation of Freud. But if Philemon is Freud transformed, he is Freud tamed to Jung's purpose. The unconscious revealed by Philemon (having its origin, one suspects, in the library) is not Freud's unruly id-cauldron, but the sophisticated, cultured, and scholarly collective unconscious.

Recapitulating the retreat and the illumination of his childhood, Jung dreamed, played, immersed himself in the reading of books and the contemplation of mysteries. He built a model village, drew, painted, and wrote curious mystical philosophical literary works. He saw visions and felt that he was buffeted by overwhelming inner forces. At times he himself felt that he was struggling with a psychosis, and he was probably right. However, he brought a strong intellect and creative gifts to bear on the treatment of his own illness and he did achieve a kind of recovery. Unlike Freud, however, he was unable to tolerate analytic insight, proceeded in a centrifugal direction (to the 'library'), and arrived at a palliative solution that

not only resembles the religious systems of the past but of course draws on them for support and assimilates much of their contents.

Jung's self-presentation in relation to Freud is remarkably ingenuous. On the one hand he states that Freud was not able to interpret his dreams. He attributes this to their 'collective contents' and their 'symbolic material' to which Freud, he suggests, could not possibly have the key. But then he states quite baldly that he would not divulge his associations and once even lied outright, justifying this maneuver on the ground that he did not wish to quarrel with Freud (but also on the contradictory ground: '*à la guerre comme à la guerre!*'), adding that 'it would have been impossible for me to afford him any insight into my mental world'. He is more generous with us.

In his first psychiatric monograph (1902), *On the Psychology of So-called Occult Phenomena*, Jung concerned himself with certain unusual states of consciousness to which (as we learn from the present work) he was himself subject. In that early monograph appears the statement: 'Persons with habitual hallucinations, and also those who are inspired, exhibit these states; they draw the attention of the crowd to themselves, now as poets or artists, now as saviours, prophets, or founders of new sects'. His memoirs make it plain that he is himself one of these personalities and that his lifelong concerns with poltergeists, visions, clairvoyance, presages, and ghosts bear witness to his 'singularity'. Jung really did believe in ghosts. Moreover, having a professional performer's instinct, he was not beyond a touch of artifice to enhance a ghost story. At least one of these is worth recording here.

On a second visit to Ravenna, Jung is deeply moved at the tomb of Galla Placidia. From the tomb he goes, with a companion, to the renowned Baptistry of the Orthodox and is surprised to see there four magnificent mosaics that he cannot recall from a previous visit. He and his companion stand before the mosaics (all of which have to do with water and suggest themes of drowning and rebirth) and discuss them at some length. Later he tries to get reproductions, but his time is limited and he fails to find any. Back in Zurich, he commissions a friend going to Ravenna to get the reproductions for him. Only then does he learn that no reproductions exist, because the mosaics do not exist. He had hallucinated them. The hallucinations are rationalized as 'concretizations' produced by a projection

(Jung's term) of his *anima*—the mediator between the conscious ego and the collective unconscious—onto Galla Placidia herself. In commemoration of a safe passage from Byzantium over a stormy sea, Jung tells us, Galla Placidia built and decorated with mosaics the Basilica of San Giovanni, later destroyed by fire. There Jung leaves off, implying (and the implication is worthy of Barnum) that the 'concretized' mosaics are in fact the lost mosaics of the San Giovanni.

Some of Jung's ghosts, perhaps Galla Placidia among them, seem to emerge from ghost stories that have so aroused their author that he has come to believe them himself. Others are recognizable as the screen memories, deliria, nightmares, and Isakower phenomena of his childhood. Some seem to be outright hallucinations elevated to the dignity of visions and charged retrospectively with oracular content. However, unless one excepts the embittered ghost of Jung's disillusioned clergyman father, these assorted phantasms are mere theatrical mummery compared to the one great ghost that haunts this book—the ghost of Freud. Jung fled that ghost throughout his life, as he fled the unconscious that Freud had discovered, and into whose mysteries he could never allow himself to be initiated; and though he fought it with all the massive armaments summoned up by his compulsive erudition (including archeology, theology, oriental and occult philosophy, gnosticism, cabala, astrology, and alchemy), Freud's was a ghost he could not exorcise. It is this failure that lends a special poignancy to the last sentence of his book: 'It seems to me as if that alienation which so long separated me from the world has become transferred into my own inner world, and has revealed to me an unexpected unfamiliarity with myself'.

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## A FOOTNOTE TO JUNG'S 'MEMORIES'

BY STANLEY A. LEAVY, M.D. (NEW HAVEN)

### I

The recently published autobiographical study of C. G. Jung, *Memories, Dreams, Reflections*,<sup>1</sup> is such an extraordinarily frank revelation of the inner world of the great psychologist that it would require another volume to do justice to the illumination it casts on the workings of his mind. One passage taken from the chapter, *Confrontations with the Unconscious*, however, is so strikingly obvious in its meaning, its *psychoanalytical* meaning, that it deserves special treatment. A key happens to be readily available, and it provides an interpretation quite different from Jung's own.

After his break with Freud, the historic occasion of which was the Munich Congress of September 7-8, 1913, Jung found himself 'helpless before an alien world; everything in it seemed difficult and incomprehensible'. He felt violently assailed by fantasies which he did not comprehend, and with emotions—not described by him—which he thought would result in a psychosis like that of Nietzsche or Hölderlin. He therefore decided to submit voluntarily to a 'scientific experiment', to allow himself to 'plummet down into' the fantasies, and thus, if his attempt were successful, 'to try to gain power over them'.

'It was during Advent of the year 1913—December 12, to be exact' that he took this step. A series of fantasies followed, and either were recorded then, or possibly were only recollected later when he was recounting his experiences to his 'biographer' and disciple, Aniela Jaffé, the editor of this book. The original should be consulted for details.

The fantasies on which I wish to comment are the second and third of a series, the second being actually a dream during sleep. 'I was with an unknown, brown-skinned man' it begins, 'a savage, in a lonely, rocky mountain landscape. It was before dawn; the eastern sky was already bright, and the stars fading. Then I heard Siegfried's horn already sounding over the mountains and I knew

<sup>1</sup>Jung, C. G.: *Memories, Dreams, Reflections*. Recorded and edited by Aniela Jaffé. Translated from the German by Richard and Clara Winston. New York: Pantheon Books, 1963.

that we had to kill him. We were armed with rifles and lay in wait for him on a narrow path over the rocks.'

In the course of the dream he (or rather 'we') shot at Siegfried and killed him. The dreamer was filled with remorse 'at having destroyed something so great and beautiful' and fled, hoping that the rain that followed would obliterate the traces of the killing. He felt unbearably guilty, and on waking was threatened by an inner voice: 'If you do not understand the dream, you must shoot yourself'. Since he had a loaded revolver in his desk he was very frightened. Immediately he interpreted the dream to mean that 'Siegfried . . . represents what the Germans want to achieve, heroically to impose their will, have their own way'. Hence the hero had to be killed. He felt compassion with his victim: 'My secret identity with Siegfried, . . . the grief a man feels when he is forced to sacrifice his ideal and his conscious attitudes'.

Pursuing his fantasies, he made an attempt 'to get to very bottom'. He was 'at the edge of a cosmic abyss'. 'Near the slope of a rock I caught sight of two figures, an old man with a white beard and a beautiful young girl.' The old man's name was Elijah,—and the girl called herself Salome. She was blind. He was assured by Elijah that he and Salome had belonged together from all eternity. There was also a black serpent living with them 'which displayed an unmistakable fondness for me'. 'I stuck close to Elijah because he seemed to be the most reasonable of the three, and to have a clear intelligence. Of Salome I was distinctly suspicious.'

In his interpretations, Jung paid no attention to his personal associations. At least he recorded none for this book. He resorted instead to mythical derivations of his dream images, and we shall see that they, too, are not without their analytic significance. He noted how in myths and dreams old men are frequently accompanied by young girls, and how one such old man of mythology, Simon Magus, 'went about with a young girl whom he had picked up in a brothel'. This young girl, Salome, Jung called an '*anima*' figure, and he accounted for her blindness with the idea that unlike the wise old prophet Elijah, she, the erotic one, does not see the meaning of things.

The chapter of Jung's *Memories* from which these fragments are drawn contains much besides, including extraordinary accounts of poltergeist phenomena. But for us the significant thing is that Jung saw the beginning of his deliberate and conscious acquaintance with

the unconscious at this time of his life, and these fantasies were among those that ushered in a new phase.

It would be good if we could go back in Jung's experience to the days three months earlier when his psychoanalytic phase came to an end. We have no records of Jung from that time that compare in candor with the material I have quoted. Nor did he, even in his *Memories*, state that there was any connection between his break with Freud and the inner chaos of the following months which he has so graphically described. It happens, however, that we have in diary form an eye-witness account of the Congress at Munich, and I shall, therefore, quote from this diary a paragraph which I consider enlightening in the extreme.

At the Congress the *Zürich* members sat at their own table opposite Freud's. Their behavior toward Freud can be characterized in a word: it isn't so much that Jung diverges from Freud, as that he does it as if he had taken it on himself to rescue Freud and his cause *by* these divergencies. If Freud takes up the lance to defend himself, it is misconstrued to mean that he cannot show scientific tolerance, is dogmatic, and so forth. One glance at the two of them tells which is the more dogmatic, the more in love with power. Two years ago Jung's booming laughter gave voice to a kind of robust gaiety and exuberant vitality, but now his earnestness is composed of pure aggression, ambition, and intellectual brutality. I have never felt so close to Freud as here; not only on account of this break with his 'son', Jung, whom he had loved and for whom he had practically transferred his cause to *Zürich*, but on account of the manner of the break—as though Freud had caused it by his narrow-minded obstinacy. Freud was the same as ever, but it was only with difficulty that he restrained his deep emotion; and *there was nowhere I would have preferred to sit than right by his side. Tausk consequently also sat very close by*, despite the fact that Freud plainly held him off now,—although he himself admitted that in this new situation Tausk was the right man.

I have put the most significant words in italics,—because the passage is taken from the diary of Frau Lou Andreas-Salome.<sup>2</sup>

## II

Let us start our effort to reinterpret the dream and the fantasy of Jung with the unusual name of the diarist, who by her own account sat beside or at least 'close by' Freud at the epochal meeting. H. F. Peters<sup>3</sup> in his biography of Lou Salomé says of the name '*nomen*

<sup>2</sup> *The Freud Journal of Lou Andreas-Salomé*. Translated and with an introduction by Stanley A. Leavy. New York: Basic Books, Inc. (In press.)

<sup>3</sup> Peters, H. F.: *My Sister, My Spouse. A Biography of Lou Andreas-Salomé*. New York: W. W. Norton & Co., Inc., 1962.

*est omen*', and that it 'conjoins up conflicting images of passion and piety'. It was, according to the Gospel story, a Salome, the daughter of Herodias, who demanded of King Herod the head of John the Baptist;<sup>4</sup> and it was another Salome (or possibly two others) who was present at the crucifixion and who went later to the sepulchre to anoint the body of Christ.<sup>5</sup> How this Hebrew name became attached to the Huguenot ancestors of this German-speaking native of St. Petersburg is unknown. Lou Salomé had spent parts of the years 1912 and 1913 in Vienna studying with Freud, and by the time of the Munich Congress had begun a friendship with him and his family that lasted a quarter of a century, until her death. She was fifty-two years old, still showing the beauty of her youth, and three men who had loved or would love her were also present at the Congress, Bjerre, Tausk, and Gebattel. Her many writings were concerned with religion, love, and the psychology of women, as well as with æsthetic and philosophical subjects. Her relations many years before, first with Nietzsche and later with Rilke, were known from her writings. I have found no record of any meeting with Jung, but it is hardly likely that he did not know who she was.

And who was Elijah? Jung in this passage from which I have quoted called him 'the wise old prophet'. And in the preceding chapter he summed up his understanding of Freud thus: 'Like an Old Testament prophet, he undertook to overthrow false gods, to rip the veils away from a mass of dishonesties and hypocrisies, mercilessly exposing the rottenness of the contemporary psyche'. But Elijah has a truly mythological importance that goes beyond this. For Jews he was and is the forerunner of the Messiah,<sup>6</sup> and for Christians he prefigures John the Baptist, the forerunner of Christ.<sup>7</sup> In the Gospel, John is reported to have said of his relation with Christ: 'He must increase, but I must decrease'.<sup>8</sup>

Jung specifically states that these fantasies occurred during Ad-

<sup>4</sup> Unnamed as such in the New Testament, this Salome danced before Herod Antipas and received as a reward the head of John the Baptist (Mark, VI:17-29, Matthew, XIV: 3-11. The name is given by Josephus in his Antiquities XVIII, V: 4).

<sup>5</sup> Mark, XV: 40, XVI: 1.

<sup>6</sup> Malachi, IV: 5.

<sup>7</sup> Matthew, IX: 7-14.

<sup>8</sup> John, III: 30 (Authorized version).

vent. That is, they heralded the season of the coming of Christ. The New Covenant was about to be revealed, to supersede the Old. The forerunner was about to be replaced by the true Messiah, Freud was to be replaced by Jung. The complex figure of the beautiful Salome had a part in this new edition of the ancient myth. For on the one hand she was in complicity with the plot to destroy Elijah-St. John-Freud, but in another manifestation she would be present at the death of Christ-Jung. She is the emblem of Freud's supposedly exaggerated preoccupation with sexuality, but she is also the mediatrix of divine violence. She is the temptress, the harlot-mother, and also at once the betrayer and the mourner of the fused Freud-Jung. It would be achieving an artificial simplicity to sift out any one of these roles from the natural confusion in which they all stand; and we have Jung's word for it that the victim and the victor in this struggle were also partially identified in his mind.

But this brings us to more names of 'ominous' ring. Freud's champion in this trial by combat at Munich (it is hard not to fall in with the mythologizing spirit) was *Viktor Tausk*, as we have seen from Lou Andreas-Salomé's account. This brilliant but unhappy figure accompanied her during much of her stay in Vienna. He was recognized by Freud to be a man of great intellect and psychoanalytic ability, but he was also inclined to work in whatever most interested Freud at the moment, so that he seemed to be in constant and invidious competition with Freud. Unlike Jung, who wrote that he accepted being Freud's 'son' unwillingly, Tausk wanted to be the 'son', and was rejected. He was also too much the 'beast of prey', too violent and unrestrained,—but all the more fitted for the job of rebuttal at this time.

There are other, related names to be considered, when we turn to the dream of Siegfried, the hero who had to be killed. Just why he had to be killed is not very plain from the mythological evidence. Jung connected him with the problem of the growing German imperialism—it having become plain to him in a dream a month before that there would be a war, and a rain of blood. So at this point Jung was to defend the world against the Teutonic hero. It is only regrettable that Jung did not persist in this interpretation of his mission when the Teutonic hero returned in one of his periodic rebirths two decades later. It is the more ironic, therefore, but still an inescapable conclusion that the German Siegfried is also the

Moravian Jew Sigmund,<sup>9</sup> and that both of them are united in the figure of the blond antihero Viktor Tausk, who was Freud's voice on this occasion. And there is another irony in the presence at the murder of the dark savage unknown who, in Jung's words, was his 'shadow',—that is, his primitive self, the self whom Freud had exposed.

