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EARLY INFLUENCES ON DEVELOPMENT AND DISORDERS OF PERSONALITY

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I

REVIEW OF RESEARCH EVIDENCE

Freud opened many more fields of exploration in human psychology than could be cultivated in his lifetime. Of these, one was the lifelong effects of injurious emotional influences during early childhood. With its relation to the dynamic unconscious it was one of his greatest discoveries; yet only now is this fundamental area receiving concentrated research attention. The manifold findings are of great importance for the theory of personality, for the etiology of neurosis, and for all other psychopathology. They also have practical significance for therapy and prevention and may provide the key to understanding various sociological problems, the most outstanding of which is the infantile, libidinally fixated, hostile behavior with which man threatens man. This study offers a representative sample of research findings, organized under the headings of eight hypotheses implicit in, and central to, Freud's concept of the lasting effects of early influences on adult personality.

Analysts reach their conclusions primarily through work with patients. They see evidence in each patient that symptoms, values, conflicts, and personality characteristics can be traced back to his reactions to his unique constellation of childhood experiences. The details of the whole process are many and involved and have given rise to a vast psychoanalytic literature. The very fact that the data of psychoanalytic observation are

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confidential, associative, and diffusely bulky makes difficult their treatment within strict research methodology. For adequate research review, we therefore include other fields related to psychoanalysis. No science stands alone. Strength and healthy expansion are derived from interchange with related disciplines. While psychoanalysis has stimulated much of the research in all the behavioral sciences, it still seeks to learn and incorporate what is relevant to it from all sciences. Many problems appear in fresh perspective and can best be solved through other knowledge: for example, through extrapolation from the observation of animal behavior, psychology of learning, Gestalt psychology, and from experimental studies of conditioning and imprinting.

Our review of the literature is organized around some of the hypotheses implicit in the concept of the aftereffects of early influences. Eight hypotheses and their implications will be examined in detail after surveying the literature; also, only such discussion of research as is essential to this review is included.

To help clarify the main principles, it is well to first delineate the variables (165). This we attempt here in the single area of childhood trauma. The comprehension of the aftereffects of early influences is essential to the understanding of fixation, regression, introjection, superego, transference, and other psychoanalytic concepts.

DEFINITIONS, ASSUMPTIONS, AND HYPOTHESES

Using a rough working concept, *personality* is defined as a pattern of basic motivations and reactions. Each pattern for the individual is unique although its elements are common to all. The individual pattern represents one of all possible variations in quantity and combination of the basic elements which are comparatively few. They can be conveniently grouped under the familiar headings of id, superego, and ego. In oversimplified form they are the biological needs, drives, and reactions of the id; the internal representations of identifications and training of the superego and the defensive, perceptive, integrative, and executive activities of the ego.

Motivation is conceptualized as an *inner* variable. It prompts overt behavior, also modifications of it, and inhibitions. *Overt behavior* includes verbal responses and all behavior which is in some way observable by others. It is assumed that the behavior caused by any particular motivation is identifiable as such, at least by experienced clinicians. The clinician bases his diagnosis and treatment on his ability to identify his patient's behavior in terms of motivations.

Admittedly, these definitions are general and imprecise and would not suffice for specific research studies (110). However, we believe they are adequate for this general survey of the relevant literature.

In the development of personality it appears that two broad classes of variables determine the pattern of motivations: *inherited*, including maturational and constitutional, factors and *external* factors.

1. *Inherited:*

a. The maturational factor is the force which impels each individual toward maximal growth and development. It proceeds, within certain variations, according to a biological timetable.

b. Constitutional is used in the literature in two senses: one, to signify inherited or gene-determined potentials, and two, to signify gene-determined potentials present at birth which are modified by influences *in utero* and during the birth process. The term is used here in the first sense, while uteral conditions are considered among the external factors. (Whereas many studies indicate that constitutional factors play a considerable role in the development of temperamental and other personality aspects [21, 38, 51, 60, 97, 129, 142, 143, 152, 158, 184], they are not generally found to have great influence in the etiology of psychopathology. For this reason, they are not of prime relevance in this paper.)

2. *External:*

External factors provide the conditions determining to what extent and in what respects an individual's genetic and maturational potentials are realized. These factors appear to play an important role in forming personality and to be the critical

factor, of the greatest weight, in producing the distortions of personality which underlie all familiar forms of psychopathology. We are concerned with the operation and effects of these external influences from the conception of the individual.

In the interest of clarity, the view of personality development to be scrutinized in this paper is presented in the form of hypotheses, each more or less subject to testing.

Time relations

Hypothesis *A*: The earlier an influence impinges upon the developing personality, the more pervasive and significant are its effects.

Hypothesis *B*: Exceptions to hypothesis *A* are functions most susceptible to influences during critical periods.

Hypothesis *C*: The fundamental characteristics of the personality are established by the age of six years.

Hypothesis *D*: Once formed, the personality pattern remains fairly constant throughout life.

Relevant influences

Hypothesis *E*: Given adequate conditions for physical survival, the most important external influence is the relationship between a child and his parent or parental substitute.

Hypothesis *F*: The optimally relevant aspects of his emotional milieu are parental warmth, parental control in accordance with the child's needs, and stability in the parent-child relationship.

Effects of relevant influences

Hypothesis *G*: To the extent that such ideal conditions prevail, maturation proceeds to the fullest and the individual eventually develops a mature personality, that is, he becomes a responsible, productive adult of good will.

Hypothesis *H*: Any deviation from ideal conditions is necessarily detrimental, and the greater the deviation, the more thwarted the maturation will be and the more intensive and extensive becomes the pathology of the functioning personality.

METHODOLOGICAL CONSIDERATION

The task of reviewing research involves weighing the evidence against the adequacy of the methods used. To date there is no flawless procedure for the study of the development, consistency, and pathology of a personality during a lifetime (45, 62, 80, 116). Hence, caution is required in drawing conclusions.

Methodological flaws do not necessarily produce unreliable or invalid results; they do limit the scope of conclusions that can be drawn from them. Whenever similar results are obtained by different investigators using different procedures (with different flaws) and few or no studies contradict these results, the chances that the hypothesis tested is valid are greatly increased. Even conflicting conclusions may yield important clues.

To facilitate the reader's evaluation of the studies to be reported, the advantages and disadvantages of the most common developmental research methods will be discussed briefly: Longitudinal, Follow-up, Cross-sectional, Experimental (including animal studies), Cross-cultural, Reconstructive.

The Longitudinal Approach

This method studies the same subjects over a protracted period of time, observing them at frequent intervals in a systematic fashion. It has also been called the prospective method (18). Many advantages derive from the availability of first-hand observations by trained observers during the whole developmental sequence studied. They are often more reliable, more complete, and offer better comparability of subjects than data from other studies. They make possible the direct observation of changes in the personality as they occur, and thereby of factors related to, or causative of, the changes. They offer a unique opportunity for describing effects of different combinations of variables. The method is suitable for predictive studies (103) and for studies of time relations in development.

Kagan and Moss of the Fels Research Institute (96) point to the value of the longitudinal approach for studying the emergence of 'derivative behaviors' and the 'sleeper effect'. By deriva-

tive behaviors is meant the behavior forms occurring at successive phases of development which represent modifications of the original primitive expression of a motivation; for example, verbal sarcasm may be a derivative of early forms of hostile physical aggression. The authors state that 'adult behavior is a complicated code in which certain responses bear a lawful relation' to early behavioral patterns. This code gives important clues to understanding human development and the ability to predict adult reactions from behavior in childhood. Our present rudimentary knowledge and powers of prediction await further longitudinal studies that will trace the characteristics from early life to responses later in life.

What the Fels group calls the 'sleepers effect' represents delayed results of early environmental influences on the functioning of the personality. As an example, 'maternal acceleration' of the child's external development (that is, efforts to push the child ahead) shows the highest correlation with school age achievement when the measure of maternal acceleration is obtained during the first three years of life. When maternal acceleration is measured at the same time as the child's achievement, the correlations are much lower (*cf.* also [172]).

The longitudinal studies in the literature are relatively few, their combined number of subjects amounting to only several hundreds. The disadvantages are apparent: spans of twenty years or more of work; financing; the long wait for results; the processing of many data; the difficulty of incorporating new scientific findings and techniques; and others. Few research groups have carried out major longitudinal studies in which personality functions are included (5, 100, 101, 155, 166, 187).

The Follow-up Approach

Another prospective method, and one closely related to the longitudinal method, is the follow-up. This consists in studying adults for whom detailed histories of their childhood are available. Usually the person studying the adult subject is not the same as the one who recorded the data. The usual procedure

has been to start with a group whose members had had some common characteristics; then to assemble all data available during a given time period; next to relocate and study anew each of the subjects; and finally, to look for correspondences between the childhood and the later status of the subject. Often the common feature of the subjects was that they had been observed in child guidance clinics (55, 132, 150). This choice of subjects has, of course, been determined by its advantages from the researcher's point of view, that is, the particular behavioral problem and the availability of records.

There are evident methodological defects. First, data taken from clinical records not intended for research are generally inadequate (74). A common criticism of this approach is that it is limited to a population characterized by early gross disturbances. While this opinion is generally correct, it carries no great weight; what is important is that the conclusions match the premises. Without a control group, conclusions must be stated as hypotheses subject to subsequent testing by other methods. Control groups need not be 'normal'; subjects with different types of early disturbances may serve as control groups, one for the other. Indeed, much interest inheres in comparisons of adaptation among adults who had exhibited different types of disharmony with the environment in childhood.

The Cross-sectional Approach

This is the follow-up method in reverse. It also starts with a group that has certain common characteristics; but, in contrast to the follow-up method, this procedure chooses samples among adults and traces their development back to childhood. An example is the comparison between delinquents and 'normals' with respect to the incidence in early life of broken homes, ordinal sibling position, socioeconomic condition, and the like. That only rather gross factors have been isolated is, from the point of view of reliability, an advantage, considering the difficulties in obtaining unbiased accounts of personality variables in retrospect. Both the cross-sectional and the follow-up meth-

ods have been criticized for their poor techniques of sampling, in contrast to the longitudinal method which has been praised for its good sampling and valid data. The merits, however, are more evenly distributed, at least in studies of personality disorders (18).

The cross-sectional method is comparatively easy and quick and therefore useful in the early phases of a research program for the identification of relevant variables and formulation of hypotheses.

The Experimental Approach

Experimental procedures are variations of a basic model. Subjects known or assumed to be equal in relevant respects are assigned at random to an experimental and a control group. The former is subjected to the influence of the variable under study and the latter is not, but in all other respects the groups are treated equally. Both groups are measured subsequently and the effects of the experimental variable are assessed.

Were it not precluded by humanitarian considerations, many questions about human development could be answered by assigning children at random to various types of controlled environments and comparing the different groups at intervals. 'How', asks Shakow, 'can one study human psychological phenomena scientifically . . . with a minimum of distortions . . . and ethically . . . with a minimum of inevitable trespasses' (163). Animal experimentation therefore is increasingly resorted to in studying emotional development. The subjects have a short life span, are easy to care for, and control groups are readily available.

To generalize from animals to humans requires great scientific caution. Animal experimentation is not a substitute for the understanding of humans, but it nevertheless furnishes excellent models and is a fertile field for developing and testing hypotheses. With respect to effects of early experience upon adult personality, research with animals is becoming increasingly important as a basis for hypotheses about human behavior. The

variables involved are being systematically tested on a large scale; the adult consequences are being more carefully specified and measured. The rat and the monkey are being joined by many other species in the laboratory, and correlations with humans evaluated. Direct observation of various species in nature and in approximately natural settings is also casting much light on human behavior (111, 112, 133).

The Cross-cultural Approach

This approach to the problem of early influences on adult behavior consists of a comparison between different cultures or subcultures. Different cultures may be regarded as experiments in nature of human development. They may furnish invaluable information in the ways in which widely varying early experiences affect later personality.

Specific childhood variables are selected and correlated with differences in the adult personality predominating in the different cultures. The uncontrollable variables—geographic, social, political, cultural, genetic, and others—are many. The diversity itself, however, may prove to be fruitful for the understanding of the laws of human behavior. The anthropologist, Whiting, states: 'The advantages of the cross-cultural method are twofold. . . . First, it ensures that findings relate to human behavior in general rather than being bound to a single culture, and second, it increases the range of variation of many of the variables' (191).

The Reconstructive Approach

Although the cross-sectional method may use reconstructive data, the term has commonly been reserved for the clinical method of psychoanalysis in which adult patients give data about their childhood as they remember it, and in which dreams, associations, feelings, and behavior reveal emotional patterns which can be traced to childhood.

Commonly listed as weaknesses of the method, from a scientific point of view, are the subjective nature of the data, the fal-

lacies of human memory, and the difficulties of obtaining independent data to validate the statements made. The psychoanalytic situation nevertheless has a number of unique advantages which are apt greatly to reduce bias in the data and to offset the weaknesses. First, the verbal communications in therapeutic sessions are less likely to be contaminated by such factors as defensiveness, carelessness, and distortions of memory than are the responses given in the questionnaires or in the single interviews on which many research projects rely. It can therefore reasonably be expected to reflect more accurately a person's actual subjective feelings and attitudes—as well as his otherwise unobservable behavior; furthermore, as the treatment usually lasts for months or years, the therapist gets to know his patient's personality extremely well and, if he is of a scientific mind, he has many opportunities to make and to check predictions.

The psychoanalyst usually sees a select group of patients in terms of educational and socioeconomic conditions. Admittedly, his research population is restricted. Actually, he should therefore confine his conclusions to the same restricted population. On this point the temptation to err is great and many fail because of the consistency of the findings. In case after case, without exception, unfortunate early experiences are found to characterize patients with adult difficulties. The rigorous scientist may challenge the psychoanalyst's claim that the former lead to the latter without establishing that persons free of the symptoms are also free of the damaging early experience. The psychoanalyst, however, sees more than simple correlations between childhood and adult disturbances. He can trace, in great detail, patterns of specific disorders in the adult back through the years to specific origins in childhood which, moreover, not infrequently can be confirmed from other sources. These are only a few points in the evaluation of psychoanalysis as a research tool.¹

In the survey of research methods, the intention is to be as

¹ For further discussion, see for example: Franz Alexander (4) and Robert Waelder (186).

objective as possible; however, the senior author's experience has been with the reconstructive method. Examples of other approaches are easier to present. The data of the psychoanalyst are extremely voluminous and only a sample is given here, a most inadequate illustration. It is an excerpt from a psychoanalytic session in which the operation of childhood patterns toward parents appears clearly in associations about the husband and, to some extent, in the transference to the analyst.

I told mother you wanted to know why she took me to school at thirteen and fourteen. Mother hemmed and hawed, did not blame father, said she did it for something to do, and we both knew she meant to get away from father. I was very mad, and I got mad at my husband. I said: 'You are the same; won't let me try my wings'. He said: 'How so?' I said: 'You will not let me do the house but want a decorator'. My first husband is the only one who let me try my wings. As a result I never goofed. He earned so little but gave it to me; gave me all the responsibility, hardly worked, and I did everything; but I was happier with him than with my present husband. I guess I must prove to myself that I can do things.

But after our talk yesterday I felt better about the maid and didn't mind her being in the house today. I guess I realized that she is not my mother.

Now I'm even angry with you. The dogs are all I like; not people; not even you now because everyone reminds me of my terrible father and horrible mother. They were unfit to have children because they were such awful parents. I much prefer sleeping with the animals to sleeping with my husband. I was better with the first husband because I had to do everything for him. He was like my baby, not like father and mother. That's the good side, but he drank and was sick, sick, sick. But maybe he's the kind of man I need. Oh! Need! I don't want *any* man. My husband is too protective of me. He makes me feel like a weak sister. Mother gave me money to run the whole house, insurance, everything, but my husband gives everything to his secretary to do. It makes me feel that I'm not capable. I know he doesn't do it for that reason; that is exactly like father; that is how father treated me, and I resent it. I want to

do what I'm supposed to do. I guess what is more important is why I let him do it. The decorator is the example. Everyone says, who did the house and gives me no credit. My husband treats me as a daughter; not as a wife! And when I got mad at him, he'd bring me flowers. That's not normal.

I can do things for my mother but my husband has everything. I can't do anything for him or get anything for him. The poverty brought my first husband and me together—sharing. Now my husband brings me a magnum of champagne, and I enjoyed the popsicle that my first husband brought better. That is why women have affairs. They may love their husbands, but the husbands, by giving them everything, take everything away from them. I'm really very unhappy. I wish I weren't married.

Father never let me do anything. He never let me help mother until I was fifteen or sixteen. Father would say: 'Let mother do her own damn dishes'. Father never let me do anything I wanted to do, and I feel that is how everybody treats me. The only one who let me do what I wanted was my first husband. When women hear, 'What I want to do', they think of men, sex, and I don't mean that at all.

People use decorators if they are lazy or if they don't know how to do it, but I'm not lazy and I do know how. But I'm even deprived of that—I have to have a decorator help me.

I'm sure my husband will never let me handle any of the money. Mother doesn't have time or money and therefore I enjoy buying things for her. Not for my husband. Mother is thrilled, but he has everything; he doesn't know me at all.

I like to watch TV and eat while doing so. As a child I used to escape from the house, from father and mother, and go to the movies and buy candy. They gave me five or ten cents, and I ate while watching. I went at least four or five times a week. Now it's exactly the same. To escape from my husband I watch TV and eat at the same time, only now I'm more restless. I want to watch it but am too fidgety. I can't relax. I have to be up, getting food, checking things, cleaning.

I resent people coming to the house. I'm annoyed, apprehensive and mad, whether it is the mailman or friends, neighbors, anyone. Exactly as at home. I was so embarrassed about the

house and about father and how he dressed and behaved that I never had any friends in. I feel and even express open hostility when people come. I feel they are disturbing me or bringing dirt into the house. As a child I had no company. Father would almost never let anyone come in and after they left, he would make destructive comments like, 'How do you come to go with people like that?' He would call them names, and I was always afraid he would insult them or me, and today I'm constantly afraid that someone is going to criticize or belittle me, and I beat them to the punch by running myself down. My conversation is just idiotic and socially I'm ill at ease, which goes back to how mother and father behaved and how they treated others. Unless I have a few drinks—and then I'm either funny or just a pain in the neck, but I have too much anxiety to be quiet. So I make ridiculous remarks and then my husband's friends ignore me, just the way father and mother used to do. One even said, 'You are too young to hear things like this!' So I don't want to go out and see his friends.

RESEARCH RELEVANT TO HYPOTHESES CONCERNING THE AFTEREFFECTS OF EARLY INFLUENCES

HYPOTHESIS A

The earlier an influence on the developing personality, the more pervasive is its effect.

HYPOTHESIS B

Limitations or exceptions to *A* concern functions which are most susceptible to influences during what are called *critical periods* which occur most frequently early in life.

In reviewing studies of factors that determine the effects of early experiences upon the behavior of mature animals, King (99) lists seven important variables. In addition to the age of the animal when the early experience occurred, the other six variables are: the age of the animal at the time of the test; duration or quantity of the early experience; type or quality of the experience; type of the performance task required by the adult animal; methods for testing persistence of the effects; relation of the experience to the genetic background of the animal. It

is stated that one must first try to predict the effects of each of these variables separately, and then try to unravel the interactions between them. King concludes that '... until the effects of the seven variables are analyzed further, it is possible to accept only the general hypothesis that early experiences affect later behavior' (99).

Recent systematic studies pose the following questions: 1, Is there a relationship between age and the effect of an influence? 2, If so, is this relationship a monotonic function compatible with *A*? Or 3, is it a more complex function which might fit the critical period of *B*? 4, Does it fit neither hypothesis?

Among many studies under each of the following headings, only those are discussed which dwell specifically on the variable age of the subject at the time of the influence studied.

Imprinting

Imprinting refers to a certain type of study of critical periods in the early development of animals. Its relevance to human development has not been established. Lorenz introduced the term to designate the infant bird's early ability to recognize and to follow its parent (111). Psychologists in studying the phenomenon have varied the age of the bird at the time of exposure to its parents and to other objects. These studies have been extended to other animals and to a variety of substitutes for parents, including parents of other species as well as inanimate objects. They invariably show that the age of the imprinted animal at the time of exposure to the object of imprinting is of paramount importance (61, 70, 71, 72, 84, 85, 86, 87, 92, 122). Without exception, imprinting can take place only during a specified time, very early in the animal's life. This period varies from species to species. The results, in so far as they are applicable to hypothesis *B*, are in accordance with it.

Tests of imprinting were initiated at various hours after hatching in neonate chicks (92). The imprinting object in this study was a green, seven-inch cube which was presented to the subjects for a thirty-minute period. At the age of ten days, the

animals were given a retention test. The results showed that the percentage of animals imprinted declined steadily from ninety per cent, one to six hours after hatching, to zero, fifty-four to sixty hours after hatching. Other studies which have used a finer scale for the time variable find that imprinting often fails to take place in the very first hours of life. Hess (84) reports that some imprinting occurred immediately after the birth of mallard ducks but that it was most effectively acquired at about sixteen hours after hatching. Many studies on different species give comparable results.

Two explanations have been offered to account for these effects. One holds that the critical period for imprinting is determined by the animal's perceptual development. According to this view, the critical period coincides with the earliest age at which the animal is perceptually capable of recognizing an object and able to remember it. It is a common finding that the older the animal (within the critical period), the more vigorous is its response and the greater its degree of retention. This finding has been considered to support the theory of 'minimal perceptual development'. The second explanation assumes that the end of the critical period corresponds to the age at which the first emotional response occurs (85, 86, 87). Moltz (122), however, reasons that during the early hours of its life—when the animal 'imprints' or becomes aware of a close object in its environment—fear reactions are minimal. This desirable state of freedom from anxiety becomes associated with being near the object. When, later, unfamiliar conditions arouse anxiety, the animal reacts as if the imprinted object is reassuring. To remain close to the object, the animal may have to follow it, as it does with a 'following response' as soon as it becomes mobile.

These explanations are of special interest for those who find in them implications for human behavior as well. Gray (72), for example, speculates that imprinting may prove to have conditioned those who later become criminals because of formative negative experiences during a few weeks of infantile fearfulness. He also speculates about the influences which may make

adopted children 'wild' and incorrigible when taken from institutions to private homes.

Sensory Deprivation and Related Studies

Studies of sensory deprivation illustrate dramatically that even basic perceptual development is not solely maturational but is influenced by early environmental stimulation. For example, Riesen subjected chimpanzees and kittens to total darkness, varying the duration of the deprivation. He reports (149) chemical and atrophic changes in the retina that were not only pronounced but also irreversible in those cases where the deprivation extended from birth throughout infancy.

Nearer to our interest in personality development are time studies of food deprivation. In Hunt's study (91), which is the classic, two hereditarily equal groups of rats were observed; one half of each group was subjected to deprivation while the other half was used for control purposes. The deprivation consisted of fifteen days of very restricted feeding. For one group this started on the twenty-fourth day of life; for the other, on the thirty-second day of life. Control animals from both groups were freely fed. Following the experiment, all rats were allowed free feeding for five months during which time Hunt measured the amount of food hoarded by the now adult animals. The rats that had been part of the twenty-four-day-old group hoarded approximately two and a half times as many pellets as the controls. The rats that had been in the thirty-two-day-old group hoarded approximately the same amount as the controls. These results neatly confirm hypothesis *A*, that the earlier the influence, the more powerfully effective it is.

Handling and Shock

In a contrasting type of study animals are stimulated either by handling or by electric shock. The shock, usually from a wired floor, is always unpleasant although entirely harmless. Handling consists of holding the animal, stroking it, or otherwise touching it. The handling or, as it is sometimes called,

gentling illustrates a point made earlier in the discussion of the applicability of animal studies to human functioning. What handling by human hands means to a rat is questionable, but experimenters particularly fond of rats tend to interpret it as pleasure and comfort, whereas others think it must be dreadful for the rat. Possibly these different feelings and interpretations may in part be responsible for the different results obtained in studies of time factors in handling as related to later behavior.

Gertz (63) handled rats at various early ages and later tested them for emotionality. As adults the rats failed to show significant differences. Gertz concluded that there is no evidence for either the earliest age or any other critical age at which handling is influential in later behavior. A more recent study by Denenberg and Karas (44) yielded different results. They tested both rats and mice. One group was handled from age one to age ten days, another from eleven to twenty days, and a third group from one to twenty days. For each time group there was a corresponding control group. The adults were tested for weight, mortality, and resistance to stress. Results showed that the group handled from first to tenth day survived stresses better than the other two groups. The one-to-twenty group weighed most and, among the rats, lived the longest. However, the one-to-twenty group of mice had the shortest life span of all the mice.

If the results of these studies are valid, a great many variables need further exploration before the results can be meaningfully compared. For instance, aspects which vary without being controlled in the two studies are duration of periods of handling and the effect variable chosen for adult study; also the differences of species in the second study need further exploration. With respect to the rat, the result of the second study confirms the hypothesis under discussion.

In an earlier well-known study, lambs were raised exclusively on a bottle by Scott (159). He varied the time of initiation and duration of the bottle feeding, which also involved handling. The adult test consisted in observing the lamb's social be-

havior in its own flock. All the experimental lambs showed some indifference to the flock and even to their own baby lambs. The timing of the initial period away from the flock made a significant difference; the most profoundly affected lambs never learned to adapt socially to the flock nor to relate to its movement. Since the most effective time period was not the earliest but rather an intermediary one, Scott found his results to speak strongly for the existence of a critical period. Meier and Stuart (118) report concordant findings in their experiments with Siamese kittens (*cf.* also [119]).

Two well-designed studies (33) explored the age at the time of a shock trauma in rats as related to adults' escape learning and shock avoidance.² One of the studies compared adult performance in rats who had been shocked at twenty and thirty days of age, respectively. The other study did a similar comparison on rats shocked at twenty and one-hundred-twenty days of age, respectively. 'With regard to the notion of critical periods', Brookshire summarizes, 'our data are essentially negative. We may answer the question of age at time of treatment by comparing experimental groups A (traumatized at one-hundred-twenty days of age) and C (traumatized at twenty days of age), since these groups were equated with regard to all other significant variables. . . . In both escape learning and avoidance learning no differences were found. It appears then that age is not an important factor. The hypothesis that *infantile* traumatic experiences more severely affect an organism was not substantiated in this experiment.'

Denenberg and Bell (43) report a similar study except that mice were used as subjects. Their findings give a possible clue to the variable most responsible for the results of the above studies, namely, the voltage. They varied the age at which different levels of shock (i.e., different voltages) were administered to baby mice, and found that mice shocked during infancy had

² Escape learning here means being trained to run across charged flooring to escape further shock. Shock avoidance, or avoidance learning, refers to learning to avoid shock altogether by changing location on signal.

an easier time mastering avoidance learning as adults if the magnitude of shock had been low. An intense shock, however, produced an interference so that all experimental subjects did more poorly than controls in adult avoidance learning. In terms of the effect of age at shocking, there was some evidence of a critical period at low shock levels (cf. also [42]).

Institutionalization and Maternal Separation

In the 1940's and 1950's, Goldfarb (67), Ribble (148), and Spitz (173, 177) published studies documenting the pervasive and permanent ill effects of inadequate mothering during early infancy. The impact of these studies was considerable and led to the establishment of a new branch of scientific inquiry, commonly termed maternal deprivation (65). Two independent surveys of the literature on maternal deprivation have been published, one by Yarrow (194), the other by Casler (37). Both authors comment that the concept of maternal deprivation is a mixed one. Yarrow observes that at least four quite different conditions of abnormal mothering have been included under this heading: institutionalization; separation from a mother or mother substitute; multiple mothering (several persons at the same time or in quick succession); distortions in the nature of mothering in terms of domination, indifference, and the like. A further complication is that few studies have been confined to the main variable under study. Separations, for example, are often a consequence of distorted mother-child relationships; institutionalization often involves multiple mothering; distortions of the normal mother-child relations occur much more frequently in institutions.

A number of other factors compound the complexity of the details. Conditions in institutions vary greatly; without adequate description in these studies, their effects cannot be appraised. Casler observes that reasons for maternal separation from a child similarly cover a wide range; the separation from a loving but physically fragile mother may mean something very different than separation from a neglectful mother. Ge-

netic or constitutional factors may also interact with aspects of mothering. To a higher degree than in the general population, children in institutions are in some way defective at birth, or are the offspring of parents who are unable to care properly for them, be it for mental, physical, or economic reasons. Page (134) voices the same thought in his discussion of Spitz's work: 'The absence of adequate experimental controls leaves room for doubt. Might it not be that infants kept in institutions for long periods are biologically less favored than infants who are adopted or placed in foster homes after a brief stay in an institution?' Casler suggests that '... women in our culture, unless they be unwed mothers, do not ordinarily yield their babies to institutions. Children who are in institutions cannot, therefore, be regarded as comprising a random sample from a larger population.' One possible effect of the mother's unwed status is a greater intensity of anxiety during pregnancy. That anxiety during pregnancy may have an adverse effect on the offspring is suggested by recent studies (3, 52, 98, 120, 124, 131, 136, 171, 178).

The problems of research design, choice and suitability of measuring instruments, selection of samples, statistical methods, and so forth, enter into the comparisons of studies of maternal deprivation as they do in other comparisons of research work. It is nevertheless possible to make comparisons and draw tentative conclusions on the basis of these studies, particularly with the help of the contributions furnished by Yarrow and Casler.

