

## Memory and Conflict

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# MEMORY AND CONFLICT

BY EDWARD D. JOSEPH, M.D. (NEW YORK)

Ernst Kris in 1947 described psychoanalysis as the science of 'human behavior viewed as conflict' (18). This very apt phrase draws attention to an important aspect of psychoanalytic theory and therapy; also it characterizes the historical development of psychoanalysis from its inception. Freud wrote continuously in all his published works of clinical conflicts and of the symptoms which they produced. He strove then, as psychoanalysts have since, to identify and unfold the nature, ambiguities, and inconsistencies of intrapsychic conflicts—unique in each instance—that they may be resolved.

One has only to read Freud's early case histories to realize the frequency with which remembrance of experiences from the remote past provide the sources of the conflict and the bases of the symptoms (3). He investigated the influences of both in the origin of neuroses and in his creation of a psychology and a psychopathology of mental functioning (9).

A starting point for understanding something of the intimate relationship between conflict and memory is the common observation that whatever ego functions are involved in conflict, the ego function of memory is always implicated, and much more frequently than is usually realized. Clinically, the emergence of a memory is confirmation that a bit of the resolution of a defense has been achieved. The absence of memories is presumptive evidence of repressed conflicts. It is a task of psychoanalysis to assess memories in terms of the immature ego on which they were originally impressed, and to re-evaluate them in accordance with the realities of later life experiences and realities.

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To clarify the relationship between conflict and memory it is necessary to examine the function of memory. In terms of the structural theory, the concept ego is the part of the mental apparatus that mediates between the inner psyche and external reality. As memory (conscious and unconscious) is indispensable for adaptation to reality it influences signally both the synthetic and integrative functions of the ego. It appears to be true clinically, moreover, that memory is involved in almost all types of conflicts and other disturbances of the functioning of the ego. The simplest example is the common parapraxis of everyday life: forgetting something that one knows well.

According to current psychoanalytic theory, as the ego matures, a variety of its functions achieve relative autonomy; not all functions at all times, but most functions achieve such a state which is then not readily given up. Hartmann describes two types: a primary autonomy of certain ego functions which are basic to operation of the mental apparatus and a secondary autonomy of other ego functions reached through the resolution of conflicts during development. Related to this concept of autonomy is the concept of areas of the ego free of conflict within which these functions are activated by neutralized energy. Included in this concept is the re-investment of an ego function by deneutralized or re-instinctualized energy and the inclusion of the particular function in conflict. Such a theory implies that there is a hierarchy of ego functions which are subject to being drawn into conflict.<sup>1</sup> Clinical observations indicate that the precedence, as one might assume, is determined by the adaptive importance of the function of the ego.

It is evident that the primarily autonomous functions are those ego functions which are based upon certain innate aspects of the mental apparatus and which come to be utilized by the ego in the course of its development. Thus, the ability to perceive, to achieve motility, and to acquire memories are inherent in the mental apparatus at its inception. Hartmann described it thus:

<sup>1</sup> Hartmann has suggested the need to determine the order of such a series of involvements in conflicts (15).

'We will mention only that memory, associations, and so on, are functions which cannot possibly be derived from the ego's relationships to instinctual drives or love objects, but are rather *prerequisites* of our conception of these and of their development' (13). Freud took the existence of memory (as a recording system) for granted as being an innate property of the psychic systems he was studying.<sup>2</sup>

What is of particular importance in psychoanalytic theory is the concept of memory traces which result from perceptions. In the early stages of ego development, memory traces of previous gratifying experience lead to anticipations of renewed gratification whenever instinctual tensions arise. In a state of conflict induced by deferred gratification, there is assumed to occur a hallucinatory fulfilment of a wish. This is assumed to be a hypercathexis of the memory trace of a direct gratification, re-evoked in the service of relieving tension. Beres, on the other hand, believes such a process could not occur before eighteen months of age (1). The failure of the hallucinated memory trace to give satisfaction forms the basis of the development of a sense of reality, and also is the beginning of the infant's differentiation between himself and the outside world (26).

First there is the storage of experience as memory; second, its utilization in remembering which, in infancy, provides an impetus to the growth of various ego functions. Considerations of the functions of memory in later stages of development are fewer and less clearly defined. Memories come to be assessed as significant only in so far as they represent conflicts of childhood which determine repetitive compulsions and other defensive maneuvers. As a consequence of this one-sided interest, forgetting has been well studied and in the course of an analysis the re-evocation of repressed memories has been a therapeutic aim, i.e., 'making the unconscious conscious'. With the advent of ego psychology this goal has not completely disappeared from psychoanalytic thinking. A consequence of this concentration has

<sup>2</sup> Plato compared memory to the impression of a wax tablet (10). Mediæval philosophers considered memory to be one of the five senses of the mind (2).



been a relative neglect of investigating the process of remembering, although in recent years attention has been directed to it (20, 24, 25).

By and large, memory is taken for granted, and where mention is made of it, it is in terms of early memory traces or of the ability to retain experiences and recall them. For example, Glover states, 'The simplest examples of basic concepts are: in the dynamic sense the concept of *instinctual energy*; in the structural sense, the concept of a memory trace and in the economic sense the mobility of quantities of instinctual energy' (12). The later development and the vicissitudes of memory traces are not discussed in his monograph.

In *The Interpretation of Dreams* Freud states: 'A trace is left in the psychical apparatus of the perceptions which impinge on it. This we may describe as a "memory trace"; and to the function relating to it we give the name of "memory"' (8). It is interesting to follow the changes in Freud's concepts, within a period of a few years, from a neurologic system to a psychologic system. For instance in the *Scientific Project* (1895), he describes neuronal changes which account for the nature of memory. He describes memory psychologically as 'the persisting force of an experience', and wonders how a perception can be recorded, and retained, and later be available to recall. In answer to this he assumes the existence of permeable and of impermeable neurons. The permeable neurons, offering no resistance and retaining nothing of the excitations passing through them, serve the function of perception. The impermeable neurons offer resistance and have a quality of retention; these are the vehicles of memory and 'presumably therefore of psychical processes in general' (7). In terms of neuronal function this means that the permeable neurons are unaltered by the passage of an excitation through them, while the impermeable neurons '... may be left in a modified condition after each excitation, and thus afford a *possibility of representing memory*'. These impermeable neurons, as a result of constant excitation, develop among them facilitations which allow more readily the passage of impulses, and determine

also the path that excitations may take among the 'memory cells'.<sup>3</sup>

Just a year later (1896) in a letter to Fliess, Freud wrote a more psychologic concept: '... memory is present not once but several times over ... it is registered in various species of signs'. In 1900 he applies a primarily psychologic theory in the dream book and speaks of memory traces which are arranged in the mnemonic system. He supposes that there are several mnemonic elements in which one and the same excitation transmitted by the perceptual elements leaves a variety of different permanent records. These various systems contain the record of association in respect to simultaneity of time, while the same perception will be arranged in other systems in respect to other kinds of coincidence in respect to similarity, etc. This, in other words, is a statement of the organization of memory traces according to their properties including those of a temporal nature as well as those based upon similarity and other factors. In this section of the dream book he considers the relationship between memory traces, the perceptual system, and consciousness, coming to the conclusion that memory, and the quality that characterizes consciousness, are most likely mutually exclusive. In *Beyond the Pleasure Principle* (1920) the same thought is presented in the statement, 'Consciousness arises instead of a memory trace'. In the *Mystic Writing Pad* (1925) this is stated as a fact: the perceptual system and consciousness are coexistent, and the memory trace and consciousness are mutually exclusive.

This line of thought has to do with the recording of memory;

<sup>3</sup> A recent article suggests memory 'lies in an increase of concentrations of enzymes associated with transmitter substances (cholinesterase and RNA concentrations) as a long-lasting effect of stimulation'. Such changes in the microchemistry of neurons are associated with learning and represent a modification of cell structure. There are also nonlearning neurons which are incapable of microchemical modification and which participate in unconditioned reflexes. This current theory seems analogous to Freud's hypothesis (Smith, C. E.: *Is Memory a Matter of Enzyme Induction?* Science, CXXXVIII, 1962, pp. 889-890). For a recent discussion of the influence of Freud's neurologic training on his theories, see Amacher, M. Peter: *Freud's Neurological Education and Its Influence on Psychoanalytic Theory*. Psychological Issues, No. 16. New York: International Universities Press, Inc., 1965.

also with the figurative transition of what is remembered from one ego function to another. It is a reversible process providing a theoretical basis for making the unconscious conscious. It is clear also, from the context in which Freud wrote these statements, that he referred not only to conscious perceptions, but rather to any stimuli which might impinge upon the perceptual system. These impulses may come from outside the individual, or from within but outside the perceptual system itself. Nothing is stated definitely about the intensity of perception and its relationship to memory, but it may be inferred that regardless of the intensity of a perception, it always leaves a permanent record in the form of a memory trace or traces. The recent work of Fisher on subliminal perceptions offers confirmation of this hypothesis. His work of course raises further questions as to the nature of the memory traces involved in subliminal perception and their availability for use by other parts of the ego apparatus (5).

In addition to leaving a permanent record in the unconscious, Freud also observed that memory traces are subject to processes of condensation and distortion. The more indifferent traces succumb unresistingly to condensation and distortion which continue for long periods, while more affectively charged memories succumb with greater difficulty. During this time every fresh experience is drawn into this organization of memory; however, memory traces as such undergo no alteration even in the course of the longest periods of time; thus, it is theoretically possible that every mnemetic content can be restored to consciousness. Much later, Freud returned to this notion in his comparison of the city of Rome with all of its original structures still existing buried under all its later additions (11). He admitted that this analogy was far fetched and visually incomprehensible, yet he felt it somewhat represented memory in that all traces from the earliest time onward continued to exist subject to the vicissitudes mentioned of organization by processes of condensation and distortion. Organization of memories in terms of drives is the more primitive form of organization of memory traces (25).

Although Freud did not definitely state it as such, it seems evident that he felt that there was a change in the nature of memory traces and of their organization with the development of speech. What had previously been organized according to a primary process mode of discharge becomes altered as speech is acquired. The memory traces of verbalizations and of verbal symbols acquire an increasing importance as the mental apparatus matures. He felt that the memory of verbal symbols has a preconscious quality in contrast to memory traces which have an unconscious quality. He declared that he did not mean that something that is unconscious is shifted in locale as it becomes preconscious or conscious, but rather that these are aspects of energy distributions or cathexes of the various forms of memory traces. He does state, however, that memory traces with an unconscious quality are those of the thing itself, while those traces with a preconscious quality include the verbal symbol for the thing as well. This difference he includes in his theory of regression, especially in schizophrenia. Within the framework of the later structural theory, these changes are associated with the development of more advanced forms of thinking including reality-directed, logical forms of thought. Later organization of memory traces is therefore around logical, realistic thinking and more mature forms of object relationships.

The capacity to retain memory traces is then first of all an autonomous innate quality of the mental apparatus. Very early in ego development its basic contents become drawn into conflict by the efforts of the immature ego to resolve its tensions (the organization of memory in terms of hallucinatory gratification of drives). The failure to achieve these gratifications leads to new memory traces which form the basis of acquisition of the sense of reality and of the separation of self from nonself. Thus the germs of both the realistic organization and the drive organization of memory appear early in the developing infantile ego. The period of primary autonomy would seem to be a relatively short one, and these two aspects of memory organization mature from primary autonomy to secondary autonomy, both free of conflict.

Autonomy and freedom from conflict are not however determined solely by the contents of memory organization, but rather by the nature of the energies which cathect these contents. Those which cathect the drive organization of memories are instinctualized (with libido or aggression) while the later organization functions with relatively neutralized energies. This raises the question of the nature of the psychic energy at the stage of primary autonomous conflict-free existence. Hartmann suggests that the ego from birth may have its own energies apart from instinctual sources (14), while Jacobson speaks of an undifferentiated instinctual energy from which both sexual and aggressive instinctual drives arise (17). These theoretical conjectures are not of the same order, yet they are said to account for the state of the mental apparatus in its earliest stages.

From these considerations it is possible to draw several conclusions which relate the function of memory to other ego functions. First are levels of organization of memory which develop during childhood and in maturity. The nature of the intermediate forms between the two types is still unstudied (27). Presumably these two levels have reciprocal interrelationships including a temporal order of maturation (16). The balance between the two types of organization can be disturbed by conflict at various stages of their mutual development with one or the other achieving premature ascendancy. Another conclusion is that both types of organization of memory function can and do continue to exist throughout life with now one and then the other controlling the activity of the thinking process in which logical, realistic thinking overlaps and coexists with more primitive forms of thinking.