It would be possible to take up other details. Certainly the 'black serpent' ought not be omitted since it is the third member of the little group, and 'displayed an unmistakable fondness for' Jung. In Jung's interpretation the snake is the frequent mythical counterpart of the hero, and its presence indicated the hero-myth. Since we already know that Jung's hero was present in the figure of Elijah we need to press the evidence a little further. It is obvious that the serpent is a phallic symbol, and hardly less obvious that he belongs as much to the blind Salome as to the hero. We understand then that part of the ambivalence the fantasist feels toward Salome comes from her being the phallic woman, in this instance sharing the penis with the hero. But we ought not depart too readily from the Biblical mythology with which this fantasy is presented. Is this not also the serpent of Eden, the tempter who seduced the woman with the promise of knowledge? 'Ye shall be as gods, knowing good and evil.'<sup>10</sup>

Why is Salome blind? Because, Jung thought, 'she does not see the meaning of things'. We might add that she has given herself to the obsolete hero, and she does not recognize that the new hero is present. As love, she is blind also, and perhaps she is blind justice; although her partisanship—in the form of our diarist—is manifest. One point more: although the material suggests clearly that Jung's fantasy is a barely modified recollection of the scene at the Congress at Munich, he was himself utterly blind to this preconscious memory.

### III

It is not presumptuous of us to make the diagnosis at this late time that Jung's state of mind after the Congress was prepsychotic,—since we have his word for it. It is in keeping with his character that his impending psychosis is likened by him to those of Nietzsche

<sup>9</sup> In Wagner's operatic cycle, Sigmund is the father of Siegfried. See Bulfinch, Thomas: *Mythology*. New York: Thomas Y. Crowell Co., 1913, p. 355.

<sup>10</sup> Genesis, III: 5.

and Hölderlin. Nor in view of the capacity of his mind need we consider this megalomaniac comparison so very unrealistic. He might have added G. Th. Fechner to their number, another very great mind that fell ill, and this time a psychologist. The difference between Jung and these others, however, is also a great one: their illnesses terminated their productivity, and his illness may be said to have begun his.

That is an exaggeration, since two of Jung's works preceded this period—*Psychology of Dementia Praecox* (1905) and *Symbols of Transformation* (1912). The latter work was indeed the one which precipitated Jung's break with psychoanalysis. Nevertheless it was after this time, as Jung himself recollects, that he began the constant self-scrutiny which was the source of all his later writings. He said of this effort: 'My science was the only way I had of extricating myself from that chaos. Otherwise the material would have trapped me in its thicket, strangled me like jungle creepers.' Jung's achievement, then, as far as his personal experience is concerned, may be said to have consisted of his successful mastery of the eruption of psychotic fantasies by objectifying them, isolating them from his observing ego, and discovering a new matrix for them in a mythological consensus. The shared preconscious became the 'collective unconscious'.

Freud's selection of Jung as his 'son' and heir is well known. As early as 1909, however, the relationship had been disturbed when Jung demonstrated his experiences in the occult to Freud. Poltergeist phenomena, which seem to have broken out repeatedly in Jung's environment, were, Freud thought, capable of a naturalistic explanation, although he did not conceal his amazement at the outbreaks in his presence. He wrote to Jung at that time: 'It is remarkable that on the same evening that I formally adopted you as an eldest son, anointing you as my successor and crown prince—in *partibus infidelium*—that then and there you should have divested me of paternal dignity, and that the divesting seems to have given you as much pleasure as investing your person gave me'.<sup>11</sup> In his *Memories* Jung rather disclaimed any ambitions to be this kind of disciple of Freud. He spoke as if, departing from quite different principles, his way had only intersected Freud's, so that once their theoretical differences became irreconcilable the two could only proceed each on his

<sup>11</sup> Jung, C. G.: *Op. cit.*, p. 361.

own course. That profound emotional events had occurred is certainly not admitted by Jung.

The two 'memories' of Jung which I have presented here in a new framework seem to reveal with clarity the actual state of affairs at the time of the break. A transference-countertransference phenomenon had taken place in the two men much earlier. Freud, it must be recognized, was here the victim of his own personal mythology. Faithful sons are not adopted in this way. But Freud had also perfected an instrument which is remarkably adapted to the function of 'demythologizing', to use a term of more recent coinage, and he could apply it to himself. For Jung the theoretical differences led to an outburst of positive oedipal aggression for which he was not prepared. His contact with psychoanalysis had sensitized him so dangerously that he could only have recourse to the mechanism of denial. His childhood schizoid reactions, also described explicitly in this volume, included an almost total retreat from the external world into the life of fantasy. His externalization of the oedipus complex was also involuntarily facilitated by Freud,—who had twice fainted in his presence; the father-hero was mortal, although Jung tried to deny this too. When his rebellion was acted out at Munich in the presence of the primal parents, a drastic result ensued. The murderous assault was not eradicable, because the hated oedipal object was still loved. The unconscious murderer was identified with the dead father; only self-destruction could follow. That another solution was open to Jung indicates one of the unforeseeable possibilities of genius,—and of man's perhaps incurably mythopoetic mind.

It is only proper to conclude this brief footnote by reminding the reader that Jung's theoretical psychology cannot itself be judged as if it were a morbid product. The relation of mythologies to unconscious mental processes is not a closed problem and as Paul Friedman and Jacob Goldstein have recently observed,<sup>12</sup> the empirical knowledge of myths in the Jungian corpus deserves the attention of psychoanalysts on its own merits.

<sup>12</sup> Friedman, Paul and Goldstein, Jacob: *Some Comments on the Psychology of C. G. Jung*. This QUARTERLY, XXXIII, 1964, pp. 194-225.

## Leo Rangell

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## BOOK REVIEWS

**THE QUEST FOR THE FATHER.** A Study of the Darwin-Butler Controversy, as a Contribution to the Understanding of the Creative Individual. By Phyllis Greenacre, M.D. New York: International Universities Press, Inc., 1963. 119 pp.

In this book Dr. Greenacre continues her series of scholarly and illuminating treatises on the gifted and creative, choosing for her subject this time a specific encounter in the lives of Charles Darwin and Samuel Butler in the form of a bitter personal controversy which took place between them.<sup>1</sup> This is both a study of the psychology of creativity and an interesting psychographic essay into the lives of two gifted intellectuals of the nineteenth century.

The opening section makes further contributions to Dr. Greenacre's previous writings on the psychology of creativity. Since this material is drawn from the psychographies of two famous men rather than from clinical analyses of gifted patients, Dr. Greenacre elucidates some of the advantages which she sees as actually accruing from this method. These include the availability of the creative productions and other documents and records from the person himself; the scrutiny of similar documents and other evidence on a wide scale from many others who had relationships with the subjects; the lesser concern with confidentiality about such people years after their deaths; the settling of the dust of controversy, and a greater objectivity after a long lapse of time; the availability of the data and source material to other investigators. In many ways, the psychoanalytic biographer approaches his study from vantage points precisely opposite from those of the psychoanalytic therapist and, in general, has resources unavailable in therapeutic techniques.

In the subtle depths of the inner man, the patterns are more complicated in the creative person than in those less gifted. The scope of vision is greater, but there are also greater problems and greater potentialities of individuation and identity. Studying the early genetic psychological history in the lives of creative people, Greenacre finds deep sensitivity with responsiveness, special awareness of form and rhythm, richness in the texture of sensations, deeper resonances and greater overtones. These culminate in an especially

<sup>1</sup> Based on the Freud Anniversary Lecture delivered at the New York Academy of Medicine on May 22, 1962.

increased scope, intensity, and expansiveness in the phallic phase. There is an intensified œdipus complex which tends to be 'acutely burdened and extraordinarily severe', one from which a more complex path of resolution must be followed than in the typical œdipal struggle. This struggle in the creatively gifted becomes an eternal search for the father, and serves as the main thesis that Dr. Greenacre attempts to portray in the study of the present examples.

The œdipal struggle persists with the aid of a supporting fantasy of a powerful godfather or foster father, thus permitting development of the creative processes which are closely linked to the hidden œdipal conflict. A powerful and favorable family romance then develops which alleviates guilt, subdues castration anxiety, and encourages the fullest fruition of the creative forces. This may become a continual 'hunt for a master'. The custom of having a patron, which in former times and in many cultures was almost necessary for the artist's survival, cogently subserved this fantasy.

Other problems, also enhanced, as the readiness to escape from personal exigencies into collective substitutes or the indulgence in fantasy—which prevents decisive closing of the successive libidinal phases of early childhood—are observed. A result of the latter is a weak barrier between primary process and secondary process thinking and imagery, a condition which seems characteristic of gifted individuals.

The Darwin-Butler controversy itself had little or no affect on the direction of scientific theory, but 'appeared rather as a minor but prolonged squall in a particularly stormy season'. After having enthusiastically embraced Darwin's theories, Butler, who greatly admired the man, later turned against him with a marked bitterness and fury, impugning his scientific and personal integrity. The quarrel, a trivial but unfortunate affair, had to do with the translation into English of a German sketch of the life of Charles' grandfather, Erasmus Darwin. Certain changes from the original had been made in the translation which Butler felt had been taken from a recent book of his. In this book, Butler had espoused the cause of Erasmus against Charles Darwin. As Charles had endorsed the translation, he was accused of devious behavior by Butler. Darwin acknowledged the lapse but denied the intent and a bitter feud ensued, mainly on the part of Butler, whose fury reached almost paranoid intensity. Greenacre points to certain neurotic features

on the part of Darwin which may have been responsible or played a part in the error. Darwin, confused and bewildered about the whole matter, remained silent and hurt, thereby inflaming Butler's bitterness the more. This, in brief, was the protracted Darwin-Butler controversy. The salient traits in the psychic developments of both of these two great men are in each case shown to motivate the contentions on each side of the controversy which, supposedly actuated by philosophic and scientific truth, were in fact 'vehicles for emotional attitudes highly personal in origin, of which the adversaries were dimly, if at all, aware'.

Darwin's grandfather was the exuberant and powerful Erasmus Darwin. Charles' father, Robert Waring Darwin, was a successful, fashionable physician, a colossus of a man, who never thought much of his son Charles. In Charles, who was intensely concerned with the expression of emotions in man and animals, there was a muting of the expression of his own emotions and a reaction-formation against any show of anger or aggression. Accompanying the flowering of Charles' creative genius, Greenacre traces the existence of a markedly inhibiting neurosis with insomnia, gastrointestinal disturbances, palpitations, fear of heart trouble, and probably 'a severe confusion of sexual orientation'. Of particular relevance in this connection was Darwin's continuing internal conflict about the antireligious direction in which his scientific theories seemed inevitably to lead. He was always timid about making any such unequivocal assertion and to the end tried to reconcile his scientific views with religious attitudes. 'With the caginess of the obsessional, he could never bring himself to speak against God.'

In keeping with the main thesis, Greenacre considers much of his neurotic behavior, as well as many aspects of his creativity, to be derived from various facets of his ambivalent identification with his father and grandfather. In addition, no small part was played by reactions to sadomasochistic fantasies concerning his own birth and relating to his mother's death when he was eight years old.

Butler's family, with a similar social background and with certain specific though not close relationships with the Darwins, was also characterized by a strong disciplinary attitude of fathers toward sons. The central axis was again a powerful, energetic, tenacious grandfather, Sam Butler, whose son, Thomas, the father of Samuel Butler, was less brilliant and achieved an adequate but much less

distinguished career. It was Thomas Butler who was a contemporary of Charles Darwin. The developmental vicissitudes in the psychic development of the younger Samuel Butler show again a deep but ambivalent relationship to his own father repeated in many displaced relationships in his life. Like Darwin, he rediscovered his powerful grandfather late in life and turned toward him with much fascination and partial identification.

Finally is shown 'the reciprocal impact of the intrapsychic struggles of the two men', and how their individual life experiences and pressures contributed to the content and sharpness of the controversy between them. Both were men of talent whose restless and inquiring minds caused them to rebel against the stultifying dictates of their immediate fathers, and turned them unconsciously to fantasies of powerful illustrious grandfathers. Each reacted with neurotic trends related specifically to unconscious aggression against his father. The major creative work of each was also related to these early deep and powerful unconscious forces: Darwin's meticulous collection and interpretation of biological facts and Butler's *The Way of All Flesh*.

Butler's early fascination and love for Darwin, seeing in him a new and omnipotent God-father, turned to bitterness when his infinite expectations could not find fulfilment. Darwin's theories came to represent too much a world built by chance rather than the protection of an omniscient guiding father. He liked better the theories of Lamarck and of Erasmus Darwin whose cause he dramatically espoused and who represented his last attempt to find a patron.

Greenacre notes the advantages of writing psychographies of long-deceased notables over the limitations imposed in using data from the psychoanalyses of living persons for such purposes. In many places, however, the clinician may wish for the confirmation which only living free associations can provide and feel some discontent with interpretations which come from carefully edited autobiographies. Despite these unavoidable and never-to-be-satisfied reservations, this work maintains Greenacre's series of carefully documented and brilliantly conceived studies of the gifted and creative minds of the past, and adds to our understanding of these in depth by her own imaginative research and creative style.

LEO RANGELL (LOS ANGELES)

ELTERN, KIND UND NEUROSE. PSYCHOANALYSE DER KINDLICHEN ROLLE.  
(Parents, Child and Neurosis. Psychoanalysis of the Child's  
Rôle.) By Horst-Eberhard Richter. Stuttgart: Ernst Klett Verlag,  
1963. 325 pp.

Professor at the University of Giessen and Director of the Psychosomatic Clinic, Richter bases his book on studies of families made by him and his co-workers in association with The Consultation and Research Institute for Mental Disturbances in Childhood of the Department of Psychiatry at the Free University of Berlin. The presentation is lucid, the case histories excellent, and the text displays a comprehensive knowledge of the German, English, French, and American literature. The first part is a sound exposition of psychoanalytic observations of parental influences relevant to the origin of neuroses in the child. This is followed by a detailed presentation of recent research in cultural anthropology, the study of twins, 'hospitalism', and 'family sociology'.

The author has directed his own studies to the various roles which can be imposed on a child by parental transferences and by narcissistic projections. The concept of the role is defined as the structured complex of unconscious expectations and fantasies which parents focus on the child. Psychoanalytic experience shows that unconsciously a parent may burden a child with the function of serving as his representative in solving his own conflicts. A description and classification of various such roles is presented, based on Freud's types of object choice. Richter states, for example, as typical of roles traumatic to the child: the child is substituted for (a) a parental figure; (b) for the mate; (c) for a sibling.

In the second part, the child's plight is described when he serves as surrogate for some aspect of the parental self: (a) a simple reflection of the parent; (b) of the parent's ego ideal; (c) of his negative identity (scapegoat); (d) as the 'disputed ally'.

Each clinical chapter is provided with one or two illustrative case histories and followed by a discussion. The last chapters describe the limits of the model and the effects in adult life of the childhood experiences.

This is an important contribution to some essentials of genesis and etiology of the neuroses and to the mechanism of neurotic interaction; also to the clarification of psychic trauma. Richter is certainly

correct in stating that the psychoanalytic study of motivation in the relationship of parents to the children has not attained the same detailed degree of refinement which Freud achieved in studying the relationship of children to parents. This book comes close to the fulfilment of this task.