In studies varying the age factor, the age of six months emerges repeatedly as a crucial period. Spitz (177) and Bowlby (25) have both observed that it is at approximately six months that the infant first appears capable of distinguishing the mother from other persons. In one of his earlier studies on 'affectionless thieves', Bowlby (24) notes: 'In practically all these cases, the separation which appears to have been pathogenic occurred after the age of six months. This suggests that there is a lower age limit before which separation, while per-

haps having undesirable effects, does not necessarily produce the particular results we are concerned with here—the affectionless and delinquent character.’

Other investigators have explicitly or implicitly (by choice of ages studied) confirmed the importance of the six-months stage (22, 31, 47, 156). Schaffer and Callender (157), investigating effects of early hospitalization, report a related finding: ‘Two main syndromes, each associated with a particular age range, have emerged from this study of the effects of hospitalization in infancy. The findings parallel those of Spitz and suggest two developmental stages: a global and a differentiated. The latter, centering around the differentiation of self and environment, appears to be essentially continuous with the adult form, and only when it has been obtained can object relations by specific persons be established. The global stage . . . is quite different and certain life experiences may have quite a distinct meaning according to the developmental phase of the individual. The present study . . . suggests that the crucial factor in hospitalization at the differentiated stage is maternal deprivation, whereas, at the global stage, it is perceptual deprivation.’

Beres and Obers (22) report that of four cases which showed mental retardation, all were admitted to the institution before six months of age; four children who developed schizophrenia were admitted to the institution at a later age. Despite serious methodological flaws, particularly that the selection of subjects was not random but was biased in a pathological direction, the findings are suggestive in that they confirm a hypothesis which may easily have been derived on the basis of Schaffer’s results. This hypothesis might be framed thus: if it is true that institutionalization before the age of six months constitutes perceptual deprivation and after six months maternal deprivation, and if it is true that early institutionalization constitutes an experience significant enough to inflict lasting effects, then institutionalization prior to six months of age might be a factor in causing mental dullness or perceptual distortions, whereas after age six months it would produce interpersonal difficulties.

The first six months having thus been confirmed as a sort of 'critical period', what then are the relationships of institution-alization and maternal separation to the age of the child after six months? Yarrow (194) sums up the situation: 'Psychoanalytic theories regarding the significance of early experience for later development have often been interpreted as postulating that the younger the organism, the more severe and fixed the effects of an environmental impact'. Only limited data are available on human subjects. Ribble (148) tends to interpret her data on maternal rejection as supporting this point of view. The retrospective studies of Bender (19, 20) and Goldfarb (68) suggest that the younger the child, the more damaging the effects of deprivation and stress. Some animal research supports this hypothesis (162); other studies do not (16, 99). A more refined hypothesis regarding the significance of the timing of experiences is the critical phase hypothesis which holds that there are points in the developmental cycle during which the organism may be particularly sensitive to certain kinds of events or most vulnerable to specific types of deprivation or stress. Several animal studies (122, 159, 181) support the general outline of the critical phase hypothesis.⁸

'Although', Yarrow continues, 'the general consensus in the literature is that maternal separation which occurs before the child is five years of age is likely to be most damaging, the findings are not sufficiently clear to pin-point any one age as being most vulnerable. . . . One might postulate differing vulnerabilities at different periods of development. The developmental level of the child is likely to influence the significance of deprivation for the meaning of a separation experience for him. With regard to separation, the period during which the child is in the process of consolidating a relationship with his

⁸ It could be added that in this group belong the studies by Liddell (109) and Freedman, et al (56). Both used isolation as the experimental variable (with or without extra stress introduced) to study the time factor in the development of relationships with members of the same species. Both studies confirm the hypothesis of a critical period.

mother may be an especially vulnerable one. Also significant may be the developmental stage with regard to memory functions. After the point in development at which the child can sustain an image of the mother in her absence and can anticipate her return, the meaning of a brief separation may be less severe than at an earlier developmental period.'

Yarrow also suggests that the degree of autonomy the child has achieved, his ability to talk, and other such capacities, may affect the degree of severity that institutionalization or separation imposes on the child. 'There may also be age-linked effects of different types of deprivation. Some animal studies suggest that a minimal level of stimulation may be necessary to produce the biochemical changes for the development of the underlying stress structures. Deprivation in certain sensory modalities may be more significant at one age than at another . . . social deprivation may be most damaging during the earliest period of the development of social responses.'

Unfortunately there are almost no data available on the effect of institutionalization and separation at different ages, systematically varied. A recent publication offers further pertinent discussion on maternal deprivation and its effects (193).

Distortions in Mother-Child Relationship

There have been numerous studies of the mother-child interaction, but few have explored the effect of certain patterns of mothering at different ages of development.

Studies by a group conducting research on animals are relevant to the present topic (2). These authors found that rats were more susceptible to ulcer if they were separated from their mothers at fifteen days of age rather than at twenty-one days. Another study has more the character of distortions in mother-child relations in that the conditions consisted of interruption in the mother-child interaction. These interruptions consisted in one-half hour to five and one-quarter hour periods in which the mother was not present. Two sets of experimental and control groups were used. One set was submitted to the

interruption during the first ten days of life; the second set during the second ten days of life. The results showed that the former group was significantly more resistant to gastric ulcers than animals experiencing the same interruption during the later period.

Some authors distinguish for human beings an autistic phase of development in which the newborn child is not yet psychologically very different from his prenatal state. This is followed by a symbiotic phase beginning at about three months (115). It may be however that one or two weeks after normal birth, the infant begins to relate to the mother. This may well be the beginning of imprinting for the human young and there may be serious consequences if the child becomes ready to relate to and attach himself to his mother and is prevented.

To summarize the material reviewed under hypotheses *A* and *B*, drastically withholding food from experimental animals and depriving others of sensory stimuli gave results compatible with hypothesis *A* (the earlier the influence, the greater its effects), and imprinting, with *B* (critical periods of special vulnerability). Handling of animals and moderate shock sometimes supported hypothesis *B* but negative findings were not uncommon. Institutionalization and separation from their mothers of human children showed the first six months as a critical period which affected later social development. Studies of mother-child relationships reported that the first year was critical for the development of psychosomatic traits. Whenever critical periods were found (hypothesis *B*), these occurred early in life (*cf.* also [119]).

Hypothesis *A* (the earlier the influences, the greater their effects) is the general concept; hypothesis *B* (there are special vulnerabilities during critical periods) is a refinement. It might be that the closer an influence on the personality coincides in time with the early emergence of the function affected by the influence, the more pervasive are its effects. The greatest effect will ensue if an influence impinges upon a function just as it is

becoming established. This formulation encompasses both *A* and *B*. Results compatible with either of these seem also to be compatible with this formulation. It also would relate to the idea of 'specific emotional vulnerabilities' (153).

HYPOTHESIS C

The fundamental characteristics of the personality are established by the age of approximately six years.

HYPOTHESIS D

Once formed, the personality pattern remains fairly constant throughout life.

By *fundamental characteristics* of the personality is meant the main basic motivations described in an earlier section. *Personality pattern* refers to the individual constellation or patterning of these motivations.

The longitudinal approach has great advantages for testing these hypotheses. A careful study using this method has been completed recently by the Fels Research Institute. Originated and directed by Sontag, the Fels group during its more than thirty years of operation has studied a variety of developmental variables. Of special relevance to hypotheses *C* and *D* is a project recently reported by Kagan and Moss (95, 96) on the stability of certain behavior over time. In addition to the constancy or stability of motivations or, as the authors express it, *motive-related* behavior, the study also investigated sources of anxiety, defensive responses, and modes of personal interaction from earliest childhood through young adulthood. The specific variables measured were passivity and dependency, aggression, achievement and recognition, heterosexuality and sexual identification, tendencies to withdraw, and maternal treatment of the child.

The Fels investigators defined motives as a variable intervening between an identifiable class of stimuli (incentives), on the one hand, and overt goal-directed responses, on the other. The desire for recognition from the social environment; nat-

uralness and affection from friends, parents, and love objects; mastery of attack; sexual stimulation; coactivity with peers; and perception of a state of injury or anxiety in others (aggression) are the major motivational systems studied in the present research. The investigators concentrated their efforts on quantifying overt goal responses and in most cases avoided placing themselves in the position of assessing motive strength.

The subjects were eighty-nine white middle-class children who, with their parents, had been enrolled in the Fels longitudinal program from birth during the period 1929 to 1939, and who continued the contact with the Institute until early adulthood or longer. The data in childhood were collected in interviews with the subject and with the mother, by observations of them in their homes and in school, by school grades and a variety of tests. The childhood period was divided into four parts: birth to three, three to six, six to ten, and ten to fourteen years. On the basis of the data, each subject was rated on forty-eight variables for each of the four age periods. To illustrate the nature of these variables, it may be noted that in the area of aggression some of the variables were 'aggression to mother', 'physical aggression to peers', 'indirect aggression to peers', 'behavioral disorganization', 'conformity', 'competitiveness', and the like. The data for assessment during adult life were obtained by interviews and by extensive testing. Ratings of test results were organized into the same categories as the childhood data except for maternal treatment and physical fear. The numerical data thus consisted of the ratings of some forty variables for each of four time periods, three in childhood and one in adulthood.

In summarizing their conclusions, the authors found that the most consistent finding of the entire study was that much of the behavior exhibited during the age period six to ten, and some during the age period three to six, provided moderately good predictors of theoretically related behavior during early adulthood. Passive withdrawal from dreaded situations, dependency on family or love objects, ease of arousal to anger, involvement

in intellectual tasks, and the pattern of sexual behavior in adulthood were related to the child's behavioral disposition during the early years. These results thus give strong support to the concept that adult personality begins to take form during early childhood.

However, the degree of continuity of a class of responses was intimately dependent upon its congruency with traditional sex role values. The differential stability of dependency, aggression, and sexuality for males and females emphasizes the importance of cultural roles in determining both behavior change and stability.

Passivity and dependency are subjected to cultural disapproval for men; aggression and sexuality are disproportionately punished for women. School-age passivity and dependency were related to adult withdrawal and dependent behavior for women but not for men. School-age aggression and preadolescent heterosexual behavior predicted corresponding adult dependencies for men but not for women.

Intellectual mastery . . . , which was rewarded for both sexes, showed continuity for both males and females from the early school years through adulthood. Social class membership is an additional variable relevant for particular sex role values. Certain behaviors (e.g., interest in art and music) would be more acceptable to middle class than to lower class males, and vocational aspirations are, of course, highly dependent upon social class position. Thus knowledge of the sex and social class of a child allows one to make an unusually large number of predictions about his future interests, goals, vocational choice, and dependent, aggressive, sexual, and mastery behaviors.

Further studies should uncover variables, other than social class and sexual traits, which effect changes in behavior. In this way, the accuracy of the predictions that can be made on the basis of childhood behavior will increase.

As mentioned, the Fels group did not measure motives (which they defined as intervening variables not directly measurable) but what they termed *motive-related behavior*. Our

choice, by contrast, was to make the assumption that the overt behavior caused by any particular motivation could be identified as such by experienced clinicians. The question then arises whether the two approaches refer to similar behavior. A scrutiny of what is included in the definitions indicates that they do. The variables classified under each main heading in the Fels material appear to fit well with accepted definitions of motives in the psychoanalytic sense. It can therefore be concluded that the findings reported by the Fels group on the whole confirm the constancy hypothesis on selected aspects of aggressivity, passivity, dependency, involvement in intellectual tasks, social ambitiousness, and patterns of sexual behavior and identification.

During the years from six to ten, the child exhibits behavior which is significantly related to his behavior as an adult. With some variables this also held true for the second age period, from three to six years. For instance, the sex-role content of boys' play during ages three to six was predictive of their adult sexual interest. Competitiveness and involvement in grossly mechanical motor and aggressive games during the preschool years were sensitive indicators of sex-role behavior twenty years later. Choice of vocation was also roughly predictable from the activities of children three to six years old. Another motive established very early in both sexes was social anxiety.

Inhibition and tension with peers during early school years was predictive of social anxiety in adulthood for both sexes. For boys, the continuity of this anxiety was traceable to the first three years of life. Inhibited and nonspontaneous approach to strangers during the first three years was significantly associated with social anxiety in adulthood. For girls, the same relationship was not established until age ten.

As mentioned, most of the significant variables were stabilized by six to ten years of age, the behavior shown then offering fairly reliable predictions of a similar adult pattern. It should

be noted that behavior which establishes this high coefficient of stability between childhood and maturity does not emerge suddenly at the age when it becomes significantly evident. It grows steadily, especially from the three-to-six period. In almost all cases there are high correlations between ages three to six and between the latter and the ten-to-fourteen period.

Tuddenham (183) reports a more dynamically oriented follow-up of constancy in personality. At the early part of the study his subjects were teenagers for whom extensive personality ratings were available. Nineteen years later he had them rated again. He then correlated the two ratings on each variable to estimate stability of the variables. The results differed for the sexes in that, for example, the aggressive ratings were more constant for men and the desire for social prestige topped the list for women. That the subjects were adolescents when they were first tested detracts from the value of the study; however, it is noteworthy that the results agree very closely with those of the Fels group.

Another follow-up study (150) compared the rate of adult deviance among those who, as patients in child guidance clinics, had been 'runners away' with those who had committed other offenses. As adults those who ran away had far higher rates of arrests and incarceration, of divorce, and of the diagnosis of sociopathic personality. The data give little information about precisely what personality variables in childhood are related to adult functioning. No doubt the nature of the data made difficult the task of determining variables. There are, of course, many reasons for running away, for arrest, divorce, and other deviations; but, one may safely generalize that there was continuity of maladaptation (*cf.* also, [64, 73, 104, 117, 126, 130]).

In summary, although not all variables measured by these studies showed childhood-to-adulthood continuity, the bulk of the data do support hypotheses C and D. Thus, certain functions of personality are definitely formed in early childhood and certain social and cultural traits and maladjustments tend to remain constant in the personality. Of course, this does not mean

that alterations cannot take place through inner growth and development, from remedial experiences in living, and as a result of treatment.

HYPOTHESIS E

Given adequate conditions for physical survival, the most important external influence is the emotional relationship between the child and his parents (or parent substitutes, or others close to and responsible for the child).

HYPOTHESIS F

The most relevant aspects of this emotional milieu are parental warmth and parental control in relation to the child's needs, as well as stability in the parent-child relationship.

Rigorous scientific evidence, as opposed to clinical observation, bearing upon the above two hypotheses is scanty. Our discussion will therefore have to be fairly brief and speculative.

Studies of imprinting have relevance to hypotheses *C* and *D*. In simplest terms imprinting means the formation of an attachment. This attachment is normally to the mother. If the young animal is removed from the mother during the critical period, it still can attach itself to substitutes, even inanimate ones. If no substitute is provided, the young animal may die. Liddell (109) separated one of twin kids from a mother goat. The one died, while the other twin, left with its mother, thrived. In another experiment a litter of puppies is left in a field with the mother and kept from any contact whatever with humans. If they are so kept for fourteen weeks, they permanently lose their capacity to become attached to human beings (112). Ducklings and goslings separated from their mother during the critical period attached themselves to Lorenz if he squatted as they followed him; but if he stood, they then attached themselves to his boots only (112).

When normal imprinting is disrupted, the animal's capacity to attach itself and relate to its own species is disordered as are many of its physiological functions.

It is characteristic of psychotic children that they are unable to establish attachments to anyone. It is not known whether this is a result of some form of mistreatment or gross neglect during the period when infants are normally helplessly dependent on their mothers, or from some other cause. Spitz, in addition to his writings (173, 174, 175, 176, 177), made a film showing that children separated from their mothers at five months and placed in foundling homes with excellent physical care but no love developed severe depressions and physical disorders, a considerable number ending in death. Bowlby (24, 25, 26, 27, 28, 29, 30), who has studied the reactions of infants and young children to separation from their mothers, distinguished three states: protest, despair, withdrawal. These likewise demonstrate the vital importance of the natural biological need for a mother and the dire, irreversible effects that one would reasonably expect when such a necessity is withheld or otherwise interfered with.

The fact that the helplessly dependent infant is biologically conditioned to such completely symbiotic attachments leads among civilized parents—whose biological instincts may have become attenuated or perverted—to treatment of their young in ways that are injurious to them. Their infants may be made to become too dependent, may be coldly neglected, or abused by threats, punitive discipline, or be exploited in other ways that are directly or inferentially observed by psychoanalysts. It seems likely that a healthy attachment, responded to by love and disciplinary guidance, may perhaps determine the difference between neurosis and psychosis.

Harlow's experiments are now famous (76, 77, 78, 79, 161). He exposed baby monkeys, separated from their mothers, in a small enclosure to a nearly vertical roll of chicken wire with a milk-yielding nipple protruding from its center. Next to it was another roll, identical except for being covered with terry-cloth toweling. Given a choice, each baby monkey clung to the latter cloth-covered roll. Varying the nipple showed that it played no part in the choice. In another experiment, baby monkeys sepa-

rated from their mothers and apparently handled very little by humans, were frightened by a mechanical face with flashing lights for eyes and grossly flapping parts. A baby with no previous cloth 'mother' ran as far as it could from this contraption and buried its face in its hands; but a baby accustomed to a cloth 'mother' rushed to it and clung to it. All of these baby monkeys showed severe disorders when they became adults: they were unable to relate to other monkeys or to the group, and their sex lives were deranged. When attentions of normal males were forced upon the unwilling females, the latter turned out to be sterile, only four out of forty-six becoming pregnant. Here the profound permanent effects of early maternal deprivation are dramatically demonstrated.

This type of study is a step toward detailed evaluation of hypothesis *F*, concerned with the most important elements in mothering for the child. It shows that sensory comfort in a 'mother' is more important to the baby monkey than the feeding function, but that the properties of being alive and belonging to the same species are immensely more important than the sensory comfort alone. What particular aspects of the natural mother are crucial still remain to be established.

Perhaps the three best known principles of learning theory are those of frequency, primacy, and motivation. All seem to combine to make it likely that the parent's influence on the small child is very great. The parent is usually the child's first or primary contact; the parent, usually the mother, is the most frequent one in the early years; and the parent is the one whose approval the child is most highly motivated to obtain. Under the combined impact of these three principles, the child can be expected to learn very well what the parent teaches him. What the parent teaches him is done partly consciously, in terms of skills and controls, and partly unconsciously and involuntarily, in terms of emotional interrelations. Moreover, the child tends to be like the parent, to take over his attitudes and feelings, to identify with him. The parents (or substitutes) may, of course, not be the only influence on the child's learning and so ulti-

mately on his personality. Siblings and other significant persons can also be important, but the parent appears to be the most important influence.

HYPOTHESIS G

The optimal or ideal conditions for personality development are characterized by a high degree of warmth, democratic control, and stability. To the extent that ideal conditions exist, maturation proceeds to the fullest, and the individual eventually develops a mature personality, i.e., becomes a responsible, productive adult of good will.

HYPOTHESIS H

Any deviation from the ideal conditions must necessarily take a negative course. The greater the deviation, the more thwarted the maturation will be and the more intensive and extensive becomes the pathology of the personality functioning.

Traditionally there has always been a relative lack of interest within the field of personality study in what makes people healthy as compared to what makes people sick or maladjusted. Recent trends have shown a modification of this attitude. Considering first the dimension of warmth versus hostility, the recent publication by Bayley and Schaefer (15) on results of the Berkeley Growth Study is relevant. They found that early warmth and affection in mothers are associated with calm, happy, coöperative behavior in boys at most of the preadolescent age levels. For girls, the correlation between early maternal affection and friendly coöperative behavior tends to decrease with age. It is curious that the strongest relationship between maternal warmth and friendly behavior in girls occurs at the age when the same relationship is smallest in boys. There were no data on the fathers. A different pattern emerges when the mother's behavior is assessed during the adolescent period of the daughters and sons. These data show that hostile mothers have unhappy and hostile daughters and sons.

Slocum and Stone (168), in a study of factors associated with family affection patterns, gave a questionnaire to more than two

thousand teenagers in order to determine possible relationships between the subjects' perception of affection in their families and present behavioral variables. No striking relationships were found except that, on the whole, more benefits were shown to come from living in affectionate families than in ones where warmth is low. With respect to the autonomy-control variable, the findings appear even more consistent. Tsumori and Inage (182) interviewed and observed mothers and children. They found that infants tend to show better development under permissive mothers who are in frequent contact with their infants than under autocratic mothers (*cf.* also [83]). Of course, mothers showing different attitudes on strictness and frequency of contact may also have differed in other respects. However, the fact that alternative causation is possible does not detract from the significance of the relationship demonstrated between strictness and favorableness of development. Peck (139) and Peck and Havighurst (140) compared four dimensions of family interaction—consistency, democracy, mutual trust, and parental severity—with six dimensions of children's personality—ego strength, superego strength, willing social conformity, spontaneity, friendliness, and a hostility-guilt conflict. The results showed ego strength to be significantly correlated with stable and consistent family life in which there is mutual trust and approval between parents and child. Superego strength was related to ego strength and was associated with the same family factors but was not associated with severely autocratic rearing. Friendliness and spontaneity seem to arise from a lenient, democratic family atmosphere. The importance of stability and consistency was also reported by Scarpitti, et al. (154), who found that boys originally selected as 'good boys' in an area where delinquency rate was high were found to continue to be good after several years, both in terms of their self-concept and their attitudes to parents and school. What particularly characterized the environment of these boys was a stable home life with few moves and few divorces or other destructive influences.

Baldwin, Kalhorn, and Bresse (10) showed a very clear relationship between democratic child-rearing attitudes in the

parents and psychological health in the offspring. Similarly, Watson (188) found that greater freedom in the parental discipline was clearly associated with more initiative and independence, socialization and coöperation, less inner hostility and more friendliness, and a higher level of spontaneity and originality.

Thus, there is remarkable concordance among the studies in support of hypothesis G. Research relevant to hypothesis H (concerning the effects of various deviations from ideal conditions) is too extensive to be covered adequately. Only a small sample of studies can be considered here. As an aid in organizing the presentation, Schaefer's circumplex model of maternal behavior will be utilized. Its two perpendicular diameters consist of love-hostility and autonomy-control (approximately, permissiveness-domination). Other dimensions can be described in terms of their relation to the other two. For instance, indifference falls in the quadrant bordered by permissiveness and hostility, overprotectiveness in the quadrant limited by warmth and domination. The following parental influences will be discussed: parental rejection, overdomination, indifference or underdomination, overindulgence, and overprotection. Inconsistency will be treated separately.

Parental Rejection

Maternal separation has been studied largely in institutionalized children, and these studies may be grouped under rejection. As noted earlier, many investigators have reported extensive detrimental effects (26, 27, 28, 29, 30, 46, 67, 69, 113, 177); Bender's (20) general conclusion is representative: 'We found that children who had been emotionally deprived (usually by hospitalization) in the first several years showed personality damage beyond repair. . . .' Detailed factors and responses are being worked out, for instance, by Bowlby.

A great many studies of existing (not disrupted) parent-child relationships do yield results which are concordant enough to have shown that parental rejection without actual separation is a strong determinant in the behavior of the child. Some investi-

gators (10, 144) found that rejection in childhood leads either to shy and submissive qualities in the child or to aggressive, quarrelsome traits. These and other effects have been confirmed by Levy (106). Redl and Wineman (145) found that children who experienced extreme rejection and abuse show fear and anxiety, low frustration tolerance, irresponsibility, panic in novel situations, and great difficulty in reacting to failures. Symonds (179) found rejected children to be fearful, hostile, overaggressive, and exhibiting antisocial behavior such as lying and stealing. Lewis (107) found a particularly strong relationship between parental rejection and unsocialized aggression in the child. The findings of Redl and Wineman concerning difficulties in handling novel situations have been confirmed by Shirley (164) and Heathers (82). Peck (139) found hostility and guilt in children to be associated with an unloving atmosphere in the home. Glueck and Glueck (66) found, as have many others, that a high percentage of juvenile delinquents come from homes lacking in parental warmth. A growing number of studies emphasize the importance of the father (8, 88, 89, 105, 127, 138, 160, 185).

Baker (8) and Sears (160) also show a close relationship between hostility in the parents and aggression in the child. They have made particularly careful separate analyses of girls and boys in relation to the father and mother separately. Quantitative factors, of course, enter into whether a child responds with shyness and timidity or with overaggressiveness, or in other ways.

Overdomination

A great deal of research has been devoted to the results of domination. In terms of the child's behavior, it commonly leads to the constellation of shyness, submissiveness, dependency, difficulty in establishing friendships, self-consciousness, dependability (9, 144, 179). Mussen and Kagan (128) demonstrated the submissiveness and conformity in an actual experimental situation. Using twenty-seven male college students, they first elicited TAT stories from them and then observed them indi-

vidually in the Asch conformity situation. The results showed a greater proportion of extreme conformists than of independents perceiving their parents as harsh, punitive, restrictive, and rejecting. It is suggested that tendencies to conformity are manifestations of basic personality structure and are influenced by early parent-child relations. Lewis (107) found that strict and constraining parental behavior led to inhibited, neurotic behavior in the children seen in a clinic. Similarly, Peck (139) found a hostility-guilt complex in the children of severely autocratic and disapproving parents.

In contrast to these studies, other investigations show positive relationships between severity of strictness and aggressive, controlling behavior in the child. Bayley and Schaefer (15) report that controlling mothers have sons who are rude, irritable, impulsive, and independent. In an experimental situation in which he allowed male college students to give him electroshocks, Hokanson (90) found that the frequency of shocking was related to reported severity of punishment by parents during early life. In the same vein, Madoff (114) reports that mothers of delinquent children are more primitive, more controlling, and more authoritarian than mothers of a group of control subjects. Bandura (11) compared the family relations and child training practices of thirty aggressive and thirty withdrawn boys. Parents of the inhibited boys were shown consistently to deny the child an overt outlet for aggressive and dependent behavior. On the other hand, the parents of aggressive boys would not allow aggressive acts toward themselves but encouraged and re-enforced aggression outside of the home. Another difference between these two types of parents was in their disciplinary methods, the former using guilt to enforce obedience and the latter directly punitive discipline.

Most studies of parent-child relationships of children or adults who are mentally disturbed, alcoholic, or criminal report some combination of rejection and untoward discipline (1, 6, 17, 23, 32, 35, 36, 39, 40, 48, 50, 53, 54, 75, 81, 93, 94, 102, 121, 123, 125, 135, 137, 141, 143, 147, 151, 160, 167, 169, 170, 180, 189, 192).

The opposite poles from rejection and overdomination may be considered to be warmth and permissiveness or autonomy. These two have already been discussed under hypothesis G. Three additional parental attitudes occupy intermediate positions in the circumplex model: the detached or underdominating parent, the overprotective parent, and the overvaluing parent. The first of these belongs in the quadrant bordered by hostility and autonomy; the second two in the opposite quadrant bordered by warmth and control.

Indifference or Underdomination

Insufficient control may be a manifestation of passive rejection and have undertones of neglect, but this is not always true. Bayley and Schaefer (15) found some detached, ignoring mothers to have reserved, timid, polite sons, while Ausubel (7), Levy (106), and Cameron (34) found a quite different clinical picture. The mothers studied by Bayley and Schaefer seem to be more indifferent, negative, and colder than those described by Ausubel. This, as well as other differences, may account for the differences in the children.

Overindulgence

According to Ausubel (7) the overindulged child may be very much like the underdominated child. However, he is more used to dealing with adults and will modulate his behavior to obtain what he wants from them as well as their approval. His relationship with his peers is precarious, partly because he has not learned to compromise with their need satisfactions. Few studies have been done on the overindulged child. On the circumplex of parental behavior, overindulgence would be closer to warmth than to control. Extrapolating from the findings of the effects of warmth on the one hand and overdominance on the other, one would expect the indulged child to be considerably better off than the overprotected child, who more closely resembles the overdominated child.

Overprotection

Levy (106) and Radke (144) both describe overprotected children as lacking in skill, apprehensive, shy, anxious, and submissive. Ausubel adds that they are unable to defend their rights, are fearful, and tend to withdraw from peer relationships to the company of parents and adults. In novel situations or under stress, they feel and act inadequate (164). It may be noted that in the descriptions of the overindulged and the overprotected child, there are no references to hostility, although clinical experience clearly shows that the overprotection and overindulgence produce attitudes and feelings which cause a strong sense of inferiority and which make frustration inevitable; both the sense of inferiority and frustration produce hostility (153).

Inconsistency

In the study by Peck (139) stability and consistency in the family life were found to be significantly correlated with ego strength in the child. In a similar vein Scarpitti (154) found, as mentioned, that the boys who stood out as 'good' in an area with high delinquency, characteristically had very stable home environments. Inconsistency in parental attitudes has frequently also been held to be one of the determining factors in the etiology of schizophrenia (14, 75, 146). Eells (49) has reported disturbances in animals as a reaction to inconsistent treatment.

Most studies support hypotheses *G* and *H*; i.e., the more parental attitudes are characterized by love, warmth, permissive and democratic discipline, stability, tolerance, and security, the more emotionally healthy and well-adjusted is the child. Conversely, deviations from these ideal conditions result in various maladaptive attitudes on the part of the child and in failures and warpings of development which constitute and produce psychopathology, including man's hostility to man.