A brief example illustrates this point. Trusting to memory to address a letter to a colleague, I found the next morning that I was thinking of a former acquaintance named Bernie of whose divorce and remarriage I had learned only recently. Later that day I had occasion to write the same colleague again, but found as I was addressing the letter that I was not sure how to spell the name of the street, *Bernice*,—was it Bernice or Berniece? I was

sure that the day before I had spelled it correctly. I found his letterhead and recognized immediately that the street was named *Beatrice*. I then realized that the woman my friend Bernie had married was named Bea. The complete analysis of this parapraxis includes a conflict in my relationship with my past friend about whom I had recently heard. This is not an example to illustrate that an intrapsychic conflict can manifest itself through a disturbance of memory; it is rather to illustrate the workings of the function of memory. Into the choice between *Bernice* and *Beatrice* was interposed a fragmentation of Bernie and Bea. Actually the parapraxis, *Bernice*, is compounded of the first syllable of his name and the last of the woman's name. It illustrates the condensation and distortion characteristic of the drive organization of memory or of thinking. As a rule, the analysis of such a parapraxis stops at the point at which the conflictual elements leading to the memory disturbance have been made clear. It is noteworthy, however, that during the interference with the ability to recall the correct spelling there was also an awareness of this difficulty. It might be said that a part of the organization of memory in the service of testing reality could not accept the compromise offered by the conflict as a solution. In this instance, the organization of memory serving the function of reality overrode that of the drive-organized error. This would be an example of the coexistence and balance between the two forms of organization of the memory function; that is, both forms coexist rather than that the more primitive one disappears as the more advanced one matures.

This clinical illustration is germane to the following statement (1956) by Kris:

Some of these observations of memory functions from the first year on suggest a variety of assumptions, of which I should like to mention one only: the earliest memory functions arise in the refinding of the needed and later of the beloved object. Out of this matrix all memory functions emerge which might be distinguished according to their degree of autonomy. One set of memory functions, those with relatively high autonomy,

comprehend what has occasionally been called 'general memory ability', e.g., the ability to acquire, retain and repeat [what has been learned]. Another extreme, one of low autonomy, are the memory functions concerning the self, i.e., autobiographical memories. The usefulness of this simplified distinction is illustrated by the selective character of what is traditionally called the period of infantile amnesia. It includes the experiences of the self, but does not include the impact of reality testing, skills, conceptualization, or information acquired during the same period of time. In all those areas where the self is concerned, where memory is autobiographical, autonomy in the broader sense is never fully achieved, distorting influences never cease to play their part, and recollections remain connected with needs and affects (19).

The function of memory is thus a continuous process which includes both its organization in response to drives, and its adaptation to logic and reality. Specific is the concept of it as an ego function with its own genetic and developmental history, tending toward full autonomy. Kris also suggests that the organization of memory and of memory traces is composed of different compartments or segments, so to speak, some of which achieve a higher degree of autonomy than others. His observation that a greater degree of autonomy and lack of involvement in conflict prevails in such learned capacities as skills and perception of reality is confirmed clinically. Many whose functioning in personal matters is grossly deficient nevertheless function quite well in the accomplishment of acquired skills and practices. The mastery of reality required in the acquisition of such abilities presumably succeeds by remaining exempt from disabling personal conflicts.

A man of twenty-eight was admitted to a hospital suffering from a gross loss of memory for past and recent events including the skills he had learned and applied in business for a number of years. There was no deterioration of his personal physical habits. This amnesia proved to be a massive defense against con-



flicts related to dependent and homosexual cravings. As the conflicts were identified and resolved, memory became gradually and fragmentarily accessible, but with many biographical lacunae. The psychopathology was assessed as a schizophrenic process involving many ego functions beside memory.

This clinical example represents an involvement of the function of memory in the conflicts occurring in and between the various intrapsychic systems. Forgetting is not only an interference with the cathexis of a memory trace which prevents it from reaching consciousness, but there may be an active suppression of a memory because of its involvement in conflict. Freud noted that forgetting in the broadest sense is the suppression or repression of memory either because of its involvement in an actual conflict or because of the anticipation of anxiety should the conflict be revived.

Forgetting is a complex process. It may involve not only active suppression and unconscious repression as defense, but denial and isolation may be utilized as well. There is still another kind of forgetting shown in certain impulsive individuals in whom there is a short circuit between wish and action which excludes the delay of the intermediate intervention of thought, and recollection from experience.

In many character neuroses elements of memory have been excluded from awareness and allocated to other portions of the ego—as in the self-representation by a process of identification (6). One such patient repeated repressed primal scene traumata through beating fantasies, impaired object relationships, and a masochistic attitude toward himself based on a feminine identification. The nature of the traumata could be convincingly reconstructed, but the memory was not recovered—which is common with this type of forgetting. A stiffness of his body and of his gait was reconstructed as the equivalent—among other meanings—of his rigidity in his crib in the parental bedroom. The memory traces had become part of his body image, of the interrelationship between object and self-representations.

Infancy is the period for which there is the greatest amnesia



for external events and subjective reactions. As Kris stated, this is a selective amnesia which does not involve the learning of these years. This amnesia is generally conceded to be a defense against the castration anxiety of the œdipal period. The massive repression contains all events of the period excepting isolated screen memories whose retention obstructs direct recollection.

The infantile amnesia, among many individuals, extends well into the latency period. The years from four to eight are a period in which, beside the resolution of the œdipal conflicts, the superego is stabilized, the ego ideal evolves, and various functions of the ego gain a measure of autonomy. This period is one of great psychological organization and consolidation which progresses gradually over a period of years.

The amnesia, then, is a consequence of defenses against recollection of sexual and hostile aspects of relationships with the parents which arouse the castration anxiety that initiates this whole phase of development. It may be conjectured that there are superego injunctions (introjected parental prohibitions) against sexual and hostile demands which intensify the ego's defenses. Compliance with the superego partially assuages the instinctual deprivations.

In contrast to forgetting, which contributes to psychopathology and is symptomatic, remembering has been little studied (23). In healthy functioning it suffices to assume that memories are stored in the mind merely waiting to be summoned into consciousness. A hypercathexis is nevertheless required to achieve the transition to consciousness because, from everything that is known about them, memories are always invested with a low level of energy of cathexis. Remembering requires that concatenation of associative and energetic motivations which in analysis makes possible free association (21). Notable among the requirements is lack of conflict.

Kris believed that there may be a special investment of the process of remembering itself: 'It is', he said, 'a pleasure which in different forms persists throughout life and which at times appears in pathologic distortion' (19). There are people among

whom reminiscing is indulged to an abnormal degree on all occasions. They live in their memories of past accomplishments, relationships, and experiences. Always pleasurable, such excessive reminiscing is a substitute for a lack of pleasure in current daily living. Commonest examples are amongst the aged and infirm but are by no means confined to them. In contrast to this libidinization of remembering is the hypermnnesia of paranoid states in which events are recalled and applied in their minutest detail to delusional structures. This is remembering in the service of defense and conflict which represents a reinstinctualization by both aggressive and libidinal energies.

Between these extremes are more normal pleasurable states of remembering which serve other functions. For example, it is usually the mother in a family who remembers birthdays, anniversaries, and anecdotes from the early lives of the children (21). This is pleasurable to her and adaptive in her maternal functioning. Often a common remembered experience is the pleasurable basis for a lasting relationship between two people. There are organizations which exist chiefly for the exchange of reminiscences, as among the members of alumni associations. To remember a mutual experience tends to remove potential conflict between people or, conversely, promotes affectionate ties between them.

The greatest degree of effective neutralization of remembering is in the creative processes. A symphonic conductor often leads an orchestra through a complex musical work without the help of a score. Because psychoanalysts listen to endless details of personal lives for a therapeutic purpose—and with relative freedom from conflict—they are able to remember accurately masses of detail to an extent that frequently astonishes patients.

The mourning reaction is essentially a process of decathecting the memories associated with the lost object and the restoration of the decathected recollections to the function of memory proper. The element of conflict in mourning is fully reported in the literature. One way of regarding the process is to say that part of the conflict is about dissociating the memories from the

representation of the lost object, decathecting them and forgetting them. The forgetting often occurs by means of identification. Traces of memory become part of the mourner's self-representation in a manner similar to the process described above in certain character disorders. The greater the conflict involved in mourning, the more likely that elements of memory will be lost with only slight traces of the object accessible to remembrance.

Following severe head injuries there is frequently an amnesia for all events subsequent to an instant before the physical trauma. The injured person gives no sign that he is not in full possession of his mental faculties; but the only recollection of the event that remains with him is of some trivial occurrence that preceded it. In addition to organic damage, there is also a psychological alteration of the state of consciousness which precludes registration of the traumatic event in memory. The mental apparatus has been flooded suddenly by such intensive stimuli that its defenses are paralyzed before protective mechanisms can be called into play. Either the anxiety evoked by the threat of immanent extinction far exceeds a measure that the psyche can comprehend, or such terror is repressed beyond recall. The past is resumed at that safely neutral moment just before catastrophe descended.

No special psychoanalytic study has been made of the progressive defects of memory associated with aging. Failure to recall current events, names, and faces of recent origin, occur often before there is evidence of other organic defects. It may be that memories such as these, of low autonomy, arouse conflicts associated with waning powers and the lengthening shadow of death. Whenever signs of damage in the central nervous system are evident, all defects of memory are routinely ascribed to organic neuropathology. It is nonetheless well known that in an organic disease, such as general paresis, the psychopathology remains significantly in accord with the premorbid personality (4); also it has been demonstrated that in patients with Korsakow's psychosis the memory elements retained or altered are connected with intrapsychic conflicts peculiar to each individual. It should

be established whether or not, in the earlier stages of the psychopathology of aging, memory is lost selectively on the basis of idiosyncratic conflicts of individuals. In advanced states of senility, when only memories of the distant past are retained, it would be well worth making a careful study to find if any psychodynamism could be determined for the selection of the memories retained in a series of such patients.

The organization of memory is not a rigid system. It is due, in part, to this fact that the therapeutic results of psychoanalysis are achieved. In the resolution of infantile conflicts the memories involved are freed of their instinctual cathexes and new connections are established. Not only do new experiences affect pre-existing forms of memory organization, but the type of organization is determined by nature of the memories available. Recent work with deaf children indicates that their memory systems are different from those of children who hear. The deaf, for instance, remember things more concretely than do others, and they have low scores in tests that check memory in verbal and symbolic terms—as might well be expected (22). The loss of one sense sharpens others and one could not reasonably expect what are commonly called auditory memories among those who have never heard anything. Whether their concreteness in remembering is a more primitive organization of it or is the replacement of auditory symbols by tactile-kinesthetic ones, accentuated by conflicts aroused by the loss of an important sense of perception, remains to be studied.

Memory is unique in the organization of the ego and the superego in that it has two functions: it is the repository of all experiences, an essential to the development and activity of every other ego function; it is essential to the acquisition and integration of learning, to individuation, object relationships, and to the assimilation and utilization of reality. The teeming multitude of its data are indispensable to the organization of every function of the ego.

This discussion of memory has been deliberately one-sided for purposes of description. For this reason it may have seemed to

imply that memory activates all psychic conflicts and mediates their resolution as well. Obviously, many other influences are involved in the functioning of the ego.

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# Loss of Identity, Impairment of Relationships, Reading Disability

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# LOSS OF IDENTITY, IMPAIRMENT OF RELATIONSHIPS, READING DISABILITY

BY GEORGE DEVEREUX, PH.D. (PARIS)

There is a relationship between loss of identity, the withdrawal of cathexis from reality leading to its fragmentation, and neurotic reading disability.

A proper understanding of the data to be presented is possible only if one specifically assumes that, epistemologically speaking, the external world, as the source of nearly all our sense data, can be viewed as containing no configurations (*Gestalten*) whatsoever. This is to say, in principle, and on the level of the most primitive perceptual patterns, one can reasonably argue that the world contains only perceptual elements ('details') which are then organized into configurations by the percipient. The 'size' and degree of coherence of the configurations is demonstrably a function of the percipient individual's neurological development and intellectual potential.

Elsewhere I have shown the possibility of demonstrating at least a synchronicity between the incomplete motor and perceptual coördination of the infant (which is due partly to incomplete neural myelinization) and his tendency to view his mother ambivalently, as a partial object (mother=breast) (6). While the infant remains incapable of coördinating his movements and thus of perceiving his own body as a whole configuration, he is correspondingly unable to organize parts of an external person into a whole. He therefore is unable to view the breast as the mother, but only as a component of a (total) mother.