GUSTAV BYCHOWSKI (NEW YORK)

TOPOGRAPHY AND SYSTEMS IN PSYCHOANALYTIC THEORY. By Merton M. Gill, M.D. New York: International Universities Press, Inc., 1963. 179 pp.

This essay, begun in collaboration with David Rapaport, is similar to their earlier efforts to clarify psychoanalytic theory. It does not attempt to validate psychoanalytic concepts nor does it offer new data for consideration.

Gill seeks theoretically to establish that a separate topographical point of view is no longer necessary. The argument is first, that Freud abandoned topographical systems in favor of structural systems; second, that the relationship of mental contents to consciousness, which is the clinical base for maintaining the topographic point of view, is encompassed by the structural, dynamic, economic, genetic, and adaptive points of view. The documentation is relegated to footnotes to permit the main thread of the very complex argument to be more easily followed. Despite this assistance, the very fact that the argument is exclusively theoretical poses the greatest difficulty for the reader. This essay cannot be read; it must be carefully studied with a prerequisite knowledge of psychoanalytic theory.

A well-organized historical outline of the development of the topographical point of view reveals the limitations which led to the formulation of the structural point of view. This resumé, with Gill's explanatory and interpretative comments, merits the attention and critical examination of all psychoanalysts.

It is possible that some readers will agree with Gill's observation 'that the matter after all is one of definition', but will disagree with his redefinitions and with his conclusions. These will represent a minority since the thesis expressed here accords with other recent

contributions that come to the same conclusions on other than purely theoretical grounds.

Dr. Gill is to be commended for this excellent contribution to a subject in which much work is urgently needed.

WILLIAM S. ROBBINS (PHILADELPHIA)

CHILDHOOD AND SOCIETY. By Erik H. Erikson. Second edition, Revised and enlarged. New York: W. W. Norton & Co., Inc., 1963. 445 pp.

Since its publication in 1950,<sup>1</sup> *Childhood and Society* has become a classic among psychoanalysts, anthropologists, and other behavioral and social scientists. The volume made major contributions to the theory of ego development, and to the application of psychoanalysis to the social sciences. It provided a new dimension to our understanding of the interpenetration of history, group psychology, and psychology; it gave badly needed substance and definition to the concept of national character.

The second edition is a revision 'only . . . to clarify [the author's] original intentions', and to add 'material from the same period of [his] work'. The additions are rewarding, especially the expanded Part Three: *The Growth of the Ego*. One is again impressed with Erikson's erudition, clinical competence, and wisdom. Where one is inclined to question or disagree, the point is relatively minor—a point on which Erikson would be the first to agree he was speculating and would welcome critical discussion. For instance, he repeatedly used *fetishism* where the concept of *transitional object* would be more accurate.

Those who are familiar with the first edition will wish to read the second. To readers of *This QUARTERLY* who are unfamiliar with *Childhood and Society*, Grotjahn's admonition of 1951 is still appropriate: 'Any analyst who misses the study of these pages is . . . negligent of his obligation to inform himself about progress in his field'.

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

<sup>1</sup> Reviewed by Martin Grotjahn in *This QUARTERLY*, XX, 1951, pp. 291-293.

OUR ADULT WORLD AND OTHER ESSAYS. By Melanie Klein. New York: Basic Books, Inc., 1963. 121 pp.

Our Adult World is a collection of four papers written between 1955 and 1959. Two of them, *Some Reflections on 'The Oresteia'* and *On the Sense of Loneliness*, have not been published before; the latter was extensively edited after Mrs. Klein's death.

The first essay, *Our Adult World and Its Roots in Infancy*, is a condensation of her well-known theories, prepared for an audience of anthropologists. She assumes that the infant has an innate unconscious awareness of the existence of the mother similar to the instinct of young animals who at once turn to the mother for nourishment. In Klein's opinion the ego operates from birth. There is the additional assumption that the superego operates as early as the fifth or sixth month of life. Persecutory anxiety and the splitting of impulses and objects are the primal activities of the ego in the first three to four months of life. This is called the 'paranoid-schizoid position'.

Klein singles out greed and envy as the disturbing influences during this period. In tracing the later development of greed and envy, she concludes that the child's ability to identify himself with his parents and siblings may counteract the destructive forces of these affects. In adulthood and particularly in old age the reverse takes place: by identifying with the young, the old are able without envy to enjoy their children's growth and development. The achievement of such an attitude endows old age with serenity.

In the chapter, *On Identification*, Mrs. Klein briefly summarizing her hypothesis that superego development can be traced back to the earliest stages of infancy, makes the supposition that the roots of 'projective identification' are formed 'during the first three or four months of life (the paranoid-schizoid position) when splitting is at its height and persecutory anxiety predominates'. As an example, she analyzes a novel by Julian Green, *If I Were You*. This story well illustrates the demoniacal character of projective and introjective identifications, as the hero identifies himself with the devil; however, there is nothing in the novel which gives any hint that these processes took place in the third or fourth month of life.

*On the Sense of Loneliness* touches only indirectly on the plight of the isolated person unable to establish or sustain object relation-

ships. Attention rather is directed to an inner sense of loneliness which, according to Klein, springs from the destructive nature of paranoid and depressive anxieties which are derivatives of the infant's psychotic anxieties. As these are never overcome completely, the perfect internal state remains unattainable and the individual is left with a yearning for it throughout his life.

Only during the earliest preverbal state of breastfeeding is there a complete sense of mutual understanding between the unconscious of mother and child. This state can never be recovered so that, even under the best circumstances, the happy relation with the mother and her breast is doomed to disappointment and persecutory anxiety bound to arise with all the conflicts that inevitably lead to inner loneliness. Although there is an urge 'to split into good and bad' from the beginning of life, there is also a drive toward integration which increases with the growth of the ego. To quote Melanie Klein: 'However much integration proceeds, it cannot do away with the feeling that certain components of the self are not available because they are split off and cannot be regained . . . contributing to the feeling that one is not in full possession of one's self, that one does not fully belong to oneself or, therefore, to anybody else. The lost parts too are felt to be lonely.'

In the schizophrenic the excessive use of projective identification and the sense of being surrounded by a hostile world enormously increase the feelings of loneliness.

Of the four essays, *Some Reflections on 'The Oresteia'* is the most interesting. As Freud found his concept of the *œdipus complex* confirmed in Sophocles' drama, Mrs. Klein links her findings to *Æschylus'* trilogy. The poet's presentation of the primitive human drives in undisguised, violent form, his extensive portrayal of negative maternal feelings, became a source of affirmation for her theories of persecutory anxiety, projective identification, and formation of the superego. Hubris and Dike, the two main elements of the Greek tragedy, are equated with greed and envy toward the mother of early childhood and the relentlessly punishing superego of the young child. The Erinyes, belonging to the period of the old barbarous gods—the Furies who pursue Orestes to wreak vengeance on him for murdering his mother—are interpreted as the externalization of his persecutory anxiety.

Whether or not one agrees with Mrs. Klein's interpretations, her

reflections on *The Oresteia* throw new light on the inexhaustible Greek tragedy.

YELA LOWENFELD (NEW YORK)

CULPA Y DEPRESION-ESTUDIO PSICOANALITICO (Guilt and Depression. Psychoanalytic Study). By Leon Grinberg. Buenos Aires: Editorial Paidós, 1963. 247 pp.

This study of guilt and depression, aiming to be comprehensive and profound, ranges in approach from totem and taboo, through myth, religion, and ethics to the structure of the psyche; and from *Æschylus* to Sartre and *Hiroshima Mon Amour*. There is a chapter on mourning in children with brief examples. Throughout the book there is but one case presentation of eight pages. The rest is theoretical formulations with many references to the literature. Kleinian constructions are considered as complementing or as superseding freudian psychoanalysis. Within the first forty pages the words 'basic' and 'deep' appear ten times. Repetition does not make it so, nor does it make it scientific.

The clinical theorizing is illustrated by the following excerpts. ' . . . depressive anxiety is intimately related to guilt, and the sense of reparation . . . these feelings appear with the introjection of an object as a totality . . . [even as early as] the time of the schizoid-paranoid position in the first three months of life . . . therefore [they] are related to partial objects such as the breast, the penis, etc. From a very early age there is a certain degree of synthesis of love and hate in the relation to the partial objects. . . . To understand fully the origin and the nature of the two types of guilt, it is necessary to admit the strong relationship which exists between the persecutory sense of guilt combined with a diffuse death instinct and the depressive sense of guilt and the erotic impulses.'

The book consists mainly of statements unsubstantiated by clinical instances. The classification is in terms of depressive position, paranoid position, schizoid-paranoid position, etc. It can be read simply to clarify one's own ideas.

GABRIEL DE LA VEGA (NEW YORK)

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PSYCHOANALYSIS AND HISTORY. Edited by Bruce Mazlish. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1963. 183 pp.

This collection (published in both cloth and paper cover) is part of the increasing attention that the field of the humanities is giving to psychoanalysis. This is a gratifying indication of the reduction of gaps between various areas of learning. There are however frustrations for the native, as the foreign visitor reports at home to his constituents the manners and morals of the country based upon his observations of the particular part of the culture with which he became acquainted.

Professor Mazlish states that historians seeking facts that signal man's motives and conflicts often select events that appeal to generally accepted opinions of human nature and human behavior. In studying man's collective past, they have usually ignored the particular method that psychoanalysis applies to the study of an individual's past.

The first section of the book considers the meaning of history and religion in Freud's thought, totem and taboo in retrospect, Moses and monotheism, Freud and the ambiguity of culture, and Geza Róheim on the evolution of culture. This section is intellectually stimulating but offers many interpretations of Freud's philosophy with which the psychoanalyst will disagree. The second section of the book is largely devoted to psychoanalytic commentaries on historical figures and is less scholarly and of less interest.

William L. Langer's presidential address to the American Historical Association, *The Next Assignment*, is an exciting review of the lasting psychological effect of great events upon peoples, and a plea for psychoanalytic understanding as one of the necessary implements for the historian. In *Personal Identity and Political Ideology* and *Young Man Luther*, Erikson is applauded for the insights that he contributes to political science and history. The question is raised whether psychoanalysis will ultimately be valued less as a means of understanding and altering man than as a means of understanding and changing history.

There is a well-chosen bibliography. This brief collection should serve as an interface resource for both history and psychoanalysis.

EDWARD J. CARROLL (PITTSBURGH)

ADVANCES IN PSYCHOANALYSIS. CONTRIBUTIONS TO KAREN HORNEY'S HOLISTIC APPROACH. Edited by Harold Kelman, M.D. New York: W. W. Norton & Co., Inc., 1964. 255 pp.

It is noteworthy that these 'Advances' in psychoanalysis were written between the years 1945 and 1959. All of the papers by different authors in this series have been published previously. The two papers by Karen Horney that are included again reveal her talent for describing character traits with great realism.

The book has little to do with psychoanalysis. It does demonstrate the bizarre conclusions that can be reached from a false premise. Harold Kelman for instance implies that Freud considered anxiety 'bad' and the goal of therapy to abolish it. For Muriel Ivimey, Freud's concept of constructive forces in the therapeutic process is limited to the patient's rational faculties and to what is called positive transference in his relations with the analyst. To compound the contradictions, Kelman rejects the word 'holistic' in describing anxiety because it is morally and aesthetically 'value-laden'; nevertheless his subtitle for this book is 'Contributions to Karen Horney's Holistic Approach'.

The psychoanalyst will find little in this book worth reading.

MORRIS W. BRODY (PHILADELPHIA)

THREE HUNDRED YEARS OF PSYCHIATRY 1535-1860. A History Presented in Selected English Texts. By Richard Hunter and Ida Macalpine. London: Oxford University Press, 1963. 1107 pp.

This large volume is a welcome and useful addition to our knowledge of the historical development of psychiatry as it slowly and painfully progressed from the essentially medieval teachings of the early Sixteenth Century to its emergence as a specialized discipline at about the time Bleuler, Freud, and Kraepelin were born. The stated purpose of the book is to present original sources in a readable, coherently grouped form designed 'to serve the dual purpose of a sourcebook of psychiatric history aiming at biographical and bibliographical accuracy, and a contribution to clinical psychiatry by providing a record of its problems and growth'.

The authors have assembled a massive collection of extracts and essays from original sources and have arranged them chronologically

by dividing the book into four sections covering the successive centuries indicated in the title. Though such large collections of synoptic extracts are inevitably uneven in quality, significance, and scope, their chronological assemblage as well as the editorial treatment of brief introductory or explanatory notes provide a sensible, coherent pattern for the reader that facilitates his understanding of the ancient documents and adds to his enjoyment of the volume as a whole. Such a reader, to be sure, must have knowledge of historical and cultural developments to appreciate fully the richness of the material offered. But since the selections range from the humorous pathology of Bartholomæus Anglicus ('Melancoly is a humour, boy-stous and thycke, and is bredde of troubled drastes of blode, and has its name of melon—that is black, and colim that is humour, where-upon it is called melancolia . . .') to Isaac Ray's *Treatise on the Medical Jurisprudence of Insanity* (1838) and Sir John Charles Bucknill's *The Psychology of Shakespeare* (1859), each reader will find worthwhile information according to his own cultural, historical background and specific interests. Although much of the material is available elsewhere, to uncover what is offered in this volume by means of a multitude of compact and informative extracts from original articles and books (including many obscure and long-forgotten ones) would require exhaustive research and reading in specialized literature.

Other articles are abstracts of better known works. For instance, *Medical Inquiries* (1812) by Benjamin Rush reveals how this enlightened physician, patriot, philanthropist, reformer, and liberal, who so arduously strove for the improvement of mental institutions, nevertheless used 'the most complete restraining device ever invented by the ingenuity of man', a so-called tranquilizing chair—which in construction and action strikingly resembles some of the contraptions and mechanical devices uncovered by this reviewer some years ago as part of the elder Schreber's armamentarium for rearing his children.

This volume is recommended to all who are concerned with the history of psychiatry, its interrelationships with medicine, religion, government, human error and folly, as well as the fascinating cultural details of the development of psychological, medical, and social progress.

WILLIAM G. NIEDERLAND (NEW YORK)

**PRINCIPLES OF PREVENTIVE PSYCHIATRY.** By Gerald Caplan, M.D.  
New York: Basic Books, Inc., 1964. 304 pp.

Many practicing psychoanalysts engage part time in community psychiatric services but Caplan is one of few psychoanalysts who has devoted his career to the mental health of the community. His book integrates his rich experience, with the published products of psychoanalytic, sociologic, and other research for the development of a systematic theory and practice of preventive psychiatry. The first of a trilogy, it is a clearly written, modest, pioneer effort, and it merits careful study by all professionals in the field.

In whatever capacity the psychoanalyst serves in a community program, he will find much that is instructive and challenging; there is also much that is admittedly vague and tentative in such areas, not encompassed in psychoanalytic training, as interdisciplinary collaboration, programming, and techniques for disarming community resistances. The most substantial contributions are contained in the two chapters devoted to mental health consultation.