In sum, it seems unmistakable that the varied evidence supports the essential validity of these hypotheses and of the clini-

cal formulation that the child he once was lives on in every adult. The long-range challenge to the behavioral sciences is to make a better world through avoiding the abuses in child-rearing which make men of cruelty and violence instead of mature adults of good will.

II

HYPOTHESES AND IMPLICATIONS⁴

The simple statement that early influences profoundly affect adult behavior contains many implicit questions and hypotheses. Since we have reviewed representative evidence for some of these hypotheses, our purpose now is to make a more detailed theoretical analysis to make more explicit the implicit hypotheses and some of their interrelations—for science progresses reciprocally by formulating hypotheses from adequate factual observations and by testing and altering these hypotheses through further observations.

MAJOR MOTIVATIONS, PATTERNS AND GROUPING

Each person shows a certain deep-seated pattern of motivations, a pattern remarkably constant, that distinguishes him from all other persons. This basic, underlying, constant pattern can properly be called the nucleus of his personality. Stated in other terms, each personality is represented by a nucleus which consists of a personal pattern of motivation. This can be discerned and described for almost every patient who is intensively treated by the psychoanalyst or dynamic psychiatrist and the raw data can be presented, limited only by its confidentiality. This nuclear pattern results from few motivations stemming from the id and the superego with the ego functioning as receptor, integrator, mediator, and executive.

The term *motivation* broadly includes drives, impulses, instincts, and the like, to which the total organism reacts as a unit. An example of such a reaction is the fight-flight response

⁴ This part of the paper was prepared solely by the senior author.

to frustration or danger. If we exclude the incidental and the partial from the basic, there are only about a dozen fundamental biological motivations and approximately thirty defensive reactions to them. Most patients have a few grossly comprehensive relationships to the superego, the aftereffects of the major emotional relationships with their parents.

Fundamental motivations are: 1, Total neonatal dependence upon the mother for food, warmth, shelter, protection. 2, Thrust of development toward independence; choice between what is permitted and what is not. 3, Craving for affection, attention, support, and consistent disciplinary guidance. 4, Desire to respond with reciprocal affection to others. 5, Sexuality and mating; reproduction and rearing offspring. 6, Social adaptation, coöperation, beneficent impulses toward family, friends, humanity. 7, Impulses to flight, hatred, or destructive aggression from frustration and danger, real or imagined.

The basic motivations are common to all humanity. Underneath intellectual endowment, social and cultural accretions, the more fundamentally alike are the strivings, needs, and reactions of individuals. These motivations vary from person to person in quality, intensity, and in their special combinations. 'There's so much bad in the best of us and so much good in the worst of us. . .', but how much and in what proportion and combination makes an enormous difference for the person and for society. As Freud saw (59), it is this quantitative difference which determines emotional disorders. As each person represents one of the innumerable possible variations, he is therefore unique. A rough analogy is provided by chemistry, in which about a hundred basic elements account for all the specific substances in the universe.

It is each person's subjective perception of the basic motivations and reactions of his psychophysiological organism as a unit which is the foundation of his emotional life, of his feelings and thoughts, and of his behavior. It is this perception, be it conscious, preconscious, or unconscious that constitutes the psyche. It is one of the great discoveries of modern times that

the preconscious and unconscious can be made conscious by the most direct and effective method yet available, namely, by psychoanalytic techniques for clinical study of selected persons, chiefly those who can reveal themselves for therapeutic purposes. Other techniques utilize widely differing methods.

MAIN VARIABLES DETERMINING DEVELOPMENT AND PATTERNS OF MOTIVATION

Two broad classes of interactive variables determine the pattern of motivations (personality) in each individual: maturational factors and external events. Among the latter are included all prenatal nutritional, toxic, emotional, and other agents acting upon the foetus through the mother.

Maturational factors are the potentials for development. Assuming that the foetus and the newly born infant are physically and mentally healthy in all ways, it is expected that development will proceed to adequate, or superior, physical and emotional maturity unless acted upon by adverse external forces. There is at present no substantial evidence that hereditary factors have any importance in impairing the normal course of emotional development and the achievement of emotional maturity. It must be emphasized that organic conditions, mental retardation, and idiopathic psychoses are excluded from our discussion.

Some correlations between body types and personality reported in the literature suggest that there may be hereditary factors that predispose to corresponding temperament and personality; but these have not been demonstrated to be appreciably causal in the development of psychopathology. Studies of identical twins provide imposing data, but they do not establish that causes of similarity of psychopathology lie in heredity rather than in similarities of early environmental influences. The routine family history is no longer valued as more than slightly suggestive since psychoanalysis demonstrated the transmission of characteristics from parent to child through the child's treatment by and identification with the parents.

Recent studies which indicate differences in motility and other reactions from birth have not established that these differences are inherited and not a result of the mother's way of life before the child was born, including such contributing factors as drugs, alcohol, emotional state, and others. Nor do they suggest that the variations in the infants studied are wider than differences in temperament within the bounds of normal healthy emotional development.

There is historically a strong prejudice, not only among laymen but also in psychiatric tradition, in favor of hereditary factors as causes of psychopathology; but on the evidence as we know it, the thrust of the healthy human infant to mature is like that of the pine seedling to grow straight and strong. Whether inherited aberrations exist which can warp is not established; but there is no doubt that external influences can crush any seedling and any psyche. No infant, no matter what his heredity, can withstand being driven into a psychosis if sufficiently abused psychologically by omission or commission.

Maturational factors are the forces that lead to the development of physical and social maturity. A good deal is known about these from psychoanalytic and other studies (153). The analyst in daily clinical work observes what has impeded or otherwise distorted each patient's emotional development, and he learns how each individual would presumptively have matured had there not been injurious influences. He sees over the years the course of development of those patients who have been able to resolve and become free of the conditioning effects of early traumatic influences.

All patients tend to move and, with help, do indeed move strongly toward a certain common motivational pattern. Discovering the sources of a patient's problems helps to engender certain positive motivations. For example, relinquishing pathological extremes of dependence and need for love, hostile competitiveness and rages of the small child, helps the patient to develop the capacities of a parent for responsibility, giving, and social coöperation (153).

Regression—the tendency to retain or return to infantile attitudes—is present in everyone. This leads to the conclusion that one achieves only relative emotional maturity because, as Freud concluded, of the very long period of dependence of the human young. The analyst reconstructs what his patient could be like had his fixations and regressions not been abnormally intensified and thus, by simple extrapolation, can clearly discern the nature and degree of the patient's emotional immaturity. Maturation is a powerful, unidirectional combination of biological forces which acts best under ideal conditions but is capable of continuing against disadvantages. The healing of emotional as well as physical injuries may be considered part of the maturational process.

It follows as a consequence of these considerations that the environment need only provide an approximation to ideal conditions for development and maturity will ensue naturally. Nothing need be done to stimulate or promote it; indeed, any such attempts, in so far as emotional development is concerned, are apt to be deleterious.

External influences on development of personality involve certain broad hypotheses. Time relations are of great importance. In its essentials each individual's personality, his nucleus of motivations, is established at approximately six years of age (59). Although there may be certain vulnerable periods, in general the earlier the external influence is exerted, the greater its effects upon the developing personality. After about the age of six, though growth and development continue for life, their directions have for the most part been set, and the nuclear pattern remains on the whole fairly constant. One or another aspect of the pattern will be brought to the fore by circumstances, whether special strengths or specific vulnerabilities.

How early influences operate can be shown in the following example. A young couple wanted a child but when the baby girl arrived the mother did not want her because of her own emotional complexities. Feeling guilt for rejecting the child,

she overcompensated by giving her daughter incessant attention. By four months, the child was so demanding of the mother's presence and attention that she could not be separated from her without crying in rage. There was already a disturbance in this baby's personal relations; she was 'an unpleasant child', not 'appealing', and one could confidently anticipate self-induced rejections unless the mother's feelings changed toward her.

The pattern of the emotional relationships formed in the child toward those close to him persists throughout life toward others, not merely in a general way but very specifically and precisely in his major features and often in great detail. Very realistically, the child we once were lives on in all of us. For instance, a man was so overindulged during early childhood that he never could rebel; he remained in middle life a petulant, demanding, irresponsible bachelor. Another man who in early childhood was too much dominated by his mother was also given considerable freedom by her and by his father. In later life he rebelled against all authority (153). Every analyst sees such parallels in all of his patients.

Among individuals, the differences in personality and disorders of personality are expressions of the unique combination of influences which acted upon each of them in childhood. Why an emotional disorder takes one form rather than another—the 'choice of neurosis'—becomes understandable on this basis. Different individual outcomes result primarily from the qualitative and quantitative variations in the emotional forces which acted during infancy and childhood to produce the variations in motivational patterns.

The child who during his first six years has had favorable relations with those responsible for his rearing, has a stable core of good relations toward others and can withstand a good deal of injurious influence thereafter. Conversely, a child treated badly during his first six years will never become adequately mature. Babies are easily driven into psychotic, pre-psychotic, and other seriously disordered states (108, 109, 173).

Most persons fall between the two extremes: they have sufficiently good relationships before the age of six to continue maturing despite other warping influences, but they retain throughout life some problems in their feelings toward others and toward themselves.

These concepts can be represented diagrammatically. A curve representing the impact of external influences upon the formation of personality would be negatively accelerated; it would fall sharply at first and gradually reach an asymptote.

Fig. 1 Impact of an external influence at different age levels.

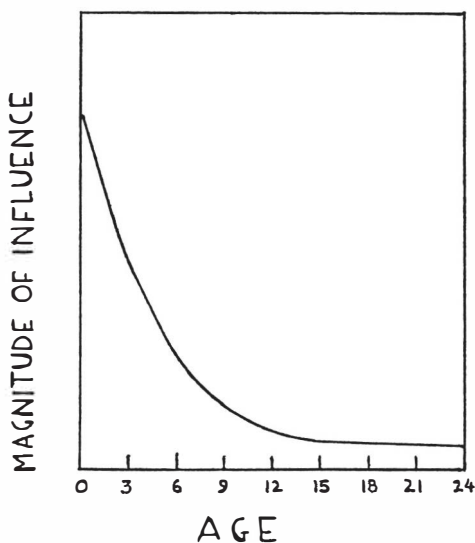
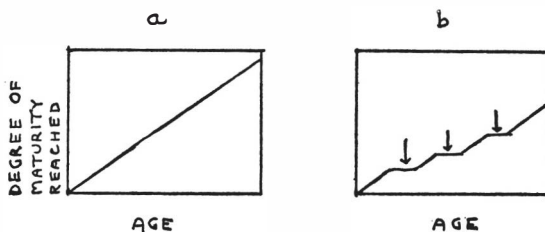


Fig. 2 Schematic illustration of the course of maturation: (a), under optimal conditions; (b) when acted upon by childhood traumata (marked by arrows).



What types of external variables influence personality development? Given adequate conditions for physical survival (food, clothing, shelter, etc.), the most important by far of all the external influences observed by the psychoanalyst in practice is the emotional relationship to the child of those responsible for and close to him: his personal emotional relationships.

Statistics for emotional disturbances of all kinds, including crime, addiction, and other behavior disorders, suggest that the ideal situations are rarely approached and probably never entirely realized. Nevertheless, it is of the greatest importance for humanity to define the ideal conditions for emotional development as accurately and concretely as possible, for without better child rearing there is no hope of reducing ubiquitous psychopathology.

The ideal setting for the child to mature is a quantitative matter. Too little or too much of any of the emotional components in the parents' attitudes, feelings, and behavior toward the child generally operates negatively to inhibit, retard, deflect, or otherwise disturb or warp the straight development of the child to maturity through the force of his inner biological thrust. Ideal conditions for the child's emotional development can be defined only through much careful study. The physician is better acquainted with disease than with health, for it is that for which he is trained. The analyst studies psychopathology and its origins, and the literature is little concerned with the childhood conditions for healthy maturing. Since our subject is the effects of early influences, this topic must be included. Drawing on his clinical experience, the senior author sets forth certain principles.

Parents need to recognize the importance of the period from conception to age six in the formation of the child's permanent personality. Some parents think that because young children do not talk or reason cogently, nothing they experience matters. The opposite is the fact: because they have no words with which to express themselves, the more helpless are children to master quantities of emotional tension. Parents who are not

intuitively endowed need to understand in simple, understandable language the phenomena of imprinting and of conditioning—the importance of the child's forming attachments and the shaping of them by how he is treated.

The quintessence in child rearing lies in sustaining good feelings, good human relations between children and their parents, always including, of course, substitutes and others of emotional importance to the child. Details and techniques are not important if the basic feelings are good. Since children relate to parents by identification as well as through their dependent needs for love, they require sincere models and examples in the parents of mature, responsible, loving behavior. To a very large degree, children psychologically incorporate the personalities of the parents as they see them and intuitively sense them to be. A man may be a criminal, but if his child finds him a loving and responsible father, the child can make of him an ideal of mature behavior.

Love is of course the indispensable constituent of good feelings. Its essence is an abiding devotion to another person for his own sake, without expectation of any sort of gain or reward. Love is a natural feeling of parents for their children. The ideal mature parental drive is unfortunately too commonly corrupted by immaturities in the parents.

The biological thrust of a child's development to maturity is complemented by the parents' biological readiness to provide the child's emotional and physical requirements, in accordance with his changing needs. The task should not be to teach parents a new and artificial method of rearing their children, but to release and encourage what are by nature mature instinctual feelings for the child's needs. These feelings include responses to provide the child with the following essentials.

Security. The infant is helpless and his cry is to summon the parents whose good feelings for him are his only guarantee of survival. If the parents deeply want to do the best for him and can reasonably provide it, the child is secure from birth.

Affection is the demonstration of the parents' love: their commitment to the child's welfare. If this is overdone, the parents are exploiting the child for their own needs, and not for the child's welfare.

Respect. The smaller and weaker the child, the more sensitive and the more he requires to be treated with consideration, as a person with his own dignity and a right to his own needs according to his capacities.

Understanding. Whether it be by words, sounds, pantomime, or example, the parents should find the appropriate means of communication by which they can teach, anticipate, and guide. This is an ability to identify with the child, to feel as he feels—a sense of sympathetic understanding. Children who grow up with such understanding have a similar sympathy and understanding of other adults when they mature. Understanding of the child provides the recognition by parents that habitual rages and fears in a child are signals that he has emotional problems which, if allowed to persist, will develop into an emotional disorder.

Harmonious feelings between parents and child require harmonious feelings between parents. In ways not difficult to understand, hatred between parents has deleterious effects on the child.

If, as it seems, the child matures naturally into a responsible spouse, parent, and citizen unless acted upon by injurious influences, nothing should be forced in this development.⁵ A contented infant can amuse himself much of the time, and does not require constant attention. Adaptation to others is gradually achieved by the child at his own pace as a part of healthy development. The best means for guiding such socialization is

⁵ It has long been suspected that some law of nature underlies human moral laws as expressed in the major religions. If the child matures naturally into a constructive, responsible spouse, parent, and citizen this would be such a law. Well-treated by his parents, he matures well and continues this pattern by treating others well. Obviously it is not in the interest of survival for any species to treat its own members injuriously. Man is almost unique in the animal kingdom in destructiveness to his own kind. Thus far he has multiplied in spite of it, but at the expense of enormous and needless suffering.

love and reason. The small child gets a better idea through the tone of an explanation than through intellectual understanding. Discipline through punishment is usually an excuse to vent the parents' anger and is so sensed by the child. Studies show that vented in that spirit, anger is ineffective or succeeds at the price of damaging the child's relationship with the parents (13).

That you should treat your child as you would wish to be treated is trite but true; otherwise the child will take out upon you, upon others, and upon himself that which was done to him during his formative years. The greater the deviations from harmonious, loving relationships, the more the emotional development of the child will be disordered, and the more intensive and extensive will be his psychopathology.

Parental hatred, abuse, and neglect are introjected by the child as his superego. For example, if a mother is punitive and rejecting, through a process of conditioning the child comes to associate this behavior with the mother and to expect it each time the mother appears. This can result in the child's expecting such treatment from everyone, or especially women; or he may treat himself badly, as his mother treated him. Thus the traumatic treatment is taken over in the child's mind with the image of the parent or other person and persists through life. Both the image and the reactions to it may be unconscious.

Injurious external influences producing psychopathology can be grouped into two broad categories: first, various forms of 'doing too little' (neglect, rejection, cruelty, coldness); second, 'doing too much' (overindulgence, domination, seduction). Both—which Freud (59) so charitably called parental 'blunders'—give undue stimulation to the fight-flight response in the child. Physical flight being impossible, its psychological counterparts, repression and withdrawal, occur. The fight response becomes hostility, which Freud (58) considered to be the prime source of guilt. Regression and hostility play a central role in all psychopathology.

SUMMARY AND CONCLUSIONS

Each person has patterns of motivation and reaction which underlie his thinking, feeling, and behavior. These fall into two general categories: the mature and the infantile. The mature pattern results from the variable success of an innate thrust of development toward the attainment of full realization of the individual's potential, toward being a productive, responsible spouse, parent, friend, and citizen. (Probably this is the law of nature so long suspected of underlying human moral law.) This outcome is fatefully influenced by the childhood pattern which can facilitate it and enhance it, or can impair and warp it. The characteristic childhood pattern for every individual, healthy or warped, depends decisively upon the habitual attitudes, feelings, and actions toward the child by those primarily responsible for him. The warped childhood pattern threatens the security, stimulates the fight-flight reaction, and is the core of all psychopathology. It may be called the 'pathodynamics' to distinguish it from the total psychodynamics, the interplay of all of the forces in the personality.

The above concepts and hypotheses should be examined rigorously and in greater detail to determine what requires further analysis, what needs more lucid clarification, what can be clinically established. Some additional clues may be gained from related behavioral sciences, by analogy from anthropology or by extrapolation from animal psychology.

Although the fields of personality, behavior, and psychopathy are relatively new, Freud (57) supplied the means, hitherto unavailable, that have led to rapidly expanding discoveries. Much remains to be learned and other factors will emerge, but in this atomic age time is running out. The hypotheses derived from clinical psychoanalytic experience are supported in many fields by other investigators using widely differing methods. The conclusions forced upon us stem from firmly supported hypotheses.

1. There are constant features in each personality. These

form a nuclear pattern of motivation and, therefore, of thinking, feeling, and behavior. This constellation is formed by relatively few motivations, perhaps a dozen, combined in a variety of ways and proportions. The motivations and feelings are common to all humanity. It is the variations in quantity and combination which make each person unique and individual.

2. The individual emotional pattern is molded by external influences acting upon maturational and motivational forces.

3. The emotional pattern is basically shaped during the first six years of childhood. Early emotional influences have much greater impact on development than do later ones, and the former are particularly momentous whenever they coincide with functions emerging and starting to develop.

4. The forms given to motivation of personality shaped in childhood tend to become fixed for life, unless external circumstances significantly alter them.

5. If the physical necessities of existence are adequately provided, the only vital influence upon the infant's development is the attitudes toward him of those intimately responsible for his rearing.

6. The type of emotional relationship the child forms with those close to him in the earliest years of life remains in detail with the individual throughout adult life, in his relationship to himself and toward others.

7. The physically and psychologically healthy baby grows into a healthy adult organism unless acted upon by injurious influences.

8. Favorable circumstances for a child's optimal development include the security of love, freedom combined with reasonable discipline, mutual respect with parents, and a sustained atmosphere of good feelings from and toward others.

9. No more important fact has been found than that the properly reared child becomes a mature adult; and that adults who are irresponsible, unproductive, and hostile to others have a psychological disturbance that began with injurious influences during the early years of their lives.

The inevitable and simple conclusion is that if all children were properly reared, we would have a world of emotionally mature men and women. What we see instead is not human nature but a variety of characterological disorders which are so nearly universal that we mistake them for human nature.

10. It is true but, obvious as it is, it still requires detailed confirmation that human society can be vastly improved by education and other measures designed to ensure that children are well reared in uniformly favorable circumstances, and by avoiding abuses of children that warp their lives.

The great basic divisions of humanity are between parents and children; and, among adults, between the maturity of good will and the infantilism of cruelty. That so many 'lead lives of quiet desperation', of excessive anxiety, vain effort, frustration, and psychic pain is no longer necessary.

Human suffering from want, overpopulation, crime, tyranny, and war now appear basically to be the results of emotional disorders—failures to reach rational solutions because of distorted feelings toward other persons which originated in childhood as reactions to faulty treatment by the parents. Man has much more than adequate intellect with which to solve the world's economic and social problems. If there were prevailing good will on all sides, these and other problems would present few difficulties.

There are no panaceas that will quickly provide the perfect society, but we hold the key to the prevention of much cruelty and suffering. We are learning to define the pitfalls and the desiderata in child rearing. And if we had one generation of children properly reared, we might have Utopia itself.

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HYSTERICAL PERSONALITY: A RE-EVALUATION

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(NEW YORK)

Through the study and treatment of hysterical symptoms, psychoanalysis as a science was born. The psychoanalytic technique, including the use of dream and free association, and its theoretical foundations as well, such as the concepts of repression, conscious-unconscious, early traumata, wish-fulfilment, symptoms as compromise wish-fulfilment, etc., derived from the study and treatment of these hysterical phenomena. The trend of psychoanalytic interest has over the past forty years shifted far from these roots. Some of the factors involved in this shift are:

1. The general course of psychoanalytic thinking has always been merged with the clinical. Repeated inconsistency in the ability of the method to reverse the course of the hysterical symptoms has led to uncertainty, discouragement, disinterest, and, in Freud's words, 'affords us a good reason for quitting such an unproductive field of enquiry without delay' (5).

2. There have been, over the years, changes in the presenting problems of patients seeking to be psychoanalyzed. No longer are we presented with the florid conversion reactions, fugues, massive amnesias, etc. Today our more sophisticated, urbanized patients complain of chronic maladaptation in living, i.e., in working, loving, and playing. The characteristic modes which predetermine these maladaptations have been designated 'character neuroses' or 'character disorders'. The character traits relating to the obsessive modes of dealing with neurotic conflict have been formulated, organized, and more generally validated as a distinct clinical entity. Freud (4) and

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Abraham (1) originally described the basic character traits of obsessive character but there has been almost no attempt to systematize the concept of the hysterical personality. Freud has suggested some relationship between it and what he called the 'erotic personality' (6), whose major goal in life is the desire to love or above all to be loved. Even here Freud is most careful not to make a simple correlation between this personality type and a tendency to develop hysterical neurosis. Wilhelm Reich (12), Fritz Wittels (15), Sandor Rado (10), and others have attempted a description of the hysterical character.

3. The shift in interest from the single traumatic event to the complex mechanisms used by the psyche to cope with anxiety has resulted in a concomitant shift of psychoanalytic emphasis from fantasy content to defensive ego maneuvers. Moreover the hysteric is, if anything, characterized by fantasy, capriciousness, inconstancy and whimsy, and the intellectualized, scientific, methodologically bound investigator has been more at ease in the study of patients characterized by rigid, intellectual, and definitive ego maneuvers, namely, obsessives.

4. Not only are the hysterics, in the psychoanalytic discipline, caught in their own history but the name itself is enmeshed within its popular, even idiomatic meaning. The rubric connotes the hysterical woman, hysterical attacks, in short, 'a caricature of femininity' (3). Hysterics are wont to live up to, in fact, to exaggerate their role. They apply themselves to whatever name one may call them. The psychoanalyst in his countertransference can be aroused by the contagion of the exaggerated affect. He finds himself 'holding the bag' emotionally, provoked into overplaying his role as therapist, while his patient changes course and heads down a new emotional alley, perhaps a blind one. These experiences are common to all therapists and their frustrating consequences lead analysts to exert caution, not only in regard to specific patients, but to the entire category.

5. This therapeutic chagrin may be a cause of an interesting paradoxical dissociation. On the one hand, the hysteric theoretic-

cally is considered to have achieved the highest libidinal level for neurotic fixation, i.e., phallic-œdipal, and on the other hand, the sufferers are regarded as frustrating, provocative, infantile, teasing, suggestible, irresponsible, nonintuitive, egocentric, nonproductive citizens. As such they are regarded with contempt and disparagement (2, 3, 13, 14).

We should not be surprised to find that the hysterical personality falls victim to every possibility of misdiagnosis and skewed prognosis. Frequently within one author's list (7, 8), we find hysteria allocated to every point on the prognostic range. To quote Knapp: 'Our follow-up reports so far tend to indicate that hysterical patients are, to put it simply, very good or very bad patients . . .'. In the above authors' study of twenty-five patients entering analysis, of the nine considered most suitable, the diagnosis of hysteria was made in the majority; in the eight 'moderately' suitable, the diagnosis of obsessive-compulsive neurosis was made in the majority; in the least suitable, four of the six most disturbed patients had presented symptoms of hysteria at the time of intake. Moreover, in a companion study of the same research team, there were eight cases which differed appreciably in analytic results from their original expectations. 'Two results were better than expected and six worse. Five of the latter six could be regarded as predominantly hysteric in character structure, but the two patients who had done extraordinarily well were also hysterical.'

Evidently investigators such as the Boston Group (8) have highlighted the need for greater diagnostic precision and evaluative formulation. It is well known that psychoanalytic theory faces difficulty when it attempts to relate either character modes or symptom complexes to any one diagnostic entity. The terms, hysteria, hysterical character, etc., are so loosely defined and applied so promiscuously that their application to diagnostic categories has become meaningless. The use of these labels for evaluation, analyzability, or prognosis has become tantamount to predicting a throw of the dice.

This confusion has moved the authors to review their own

clinical experiences. Hysteria encompasses conversion hysteria, phobic reaction, fugue states, and hysterical character. We are limiting ourselves to a scrutiny of the hysterical character. We feel that hysterical character neurosis can be differentiated from other clinical syndromes which use hysterical mechanisms. It is our hope that we may, by so doing, clarify and delineate hysterical character as a more specific clinical entity.

We shall use material from the study and analysis of six female patients who fall within the diagnosis of hysterical personality.¹ Later we shall differentiate this group from a larger patient group who use hysterical mechanisms but diagnostically should not be classified as hysterics. For the purpose of this paper we shall refer to this latter group as 'hysteroid'.

The patients with hysterical personality ranged in age from twenty-one to thirty-one years; three were married and three were single. All showed good to superior performances academically and occupationally. All followed usual female pursuits; two teachers, one actress, one secretary, one personnel manager, and one housewife. They were buoyant, sprightly, lively, and energetic. While varying greatly in appearance, they were all feminine and attractive. Their charm was not dependent upon overt flamboyance or drama. This group of patients in no way displayed the provocative, seductive, exhibitionistic, high-styled attire usually attributed to the hysterical patient.

The presenting problems revolved in the main around sexual behavior and the real or fantasied sexual object. They all complained of disillusionment and dissatisfaction with their lovers. This followed the shattering of a romantic fantasy.

Although the patients showed varying degrees of sexual inhibitions and malfunctions, from total inhibition to seemingly normal sexual functioning, all expressed concern over their pas-

¹ We have excluded male hysterics from this presentation because of a lower incidence and because in the male, at least in Western society, hysteria is most often associated with effeminate characteristics. This proneness to effeminacy and homosexuality complicates and adds other dimensions to the personality.

sionate sexuality and their fear of the consequence of such passion. The fear of their sexual passion was multidetermined. Unconsciously they were motivated to compete with women, to seduce and conquer men, and to achieve security and power vicariously through the passionate engagement of the man with themselves. These goals and the means by which they were reached were contained within their rich fantasy life. The fantasies usually involved an irresistible, magnetic body that was to be exhibited to conquer the male and exclude all other women. The burlesque queen, the *femme fatale*, the diva served to portray this image. These fantasies tended to be pure wish-fulfilment and did not contain painful, masochistic elements (as did fantasies of the more pregenitally oriented 'hysteroid' patients).

The other major presenting complaint was a sense of social shyness and apprehensiveness which contrasted with active social involvement. Not one of this group lacked long-term friendships, social and cultural interests. Although all were apprehensive with strangers and in strange situations, they became rapidly and successfully involved. Nonetheless, they failed to gain confidence after repeated success. This continued apprehensiveness was associated with severe humiliation and shame should rejection occur. They obtained pleasure in entertaining others and assumed the role of hostess with graciousness, so long as they held the center of the stage, through ingratiation and seductiveness as a rule, through temper tantrums when necessary. These traits make the hysteric a warm but often trying friend.

The sense of family and family relations was strong in all. There was a marked difference in their behavior within the family group and outside it. At home, especially with their mothers, a marked regression occurred. Self-reliance, assertion, and competitiveness diminished and inhibition replaced social vigor. Their families regarded these women as juvenile, inefficient, dependent, cute, and lovable. One patient kept the nickname 'Baby' until marriage.

Each had been and remained profoundly involved with her father in actuality and/or in fantasy. These fathers were all seductive. Most were dominant, arbitrary, excitable, volatile, controlling, and imaginative. Within the family, the father wrote the family comedies and tragedies. He was the inspirer and the director. Two fathers differed in that they were moderate alcoholics, soft, and submissive. Through their romantic fantasy they created the expectation of future drama and adventure, captured so well in the portrayal of the father in *A Tree Grows in Brooklyn*. An important characteristic of the father-daughter pair was the stimulation and seduction abruptly changing to condemnation of sexual and romantic interest when the daughters reached puberty. One father insisted that his ten-year-old daughter accompany him in a lengthy search for a strange man who purportedly had invited her for a stroll. Another, overhearing his eleven-year-old daughter's exuberant laughter as she was walking down the street holding hands with a classmate, exploded into a fury, saying, 'you were holding hands, it's disgusting'. Femininity, charm, and seductiveness were not only tolerated but admired and elicited as long as their physical aspects could be held in oblivion. With the budding of puberty, the attraction of the social world, and the appearance of suitors these fathers reversed their attitudes in order to preserve their pleasure in their little girls.