This thesis can be supported by zoölogical evidence. It is possible to 'teach' one half of a sea anemone that a piece of blotting paper soaked in bouillon is not food; the other half of its body has to be taught the same lesson all over again. There are, moreover, indications of a neurological basis for the tendency of in-

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fants to differentiate between the 'good' and the 'bad' mother, sometimes to the extent that they seem to be two different beings: gratifying mother and frustrating mother, neither of whom is a real person (6). I note in this connection that if one teaches white rats to depress a lever in order to obtain a pellet of food, should the pellet not appear within a very few seconds, it cannot serve as 'reinforcement', for the simple reason that the rat is unable to connect the depressing of the lever with the appearance of food. This suggests that the infant's inability to organize a series of events into a coherent, causal sequence is largely determined by his lack of a sense of his own identity in time. He does not recognize the gratifying and the frustrating mother as identical simply because he does not grasp that the hungry baby which he is now is the same as the satiated baby he was an hour ago and will again be a few minutes hence.

Among adults too there are impairments of memory and of the capacity to anticipate the future which reflect a loss of the sense of their own continuity in time. We forget something because in some ways we have lost the unconscious conviction that we are today the same person we were when we experienced or learned that which we have forgotten. We do not foresee the consequences of our actions if we fail to see that the person who, tomorrow or a year hence, will experience the consequences of his actions is the very same person who performs these actions today.

It is noteworthy that nonneurotic forgetting and lack of foresight are most characteristic of those periods of life which differ most radically from the functionally optimal period in which the nervous system is mature. The periods of life most characterized by lack of memory and of foresight—functions which in this frame of reference form the opposite poles of the same continuum—are great immaturity and extreme old age. 'That was yesterday', and 'after us the deluge' are expressions of the same organic or psychological impairment. The maximum length of time which the average human being can experience as a unitary configuration appears to be the average duration of human life.

In order to maintain this configuration intact, its outer boundaries must be cathected in proportion to their distance from the present moment. This need explains both the adolescent's premature preoccupation with ideas of death and the vivid recall of childhood in old age. I therefore propose a new psychoanalytic concept: the *temporal ego*, whose boundaries are represented by birth and death and whose main function is the organization of the experience of self-in-time into a coherent temporal configuration. It represents in the time dimension what the body ego represents in 'space'.

The principal task of psychoanalysis is to restore this self-connectedness, the individual's sense of his own identity in the time dimension, his sense of wholeness, of total identity and complete involvement at any given instant. Using the terminology of the philosopher Petzoldt, we must restore both the patient's perception of 'temporal causality'—the coherence of structures in the time dimension—and his perception of 'spatial causality' (the coherence of structures in space)—as regards himself, as regards others, and as regards the world (16).

Throughout the preceding paragraphs I have clearly implied that configurations are not 'given' but 'taken'; they are not data but constructs, in the sense of Ernst Mach's famous dictum: There are no laws in nature; we put laws into nature.<sup>1</sup>

The psychoanalytic problem is therefore the manner in which, and the means whereby, the individual learns to view himself as a whole and also as invariant in time, which presupposes the capacity to experience life as a whole, well-structured configuration. It is particularly this temporal causality which psychoanalysis systematically emphasizes. In metapsychology it does so by postulating psychic determinism. In therapy it does so by helping the patient, through interpretations, to grasp the coherence of temporal structures. I have shown elsewhere that interpretations are effective precisely because they close a configuration which, though incomplete, already possesses sufficient *Prägnanz* to per-

<sup>1</sup> It is well to remember in this context that Mach was apparently familiar with some of Freud's work (8).

mit of only one system-adequate cloture. Such incomplete but *Prägnanz*-endowed configurations are revealed in two stages. The first elements are spontaneously produced by the patient himself; he can produce them because he does not yet perceive the configuration to which they belong and is therefore not frightened. The second set of elements, which become consolidated with the first and lead to *Prägnanz*, are 'teased out' by means of confrontations. The final configuration, which, when closed by interpretation loses *Prägnanz*—which is a vector—, then disintegrates and permits a 'new start' (3). It is precisely this quality of *Prägnanz*, producing a system of inner tensions, which enables neurotic unconscious partial configurations to exert a great influence upon thought, feeling, and behavior.<sup>2</sup>

The crucial problem is the means whereby, apart from neural maturation, the individual learns to organize into a conscious whole both his own wholeness at a given time and his own invariance in time. Indeed, this identity in time is precisely what differentiates the individual from the pseudo-individual. As philosophers of modern physics point out, electrons have no true individuality, since, if electrons A and B collide and then separate again, it is not only impossible to determine which of the two post-collision electrons is A and which is B, but even the very notion of making such a determination is meaningless.<sup>3</sup> On the other hand, when John Doe and Richard Roe collide and then separate, the identity of the precollision and the postcollision John Doe (or Richard Roe) is, in principle, never in doubt. Where such doubt arises (for example, in terms of total identification, rebirth rituals, or extreme forms of conversion) we are confronted with genuine and severe neurotic phenomena.

<sup>2</sup> I would like to note in passing that while Janet lost out by refusing to accept Freud's findings, psychoanalysis lost much by ignoring Janet's genuine contributions, and especially his inadequately documented but prophetic notion of *tensions*, whose validity did not become obvious until the *Gestalt* psychologists, who often fail to give credit to Janet, developed the concept of *Prägnanz*.

<sup>3</sup> It should be specified that this view goes beyond William James' well-known remark: 'A difference that makes no difference is no difference'. In colliding electrons, A and B actually fuse for an infinitely brief instant, then separate into two electrons which can be held to be new and to have no past whatever (11).

It is a basic thesis of this paper that both the sense of the spatial wholeness and the sense of the temporal identity of the individual are to a very large extent *learned*. No real sense of one's wholeness can be acquired by anyone, least of all by an infant and a child, if he is not treated and experienced as a whole by his early human environment. If the various parts of the child's body are not treated in the same way by the mother, the undervalued or rejected organ is soon ejected also from the body image. A striking example of such a depersonalization and ejection from the self-concept and body image of both the head and the penis will be given below. Likewise, if the child is treated inconsistently and capriciously, so that it becomes obvious to the child that he is not experienced by his mother as the same individual both when obedient and when disobedient, the child loses the sense of his own identity in time. In brief, it is by being treated as a spatial whole and as an invariant in time that the child acquires a sense of his wholeness and of his individualized continuity in the time dimension. This, in turn, enables him to experience other people not as partial but as whole, not as impersonal but as highly individualized beings, and to acquire a sense of the spatial and temporal coherence of the world of external reality.<sup>4</sup> This view has certain important implications for the psychoanalyst's attitude toward the patient, whose integrity and individuality he seeks to restore. Thus, I think that it would be useful to begin to think of the analyst's ideally desirable attitude not as *objective* but as *impartial* and *realistic*, not as *impersonal* but as *accepting*. So defined, it can no longer excuse or serve as an alibi for the treatment of the patient as a thing, which, I am afraid, is far from uncommon and wholly condemnable. In my opinion, the preceding pages as a whole provide unassailable arguments in favor of Nacht's conception of the

<sup>4</sup> I would like to note in passing that—in terms of its nuances and even of its etymology (Webster: object, a thing thrown or put before)—the expression *love object* is a deplorable one, where maturely genital love for a total person is concerned. The second word implicitly denies what the first word seems to assert. I would recommend that the term *love object* be therefore reserved for pregenitally 'loved' *partial* objects.

proper analytic attitude, as presented by him at the Edinburgh Congress (15).

### CASE HISTORY

Mr. Braun was a severely obsessive-compulsive, so-called borderline, man in his early thirties. He was of superior intelligence and education, but was completely unable to use his intelligence constructively. In fact, he was practically unable to read, for he dissected each word into syllables 'so as to understand the word' and was therefore unable to grasp its meaning. By focusing his attention entirely on the word, he negated its contextual meaning and the context itself; then, by dissecting each word and reducing it to syllables, he similarly destroyed the word itself.

He was also totally unable to form any kind of meaningful personal relationship. On the verbal level his relationships with women were exceedingly 'noble'; on the level of reality his lofty utterances about 'protecting' women only served to make any real relationship impossible. Thus, 'I must protect the women I sleep with from falling in love with me since I am . . . [here would follow a meticulous enumeration of all his shortcomings] and, moreover, cannot support a wife, nor even take out a real girl friend on a proper date'. The same noble protectiveness also justified his own noninvolvement.

The most salient characteristic of his verbal output in his sessions was the tendency to alternate between meticulousness and vagueness. On the one hand he would almost gloatingly recount in minute detail his latest 'feat' of incomprehension, muddling, or incompetence. Despite objections to these wasteful, endless, and strictly 'about-ist' accounts, he would, with provocative stubbornness, recount trifling events without any attempt to reflect on the material or to listen to interpretations. On the other hand, he would produce a stream of half-obscene, half-horrible fantasies in lieu of associations. He would say that he was 'seeing' himself raping his mother, choking his analyst, etc.—all this without emotion, in a wooden voice and with a frozen face, al-

though he insisted in a conversational tone that he was experiencing 'extreme terror'. Moreover, any attempt to scrutinize such fantasies only provoked a further stream of bizarre association-like fantasies, whose exploration he also dodged and resisted by every means at his disposal. The analyst's objections to this hop-skip-and-jump verbal output were met with the stubborn assertion that he was only adhering to the basic rule. This resistive exploitation of the rule was extremely difficult to abolish, since his previous therapist appears to have tolerated or perhaps even encouraged this sterile verbal game.

It was almost two years before the sessions began to resemble a genuine analytic hour. At this time, the following dream was reported: 'I see my mother with long hair, clad in a bathing suit'. Strict insistence on his sticking to the actual dream produced one real association and one pseudo-associational fantasy. Association: 'My mother used to wear her hair very long when I was small. I do not actually recall this. I know it only because I saw a photograph of her in a bathing suit, with her long hair undone. This photograph dates from my childhood.' He subsequently brought the photograph along and strenuously insisted that the analyst look at it. It should be noted that nearly all of the analysand's extremely scanty childhood 'memories' consisted of things he knew only because he had heard about them later. Pseudo-associational fantasy: 'I see myself climbing up my mother's long hair'.

As usual, this dream was reported at the end of the hour, to avoid the possibility of an interpretation. Therefore, in the next hour the psychoanalyst insisted that the patient associate further to this dream. This produced another pseudo-associational fantasy, more or less connected with the fantasy of climbing up his mother's hair: 'I am performing cunnilingus on my mother'. The analyst asked, 'What does this fantasy mean to you emotionally?' The answer was, as usual, 'Nothing. It is quite remote from me.' At this point, as so often previously, the analyst insisted that he 'bring it up close'. For the first time in the entire analysis the patient complied and produced the following associations: 'It is

close now. My mother is lying on a table; she is dead.' (A subsequent slip of the tongue indicated that the table was an embalming table.) 'Now only the lower part of her body is there, from the waist down. And it is not a real body; she is disembodied. [What do you mean by that?] It is not a real body. It is something like the figures one sees in the windows of hosiery shops, for the display of stockings. It is a figure made up only of legs; the torso itself ends at the waist.' [What does this imply?]<sup>5</sup> At this point the patient began to ramble, taking great leaps from idea to idea, fantasy to fantasy, and clearly showed an unwillingness to come to grips with the problem. After two or three demands that he halt in his flight, he said: 'I am apparently afraid that I will be killed if people come close to me'. [Let us stick to something simple, immediate and pedestrian. You are asked to bring the fantasy closer and to endow it with emotional reality. The next thing is that your mother is dead, unreal, and even then only half an artificial mannequin.]

'I recall a movie, perhaps a Hitchcock movie. A perfectionistic aunt likes to draw. She draws the same apple for days on end, and when the apple begins to wither, she encases it in wax. She tries to draw a plant outdoors. The wind shakes the plant, so she cuts it off and takes it indoors. She tries to draw a fish in a fish-bowl, but the fish swims around, and so she freezes it. She tries to draw her dog, but he moves; she poisons him and stuffs him. At this point her nephew, feeling that he is next on her list, takes flight.<sup>6</sup> Now the pubis of my mother expands. . . . Her body is covered with hair. She is covered with hair. She is a monster or a zombie now.'

Since the end of the hour was near, the analyst said: 'You can

<sup>5</sup> It should be realized that frequent interventions were indispensable; without them, the patient would only have piled fantasy upon unrelated fantasy. The analyst practically had to resort to the reverse of Ferenczi's technique of 'forced fantasies' (8).

<sup>6</sup> This paragraph is exceptional; for once the patient stuck to the same topic in trying to associate. Probably he was able to do so because this is an 'about-ist' association, permitting him to be as meticulous as in his accounts of trifling mistakes or mix-ups.



bring something close to you only after you see to it, first, that it is dead and next that it is disembodied and fragmented, cut off from the rest and deprived of its context.<sup>7</sup> That is exactly what happens when you read. You tear words from their context and then play with them, dissect them, engage in a game of clang associations with detached syllables and in this manner avoid understanding what you read.'