Misgivings arise not from any fundamental disagreement with what is stated but from what this book fails to include. Caplan ignores some important issues which are vital to the progress of mental health in the community, and its optimal utilization of psychoanalysis. The current momentum to introducing measures for the promotion of mental health in public communities was stimulated most dramatically by President Kennedy's historic legislation in 1963. The increase of federal and state subsidies for new community programs poses serious problems that psychoanalysts cannot afford to ignore.

Under the great pressure of community needs for building new facilities, initiating and organizing programs, and recruiting additional workers there is grave danger that high professional standards will be sacrificed. Everyone seems to be aware of the paucity of qualified professional personnel engaged in community work, of the very limited number of students preparing for careers in it, and of the pervasive practice of using community jobs simply as a means to establish a private practice. It is lamentably true that the salaries available for community services are, with few exceptions, far below what is required for professional workers to support families in reasonable comfort. Unless priority is given to providing the salaries

necessary to attract the best qualified workers to community work as a career, the rapid expansion of community programs will result in a progressive attenuation of professional standards and services and in the wasting of human and economic resources that has plagued state hospital systems and much of community psychiatric services until now. It is not that money alone will guarantee high professional standards, but high professional standards cannot be attained and maintained if the inadequacy of salaries is ignored.

The situation requires greater and more perceptive involvement of psychoanalysts in community mental health, particularly in planning and policy making, in establishing and maintaining high standards of personnel recruitment, training, and supervision. If psychoanalysts cannot influence their professional colleagues and fellow citizens to resist the blandishments of fine buildings with attenuated professional standards, who can?

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

LECTURES IN DYNAMIC PSYCHIATRY. Edited by Milton Kurian, M.D. and Morton H. Hand, M.D. New York: International Universities Press, Inc., 1963. 137 pp.

From the clinical-pedagogic intent and survey nature of these nine lectures to the Brooklyn Psychiatric Society it is assumed that the reader will be the psychoanalytically oriented psychiatrist seeking further clarity and insight.

The chief lectures by Sandor Lorand on basic concepts of therapy suffer from the failure of the editors to recognize the validity of the dictum: 'the said, when read, is dead'. The literal transcription from tape leads in print to a lack of organization, wandering syntax, and the discursiveness and ambiguities that are inevitable in informal discourse. The lecturer's wealth of experience and technical competence, however, can with patience be retrieved. His psychotherapy is focused on the ego and his method an interactional-manipulative one. Excellent observations and specific advice regarding the gauging and handling of resistance, regression, and transference can be found among a profusion of not too useful generalizations and probably inescapable oversimplification of theoretical issues. The latter

handicap seems to be one set by the speaker himself in attempting too large a compass for the space allotted him. His virtuosity in applying his six favorite themes of 'thinking, feeling, action, anxiety, aggression, and guilt', to the structural theory and ego psychology cannot be done justice by the printed word.

Ludwig Eidelberg's lecture on obsessional neurosis suffers less by transcription. The author's skill in interweaving clinical observation, theoretical concepts, and technical procedures makes informative reading. His delineation of the concept of the compulsive act as the lesser evil in the oscillation of ambivalent, obsessional doubting; of the confusion of guilt with remorse as a reflection of a confusion between wish and act; of the dynamic difference between the obsessional symptom and the obsessional character trait; these and many other observations are very useful reformulations of classical psychoanalytic concepts. His closing formulations on choice of neurosis as reflecting the interplay between character type (Freud's categories of the erotic, narcissistic, and obsessional), and the libidinal level of regression are engaging, but so oversimplified as to raise questions regarding both their clinical usefulness and reliability.

Lecturing on child psychiatry and the adult personality, Richard Silberstein tries to reconcile controversial differences of opinion in a synthesis of the contributions of current practitioners. The observations of Fries, Greenacre, Erikson, Bowlby, Piaget, Harlow, Hess, and Lorenz are arrayed against the standard complemental nature-nurture concept. The result in general is a very useful alignment of diverse observations into a genetic-dynamic sequence that still gives full recognition to the complexity of the issues. One of his major theoretical propositions strains psychoanalytic and ethologic concepts: making formation of the superego the analogue of imprinting. The 'process of superego formation . . . is a species-specific imprinting process occurring only in humans prior to or coincident with latency as an all-or-none, one time process, like imprinting in animals' (p. 75). This needs far better substantiation than the instances advanced by the author in this presentation.

Irving Bieber takes exception to the signal concept of anxiety as being too narrow a view of a complex biological response to threat. He begins with a comprehensive psychobiological review derived largely from Cannon and Selye, stressing the broad definition of threat as any danger of injury to the self. This conception permits

formulations about psychic stress in terms of anachronistic misconceptions transferentially projected to the present. It is the misperception or misconception of the nature of the threat, rather than the anxiety itself, that constitutes the psychopathologic response. Such misconceptions give rise to acute and chronic anxiety states and defensive adaptations both to the threat and to the anxiety itself. The author enumerates as physiological defenses against anxiety not only the hypothetical innate biochemical mechanism of a tissue-refractory phase but also such diverse processes as sleeping, eating, sucking, and smoking. This seems an oversimplification of quite complex phenomena. The psychological defenses outlined by him give emphasis mainly to avoidance, denial, distortion, and displacement. These defend against both the anxiety response and the threat. The phobic process exemplifies displacement, and defends against sexual, hostile, and masochistic impulses.

William G. Niederland gives a succinct review of Freud's classical formulations of the paranoid states with a critique of the major efforts toward revision and emendation made in recent years. His own well-known research into the pathological aspects of the relationship between Schreber and his sadistic physician-father is drawn upon to emphasize three major points: the element of historical truth that importantly lies behind the paranoid fantasy and delusion; the significance of the inverted œdipal strivings; and the unusual intensity of the trauma of the primal scene. Clinical observation of the etiological influence in paranoia of a defense against unconscious homosexual strivings in actively homosexual patients is a useful contribution to an old controversy. It is regrettable that the author chose only to schematize his recommendations for the analytic therapy of paranoid states as his list of ten principles contains many evocative ideas.

Family diagnosis and treatment, by Nathan Ackerman, is somewhat disappointing to the clinician who hopes to find a useful combination of practice and theory. Not that there is any lack of reference to what the therapist does. One infers that he is very busy; indeed, he is 'active, open, and forthright'. 'In a deep emotional sense he wants to feel touched by the members of the family and they in turn must feel touched by him' (p. 132). He 'pitches in with the family, implementing, from his own being, the psychic elements which are missing in the processes of family interaction.

. . . He acts as a kind of catalyst or chemical reagent, dissolving the barriers to contact and communication, stirring interactional processes . . . shaking up the elements. . . ' He 'mobilizes', 'cuts through', 'challenges'; his goals are to help the family more sharply define the real conflict, counteract inappropriate displacements, neutralize irrational prejudices, relieve the excessive load on the family victim, energize dormant interpersonal conflict and make it overt for the purpose of solution and, finally ' . . . activate an improved level of complementation in family role relations' (pp. 134-135). Presumably the therapist who accomplishes all this has a theoretical framework to guide him in handling all the variables. This method ' . . . can be helpful in neuroses, character disorders, psychosomatic conditions, and some of the functional psychoses'. There are no clinical instances to bring the generalization to life, no data to substantiate the broad assertions, no sober appraisal of limitations and possible dangers.

This volume has variety both in content and quality. It will have some appeal and usefulness to the busy clinician hoping to find stray nuggets of high-grade clinical ore, and may stimulate him to prospect closer to the course.

JAMES T. MC LAUGHLIN (PITTSBURGH)

PERSONALITY DYNAMICS AND DEVELOPMENT. By Irving Sarnoff, Ph.D.  
New York: John Wiley & Sons, Inc., 1962. 572 pp.

What a change has taken place in textbooks of psychology in the past forty years! Academic psychology was then presented to college students in texts like Knight Dunlap's *Elements of Scientific Psychology*, essentially an antipsychoanalytic monograph. The general rejection of freudian theory made the study of personality development a sterile pursuit. A student had to go to Freud if he were interested in a psychopathology that had any semblance of theoretical cogency and consistency. This kind of fragmentation, still existent in some universities where the academic experimental antipsychoanalytic departments are at loggerheads with the psychodynamically oriented clinical psychological divisions, is certainly not evident in most modern texts.

Dr. Sarnoff's book, a systematic presentation of psychoanalytic

theory of development with a copious interweaving of concepts from pertinent experimental psychology, theory of learning, sociology, and anthropology, succeeds in offering to undergraduate and graduate college students a synthesis of psychoanalysis and the other behavioral sciences, thus, partially at least, correcting the fragmentation that characterized previous texts.

First delineating the nature of a scientific approach to the study of personality, the author next puts emphasis on social factors insofar as they become elements in ego development. Four chapters are devoted to ego functions and the mechanisms of ego defenses. A shift in emphasis then takes place in the chapters on the superego and guilt where intrapsychic factors yield a bit to the influence of internalized external influences. Chapters on personality development in adulthood and old age are noteworthy as these themes are frequently neglected.

Singular is the omission of David Rapaport's significant contributions as are, indeed, almost all metapsychologic considerations. If this omission is deemed to be didactically appropriate for such a text, it seems nevertheless to be a most serious pedagogic mistake. To be sure, the emphasis of this book is psychodynamic. Curiously, a semantic equation between 'psychodynamic' and 'psychoanalytic' has become commonly accepted; another debatable point.

This book is not for psychoanalysts for whom rigidly systematic texts have no appeal. It is unfortunate that among some psychoanalysts the discursiveness of free association is taken as a model for all types of teaching and that textbooks are generally out of favor; but this textbook is recommended to students whose academic careers have led them to adopt the economy and safety of concise and comprehensive texts.

NORMAN REIDER (SAN FRANCISCO)

SOMATIC AND PSYCHIATRIC ASPECTS OF CHILDHOOD ALLERGIES. Edited by Ernest Harms. New York: Pergamon Press, Inc., 1963. 292 pp.

According to the Editor's Introduction a series of monographs, of which the present volume is the first, is intended to replace the journal, *The Nervous Child*, in the belief that monographs provide greater flexibility as well as more exhaustive treatment of particular

subjects. One hopes that future volumes will give more substantial justification for the project.

Approximately half of this work is devoted to the somatic aspects of allergies. This includes a short chapter on asthma in infancy in which the following statement is made: 'The etiology of asthma in infancy is like that in later life. There is an hereditary tendency, there is exposure to allergen, and often a respiratory infection such as pneumonia, whooping cough, or measles precedes the first attack.' It is striking that in a 'psychiatric' monograph the possibility of an emotional factor in the etiology does not merit even the dignity of refutation. For the rest, these chapters are extended discussions of aspects of etiology and management. This reviewer wonders for whom they are intended. It is hardly likely to be worthwhile reading for the specialist in allergy, and the psychiatrist will not find any statement of principles that can be of help to him.

The psychological aspects of the syndrome represent work done at the Jewish National Home for Asthmatic Children. A much more detailed presentation of the material would certainly have been welcome. The observations from Denver cast considerable doubt on the validity of the frequently postulated relationship between asthma and parental rejection. The data point rather to the possibility that for a considerable percentage of asthmatic children, the nuclear problem is the threat of incorporation into the parent's ego ideal. 'Parentectomy' [*sic*]'—the removal of the child from home for periods up to two years—is the first step in treatment. Apparently this is very frequently successful. Several studies under way seek to analyze these observations. It appears to be possible to segregate patients at Denver into a group of "rapid remitters" who require little or no steroid therapy once they reach the hospital and a smaller group of "steroid" dependent children.' The tentative hypothesis is made that, among those who have frequent remissions, the asthmatic syndrome resembles a psychogenic symptom: ' . . . it is more intimately related in its acquisition and maintenance to the classic function of a psychogenic symptom, namely, anxiety reduction'. Yet another hypothesis being investigated would have those with rapid remissions to be children suffering from 'frustrated independency' wishes, and steroid dependent children from 'frustrated dependency' wishes.

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THE PATTERN OF AUSTRALIAN CULTURE. Edited by A. L. McLeod.  
Ithaca: Cornell University Press, 1963. 486 pp.

The 'great Australian emptiness', which refers not merely to the land, is echoed in this collection of essays. The subjects discussed include the social fabric, literature, language, philosophy, science, historiography, law, education, theater, art, music, recreation, and the culture of the aborigines. Each of the contributors is an Australian, by birth or adoption.

Unfortunately, even the two best essays (Baker's, on language, which flirts coyly with obscenity and humor; and Waters', on recreation, with its hesitant recognition of heterosexuality and homosexuality) are marked by an excess of good manners. The interwoven themes of self-abasement and arrogance will not escape the psychoanalytic reader if, in fact, they do not make this book more important than its inadequate survey of Australian culture.

Foreign residents and visitors are impressed by the sincere warmth and friendliness of the average Australian. But they soon note the dullness of social and intellectual life, the heavy-handed censorship of books and films, the passion for gambling (primarily horse races), and the strenuous indulgence in leisure. The national 'inferiority complex' is nurtured by the compulsion to measure Australia against England and the United States (parental nations which are regarded with marked ambivalence); and it finds tedious compensation in the tendency to tout every natural phenomenon and human achievement with the prefatory, if not proprietary, 'Our': 'Our desert', 'Our mountain', 'Our river', 'Our bridge', 'Our harbour', 'Our women', 'Our masculinity' . . . ad infinitum.

Even more striking to the foreigner are the art museums, public libraries, universities, and scientific laboratories which, for budgetary and psychological reasons, exhaust their funds on architectural expenses and become cenotaphs—empty monuments dedicated to pride. Equally striking are the religious schisms which have splintered the majority Labour Party; the deep-seated anti-Catholicism and the morbid aversion to Asiatics; the 'White Australian Policy' and the undisguised sympathy for the racists of South Africa; the capricious treatment of the native peoples, not only by state and federal legislators, but also by the markedly gentle police who are legally defined as the 'Protectors of the Aborigine'. Class differences,

which are immediately detectable in speech and clothing, persist despite the general acceptance of 'socialist' egalitarianism, and they remain unchanged during Labour and Tory governments.

On the basis of personal observation and study, it is this reviewer's opinion that the contemporary Australian is preoccupied with a past that never was and a future that can never be. Long an English colony, whether politically or economically, with its most gifted people being drawn to Europe and more recently to the United States, Australia is now an American protectorate. Understandably, she may prefer to think of herself as an equal partner in a fantasied condominium; but even such casuistry is not too reassuring in a period of crisis. Meanwhile, she relaxes behind the shield of American power—and generally in front of a TV set.

In a deeper sense, Australia is burdened by a dysfunctional ego-ideal. The continent was first settled in 1788 because English convicts could no longer be deported to the rebellious American colonies. From the beginning white Australia, though loyal to England, has hoped to emulate the United States. Ironically, the two countries are roughly similar in size and shape, but not in agricultural potential. Even if the fantasy of a twentyfold increase in population were not mocked by the birth rate and by the self-defeating immigration policy, it is clearly impossible for ecological reasons.

There are also fantasies of the frontier which are re-enforced by American films and TV programs. Yet the present population of ten million is concentrated in a few state capitals, with Australia's degree of urbanization exceeding that of such small and populous islands as Japan and England.

There have been recurring dreams of world power, though even a regional primacy cannot be achieved in southeast Asia. The emergence of Japan during the Russo-Japanese War of 1904-1905 aborted Australia's 'manifest destiny' in the western Pacific and on the mainland of Asia. More recently, her wish to inherit the Dutch territories in the Pacific was frustrated by Indonesia. As elsewhere, the disparity between dream and reality is ascribed to the abysmal incompetence of the nation's diplomats.