The mothers in this group were consistent and responsible. All were engrossed in their children and their homes. They wanted their daughters to live out their own frustrated, romantic fantasies, but they maintained their social and community interests. The patients' later social aptitudes, feminine interests, as well as their social anxiety, stemmed from identification with their mothers and from active promotion by them.

Typical of this relationship was a mother who devoted herself to the prettifying of her little daughter and spent many hours making clothing for her. This behavior continued throughout the daughter's adolescence, marriage, and even after her divorce. Following the patient's divorce, the mother

sent her an elaborate and inappropriate hostess gown that signified the mother's re-establishment of her own fantasy of her child.

The major psychic conflict occurs when the gratification of physical sexuality is inhibited and repressed. Romance then preoccupies and invades every area of functioning. Since these women remain fixated to their fathers into their adult lives, the mother must be perceived as uninteresting sexually, frigid, and ridiculous in her pretense toward desirability, and observed with scorn or benign condescension for her housewifely, female pursuits. The patients are not aware of their extensive identification with and envy of the same attributes they so heartily condemn.

The conflict with the father revolves about the inability to relinquish the infantile fixation. The early demand for love and affection, dominance in other relationships of the unchanged romantic image of the father, and an envy of and desire for the father's purported physical attributes (penis envy) substitute for the forbidden sexuality. The later heterosexual relationships are typically marked by overintensity and by a fearful adulation of the partner.

We consider then the following traits to be those most intimately associated with the hysterical personality:

Labile emotionality. The predominance of the use of feelings rather than thought in crises and conflicts.

Direct and active engagement with the human world. The overt and covert need to love and more especially the need to be loved (6) result in hypersensitivity to others. The patients are concerned with their own emotional reactivity, are self-absorbed, and show 'an exorbitant degree of affectionate interest in self' (10). Their egocentric need to test love through interaction with others accounts for the variety of their emotional upheavals, from enthusiastic crowing to weeping, wailing, anger, and panic, depending on the real or fancied response of their audience.

The hysterical patient responds badly not only to frustration but also to over-excitability even though she herself may have been its main instigator. Both the pursuit of excitement and the defense against its realization result from constant proneness to distort environmental stimuli into sensual, often sexual, contexts. These distorted perceptions then feed back into the existing excitement. As tensions mount the sensual excitement terrifies the patient who responds with overt anxiety and flight.

A close relationship exists between excitability and its derivative fantasy. These fantasies are almost always concerned with romance and romantic sexuality. They are also used to 'embroider, heighten, and sexualize the existing relationships' (14).

Suggestibility has, from the time of Charcot, been emphasized as a major, often the major, trait of the hysteric. The pre-eminence of suggestibility has been doubted more recently (3). In the patients that we are designating as hysterical personalities we have been impressed not by manifest suggestibility but by the strength of the defense against suggestibility. Rather, suggestibility occurs more often in the object toward whom the emotionality of the hysteric is directed. The interpersonal transaction often results in the hysteric's receiving the suggestion she has assiduously implanted. More simply, she receives the suggestion she has wanted all along.

Dislike and avoidance of the exact, the rote, and the mundane. These characteristics account for such labels as irresponsible, inconsistent, self-indulgent, and rebellious. Nevertheless, although the hysteric never does a job for a job's sake, she is capable of proficiency when the tasks have sufficient scope to inspire her and to allow her to express her real or fantasied sense of drama. Despite the irresponsibility for details, the capacity to fulfil the over-all task may be present. In our group of patients superior performance was the rule rather than the exception.

Closely related to this seemingly irresponsible, flighty quality is the maintenance of her self-presentation as a child-woman. Part and parcel of this child-woman façade is a denial of the un-

pleasant, the distasteful, the forbidden, the actual or fantasied transgression, through insouciance, naïveté, and inexperience.

The hysterical mechanism is a major psychic defensive mode. In this sense it is used by all personalities, from the normal to the most pathological. The basic hysterical mechanism involves the substitution of emotions, one for the other, or a shift in the quality of an emotional response so that it becomes, paradoxically, a substitute for itself. Any emotion may serve as a signal analogous to the use of anxiety as a warning signal against anticipated body damage or intrapsychic tension. Thus, an emotional reconnaissance is, as it were, sent forth in lieu of true, meaningful reactivity. One observes an impressive array of emotional behavior, emotional thought, emotional interrelatedness, and emotional use of the body. Despite its intensity, this emotionality always remains peripheral and a shield for the core affect. A tantrum can ward off the awareness of sexual excitement, of competitive triumph, and of feared rage in anticipation of rejection. This mechanism perpetuates vicarious and fictitious satisfactions without requiring confrontation of the primary underlying desire. Fantasy replaces actions, the implications of behavior are discounted. This may be accomplished through minimizing the behavior as play, reducing it to emotional absurdity, or exaggerating the psychic actions. The substitutive emotionality and emotional maneuvers are overdetermined as in the formation of a neurotic symptom. They serve, at once, adaptation and security, disguised and distorted gratification, secondary gains, as well as the primary defensive purpose of concealing from consciousness the basic motivating conflict.

In order to delimit the hysterical personality it is necessary to differentiate our group from other patients who also employ hysterical mechanisms. These patients range widely diagnostically from the infantile dependent to the borderline, and the psychotic. For the purpose of this discussion we shall designate these latter groups as 'hysteroids'.

In many instances the hysteroid would appear to be a caricature of the hysteric, much as the hysteric has been said to be a

caricature of femininity. Each characteristic is demonstrated in even sharper dramatic relief. The bounds of social custom and propriety are breached. The latent aggressivity of the exhibitionism, the competitiveness and the self-absorption becomes blatant, insistent, and bizarre. The chic becomes the mannequin; the casual, sloppy; the bohemian, beat. Thus, a hysterical patient was able to enjoy the pleasures of the beauty parlor only after analysis had broken through her defense against exhibitionism while a hysteroid patient changed the color of her hair one to two times a week to keep pace with her rapidly shifting moods.

The adaptational functioning of the hysteroid is erratic. Inconstancy and irresponsibility cause the patient to suffer realistic rebuffs, injuries, and failures. By contrast, the hysteric often voices desperation and provokes concern in others but rarely is in actual danger. Historically, in the hysteroid, academic and vocational patterns usually reflect the same erratic quality of attainment, alternating with periods of serious dysfunction.

In object relationships, the hysteric has difficulty within the relationship, the hysteroid with the relationship. Friendships are maintained over long periods by the hysteric. These are characterized by much affectionate display, much ingratiation, and many emotional storms. The hysteroid starts friendships with great hopes and enthusiasm. The friendship commences with idolatry and ends in bitterness when the expectation of rescue, nurture and care is not fulfilled. These relational ruptures are often succeeded by detachment, isolation, depression, and paranoidlike trends. The hysteric uses emotional relationships to copulate symbolically, to hold her partner as guardian over her own erotism, to contain her own physical impulses. Since emotional engagement for the hysteroid embodies the impulse to engulf and incorporate the object, this in turn is viewed as a reciprocal threat of self-depletion. The defensive movement of detachment becomes a psychic imperative.

The hysteroid's family life is often much more disturbed,

disorganized, and inconsistent. In contrast to the hysteric, the core of the hysteroid's problem lies with the mother or maternal object. There may be actual affect deprivation with such traumata as the mother's early death, or her prolonged physical or emotional illness. The mother may have been unable to provide sufficient affective care as a result of absence, passivity, depression, or disinterest. This includes the group who have had an egocentric, disinterested, hysteroid mother.

During childhood these hysteroid patients show emotional maladaptations and symptom-formation. Infantile fixations, such as prolonged thumbsucking, enuresis, and infantile fetishism are common. Most striking is the tendency of these patients to have created a fantasy world and to have lived within it. The tendency often starts early with imaginary companions and later expands into complex portrayals of roles within the imaginary world. Of importance is the substitution of the fantasy for relationships and coöperative pleasures with contemporaries.

In preadolescence the hysteric becomes a member of the 'club' and the 'gang'. The hysteroids increase their tendency to isolate and withdraw, viewing themselves as loners, different, superior, aloof, etc.

Unfortunately, despite careful clinical evaluation, differentiation may not be possible without clinical trial. The difficulty in diagnostic assessment is hardly surprising when one considers that there is no sharp differentiating line but rather a continuum, and that within this continuum the hysteroid often shows the hysterical mechanism more clearly and dramatically.

Grosser fluctuations of the hysteroid personality are to be anticipated from the more infantile fixation and the consequent weaker integration and synthesis of the ego. Thus we encounter less emotional control, a lessened ability to hold and tolerate tension, and more proneness to action and depression. Generally these patients are prone to substitute analysis for life or conversely to avoid analysis through overintense involvement in life. For example, a cablegram notifies the therapist that the patient has managed to get an overseas assignment.

Such behavior can be expected whenever there is a danger that the therapist may confront the patient with her unconscious conflicts. If an overseas assignment cannot be managed, this patient is likely to arrive late, hung over, separated from the therapist by dark glasses, a headache, and 'defensive' guilt. Another patient managed to lose, give away, or squander her salary whenever she was tempted to enter the adult feminine world. Thus for her to plan the purchase of a new dress would herald a sudden, mysterious financial crisis.

The hysteroid moves widely, quickly, and grandly, threatening both life-functioning and therapeutic relationships. The hysteric reacts more subtly and symbolically. The hysteric will often regress. The content of such regression may show oral and other pregenital trends and is used to defend against the developing sexual feelings and the erotic transference. Conversely, the hysteroid, to defend against feared passivity and primitive orality, tends to go into action and reaction, which activity may include the use of erotic (more exactly pseudo-erotic) transference and sexual acting out.

Two female school teachers were both severely sexually inhibited. Neither engaged in heterosexual nor masturbatory activity. One patient sought therapy because of nonconsummation of her marriage. She insisted the difficulty was her husband's. From her associations it became clear that she would shy away from her husband's approach. With growing awareness of the extent of her own inhibitions she began to disparage the eight-year-old girls in her class for their overconcern with and enjoyment of their bodies. She also associated with anger to a period in her own childhood when her mother stimulated her interest in femininity. Her mother's interest, she felt, reinforced her own sense of unattractiveness and her need to reject her own body. She began to re-explore her body, thus evoking past memories of pleasure from body stimulation. A period of body experimentation ensued, and an attempt at gratification through thumbsucking was made and rejected, while

breast stimulation proved more exciting and acceptable. This gradually led to a reversal of her negative body image and to vaginal masturbation. With the overcoming of her inhibition of masturbation her femininity and sexuality expanded, allowing greater exhibitionism, flirtatiousness, and eventually heterosexual relations, with orgasm. In this way, through identification and competition with her eight-year-old pupils, and on account of her fear of sexuality and genital stimulation she had recourse to an oral mode, thumbsucking, and then breast play, a transitional oral-genital mode. It was necessary for this young woman to recapitulate body-pleasure development in order to remove sexual repression and restore her feminine self-image.

The second patient, a hysteroid, lent a quixotic, volatile quality to all her experiences. She avoided heterosexual contact through a diverse series of maneuvers. She lived in the smallest, cheapest room of a woman's residence and dressed shabbily and carelessly. Whenever her friends attempted to introduce her to men she would forget the appointment, become angry at some fancied slight, develop headaches, or become intoxicated on the first drink. As the meaning of these ego maneuvers become clearer, the turbulence and overemotionalism increased. To cope with the resultant crises, the patient moved into activity rather than into analysis. She looked for improved living quarters and set about acquiring a new wardrobe. She insisted that this was the necessary prerequisite to her entrance into the sexual arena. Subsequently, after repeated backing and filling, she precipitously entered into an affair with a young man. She supposed him unattainable. However, he committed the indiscretion of falling in love with her. She reacted with rage and panic, and fearing that he would trap her through impregnation, she fled. In this patient action replaced insight. Sexual activity was used defensively to avoid becoming related either to the therapist or to the lover. Thus, she was able to use sexuality to defend against pregenital needs, and, interestingly, she relinquished much of her florid, irresponsible, infantile behavior in order to avoid the more dreaded dependent therapeutic relationship.

For both the hysteric and the hysteroid, dreams are the 'royal road to the unconscious'. Along this road the differences in the level of fixation, self-image, and the defense systems become manifest. Both are frequent dreamers and recall their dreams with ease. The symbolic content in the hysteric tends to be simpler, more easily deciphered, more universal, and less individualistic. The hysteric's dreams reflect a greater ego integration, basic trust and hope in object relations, more frankness in the underlying wish-fulfilment, less primitive, archaic imagery, both human and nonhuman. The dreams of the hysteroid are filled with vast empty spaces, scenes of desolation, destruction, and impoverishments. Surrealistic imagery abounds. These differences can be illustrated by the juxtaposition of the dreams of two patients, both from an early period of analysis and both involving transference and sexuality.

I was the favorite wife of the Shah of Iran. An older wife was trying to shoot me. There were shots and someone was killed.

I found myself living in a decrepit slum. Everything was broken, dirty, and messy. Suddenly some Bowery bums seemed to be clutching and trying to grab me.

The grandiose, dramatic, glamorous, successful (favorite wife) quality of the hysteric seems clear. The transference had aroused the oedipal conflict. This dream, through its lack of resolution, demonstrates the typical hysterical indefiniteness as to the outcome. The second dream is also in response to the transference. The hysteroid reacts to the arousal of transference by using more primitive defenses. The disgusting, impoverished environs mirror her self-image. The wish and the hope are deeply hidden as she visualizes her desire for a relationship in terms of an overwhelming threat.

The following two dreams will indicate a further example of the parallel but dissimilar modes by which these same two patients revealed their attitudes toward their self-images as sexual objects.

A bull was chasing me. I noticed that I was wearing a red dress. I kept thinking it's not my red dress, it's my movements that are enraging him.

Harry (a current beau) was starting to make love to me when suddenly he vomited all over me. I said, 'that's all right, I'm menstruating anyway'.

The first dream demonstrates the impulse for self-exhibition and the feeling of her own magnetism. The dream contains the hysteric's concern with rape. Within the dream she deals with the defense against her own active provocation. The symbols and their use are common and clear. In the latter dream, once more the hysteroid patient demonstrates her need to depict herself as a rejected, disgusting, and depreciated object. She relates self-loathing to her menses, a symbol of her despised femaleness, rather than to her sense of hopelessness in regard to attainment of a relationship. Similarly, her lover is depicted as displacing and reversing his sexual impulses into oral disgust and defilement of the object, herself.

SUMMARY

We have attempted to define clinically the hysterical character, to present the major developmental trends, and to describe the basic dynamic conflicts and defenses. To delineate this entity further we have juxtaposed descriptions and examples from a larger clinical group which we have designated as hysteroid.

Clinical practice and psychiatric literature have increasingly challenged and modified the earlier psychoanalytic formulation of hysteria. Increasing stress has been placed upon oral fixations and their resultant dependency strivings (3, 9, 11), with the implicit discounting of oedipal conflict as 'the core of the neurosis'. We feel that one can err as much in the direction of emphasizing early fixation as to assume that all hysteria is oedipal in origin. It is preferable to divide these patients into two separate diagnostic classifications for the purpose of im-

proving therapeutic selectivity and validity. We have reserved the term 'hysterical personality' for the more mature and better integrated and have termed the large group that extends from the pregenital to the psychotic as 'hysteroid'.

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Freud on Cocaine

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FREUD ON COCAINE

BY ALEXANDER SCHUSDEK, M.D. (NEW YORK)

The Cocaine Episode is one of the most curious chapters of Ernest Jones' biography of Freud (13). It may be summarized as follows.

At the age of twenty-eight Freud was casting about for some discovery which would establish his reputation. He came across a paper by Aschenbrandt who had used cocaine to revive exhausted soldiers. He procured a sample and began to investigate its effects. Jones' account, which is based partly on unpublished correspondence, creates the impression that these investigations were mainly original. Freud decided to use cocaine to cure his friend, von Fleischl-Marxow, of his morphine addiction. 'The occasion of it was a report he had read in the *Detroit Medical Gazette* of its use for this purpose.' Freud completed his first paper on cocaine on June 18, 1884, and it appeared in July of that year.

Jones gives an adequate description of the sections of this paper dealing with the history and preparations of cocaine and Freud's experiments on himself. Jones' description of the clinical part of the paper, however, is extremely brief. In the last paragraph of this paper, Freud expressed the hope that ways would be found to use the ability of cocaine to anesthetize tissues. He suggested to an ophthalmologist, Königstein, that he investigate its action in diseases of the eye. Freud then left for his vacation only to discover after his return that another man, Koller, had found that cocaine was a useful agent for producing anesthesia in eye surgery (1). Jones' discussion of this is somewhat equivocal. He states that Freud was more interested in treating diseases than in discovering an anesthetic for surgical purposes, but he also quotes an incident which Sachs described sixty years later. According to Sachs, Freud demonstrated before a group of physicians including Koller that pain is abolished by the topical application of cocaine.

Freud continued his investigation of cocaine and his second paper dealt with its effect on muscular contraction. His third paper was based on a lecture he delivered on March 5, 1885; it described the value of cocaine as a stimulant in psychiatry and in the treatment of morphine addiction. Freud stated that he would not hesitate to administer it in subcutaneous injections. He did not refer to this paper subsequently, and omitted it from a list of his writing which he prepared in 1897.

In April 1885, Freud became aware that von Fleischl-Marxow had been taking one gram of cocaine daily for three months, and in June he had a toxic psychosis. Cases of cocaine addiction were beginning to appear all over Europe. These were described by Erlenmeyer, and Freud was severely blamed for having released a scourge on mankind.

In his last paper on cocaine in 1887, Freud defended himself against these charges. According to Jones he used two lines of defense. The first was to point out that all cases of cocaine addiction had taken place among morphine addicts. The second line of defense, which Jones states was unconsciously determined, consisted of wrongly connecting Fleischl's addiction with the fact that he used injections (instead of taking cocaine orally). Thus Freud tried to avert the stigma of cocaine being a dangerous drug by appealing to the prejudice which then existed against the hypodermic syringe because of its symbolic meaning.

A paper on the same topic based on notes left by Siegfried Bernfeld appeared posthumously in the same year as Jones' work (4). It does not contain any reference to Freud's unpublished correspondence and is more conservative in its conclusions. All quotations from Freud's papers in Jones' chapter may be found in Bernfeld's paper, in which the quotations are more complete. The similarity of the discussion is often striking. Indeed, it is probable that Jones did not read Freud's papers and that the cocaine episode must be re-evaluated in the light of these.

Freud's first paper on cocaine (9) contains, besides the sec-

tions summarized by Jones, a long section on therapeutic applications. Seven types of application are discussed: a, as a stimulant in psychiatry; b, for gastric disturbances; c, for cachexia; d, for withdrawal from morphine and alcohol; e, for asthma; f, as an aphrodisiac; g, topical applications. Each paragraph summarizes the scientific literature on the subject. We shall deal only with the paragraphs most relevant to the cocaine episode.

The last paragraph states: 'The capacity of cocaine and its salts to anesthetize the skin and mucous membranes when applied in concentrated solutions suggests further uses especially in diseases of the mucous membranes. According to Collin, Charles Fauvel praises cocaine in the treatment of illnesses of the pharynx and calls it: "*Le tenseur par excellence des cordes vocales*". There may be other uses which depend on the anesthetizing property of cocaine.'

The reference is to an article by Collin (5) which states in part: 'In a remarkable work which he published several months ago Dr. Fauvel praises coca in illnesses of the larynx and cites several observations on cases of granulomatous pharyngitis which, resisting all manner of treatment, were completely cured by the simultaneous use of a coca paste and Mariani's coca-wine'. (I have not been able to identify this work by Fauvel.)

The section on withdrawal from morphine and alcohol is the longest and most carefully documented part of Freud's first paper. It is based on American publications on the subject. Freud discussed articles by Palmer and Bentley. He noted that there was a constant stream of articles on this topic in the *Detroit Therapeutic Gazette* for two years. Then they became less frequent. Freud was not certain whether this was because of establishment of the treatment or its abandonment, but thought that from advertisements the former could be supposed. Freud noted sixteen reports of successful morphine withdrawals and only one report of a failure. Freud placed special emphasis on those reports that noted that the patients gave up the use of the remedy without a recurrence of the craving for morphine. He

cited three such reports. He then described one case which he treated and added: 'After ten days he was able to give up the remedy'.

In his second paper (10), Freud clearly credits Koller with having discovered topical anesthesia independently ('... *Herr Dr. Karl Koller [hat] unabhängig von meiner persönlichen Anregung den glücklichen Gedanken gefasst . . .*'). It is unlikely that Freud would have written this had he demonstrated this use of cocaine to Koller before a group of physicians.

Opiate addiction was probably more common in the United States during the second half of the nineteenth century than it was in Europe. Many injured soldiers had become addicted to opium during the Civil War. Imported Chinese laborers had brought their opium pipes with them. Opiates were prescribed freely by some physicians and many patent medicines contained opiates.

In 1880, the Detroit Therapeutic Gazette published an abstract of an article in the Louisville Medical News in which E. R. Palmer described the successful withdrawal of two opium addicts by the use of fluid extract of coca (16). This was followed by numerous favorable reports (6). The authors of these were mostly rural practitioners. They would give a quantity of some coca preparation to the patient with instructions on its use. Follow-up was often absent or unsatisfactory. The most extensive trials were carried out by Bentley (2, 3). He had been using various coca preparations in treatment of several conditions including opiate addiction since 1870. He was quite aware of the hazard of addiction: 'In the countries producing it, the natives eat it and become as much its slave as De Quincey ever was to opium or Beau Brummel ever was to wine'. He always warned his patients about this and claimed: 'I have made no "coqueros" in my practice'.

Nothing needs to be added to Jones' description of Freud's second and third papers on cocaine (10, 11).

Freud's last paper can be understood only in the light of the criticism which preceded it. Erlenmeyer set out to test whether cocaine acted as a direct antagonist of morphine as Freud had claimed. He administered two hundred thirty-six injections of cocaine to eight morphine addicts and four injections to other patients and made physiological measurements. He concluded that cocaine diminished some of the subjective discomfort of withdrawal but had no other value (7). Subsequently he reported on a series of eleven patients all of whom had become addicted to cocaine in the course of morphine withdrawal, and described their plight in dramatic terms (8). He distinguished between the toxic effects of cocaine (such as 'paralysis of blood vessels', rise in pulse-rate, sweating, fainting, mental changes) and the withdrawal symptoms.

Freud's fourth paper on cocaine (12) was an attempt to answer this criticism. In discussing the toxic effects, Freud claimed that Erlenmeyer had committed a crude error in administering minimal doses subcutaneously instead of following Freud's recommendation of giving larger doses by mouth. He attributed the variable toxic effects to differences in concentration of cocaine and variations in the sensitivity of nerves and vascular centers.

In discussing cocaine addiction, Freud pointed out that all the cases reported had been morphine addicts who would misuse any stimulant made available to them. He mentioned that his only case had taken up to one gram daily subcutaneously, but he did not relate the addiction to the route by which cocaine was administered.

Freud's publications reveal his behavior to have been more conservative than would appear from Jones' description. He used a pure alkaloid while some of the previous work had been done with crude extracts. But he made no discoveries and found no new uses for cocaine. He merely called to the attention of his colleagues what had been done abroad. He wrote at the time '... my work retains its reputation of having successfully recommended it [cocaine] to the Viennese' (14). By the same

token when he recommended cocaine in the treatment of morphine addiction he had reason to believe that it was a safe agent for this purpose; he was at fault only in not reporting the dangers promptly when he became aware of them. Finally, he made no attempt to blame addiction to cocaine on the hypodermic syringe.

The episode must have contributed to Freud's difficulties in establishing his practice and to the scepticism with which his psychiatric theories were met.

Freud visited the United States in 1909 to deliver a course of lectures at Clark University where an honorary degree was conferred upon him. This was in sharp contrast to the way he was ignored in Europe. Nevertheless, he held America and American physicians in low esteem (15). The recollection that American publications had led him to one of the most painful episodes of his career may have contributed to this attitude.

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Slips of the Tongue

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SLIPS OF THE TONGUE

BY RICHARD V. YAZMAJIAN, M.D. (NEW YORK)

Freud's topographical formulation of the psychodynamics of slips of the tongue (3, 8, 9, 10) served as the basic model of subsequent writers (1, 4, 11, 13, 14, 15, 16, 17, 18). An exception was Eidelberg's contribution (5, 6, 7) which stressed the need for analyzing the associative chains of the consciously intended word as well as those of the substituted word that unintentionally breaks through. He cited clinical material which indicated that the apparently innocent intention was repressed because of its association with unconscious infantile fantasies which were even more deeply forbidden than fantasies associated with the substituted word. Whatever the approach, all previous authors have considered the associative chains of the intended word and of the substituted word to be in some kind of opposition to one another.

Freud solved the riddle of parapraxes while working on his dream book (12). At the time he was particularly interested in establishing a continuum between dreams, symptoms, screen memories, and parapraxes which would demonstrate the extensive influence of the primary process. In some slips of the tongue he described displacement, replacement by the opposite, condensation, and wordplay, which he compared to typical dream-work processes.

With the help of two clinical examples, I should like to demonstrate the following: In some slips of the tongue the associative chains of the intended word and of the substituted word form a complementary unit derived from a single unconscious fantasy. Under the influence of ego regression and the primary

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process, the ego brings the two words into apposition, where they jointly serve to express the unconscious fantasy in a condensed, symbolic form. Further, the two words are similar to a dream pair or to two elements in the manifest content of a single dream (2). By fusing a dream pair or the two elements of a single dream the analyst often arrives at a formulation of the whole unconscious fantasy which had been split by the ego.

CASE I

The analysis of a patient who had been a transvestite for a short period in his life revealed a masturbatory fantasy of central importance in his symptomatology, acting out, and adaptation. In his adolescent masturbating he would often manipulate his penis so harshly that he would bruise it. Afterward he would speak to his penis lovingly as if it were a separate person, apologizing to it and promising that he would never repeat the offense. Unconsciously he equated himself with his penis. Then, in identification with the imago of his mother based on projection of his ambivalence, he would act out a sadomasochistic relationship with his penis. The basic fantasy was: 'I am my mother's penis and forever attached to her'.

The patient occasionally made a slip of the tongue which always had the same form. His ex-wife's name would suddenly intrude itself into consciousness and replace his mistress' name in his thought or speech. For instance, he would say, 'Last night I was with Kay [ex-wife]—I meant to say, Joan [mistress]'. The parapraxis would have the same form when it occurred on a purely mental level without verbalization. When asked for associations he compliantly worked with the slip, but after a while gave up the attempt as fruitless. Powerful resistances were at play. Although its frequent recurrence clearly indicated that the slip had special import, no further attempt was made to analyze it directly at the time.

Late in the second year of analysis, the fantasy of his being the analyst's penis emerged. Fantasies of being chastized and then mollified by the analyst were gradually replaced by

fantasies of being beaten about the head and then lovingly fondled. The identifications would often be reversed: in fantasy he would be the mother and beat and fondle the analyst who stood for the mother's penis. Meanwhile, the slip recurred with increasing frequency, finally appearing in juxtaposition to the fantasy.

Previous attempts to analyze and understand the slip using the conceptualization of two conflicting associative chains had been unsuccessful. However, when the two words were considered as a unit, it became evident that the names jointly represented the unconscious fantasy. Although the patient had no conscious control over the occurrence of the slip, it could not be viewed as an id 'break-through'. Rather, the ego had unconsciously and artfully arranged for simultaneous conscious representation of the two names in juxtaposition. Indeed, the patient complained that his mind could not separate the two names. The basic fantasy, 'I am my mother's penis and forever attached to her', was represented in the condensation 'Kay—Joan'. His ex-wife, Kay, was equated with his mother; and his mistress, Joan, with himself as a penis. Whenever signs of the basic fantasy began to emerge in the transference, the patient would defend himself by talking of his relationship to his mistress. As the transference fantasy pressed forward, he would defensively make the slip. Anxiety would appear, and then the direct transference material. Interpretation and the working through of the fantasy in the transference led to a diminishing use of the slip. When he was able to give up the fantasy of being fused with his mother he was no longer unconsciously driven to fuse the two names in consciousness.

Later the patient used the same technique to gratify, and defend himself against, the transference wish to be anally penetrated. As the wish was activated, he would defensively talk of his desire to penetrate his mistress anally. This would be followed by a slip consisting of his boss' name replacing that of his mistress. Here too, he would complain of being unable to separate the names. The patient was identified with his mis-

tress, and the analyst with his boss. In thinking of his boss' name in juxtaposition to his mistress' name, he symbolically represented the fantasy of his being in juxtaposition to the analyst and of being anally penetrated.

The basic mechanism described above manifested itself again still later in the analysis. During one session the patient suddenly imagined himself to be a woman spreading her legs apart to allow the analyst to enter her vagina forcibly. Anxiety caused immediate repression of the fantasy. In his next statement he again made his typical slip using names identified with himself and the analyst. He complained, 'I can't stop bringing those names together. They just seem to keep bumping and clanking together.' The defensive, symbolic use of the slip immediately broke down and violent rape fantasies emerged into consciousness.