The patient replied: 'I must be afraid that if I let someone come close to me, I will be killed'. [Although you are probably right in a way, this is another of those hop-skip-and-jump associations by means of which, pretending to comply with the basic rule, you defeat it by skipping the connecting links, so that you simply sound bizarre. What you omit here is that before your mother's pubis engulfs her entire body—represented in the dream by the long hair and in your associations by the hairy monster, also by climbing up her hair and by your performing cunnilingus—you turn her into a corpse on an embalming table, then into half a mannequin and finally into something disembodied. At that point the ghost returns with new strength: her pubis expands, hair covers her entire body, and she is a destructive monster threatening you.]

The patient seemed slightly impressed by these remarks and replied: 'I am not only afraid that the monster will kill me. In some obscure way I am also afraid that she will take me and append me to herself as a penis. [What do you mean by *append*?] If the monster is female, I will be put in her vagina; if male, into his anus. You know I dread, if I do think, that my mother's vagina will suck me in like a vortex or like a vacuum cleaner and that I will disappear.'<sup>8</sup> [In other words, you are afraid that your mother will make you her penis and, at the same time, will also

<sup>7</sup> An extremely perceptive pathologist once made the following remark; 'New girl technicians show anxiety only when I make the first incision in the corpse, disrupting its continuity. It seems to represent to them a kind of murder. They show no anxiety when the various organs, already excised, are being dissected. They have lost the meaning of organs, or parts of a living body.'

<sup>8</sup> The patient also professed to think that if he allowed himself to understand what he read, he would fall into, and be engulfed by, the printed page.



use you to gratify herself with you.] That is exactly what I mean.'

At this point the hour, altogether exceptional in its coherence, and in the patient's amazing willingness to listen and to stick to one point at a time, came to an end.

In order to discuss the material coherently, we must consider briefly one important function of skip associations as illustrated by the role they played in another young man's analysis.

Mr. Roth, an intelligent man in his twenties, suffered from a totally incapacitating agoraphobia, as well as from a variety of other phobias, anxieties, and compulsions which, despite good intellectual capacity and functioning, prevented him from engaging in any useful pursuit and kept him indoors. He entered psychoanalysis after having had some psychotherapy abroad with a partially trained therapist who had the integrity to admit this fact to the patient and to urge him to go to the United States to be analyzed, even recommending that he ask a certain highly qualified American psychiatrist to find him an analyst. In the first two months of his analysis the patient produced so many, apparently entirely disconnected, skip associations, that the analyst began to wonder whether both the referring American psychiatrist and the clinical psychologist who had tested the patient had misdiagnosed a latent schizophrenia. When the matter of these disconnected and 'unconnectable' associations was finally brought to the analysand's attention, he frankly admitted that he consciously suppressed many 'bridge elements', because he feared that their 'craziness' might create the impression that he was psychotic and that this in turn might lead to a discontinuation of his analysis.<sup>9</sup> When he was persuaded to produce also these sup-

<sup>9</sup> Of course, the fear of a termination of the analysis because of 'psychosis' only masked the wish to avoid the agonies of working for his recovery. He hoped that he would either be sent home unanalyzed or that the hard work of analysis would be short-circuited by electroshock treatments, which was the treatment he really wanted. This entire problem was disposed of by means of a single confrontation: 'Don't be such an optimist! You can't escape analysis that easily.' It was never mentioned again, nor did skip associations recur.

posedly crazy ideas, which, undeniably, represented unconscious material structured only by the primary process, the impression created by the bizarre skip associations disappeared entirely. Indeed, the point is that, in trying to avoid sounding like a schizophrenic, he managed to sound exactly like a schizophrenic.

In regard to Mr. Braun, his refusal to associate to any fantasy or dream and his almost overtly defiant sabotage of all attempts to make him stick to one topic also served to prevent the emergence of the links or bridging elements, which no matter how 'crazy' they may have sounded in themselves might, in context, have permitted the analyst to grasp the meaning of his fantasies. In this case, the omission of bridge elements was not due to a conscious effort to sound nonpsychotic. Instead, Mr. Braun preferred to think of himself as abnormally stupid, but, like Mr. Roth, he achieved the opposite effect. His gloating, almost boastful detailed accounts of his latest 'stupidity' tended to magnify his borderline, but still neurotic rather than psychotic, inability to think. This made his thinking resemble a genuine schizophrenic impairment of thought. Such traps are more common than one might think and represent a genuine diagnostic problem, as well as a severe resistance to analysis.

To turn again to the dream and its associations, the doubly lethal meaning of closeness to another human being becomes obvious: To bring a person 'close' the patient must first kill him; next, he must reduce the corpse to fragments, of which the most important (the pubis) then engulfs the rest. There remains then only a disembodied, artificial, and fragmentary monster, who will seize the patient and turn him into a mere penis for the greater glory and self-gratification of the monster.

This fantasy strikingly duplicates the patient's real family situation. His mother is hysterically aggressive, domineering, envious, and pathologically ambitious, and her face (though inherently not ugly) is distorted by a tense, rapacious, and insincere expression which makes her resemble a fairy tale witch. Disappointed in her insatiable social ambition by her vague, dis-

tant, and weak husband, she relentlessly urged her talented son to give her cause for pride by brilliant scholastic achievements, a great career, and a prestigious marriage. Her son was for her simply a means of providing the social prestige that she had so ruthlessly and dereistically pursued all her life. For example, neglecting her small son, she had hammered away for hours at the typewriter in pursuit of a career as a writer, for which she had no talent whatever. To this mother, her son's head was simply a potential source of glory (mother of the eminent Mr. Braun), as his penis was simply a prerequisite for her acquiring glory (prospectively) as the mother-in-law of a well-connected and rich daughter-in-law. I wish to stress that this is more than a pun.<sup>10</sup>

Under these circumstances, the patient inevitably became alienated from his own head as well as from his own genitals, so that nearly two years elapsed before he could say 'my head' and 'my penis' instead of 'the head', or 'the penis'. As to his penis, the source of estrangement is particularly clear. When the strangeness of speaking as he did of his own body was pointed out, he showed the analyst a letter in which his mother had answered his inquiry about his toilet-training. In giving the details, the mother (writing to her own son!) spoke of '*the* child' and '*the* child's penis' in an almost schizoid 'objective' and impersonal manner. Its lack of affect made it one of the weirdest, most chilling documents I have ever read.

The 'head' problem had similar causes. Although the mother had sacrificed tremendously to enable her son to be analyzed, she obviously considered this a further justification of her right to become eventually the socially prominent mother of the brilliant Mr. Braun. She also showered entirely dereistic praise upon her son, calling him a genius and despite his indifferent looks, 'my handsome boy' in a way that made the praise sound like a demand and perhaps even a command. In brief, her son was simply

<sup>10</sup> In *Sedang Moi* (a Mon-Khmer language) the term for son-in-law and for vagina (polite) is the same: *Ndoh*. In explanation the Sedang state that the daughter's vagina forms the connecting link between the son-in-law and his parents-in-law.

a social phallus for this bitterly frustrated, envious, indescribably self-centered, violent, and constantly demanding woman.

In terms of the introductory theoretical section of this paper, this is precisely the mechanism which would account for the patient's failure to develop a sense of the wholeness, coördination, and coherence of his self. The mother's weathercock disposition, with its unforeseeable terrifying alternations between hysterical screams, larmoyant praise, stubborn demands, and great though conditional self-sacrifice made it impossible for the patient to develop a sense of his own individuality and of the continuity of his self in time. He could, predictably, not remember anything about his childhood, for then he literally did not know from one moment to the next just where he stood, or who he was or was supposed to be. The role of the unpredictability and overly great complexity of the environment, which makes a systematic overview impossible, as a factor in the genesis of schizophrenia I discussed as far back as 1939 (1).

Naturally this externally imposed fragmentation of the patient's self-image elicited in turn a defensive autofragmentation, as shown in the following fantasy. One day the analyst made an interpretation which sought to stress the wholeness and coherence of the patient's self, his behavior pattern and way of life in the time dimension. The patient's response was a defensive fantasy: 'I am being attacked right now by a monster. I am allowing myself to disintegrate and I am making myself disintegrate. I am turning into thousands and thousands of marbles that roll all over this room. There are so many of these marbles that the monster can never find them all. He can never get hold of all of them at once. Hence, he cannot destroy me.'

This pathetic fantasy, which sought to ward off an interpretation that was 'threatening destruction' primarily because it sought to define (= 'immobilize, pin down') the patient as a whole, highlights the defensive uses of fragmentation in an environment that makes constantly shifting and unforeseeable demands, with which no whole person, endowed with a spine, can comply. Thus, in a sense, the fragmentation defense is compara-

ble to the ability of the lizard to detach its tail when an enemy predator grabs it. The fact that this 'defense by fragmentation' even exists on the conscious level is shown by the human imputation of an imaginary habit to beavers. They supposedly shed their testicles when pursued by man. This story is found in ancient bestiaries. A less destructive zoölogical alternative is extreme slipperiness, like that of eels, or the ejection of clouds of ink by the squid. The analysand manifested this slipperiness in the most extreme forms and by means of hair-splitting 'reasons' ('smoke screen') so complex that their details cannot even be hinted at adequately here.

To turn to the fantasy associations, obviously the crucial '*Liebesbedingung*'—the condition under which the patient could tolerate the closeness of another person—was nearly schizophrenic. Only dead, depersonalized, mutilated (partial), and artificial (mannequin) objects could be permitted to come close. Living and whole beings were far too dangerous. This jibes with the observation, made a quarter of a century ago by Rowland (17) and by the present writer (2), that hospitalized schizophrenics, though incapable of real human relations, tend to make pets of deteriorated fellow-patients, who can be 'loved' without 'risk'. It also fits the commonplace observation that emotionally inadequate people are sometimes capable of fairly good rapport with babies and mature animals. For instance, a borderline girl could engage in coitus only if the man 'played dead' and allowed her to coitize him, by being on top. The moment the man moved, she would interrupt the act.

Unfortunately, as I have pointed out (4), in accordance with the *lex talionis*, the murder, depersonalization, disembodiment, and mutilation of these remnants of potentially real persons tend to ricochet: the victim turns into a counteraggressive monster and the dangerous living being is replaced by an even more dangerous ghostly monster. This point is of such paramount importance that it must be discussed, at least briefly, in the light of anthropological data.

While doing field work among the head-hunting Sedang of

Viet Nam, in a village which had violent grievances, of very recent origin, against white persons, I met at first with considerable hostility simply because I was white. It is probable that I once escaped death only because I had accidentally acted in some way which led these people to believe that I was a weretiger who could turn into a tiger at will. Later on, after I was adopted into a family and became an authentic member of the village, I asked them why they had not killed me that day, even though they thought I was a weretiger, since after all they did kill tigers occasionally. The answer was revealing: 'We could have killed you, even if you had then and there turned into a tiger, but it would have done us no good. Your ghost would simply have turned into a ghost tiger and we cannot cope with ghost tigers. Moreover, you are bound to become a ghost tiger after your death also because you eat meat daily. I hope your ghost will not eat mine, which will be only a ghost hart, and that you will remember that we are friends and relatives. So, it was wiser to make friends with you and adopt you into the village. Then you would be fierce on our behalf in this life and in the next.' In brief, it is better not to turn a manageable human antagonist into an unmanageable ghost.

The widespread belief that the ghosts of the killed haunt their killers and the need for a ritual purification of killers, so prominent even in Greek mythology,<sup>11</sup> points the same moral. The Mohave hold that scalpers eventually develop a *sui generis* psychosis which seems to be an especially virulent form of the 'foreign illness' (6). The Comanche (14) seem rather unique in undergoing no purification after killing in battle. Asked about this by Linton, they replied, 'If I did not fear the foe alive, why should I fear him dead?'. I am unable to say whether this is due to a prophylactic ritual preceding killings. The Greeks had

<sup>11</sup> Compare the case of Orestes: purified by Apollo, absolved afterwards by the vote of the evenly split Aeropagos (Athena casting her vote for absolving Orestes), further purified by stealing Artemis' statue in Tauris (Æschylus: *Eumenides*; Euripides: *Iphigenia in Tauris*), his insanity (due to a haunting) does not cease until he bites off a finger (Pausanias, 8:34:2).

such a ritual (the practice of some armies to march between the two halves of a killed dog before setting out for war), though, to my knowledge, this has not been identified as being prophylactic. Moreover, the more sophisticated Greeks held that killing in war is not murder which requires purification. This explains why the Spartans annually 'declared war' on the enslaved Helots, for it permitted them to kill them indiscriminately under the pretense of being at war. A discussion of this practice will be found in another paper (7).

The crux of the patient's fantasy, then, is that the ghostly and monstrous foe represents the instincts, which, as Freud saw long ago, turn into something monstrous only as a result of repression (9). This is strongly suggested by the fact that the mother's murdered, depersonalized, and mutilated half-corpses is engulfed by her pubis and becomes a hairy monster who is completely a pubis, just as the patient will become completely a penis when this pubis engulfs him. A complete analysis of this fantasy is not required in the present context.