It is symptomatic that jet planes traverse the Pacific with cargoes of 'canned Westerns' and 'situational comedies', but no play of Ibsen has yet been produced in Australia by a professional cast. The

new Sydney Opera House is refreshingly modern and, when completed in 1965, will have cost about thirty million dollars. It will probably be the largest and most expensive opera house in the world; and this in a country with limited financial resources and where the national taste in music runs the gamut from Gilbert to Sullivan.

How and why an intelligent and enterprising people, living in a pleasant environment, has become impaled on the horns of so many dilemmas is a question that warrants intensive study. Few, if any, clues will be found in this book.

S. H. POSINSKY (NEW YORK)

THE STATES OF HUMAN CONSCIOUSNESS. By C. Daly King, Ph.D. New Hyde Park, N. Y.: University Books, Inc., 1963. 176 pp.

Dr. King's personal quest for psychological understanding carried him from the Behaviorism of the nineteen twenties to the mystic practices of a Near Eastern cult leader named Gurdjieff. His subsequent experiences (which apparently included derealization) were fortified by readings in ancient Egyptian, Buddhist, and Greek philosophies. He seeks to systematize the results, delineating a series of states of consciousness—sleep, waking, awakeness, and objective consciousness—through the attainment of which 'the differing degrees-of-being of human beings are to be defined objectively'. The author finds correlations between the subjective states of consciousness and the objective neurophysiological condition of the organism. The psychoanalytic frame of reference is not considered.

MARK KANZER (NEW YORK)

INDUSTRIAL CREATIVITY. The Psychology of the Inventor. By Joseph Rossman. New Hyde Park, N. Y.: University Books, Inc., 1964. 252 pp.

Rossman had training as a chemical engineer, is a lawyer, and has a doctorate in psychology. He proves also to be a lucid writer with a style that readily captures the reader's interest.

The material for this book was collected over thirty years ago. Questionnaires were sent to five hundred patent attorneys, and inventors were questioned directly. There are some references to compendiums of recent literature on the attitudes of creative persons, but the basic bibliography is unchanged, the most recent article having been published in 1931. There are no psychoanalytic references.

The study is confined to inventors of devices who have obtained patents. The author believes that if one understands the creative process it may be possible 'to stimulate and develop it'. However, he makes no distinction between invention and the creativity that is not limited to a tangible product. The psychic apparatus of the creative scientist or artist is not necessarily identical with that of the inventor; the interaction of various ego systems may be different from those of the inventor. In fact, the study of scientists often reveals an antithesis between creative fervor and an interest in gadgets. While all invention cannot be equated with gadgeteering, the inventor's interest in a mechanical contrivance is dominant, and this must reflect a significant difference between the ego processes of the inventor and the creative scientist.

The method of investigation used here leads, as one might anticipate, to brief 'profiles' and subjective appraisals. There are many anecdotes about inventors that dwell upon their attitudes about their work, describing as well their idiosyncrasies. From these, the author concludes that first there is the recognition of a need and the formulation of a problem. After all existing techniques of solution have been exhausted, inspiration supervenes. Such conclusions are followed by statistical information that has no bearing on the general discussion. For example, the questionnaires reveal that more than fifty percent of four hundred fifty-two inventors did not confine their creations to their particular fields; their alleged motives for inventing ranged from love of inventing (the most frequent) to laziness. The theoretical discussion includes, among others, gestalt, behavioristic, and 'subconscious' systems. It is inexact, superficial, and unilluminating. The author admits that mental processes can operate below the level of consciousness but to call them 'subconscious' is 'begging the question'. This is the essence of his discussion of unconscious processes.

This book has little to contribute to the psychoanalyst's under-

standing of the creative process. Even though the author approaches the problem from a different frame of reference, one hopes for understanding that extends the perspective beyond the phenomenological.

PETER L. GIOVACCHINI (CHICAGO)

**ESSAYS IN ÆSTHETICS.** By Jean-Paul Sartre. New York: Philosophical Library, Inc., 1963. 94 pp.

Sartre's individualistic adaptation of the philosophy of existentialism—the view of man as a lonely anguished creature achieving a moment of existence in a chaotic universe—includes some elements of Freudian and Marxist teachings and is applied to æsthetics in the present slim volume of essays. Four artists are selected as illustrations.

Tintoretto, to whom half the book is devoted, was a native of Venice, a craftsman who discerned, loved, and told the truth about his city. He was undeniably an opportunist, a cheat, a greedy seeker of commissions for profit—in short, a Venetian. For this reason, he was rejected by his fellow-citizens, while admiration was heaped instead on Titian, a peasant immigrant whose interests were directed exclusively to the service of a fading aristocracy. The rich merchants preferred the illusory image, not the genuine reflection of themselves.

Sartre next considers three moderns, Giacometti, Lapoujade, and Calder. Giacometti, who regards art as 'an absurd activity', wrestles with the problem of representing human beings as isolated from each other both by outer space and inner space. Four of his nude women, seen at a distance, never come nearer to the spectator: they are everlasting symbols of hopeless desire. Men cross a public square during the same time interval but achieve no pattern of relationship to each other. Sartre is moved to comment on lines as affirmations, definitions and confinements of individual existence, exerting impulses of attraction and repulsion and marking the emergence from nothingness into being. He examines the refusal of the eye to accept the existence of gaps in a female figure and portrays the audience as willing dupes and accomplices of the magician-artist in bridging the spaces and receiving as reward a momentary visual satisfaction.

Lapoujade is an artist who strives 'to eliminate chance and give to an infinitely divisible surface the indivisible unity of a whole'. Calder's mobiles swing between rest and movement, between freedom and control. The æsthetic act achieves its purpose by reconstituting an entity that has been shattered. The artist teaches the viewer the lines of optic movement by which the secret is to be discovered. External reality is synthesized with inner reality to conjure up a 'presence' which constitutes the æsthetic experience. The pathway from external space to inner space is 'the quest for and victory of the Absolute'; only when arrived at is control over objects assured. Analytically, the process may be paraphrased to describe the æsthetic situation in which the 'interpretation' of the artist leads from the outer to the inner world with a moment of pleasurable insight as a narcissistic reorganization of the personality takes place.

MARK KANZER (NEW YORK)

**SWEET MADNESS: A STUDY OF HUMOR.** By William F. Fry, Jr. Palo Alto: Pacific Books, Publishers, 1963. 178 pp.

This short book of eight chapters is divided into three sections. In a preface the author accurately evaluates the first two chapters as 'a very general introduction to the subject of humor'. He describes the second section as 'a group of four chapters which have little apparent interrelationship (except that they are all about humor in one way or another)'. Thus the author has allotted more than two thirds of his book to preliminary remarks which are not particularly helpful in the understanding of the last two chapters, 'the *raison d'être* of the book'. The first of these, Background for Theory, indicates by its title that we are still being prepared for his theories on humor, to be found in the last chapter, Humor's Anatomy. Here, finally, Dr. Fry approaches humor from a wide variety of disciplines. It is one example of 'the function of the paradoxes of abstraction in communication' which is also present in 'implicit' communication, mental illness, psychotherapy, and culture. It is a form of play, from which it is differentiated by having a climax—the punchline in jokes. The author views humor as structured in the paradoxes in communication of implicit and explicit as well as the real and the unreal.

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The characteristic quality of this book is its lack of commitment. Not only does the author hesitate to commit himself to presenting his ideas until the last chapter, but when finally he does, his theories remain uncommitted to a main orientation in an anthropological, psychological, linguistic, or philosophical discipline.

PHILIP WEISSMAN (NEW YORK)

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

Hartvig Dahl

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## ABSTRACTS

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

**Some Aspects of Transference in Dream Research.** Charles R. Keith. Pp. 248-257.

Three paid night workers slept one day a week for six to nine weeks while EEG recordings were continuously examined for the combination of rapid, low voltage activity (Stage 1) and rapid, conjugate eye movements (REM's) occurring after an initial period of sleep. One man in a state of strong positive transference, dreamed the usual three to four times during six to seven hours of sleep and, when awakened near the estimated end of each dream, related a dream twenty-five to twenty-six times. Another produced only one clear-cut dream (EEG criteria) and this was on the sixth night after he was urged to dream. Analysis of the dream, and other material, revealed his intense fear of dreaming about 'unclothed women and murder' as well as his convictions that the EEG machine could detect his 'thoughts'. The third man showed a similar marked reduction in REM-Stage 1 periods and gave many signs of a strong negative transference.

The experimental design made each sleep period a 'first night'; reductions in frequency of dreaming on the first night have been previously reported. The interesting question, not studied here, would be whether this suppression could be maintained over several consecutive sleep periods.

**Repression and Cognitive Style.** Philip S. Holzman. Pp. 273-282.

By 1910, Freud assumed that adult repression occurs largely because a connection is established 'between what has already been repressed [in childhood] and what is to be repressed'. A strong tendency to use the defense of repression would imply, perhaps, a strong predilection to fuse memory traces with one another—what the cognitive style investigators at Topeka would call 'assimilative interaction'. This group has previously demonstrated that the tendency to fuse memory traces indiscriminately exists as a stable, enduring style of thinking in many people. It is called 'leveling', in contrast to an opposite style, 'sharpening', in which the tendency is to remember clearly, without contaminations. Ten extreme levelers and ten extreme sharpeners were selected by appropriate means. Independently another group of workers used Rorschach protocols of these same twenty subjects and selected six from the group who appeared to rely 'primarily upon repression'. All six turned out to be extreme levelers. Holzman suggests that the 'most plausible' explanation is that the process of repression 'makes use of leveling dynamics', i.e., that the cognitive style of fusing memory traces indiscriminately can be used to eliminate memory traces by 'assimilation' with already repressed memory traces.

HARTVIG DAHL

**Bulletin of the Menninger Clinic. XXVII, 1963.**

**How Attention Influences What Is Perceived: Some Experimental Evidence.** John F. Santos; Bobby J. Farrow; James R. Haines. Pp. 3-14.

These experiments attempt to explore the mechanics of the minute factors which govern the deployment of attention—a matter of central importance in analytic theory. For example: A Necker Cube is a line drawing of a three dimensional cube which can be modified in such a way that an observer will tend to see the cube as facing at an angle to the left and up, or to the right and down. A balanced cube is drawn with all lines equally black so that it is as easily seen facing left as right. If one presents to an observer the pictures of the modified cubes alternately with the balanced cube and if one says things like: 'that's fine', 'good,' and 'Uh huh', while at the same time presenting the left-facing cube, the observer will also, and increasingly, tend to see the balanced cube as facing to the left. The intriguing finding is that if one repeats the procedure as before, but shows the balanced cube for only .001 second, there is much less tendency to guess that the balanced cube faces left. The brief exposure permits no scanning movements (attending to first one face of the cube and then another), whereas the longer exposures do. Thus, when the stimulus lends itself to skewing, the scanning movements tend to repeat the paths followed during the exposure to the modified picture. In other words, the plausible conclusion is that when the words of encouragement work (i.e., when they reinforce a particular perception) they appear to facilitate pathways which are used in paying attention to the stimulus; when these pathways serve no purpose (because of the brief exposure) and presumably are not used, the rewards have little effect.

**The Defensive Aspects of Impulsivity.** Irving Kaufman. Pp. 24-32.

Ten years of work with over two thousand juvenile delinquents has led Kaufman and his associates to view certain impulsive acts as serving not only to discharge disguised wishes arising from preœdipal fixations, but also to defend against anxiety. Thus, actions such as running away from home, stealing, promiscuity, assaults, arson, and even murder are seen as symptomatic acts, discharging impulses which, if not discharged, would arouse uncontrolled anxiety—anxiety springing from fear of separation or annihilation rather than fear of castration.

The 'impulse-ridden character disorder' type of child usually suffered much real trauma from parents who were often alcoholic or promiscuous, had frequent violent fights, and inflicted repeated separations and losses on the child. Regardless of socioeconomic level, racial or ethnic background, the character structures show 'little or no evidence of an internalized superego'. The body image is often like that of patients with an agitated depression, i.e., these children feel 'empty' or 'hollowed out'. Girls may try to rid themselves of this feeling by getting pregnant. Boys may run away from home to express the suicidal fantasy, 'You'll be sorry when I'm gone'. Another group, most often schizophrenic, tends to commit the more destructive crimes of arson and murder. "Those

children who committed murders were handling their fears of being annihilated. . . . They tended to feel a remarkable sense of relief following their murderous attack and showed no guilt or remorse over what they had done.'

**Credo for a 'Clinical Psychologist': A Personal Reflection.** George S. Klein. Pp. 61-73.

It is refreshing and encouraging to observe in one person the rare combination of skills and interests which the field of analysis needs at this stage in its development. Dr. Klein is an experimental psychologist who nonetheless has an abiding interest (and one feels sure, talent) in clinical phenomena and who understands not only analytic theory but analysis as a therapeutic art. Although his 'credo' is addressed to fellow psychologists it could stand quite as well for analysts who are also interested in experimental matters. The real attitude expressed here—'the naturalist's love of phenomena and of their investigation'—is pretty close to the true analytic attitude.

**Regression as a Principle in Mental Development.** Anna Freud. Pp. 126-139.

This is a superb and highly condensed summary of the role of regression in child development. After stating that '*temporal* regression happens in regard to aim-directed impulses, object representations, and fantasy content; [and] *topographical* and *formal* regression in the ego functions, the secondary thought processes, and the reality principle', Miss Freud reviews drive and libidinal regressions and reminds us of the importance of considering all three forms of sexual regression, i.e., of *object*, *aim*, and *method of discharge*, as well as the 'scope and significance of the regressive movement. . .'. She then makes a vital distinction: drives regress to points of drive-fixation, but 'we have to guard against the almost automatic mistake to view the regressive processes on the side of the ego and superego in corresponding terms. While the former are determined . . . by the stubborn adhesion of the drives to all objects and positions which have ever yielded satisfaction, no characteristics of this kind play a part in ego regression. . . . There is one distinguishing characteristic of ego regressions to be noted, irrespective of the various causative factors . . . the retrograde moves on the ego scale do not lead back to previously established fixation points. Instead, they retrace the way, step by step, along the line which had been pursued during the forward course. This is borne out by the clinical finding that in ego regression it is invariably the most recent achievement which is lost first.'

After outlining the normal uses of regression in development the author says: 'It happens just as often . . . that regressions, once embarked on, become permanent; the drive-energies then remain deflected from their age-adequate aims, and ego or superego functions remain impaired, so that . . . regression . . . becomes a pathogenic agent'. She knows of no criteria for clinically appraising whether 'the dangerous step from temporary to permanent regression has been taken already or whether spontaneous re-instatement . . . can be expected'. The fact that development progresses toward maturity at different speeds, and that 'the unevennesses . . . are due to regressions of the different elements of the

structure and of their combinations', makes it easier to understand 'why there is so much deviation from straightforward growth, and from the average picture of a hypothetically "normal" child'.

HARTVIG DAHL

Psychoanalytic Review. L, 1963.

Artist and Psychoanalyst. Hermann Hesse. Pp. 355-360.