CASE II

A neurotic female patient had an escalator phobia, which was genetically related to two screen memories from her third year. One memory was of her going up the stairs with her father at home, and then being attended by him in the bathroom while she urinated. Such bathroom episodes involved mutual covert seduction which created intense sexual excitement in the patient. The other memory was of sitting on the staircase and seeing her father, completely nude, emerging from the bathroom at the head of the staircase. The sight of his penis proved to be shocking. It was associated with flooding sexual excitement and a wish to attack orally and devour his penis.

When these oral drives and conflicts forcefully emerged in the transference, the patient reported a slip of the tongue. 'I was about to leave for work and decided to take the umbrella. I called to my roommate to let her know. I wanted to say, "I'm taking the umbrella"; but instead I said, "I'm taking the elevator". It was very strange as there is absolutely no connection between the words. Why an elevator? I rarely use the one in our building as our apartment is on the second floor.

It's been haunting me all day.' She found to her surprise that associating to the word umbrella proved difficult. She could hardly say the word. Fantasies of performing fellatio and orally incorporating a penis emerged.

Associating to the word elevator produced vague sexual thoughts revolving around 'up and down', but she could not proceed effectively. As repression lifted, she recalled that escalator, not elevator, was the actual word spoken. She then became resistant. Turning her attention to the word umbrella, she associated to penises. This caused profuse salivation and mounting vaginal excitement. Upon returning to the word escalator, she realized that its use was related to her escalator phobia. The memory of seeing her father nude re-emerged, but on this occasion she visualized his penis erect. Sexual excitement increased, and for the first time she realized that her phobic symptom involved projection of the fear of her sexual excitement to the motion of the escalator. Being carried upward by an escalator fulfilled her wish to dash up the stairs to her father. Being passively carried up permitted her to deny responsibility for her active wish.

Although sexually aroused she still managed to avoid relating any of her powerful affective experience to the stimulation of being with the analyst. Her oral incorporative fantasies related to the word umbrella were still dissociated from the memories of observing her father's penis and the attendant excitement. The memories, fantasies, and affect associated with each word of the slip, viewing each individual associative chain in isolation, did not fully reveal the underlying fantasy. Attempts to understand these associative chains in opposition to one another also failed.

Finally her isolating defenses broke down and the two trends joined, much like the bringing together of the two parts of a torn photograph. When the material was worked through in the transference, the situation became clear: the two words escalator-umbrella and their respective associative chains could be understood, as a complementary unit, in the following para-

phase, 'Seeing father naked at the top of the stairs excited me and made me want to run up to him and devour his penis'. Thus, in the slip of the tongue the patient was able to give disguised expression to a complete fantasy such as a dreamer would through the use of two dream elements or a dream pair.

SUMMARY

Although all slips of the tongue result from intrapsychic conflict, in some the intended word and the substituted word are not in opposition but form a complementary unit. Under the influence of ego regression and the primary process, the ego unconsciously utilizes each word of the slip to represent, in a condensed and symbolic form, part of a complete unconscious fantasy as in the case of certain dream pairs. Two clinical examples are described.

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The Alcoholic Bout as an Acting Out

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THE ALCOHOLIC BOUT AS AN ACTING OUT

BY WILLIAM J. BROWNE, M.D. (PITTSBURGH)

In this paper the alcoholic bout is viewed as an acting out and several themes are considered. The first part of the paper focuses on the drinking bout as a repetitive re-enactment of the nursing experience, a hypothesis substantiated by data about the infancy and early childhood of the patients as recalled by their mothers. The last part of the paper considers the drinking bout as analogous to the traumatic dream and to sleepwalking, and thus the themes of motility and return to mother are integrated with the concept of acting out.

METHOD

The data are selections from the case histories of patients studied in an alcoholic research project which has been in progress for the past ten years (*vide infra*). Basic information on each patient consists of a physical and a psychiatric evaluation and a social history. Social histories were also obtained from the spouse of each patient and, in some cases, from the patient's mother. Over seven hundred patients have been evaluated in the study, approximately twenty per cent of them women. Over one hundred patient-spouse couples have been seen in concurrent individual long-term treatment by a psychiatrist and a psychiatric social worker. In half of the cases, the alcoholic

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patient was assigned to the psychiatrist for treatment and the spouse to the social worker. In the other half this assignment was reversed. The long-term patients are the primary source of the dynamic configurations described.

ACTING OUT

The term *acting out*, as used here, denotes the stereotyped re-enactment of a past conflict. In this sense Fenichel (4, p. 506) observed that in certain patients '... actions in real life are repetitions of childhood situations, or attempts to end infantile conflicts, rather than rational undertakings'. Freud (8 p. 150) emphasized the compulsion to repeat this type of action and its relation to memory: '... the patient does not *remember* anything of what he has forgotten and expressed but *acts* it out. He reproduces it not as a memory but as an action.'

Some distinguishing characteristics of acting out, according to Fenichel (5), are: ego syntonicity, a pleasurable component, a repetitive tendency, and the use of displacement as the chief mechanism. He cited as preconditions for all acting out: alloplastic readiness, oral fixation, high narcissistic need, intolerance to tension, and early traumata. To these preconditions, Greenacre (11) added: a special emphasis on motility, visual sensitization, and dramatization (derivatives of scopophilia and exhibitionism), and an unconscious belief in the magic of action. These characteristics will be referred to again as they apply to the behavior of particular patients.

ALCOHOLIC DRINKING AND ACTING OUT

Alcohol, by reducing superego controls, can facilitate a great deal of action and motility. The alcoholic male, when drinking, gives direct expression to sexual, hostile, and destructive urges. To the extent that this activity connotes for him independence or masculinity, it is an acting out of such strivings. The stuporous stage of his drunkenness, and the aftermath of his drinking when he needs to be hospitalized or taken care of, are similarly an acting out of passive and dependent urges though

this is partly obscured by the toxic effects of alcohol. Thus, an intrapsychic conflict centering about independence-dependence or masculinity-femininity becomes staged and dramatized in the patient's real world.

Alcoholic patients tend to act out even when not drinking. Then another object or person usually replaces the alcohol or becomes its symbolic substitute. Thus, there were several alcoholic men in our study, each of whom was able to remain sober for many years while he had a mistress. With the mistress, as with the drinking, they could be more aggressive and sexually active, independent, and away from home. They continued to live with their wives, however, in the sense that they ate and slept at home yet had little or no sexual activity with them. Rather, the wives remained primarily maternal figures but hostile and restrictive ones (Cf. 1). Such alcoholic men, simultaneously attracted to two women with opposite characteristics, one sexual and the other maternal, were also acting out and separating their fantasy of mother in her dual image of 'good' and 'bad', maternal and sexual, madonna and prostitute.

This double image was emphasized in their descriptions of their mothers. For example, one man said: 'Mother was a Victorian prude with a cocktail glass in her hand'. Another spoke scornfully of his mother: 'The women in our family were puritanical, yet swore at each other. Sex was a taboo subject, but I remember when I was a boy seeing mother go to bed with tradesmen who came to the door.' A third man also reiterated the discrepancy between his mother's puritanical ideals and her behavior: 'Mother was strict and very active in the W.C.T.U., but she favored my older brother who drank heavily. I also remember sleeping in my parents' bedroom until I was ten years old and listening to them have intercourse.'

Finally it might be said that the drinking itself is an acting out. Alcoholic drinking, as a symptom, fulfils Fenichel's criteria for acting out, for it is ego syntonic, has a pleasurable component, and is repetitive. It is also a displacement in the sense that past unconscious conflicts about the breast, food, mother, etc.

are transferred to a current object—the bottle and its alcoholic contents.

DRINKING AS A REPETITION OF THE NURSING SITUATION

Drinking embodied for these patients a re-enactment of a complex of oral, aggressive, and sexual conflicts. At one level it can be viewed as an attempt to repeat the nursing experience, for which there are several lines of evidence: 1, the observable similarities between the drinking bout and nursing; 2, the timing of drinking exacerbations in individual patients; and 3, the recurrence of specific elements from the nursing period in the drinking bouts of individual patients.

To examine these in order, first, every alcoholic person drinks a fluid, not infrequently directly from a bottle, which produces a warm pleasurable feeling. The desired end-point is a euphoria, which if attained is usually followed by a stuporous sleep—a nirvana. This drinking sequence directly parallels the experience of the infant at the breast or bottle where oral satisfaction induces sleep. Both Rado (19) and Lewin (15, p. 94) have commented on these phenomena and have compared the effects of intoxicants (artificial elatants) to mania. The actual end of the drinking experience, however, is not the euphoria but an awakening from sleep in a sober state with depression and physical discomfort. This harsh and painful reality brings about a renewed craving for drink which, if denied, produces withdrawal symptoms. Thus the drinking bout includes by analogy a re-enactment not only of the feeding aspects of the nursing situation but of the weaning as well. The convulsions which sometimes accompany abrupt alcoholic withdrawal may be a symptomatic parallel of the rage response to abrupt weaning.

The timing of the drinking exacerbations of individual alcoholic patients also pointed to their relationship to the nursing experience. Hence, it was extremely common for the alcoholic men in our study to increase their drinking during the latter part of their wives' pregnancies and throughout the

first year of the baby's life. They were usually drunk when the baby was born and literally took to the bottle at the same time as the baby. One man willingly got up in the middle of the night to give his baby the bottle, for he could then drink from his own bottle unobserved by his wife.

In women patients too, alcoholism often began shortly after childbirth. Feeding and caring for their babies was stressful for them. There was much surreptitious nipping from the bottle during the early months of the baby's life—so much that the care of the baby had to be taken over by someone else.

Dinnertime in these alcoholic families was often a period of great turmoil. The husband, if drunk, might turn over the table, throw the food around, or refuse to share it with the children. When the wife was drunk, it was a moot question whether she would be able to prepare the meals. Or, as with several of our patients, if she did succeed in preparing a dinner for relatives or guests, she usually drank heavily the next day, as if she could not 'give' food to others without 'giving' herself 'nourishment' in the form of alcohol immediately afterwards.

In alcoholic men and women alike, conflicts about feeding and weaning were revived and acted out in two special situations—when a baby was born and at meal times. An experience which tends to be repetitively revived and re-enacted in this way is usually a traumatic one which was never fully assimilated and which leaves a residue of unresolved conflict. Freud (9) believed that there was an instinctual compulsion to repeat such experiences. Bibring (2) noted that the ego might make use of this repetition-compulsion through acting out, either in resistance or in an attempt to work through or master the conflict.

If we regard the alcoholic's drinking as based on the repetition-compulsion, it would be helpful to know something about the original experience which is being repeated and to note which of the themes derived from it are being emphasized. Although exact knowledge of this type is hard to obtain, some of our data allow inferences to be drawn. From our interviews with the mothers of a representative group of alcoholic patients,

we have information about the infancy and childhood of these patients. Twenty mothers were available for interview among approximately seventy patients admitted to the study in one year. In four cases the father was seen also. The material pertaining to feeding and weaning is summarized below. Its general implications will be discussed first, then examples will be given of the way in which particular patients repeated specific elements of nursing experiences in their drinking bouts.

Usually, feeding was unpleasant for mother and child, attended by many difficulties. Several mothers made brief unsuccessful attempts to breast-feed the baby, then switched to a bottle. In most instances they used the bottle alone. They seemed peculiarly unable to judge their babies' needs for nourishment or to understand the infants' attempts to communicate. It was evident that they were hostile and ambivalent toward the children. The following three statements given by mothers are typical: 'The baby was crying for hours. Then my sister-in-law decided he must be hungry, so we gave him some milk and he became quiet.' 'She cried day and night for a month. Then the nurse and I discovered the formula needed strengthening.' 'We were so afraid he would not get enough milk to drink, so I set the alarm to give him a night bottle until he was three years old.'

Often the bottle or breast was used as a general pacifier. One mother said: 'Giving him the breast was a sure way of keeping him quiet', while another stated: 'I slept with him so he could eat whenever he wanted'. A third mother, evincing the same attitude, said: 'My mother-in-law and I were kept busy getting the bottle ready on time to put into his mouth the minute he stirred from his sleep'.

Such overindulgence in feeding was often followed by abrupt weaning. Thus, the mother who slept with her baby weaned him abruptly at one year, at the suggestion of her own mother. When he cried at night after that, she would soak graham crackers in milk and stuff them in his mouth. In only a few instances was the weaning process gradual or based upon

indications from the infant that he was ready for it. Various subterfuges were employed to get rid of the bottle, usually at the instigation of persons other than the mother. For one patient the mother-in-law decided the matter, saying 'He don't need no bottle', then hiding it. Another patient's father did the weaning by telling the child that something had happened to the bottle and letting him sleep with him that night. It was evident from comments of the mothers that such weaning created distress for the child. One mother said: 'For a long time he would wake up at night and cry. But I just sweat it out and tried to coax him to take milk for a week.' Another mother described her baby's reaction to weaning: 'He was very angry and cried day and night for three days'. In several instances, weaning was undertaken when the mother was pregnant with the next child. One alleged that because of her pregnancy her milk was poisonous and caused the baby to have colic.

Nutritional, gastrointestinal, and other disturbances had their onset in this period for several of the patients. One mother reported: 'When he was six months old we added egg to the formula, and then he had his first asthma attack'. Another said: 'When he was a year old I suddenly noticed that he looked sick. The doctor said it was rickets.' And a third mother stated: 'Just after she was weaned she started to have projectile vomiting'. The use of 'we' in some of the above quotations, and the references to mother-in-law, nurse, or other persons is typical for these mothers and indicative of their strong need to rely on other women for help in raising their children.

Specific elements of the nursing period reappeared with minimal modification in the drinking pattern of individual patients. For example, the projectile vomiting mentioned above, which a woman patient first developed when she was weaned, recurred throughout her early childhood whenever her mother went away. Each time it served to bring the mother back to her. Later severe episodes followed a tonsillectomy and an appendectomy. After the birth of her second child (at a time when she had moved from her mother's neighborhood), the vomiting

occurred again in association with a severe phobic reaction. Both vomiting and phobic anxiety were relieved by drinking. This marked the beginning of the patient's alcoholism and subsequent alcoholic bouts were preceded by phobic symptoms, vomiting, or both. This sequence illustrates how nursing, mother, and alcohol became equated. The patient also recalled that in her childhood her mother would give her grape juice to relieve the vomiting.

The vomiting had many determinants. Pylorospasm was the most probable organic factor; the patient also partially identified herself with a father who was both alcoholic and subject to vomiting. The patient's statement that pregnancy disturbed her because she felt that it was a poisoning indicates the probability that oral impregnation fantasies were present. At a more literal level, the vomiting was an expulsion and a messy defiance of her mother's high standards of cleanliness. This messiness was also related to the nursing period, for in this patient (and in most of the others), nursing and toilet training were concurrent. At times feeding and bowel evacuation were simultaneous, the patient being given the bottle while she was held on a potty on her mother's lap.

Oral and anal themes were similarly intertwined in the drinking bouts of nearly all of our patients, both men and women. This reflected their original linkage during the nursing period. Toilet training was begun very early, sometimes at the age of six weeks. The mothers showed little inconsistency or ambivalence in this area in contrast to their confused attitudes about feeding. All of them placed great stress on cleanliness and orderliness. Other writers (12) have also reported this theme in the histories of alcoholic patients.

Toilet training, however, tended to break down during times of stress. One patient recalled such intense anger on seeing his newly arrived baby sister being nursed that he 'shit on the couch'. Other patients reported loss of control of both bowel and bladder while drinking. One mother, speaking of her grown son, emphasized his neatness and cleanliness when sober,

but she said, 'when drunk, he soils his pants and has to be cleaned up like a baby'.

THE DRINKING BOUT AS TRAUMATIC 'DREAM'

The evidence up to this point suggests that these patients had a psychic fixation to the nursing period and that they tended repetitively to work through the trauma of that period in their drinking. Their drinking thus was analogous to the traumatic neurosis or dream. Many, in fact, spoke of their drinking spells as being dreamlike states. In a drinking bout, as in a dream, there was noted a day residue or precipitating event (e.g., the feeding of a baby) which reactivated a conflict situation from the patient's past—his own nursing. Themes from this past conflict were then elaborated during the intoxication by way of the usual dream mechanisms of condensation, distortion, displacement, etc. The intoxication, in further similarity to a dream, had both a manifest and a latent content (Cf. 16, 17).

A DREAM-INTOXICATION

One patient who was in long-term treatment gave the following description of the events which precipitated a particular dream-intoxication. A few hours before starting to drink he had visited his wife, who was divorcing him, and their baby daughter for whom he had brought a gift. This was one week before Christmas. After the visit he started back to his mother's home where he was then living. On the way he felt lonely and began to recall childhood Christmases when his father, now dead, would invariably go on a wild drunken spree and shoot off guns in the house, and when his mother would threaten to leave or kill herself. Next he thought of his job and rebelled at the idea of going to work the next day. He hated the restrictions and routine of a job. He became more depressed and, rather than go home, he decided to go to a bar for a drink and to try to pick up a girl. On the way to the bar he remembered that most of his relationships with women were unsatisfactory

and brief. He wondered about this as he reached the bar but forgot about it as he started to drink.

The manifest content and a portion of the latent content of the intoxication follows. The patient described his feeling at the beginning of the bout by saying, 'When I start drinking I feel like a man. I feel completely free—there is no reality, no restrictions. Everything is blotted out.' He found a girl at the bar but became too drunk to do much with her. Then for several hours he went from bar to bar, ending up in the slums. This period of wandering was to him a blur of angry messiness—'a coarse, dirty drunk'. He was also fearful that men might beat him up and that they might think him a 'queer'. Later he blacked out and when he came to found himself in his mother's home.

During his amnesic spell he had called the hospital ward and asked for the nurse but agreed to talk instead to his male social worker. (This was the repressed or 'blacked-out' portion of his 'dream'.) He quickly denied that he wanted to be readmitted, saying: 'I don't need anybody to wet-nurse me. I'm on my own—an independent man. I'm not a baby.' He added immediately, 'I'm afraid my mother might die. I don't want her to.'

ASSOCIATIONS TO THE 'DREAM'

In an interview a few days after the drinking bout the patient's thoughts kept returning to his childhood. He remembered being lonely and feeling that his mother did not love him because she was away so often. He had had a succession of nursemaids, a new one apparently each time his mother returned from the hospital with another baby. In addition, at age three, when his first sister was born, he was moved away from his parents' bedroom. Later another sister came along and he was again moved, this time to a room still farther away. He recalled that he frequently dirtied his pants—'shitting anger at my mother'. The nursemaids would clean him up.

He said that in his mind mothering and sex were always confused. His recollections turned to his first drink. 'On Satur-

day afternoons mother and father would go into their bedroom and close the door. I didn't like the door being closed because then I couldn't go to mother. I knew something was going on but I wasn't sure what. I was about five years old. One afternoon after the door had been closed awhile, they opened it. They were having a drink. They let me taste it. That was the first time I had alcohol.' (Later, Saturday became his favorite day for drinking and for going from bar to bar looking for a girl.)

In associations to the idea of his mother's dying (which he had expressed in his phone call) his thoughts again returned to the parents' bedroom: 'Once when I was little I was in the room alone with mother. She and father had had a fight. There was a bottle of gin on the dresser. She was getting ready to go out and she undressed in front of me. When I saw her naked, I felt disgust, sexual desire, and anger. I was surprised at the lower part of her body. I had thought she was a man.' He added: 'I wanted the bears to eat her up'. The 'dream' elements of men beating him up and of thinking him a 'queer' reminded him of his great fear of his father as a child, and of his early wish to be a girl, since he felt his mother favored his sisters.

INTERVIEW WITH THE MOTHER

In her interview with us, the patient's mother confirmed the information about the room changes, the nursemaids, and the patient's loss of bowel control. She thought the latter was infrequent and she did not view it as an expression of anger. She said that the patient's rigid bowel training started when he was six weeks old. As to feeding, the mother said that the patient was breast-fed for about three months because she felt that she 'ought to do this'. After this, he was bottle-fed and cared for by a practical nurse who weaned him when he was about ten months old. Asked how the patient felt about her nursing his baby sister, she replied that she was always so modest that she would not nurse her babies in front of anyone. (This was contrary to the patient's recollections.)

The mother said that the patient was subject to asthmatic

attacks and that the first one occurred with a change in his milk formula at the age of six months. She said he had 'almost died' with this attack and had developed eczema at the same time. She and the nurse devoted most of their time for the next few months to care for these conditions, moving to a seaside resort to help the patient.

As to more recent events, the mother stated that the patient did not start to drink heavily until he was twenty-one years old, just after his father's death. She tried to ignore him when he drank but her mother, who lived with them, was very kind to him at such times. (The patient thought that both women babied him when he was drunk.) She emphasized that he was messy and troublesome when drunk but neat, clean, and docile when sober. The patient often told her that he had never loved his wife as much as he loved her. She was extremely critical of his wife, especially because the wife had refused to breast-feed their child and took pills to dry up her milk.

The patient, asked for his version of the asthma attacks, recalled one episode in particular that occurred in kindergarten. The children were to have a Maypole dance which the mothers were to attend. The patient mistakenly thought he saw his mother leave and immediately had an asthma attack which made it necessary for the teacher to take him to a room alone. As a result he did not participate in the dance. These attacks became much less frequent after he started drinking, but he compared them to his drinking in an interesting way, saying, 'Coming out of the asthma attacks was like coming out of a drunk is now—being a man again, overcoming something'. (One recalls his mother's words, 'He almost died'.)

ANALYSIS OF THE 'DREAM'

In the beginning of this patient's 'dream' the manifest content is filled with euphoric feelings of freedom and independence and of being a man. There is much motion and activity. Gradually the predominant feeling changes to anger. Coarse, messy scenes follow. Later themes, opposite to the early ones,

arouse anxiety—men want to attack the patient, they think he is a 'queer'. The dream ends, after a blackout period, with the dreamer back in his mother's home. Thus, as with many nocturnal dreams, this one terminates in anxiety which wakes the patient. Furthermore, the anxiety is aroused by men, which is in line with Lewin's view (16) that the wakers and disturbers of sleep represent the father.

Freud, in discussing the forgetting of dreams (7, p. 529), spoke of the censorship operative in dreams and deliria which deletes or 'blacks out' passages it disapproves of, passages which contain the very material that shows the core of the unconscious dream wish or the latent content of the dream. Following this line of thought it appears that the portion of the dream-intoxication for which our patient was amnesic (blacked out) would be most important in determining its unconscious meaning. Fortunately he made sure that this section would be preserved by telling it to someone (the social worker) who he knew would keep a record.

It is evident at once that the themes of this forgotten content are quite the opposite of those in the manifest content. There are many allusions to *nurse*, *wet-nurse*, *baby*, and (by denial) *being taken care of*. It is almost a plea to be nursed or an expressed desire to return to a passive nursing situation which contrasts markedly with the emphasis on masculinity and activity in the manifest content. Mother, rather than any male figure, is mentioned—but the thought is about her death, her loss. Finally during the black-out, the patient actually returned to his mother to be cared for.

The patient's associations to elements of the manifest content and to the day residues confirm this interpretation. Nearly all of them lead to mother. Before beginning to drink he had visited his wife who was leaving him and taking their baby daughter with her. For him, this situation was a direct repetition of the infantile one in which he felt displaced in mother's affection by his baby sister. (It was also near Christmas—a time when the birth of a baby is universally celebrated.) The 'shitting anger' aroused in that earlier period is represented in

the drinking bout by messiness and sloppiness, and also expressed, in its oral connotation, by his wanting 'to kick someone in the teeth'.

However, at the start of the bout, his conscious intention was to find a girl 'to have sex with' and for this he had to be a man—like father. Father drank at Christmas time and became very aggressive and angry and the patient repeated this pattern. The danger in taking father's place was castration—men were threatening him; and he might be a 'queer'—a girl. The anxiety aroused at this point interrupted the 'dream'. When father drank, in the original childhood situation, mother threatened to commit suicide; hence, in the bout the patient's fear of her death. Instead of returning home like a man, he went back as a baby and actually told his mother of his wish to be a girl.

There is a remarkable confusion of sexual and oral themes in this material, so that the 'dream' appears to be an attempt to repeat the œdipal conflict as well as the nursing situation. This is reflected in the patient's confusion about being mothered or fed, and sex. Thus he went to a bar—a place to drink—in order to search for a girl. His nurse, he said, would have been the ideal woman for him. In his memories drink and the bottle entered as integral parts of the primal scene. Sexually aroused by seeing his mother nude, he wanted her *to be eaten* by bears. As Fliess (6, p. 65), in discussing the oral phase, stated, 'Behind the œdipal aim is a preœdipal one, and behind the desire to possess the mother as a man is, in the last analysis, the desire to own her breast as a nursling'. Lewin (17) also mentioned the narcissistic regression common to depression, elation, the addictions, and sleep. He accounted for the prevalence of oral imagery in primal scene fantasies by the fact that feeding and the primal scene initially are both intimately related to the wish to sleep (14).

THE DRINKING BOUT AS SLEEPWALKING

The wish for motility is implied in the patient's desire to escape the restrictions of reality and in his feeling of freedom and exhilaration as he began to drink. He realized the wish as he

wandered from bar to bar. The close relation of wanderlust to sleepwalking and to alcoholism has been noted by Stekel (21). The patient's intoxication, with its content of feeling and action rather than visual imagery, was therefore more like sleepwalking than like ordinary dreaming (20). It bore other resemblances to sleepwalking. His return to his mother, his waking up to his surprise at her home, is reminiscent of those children who sleepwalk and end up in their parents' bedroom or in bed with mother. His displacement as an infant from his parents' bedroom, further away as each sibling arrived, was still vivid in his memory. In the drinking bout he attempted to undo this traumatic event (Cf. 10, pp. 258-259). The case histories of sleepwalking (13, 18, 22) also show its frequent association with enuresis and the latter's hostile connotations. Enuretic as a child, this patient, like many alcoholic patients, often was incontinent when drunk.

The patient was as ambivalent about motility as about masculinity. Both were dangerous; they could lead to separation from mother and to injury (castration) or death. History confirmed this for him: his younger half-brother had been killed when he walked in front of an automobile. His parents therefore were very anxious about him; they did not like to have him out of their sight. His earliest memory was of hurting himself while playing with a wagon he had been given for Christmas, and of mother's caring for the injury. The mother said that when the patient was four he was hurt when he rode his tricycle down the cellar steps. His sister had urged him to do this.

The same themes of ambivalence about motility, of separation from mother, and of dangers were prominent in his asthma attacks. These attacks were originally intimately linked to the nursing period and later seemed to have been superseded by the drinking. According to the patient's early memory, the asthma attack took him out of action: he could not join in the dance around the phallic Maypole. But the attack was precipitated by his fear that mother had left him, and thus, both the asthma and the drinking were cries for mother even as in them he sought reassurance of his masculinity and invulnerability.

A repetitive childhood dream dealt with the theme of motility in a primitive form. This was a dream of falling a great distance from which he awoke in a cold sweat. Curiously, the patient termed it a 'favorite' dream. He remembered the dream as occurring in early childhood and returning with increased frequency at the time of puberty when he was learning about sex. This dream, like the asthma attacks, no longer appeared when the patient became alcoholic. It was associated by him with his phobia of high places. The phobia, he said, prevented him from completing a course for leadership training in the army. So in the childhood dream, as in adult intoxication, themes of motility, sexuality, and masculinity are interrelated.

The inhibition of motility brought about by the asthma attacks is in contrast to the freedom of movement present in the dream of falling. Yet, at a feeling level, the two themes are closely related. For the idea of *falling into a void* can be equated with *being engulfed*; and the sensation attending an asthma attack is precisely that of a smothering engulfment. Each of these aspects was represented in the patient's drinking, in that he experienced a feeling of complete freedom at the same time that he was drowning or engulfing himself in alcohol; i.e., becoming both 'falling down drunk' and immobilized.

By a further extension of the idea of *being engulfed* to include *being swallowed or eaten* (15, p. 107), the orality in both the asthma attacks and the dream becomes apparent. It is this element which is readily expressed in the oral activity of drinking. The patient countered his fear of being passively swallowed by actively swallowing a toxic substance. Similarly he moved toward mother, the very person who he feared would engulf him. 'Mother has a very dominating control over me', the patient once said. 'When she takes care of me, I feel girlish.'

Being eaten by mother, according to Fenichel (3), is a regressive incestuous wish and is indissolubly connected with the idea of being castrated. This theme has already been commented upon in the analysis of the patient's intoxication. His wish that she be eaten is also in this context.

Fliess (6, p. 110), in discussing orality, eating, and being

eaten, stated that the cannibalistic affect is impatience. This affect appears frequently in projection as a feeling of being chased by others, or of having demands made on one (as our patient resented the demands of a job). Fliess added: 'One need merely recall the haste with which the beast of prey pounces upon its victim and remind oneself by this fact that the interpolation of "delay through thoughts" does not exist in orality' (Cf. also Greenacre, 11). This line of reasoning provides some insight into the propensity of the alcoholic patient to act out. It links acting out to orality and motility and to the themes of return to mother and incorporation of the breast; as a denial of passivity, the acting out assumes a manic and counterphobic quality.