One perceptual detail links this fantasy with Lewin's concept of the dream screen (13). It will be recalled that the analysand associated to the dream the fantasy of climbing up his mother's long hair and then fantasied that he was performing cunnilingus on her. In cunnilingus, the subject would quite effectively see *only* the hairy pubis; moreover, he would see it from so close by that it would occupy his entire visual field, exactly as the breast occupies the entire visual field of the baby and prepares the ground for the evolving of a dream screen. The conjoining of cunnilingus and nursing in the case of this particular analysand is perfectly legitimate. He was in the habit of referring to cunnilingus as 'sucking' while, paradoxically, he referred to fellatio as 'licking'.<sup>12</sup> In a very real sense his excessive closeness to some

<sup>12</sup> This, of course, was overdetermined by his refusal to draw a clear distinction between the sexes, to such an extent that he would obsessively entertain thoughts like: 'My mother's penis (or vagina) is bigger than my vagina (or penis)'. He also found it hard to keep apart such reciprocal terms as lessor-lessee, etc. The basis of this confusion was that, in his family, the mother was masculinely aggressive and the father femininely passive.



detail or fragment (the pubis, in this instance) was a means of eliminating, keeping at arms' length, and obliterating the total configuration. This is the realistic, perceptual basis of the partial perception of the mother as merely a breast. In brief, by bringing excessively close a detail (pubis, word, syllable) he managed to remove into far distance, or even render invisible, that whole of which the detail is but a part and on which it depended for a meaning: the mother's body, the sentence of which the word is a part, etc.

### DISCUSSION

The first patient, Mr. Braun, in particular was quite unable to form genuine human relations, even though his most disabling concrete symptom was his inability to read or comprehend what he was reading. The main characteristic of his reading pattern was the compulsion to tear a word from its context and attempt to cathect (?) it by dissecting it, syllable by syllable, so as to bring it 'close' and discover its 'meaning'. This attempt to assign meaning to a word, often a proper name, consisted in bizarre clang associations. For example, 'I just figured out what the real relationship between Sherlock Holmes and Watson is. Sherlock Holmes is Watson's son. [Why?] Well, take the name Watson. I can analyze it into two syllables: Wat-son. Wat sounds just like what. A detective constantly asks, What? So, obviously, Holmes is Watson's son.' Bizarre as this sounds, it seems even more bizarre when one points out that even if one accepts his impossible premises, his conclusions are false. If detective equals 'asking what', and Holmes is the detective, then Watson must be Holmes' son, and not vice versa. Incidentally, the patient indulged in such a reversal or confusing of generations more seldom by far than in confusing men and women. Moreover, the patient limited such 'analyses' almost exclusively to nouns; at least, I do not recall his ever analyzing a verb in this manner.

It must be stressed that all this was done supposedly in order to 'understand' what he was reading, to 'bring it closer', and to make it emotionally meaningful. There is a perfect structural



identity between this procedure and the one to which the fantasied mother was subjected, even to the point where the dread of being swallowed by, or of falling into, the vagina matches the dread of 'falling into' the printed page he is reading. It also dovetails with his refusal to learn by reading or by being told something, because learning implied his obliteration by someone else. He had to protect his 'identity' by 'figuring it out unaided, all by myself',—which we came to call 'geniusing'. Evidently, 'geniusing' represented a mock compliance with his mother's demand that he *be* a genius. One might also underscore his dread of being annihilated if he allowed anything, whether a human being or a thought on a printed page, to impinge on him. If he tolerated any impact, his identity would disappear. This is reminiscent of the previously mentioned physical fact that when two electrons collide and then separate, one can no longer tell which was which before the collision.

The patient's bizarreness also deserves a cursory analysis. The essential nature of the bizarre and the type of logical paradox it implies was discussed elsewhere in some detail (5). The same article also highlighted that one function of (negativistic) bizarreness is the desperate attempt to protect a weak ego from disintegrating under the impact of a stronger one. This is precisely the point discussed in the preceding paragraph in connection with the fear of being swallowed up by an understandingly and profitably read page of print. The bizarreness of this patient's associations to the dream arose, like all bizarreness, from a fusing of two perceptual levels and/or of two levels of abstraction: the whole and the part are seen as equivalent and can therefore be substituted one for the other. Thus, mother is a pubis and the pubis is mother. He has to kill in order to be able to love, and has to be killed in order to be loved and accepted by mother. The idea of being killed is, in a sense, a consequence of the idea of killing; but these ideas are mutually interchangeable. Loving and killing represent each other, and each is also the inevitable consequence of the other. This disturbance in the organization of temporal structures corresponds moreover to the disturbance

in the organization of spatial structures in the pubis-mother fantasy. The erotized anxiety of devouring lovingly, or being lovingly devoured, is obviously the infantile basis of these fantasies, but this part of the problem is not relevant here.

The confusion of levels of abstraction, whose importance for the understanding of the schizophrenic process was pointed out elsewhere (1), and the substitution of the part for the whole or vice versa (so closely related to Lévy-Bruhl's concept of 'participation')<sup>13</sup> only serve to increase the listener's impression that the patient's pattern of skip associations reflects a genuinely acute schizophrenic thought pattern. I hope, however, that the preceding pages show that the links between these skip associations are not entirely lacking but can be discovered, albeit only with great effort and by literally forcing the patient to stick to one topic at a time.

The problem can be expressed, somewhat approximatively, in colloquial terms; it consists in not seeing the forest for a tree—or even for a single leaf—and in insisting upon the reciprocal substitutability of 'single leaf' and 'forest'. Procedurally, it consists in breaking down a whole, singling out a fragment of the whole for special attention, and then, by reversing the direction of mental operations, ascribing *all* the properties of this fragment to the whole. The fragment, which can be 'brought close' only because its context is destroyed, then ricochets and in turn engulfs the whole, or at least usurps its place and substitutes itself to it.

### CONCLUSIONS

A discussion of a pseudopsychotic's skip associations in the course of an externally imposed attempt to lend reality to, or cathect, and to infuse affect into a fantasy of incestuous cunni-

<sup>13</sup> It is to be regretted that Storch's suggestive (though, like many pioneering works, imperfect) monograph (18) is no longer read. Lévy-Bruhl's brilliant works on primitive modes of thought (now so little read) also shed more light on schizophrenic thinking than do many formal psychological investigations. Finally, Lévi-Strauss' extraordinarily important contemporary interpretations of primitive thought (12) have, as yet, not attracted the notice of students of schizophrenia, at least in the Anglo-Saxon language area.

lingus, demonstrates that the pattern of this patient's reading and comprehension problems is structurally identical with his inability to form meaningful human relations. In all instances the destruction of the whole, and its engulfing by the part torn from its context and rendered tolerable by depriving it of its significance, in the end ricochets. In turn, this destructive process implies the destruction of the destroyer. Having transformed his mother into a gigantic pubis, he himself loses his autonomy and becomes only a penis swallowed up by this pubis and entirely subservient to it.

The patient's effort to protect the last shreds of his identity and its coherence in space and continuity in time, by destroying the identity and wholeness of all that might impinge on it, only opens the way for his own total depersonalization, loss of identity, and loss of coherence. Developmentally, the causes of this type of both spatial and temporal self-fragmentation and of the complementary fragmentation of reality can be linked with the partly neurologically determined inability of the infant to perceive himself as a whole at any given moment or to recognize his own identity in time and change. The inability of certain patients to transcend this infantile disability and to achieve a sense of their wholeness in 'space' and invariance in time is due to the child's early human environment which treated the infant as though he had no wholeness or invariant identity. Unable to experience himself as a whole and immutable identity in time, the patient cannot organize the external world, especially other human beings, into wholes nor recognize their identity through time, which is precisely the riddle of the Sphinx. In other words, he is unable to construct coherent configurations, either out of himself or out of the external world. This and nothing else underlies the cases of 'impairment of identity' of which so much is being written, as though it were a new syndrome, instead of one which has always existed although it has been admittedly re-enforced by certain contemporary social developments.<sup>14</sup>

<sup>14</sup> These developments were analyzed in detail twenty-five years ago in my paper on the (partial) sociogenesis of schizophrenia (*1*). I cannot recapitulate here

In discussing this problem, there is a marked tendency, except for a few hardheaded scientists like Greenson (*10*), to dissect it in a purely 'philosophical' manner, in the worst sense of that term. The understanding of a clinical fact, demonstrably related to the development of the nervous system, to patterns of perception and the like, is not likely to be promoted by confusing the issues by recourse to academic metaphysics, phenomenology, and existentialism. The attempt to turn scientific psychodynamics into professorial logomachy, and metapsychology into a platonic ballet of ideas, is particularly dangerous for a relatively young science, which began as an art (*techne*) and must first mature into a science before it turns, at its decline, into metaphysics. It might be wise to heed Freud's firm 'call to reason' in regard to metapsychology, which, with his usual soberness, he rightly called 'our mythology'. He thus warns that our concepts are temporary, makeshift devices, whose use is justified only by the *provisional* lack of further facts and more stringently scientific laws, concepts, and conceptual schemes. It is fashionable to deplore the extent to which Freud's thought was 'tainted' by nineteenth-century positivism. Yet in my opinion, the only reason that psychoanalysis succeeded in becoming a science instead of an esoteric, sectarian cult, is that Freud happened to be a scientist and not a Rabelaisian 'abstractor of quintessence'. If we are to create a science instead of a philosophy of psychoanalysis, we must begin by being first of all clinicians. While it is true that nothing is as practical as theory, I venture to add that nothing is quite as theoretical as clinical practice.

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the gist of that complex essay and will only mention two points: the increasingly segmental orientation of man living in an incomprehensibly complex society and the increasingly segmental ('specialized') functioning of modern man in a social context. This state of affairs constitutes a genuine obstacle to the acquisition of a sense of one's own identity and also to the formation of sublimations, which necessarily presuppose an actualization of man's capacity for a maturely genital *total* involvement with other maturely genital *total* persons. Unfortunately, when first published, this paper was too revolutionary to be understood and is today considered 'too old' to be re-read.

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## Pathological Urination and Weeping

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## **PATHOLOGICAL URINATION AND WEeping**

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

Greenacre (1, 2) described pathological weeping both as a defense against and as a symbolic expression of various phallic-urethral conflicts. Parenthetically, she cited a few clinical fragments which suggested that urination might represent at times a symbolic expression of repressed impulses to weep. Although no clinical details were offered, she also noted that the cultural demand that boys be 'little men' results in the repression in them of the impulse to cry and might thus contribute to the higher incidence of enuresis in boys than in girls. Survey of the literature indicates that the subject has been neglected since her communication.

The writer has encountered a specific syndrome in three patients, all of whom had been toilet trained before the age of two, and had never been enuretic, in whom excessive functional urination took the place of the impulse to weep, cry, or sob.<sup>1</sup> In each instance the urinary symptom proved to be highly overdetermined; however, there was a common determinant in the genesis of the symptom whose resolution proved to be intensely resistive to analysis. Each of the patients had been subjected preëdipally to a prolonged period during which their mothers had had misfortunes that substantially altered their personalities and caused them to become indifferent to the children's needs. Historical facts, screen memories, and the nature and content of the analytic transference led to the reconstruction that each patient had gone through a prolonged preëdipal

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<sup>1</sup> Weeping, crying, and sobbing are not clearly differentiated in the dictionaries. There is however the suggestion of a progression from weeping to crying, and finally to sobbing which is characterized by increasing affective and motor discharge. The terms will be used with these differentiations in mind.



period wherein he or she had wept, cried, and sobbed bitterly because of the mother's withdrawal of love and attention. Among them all, weeping released an abandonment coupled with rage and a sense of absolute helplessness which was the affective tone that had dominated this phase of their lives. The crushing pressure of these prolonged traumatic conflicts was overwhelming. In time, each patient had reactively resorted to various defenses which sustained them. These were varied according to sex, age of occurrence and duration of the trauma, the availability of other objects, as well as other factors. Common to all was frequency and urgency of urination.

### CASE I

A woman of thirty years sought treatment for frigidity, rectal symptoms, and many phobias. It quickly became apparent that her primary difficulties were depression and dysuria, which she had not mentioned. Frequency and urgency of urination were at times sufficiently severe to require medical treatment.

She had had later conflicts with her mother but stressed their mutual attachment during childhood and early puberty. The need to dwell on her early closeness to her mother became understandable with the emergence of a severe depression.