Hesse and Jung: Two Newly Recovered Letters. Benjamin Nelson. Pp. 361-366.

The article by Hesse, the German poet-novelist, pays tribute to psychoanalysis but also expresses doubt about the utility of this psychology to the artist. He states that Otto Rank was the first to discover a pre-freudian description of the unconscious in Schiller's letter to Körner. In the newly recovered letters, Hesse states that the works of Jung did not make as strong an impression on him as did the works of Freud.

The Psychological Revolution and The Writer's Life-View. Paul Goodman. Pp. 367-374.

This is a brief but profound expression of the relationship of psychoanalysis and literature. Goodman maintains that the meaning of literary works is best explored by literary criticisms and not by psychoanalysis except to explain something that the writer is avoiding. He values as literature the truly freudian case histories but not the existential ones which impose a theory onto the plot. However, he does not appear to be familiar with the final evolution of the technique of free association.

The Thinking of the Body. Kenneth Burke. Pp. 375-413.

This lengthy and erudite article documents the interchangeability of the various body areas alluded to in the works of Lewis Carroll, Wagner, Flaubert, Aeschylus, and the author's own poems. Burke describes the anal-oral reversibility in Alice in Wonderland, and suggests that the 'first wrong' in the Ring legend of Wagner is playing with feces (gold) by the mist-people, which led to the eventual downfall of the gods. In both Wagner and Flaubert, power is linked to anality. Freud is quoted in regard to the Promethean myth being understood as the extinguishing of sexual fire. The author adds that the myth also has to do with the injunction against urinating in or on sacred places or on dead bodies. By using the device of reading with a double *entendre* in mind, he sees the 'pure' poetry of Mallarmé as continually concerned with euphemisms for the modes of bodily catharsis. Burke discovered in hindsight that one of his own sonnets on Atlantis had the fecal imagery that he became aware of in other authors.

Burke compares, as others have done, Freud's stress upon the 'wishes' of the unconscious to the philosophy of Schopenhauer about the Will, and demonstrates that Schopenhauer explicitly equated life with sexual and nutritive appetites and death with bodily excretion. He suggests that the death instinct be renamed the 'excretion instinct'.

**Free Association in 423 B.C.** Sidney Halpern. Pp. 414-436.

423 B.C. refers to *The Clouds* by Aristophanes, a burlesque of the school of Socrates in which Socrates and the Greek chorus instruct the pupil on the couch to express freely whatever comes to consciousness. The analyst, Socrates, who never published so far as we know, was far less tenacious than Freud in the search for truth in this story. The account by Aristophanes is of a presumed encounter between Socrates and a spendthrift youth which ends after the first interview with the dismissal of the pleasure-bent young man. Halpern reviews the description by Jones of Freud abandoning hypnosis in order to 'concentrate' on his 'psychical analysis'. Finally Freud 'took the hint' of Elizabeth von R and permitted her to ramble freely without interruption. He gradually abandoned touching the patient on the forehead and finally allowed her to open her eyes. Thus the technique of free association evolved over a period of some years.

**Orestes: Paradigm Hero of Contemporary Ego Psychology.** Herbert Fingarette. Pp. 437-461.

The author attempts to give the story of Orestes a place equal to the story of Oedipus in psychoanalysis, not merely to regard it as a 'homosexual variant'. Whereas the oedipus theme enabled Freud to gain insight into the instinctual drives, the story of Orestes provides insight into the ego and superego and is thus pertinent to ego psychology. The oedipal role of the son is projected onto a substitute in the Orestes story, the weak and effeminate Aegisthus. Vengeance exacted by double murder, Orestes goes into exile from which he emerges years later to face trial in Athens with 'holy lips and pure words'. At his trial he has the gods, Apollo and Athena, to testify for him and after lengthy prayers is purified and accepted back into the community. Fingarette quotes from Henry Miller to show that some murder is justified and that to murder in full consciousness of the enormity of the crime is an act of liberation. But, in Orestes, he overlooks the extensive use of denial, religious and dramatic illusion, and the invoking of the gods, which contrasts with the more earthly realism of Oedipus. This might account for the Orestes story being more popular with those who are primarily interested in denial and in illusion than in psychoanalysis.

**D. H. Lawrence's Great Circle.** Daniel Weiss. Pp. 462-488.

The author attempts to prove, as others have, that there is a theme throughout the works of D.H. Lawrence that corresponds closely with the facts of his life and personality. Weiss cites passages from nine of his works, gives a few biographical details of Lawrence, and describes the recurrent 'triangle' theme of two men and a woman. There is always a younger and an older man and the two compete for the woman who, when approached sexually, invariably becomes a castration threat. In some of Lawrence's stories the action leads to murder of one of the men, in others to a reconciliation between the men, leaving the woman alone. The homosexual conflict may be entirely in the form of cruelty or thinly disguised sexualized physical assault, or it may turn into an obsessional state with the man incapacitated by anxiety as he gets close to coitus with the woman.

D.H. Lawrence was notorious for frankness about sexuality and cited the evils resulting from repression, but he rejected the psychological formulations of Freud and Jung. He was interested in 'blood consciousness' and not 'cerebral' or 'mental consciousness', and Weiss claims that this 'mental consciousness' is what Lawrence meant by the 'grey disease'. The author neglects to mention the fact that the 'grey disease' also referred to anthroasilicosis, with its copious grey sputum, often associated with tuberculosis in coal miners, from which both Lawrence and his father suffered. Also he does not mention the possibility that this disease of coal miners might account for Lawrence's frequent mentions of drinking, the neck and throat, respiration, and strangulation murder. Lawrence escaped the career of coal miner by becoming a teacher, like his mother, and then a writer who seemed to have a 'spiritual pipeline' to certain kinds of women, but he did not escape the tuberculosis from which he died at forty-five.

**The Case of William Blake.** James Bentley Taylor. Pp. 489-504.

In addition to Kris' formulation of art as regression in the service of the ego, Taylor contends that Blake's ego used art to control the forces of regression. He doubts that severe pathology always affects the works of the artist adversely. He avoids declaring Blake either mad or not mad, but uses the term schizophrenia so often that the reader is led to believe that Blake was mad but in an attractive way.

**Sartre, Genêt, and Freud.** Benjamin Nelson. Pp. 505-521.

By inserting Freud into this discussion Nelson tries to give substance to a very tenuous thesis: 1, that the unidentified antagonist of the author (Sartre) of 'Saint Genêt' is Freud, and 2, that the work which cries out to be considered with 'Saint Genêt' is Freud's study of Schreber. The author assumes that Sartre should have an understanding of homosexuality based on the Schreber case that can be used in understanding the homosexuality of Genêt. He notes that not once in Sartre's torrent of words does he mention Freud or Freud's writings, and that Sartre is as little interested in the theory of the unconscious as he is in the roots of homosexuality. The same can be said of Genêt; hence the abstracter asks why there should be any effort to compare the two with Freud.

**Psychosomatic Concepts in Psychoanalytic Education.** E. D. Wittkower and Johann Aufreiter. Pp. 557-572.

This paper is divided into two parts, one describing the course of psychoanalytic theory in psychosomatic medicine, and the other describing the teaching of these theories in psychoanalytic institutes. The authors' evident goal is to further this teaching because there has been a 'certain disenchantment'. Problems have arisen which have to do with thwarted theoretical hopes, disappointing treatment results, and a cleavage between psychoanalysts and other physicians. The article considers these problems from the standpoint of the analyst and does not refer to the feelings and experiences that other physicians have had in their encounters with analysts. The analyst is encouraged to abandon his isolation and join in a multidisciplinary approach to psychosomatic illness.

**Psychotherapeutic Problems in Eating Disorders.** Hilde Bruch. Pp. 573-587.

In dealing with patients who have eating disorders, Bruch stresses that it is important for the therapist to stay with the facts and avoid intellectualized interpretations. The case of an anorexic man is described with many statements which can easily be used as a guide on what to say to the patient and the family. Fat people 'eat' interpretations which do not become their own and thus duplicate what happened with the mother who 'always knew how I felt'. The author then discusses the more controversial subject of schizophrenia, which she defines not by Bleuler's criteria but by its cardinal symptoms of disturbances of body image, passivity, and lack of volition. To support her comparison of obesity with what she calls schizophrenia she cites Piaget, Bateson, and Harlow. She emphasizes evidence from studies which show the severe intrafamilial conflicts in patients who have eating disorders and asserts that this makes them like schizophrenic patients.

**Internalized Objects in Paranoid Schizophrenia and Manic-Depressive States.** Eduardo Weiss. Pp. 588-603.

This paper, primarily concerned with identification, has sparse clinical material but a great deal of finely detailed theory. True identification consists of simultaneous imitation, ego investment or 'egotization', and 'de-egotization' of an ego state. Several references are made to childhood development and infancy but again they are more in the nature of theoretical construct than clinical observation.

**Backward Fixation, Forward Fixation, and Neurotic Acting Out.** Fred S. Friedenburg. Pp. 604-610.

The author describes a connection between the first memory reported by a patient and the patient's response when asked to state his goal in life. He cites six cases with interesting and convincing material and concludes that not only is there a connection but that the memory plus the life plan portray an area of arrested development that corresponds to the latency period in the patient. This determines the future behavior of the patient. Besides this useful clinical observation, a mystical-philosophical section of the paper attempts to link this observation with racial unconscious, phylogeny, and evolution.

**The Toxoid Response.** Hyman Spotnitz. Pp. 611-624.

The title of this article refers to the use of the metaphors of immunology in describing the deliberate verbalization of countertransference feelings to the severely narcissistic patient in analysis. Freud's pessimistic views about the treatment of such patients are related to his unwillingness to verbalize his own negative feelings to the patient. The author is aware of the danger of contamination of the analysis by an incorrect statement but states it is useful for the analyst to express those negative feelings that have been induced in him by the patient. Four cases are described in which the analyst expressed his anger to the patient with beneficial results. The fourth case, supervised by the author, was one in which the patient, in effect, was given permission to commit suicide, albeit in the form of a question, and the student analyst was able to work this

out in her own personal analysis. Spotnitz is careful to distinguish between those expressions of anger which are inadvertent and those which are 'consciously allotted', to use Freud's term.

**Features of Orality in an Hysterical Character.** McClain Johnston. Pp. 663-681.

Johnston describes a patient in analysis for three and a half years. The focus is on the oral material and the purpose is to re-enforce the emphasis placed by previous authors, notably Marmor, on the oral determinants of the hysterical character. Two aspects of this particular patient do not fit well into the usual definition of hysterical character: her masochistic sexual relationship, with three abortions, leading finally to her slashing her wrists and a rather severe eating disorder.

No reference is made to the study of Chodoff and Lyons, in which the hysterical character is described in a definitive way. The search for the determinants of the hysterical character hopefully will be solved when longitudinal life studies, beginning with direct infant observation, are available. Until then we must seek to learn what we can from the analysis of adults.

**LSD and the Creative Experience.** Murray Korngold. Pp. 682-685.

This paper consists of very brief accounts by a dozen people, described only by their assorted ages and occupations, who testify to their LSD experiences. The reports show the passivity, and the elation and grandiosity. There is no mention of the terror reported by other authors. Korngold emphasizes the awe and strangeness of the experience and tries to correlate the LSD intoxication with creativity and the nature of art and poetry. He evidently places a value on 'wrenching the subject loose from his well-established conceptual moorings' without specifying for which people the wrenching might be of benefit and for which destructive.

STEWART R. SMITH

**American Journal of Psychiatry.** CXIX, 1963.

**Intrafamilial Determinants of Divergent Sexual Behavior in Twins.** Alvin M. Mesnikoff; John D. Rainer; Lawrence C. Kolb; Arthur C. Carr. Pp. 732-738.

Twin study is extended to include intrafamilial dynamics apparently leading to the choice of homosexuality or heterosexuality in twins. Four sets of twins are studied. Of these, two cases, not of the same pair, were in psychoanalysis; the remainder were in psychotherapy. Factors such as the prenatal fantasies of the parents regarding the sex of the twin, difficulties in childbirth, naming, anatomical differences, and the father's position in the family lead to a preference of one of the pair by one parent and the other child by the other parent. Effects on subsequent oedipal outcome and object choice are discussed.

**Studies on the Psychopathology of Sleep and Dreams.** Charles Fisher and William C. Dement. Pp. 1160-1168.

The authors continue their studies of electroencephalography and the dream and attempt to integrate their findings with psychoanalytic theory. They point

out that dreaming appears to be primarily a visual sensory experience, continuous through EEG Stage I. They postulate that intensive 'dream deprivation' may result in a 'dream deficit' leading to an intensification of the pressure of instinctual drives toward discharge in the nondreaming state and psychotic symptomatology. They propose that 'the total dream level . . . on any given night is the outcome of the balance between the pressure of instinctual drives toward discharge and the adequacy of the defensive and controlling functions of the ego'. The authors suggest that dreaming sleep is different from nondreaming sleep. A possible neurophysiological correlate is described.

LAURENCE LOEB

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

**Self-Esteem and Adaptation.** Roy R. Grinker, Jr. Pp. 414-418.

Grinker views self-esteem as an ego function with an adaptive purpose. He calls attention particularly to patients who tenaciously hold onto the low self-esteem that was required unconsciously by a parent. Thus the low self-esteem is the only way such a patient can hold onto a love object, leading in therapy to a negative therapeutic reaction.

**Family Myth and Homeostasis.** Antonio J. Ferreira. Pp. 457-463.

The author calls attention to family myths about individual roles, such as the happy one or the sickly one, that are maintained stoutly in the face of reality. The myth serves the family relationships in the same way as defense mechanisms do the individual.

**Infantile Rumination.** Donald T. Fullerton. Pp. 593-600.

The case of a seven-month-old adopted male infant is presented. The author reviews the literature and points to the psychodynamic factors in the infant-mother relationship in cases of infantile rumination.

KENNETH RUBIN

**American Journal of Orthopsychiatry. XXXIII, 1963.**

**Follow-up of Children With Atypical Development (Infantile Psychosis).** Janet L. Brown. Pp. 855-861.

This brief but important paper, for the most part statistical, reviews the current status of one hundred twenty-nine of the one hundred thirty-six children over nine years old who had been diagnosed during the preschool years as having atypical development by the James Jackson Putnam Center. Over fifty-four percent functioned within society, though few of them appeared symptom free, even to the casual observer. About fifty-nine percent of the children seemed to be absorbing enough formal learning to function as adults in society; thirty-six percent were receiving their schooling through normal educational channels with the majority of the remainder in schools for the retarded rather than the disturbed.

Factors affecting outcome were also investigated. The outlook for these children is one of 'moderate optimism', particularly for those 'pure cases' not com-

plicated by obvious neurological or physical handicaps or by grossly abnormal EEGs. The results do not permit definitive statements about the value of outpatient psychotherapy.

**The Opening Gambit in Psychotherapeutic Work With Psychotic Adolescents.** Rudolf Ekstein. Pp. 862-871.

Illustrative case material documents the initiation of the psychotherapeutic process with psychotic adolescents. An attempt is made to relate the opening movements of the psychotherapist to predictive assumptions (derived from the psychiatric work-up) about the adolescent's opening movements in therapy and the psychotherapist's strategy. (Author's Abstract.)