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The Importance of the Gelding

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THE IMPORTANCE OF THE GELDING

BY WILLIAM C. LEWIS, M.D. (MADISON, WISCONSIN)

Since the publication of Freud's Little Hans, it has become a psychoanalytic commonplace that large animals, in the fantasies, dreams, and symptoms of children, are symbolic representations of parents.

In the days of Little Hans, horses were ubiquitous. Urban children of the present generation nevertheless have had opportunity from books, films, television, and the zoo to become sufficiently familiar with horses and other large animals to develop cathexes of their psychic representations. The persistence of such representations, in different times and in widely varying circumstances, attests the irreplaceable service to the unconscious needs of children that such fantasies provide.

A female patient was in analysis for episodes of depression accompanied by borderline schizophrenic decompensations. From the outset of treatment she had many dreams of horses. The fact is not unusual; but certain features of her symptomatology, her dreams, and childhood experiences merit recording.

During periods of narcissistic regression she often became obsessively preoccupied with the appearance of genitalia. Though married and the mother of several children, she could not bring herself to the conviction that all men have penises. As she looked at men on the street, solely in terms of her obsession, she saw their genital anatomy as a 'blank'. Her husband was for her uniquely male in this regard. Her father and all other men were fascinating and horrifying enigmas. Did they or did they not have penises? This ambiguity was, of course, incorporated in the transference, and in explicitly expressed wishes to see the analyst's penis.

About women she was less confused consciously, although her dreams were replete with imagery of girls and women who were equipped with penises. A compulsive masturbator, her fantasy of possessing a penis attained a degree of hallucinatory vividness during preorgastic moments. She confused mouth with vulva, and

tongue with penis both in fantasy and dream. There were dreams in which a penis replaced the tongue in her own mouth.

Horses were unmistakably associated with her father in many dreams and memories, and with the intrusion of the œdipal conflict in her marriage. Horses were most explicitly given human attributes in her dreams. In one complex dream the protagonist was a horse which wore her husband's cowboy boots. In another dream, she was having sexual intercourse with a horse which changed into her husband.

Such complicated confounding of the sexes, consciously and unconsciously, and the singular frequency of the theme of horses, becomes understandable in the light of her early experiences and relationships.

She was estranged from her mother who was a coldly hostile woman devoted to social life. Her mother had a penchant for taking photographs of the patient and her playmates in the nude. In relation to her fond but passive father she was constrained by feelings of guilt. She found no companionship with an older brother who was seductively tantalizing toward her. Her only uncomplicated love was the affection she lavished on her pony. From her early years until she left home to attend school her greatest happiness came from tending and riding a succession of ponies and horses. Without exception these were geldings.

She recalled vividly the guilty fascination with which on innumerable occasions she examined the soft, mouthlike orifice of the horses' penile sheaths. At times there appeared at the orifice an extruding penis, which subsequently retracted, leaving the otherwise vulval perineum. The excision of the scrotum and testes in gelding the colt had left what to her were female genitalia.

COMMENT

These observations were readily assimilated in the patient's unconscious as confirmations of various infantile fantasies. In her homosexual flight from the œdipal father and the seductive brother she was given proof of the possession of a hidden penis. The hostile defense of castrating the threatening male objects was likewise given potential realism. That she could make her husband a singular exception depended on displacing any intrusive œdipal fantasy

from her husband onto a surrogate horse. In reverse, a dream of coitus with horse-father was reassuringly transformed into horse-become-husband. The devotion to horses enabled enjoyment of affection without fear or guilt. The 'female' horse was additionally a partial representation of the mother of whose love she was factually deprived. The last also finds representation in the mouth-penis dream which is, among other associations, a substitution of penis for breast—the oral disappointment which contributed to her periodic depressions.

Maxwell Gitelson 1902–1965

Paul Kramer

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MAXWELL GITELSON

1902-1965

The death of Maxwell Gitelson at the age of sixty-two caused grief and consternation among a large and surprisingly heterogeneous group of people. The expressions of sympathy that poured into his widow's home from friends, acquaintances, and many who had little, if any, personal relationship with him bear witness to his widespread influence and to the loyalty which he evoked. His sincere concern with people and their problems, his warmhearted empathy with them, and his ready helpfulness were responsible for much of the reaction to his death. The depth of feeling aroused was also, I believe, a measure of the degree to which Gitelson's life was permeated by his being a psychoanalyst. One of the psychoanalyst's essential qualities is the capacity to evoke and tolerate transference responses. This capacity, innate in some, acquired and further developed in others, extends not only to the psychoanalyst's patients but to a wide circle of people on the periphery of his professional activity. Gitelson was well endowed with the faculty to call forth transference reactions. Years of psychoanalytic experience taught him to abide such reactions with equanimity. As a result, he attracted the affective cathexes of scores of people, and incidentally added an important asset to his fine therapeutic skills.

Maxwell Gitelson was truly a self-made man. Born in 1902 in Russia, he was brought to this country in early childhood. His family, though imbued with a tradition that valued education and learning, could help him but little, since the struggle for survival fully absorbed their meager resources. Acquiring an education was a hard, sometimes backbreaking task. Determination beyond the ordinary and a willingness to spend of one's essence, to risk health and even endanger life, were qualities that the young student displayed in abundance and which remained characteristic of the man in his prime. He never spared himself and often disregarded the advice of his physicians and friends alike when they warned against accepting obligations and duties which others prudently declined. The trait of sparing no effort and accepting no defeat was of some account in his intense preoccupation with therapy and in the therapeutic enthusiasm which was characteristic of him,

particularly during the earlier years of his career. It remained a powerful factor in his clinical work, though in later years the youthful therapeutic ambition gave way to an attitude of judicious and patient wisdom.

It cannot be said that he was always the surest judge of men. He had his full share of disappointments and disillusionment caused by errors in evaluating his fellows. He had a healthy ambition and was pleased by success and honors, but his ambition was more than balanced by his sense of duty and his utter dedication to the causes he believed in.

Courageous in the face of enmity and of personal illness, he refused no work and shirked no tasks consistent with his principles. He was elected to the highest positions in American and in international psychoanalytic organizations. Heinz Kohut paid tribute to him in the following words: 'He was one of the few statesmen which organized psychoanalysis has had, perhaps the greatest one. . . . It was he who, at a decisive stage, helped stem the tide of professionalism (in contemporary psychoanalysis) in order to maintain what he saw as the core values of psychoanalysis as a science.'

His interests were both clinical and theoretical, and in the last years predominantly concerned with psychoanalytic training and the future of psychoanalysis in the United States and abroad. He was a careful and sometimes laborious writer, much concerned with accuracy in concepts and formulations. He published thoughtful essays in many areas of analytic interest. Perceptive studies on child guidance, problems of delinquent youth, and the psychology of adolescence stressed the importance of the therapist's support for the innate developmental potentialities of the adolescent. There followed imaginative formulations on the emotional position of the psychoanalyst and on the nature and difficulties of the didactic analysis. He addressed himself to the vexing problems of the analysis of the 'normal' candidate and the technical difficulties of penetrating the defenses of intellectuality and 'normalcy'. In later years he produced clinical studies on intricate problems of ego psychology, culminating in an attempt to define a specific form of ego distortion. Finally, he published philosophically and historically oriented studies concerning the present and future position of psychoanalysis among the sciences. Most of Gitelson's papers received wide

acclaim, and some were attacked with inordinate bitterness.

His influence on the direction of American psychoanalytic thought and practice was profound. On many occasions he argued carefully and effectively against ideas currently popular at various times which discarded basic tenets in psychoanalytic theory and practice. Supported by the force of his convictions he strove to protect the essence of the psychanalytic process from confusion with, and replacement by psychotherapeutic efforts not properly analytic, most notably that of the so-called Chicago school in the 1940's. He was indeed well equipped to conduct this particular argument, since he was himself a remarkably gifted and successful psychotherapist and had given much thought and effort to the formulation of the differences between psychoanalysis and various psychotherapeutic techniques. Several papers dealt with the respective values and applications of each approach to therapy. He opposed with vigor technical suggestions in the realm of psychoanalytic education which threatened the anonymity and confidentiality of the analytic situation, and was actively concerned with the preservation and improvement of the standards of psychoanalytic education. Less known though no less sincere were his efforts on behalf of the Psychoanalytic Assistance Fund over which he presided since its inception. Humanitarian pursuits of all description were always certain of Gitelson's sympathetic interest and active participation.

An appreciation of his position and attainments is incomplete without acknowledgment of the contribution made to his work, indeed his life, by his wife, Frances. She provided counsel and comfort, and loyally stood by him in trying times, often shouldering much of his burden. The harsh early years and the struggles of manhood failed to blunt Max's warm, gregarious, and in some ways childlike qualities. A generous man of wide interests and lively curiosity, he was easily aroused to enthusiastic reactions. He and Frances enjoyed life fully and appreciated together its more refined aspects and cheerful moments. The ready hospitality of their home was well known to countless visitors. Max loved company, and savored a good joke no less than a good table. He was a lover of literature and the arts, especially the theater. He was fond of travel, enjoying equally the beauties of nature and the accomplishments of culture.

In Max Gitelson the psychoanalytic community lost a leader of true stature, his students a teacher of distinction, his patients a dedicated physician of rare ability, and all who knew him a warm and responsive human being.

PAUL KRAMER, M.D.

George Joseph Mohr 1896–1965

May E. Romm

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GEORGE JOSEPH MOHR

1896-1965

Dr. George Joseph Mohr died of a heart attack in New York City, March 6, 1965, at the age of sixty-nine. He started his professional career as a pediatrician, but becoming chiefly concerned with the emotional welfare of children he changed to psychiatry. He received his psychoanalytic training in Berlin, then settled in Chicago, becoming Clinical Director of the Institute for Juvenile Research. Between 1928 and 1931 he was Director of the Child Guidance Center of Pittsburgh, teaching there at the University; he published books on premature children, goiters in children, and many other papers relating to physical and emotional illnesses in children. In 1934 Dr. Mohr returned to Chicago and then, after a year in Israel, moved to Los Angeles in 1937.

He was invited by Dr. Franz Alexander and by the Board of Mount Sinai Hospital in Beverly Hills to become Director of Child Psychiatry and to develop a program of research in psychosomatic disturbances in children. A modern therapeutic nursery school was established at his incentive. With Marion Dupres he published *Stormy Decade*, and collaborated with others in papers on psychogenic factors of asthma in children. He was a gifted therapist. He stressed the importance of transactions within the families of these young patients. In this sense, his teaching was advanced; and always he emphasized psychoanalytic, psychodynamic concepts.

Among George Mohr's appealing qualities were his empathy and his tenderness toward people and his dedication to responsibility,—to his family, his patients, and his students. When he became ill several years ago, his concern was greater for the welfare of others than for his own health. He was a man of rather small physical stature, yet he carried himself with an air of nobility and dignity. He appreciated the arts, especially music, and was an accomplished violinist. He enjoyed good literature and the theater. Although members of our specialty are not always kind and laudatory of each other, not one individual in our group ever had any untoward criticism of George Mohr. He was, indeed, loved and appreciated by all who had social or professional dealings with him. He will be greatly missed, not only in Los Angeles, but throughout

the psychiatric and psychoanalytic circles in the United States where his scientific contributions invariably added to the knowledge of psychiatry in general and of emotional disturbances of children in particular.

MAY E. ROMM, M.D.

Goethe. A Psychoanalytic Study 1775–1786. Two Volumes. By K. R. Eissler, M.D. Detroit: Wayne State University Press, 1963. 1538 pp.

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BOOK REVIEWS

GOETHE. A PSYCHOANALYTIC STUDY 1775-1786. Two Volumes. By K. R. Eissler, M.D. Detroit: Wayne State University Press, 1963. 1538 pp.

An adequate review of this monumental work, which brings us only to the fortieth year of Goethe's life, would require the knowledge of a combined Goethe scholar and psychoanalyst. There can be few besides the author who fulfil these qualifications. I must limit myself to comments about psychoanalytic aspects of the book.

First, some statistical data. The two large volumes include twenty-three appendices (in smaller type) in two hundred eighty-eight pages, a bibliography of five hundred sixty-two titles, and an excellent index. The detail and erudition give evidence of years of thoughtful study and must surely render this work an invaluable source for anyone interested in the life and works of Goethe, whether he agrees or disagrees with the author's conclusions.

Freud, in his address delivered at the Goethe House when he received the Goethe Prize, asked what Goethe's biographers might achieve. He said, 'Even the best and the fullest of them could not answer the two questions which alone seem worth knowing about. It would not throw any light on the riddle of the miraculous gift that makes an artist, and it could not help us to comprehend any better the value and the effect of his works.' He says further: 'Psychoanalysis can supply some information which cannot be arrived at by other means, and can thus demonstrate new connecting threads in the "weaver's masterpiece" spread between the instinctual endowments, the experiences, and the works of an artist. Since it is one of the principal functions of our thinking to master the material of the external world psychically, it seems to me that thanks are due to psychoanalysis if, when it is applied to a great man, it contributes to the understanding of his great achievement.' But Freud warns that 'in the case of Goethe we have not succeeded very far. This is because Goethe was not only, as a poet, a great self-revealer, but also, in spite of the abundance of autobiographical records, a careful concealer.' Does Dr. Eissler bring us further in our understanding of Goethe, the man, his works, and his gift?

In his introduction Dr. Eissler states that he does not aim to

propound any theory. He intends rather 'a psychoanalytic inquiry into certain problems encountered in Goethe's life. . . . The reconstruction of Goethe's psychic processes.' If this were all the author gave us we would have no more than a clinical case record and one that depended on secondary sources, not the associations of a live person in direct contact with the analyst. Under these circumstances, as Eissler himself notes repeatedly throughout the work, interpretations are speculative—sometimes plausible, occasionally probable, frequently unconvincing, and never subject to validation. Such a study has the value of bringing us into closer contact with a great man, a revered father, to recognizing his human qualities, and to achieving in this way a share in his grandeur, even an identification of ourselves with him, since he is no more than we and other men. But such an end would not warrant the effort of the writing nor even the reading of so massive a work.

The fact is that Dr. Eissler does much more. He is concerned with the relation of the artist's creation to his life and he seeks to determine the artist's psychic activity which is behind the creative act.¹ He describes Goethe's work in detail in relation to biographical data from letters and other documents and draws conclusions, some of which are indeed startling. He derives from Goethe's poems and plays the poet's unconscious conflicts and, conversely, implies the effect of his conflicts on the artistic production.

It appears to me, however, that his broad interpretative leaps are too often too little supported. There is adequate evidence that Goethe experienced deep conflicts in his relation to his parents, to his sister Cornelia, and that he suffered severe sexual inhibitions. His relationship to Charlotte von Stein can hardly be spoken of, as the author does, as 'this exquisite experiment in love' (p. 1152). Goethe's early years until he went to Weimar were marked by crises that several times led to a 'breakdown' which Dr. Eissler believes may have been paranoid schizophrenic episodes. Whether one agrees with this diagnosis or not, it is safe to assume that these conflicts, as they persisted into his later life, were the source of many of Goethe's productions. To assume the reverse, that the deductions from his writings indicate in every instance unconscious or

¹ The value of the contribution by psychoanalysis to literary biography has been noted by Leon Edel: *The Biographer and Psychoanalysis*. Int. J. Psa., XLII, 1961, pp. 458-466.

even conscious conflict of clinical severity, does not allow for the genius of the artist who, with his perceptual sensitivity and empathic capacities, can create imagery that evokes a sense of psychological truth and depth without himself experiencing the conflict as illness. The artist may suffer for mankind and with mankind, not always for himself.

Dr. Eissler is concerned with the significance of genius and does indeed propose a theory of creativity. He concludes that 'the genius quality that is found in some men must be regarded as a form of psychopathology' (p. xxxiii). In a long appendix, *Remarks Upon the Problem of the Relationship Between Psychosis and Artistic Creativity*, Dr. Eissler states without qualification that Goethe suffered two psychotic episodes in Leipzig, separated by an interval of twenty-eight days, an interval that, he adds, 'may suggest that these raving attacks were, perhaps, precipitated by his sweetheart's menstrual period' (p. 68). Dr. Eissler also considers Goethe's venture into the science of chromatology as a 'partial psychosis', a conclusion that he argues vigorously but not convincingly.

What is important is Dr. Eissler's theory of the relation of psychosis to creativity. He says, 'I believe that every genius is a potential psychotic, because the production of great art is due to the deflection of a psychosis. A block or impairment of this diversion towards the creative therefore necessarily leads to a manifest psychosis. Art and psychosis are closely related' (p. 1097). I gather, if I read him correctly, that Dr. Eissler's point is that the genius experiences a 'psychosis' which differs from the ordinary clinical psychosis inasmuch as the former leads not to a permanent disruption of ego structure but to a disruption which frees instinctual energy, which is 'intercepted by uninjured ego-functions and used for the creation of poetry' and not for physical discharge (p. 1179). This seems to be not far removed from Kris' concept of 'regression in the service of the ego', to which Dr. Eissler refers (p. 1416) but which he questions, preferring to assume that the ego 'can, as it were, take a nap and rely on the wisdom of the force of nature'. He says further that 'the drive, thus tamed, can now without the ego's supervision accomplish even better what the ego craves to accomplish than it can when the ego is given opportunity to interfere, burdened as it is with its desire to be perfect and its concomitant doubts. The ego, with all its wisdom and experience and memory and judgment,

could not create artificially what can be created by abandonment to the free operation of tamed instinctual powers' (p. 1417). There appears to be a contradiction in these propositions. The 'uninjured ego-functions' use the free instinctual energies for 'the creation of poetry'; yet, the drives (though tamed—how?) operate without 'the ego's supervision'.

Dr. Eissler is consistent within his own theory in defining sublimation as a change of instinctual aim and not a transformation of energy (p. 1415). A further consequence of his theory is that the artist loses his creativity to the extent that he expends his instinctual energies in normal object relations. He says, 'As soon as he [the artistic genius] achieves a satisfactory mode of object relationship—and for the genius only an ideal mode is likely to be satisfactory—he simultaneously loses the capacity for creating great art' (p. 1367).

These are interesting and challenging assumptions. Whether Dr. Eissler is correct remains to be proved. The work deserves careful reading and study. It is likely that the nonanalytic reader will be repelled by the bold speculations of the author. Even the psychoanalytic reader may wish that the author had emphasized less Goethe's psychopathology, his 'psychotic' core. Is it the artist's psychopathology that determines his creativity or is it not rather his capacity to deal with his conflicts? Should not the emphasis be on his synthetic powers, his capacity to tame his inner chaos,—on the imaginative powers of his ego to make of his conflicts a great artistic heritage? Art is not pathology, not neurosis, not psychosis;—it is man's great achievement, the fruition of the imaginative functions of the ego. It is in the study of these functions that psychoanalysis can make its most valuable contribution.

DAVID BERES (NEW YORK)

LA PERSONALIZACION. BIOLOGIA Y SOCIEDAD. (Personalization. Biological and Sociological Aspects.) By Igor A. Caruso. Bogota: Circulo Vienes de Psicologia Profunda Grupo Bogota, 1964. 75 pp.

Personalization is a term that refers to the biological, sociological, and anthropological elements of the individual and to his ego; it maintains that the ego is more than the sum of its parts. Caruso differ-

entiate between the biologically inherited structures of the ego, described by Hartmann, and its psychological aspects.

Perception is never objective; language is simply a means of communication and therefore we must always be aware of our use of analogy, homily, and metaphor. (Linguistic study of Freud's work should be fruitful.)

We must not confuse a function with the idea of functioning. Caruso believes that functional units should be considered from the dynamic, energetic, and structural aspects to eliminate the confusion which he believes exists in the current psychoanalytic literature. His book consists of ten lectures given in Bogota in 1963 and will become part of a series of other analytic publications from the Archives of Psychoanalytic Studies. The author is better known in Germany, France, and Spain than here and it is regrettable that he underestimated the sophistication of the group to which he lectured; this error results in uneven handling of his subject from the first two or three lectures to the last one. Nevertheless the book is well-reasoned and deserves to be read.

GABRIEL DE LA VEGA (NEW YORK)

EVOLUTION OF PSYCHOSOMATIC CONCEPTS. ANOREXIA NERVOSA: A PARADIGM. Edited by M. Ralph Kaufman, M.D. and Marcel Heimann, M.D. New York: International Universities Press, Inc., 1964. 399 pp.

The carefully selected papers (previously published) that comprise this book gain from chronological arrangement. Surprisingly, the editors do achieve their goal despite minimal editorial comment. The evolution of knowledge about anorexia nervosa and its determinants shows us how thought about psychosomatic medicine has developed. Concepts about illness have become more specific. The mind-body dichotomy is revealed as clearly irrational. The crucial questions of choice of organ for expression of conflict and the mechanisms of psychosomatic illness are in the foreground of discussion. Others papers discuss what is specific in a psychiatric syndrome, and show how symbolization and unconscious mentation play a part in somatic symptoms.

The editors, aware of the lack of psychoanalytic data and of the limitations of studies of case histories, acknowledge that 'we are

still left with the fundamental problem of psychosomatic medicine'—the problem of how conflict and symbolization produce somatic symptoms is not yet understood. Knowing that there is a fantasy of oral impregnation does not make clear to us the metapsychology of the disease. The editorial comments, intended as a guide to the ideas developed in the individual papers, serve both as criticisms of the papers and as an evaluation of the whole book. This self-appraisal, in my opinion, is a correct one and therefore of considerable value.

The volume is more than a collection of papers. It forms a unique whole. A few comments on certain articles will reflect something of their nature.

The original descriptions by Gull and Lasègue of anorexia nervosa, without which the volume could not exist, are the foci for evolution of psychosomatic concepts. Gull's style is lucid and clear, whereas Lasègue's is almost ponderous. But these two independent descriptions of a new disease evoke a sense of participation in discovery even though the scientific restraint of the two authors may leave the impression that they did not themselves fully realize the importance and originality of their discoveries.

A chapter is devoted to the concept of 'psychogenicity', which has not heretofore been given sufficient attention. The definition offered by the Mt. Sinai Seminar Group will probably remain the authoritative one, at least until new observations demand a revision in theory.

The historian who would evaluate Franz Alexander's place in medicine might well begin with study of the paper republished in this volume, in which the sermon he preaches is that organic disease is a result of emotion, stress, and tension; that functional disease may cause organic disease. This oversimplified statement is unjust to Alexander's erudition. His thought has great complexity. His theory appeals to us as probably valid though the evidence for specificity of psychosomatic etiologies is not demonstrated and many of the links between functional and chronic organic disease are not supplied.

Paul Klemperer re-evaluates Virchow's influence on modern medicine. He reveals Virchow's preoccupation with the dynamic processes of cellular pathology, and corrects the historical distortion of Virchow's precepts. His paper suggests that in spite of a large

difference there is an essential unity between psychological and physiological investigation and conceptualization.

Waller, Kaufman, and Deutsch offer the thesis that has proved most fruitful of all in elucidation of psychosomatic disease—that the fantasy of oral impregnation is central in anorexia nervosa.

The strength of the book is also its chief weakness. The editors succeed in their basic purpose of showing development of knowledge of anorexia nervosa as an example or paradigm of the development of psychosomatic theory. But they do so with such parsimony of comment that they fail to define general psychosomatic theory, and they do not compare anorexia nervosa with other psychosomatic diseases. Similarities and differences in disease processes are not illustrated and discussed. However, Kaufman and Heiman did not undertake to make comparisons and to explicate all psychosomatic phenomena. Only a paradigm of how concepts evolved is intended, without implication that the disease and the concepts about it are paradigmatic for all psychosomatic manifestations. My criticism therefore is to be construed as a suggestion for a series of books by the same editors, each on a different psychosomatic entity and each treated in the same manner as the present volume. A comparative study of psychosomatic diseases and the metapsychological concepts used to explain them would thereby evolve and might readily become the basis for a classification and theory of somatization.

VICTOR CALEF (SAN FRANCISCO)

CHILD PSYCHOTHERAPY. Practice and Theory. Edited by Mary R. Haworth. New York: Basic Books, Inc., 1964. 459 pp.

In this collection of articles by many outstanding child therapists, special effort has been made to present various theoretical approaches and methods. The editor states that it is planned for use by students and practitioners of clinical psychology, child psychiatry, and social work. It is my impression that a variety of approaches to child therapy is confusing to the student and, although it is of interest to an experienced therapist, its value is mostly theoretical.

A contribution by Erik H. Erikson draws attention to the fact that play in the child's life is not only an expression of id impulses equivalent to free associations in the adult, but also is used in the

service of the ego 'to master reality by experiment and planning'. Erikson speaks of the 'microsphere', 'the small world of manageable toys to which the child returns to overhaul his ego', and of the 'macrosphere', the world shared with others. In another article, Erikson describes the diagnostic importance of the first session which often offers clues and permits understanding of the child's problems, as well as shedding light on what can be expected in the course of treatment. He offers most valuable insight into the meaning of disruption of play in young children. This contribution may be compared to Freud's 'signal anxiety' and occurs when the child finds himself overwhelmed by instinctual feelings which enter into symptom-formation; the breakthrough of the repressed puts him in danger of retaliation from outside.

Several authors, including Escalona, Rabinovitch, and Rexford, stress the necessity of diagnostic evaluation for planning therapy. Escalona discusses the difficulties in treatment of psychotic children and compares relative merits of 'expressive' versus 'suppressive' therapy in such patients. She concludes that until more is known about the etiology of psychotic processes little can be done to effect a deeper structural change, and symptomatic improvement is all one can hope for. Rabinovitch draws attention to a variety of pathological entities such as mental retardation, schizophrenia, and psychopathic personality, in which proper diagnostic evaluation is essential to establishment of a program of therapy consisting largely of re-education. Rexford discusses therapy of delinquents at the Thom Clinic. Three types of delinquency were encountered. In the first group—the most severe—damage suffered in infancy seriously interfered with the ability to establish object relationships and reality testing. In the second group the disturbance in the child-mother relationship had occurred later in development, while in the third group the delinquency was mainly an expression of neurotic conflict. Prognosis is best in the third group; it is questionable how far the changes are reversible in the first type of delinquency.

Dorothy Burlingham, in an article on child analysis and the mother, brings up the technical problem of involvement of the mother in the analytic therapy. She suggests three ways of approaching this problem: 1, to ignore the parents and confine analysis to the child; 2, to remove the child from home for the duration of treatment and place him in impersonal surroundings; and 3, to

treat the child and his reactions to parents as an integral part of analysis. It seems to the reviewer that in any truly analytic situation only the third approach can work; with some special exceptions, the first two seem unrealistic.

Hellersberg discusses the child's play as an expression of libidinal phases and regressive needs, as well as of stages of ego development. Like Erikson she stresses the constructive mastery of environment through play. Lili Peller traces the correlation between play and levels of libidinal and ego development. Narcissistic play is followed by preœdipal play, concerned mainly with the theme of separation and turning the passive into an active experience of mothering. Œdipal play is characterized by intense awareness of sexual differences and a competitive wish for equality with adults, which results in disappointment. Typical latency play is games with rigid rules, together with reaction-formation, so important for this age.

Anna Freud's article is directed to the symptom-formation and the protective role of defense mechanisms. In several clear and simple clinical examples she illustrates with her usual skill the importance of defenses against affects. Selma Fraiberg describes a most interesting case where aggressive acting out is used as defense against passivity. She also speaks of acting out of repressed masturbation fantasies and of the difficulty in analysis of the transference resistance rooted in the basic problems of a little girl.

The importance of the therapeutic alliance, with special consideration of lags in ego development in child patients, is discussed by Frankel and Hellman. The problem of termination of treatment is considered by various therapists; they offer no definite answers but emphasize the need for clarification. Gondor stresses the importance of understanding and proper use of fantasies for diagnosis and therapy. Schwartz gives a most interesting psychoanalytic study of the fairy tale and, like Gondor, points out the usefulness of understanding and using children's reactions to fairy tales and puppet shows for diagnostic and therapeutic purposes.

The last articles deal with learning of psychotherapy and the problems of supervision. Ekstein and Wallerstein point out the connection between the therapist's personality problems and their influence on the countertransference.

For the psychoanalyst this collection of articles highlights the differences and relative merits of the psychoanalytically oriented

approach as compared with the more descriptive psychological point of view.

LILI R. BUSSEL (NEW YORK)

SYMBOL FORMATION. An Organismic-Developmental Approach to Language and the Expression of Thought. By Heinz Werner and Bernard Kaplan. New York: John Wiley & Sons, Inc., 1963. 530 pp.

The authors of this penetrating study of a complex process attempt to 'order and to integrate' developmental observations of linguistic behavior and experimental data on the processes of symbolization, especially as they are exemplified in language. The study, distilled from a variety of sources including original research by the authors and their students, is the result of years of effort, mainly at Clark University where Freud gave his first American lectures. It seems quite natural therefore that the 'organismic' approach of the authors finds many points of contact with psychoanalytic theory.

In a lecture to a linguistic study group at the New York Psychoanalytic Institute, Professor Kaplan said of the term 'organismic': 'It has sometimes been used as a synonym for "holistic", sometimes as an equivalent of "systemic", sometimes as suggestive of "visceral" or "bodily", sometimes as a less odious alternative to "teleological", and often as an affective expression of metaphysical pathos'. Speaking more definitively, he said that the concept refers to the 'ontological as well as logical priority of the whole'. In other words, in a given system the value of any part is determined by the other parts of the system and by the whole system to which all the parts are subordinate. The term 'organismic' also implies intrinsically directed activity (in this sense it is said to be teleological), including maturational as well as instinctual drives. The structurally conceived, biologically based metapsychology of psychoanalysis and the psychic system that it postulates seems compatible with the 'organismic' concept although psychoanalytic theory differs from it in many details.