During the resolution in analysis of the depression it became apparent that there had been a lapse in this allegedly continuously close relationship. Her depressive reactions were recurrently associated with screen memories from her fourth year when her mother had surgery for hyperthyroidism. It was explained to her that her mother must have experienced a severe change of personality for some months prior to such an operation, and that this must have seriously disrupted their relationship. This reconstruction was acceptable to the patient, and it was subsequently verified by her mother. Indeed, the mother for a year had been so weak that she could barely manage her housework and was in bed much of the time. She was depressed, irritable, and relatives were shocked by her neglect of

the children. The patient had thus been virtually abandoned at the age of three for an entire year. To keep this period of her life repressed from recall explained her emphasis at the beginning of analysis on the closeness in childhood to her mother.

The consequence of this trauma was a chronic distrust of love. She could not commit herself unreservedly to any emotional relationship from fear connected with the memory of having been abandoned when she was a helpless infant. To protect herself she had developed a cynical attitude toward life, buttressed by fantasies of omnipotence. No personal disappointment or injury could wound her sufficiently to cause her to cry. She could however be greatly moved by the pains of others, and often wept profusely at the theater.

She struggled against acknowledging her dependent feelings of distress caused by interruptions of analysis, and her inability to control the analyst. Her urinary symptoms persisted despite the analysis of many associated sexual and aggressive fantasies. It became progressively clear that the urgency to urinate occurred whenever separation from the analyst at a weekend or before a vacation impended, or whenever she feared that a fantasy about the analyst would alienate him. Acutely aware of the extent of her anxiety about separation she nevertheless remained outwardly quite detached.

Whenever she was inclined to weep, the impulse to urinate supervened to restore her continued affective detachment. Made aware of this she could weep briefly and while actually shedding tears the impulse to urinate disappeared; but it returned promptly as soon as the short burst of weeping ceased. The urinary urgency and the periods of crying were inversely proportional. Finally, she was able to give full vent to her feelings in wracking sobs while re-experiencing the despairing desolation and the helpless rage to which she had been repetitively subject during the year of her mother's illness. Despairing of regaining her mother's love she fortified herself with fantasies of omnipotence and narcissistic self-sufficiency to which she clung tenaciously through the years.

## CASE II

A man of twenty-eight years sought analysis for relief from attacks of anxiety and difficulties with authority figures. He made no mention of urinary symptoms or of depression, and he stated his belief that his childhood had been normal. He was in fact severely depressed, and his childhood proved to have been highly pathogenic. His mother fell victim to a chronic progressive disease following the birth of a second child when the patient was eighteen months old. Said to have been a devoted mother, as her illness gradually worsened she became first emotionally unstable, then withdrawn and suicidal, with frequent explosions of rage at herself and all members of the family.

The release from depression of this phase of his life was accompanied by the revelation of some facts in his history hitherto not revealed. This man stated he had never cried after the age of five. At about that time he developed a dysuria of sufficient proportions to warrant medical consultation which came to no diagnostic conclusion. Because of the frequency and urgency of his urination, his adolescent friends dubbed him 'The Pisser'.

Entrenched behind a wall of omnipotent fantasies, he was incapable of any emotional involvement which could have made him vulnerable to a repetition of the rejection by his mother in his childhood. A laborious analytic resolution of his defenses led to a repetition in the transference of this infantile trauma. Frequency and urgency of urination—previously analyzed in other contexts—emerged in direct relation to the degree of avoidance of acknowledging his feelings of dependency upon the analyst as well as his inability to control him. In his daily activities, feelings of depression were relieved by urinating. Suppression of an impulse to cry, while on the couch, would be followed by a need to urinate. Making him aware of this would be followed by tearfulness or short bursts of heaving sobs, either of which relieved the impulse to urinate.

As was characteristic of the first patient, he had to hold back

flooding feelings of helplessness and rage which were an integral part of the total affective state. Analysis of these conflicts made explicable a recurrent memory from infancy of frequently observing his younger sibling weeping bitterly without apparent cause. These were screen memories which cloaked recollections of his own despairing precædipal experiences which were too painful to permit recollection. These reconstructions were verified by direct recall of memories of repetitive and intense sobbing from the ages three to four.

### CASE III

A thirty-five-year-old housewife sought analysis for relief from multiple phobic and hysterical symptoms. She was soon found to be increasingly depressed.

Deeply immersed in regressive fantasies, but inwardly feeling impervious, she betrayed no affect for many months. She commonly urinated just before the beginning of each session which she regarded as a purely physiological matter. As her fantasies were analyzed, and her defense of infantile omnipotence began to fail, her depression worsened.

She had from the start repeatedly asserted a great closeness to her mother. It transpired, in this phase of her analysis, that her probably psychotic father, wanting only a son, was extremely disappointed by her birth. Her playful exhibition of her genitals when she was three so stirred his resentment that a serious estrangement was created between him and the mother. During the patient's analysis her mother confessed to her that the father's pathological behavior had been such that for a long time she had been unable to prevent herself from blaming and hating the patient for her marital misery. The mother's reactions certainly reflected a great deal of basic ambivalence toward her daughter; nevertheless, the patient had been suddenly and traumatically exposed to a markedly altered and frankly estranged relationship which was maintained for a considerable length of time.

Each of these patients had had initially a relatively stable prephallic relationship with the mother. For the children, both subjectively and realistically, the mothers became witches who had lost interest in them and actively hated them. The children's response, following an extended period of futile rage and weeping, crying, and sobbing, was to give up whatever basic trust they had in the mother and fall back on fantasies of omnipotence and narcissistic self-sufficiency. The resulting distrust permeated all subsequent object relationships and effectively barred close affective ties. The masking of their depressive tendencies in each of these patients served the repression and denial of the realities of their early childhood. The traumas began in the phallic phase, whereas the formation of symptoms first occurred after appreciable ego development had occurred. This last consideration is germane to our conclusion that the dysuria was a primary symbolic expression of the wish to shed tears, rather than a somatization reaction with secondary symbolic elaboration such as has been described by Schur (3). This conclusion is supported by the fact that often only a moistening of the eyes, before any appreciable release and ego mastery of the underlying affective storm had occurred, would abruptly terminate the need to urinate. This downward displacement and symbolic conversion parallels, in exact reverse, the syndrome of pathological weeping outlined by Greenacre.

### SUMMARY

Greenacre described weeping both as a defense against and as a symbolic expression of phallic-urethral drives. Three patients are described in whom urination defensively served as a symbolic expression of tears. At the beginning of the phallic phase, each of the patients had been subjected to a prolonged period of emotional deprivation following a change in personality of their mothers. During this period their profuse weeping, crying, and sobbing were coincident with overwhelming feelings of helpless rage. The trauma was repressed but fantasies of omnipotence and narcissistic self-sufficiency persisted. As adults,

they avoided close emotional involvements to prevent the possibility of a repetition of the childhood trauma. Prior to analysis, their tendencies toward depression were almost entirely masked, and the impulse to shed tears was symbolized by urinating whenever there was a real or fantasied threat of abandonment.

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## Goya's Dining Room

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## GOYA'S DINING ROOM

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### I

In the first part of his career Goya was much occupied with making designs for tapestries to decorate the walls of royal palaces. The cartoons for these tapestries, which now hang in the Prado, were of a rich variety of scenes, and in some of them we get glimpses of the satirical, somber, or sinister which anticipate the later Goya. However, the major impression is of light and color and pretty people in gracious poses. An elegant young woman sits in the shade of a parasol held by a handsome attendant. Spring is evoked by a profusion of flowers, graceful women, and a charming child. In Autumn a handsome man ceremoniously offers a bunch of grapes to a lovely woman while a small boy reaches eager hands toward them. A luminous atmosphere suffuses these scenes and the colors are clear and bright.

In his old age Goya painted decorations of quite a different sort on the walls of his own house. He was seventy-three and had been for a quarter of a century deaf, and he had just recovered from a serious illness. He had bought himself a house outside Madrid, which came to be known as the *quinta del sordo*, the house of the deaf man. On its walls he painted what we know as the *pintas negras*, the black paintings, so-called both because of the predominance of black in their composition and because of the somber nature of their subject matter. These paintings express and evoke the nighttime side of the the human soul with a haunting and terrifying power. Writers have struggled for words to convey the profoundly disturbing effect of these works: 'the sublime yet monstrous phantasmagoria . . . the weirdest, most mysterious known to art' (8, p. 114). These paintings, also now in the Prado, present a startling contrast to Goya's earlier works.

I shall be occupied here with those of the black paintings

which decorated Goya's dining room. Nordström (16, p. 191) has given a reconstruction of their original arrangement (Figure 1). Entering the dining room, one was confronted, on the left-hand side facing the door, with the picture of Saturn devouring one of his children (Plate 1). This, the most famous of the black paintings, shows a huge giant, with white hair and beard, wild eyes starting from his head, and wide ravenous mouth, gripping in his hands a dead and bloody body, of which he has already eaten the head and one arm, while he is in the act of consuming the remaining arm. Many writers have spoken of the unforgettable horror that the Saturn inspires; I would suggest that there is also a vast, grim humor in conceiving this as decoration for a dining room.

On the long wall adjoining is a Witches' Sabbath (Plate 2). A large assemblage of grotesque hags are seated on the ground, closely huddled together, their sinister faces all turning toward their supernal master, the devil himself, who appears in silhouette against the mass of his worshippers as a huge black goat.

Adjoining the Witches' Sabbath, on the wall next to the entrance door, and directly opposite the Saturn, is a beautiful picture of a mourning woman (Plate 3). Dressed in black, and with a transparent veil over her melancholy face, she leans against a large rock and rests her head on her hand. These three pictures, juxtaposed by Goya, are, as I will later show, bound together by a common theme. The pictures on the other side of the room illustrate another major theme.

Opposite the door on the right hand side, we find Judith with sword raised, about to cut off the head of Holofernes (Plate 4). We see only a fragmentary glimpse of the prostrate victim. Attending the youthful Judith is an old hag who kneels, holding a candle to illuminate the scene.

On the long wall adjoining this, and opposite to the Witches' Sabbath, is the picture known as the Pilgrimage to San Isidro (Plate 5). Under a night sky, in a bleak and barren landscape, an endless procession moves forward. They are closely huddled

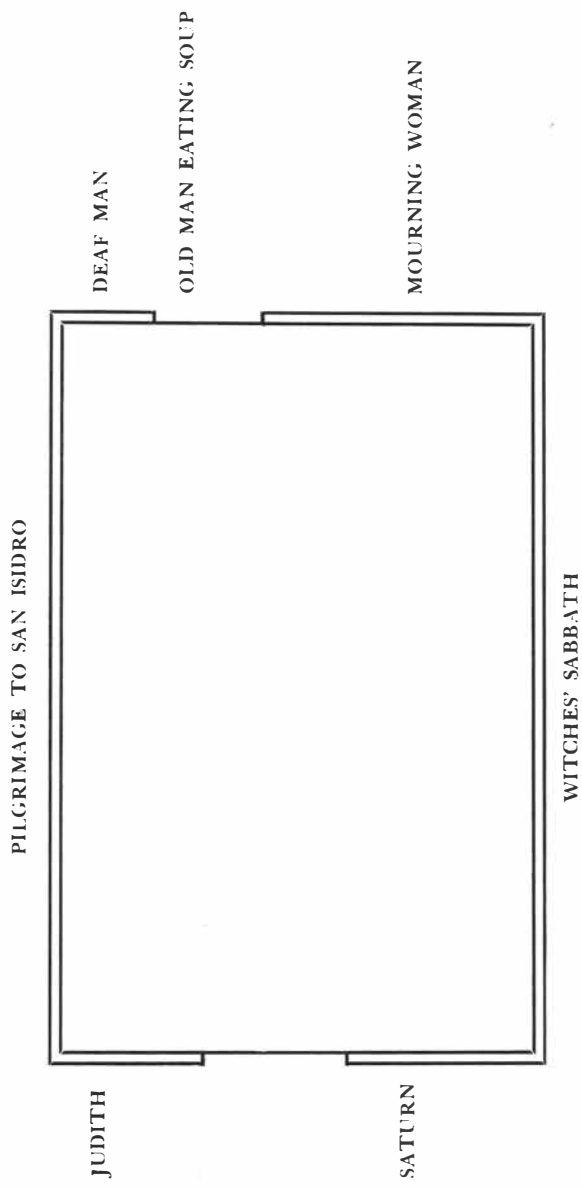


FIGURE 1.