**Youth and Social Action. I. Perspectives on the Student Sit-in Movement.** Jacob R. Fishman and Fredric Solomon. Pp. 872-882.

In this first in a series of studies of adolescent or student participation in desegregation activities, the authors focus primarily on the motivations of Negro students. These are considered from a psychosocial point of view involving cultural factors, particularly the emergence of a new Negro social character, and developmental phase aspects of late adolescence, including identity formation. A new concept, 'prosocial acting out' is discussed in relation to the authors' observation.

PHILIP SPIELMAN

**British Journal of Medical Psychology.** XXXVI, 1963.

**Psychogenesis in Asthma.** J. E. Weblin. Pp. 211-226.

This paper is a scholarly survey of psychological factors in bronchial asthma, and includes an extensive bibliography comprising sixty-three papers. The need for a unified theory for allergic and emotional factors is recognized. The possibility of a learning process is considered with tentative mechanisms being outlined to link together emotional conflict, allergic reactivity, and disturbed respiration. Conjoint family therapy is suggested as a new approach which might help shed light on several of the areas involved in an over-all understanding of psychogenesis in asthma.

**Group Identification Under Conditions of External Danger.** Irving L. Janis. Pp. 227-238.

The author's formulations and illustrations concerning group identification are based on studies of surgical patients and wartime danger situations. He applies his hypotheses to face-to-face groups where there is a common source of external stress. Transference to the group leader, with partial regression, the establishment of dependency, infantile love and hate with overestimation of the power of the surrogate, is derived from Freud's 1922 monograph.

Janis also applies his hypotheses to delinquent behavior through a series of mechanisms based upon 'sharing the guilt', sharing of common fears, and heightened cathexis of the group which results from mourning for lost members. The same psychological processes seen in extreme form in combat groups

may occur in groups of factory workers, white-collar workers, or professional men when they are facing external dangers of financial insecurity or social censure.

**Some Psychoanalytic Observations on Anorexia Nervosa.** Helmut Thomae. Pp. 239-248.

This article comprises a historical, descriptive survey of anorexia nervosa and restates psychodynamic principles. Thomae describes the methods of treatment of a large series of cases. The aim is to engage the patient in psychoanalysis or psychoanalytically oriented psychotherapy. Of a total of thirty cases, nineteen accepted therapy and half of these improved or recovered. The author concludes that psychoanalytic psychotherapy has a more favorable influence than all other therapies.

**Untreating—Its Necessity in the Therapy of Certain Schizophrenic Patients.** Joseph D. Lichtenberg. Pp. 311-318.

The author's premise is that clarifying an interpretive verbal interchange sometimes becomes, from the patient's point of view, a weapon used to increase his narcissistic mortification. The result of this wounding is that other means of therapeutic approach become necessary. A stalemate in therapy requires 'untreating' to overcome the patient's distrust and regression. The therapist must find a way to spend time with the patient in active, informal communication. A spontaneous sharing of interest and opinions in a subject unrelated to the patient's illness or therapy may serve as a re-entry point to the therapeutic relationship.

**Pathological Identifications.** Albert M. Honig. Pp. 331-340.

Basing his ideas on his work with psychotic patients and the use of direct analysis, the author attempts to explain the therapeutic process through the mechanism of replacing pathological identifications with healthy, mature ones with the therapist. Clinical examples are used, most of which illustrate the use of oral interpretations in accordance with the Rosen technique.

HERMAN HIRSH

**Revue Française de Psychanalyse.** XXVI, 1962.

**Symposium on Interpretations in Psychoanalytic Therapy.** S. Lebovici, et al. Pp. 5-66.

This symposium, conducted by members of the Psychoanalytic Society of Paris, is divided into two parts: the first, reconstructions in psychoanalysis; the second, the effects of interpretations in analytic therapy. In his introduction Lebovici presents a brief, systematic survey of explanatory statements, from Freud to Ernst Kris, on the theoretical and technical aspects of reconstructions; their nature, content, and role in psychoanalysis. Reconstructions, though essential in psychoanalytic therapy, can become monotonous, mechanical, and stereotyped at the expense of their effective use in undoing pathological consequences of traumatic events, or fantasied equivalents, in the life history of the

individual. The analyst must remain alert to the infinite variety of alterations in ego functioning resulting from pathogenic experiences of childhood as these find expression in the transference and the therapeutic relationship.

The second part of the discussion, the effects of interpretations in psychoanalytic therapy, deals with the attempts of various authors to arrive at a set of valid, workable criteria, embracing both theory and technique. These include content, timing, nonverbal interventions, contextual relevance to the transference, as well as those elements pertaining to the analyst, such as his personal analysis, experience, attitudes, style, and countertransference. Considering the multiplicity of the factors converging in the exact and effective interpretation, only infrequently does an interpretation fulfil all the requirements necessary for effecting changes leading to authentic cure.

**Regression, Perversion, and Neurosis.** F. Pasche. Pp. 161-178.

Freud's careful attention to clarity of terminology is contrasted with present tendencies toward vagueness in the use of the term regression. Pasche undertakes a critical evaluation of the concept, and emphasizes the theoretical and clinical importance of distinguishing between temporal and topographical, complete or incomplete regression. Sexual perversions, sleep, coital orgasm, and the primary experiences of artistic creativity are examples of 'perfect' (complete) temporal regression; all other instances of regression are categorized as incomplete and complicated by heterogenous elements from various developmental sequences, as well as their antero- and retrogressive elaborations.

JOHN DONADEO

**Revue Française de Psychanalyse.** XXVII, 1963.

**On the Metapsychology of Silence.** (Dedicated to the Memory of Maurice Bouvet.) Robert Barande. Pp. 53-115.

After tracing the historical development of the concept of silence in psychoanalytic treatment, Barande presents a methodological framework for the explication of its metapsychology. He stresses the importance of early fantasies regarding whole- and part-object relations and their vicissitudes, as well as their phase-specific role in personality development. Through the use of clinical material he attempts to establish specific connections between silences and their determinants in fantasies regarding the phallic mother, and the phallic-narcissistic investment of language. Implications for technique regarding the silences of both analyst and analysand are drawn.

**A Variant of Phallic Narcissism.** Andre Green. Pp. 117-184.

The analysis of a writer is presented to demonstrate a particular defensive function served by literary creativity. At the behest of the ego ideal and the superego, libidinal and aggressive aims toward the parental objects are renounced, and object libido is transformed into narcissistic libido and invested in phallic representations of language and writing. The defense proves unsuccessful, however, in achieving mastery over castration anxiety.

JOHN DONADEO

# Meetings of the New York Psychoanalytic Society

Manuel Furer, Jay Shorr &amp; Norman M. Margolis

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## NOTES

### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

March 17, 1964. A CYCLE OF PENILE ERECTION SYNCHRONOUS WITH DREAMING SLEEP.  
Charles Fisher, M.D.

Previous studies of the dream-sleep cycle have shown that there are regularly recurring periods of sleep which are physiologically different and show a characteristic EEG pattern, together with bursts of synchronous, rapid vertical and horizontal eye movements (REMs). This physiological pattern is highly correlated with the sleeper's recall of dream experiences. In the present study, Fisher investigates the temporal correlation between the REM stages of dreaming sleep and the cycle of penile erection during sleep reported some twenty years ago by German investigators.

He found that erections were associated with a high percentage (ninety-four) of REM sleep periods by all of the measuring methods used. There were only four instances of no erection and three of these occurred during the first REM period which is often brief and unstable. In general, the erections began and ended in close temporal relationship to the onset and termination of the REM periods. Thus, Fisher confirmed the existence of a cycle of nocturnal erections and showed that they are coextensive with the REM periods, and, therefore, presumably with dreaming.

Dreaming sleep constitutes a special organismic state considered to be qualitatively a different form of sleep, ontogenetically early and phylogenetically old. It is a state of marked fluctuating physiological activation which approaches that of the awake organism in a state of alertness. It has also been found that similar physiological changes (including more diffuse body movement and erection that accompany dreaming sleep in the adult) are present in the neonate at a time when it is improbable that dreaming is taking place because psychic structure has not yet developed. The author concludes that there is no doubt that in the alternating stages of REM dreaming and non-REM sleep, we are dealing with an important biological cycle, and that the physiological processes described antedate the psychological process of dreaming. In an as yet unexplained manner, the physiological processes are taken over for the purpose of visual dreaming, perhaps around the third to sixth month of life, although dreaming in nonvisual modalities may occur even earlier. Fisher suggests that dreaming as a psychic event cannot occur until the emergence of the wish, in Schur's terms, that is, until psychic structure formation advances to the point of memory-trace development (mental representations) of sufficient stability that traces of past events can be aroused to hallucinatory intensity during dreaming sleep.

Wolfe has recently observed motor patterns in sleeping infants which seem to be similar to the REM and non-REM sleep in adults, and has postulated the existence of a central and displaceable neural energy, spontaneously generated by the central nervous system which discharges through these patterns. Fisher

suggests that the alternating REM and non-REM periods which characterize sleep may represent alternating periods of energy discharge and build-up of the same type. The original neonatal physiological drive discharge is in part replaced by instinctual drive discharge through the psychological process of dreaming when psychic structure develops. In infant studies the described motor patterns seem to diminish, and this is correlated with replacement of physiological by psychological processes. However, certain discharge patterns, such as the fluctuating respiratory and cardiovascular changes and erections, persist during REM sleep throughout life. Fisher concludes that erection in the neonate is part of a physiological discharge pattern which is prelibidinal in nature. To a considerable degree, it persists at this physiological level into adult life, independent of specific dream content but part of the general physiological activation that accompanies dreaming. Referring to the lack of specificity of the drive involved, the author points out that Halverson has demonstrated that when infant males are disturbed in their sucking, they develop erection, and that, in general, Wolfe's findings show a ready substitutability of one motor discharge pattern for another. Also, especially in infants, children, and monkeys, a good deal of erectile activity occurs in nonsexual situations or in response to nonsexual stimuli.

In considering the interaction between erection and dream content, Fisher suggests several possibilities: 1, erections can determine dream content, indicating physiological or psychic stimulation; 2, dream content can influence erections by inhibiting their appearance or causing an already established erection to undergo detumescence, which would be consistent with the fact that erections are present in all dreaming and that their primary origin is physiological; 3, much of the erectile activity during dreaming may not be related to specific dream content and the physiological aspect of the erection may be primary to any psychic influence; 4, erection, as a physiological phenomenon, may not only be unrelated to dream content, but sexual dreams may occur in the absence of erection; instinctual drive discharge and the psychic organization that subserves it, may have a certain autonomy from the underlying physiological drive processes, as evidenced for example by the fact that quadriplegics without genital sensations have dreams with orgasm.

In conclusion, Fisher considers alternative explanations. Both the erections and the hallucinatory dream itself may be activated by unneutralized mobile energy of the sexual instinctual drive, or the erections may be the result of discharge of both aggressive and sexual drive energy, including pregenital discharge due to the marked activation of the pontile limbic system of the brain during dreaming sleep.

DISCUSSION: Dr. Sylvia Brody, from observations of infants in the second to the fourth day of life, has not observed erections during regular or quiescent sleep, but has observed them, along with other motor discharge patterns, during the irregular or REM period of sleep. The erections, however, were evanescent and difficult to evaluate. She felt it was auto-erotic tension which was discharged, indicating a link between vital functions and instinctual drives. She pointed out that the capacity for kinesthetic, auditory, and visual sensation is

present in the neonate. In addition, she believes that memory traces may be laid down in the first days of life, and that consequently elements of psychic structure may exist at this early period. Hence, dreams in the sense of wishes involving the memory traces of sensations may reach hallucinatory intensity, perhaps in other than the visual modality in the neonate. She disagreed with Fisher's formulation that the energy involved should be considered prelibidinal.

Dr. Max Schur pointed out that the infant is born with certain apparatuses for functioning, but without psychic structure. If the concept of the undifferentiated stage is to be taken seriously, one must consider that there is a development in the id from a biophysiological stage involving needs and need-satisfaction to a psychological one involving drives and wishes. One cannot speak of drives before the wish is present, and the wish requires the presence of psychic structure, that is, of memory traces of frustration and gratification. He considers the discharge processes in the neonate to be the building stones for psychic structure, which is contributed to by self-perceptions of the functioning of the apparatuses. He pointed out that the erections from infancy may, by laying down self-perceptions, lead to the overriding importance of that organ and sensations coming from it in later childhood. Dr. Fisher's work had again emphasized the importance of the dream in its function of drive discharge.

Dr. Edith Jacobson compared Dr. Fisher's conclusions to the thinking about the undifferentiated phase in which the infant's life begins with diffuse dispersion of psycho-physiological energy that acquires specific libidinal and aggressive qualities only some time after birth. There is a danger, however, in making sharp distinctions in reference to later developed processes in terms of these qualities. She pointed out that although Freud focused on psychic drives in later writings, he always maintained that the drives have somatic sources and are rooted in physiological processes. The pleasant and unpleasant sensations associated with the nursing experience must be called libidinous. As soon as this sexual drive quality appears, it can become associated with the infant's erections and this sexual excitation continues to be associated with the erections into adult life. She concluded that in the higher level dream processes, this primitive level of energy discharge may persist, but she would call it sexual in nature. She also believes that psychic life begins earlier than the second month, though not immediately upon birth.

Dr. Charles Brenner asked why the erection of infancy is considered to be a discharge. Dr. Heinz Hartmann pointed out that the dream receives contributions from both the physiological and psychological apparatuses.

Dr. Fisher said that work was in progress to study analogous processes in women. He considered the discharge processes in the neonate as id precursors; for example, the ready displaceability of the motor discharge patterns as the basis for the primary process. He disagreed with Dr. Brody, pointing out that although perceptual discrimination may be present on the day of birth, this did not necessarily mean that memory is present. Piaget states that evocative

memory does not begin until eight to nine months of age, and that the dream is probably more than recognition memory. Also, the visual cortex does not mature until three months of age, and is not functional at birth. He again emphasized the fact that dreaming begins when the physiological motor discharge patterns start to decrease in the early months of life, and that although the other motor patterns disappear, the erection persists. The problem of the assumed discharge involved in erection was answered by pointing out that discharge can accompany tension, as had been stated by Jacobson. On the other hand, the problem is not fully answered and Fisher quoted Halverson to the effect that the erections of infants are often unpleasurable and waken them from sleep.

MANUEL FURER

March 31, 1964. DELUSIONAL FIXITY, SENSE OF CONVICTION, AND THE PSYCHOTIC CONFLICT. John Frosch, M.D.