Werner and Kaplan attempt to show that the development of language is a special case of the development of symbolic representation in general. Furthermore, it is a subsystem in a larger schema

of symbolic representation between which and the substructure of language there are also important reciprocal influences.

Several aspects of this study are of special interest to those interested in both theoretical and practical problems of psychoanalysis. One is the classical linguistic problem of the sources of semantic reference. Two major theories attempt to explain the origin of the connection of a word symbol with its referent. One theory asserts that there is a 'natural' relationship exemplified by onomatopoeia. The other, called the 'conventional' theory, maintains that the relation between word symbol and its referent is 'arbitrary'. The authors demonstrate that in terms of ontological development these competing theories are not mutually exclusive. They present some ingenious experimental data consistent with other observations which show that any arbitrary symbol presented to an individual is adapted to its significate by the individual's own onomatopoetic devices. Thus although the end result may appear to be an arbitrary relationship between symbol and significate, there are intermediate steps that make the relationship an organismic one. These active operations are called 'symbol rotations' and 'conceptual rotations'. To avoid restricting their propositions to linguistic symbols alone (since this work has implications for semiotics in general), the authors use the term 'vehicle' to refer to the nature of the symbol or the substance out of which it is being formed. They demonstrate that in 'symbolic rotation' there is a reciprocal relation between the 'vehicle' and the ultimate referent, in which each is reconstructed by the other, or seen differently in differing situations and contexts. Thus all words when used in speech have an individual cognitive signature attached to them, besides being part of the arbitrary semantic code of a language community. Analysts who listen to free association in which idiosyncratic utterances occur can also bear witness to these observations.

Although the notions of 'symbolic and conceptual rotation' help to explain the special felicity that the symbol seems to have for the individual as a designator of its significate, the fundamental phylogenetic and philosophical issues raised by the proponents of 'conventionalism' do not appear to have been resolved by Werner and Kaplan. They do however suggest interesting areas for psychoanalytic investigation. For example, the unconscious affective values attached to certain words may derive from the vicissitudes that the

words undergo in their development from 'vehicle' to 'symbol'. A study of their intermediate stages might in turn offer another avenue for the reconstruction of early childhood events.

Another series of observations that have important implications for the psychoanalytic theory of early ego development is the differentiation of the mother-child-symbol-significate complex. In most instances language is used as the paradigm of this process. The authors suggest that in the very earliest phase of symbol formation there is as yet no differentiation of the boundaries between the mother and child, or of the boundaries between them and the significate (or referent object). By a process of 'distancing', the stages of which are carefully outlined, the authors demonstrate the development of a tripartite differentiation. The 'vehicle' (for example, the acoustical form of the word) does not become a true symbol with a constant referent until 'distancing' operations separate the mother from the child and the child from the 'vehicle.' Furthermore, there appears to be a reciprocal relation between all three in these 'distancing' operations. The separation of mother and child enhances symbol formation and increasing mastery of symbolic representation facilitates the differentiation of the child from his mother as well as from the evolving symbolic forms. Factors of maturation, drive, and environment must play crucial roles in this process. The authors do not attempt to sort these out; they are content to describe the process and identify crucial stages.

What is essentially new from the point of view of psychoanalytic theory is the inclusion of the developing 'vehicle' into the undifferentiated mother-child unity. The process of boundary formation thus takes place between three rather than only two entities.

The concepts outlined by Werner and Kaplan should have important applications in many clinical areas; for example, in comprehension of some of the disturbances of language in autistic and symbiotic children. By implication they remind us also of the extent to which psychoanalysis has neglected its early linguistic interests. Freud's contribution to the problem of aphasia, his brilliant formulation of the schema of 'word-thing presentations' in his paper, *The Unconscious*, and his philological speculations in *The Antithetical Meaning of Primal Words*, are but a few of his allusions to linguistic problems. What is, in effect, a theory of semantic reference in *The Unconscious*, uses a topographic model for alloca-

tion of words and their referents to regions of the mind. Structural theory demands greater refinement of formulation and more detailed investigation of the autonomous functions of the ego. Some of the implications for a more sophisticated model of language as a symbolic representational system within the ego are suggested in this book.

This monograph is heavy reading. The text is not always consistent in the use of some ponderous technical terminology. In our discipline we too live dangerously in this regard and thus owe the authors some tolerance. The reader will emerge from a frustrating sense of obfuscation in some sections of the book only after several re-readings. This is a serious and scholarly work, however, and will be richly rewarding to those with an interest in the subject and the stamina to remain with it.

VICTOR H. ROSEN (NEW YORK)

THE COMMUNITY MENTAL HEALTH CENTER. An Analysis of Existing Models. Washington, D. C.: Joint Information Service, 1964. 219 pp.

This publication, by the American Psychiatric Association and the National Association for Mental Health, in association with the Division of Community Psychiatry, Columbia University, and the Department of Mental Health, American Medical Association, consists of fifteen chapters, of which four define, summarize, and compare mental health centers; the remaining chapters describe in detail eleven centers in the United States and Canada. The study, which is clearly written, should be of assistance to those charged with planning and coordinating psychiatric programs.

The community mental health center is a development of the last decade. The authors remind us that the knowledge from military psychiatry gained in World War I was ignored in planning for neuropsychiatric casualties in World War II. Today, the community mental health center movement attempts to avoid a similar error by coordinating and improving existing services and filling gaps without duplicating services already in existence. Law provides that these centers include five essential elements: inpatient services, outpatient services, facilities for partial hospitalization (such as day hospitalization), emergency services, and consultation

and education for community agencies and professional personnel.

The eleven facilities described are evaluated according to such aspects as the area served, physical plant, staff, services for children, emergency service, treatment programs (for alcoholics, drug addicts, the mentally retarded, the aged), rehabilitation services, transitional and placement services, consultation, training, and evaluation of results. The centers provide the usual modalities of treatment, including individual and group psychotherapy, drug therapy, electroshock, and milieu therapy. In most of the centers individual psychotherapy is considered the treatment of choice.

An attempt was made to determine the operating philosophy of a center—its objectives and tasks. Such basic considerations are difficult to formulate but it appears that principles of operation are eclectic. The possibility that psychoanalysis offers a systematic psychology of human behavior is not considered. We may repeat what Freud wrote in 1918: 'the large-scale application of our therapy will compel us to alloy the pure gold of analysis freely with the copper of direct suggestion' (*Lines of Advance in Psychoanalytic Therapy*, Standard Edition, XVII, p. 168). The centers were found to meet many criteria for the comprehensive community mental health center, but a significant factor lacking in most of the programs was a means of determining the effectiveness of their services.

The study should prove of great value to all who are responsible for the development of community psychiatric programs.

JOSEPH J. MICHAELS (BELMONT, MASS.)

PATIENTHOOD IN THE MENTAL HOSPITAL. An Analysis of Role, Personality and Social Structure. By Daniel J. Levinson and Eugene B. Gallagher. Boston: Houghton Mifflin Co., 1964. 265 pp.

'Psychoanalytically oriented clinicians', the authors say, 'tend to focus predominantly on the patient's "disorder" and to regard it largely as a derivative of unconscious processes. Progress in the development of ego psychology and of dynamic social psychology will be greatly facilitated, we believe, by more focal consideration of the individual's engagement with his sociocultural environment.

We must move, so to say, from the "psychopathology of everyday life" to the psychodynamics of social adaptation in the broadest sense. To do so will require a more complex and informed view of the ego and of social reality.' The 'egos' which the authors undertook to study belonged to a group of patients admitted for inpatient psychiatric care, and the 'social reality' which they studied was that provided by the ward of the Massachusetts Mental Health Center. After a period of preliminary study, they collected data from their patients by means of a questionnaire and subjected their data to an apparently competent mathematical analysis. The study should be interesting, for both its theory and its method, to any analyst who concerns himself with treatment of the hospitalized patient.

It is regrettable that the entire statistical study is based on only fifty male patients and fifty female patients. Furthermore, although the book was published in 1964, the data were collected in 1957. As the authors acknowledge, many of their basic premises about hospital treatment of the mentally ill are no longer valid because of great advances which have taken place in that interval of time.

In spite of the promise of an integrated psychoanalytic and sociologic approach, one seeks in vain for the psychoanalytic frame of reference. The authors acknowledge that they have no data to corroborate some of their psychoanalytic inferences. And they have neglected to include an index, a matter of no small importance in a scientific report over two hundred fifty pages long.

In spite of these limitations, the book may be of some value to the psychoanalyst interested in clinical research.

LOUIS LINN (NEW YORK)

HUMAN REPRODUCTION AND SEXUAL BEHAVIOR. Edited by Charles W. Lloyd, M.D. Philadelphia: Lea and Febiger, 1964. 564 pp.

This ambitious text is making an impressive splash in certain medical ponds. It offers, according to its foreword, 'Summaries of what is known today about all the functional elements of sex behavior and reproduction—endocrine, neurological, psychological and psychiatric'. There are twenty-nine chapters by sixteen contributors.

Quantitative analysis: twenty-one chapters are devoted to the first half of the title, to the biology and medical pathology of human

reproduction. Only six chapters are devoted to the second half, human sexual behavior.

Qualitative analysis: the biological and medical contributions are almost uniformly excellent, covering such subjects as Infertility, Hermaphroditism, Gonadal Failure, and Virilizing Adrenal Hyperplasia. There is also a useful appendix on Drugs of Endocrine Interest. The six chapters on human behavior add up to a dull mechanical *mélange*, almost devoid even of dynamic psychiatry. The banal contributions of two psychiatrists reveal in pure form the most complete insulation against psychoanalytic knowledge.

Another striking contrast is seen in the chapter on Reproductive Behavior in Mammals (nonhuman), by Robert W. Goy, which has more of psychological interest and value than the chapters dealing with human behavior.

The volume therefore has some value as a reference work on specific subjects. It cannot be recommended as a textbook for any student unfamiliar with basic psychoanalytic contributions to sexual behavior.

H. ROBERT BLANK (WHITE PLAINS)

International Journal of Psychoanalysis. XLIV, 1963.

Eugene V. Ninger

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ABSTRACTS

International Journal of Psychoanalysis. XLIV, 1963.

Symptom Formation and Character Formation. Jeanne Lampl-deGroot. Pp. 1-11.

The author highlights some aspects of symptoms and character traits, especially from the more recently developed structural-dynamic point of view. Conflict among the drives, ego, superego, and outside world takes place in health as well as in pathology, but only in health is the ego able to integrate and harmonize the conflicting interests. This capacity of the ego develops out of innate properties in connection with the other ego functions, in the interplay with the development of the instinctual drives, and is influenced by object relationships, the environment at large, and the nature of the superego and ego ideal. Symptoms develop when the ego cannot synthesize the demands of the id, superego, and environment without the pathological use of defense. Character traits are formed as precipitates of mental processes that come into existence in the mutual interplay of ego, id, superego, and ego ideal under the influence of object relations and environment.

Conflict, Regression, and Symptom Formation. Jacob A. Arlow. Pp. 12-22.

Certain problems of character and symptom formation are considered from the point of view of the structural hypothesis and the signal theory of anxiety. Conflict is the result of opposing tendencies among the id, ego, and superego and cannot take place, as some have contended, within these agencies. In regard to regression, it is important not to treat all derivatives of regressively activated instinctual drives as though they originated in the phase in which the particular component drive was dominant. An oral fantasy, for instance, may derive from the phallic (œdipal) phase rather than from the oral. Preœdipal experiences are important in shaping the conflict of the œdipal phase through patterning the drives, affecting the precursors of the superego, and influencing the ego in its selection of defenses, but they are not central to the conflict in the neuroses. This lies in the œdipal phase. Only by this time are the psychic agencies sufficiently developed to make true intrapsychic conflict possible. Where symptom formation is concerned, it must be remembered that the symptom contains both defense and drive derivatives, not simply the former as has been assumed. An unacceptable derivative, regarded by the ego as a potential danger, stimulates it to various defensive maneuvers. The failure of these results is the symptom, which is closely associated with an underlying fantasy that represents a specific version of how the ego integrated the demands of all components of the psyche and of reality.

Seriousness and Preconscious Affective Attitudes. James M. Alexander and Kenneth S. Isaacs. Pp. 23-30.

One portion of the conflict-free sphere of the ego involves affective attitudes which are secondary autonomous functions existing along with primary ones but

having different genetic roots. Seriousness is an example of such an attitude. Its development begins in the earliest neonatal experiences with the mother, continues through successive phases of psychosexual development, and optimally may continue until senescence. The attitude may be excessive, insufficient, or otherwise pathological. Its treatment is easier where the attitude is ego-alien, more difficult where ego-syntonic. Most difficult of all are those cases in which the attitude, besides being ego-syntonic, requires additional tasks of deneutralization and disidentification from superego and ego ideal objects.

The Problem of the Assessment of Change in Psychotherapy. Robert S. Wallerstein. Pp. 31-41.

Previous studies of assessment of change, especially those of Hartmann and Jones, are discussed at length. The author and his collaborators' research uses three sets of variables—patient, treatment, and situation. The first and third are self-explanatory. The second includes, in part, technical interventions, attributes of the therapist, and the climate within which patient-therapist interaction takes place. Assessments are taken at various points in time. The project described is an inquiry into the nature of the psychotherapeutic process through assessment of changes and the interrelations of changes among all the selected variables.

The Place of Neutral Therapist-Responses in Psychotherapy with the Schizophrenic Patient. Harold F. Searles. Pp. 42-56.

The schizophrenic patient needs not only intense emotional responsiveness from the therapist but an equally liberal measure of neutral and related responses of inscrutability, imperturbability, impassivity, and even, on occasion, indifference. Only by such responses can the therapist help the patient to 'erode' through areas of pseudo-emotion that are superficial, imitative phenomena rather than deep inner experience. Extensive and convincing clinical material is included.

Frigidity and Object Relationship. Gustav Bychowski. Pp. 57-62.

Interference with orgasmic experience is the result of many primary reactions and secondary defenses from preoedipal as well as oedipal levels of development. For example, persistence of the symbiotic wish from infancy calls for complete and permanent fusion with the lover, yet this is impossible in the sexual act. Rather than permit 'abandonment' by the lover, the ego withdraws cathexis and waits for the inevitable 'loss' of the love object that repeats childhood abandonment. Disturbances of other aspects of early object and pre-object relations that may interfere with future object relations and the ability for full sexual experience are discussed.

Alice and the Red King. The Psychoanalytic View of Existence. Joseph C. Solomon. Pp. 63-73.

The child's sense of existence is contingent upon internalizing the mother who has internalized him. Examples of the thesis are a patient who dreamed she existed only in the dream of a giant, and Alice in Wonderland who was told by

Tweedledum she would exist only so long as the Red King dreamed about her. A detailed clinical account supports the thesis. Various views of existence, including existentialism, are discussed.

For This Woman's Sake. Notes on the 'Mother' Superego with Reflections on Shakespeare's *Coriolanus* and Sophocles' *Ajax*. Robert Seidenberg. Pp. 74-82.

Two men in psychoanalytic therapy are described, showing the breakdown of hypermasculinity defense under the pressure of feminine influence. Their prototypes are easily recognized in *Ajax* and *Coriolanus*.

A Contribution to the Metapsychology of Cyclothymic States. Donald Meltzer. Pp. 83-96.

The author concludes that in cyclothymic states a particular form of stealing and denigrating attack, motivated by envious greed, undermines the stability of the internal relation to the breast and mother. The thesis is based on a variety of clinical experiences and is illustrated by the detailed report of a woman who showed improvement after five and a half years of an analysis assumed to be in its terminal phase at the time of the report.

The Role of Grief in Psychoanalysis. Robert J. Wetmore. Pp. 97-103.

The author postulates that all neuroses develop because the infant cannot grieve effectively. Instead, the infant builds systems of defense against the necessity of giving up object relationships. This can be changed only by effective grieving as the final stage in the psychoanalytic process.

Denial and Mourning. Channing T. Lipson. Pp. 103-107.

The initial reaction to object loss is a splitting of the ego, one part accepting the loss, another part denying it. The denying part then gradually accepts the loss by the regressive process of introjection. From this point of view, denial is not only an attempt to preserve object loss, but its more basic function may be to preserve the ego from the overwhelming flooding of affect that might result from immediate, total acceptance of object loss.

EUGENE V. NININGER

Journal of the American Psychoanalytic Association. XI, 1963.

Freud and the Psychoanalysis of History. K. R. Eissler. Pp. 675-703.

Eissler claims for psychoanalysis that its proper use and application by society could give rise to a new culture and assure the survival of the West, thus preventing its inevitable decline and fall, the fate suffered by all preceding civilizations. He acknowledges that this is unlikely because psychoanalysis has not, despite its benefits and influences, been really integrated by society. Only a distorted 'mythological equivalent' has become popular. Man's narcissistic rigidities seen, for example, in nationalism, racism, religion, and property institutions, make objectivity toward cultural values impossible. Without it, according to Eissler, there can be no acceptance of the same application of science to psychology as to the physical and biological—just as Hanns Sachs speculated that

the ancient Roman's body narcissism prevented his development of the machine, of which he was not only otherwise capable but in need of for survival.

In support of his thesis, Eissler cites Freud's *Moses and Monotheism* and suggests that *because* of what he characterizes as Freud's successful psychoanalysis of the Jews in it, they were, after two thousand fruitless years of longing, finally able to win their homeland. Acknowledging the possible error of Freud's specific analysis and therefore of the inferred causal consequences, he nevertheless insists on the analyzably relevant coherence of a people's history. Eissler argues for the inclusion of the neglected psychological, hidden and repressed, forces among the multiplicity of causative historical determinants. Psychoanalysis could then make both a contribution to the science of history and endow mankind with the power to master its own historical processes.

Variants of Comic Caricature and Their Relationships to Obsessive-Compulsive Phenomena. Victor Rosen. Pp. 704-724.

Rosen discusses the psychodynamics of various comic distortions and compares them to obsessive-compulsive phenomena in an attempt to clarify symptom-formation in the latter and to make some technical suggestions for such cases. Obsessions and compulsions are said to be variants of caricature, without fun or laughter. Both are particularly rich in pregenital sadomasochism. There is, however, no conscious pleasure associated with obsessive-compulsive phenomena because, unlike comic distortions, the constituent elements, the identity of victim and aggressor and the motives for attack, have become obscured and ambiguous through isolation and disturbances in the distance of the observing function. In comic caricature the destructive and sadomasochistic drives, which are the main aims of obsessive compulsive phenomena, are attenuated and diverted to the aim of amusing the audience. In caricature not only are the sadomasochistic needs minimized, the constituent elements recognizable, and the observing distance adequate, but glimmers into primary process mechanisms are also provided. Restoration of the often impaired comic sense in the treatment of an obsessive-compulsive patient may therefore provide him with glimpses of primary process mechanisms not otherwise available and facilitate maturer, less sadomasochistic critical abilities. Laughter evoked in the patient by humorous, parodic, witty interpretations may facilitate a comic synthesis and comprehension of interpretations—especially of the transference—by impelling a more optimal observing distance as well as reflecting its achievement. Thus restored to its comic context, the genesis of an obsessional neurosis may be more clearly understood and reconstructed.

The Parent as Sphinx. Leonard Shengold. Pp. 725-751.

Shengold emphasizes the importance of the preedipal elements in the Oedipus myth, and describes parallels between it and the character and fate of patients who were seduced by psychotic mothers as children. He suggests that these parallels clarify the clinical data and therapeutic problems of such patients. Like Jocasta, psychotic mothers who seduce their children are said to be sadistic, cruel, abandoning, and symbiotically devouring. (The Sphinx is Jocasta symbolically disguised.)

These patients have Oedipus' contradictory traits of character and superego defects, oscillating between intense guilty masochism, and grandiose and dishonest self-indulgence. The traumatic seductions give rise to enormous rages which seek explosive discharge in often masochistic acting out. The image of the mother is split. Identification occurs with both the good mother, delusionally idealized as a refuge from and defense against annihilating oral sadism, and with the bad, projected mother. This leads to the further undesirable character traits of cruelty and self-falsification, traumatic object relations, and disturbances in identity.

Remembering and Forgetting Dreams in Psychoanalysis. Roy M. Whitman. Pp. 752-774.

From an experimental study of dream recall and forgetting, and utilizing the data of recent psychophysiological research on sleep and dreaming, as well as psychoanalytic theory, Whitman concludes that the forgetting of dreams has an ego and a content aspect. It may be inferred that he means nonconflictual as well as conflictual determinants. In addition to being repressed, dreams are said to be also forgotten because of the ego's difficulty in conceptualizing primary process thinking in secondary process terms and because of the demands on the ego of other functions. Since therefore, not all forgetting of dreams is due to resistance, Whitman recommends that, contrary to classical analytic practice, patients be permitted (not instructed) to write them down as an aid in their recovery.

Experimentally more dreams are recalled with awakenings during dreaming than with awakenings at other times, and less as the time since awakening increases. This cannot be correlated with repression but rather by considering the above-mentioned demands on the ego to explain the latter, and by considering for the former that the dream is itself a hallucinatory oral experience which maintains sleep by providing direct gratification. Satisfying and completed oral experiences are said to be more easily forgotten than unsatisfactory or incomplete ones.

Body Ego and Creative Imagination. Gilbert J. Rose. Pp. 775-789.

In the artist there is not only, as has been previously reported, projection and introjection of the body image into space, but also onto the canvas of a painting (and into a character in literature). The canvas is thus said to represent the body image of the artist and, sometimes, his skin. Libidinal and aggressive energies are carried to the canvas by the hand, as in infancy (Hoffer) they are carried from the mouth to the skin. Rose maintains that, in scientific and artistic work, thought and action—including kinesthetic reactions—are in an essential oscillating, reciprocal, equilibrated interchange.

The Psychology of Gossip. Jean B. Rosenbaum and Mayer Subrin. Pp. 817-831.

Gossip is described as a triangular sociopsychological 'relationship' which is meant to foster intimacy and discharge hostility. It operates through the evocation of curiosity and fantasy, and its genetic and instinctual sources are said to be oedipal aggression and sibling rivalry. Additionally, by way of identification it

is used to master anxiety; it may have a genuine communicative function; it may either foster or impede group formation and socialization in, for example, adolescence.

A Finger-Licking Finger-Flicking Habit. W. Clifford M. Scott. Pp. 832-834.

This habit is seen as a 'transitional function' between infantile oral activities and their later 'displacements'. Its analysis, with the relief of fixations and inhibition, is said to facilitate improvement in such later derivatives as speech and manual expressiveness which are apparently impaired in such patients.

JEROME ENNIS

Bulletin of the Menninger Clinic. XXVIII, 1964.

Social Psychiatry and Political Behavior. Bryant Wedge. Pp. 53-61.

Psychopolitics is a further broadening of psychiatry into the field of political studies and public leadership, following on the development of concepts of interdependence of mental life with the physical and human environment, use of drugs, use of social ameliorative devices, and finally the grasping of qualities of social systems affecting the individual in the community. There is a real need now for psychiatrists to understand the effects of the national and international political systems on the lives of their patients. Attempts to apply modern modes of clinical thought to modern political problems have shown that political behavior is inseparable from the vicissitudes of personality. The author outlines an approach to determine problems, relevant data, and useful findings as a beginning of the growth of a new science. Problems involving the development of this new science range from the lack of initiative of the psychiatrist to the suspicion of the unfamiliar and resentment of intrusion.

Hospital Romances. Peter Hartocollis. Pp. 62-71.

An unexplored problem in hospital psychiatry is the phenomenon of romantic involvement between patients. The character type observed has intense, brief relationships, idealizes objects, disregards the realities of marital status, age, socioeconomic differences, and shows a contempt for sex. These patients are euphoric when 'in love'; 'out of love' they are bored, restless, and sometimes depressed with paranoid and suicidal ideas. The hospital 'romance' between patient and doctor is also discussed. Sudden termination of treatment may lead to guilt feelings, shame, anger, depression, and suicide. The problems encountered by therapeutic intervention in the romance are discussed.

LILLIAN MC GOWAN

Psychoanalytic Review. LI, No. 2, 1964.

Work Inhibition in Children. Howard Halpern. Pp. 5-21.

The author gives clinical examples, mostly male, of children who refuse to work and refers to the problem as an 'epidemic of sorts that is plaguing the land'. The causes of the 'epidemic' are: 1, psychodynamic, with the child having intense oedipal fears and still feeling need of his father, and 2, cultural, with

the growth of industrialization, confusion of sexual and social roles, threat of war, and permissiveness leading to irresponsibility. The references in this article do not include Freud's *Civilization and Its Discontents*.

Truth versus Illusion in Relation to Death. Revella Levin. Pp. 22-32.

Two dying patients in treatment with different therapists are compared and the author makes a plea for 'truth' in dealing with the dying patient. She suggests that by accepting the reality of death the patient can 'control' the manner of dying. Proposals are made about ways to handle the dying patient who is told the truth.

The Mechanism of Conversion Symptoms. Irvine Schiffer. Pp. 33-42.

After clarifying the understanding of the conversion process and the conversion symptom, the author, a pupil of Felix Deutsch, presents four case examples, each with a theoretical summary. The paper is clearly written and is a tribute to his teacher.

On the Sense of Inferiority in Women. Beverly L. Anderson. Pp. 51-62.

The author develops the idea that the little girl is destined to develop, at least temporarily, a sense of failure and inadequacy when she finds that she is not identical to her father who has a penis. Interesting case examples are given, although all of the children discussed have been subjected to a real murderous threat. There is no discussion of the role of the murderous fantasy in children which may lead to a sense of inadequacy.

The Age Game. Mildred R. Newman and E. Mark Stern. Pp. 63-74.

A technique is described that permits the child to regress as long as he keeps within the rules of the game: the 'baby' in the individual has something important to say to the more 'grown-up' part of his personality and if he does not say it, he is not playing the game. Two successful cases where this therapy was used are described.

The Treatment Rejecting Patient. Selwyn Brody. Pp. 75-84.

The author frankly discusses the subject of losing a patient. The emphasis in the article is on the type of patient who systematically and perhaps consciously sets about to sabotage the very person from whom he seeks help. In spite of the term 'treatment rejecting', Brody believes that these patients also want treatment and often cling to the therapist.

Assumptions in Scientific Therapy. Kenneth A. Fisher. Pp. 85-105.

The author has made a comparative historical study of philosophic, theological, and psychoanalytic thinking as it applies to therapy. Beginning with a description of how Western thinking is based on Greek and Judæo-Christian tradition, he associates this with the elevation of reason that has changed only with the threat of nuclear war. The elevation of reason and science are correlated with some common attitudes toward therapy.

Archives of General Psychiatry. XI, 1964.

Color Hearing. Peter F. Ostwald. Pp. 40-47.

The author calls attention to a perceptual phenomenon in which certain individuals visualize a color with the hearing of all sounds. There is a striking exactness in which, for example, each vowel sound is accompanied by visualization of the same color in the same individual. An interesting case is presented. The literature is reviewed back to the seventeenth century, and includes Hug-Helmuth's study of the phenomenon in herself. The process, called synesthesia, involves the referral to multiple sense organ systems upon stimulation of a single sense organ. Psychiatric interest stems from the kinship to imagery, dreams, and hallucinations. The speculation is made that children link their auditory memories with other internally felt sensations, such as tongue and larynx movements. The question whether color-hearing normally accompanies language development or represents a variant with possible later psychopathological implications is seen as deserving further study.

Psychotic Mothers and Their Children. Justin L. Weiss; Henry U. Grunebaum; Ruth E. Schell. Pp. 90-98.

This report represents part of an ongoing research project in which certain hospitalized psychotic mothers were allowed to have their infant child with them and care for him. The hypothesis is that it would be helpful in the recovery of the mother. The importance of this attempt is heightened by the knowledge gained from the study of many workers that show the traumatic effect on young children of separation from the mother. The authors postulate that the period between the child's earliest differentiation of mother as a specific object and the time when he can effect some control over his environment by locomotion and language—from about age four months to age fifteen months—is the time predisposing to serious developmental consequences. In a review of twelve cases, it was precisely the mother of the child in this age group who responded best to the joint admission.

Social Significance of Psychoanalysis and Psychotherapy. Franz Alexander. Pp. 235-244.

In this address, delivered shortly before his death, Alexander points out the difficulties the dynamic therapies are faced with in maintaining goals in the face of societal trends. Thus, he describes the increasing trend in our society toward conformity and 'averageness' as the commodities that are most needed in all facets of our life. He asks if we are not outmoded in working toward individualistic realization for our patients. He answers with a plea for a place in our mass culture for both the healthy and neurotic nonconformists, who constitute the ferment of social progress and change that counteract the move toward stagnation and fixity in our society.

Immobilization Response to Suicidal Behavior. Robert E. Litman. Pp. 282-285.

Litman describes four cases, three of successful suicide, involving a symbiotic relationship between a couple. In each, the survivor reacted to the perception

of the suicide intent in the other with some form of denial and paralysis of action. The survivors recalled recent dreams in which the perception of the suicide intent was clear but the symbiotic tie to the partner resulted in immobilization. In each dream the symbiotic umbilical cord was represented by a rope, a leash, or a telephone. To cut the cord (seek help) was seen as representing death to both.