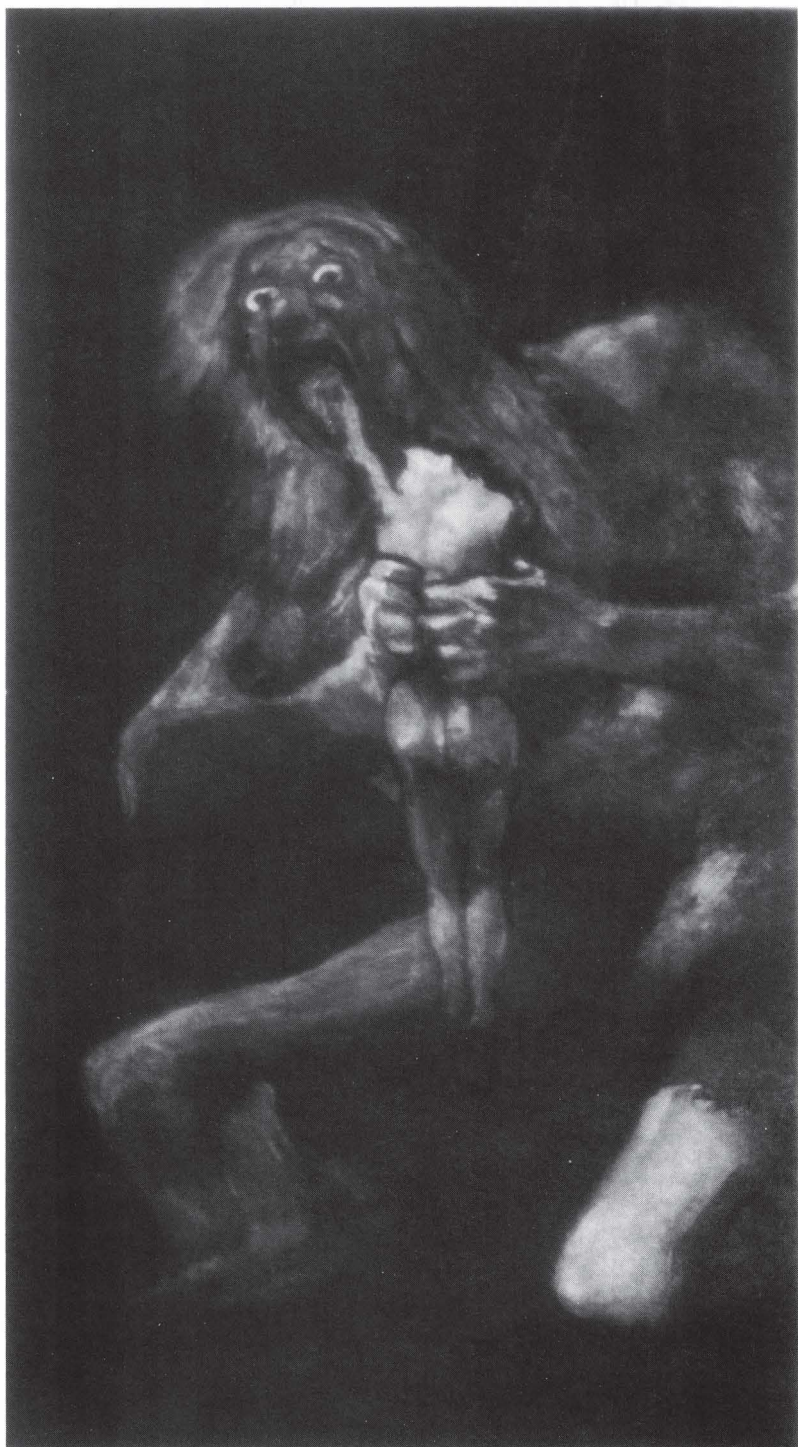


PLATE 1. SATURN.



PLATE 2. WITCHES' SABBATH.





PLATE 3. MOURNING WOMAN.



PLATE 4. JUDITH.





PLATE 5. PILGRIMAGE TO SAN ISIDRO.



PLATE 6. DEAF MAN.





PLATE 7. OLD MAN EATING SOUP.

together, those in the front presenting a mass of grotesque and sinister faces. Their mouths are open, and they all seem to be singing, shouting, howling; one man in the lead plays a guitar.

On the wall next to this, and opposite to the Judith, is the figure of a very old man (Plate 6). His hair and beard are white and he leans on a long cane. He gives an impression of hopeless age and of great dignity. He is evidently deaf, for a gross-looking creature is leaning over his shoulder and shouting into his ear.

The last picture, which completes the dining room, was originally placed over the entrance door, though whether outside or inside the room remains uncertain. This shows an old man eating soup. He grins toothlessly in idiotic delight over his meal while the figure of death hovers attentively at his elbow (Plate 7).

## II

It was in 1793, at the age of forty-seven, that Goya started to produce fantastic and somber works of striking originality. Until then his work had been conventional and done to order, for ecclesiastical, aristocratic, and royal patrons. He had shown great facility and adaptability, as well as shrewdness in gaining advancement. Despite some setbacks, he had attained great success and considerable wealth; he was much sought after as a portraitist and had been appointed Court Painter. Now came a drastic change: he began to work not to order, but out of an overpowering inner need, and his work gave evidence of an invasion of tormenting nightmare fantasies, which he was evidently striving to master in his art.

It is generally acknowledged that this transformation was precipitated by the terrible illness which overcame him in 1792 and totally incapacitated him for months during which he seemed close to death. The symptoms have been described as paralysis of the right side, vertigo and loss of balance, noises resounding in his head, and partial blindness (8, p. 39; 17, pp. 137-138). Doctors are still trying to identify this illness, but its

nature remains obscure (1). What is most important in determining its significance for Goya is that at the time it was supposed to be syphilis. Vallentin states: "Those whom virtue—or chance perhaps—had preserved from it, pitied him, but did not omit to emphasize that his misfortune was his own fault. Even Zapater [Goya's life-long friend from schoolboy days] mixed reprobation with pity when he wrote . . . : "Goya was led to this by his own lack of reflection, but one must feel for him all the compassion which his suffering demands" ' (17, p. 138).

Goya with his robust constitution and tremendous vitality recovered from this illness, but it left him completely deaf. From his own subsequent testimony we may infer that during his illness his mind was possessed by a profusion of tormenting nightmares. If we consider that he was deprived of sight and hearing and motor control, and disoriented further by constant dizziness and inchoate noises, we may suppose that his power of testing reality was debilitated almost to annihilation. A fantastic inner world of confused, monstrous, and terrifying forms, related to his sufferings, broke through from the unconscious. We can imagine this profusion of alarming shapes whirling unseizably through his mind, probably assuming the intensity of hallucinations, and seeming to portend imminent dissolution and death. These nightmares seem to have been strongly sadomasochistic and persecutory; later they became organized around certain themes.

As soon as he had recovered Goya started to paint a series of fantastic pictures and also to plan his great nightmarish series of aquatints, the *Caprichos*. His purpose in that work is most clearly expressed in the famous plate originally intended for its frontispiece entitled *The Sleep of Reason Produces Monsters*. There we see the artist asleep, his head resting on the table before him. Above him swarm huge bats and owls, the creatures of black night, while an owl, ambiguously the familiar of witches and symbol of Minerva, holds the artist a drawing tool. By means of his art he will master his nightmares.

In his struggle against the disorganizing impact of a devastating experience, Goya had thus discovered an entirely new use for his art. Although he continued to produce many works commissioned by patrons, he thenceforth also used his art to give form to his own inner life. Such personal expression had long been the prerogative of poets but was not, until the Romantic age, predominant in the work of the plastic artist. Artists portrayed traditional subjects, notably those of Christian mythology, according to the more or less detailed dictates of their patrons (11). Goya, until the time of his illness, had worked in this tradition, painting at the behest of religious or secular patrons.

### III

Let us turn to the series of paintings produced by Goya immediately after his illness. *The Burial of the Sardine*, *The Procession of Flagellants*, *A Scene from the Inquisition*, *The Madhouse*, and *The Village Bullfight* seem most surely to belong to this group (8, p. 40). Goya sent these paintings to the Academy of San Fernando, the society of the artistic and literary elite of which he was a member, with a letter to the director saying, 'In order to occupy an imagination mortified by the contemplation of my sufferings and to recover partially anyhow, the expenses incurred by illness, I fell to painting a set of pictures in which I have succeeded in giving observation a place usually denied it in works made to order, in which little scope is given for fancy and invention' (8).

This series of paintings, as Goya states, represents a fusion of observation and fantasy. Goya combined to a very high degree a capacity for intense and acute visual perception and a wealth of fantasy. His most original work embodied nightmare visions, but he was also one of the greatest portrait painters of modern times. After his illness, during which his vision had been impaired, he was particularly eager to recover the visual world, in which he took avid pleasure till the end of his life. But the human scene now appeared to him in a more sinister light. Val-



lentin supposes that because of his deafness he infused still further intensity into vision, and that he also began to see people as more malign. The hypocritical façade of speech was no longer there (18, p. 139). We know that deafness generally tends to promote paranoid trends. In Goya the sense of the profound malignity of human nature seems to have been expressed in his art but not to have vitiated his relations with his fellow men. He had many friends among artists and writers, for whom his high esteem is unmistakably expressed in the portraits he painted of them.

A self-portrait drawn after his illness shows a ravaged, bitter face, surrounded by masses of curling black hair which completely covers the ears. The eyes appear huge, and look out balefully. The impression created is not unlike that of the head of Medusa. In the profoundly somber look we may perhaps discern the lasting bitterness which Goya felt for the damage to his physical intactness.

In *The Burial of the Sardine*, we see a public festival. A huge crowd extends back to the horizon. It is as if, in his recovery of the object world, Goya wished to crowd all humanity into his picture. But there is something sinister about this festive throng. They carry a large banner on which a grotesque, grinning face appears. The banner, the background trees, the foreground figures who are flinging themselves about in a wild dance, are all tilted at various angles in an unsettling way—perhaps a reminiscence of the effects of vertigo. There is something senseless about the animation and abandon of the dancing figures. We see that they are wearing masks, whose fixed expressions hide the feelings of the dancers. For Goya this crowd, singing and shouting, would be a silent one. The masks are a visual equivalent of the sound barrier which deprives him of essential clues to what is going on in others.

In *The Procession of Flagellants* we find a public celebration of a more somber kind. The participants are whipping themselves and are covered with blood. As in the preceding picture the foreground figures are masked; there is also a huge crowd



extending as far as the eye can reach. A Scene from the Inquisition shows a trial, perhaps a prelude to an *auto-da-fé*. In these two paintings we have alternatively men torturing themselves and torturing each other. They suggest that the underlying dilemma in Goya's mind was whether he was himself responsible for the suffering and permanent damage caused by his illness or whether others were to blame. In the *Caprichos*, as I will show, bitter reproaches against others assumed the ascendancy. Later, in the dining room pictures, the alternatives of violent self-reproach and indictment of others both reappear.

The Madhouse, which shows its inmates completely out of touch with one another, has been generally believed to reflect the loss of contact suffered by Goya through his deafness. It also anticipates the prison scenes of the *Caprichos* and of many later drawings, in which Goya expressed his indignation at the fate of the victim condemned to solitude. The Village Bullfight again shows a large crowd. It is a lively scene, but in it a man is exposed to the danger of death, as Goya had been in his recent illness.

#### IV

The presence of huge crowds of people in these pictures painted after his illness expresses Goya's powerful urge to recapture the object world. However, it seems that Goya's was a mind in which a profusion of human forms populated even his nightmares. We may recall in this connection that Erikson, in his paper on Freud's Irma dream, stressed the large cast of characters that appeared in it (3). The *Caprichos*, which Goya likened to dreams, present us with a tremendous wealth of human and animal forms, all sharply differentiated. Evidently these are not literal transcriptions of dreams. However, Goya did record in a series of drawings the dreams of one night, and there, as we shall see presently, figures of great variety appear.

We may contrast the way Goya was able to deal in his art with deeply disturbing experiences and the damaging effect of mental illness on the work of a different artist. Ernst Kris has

interpreted the works of the eighteenth century sculptor, Messerschmidt, produced under the influence of psychosis (12). Messerschmidt, withdrawn into seclusion, became completely absorbed in making a series of strange portrait busts, whose faces show weird grimaces and deformations. These were largely self-portraits, in which, according to Kris, the artist was struggling to recapture a self he felt threatened with annihilation. By means of grimaces he strove to restore animation to his face. But the grimaces are grotesquely strained and unnatural, and the faces of the busts remain stiff and lifeless. In some of these sculptures, the lips are sharply drawn in, while in others a bandage is pasted over the mouth. We know, from external evidence, that Messerschmidt feared demonic persecutors who might penetrate him through the mouth. By sealing the mouth of his replica he hoped magically to keep them out. Thus under the constraint of his mental illness, Messerschmidt's art became narrowed down to a single subject, himself, which, however, he failed to restore to a semblance of life. His work reverted from art, whose effect is on a human audience, to magic aimed at controlling supernatural forces. I have introduced this comparison to throw into relief Goya's strong hold on the object world. Though his work like Messerschmidt's was derived from tormenting fantasies, he was able continually to fuse these with observations of the real world. The witches and demons with which his work abounds were not supernatural persecutors but embodiments of the malign and destructive side of human nature as he saw it and as he wished to show it to others. Thus his work retains all the variety, animation, and intensity of life, and did not revert from purposes of communication to those of magic.