Referring to Freud's paper, *Constructions in Analysis*, Dr. Frosch points to the element of the historic kernel of truth as being the essential factor which lends a sense of conviction to both a delusion and to an analytic reconstruction. The question is raised as to the role of historic truth in the persistence of a neurotic symptom, and whether the fixity of the latter is to some extent derived from the fact that it contains kernels of historic truth. The author then contrasts the neurotic with the delusional psychotic: in the neurotic the consistent belief in the reality of the symptom is missing; in the psychotic there is belief in the reality of the idea, and the historical truth is a current reality. There seems to be a more direct relationship between actual traumatic experiences and the content of the delusional system in the psychotic than there is in the neurotic. In some delusions what is striking is the rather overt, relatively undistorted or poorly disguised real aspect traceable to childhood. Dr. Frosch warns us that not only the content of the actual experience as such but certain intrapsychic reactions may be the crucial historical factors. The delusional state may be accompanied by alterations in the ego state, bringing about feelings which, having been experienced at one time in the past, lend a feeling of reality to what the individual is currently experiencing. Fragmented ego states are regressively re-experienced in the psychotic. Primitive introjective and extrojective mechanisms may be utilized in relating to present surroundings as they have been utilized previously. In the paranoid certain early experiences may contribute to disruption in the development of adequate ego boundaries and other experiences necessary to maturation. The accompanying ego states may be regressively re-experienced in the psychotic patient and lend a quality of validity to subsequent delusions. The disturbed ego state may even facilitate delusional formation as well as other psychotic symptomatology. Therefore, the sense of conviction of the reality of a delusion may be related not only to the historic truth of the content of the delusion but also to the regressive reappearance of a whole series of certain ego states and psychic phenomena coeval with past experiences.

Why the fixity of the delusion? A delusion has defensive and protective func-

tions as well as gratifying ones. The question is raised as to what the danger is that is feared and defended against so vehemently and that the psychotic tries to cope with in his delusions. Also is the danger feared different in the neurotic and the psychotic? Detailed clinical material is presented in which Dr. Frosch shows the psychotic delusional patient to be struggling against the danger of 'dedifferentiation' and blurring of the ego boundaries. This is so disturbing to the psychotic because dedifferentiation might eventuate in ultimate loss and dissolution of the self. The neurotic fears retaliation when there is a welling up of strong uncontrollable aggressive forces; the borderline psychotic fears that the self will disintegrate in the face of powerful forces which it cannot assimilate. These fears of disintegration and the dissolution of self relate to libidinal drives as well as to aggressive ones. They are actual survival-threatening experiences in the early life of psychotic patients which may have been perceived as causing annihilation. Especially important is the impact of these experiences upon the developing, still unformed, and vulnerable ego structure. The latter may remain in a somewhat fragmented state or poorly integrated, and vulnerable to dedifferentiation under the impact of subsequent experiences. This vulnerable state and fragmentation sensed by the ego may be the 'historic truth' rather than the content of the experience.

DISCUSSION: Dr. Robert Bak spoke of the hierarchy of delusions; the more intact the ego, the more similar the delusion is to the neurotic symptom and the more its cause is a deflected id wish. The more the ego is damaged, the more the fortification by reality is lost. The more the individuality of the delusion is lost, the more it becomes 'genetic truth' but not 'truth'. In regard to the fixity of delusions, Dr. Bak believes that the fear of dissolution of ego boundaries and disintegration of self is only tangential to the problem. Fixity of delusion is due to the subjective sense of certainty which results from the hypercathexis of the delusional idea and the withdrawal of cathexes from the reality-connections of the object.

Dr. Edith Jacobson emphasized that historic truth is operative in neurotic symptoms as well as in the delusion. In regard to the essential fears of the psychotic, she prefers as more accurate the phrase 'disintegration of psychic structures' to 'dissolution of the self', and feels that the former should be quite separate from 'dedifferentiation of self from non-self'. The psychotic is essentially trapped so that the fear of (and wish for) the loss of object is linked inextricably with the loss of self. In the psychotic the aggressive and libidinal drives are often difficult to distinguish. Dr. Jacobson agreed with Dr. Bak's description of the hypercathexis but emphasized that the question is why (not how). She feels with Dr. Frosch that the attempt at restitution of self and objects through delusion is necessary to forestall emotional death.

Dr. Charles Brenner wondered why the wish to merge with an object is so frightening to the borderline psychotic. Using one of Dr. Frosch's clinical examples, he felt that the anxiety stemmed from intense aggressive devouring wishes rather than from fears of passive regressive merging.

JAY SHORR

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April 14, 1964. A PSYCHOANALYTIC COMMENTARY ON 'THE TRAGEDY OF RICHARD THE SECOND' BY WILLIAM SHAKESPEARE. Martin Wanhg, M.D.

Dr. Wanhg presented the hypothesis that the seemingly confused motivations and enigmatic behavior of Shakespeare's Richard the Second could be understood as manifestations of his struggle with an unconscious sense of guilt over the œdipal crime of usurpation and parricide, for which his murder of his uncle, the Duke of Gloucester, unconsciously stands. By further unconscious links, Richard also sees himself as a fratricide and regicide. Richard's fear-driven, ruthless, self-destructive acts, and his doubts about his true rights to the crown are defenses against his sense of guilt which is also ward off by effrontery, isolation, magical imprecation, and impersonal generalization. This central conflict finally results in his hasty, unnecessary, and passive abdication to his cousin, Bolingbroke. Having thus provoked the law of talion against himself, Richard enters a monumental mourning for himself, his friends, the crown, and pursues nothingness and death.

From the facts of the play, Richard's grief seems hollow when he laments the 'loss' of a crown whose possession he frequently doubted should be his, and the murder of three friends to whom he is not particularly close. Yet his ruing can deeply affect an audience because it contains, beyond the theme of narcissistic mortification, the repressed grief over the loss of beloved familial objects. However, Richard is able to abandon himself to mourning only after he has, in effect, passed on his œdipal guilt to Bolingbroke. Thus, the main psychological theme within the play is the father-son conflict.

Dr. Wanhg next examines the historical facts of Richard's background and reign, which were certainly known to Shakespeare, pointing out the similarities and discrepancies between the Richard of Shakespeare's creation and the Richard of Shakespeare's historical sources. Contrary to the aloof, distant figure of Shakespeare's creation, Richard was known to be capable of deep affectionate attachments. Consciously or unconsciously, Shakespeare chose to emphasize some aspects of the historical material and to underplay, distort, or ignore others. By altering the historical facts, he allowed Richard to evolve in such a way as to emphasize his guilt, while the uncles are depicted in a manner worthy of veneration. Wanhg believes that Shakespeare was compelled to assert Richard's guilt because of his own unconscious grasp of the psychology of a boy who twice—at the œdipal stage and again at prepuberty—triumphed over his œdipal rivals by surviving them. Hence, allusions to Richard's questionable rights and the theme of usurpation could stem as much from this psychological insight as the unique nature of his actual ascension.

Finally, the father-son theme would seem to have direct relevance to Shakespeare's own life at the time this play was written. In the manner of an inverse parallel to the play, Shakespeare's only son died at the age of eleven in the summer of 1596, survived by both his father and grandfather. One can only speculate about the unconscious feelings of triumph and guilt aroused in Shakespeare by the death of his son. But his grieving was intense, and seems to have been given poetic expression in *King John*, written in the winter of 1596-1597, where Constance grieves mightily over the loss of her son. In *The Trag-*

edy of Richard the Second, published in the summer of 1597, Shakespeare, by further defensive sublimatory steps, was already shifting the mourning for a human object to a more symbolic one—the crown.

DISCUSSION: Dr. Jacob Arlow noted that the oedipal conflicts in the play are reflected in a series of siblinglike relationships—in the interaction between the cousins, Richard, Aumerle, and Bolingbroke. He postulated that Bolingbroke is Richard's rivalrous older brother; Richard and Aumerle are treated as a double, where the fate of either represents a different resolution of a central problem. It was as if Richard, from oedipal guilt, had the fantasy 'if only my brother would return I'd give back the crown'; however, following thoughts might be 'but then he might kill me' or 'maybe he'd be nice to me'. The pertinence of Shakespeare's only son having been a twin to this theme of the double was noted.

Dr Edward Joseph thought that Richard's character and mercurial behavior could also be viewed as manifestations of his oedipal success. Bolstered by the reality of his true kingship, Richard is given to omnipotent fantasies and the psychology of the exception, accountable to no one. This fostered his identification with former kings whom he raised to divine levels, and his psychological downfall could be ascribed to the collapse of this idealized self-image. Dr. Joseph questioned attributing Shakespeare's historical distortions to grief at his son's death, especially since some place the writing of the play prior to that event. Shakespeare had ample experience of grief before this death.

Dr. Robert Bak believed the methodologic approach of the paper hinged too much on psychoanalytic reconstructions and inferences about the life and reactions of Richard, using the chronicles of Shakespeare's time, whose historical value is equivocal. Dr. Bruce Ruddick noted that the various chronicles were more propaganda organs for political factions than valid history, and that psychological inferences about his characters could more validly be confirmed from Shakespeare's own life. Dr. Mark Kanzer believed the paper demonstrated the correct approach of applied psychoanalysis by the use of educated, cautious inferences. In this play, Shakespeare begins to reveal a theme—that of the usurper king—which was to become a continuous thread in his work, the hero being Shakespeare himself. Drs. David Beres and Bernard Meyer noted that the focus of the paper was not essentially historical, and that by using psychoanalytic concepts Dr. Wangh had succeeded in revealing a psychological consistency otherwise absent in the stage character.

In conclusion, Dr. Wangh considered Dr. Arlow's and Dr. Joseph's contributions significant additions to his formulations. He believes the historical facts about the death of Shakespeare's son, and his reactions to it, are sufficiently clear to warrant the inferences made about their effect on the play. Although there is controversy over the actual date of writing, the final form of the play did not appear until after this event. Those who stress the historical aspects of the paper misunderstand his intent which is to attempt to understand the stage character of Richard, and how and why we enjoy the play. Although the sources available to Shakespeare were inaccurate, they were nevertheless the sources from which he had to work and formed the basis of his creative distortions.

NORMAN M. MARGOLIS

## MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

March 16, 1964. COLOR IN DREAMS. Harold Blum, M.D.

This paper investigates the metapsychology of color in dreams in a clinical context, integrating previous studies and proposing new theoretical formulations. Color vision is an autonomous ego function with a distinct phylogenetic and physiological development. Current research suggests that it may be present in the 'original' dream imagery but usually fades rapidly in the remembered dream. When color is reported spontaneously in the manifest dream content, it has received additional cathexis and serves definite psychological functions. Clinical and experimental evidence indicates that color is more likely to appear in dreams where there is ego or superego re-enforcement of voyeurism or color perception. Visual sensory sensitivity, strong external color stimulation, or regressive shifts in the perceptual apparatus might also contribute to a heightened perceptual awareness of color. Colors derive from memories of perceptions but are selectively used by the dream work. The dream and its day residues cannot be artificially isolated from the color psychology of waking perception and imagery; defensive alterations in hue, amount, or location may occur.

Color in dreams may have a complex multiple function, frequently used by the ego for both camouflage and communication—it can conceal or reveal in subtle shades or blinding glare. Because of the color differences of the skin, mucous membranes of the orifices, and internal body contents such as blood, feces, and urine, color may be used to contrast and differentiate inner and outer parts of the body: it is incorporated in the total body image and may be important in self-representation and identity, including sexual identity.

As a corollary, the comparison of the color of the skin, hair, and eyes may be employed in the differentiation of the self from object, or in an identification with an object. Structurally, dream color may also represent instinctual strivings and superego demands, analogous to the shaping of the manifest dream imagery by the structural conflict. The different hues and shades may be bound to a particular object or the self, especially the breast, feces, genitals; particular colors may be bound to certain drive organizations and to specific affects. Interest in color receives special impetus during the anal phase of development. Color is usually closely associated with affect in waking life and in the dream and central affects may 'color' the personality and create a mood which is reflected in the dream. Repetitive color dreams may be related to traumatic events in which color was involved or defensively incorporated as a screen. The role of color in projective testing should be collated with the dreams, and compared to color in hallucinations and fantasies.

## AUTHOR'S ABSTRACT

DISCUSSION: Dr. Mark Kanzer stated that the color dream is typically a screen memory that strives on the one hand to recover and on the other to deny a perception. Physiological stimuli (e.g., migraine), closeness to the day residue, trauma, and voyeuristic impulses intensify the perceptual elements. However, the specific report of color in a dream is of symbolic significance, even where the color can be traced to a particular day residue. In applying statistical meth-

ods, as does Dr. Blum, it would be of interest to learn of the relative incidence of different colors. Color dreams, derived as they frequently are from the bodily elements that enter into the sense of self, show a disposition to universal symbolism and may be considered as typical dreams that can be interpreted without associations. In the arts, Dr. Kanzer cited autobiographical recollections of Robert Louis Stevenson which traced his published fantasies to dreams arising from a dread of a shade of brown that had haunted him since early childhood. Van Gogh felt that colors gave life to pictures, and in suicidal attempts he swallowed color paints, thus reintroducing the life he gave to his canvases. His portrait of his bedroom was painted in a somnambulistic state and was therefore close to an enacted color dream.

Dr. Sylvan Keiser discussed the implications of colors of skin and body orifices as genetic factors in the construction of the body image. Color undoubtedly increases the cathexis of the orifices and becomes linked with fantasies associated with the color, or excrement, of particular orifices. Consideration should be given to the possibility that these colors may interfere with body-image formation since they break the continuity of skin color and might be isolated or not accepted as part of one's self. The alternative possibilities that patients actually dream in color or that color is added upon recall when it serves a specific function were discussed. Dr. Keiser added a further possibility: that all dreams are in color, which is then repressed. The symbolic and affective meaning of color in various cultures was considered in the light of its impact on body image formation and color in dreams.

Dr. Paul Goolker stated that in his experience color is infrequent in nightmares, thus contradicting the general idea that lack of color is related to the dream work's function of affect reduction. He felt that Dr. Blum's stress on the defensive use of color was important.

Dr. Nathaniel Ross considered the quality of color representation in the dream important. Some patients are intrigued by the luminosity and vividness of their color dreams. Conflicts in color and noncolor dreams appear to be identical, an observation that suggests that color representation is a reflection of an autonomous ego function. This is consistent with the observation that color occurs most frequently in the dreams of inherently artistic people.

Dr. Melitta Sperling felt that the appearance of color occurs primarily in light states of sleep. The choice, intensity, and distribution of dream colors might be studied with reference to the universal male and female sexual symbolism of colors. Color elements deserve special attention since they often express affects and moods not associated with any other element in a particular dream.

Dr. Maurice Friend discussed preschool blind children who describe color in their dreams, and color-blind people who often utilize color in dreams to deny perceptual defects. In the normal development of children, color is not emphasized in dreaming.

In conclusion, Dr. Blum stated that he used material reported by patients and the information was thus phenomenological in nature. Accordingly, his material could not be used to answer Dr. Keiser's question about whether color is present or absent in all dreams. He agreed with Dr. Ross that luminosity was

important and felt it also played a role in noncolor dreams. The author felt that probably in all races there would be color contrasts between the external aspects of the body and the internal products, such as urine and feces. He discussed the possibility that primitives use many colors in their battle dress in an attempt to overcome the trauma of frightening anticipations of injury to the body and exposure of the internal parts.

RICHARD V. YAZMAJIAN

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The Fall Meeting of the AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 4 through 6, 1964, at the Commodore Hotel, New York City.

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The Mid-Winter Meeting of the ACADEMY OF PSYCHOANALYSIS will be held December 5 and 6, 1964 at The Summit Hotel, New York City.

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AMERICAN IMAGO, now edited by Dr. Harry Slochower, announces a new Board of Consultants, including Drs. Heinz Hartmann and Edith Jacobson. Henceforth each issue will be chiefly devoted to some specific application of psychoanalysis to the arts or science.

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