KENNETH RUBIN

International Journal of Group Psychotherapy. XIV, 1964.

Comparison of Oral and Genital Aspects in Group Psychotherapy. Stanley S. Kanter, et al. Pp. 158-165.

The Division of Legal Medicine of the Massachusetts Department of Mental Health took advantage of the relatively stable prison environment to study three male and three female voluntary groups in respect to the differences characterizing them as oral and genital. The predominantly oral groups were male Negro heroin addicts wishing to rid themselves of addiction, passive demanding females wishing to improve in a general sense, male forgers and robbers desiring improvement, and females recommended to therapy by the authority closest to them. The genital groups were aggressive and promiscuous females and rapists and murderers with long sentences. The content of the oral groups dealt largely with dissatisfaction and deprivations of eating with fear of sadistic control and discrimination against themselves. The genital groups alluded to disturbed controls and inadequate knowledge of sexuality, despite frank references to the subject. In the oral groups there was a loss of ego boundaries and a varying response to reality, which was usually faultily perceived. The genital groups respected each other's individuality. During the first months the members of the oral groups identified themselves with the therapist by copying him, and became more realistic about each other, the outside world, and their own personality deformities. The genital groups became more socially disposed and seemed to understand more about the causes of their own personality defects.

Identification, the Sense of Belonging and of Identity in Small Groups. Saul Scheidlinger. Pp. 291-304.

The author cites various concepts of identification in psychoanalytic writings. Freud and Redl considered groups as numbers of people whose emotional relationships to a central figure, either positive or negative, were a means of relieving internal conflicts. Anna Freud differentiated between identification, the emotional tie between people, and the mechanism of defense of altruistic surrender and identification with the aggressor. Identification is not genital object love but assimilation of an aspect of the external world and an extension of the ego. It involves adaptation to reality, reality testing, the sense of reality, the concept of self, and object relations; it does not involve a pathological engulfment of personality by another object or the regressive replacement of an earlier love object. Identification with the group as a whole with desexualized sublimated group relationships springing from work in common is discussed. While the group is largely an instrument for conscious need satisfaction, emotional support, protec-

tion, and sexual expression on a genetic-regressive level, the group symbolizes a nurturing mother for the individual. A state of psychological unity with others represents a covert wish to restore an earlier state of unconflicted well-being inherent in union with the mother. Ego identity and group identity as conceived by Erikson are viewed as helpful in explaining relationships between an individual's self-representation and his group identification.

GERALDINE PEDERSON-KRAG

British Journal of Medical Psychology. XXXVII, 1964.

The Libido Plethora Syndrome: A Clinical Study. Mortimer Ostow. Pp. 103-110.

This work is already familiar to those American readers who have read Ostow's 1962 volume on combining drugs and psychotherapy. In attempting to correlate the effects of psychotropic agents and mental functioning, the author categorizes the changes produced in ego and drive characteristics. In the libido plethora syndrome he describes three main functions: first, the ego supplement, i.e., the energetic state of the ego as manifested in various euphoric or dysphoric expressions; second, increased erotism; and third, object relations. The report is based on twelve patients in therapy who were given drugs, and one patient who recovered from melancholia into hypomania after a year in analysis without medication.

A Methodological Approach to the Problem of Obsessional Neurosis. J. O. Wisdom. Pp. 111-121.

This is a metascientific paper which attempts to put into perspective the extensive knowledge of the phenomenon of obsessional neurosis and such hypotheses as there are about it. Reaction-formation and sublimation are described and distinguished by the idea of nuclear and orbital introjects. The author hypothesizes that anal attacking feelings may be used against feces. The process of turning aggressively against the introject of feces to get rid of it by defecation is called 'repugnant' and is considered a normal characteristic to differentiate it from reaction-formation in an abnormal character structure. Wisdom plans to consider further theoretical problems in this area in a future paper.

The Function of Affect. James M. Alexander and Kenneth S. Isaacs. Pp. 231-237.

The primacy of affect in mental life is recalled. The authors discuss the significance of affect and its varied qualities and functioning, and differentiate healthy and pathological affect. Functions of motivation for behavior and integration are also discussed, and the defensive aspects of affective function are described.

HERMAN HIRSCH

Meetings of the New York Psychoanalytic Society

Walter A. Stewart

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

November 24, 1964. COMMENTS ON OBJECT RELATIONS IN SCHIZOPHRENIA AND PERVERSIONS. Robert C. Bak, M.D.

In the Abraham A. Brill Memorial Lecture, Dr. Bak examines the question of object relations in schizophrenia and perversions, a subject which provides valuable data for theoretical constructs concerning the early phases of psychic development. Freud's insight into schizophrenia was formulated in terms of libido theory, but currently the emphasis has shifted to the study of the nature of object relations, their development, and their pathological vicissitudes. Maturation sequences have been studied by Mahler, the self-nonsel self differentiation by Jacobson, and the change from need satisfaction to object constancy by Hartmann. Despite these excellent studies many questions in the area of object relations require further elaboration.

Bak points out that object constancy is not only the capacity to sustain a firm libidinal relationship and the object representation; it also implies a capacity to perceive the object as it is in reality, with a minimum of subjective distortion. Object constancy and a high level of reality testing are linked together and are partially interdependent. Similarly the link between word, symbol, and thing representation is anchored in object relationships and is the prerequisite for comprehensible communication. Object constancy, or the preservation of the object, requires an alteration of aggressive impulses, raises the threshold of frustration tolerance, and changes the patterns of gratification. A high level of object relationship decreases ambivalence, allows operation of more stable defenses, and permits sustained interests and work habits less damaged by drive pressures. This develops only when there is complete separation of self from object, and early fused identifications remain successfully repressed in the archaic layers of the id. Object constancy in this sense is the phenomenological basis of ego strength and is dependent on neutralization.

The preceding formulation is borne out by an examination of schizophrenia in which the early history reflects marked passivity and poor object constancy. The onset is marked by further withdrawal and the first pathological symptoms are most frequently hypochondriacal in nature and related to problems of sexual identity. Poor instinctual control leads to aggressive outbursts and to inappropriate sexual advances. Prodromal thought disorders occur, such as inability to concentrate, blocking, crisscrossing of thoughts and automatic recollections. Thoughts first become audible and later hallucinatory, apparently replacing the lost object relationships. Crude sexual impulses appear as frantic efforts to maintain object relationships. These symptoms do not fit into the usual schema of psychoneurotic symptom formation, in which there is a compromise between instinctual impulses and ego defenses; they are better understood as a consequence of deneutralization and dedifferentiation.

The pathognomonic 'experience of significance', or primary delusion of reference, in which significance is attached to random percepts, sustains this formulation. The content or possible symbolic interpretation of the idea of reference is less important than the form of the experience. Hartmann describes this as a basic disturbance in the denominational function of the ego. The content draws on the instinctual life but no plausible experiential basis, nor any genetic prototype of the symptom, can be reconstructed. It is a uniquely schizophrenic experience: in metapsychological terms there is an empty overcathexis of the cathectic function, without objects, aim, or purpose. As a consequence, thing representations are used unselectively in lieu of objects in synthetic efforts.

Another outstanding derangement of object relations is evidenced by the symptom of transitivism, in which a loss of ego boundaries occurs and where there is no clear distinction between one's own body and that of the object. The symptom occurs as a result of regression and the relation to objects takes place at the symbiotic level of self-nonsel self undifferentiation. In the schizophrenic object representations appear to be destroyed or regressed to the physiological forerunners. The autistic child is the clinical-pathological example; inborn differences in ego equipment and drive endowment operate, as well as conditioning experiences in the mother-child relationship and variations in the threshold of the 'stimulus barrier'. Painful impingement of stimuli may act continuously against the maturational development leading to separation-individuation. Not all schizophrenics regress to this most primitive self-object dedifferentiation. Paranoid delusions occur in those where the object relationship, though pathological, is nevertheless preserved.

The author believes it is unlikely that the homosexual impulses so regularly seen in paranoid schizophrenia are etiological. Homosexual conflicts and their delusional elaboration are consequences of the process, rather than causative. The schizophrenic process undoes repression, destroys highly developed object relations, and lays bare the whole array of pregenital impulses and primitive ego states. The deeper the regression, the less experiential basis for the contents of the delusion; ultimately only generic fantasies remain. The schizophrenic process illustrates Freud's comment that 'secondary or induced disturbances of libidinal processes may result from abnormal changes in the ego'.

The perversions are neither the negative of the psychoneuroses nor of the psychoses. They should also not be distinguished, as Glover maintains, on the basis of quantitative differences in the strength of the sadistic drive. This formulation emphasizes simple causality derived from the psychoneuroses, where instinctual conflict is of greater significance than ego disturbance. The alternative and more complex causality takes into account the interrelationship of simultaneous disturbances in ego functions and object relations. Transient perverse actions in schizophrenics with self-object dedifferentiation are considerably different from well-organized perversions in people with considerable ego integrity and well-developed object relations. A case is presented of a young man with transvestitism, whose infancy until the age of eighteen months was free of noxious imprints. There were also quiet periods in childhood which allowed the development of autonomous ego functions and adequate separation-individuation with relatively stable object relations. Although the phallic phase was in-

vested there remained a considerable lack of ability to separate from the loved object. This was due to prolonged skin contact and visual excitation in relation to both parents, which resulted in skin erotization, clinging, and a strong body-phallus equation. The major trauma reconstructed in the analysis—repeated seductions by his sister—was used by the ego in the defensive process.

In summary, Dr. Bak emphasized that instinctual conflicts are not pathogenic but are secondary in the etiology of schizophrenia. The primary defect is a deficiency in the autonomous functions of the ego. Specifically these involve investment in object representations, the formation of psychic structure, defensive functions, and the maintaining of a protective stimulus barrier. Early traumatization, which adds to the defect in forming adequate object representations, also contributes to fused self-object relationships. This implies a basic qualitative difference between the schizophrenic process and the neuroses, the perversions, or incidental psychoses. The latter may show a temporary abandonment of object representations, but not their abolishment, such as occurs in the schizophrenic illness. In the true perversions, in contrast to perverse activities in the schizophrenic, the object representations are retained, in spite of fused body image or confusion in genital representation.

WALTER A. STEWART

December 15, 1964. DREAMS IN WHICH THE ANALYST APPEARS UNDISGUISED: A STATISTICAL STUDY. Milton Rosenbaum, M.D.

The purpose of this paper is to correct what the author feels are some commonly held misconceptions about the significance of dreams in which the analyst appears undisguised. From his own experience and from discussion with colleagues, Dr. Rosenbaum believes that such dreams are rather infrequent. Most writers in the rather limited literature on the subject have concluded that these dreams portend a poor prognosis as well as a difficult analysis when they occur early in treatment, and significant countertransference problems if the phenomenon occurs later in treatment.

Dr. Rosenbaum conducted a statistical study designed to support or refute previously reported implications of such dreams. Questionnaires were completed by twenty-two psychoanalysts, only one of whom was a woman, on twenty-two male and twenty-two female patients. The most significant finding was that in a total of over seventeen hundred dreams, the analyst appeared undisguised in about nine per cent. Only four patients reported no dreams in which the analyst appeared undisguised. In the initial analytic hours there was an apparent relationship between an unusually intense transference state and a greater frequency of dream reporting, but this was not statistically significant. The opposite trend was found in the terminal analytic hours and was considered statistically significant. In female patients intense transference was associated with frequent dreams in which the analyst appeared undisguised, and they had more such dreams than did the male patients. There seemed to be an inverse relationship that was not statistically significant between the existence of countertransference phenomena and both the frequency of dreaming and the occurrence of these dreams in the terminal hours. The presence of countertransference prob-

lems with male patients was associated with a tendency toward a reduced rate of dreaming; in female patients the reverse was true in the initial hours, but the rates were equal in the terminal hours. No relationship was found between dreams in which the analyst appears undisguised early in the analysis and the outcome of treatment.

Although he recognizes the limitations of and the resistance of analysts to such a statistical approach, Dr. Rosenbaum emphasized the relative validity of the findings that there is such a high percentage of dreams where the analyst appears undisguised. More important is that the study indicates that such dreams have no prognostic value, in contrast to the reports of Blitzten, Gitelson, and Rapaport. Further, the findings do not indicate that the appearance of the analyst undisguised in the first dream is associated with an erotic transference, as reported by Rapaport, or that the phenomenon is increased in the terminal phase and is related to separation problems, as reported by Harris. The only statistically significant finding in the study was that there is a decline in frequency of reported dreams in the terminal hours in the presence of an intense transference, in contrast to a greater frequency of reported dreams in the first hours of treatment. Dr. Rosenbaum postulates that this finding may be related to resistance and suggests that there is a greater need to please or give something to the analyst in the early phases; the reverse trend would suggest resolution of these infantile wishes.

DISCUSSION: Dr. Charles Fisher felt that Dr. Rosenbaum's method could serve as a model for the investigation of simple problems. However, he pointed out that this method tends to disregard individual differences between patients and between analysts treating different cases. Not all analytic data, even though obtained from well-conducted analyses, are comparable. The significance of such dreams occurring more frequently than the 'normal' incidence is questionable. It could be argued that the failure of this type of dream to occur has a poor prognostic significance; in Yazmajian's four patients who reported no dreams of this kind, one showed no change, one made slight progress, one discontinued treatment, and one made satisfactory progress. Many factors may influence the occurrence of such dreams: they may represent normal phenomena or they may have pathological significance.

Dr. Richard Yazmajian cautioned against the statistical approach and emphasized the importance of understanding such dreams in terms of the patient's past and the current transference situation, as well as the type of neurosis. He cited a case where the appearance of the analyst in the dream served as a screen memory of observing the father's penis; it represented an attempt to treat the analyst as a real person so as to avoid investing him with symbolic importance. Like all psychic phenomena, Dr. Yazmajian assumes that these dreams have a variety of meanings.

Dr. Rudolph Loewenstein agreed that the negative results obtained in this statistical study were significant, but felt that some dreams of this type reflect unresolved transference problems. He also pointed out that Gitelson emphasized that the analyst was actually the analyst and not a substitute for someone else. The specific case described by Gitelson involved a transference problem pre-

cipitated by the fact that the analyst denied to the patient (a candidate) that he was angry when the candidate did not attend one of his seminars. After the dream occurred, Gitelson admitted to the patient that he may have been a little angry. The candidate then recalled that it was characteristic of his mother not to tell the exact truth, and the analysis proceeded smoothly. Nevertheless, it is a fact that the analyst is always concealing his reactions to some degree, so when the analyst appears undisguised it may mean that the patient has perceived a real element in the analyst.

Drs. Robert Bak and K. R. Eissler also emphasized that this type of dream must be interpreted in the context of the situation and that it probably has no special prognostic significance.

Dr. Rosenbaum concluded by stating that there is no such thing as a single, isolated pathognomonic sign. He was aware that Gitelson had made his statement in the context of the background and history of his patient, and did not mean to imply that he had formulated a simple rule for establishing a prognosis or invariable meaning in therapy.

PAUL H. BRAUER

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

November 16, 1964. THE RAT AND THE TOOTH: A STUDY OF THE CENTRAL CLINICAL SIGNIFICANCE OF OVERSTIMULATION. Leonard Shengold, M.D.

Patients who have been overstimulated as children (seduced and beaten) present certain similar characteristics as a result of a need simultaneously to repeat and ward off past traumatic experiences. They tend to become involved in sadistic experiences of overstimulation both as tormentor and as victim. Much of the feeling evoked by these experiences is cannibalistic: it involves a particular kind of rage in which the person, beside himself with overexcitement, is both subject and object with wishes to bite and destroy. In analysis these wishes are often expressed in associations to the rat, whose teeth, invasiveness, and destructiveness are the sources of its power over man's imagination. Freud's classic study of the Rat Man is reviewed, as well as the story of the rat torture in Mirbeau's *Torture Garden* (which Shengold believes may be the literary source of the tale that obsessed the Rat Man).

The destructive impulses and the terror of annihilation associated with the overstimulated state of the child are defended against by massive, crippling means such as an intense isolation from all feelings, a need to lie to oneself in order not to consummate the knowledge of the terrible past. The superego can be shattered by the simultaneous need to repeat the seductions of the past and the deep unconscious need to punish the self and spare the parent. This is seen especially in relation to the seduction of children by psychotic parents where the traumatic events have to be denied as the very parent who inflicted the damage is turned to for rescue.

These patterns are illustrated clinically. Speculations are made on the basis of overstimulation as a central phenomenon in normal development. The importance of experiences at the time of teething and the psychological importance of the teeth are examined. Eruption of the teeth is seen as one of the sources of 'material projection', and the access of aggression at the time of teething is hypothesized as one primal trauma. The terror of overstimulation and the feelings of imminent ego annihilation that the child seems to feel during the period of tooth eruption are viewed as part of the matrix of castration fear.

DISCUSSION: Dr. Maurice Friend was impressed with Dr. Shengold's pursuit of the development of oral-sadistic drives and with the idea of teething as a partial prototype of trauma. He stressed, however, the in-built ego capacities and those which evolve for adaptation, described by Hartmann and Rapaport, as evidence against an oral passive receptor which, with dentition, may be traced to an upsurge of aggressive drives. He also observed that as teething does not occur only at one time, one might disagree with Dr. Shengold on the timing of trauma. There are several other varieties of traumatic stimuli—fatigue, throat infections, etc. In the human organism there is a tendency to discharge with stimulation, so the baby cries, a function of the oral 'stoma'. With the emphasis on teething, not enough attention is focused upon the state of the ego as aggression arises. Also, ego dissolution is importantly connected to object loss, as shown in Mahler's stages of individuation until two and a half years. The capacities for infantile rage are important ego elements, interrelated with the traumatic effects of teething and the aggressive drive. Dr. Shengold's paper stimulated further thoughts about early and related aspects of the basic undifferentiated state, oral-sadistic libidinal concepts.

Dr. Mark Kanzer felt Dr. Shengold's correlations between undischarged tensions, the feeling of being gnawed or eaten, universal unconscious teething memories, and the rat as symbol were of great interest. Like Dr. Friend, he cautioned against the dangers of the prototype concept and a too one-sided genetic approach. Trauma is a complex economic, adaptive, and functional phenomenon. He felt Dr. Shengold's formulation: 'trauma is a passive cannibalistic experience' invited a converse conclusion. As for the rat as symbol, there are equivalent representations of oral sadism.

Dr. T. C. Sinha felt that to derive cannibalism from teething trauma over-emphasized the latter. The cannibalistic tendency cannot be limited to biting alone; for instance, the infant's attempt in nursing to rob mother of her bodily contents. He suggested that teething accentuates oral aggressive tendencies which have their root in the earlier oral-anal period. In certain Indian legends, some benevolent features are attributed to the rat.

Dr. Mellita Sperling was also impressed with Dr. Shengold's stress upon the traumatic experience of overstimulation as a passive, cannibalistic phenomenon. She spoke of the need for confirmation of this thesis with more clinical observations and offered some examples.

Dr. Jan Frank felt too much emphasis was placed on rat symbolism. He stressed the sinister aspect of the rat, zoophobias in children, and their fear of biting animals. Overstimulation depletes the immature ego which has no apparatus to

satiate itself. There is a dialogue between child and mother which is important in establishing ego functions. A split in the ego, due to overwhelming trauma, may result in a certain affinity for transitional objects and fetishism. The fetish then serves defensively to ward off disintegration of structure.

In conclusion, Dr. Shengold said that he did not wish to overemphasize the importance of teething. In contrast to Dr. Sperling's cases which involved psychosis and perversion, his two cases suffered from severe character disorders. Clinically, he said, one would have to 'feel' the aura of cannibalism.

JEROME S. SILVERMAN

November 30, 1964. A BRIEF SKETCH OF MIND IN PSYCHOANALYSIS AND YOGA. T. S. Sinha, D.Sc.

An attempt is made to compare the aims and theoretical assumptions of psychoanalysis and the Yoga philosophy of the Samkhya School. Dr. Sinha discusses briefly the different concepts formulated by the Samkhya School. There are two eternal entities: 1, *Purusa* (the unchangeable consciousness), thought of as male; and 2, *Prakiti* (the changeable, eternal nonconscious), thought of as female. Western psychologists describe mind, in contrast to the Samkhya concept *mana*, not as having a separate existence but as the sum total of the mental processes. *Samskaras* (latent memory impressions with an active tendency to find fulfilment of desires) are produced by wishes and carried over into the next incarnation. Mental states, perceptions, capacities, memories, and desires are outlined in terms of Yoga concepts. The Yoga system seeks to eliminate sorrow and suffering by the realization and rediscovery of the nature and range of creation, thereby extracting the ego from involvement with external objects and internal cravings. The attainment of this is a positive experience of 'joy'.

Similarities and differences in the concepts of the mind according to Yoga and to psychoanalysis are: a loose correspondence between the concept of bisexuality in psychoanalysis and the bisexuality of *purusa* and *prakiti*; no topographical division of the mind in Yoga equivalent to the structural division of ego, id, and superego. There are similarities between the inherited traits and drives that Freud postulated in the id, and the inherited, unresolved, driving tendencies known as *Sanskara*. The pleasure-pain principle of Freud is acknowledged by Yoga only to a limited extent. Yoga aims at true liberation of the ego from the bondage of imaginary and false relationships with objects, and from the values of the world colored by desires. There is a similarity to the analytic aim of liberation of the ego from pathological complexes. According to Yoga, however, a full liberation of the self is not possible as long as the body exists. Yoga, like psychoanalysis, aims to eliminate false values and to attain mental tranquility and joy in life.

DISCUSSION: Dr. Samuel Orgel suggested that the desire for self-control in Yoga is derived basically from the infant's wish to attain sphincter control. Gratification in Yoga seems to lie in a renunciatory striving for perfection in the hope of discovering absolute reality. Psychoanalysis, on the contrary, attempts to soften

the demands of the superego; specifically, it tries to change the perfectionistic goals of the obsessional patient and to abolish the need for ritual. Yoga would seem to devalue object relations in striving for a state of tranquility, designated as joy. Psychoanalysis, with less lofty aims, does not expect to free man from all passions nor from his relations to the outer world.

In closing, Dr. Sinha stated that he was not presenting a polemic in favor of Yoga but intended only to point out similarities and differences between psychoanalysis and Yoga. He suggested that there were some areas in which exploration might be beneficial to analytic theory.

LEONARD L. SHENGOLD

December 14, 1964. ON ALTERATION IN THE STATE OF CONSCIOUSNESS AND ITS DEFENSIVE FUNCTION: A HYPNOID STATE. Robert Dicks, M.D.

The author suggests that certain phenomena, usually termed fatigue, drowsiness, or sleepiness, are actually manifestations of a hypnoid state which is a special alteration in the state of consciousness and should be distinguished from hypnagogic phenomena, fugue states, etc. The hypnoid state is not uncommon during an analytic hour and may be noted also in other life situations which involve the patient in a struggle with unacceptable sexual and aggressive impulses related to repressed memories. Dr. Dicks described several severe cases where the hypnoid state was used defensively by patients exposed to major trauma in childhood. The recognition of the defensive nature of the alteration in consciousness does not obscure the fact that it may also signify a fantasied gratification of an underlying wish, since all symptoms represent both drive and defense.

A theoretical discussion of the hypnoid state included consideration of classical hypnosis and sleep. Sleep, hypnosis, and hypnoid state may be phenomenologically similar, but the term 'sleep' should be reserved for true sleep and a qualifying term should be used to identify the route by which the sleep state has been reached. Freud and Ferenczi considered hypnosis distinct from sleep, emphasizing the unconscious intrapsychic factors. The hypnotic relationship depends on a parent-child relationship of love or fear, with convictions of infallibility and omnipotence. Classical hypnosis, however, may aid discharge of affect and recovery of memories, while the hypnoid state prevents this. Autohypnosis more closely resembles the hypnoid state and is related to an internalized parent-child relationship. Freud discovered that the hypnotist replaced the superego of the hypnotic subject, pointing to the important role of the superego in instigating both hypnosis and hypnoid state. While it is wise for the present not to equate hypnosis with hypnoid state, the latter may be the more general and classical hypnosis is perhaps a special category of hypnoid state.

Clinically the hypnoid state can be noted to range from the mildest, almost imperceptible interference with normal alertness to a deep sleeplike state. This alteration in normal alertness can be observed in other cultures as well as our own. For instance, in Bali hypnoid phenomena are acceptable manifestations of behavior. The Balinese mother continuously stimulates her child to show emotion but as the child responds, she suddenly turns away and leaves him frustrated. The trancelike withdrawal in relation to sexual affect of the Balinese

is similar to the hypnoid withdrawal seen in patients who were overstimulated in childhood. Similar alterations in consciousness may be observed in Shamans and other religious devotees.

Finally, the author states that the hypnoid state is so ubiquitous that it is difficult to classify all such reactions as necessarily pathological. In analysis, it constitutes a serious resistance and may be a countertransference manifestation as well.

DISCUSSION: Dr. Frank Berchenko does not doubt that the altered states of consciousness described are instigated for defensive purposes by the superego, but these are similar to other defenses involving a structural conflict. The sleep or trancelike states observed in the Balinese he believes to be adaptive behavioral patterns in reaction to the mother-child relationship and child rearing techniques. The universality of such a reactive behavioral pattern in a culture with a specific child rearing technique suggests that it originates from innate neurophysiological patterns. Dr. Berchenko does not think that so sharp a distinction should be made between the phenomena described by Dicks and the processes of falling asleep and sleeping.

Dr. Max Stern stressed the importance of distinguishing between the hypnotic and the hypnoid states; they are different in structure and effect. Underlying both is the state of quiescence (Spitz), a stupor reaction which is a response to overstimulation. But it leads to different results.

Dr. Melitta Sperling questioned whether the hypnoid state is a defense or a symptom in the transference which should direct the analyst to check both the transference and the countertransference. She wondered about the role of intense voyeuristic-exhibitionistic impulses in such situations, with unconscious repetition of primal scene experience. Under the guise of sleep the subject of the hypnoid state is permitted gratification of these impulses and a reliving, regressively, of childhood experiences. Dr. Sperling felt that the hypnoid state may reproduce aspects of the early nonverbal relationship to the parent.

Dr. Sandor Lorand noted that Ferenczi had characterized hypnoid states as a conversion symptom in the transference. There is a defensive aspect to sleep states on the couch, and they are a resistance in the sense that anything which interferes with the analysis is a resistance. Such patients on the couch behave like Balinese children, avoiding frustration and rage through hypnotic evasion. The hypnoid state is actually a symptomatic action, often of a transitory nature. On an œdipal level there is incestuous sleep with the analyst, but behind this is an oral symbiotic fusion. The infantilism is further expressed by the delegation of all responsibility to the analyst-hypnotist.

Dr. Moisy Shopper has observed patients in which the hypnoid state was not transitory; it appeared to be a method of soothing the self and achieving release from stimulation. A primary fusion with the mother may be more important than the superego in the genesis of this ego state in early childhood. The hypnoid state may be related to the stimulus barrier, the concept of cumulative trauma, and the shocklike reaction to trauma. There are individual constitutional differences in the capacity of infants to maintain stages of awareness, which may well have a bearing on the choice of this defense.

Dr. Jan Frank felt that altered ego states cannot be emphasized too much. Creative thinking acquires extreme oscillations among ego states, including states of awareness. While altered ego states of awareness may serve as a resistance to insight, there may be a facilitating function to cognition and integration in certain types of hyperalert but altered states of consciousness.

Dr. Max Schur commented on Dr. Dicks showing a continuum between the various depths of the hypnoid state and the various stratifications of defense. Three classical types of danger situations can result in hypnoid states, but the defenses are more complex in those instances where superego is involved. The fluctuating levels of defense demonstrated in the paper include denial and projection. Dr. Schur noted that in *The Interpretation of Dreams*, the prototype of defense is described as the decathexis of the memory of the experience of an external fright. He observed that Freud's 'ostrich' prototype would today be described as denial.

In conclusion, Dr. Dicks noted that he had been aware of defense, symptom, and gratification. All symptoms are compromises, with multiple functions. The gratification in hypnoid states is only in fantasy and, because of the manifold implications, only the defensive aspects were chosen for elaboration and discussion. Terminological problems might be resolved if all such ego states were subsumed under types of sleep. Hypnoid states are similar to falling asleep but are not identical. He would prefer using the term 'hypnoid state' rather than 'sleep state'. As a defense the hypnoid state is in the primitive category from both a genetic and dynamic point of view and may be closely related to denial. It usually functions in conjunction with other defenses. The choice of defense in hypnoid states may well be related to inborn constitutional givens but the whole problem needs further research.

HAROLD P. BLUM

The COLUMBIA UNIVERSITY PSYCHOANALYTIC CLINIC FOR TRAINING AND RESEARCH is celebrating its Twentieth Anniversary on October 30, 1965, at the Waldorf Astoria Hotel, New York City. A scientific and social program is planned. For further information write: George S. Goldman, M.D., Director, 722 West 168th Street, New York City 10032.

ERRATUM: In the book review of *Modern Perspectives in Child Development*, edited by Albert J. Solnit and Sally A. Provence, *This QUARTERLY*, XXXIV, 1965, p. 294, lines 13-15, the authors of the paper concerning collaboration between pediatrician and psychiatrist in adolescent suicidal crises were incorrectly named. The paper was written by Melvin Lewis and Albert Solnit.