An opposite kind of comparison could be made to artists whose works give no reflection of their emotional disturbances. In one of the most recent in the long series of essays on the subject of genius and insanity, Rudolf and Margot Wittkower recount the lives of many artists of the Renaissance and after that give evidence of more or less severe mental illness (18). They

repeatedly stress the contrast between the artist's life and his work, whose serene beauty gives no clue to the tormented, eccentric life of its creator. For such earlier artists, too, however, their art may have afforded assuagement for their inner distresses. Observation of their models in the clear light of day, and the beautiful ordering of visual forms, may well have served for them too as an antidote to the nightmare world. For Goya, however, it was the nightmare world itself that became the subject of art.

## V

Goya recorded in a series of drawings the dreams of one night. López-Rey considers that these drawings were done at the same time that Goya was working on the *Caprichos*. This seems likely, since the drawings conclude with one of robed figures yawning, evidently awakening from sleep, which closely resembles the concluding plate of the *Caprichos* (13, pp. 88-89). The dream pictures, nine in number, are all of grotesque misshapen figures, and one of them is labeled 'nightmare'. The dream appears to be a sexual one pervaded with strong dysphoria and anxiety. The first drawing shows an ugly long-faced, very thin old woman, with an expression of utter exhaustion, which seems to suggest the dreamer's state of weakness and depletion. The next three figures have heads of ever-increasing size, which we may take as symbolizing erection. That this is fraught with anxiety is shown by the second picture in which a man with a cat's face seizes his head in his hands with an expression of extreme alarm. In the third drawing we see a hideous, idiotically smiling girl, with an enlarged head, who lifts one leg in an awkward dancing posture. Perhaps she represents, in a repulsive light, the object of the unwelcome sexual urge that disturbs the dreamer. The fourth figure is a soldier with a hugely enlarged head, bristling black hair and moustache, and dwarfish body, who looks more frightened than frightening as he brandishes a ludicrously tiny sword. This seems to symbolize

an erection of little strength, accompanied by feelings of impotence. The fifth picture shows a feeble-minded old man trying laboriously to decipher the letter A in a book he holds. He is hump-backed and also has a large head. His mental defect may be taken to represent the unfortunate consequence of sexual abuses, nocturnal emission being associated with onanism.

The sixth drawing, *Nightmare*, shows a terrified, screaming woman, with her arms in a strait jacket, struggling vainly to evade a swarm of black flying creatures which descend on her in a beam of light. We may see this as a somber counterpart to Danaë being impregnated by the golden shower. The atmosphere is not here divine and gratifying, it is demonic and horrible, but the act is the same: a woman is being inundated by something that streams on her from above. In the seventh drawing we see an aging idiot child, bald, with misshapen face and infantile gestures, and with a rattle around his neck. He is the product of the ill-fated sexual act of the preceding drawing. A wickedly grinning witch, chasing little children, appears in the next drawing. She seals the fate of the ill-begotten child. (We shall see in the *Caprichos* how the witches who destroy the babies become a major theme.) The final drawing, of sleepy yawning men, betokens the awakening of the dreamer from these bad dreams. The over-all impression of this series of dreams of one night is of something sexual, of grotesque ugliness and of feelings of horror. We shall see this complex much more fully and understandably elaborated in the *Caprichos*.

Ugliness pervades these disturbing dream images, as it does so much of Goya's fantastic work. The theme of ugliness may be related to that of violence and damage, with which he was also intensely preoccupied. In the *Caprichos*, as we shall see, Goya exposes the damage which men and women do to one another. The later *Disasters of War* expresses his strong indignation at man's inhumanity to man. This also appears in a cycle of drawings and engravings of prisoners and *autos-da-fé*, in which Goya exhibited a gallery of misshapen human beings: cripples, freaks, weaklings, ascetics. López-Rey discerns the theme of

'unmanliness' running through this series (14, p. 86). I would suggest that these deformed creatures represent another variant of the theme of damage and destruction. Deformity is equated with castration, the result of a violent act. And for Goya deviations from manliness and human intactness appeared as inflictions of social malignity: the misbegotten damaged by venereal disease, ascetics and beggars unmanned by custom, prisoners reduced by mistreatment to a subhuman state.

## VI

In approaching the *Caprichos* we should note that in Spain in Goya's time great interest had developed in poetry dealing with melancholy moods and the disturbing phantasms of dreams. As Nordström (16) has pointed out, preoccupation with such matters was considered appropriate for the poet, and belief in the close affinity between genius and melancholy had gained considerable ascendancy among the literary elite. Young's *Night Thoughts* and Addison's essay on *The Pleasures of Imagination* had been translated into Spanish. At the time when Goya was preparing the *Caprichos*, his friend Meléndez Valdés was writing poems full of dark moods and tormenting fantasies. It was considered a tribute to the poet and statesman Jovellanos, also a close friend of Goya, to inscribe a poem to him: 'To Jovino [Jovellanos' pen name]: the melancholy one' (11). As Nordström remarks, the portrait which Goya painted of Jovellanos around this time shows him in a posture traditionally significant of melancholy, seated with his feet crossed and his head resting on his hand. Another trend to which Nordström calls attention was the vogue for plays dealing with witchcraft. Goya's long-term patrons, the Duke and Duchess of Osuna, who took great interest in both art and the theater, commissioned Goya, in this same period, to paint for their country house a series of paintings of witchcraft, several of which were based on well-known plays. Thus the idea that

dreams, dark thoughts of night, disturbing and disordered fantasies, and the world of demonic beings were important subjects for art was current at the time. Goya's resolve to turn the inner experiences precipitated by his illness into art was no doubt facilitated by this trend.

A major background circumstance of Goya's life is also relevant to the *Caprichos*. Before the illness that caused his deafness, he experienced a trauma, or rather a series of traumas, which left a lasting effect: all but one of his children died in infancy. Legend credited Goya with twenty children. According to Vallentin, a careful search of baptismal records reveals five (17). Goya was married in 1773, at the age of twenty-seven, to Josefa Bayeu, the sister of the successful artist who was for many years his mentor, Francisco Bayeu. In the following nine years, Goya's wife gave birth to two boys and two girls. There seems little doubt that Goya had an intense love of children. With the birth of each new child he wrote exultantly to his old friend Zapater in the provinces. Each of these children died in infancy. It was not until 1784, when Goya was thirty-eight, that a son Xavier, who was to grow to manhood, was born. It seems probable that Goya was deeply stricken by the deaths of his children and that grief and horror for their loss haunted him into his old age. I suppose also, as Vallentin suggests, that the death in infancy of Goya's children was ascribed at the time to hereditary syphilis (17).

If these suppositions are correct, Goya, brooding on the terrible losses of his children and of his hearing, blamed them both on his own reckless sexual life. Eissler, in his book on Leonardo, has speculated that Leonardo felt such fear and abhorrence of sexual intercourse that he abstained from it throughout his life (2, pp. 175-190). Goya was evidently of a very different temperament, but it seems likely that when he saw the great losses of his life as caused by sex, it assumed for him the aspect of a demonic, destructive force. This constitutes a major theme of the *Caprichos* and appears again in the *pintas negras*.

## VII

The *Caprichos* is divided into two main parts, the first in which social satire predominates, the second in which the dark forces of human life are personified as witches and demons. The second part is introduced by the plate already described of the artist asleep, haunted by creatures of night, and bearing the title: The Sleep of Reason Produces Monsters. Goya had originally intended this as the frontispiece for the whole series, but in the final arrangement placed it in a position where it introduces the truly nightmarish part of the work. For the actual frontispiece Goya produced a profile portrait of himself, with his large top hat firmly on his head, very much a citizen of the real world, and seeming to tell us with his firm, self-possessed look that he has indeed mastered all that he is about to show us.

In Goya's announcement of the *Caprichos* at the time of their publication in 1799, we find allusion to the diverse content of the two parts. He speaks first of his intent to censure and ridicule 'human errors and vices . . . the multitude of follies and blunders common in every civil society, as well as . . . the vulgar prejudices and lies authorized by custom, ignorance or interest'. This applies to the first part in which a variety of social customs are satirized. The following statement characterizes the second part, in which mythical creatures assume the ascendancy. 'If imitating Nature is as difficult as it is admirable when one succeeds in doing so, some esteem must be shown toward him who, holding aloof from her, has put before his eyes forms and attitudes that so far have existed only in the human mind, obscured and confused by lack of illustration, or excited by the unruliness of the passions' (13, p. 78).

It is significant that for the *Caprichos* Goya chose black and white for his medium, just as in the *pintas negras* dark and light predominate with a minimum of color (Cf. 15, p. 63). This is evidently appropriate to the somber side of human life which he wishes to portray. It is striking that even in those earlier plates in which recognizable social types enact the hu-



man comedy, there is a minimum of interior furnishings or natural setting. The figures are isolated against a grey or black background, sometimes streaked as if by clouds. Everything seems to appear under a night sky.

My purpose is to trace a major theme which runs through the *Caprichos*, the understanding of which will help us to interpret the paintings of the dining room. López-Rey has stressed the exploitative and vindictive behavior of men and women toward one another which appears recurrently in the first part (13, pp. 117-120). After a number of plates in which stylish men and women are posturing and flirting, their deceptive intentions sometimes indicated by masks, the destructiveness underlying the thin veneer of social politeness is suddenly exposed by a scene of violent rape. In more fanciful variants a bird woman is luring bird men, who then fall and are plucked by the female arbiters of man's fate. The plucked bird men are then ruthlessly swept out by the women, who have no further use for them. But men in turn retaliate. Officers of the law, with catlike faces, dismember a bird woman with implacable vindictiveness.

A repeated image in the first part is a seductive young woman accompanied by a hideous old hag. Manifestly this is a prostitute and her bawd. They are allied to trap and to despoil men. The old woman may also be seen as a forewarning of what the young woman will become. I would suggest that we may see in this ominous pair two of the three fates, or two aspects of what Robert Graves calls the triple goddess (9). The triple goddess represents the three phases of woman's life, as the young girl, the mother, and the old woman. In Goya's pair the mother is eliminated. The young woman and her ancient bawd are unmaternal and antimaternal. The old woman, past child-bearing, is still animated by vicarious lust, and vindictively exploitative toward men. The young woman, who carries out her malign intentions, lures the man sexually, to pluck and deplete him. She will not give him children but will destroy his procreative powers with venereal disease.

The second part of the *Caprichos* is dominated by visions of witches. They are mostly old and grotesquely ugly. As the series advances we see almost exclusively nude figures. The modes and masks of youth have been stripped off, together with the stylish costumes which disguised the posturing seductresses of the first part. The young woman and her bawd have here been condensed into one, the malign witch who shows the true nature of the young beauty unmasked. Traditionally witches were old women in whom destructiveness and lust were unleashed. They copulated with the devil in their nocturnal rites. But as an essential prelude to their orgies, they tortured, sacrificed, killed, and devoured babies. We can see how Goya, brooding over the death of his children, attributing it to the dark, destructive, antiprocreative aspect of sex, could find in witches the apt embodiment of what he wanted to expose and indict.

In several of these plates witches appear as the destroyers of infants. In *Capricho* 44, we see three grotesque old hags, one of whom is spinning, an evident allusion to the three fates. Behind them are hanging a collection of dead babies bound together. In the next plate, three more witches are gloating over a basket of dead infants. This bears the caption: 'There is a lot to suck'. Witches were reputed to suck the blood out of their victims. Goya adds in his commentary: 'Those who reach eighty years of age suck little children; those under eighteen suck grown-ups. It seems as if man were born and lived just to be sucked' (13, p. 200). Here we have the two aspects of woman, as young girl and hag, who exploits and depletes man and destroys his children. In *Capricho* 69, a witch is violently pumping a child's body, like a bellows, to fan with his flatus flames in which bones are burning. Another witch sucks the penis of a baby boy, while yet another is flying forward with plump infants in her arms to be sacrificed. *Capricho* 71 shows a gathering of witches preparing to depart before the dawn. The central figure has several dead children tied to her waist. Other plates pay tribute to the insatiable lust of witches, mainly symbolized by flying through the air. In *Capricho* 65, for example, we see

an obscenely fat female witch being borne through the air by three male witches, who embrace various parts of her ample body, one of them sucking her breast.

The Sleep of Reason, as we have seen, introduces the second part of the *Caprichos*, in which social satire yields to the personification of the dark forces in human nature. Immediately following The Sleep of Reason the witches make their appearance, in plates 44 and 45, which I have described, and others on the same theme. Just after these we find a plate which evidently refers to the destruction of Goya's hearing and the tormenting noises from which he suffered. In *Capricho* 48, two men in monks' robes hold their hands to their ears with expressions of anguish, while a bat-winged witch emits excruciating noises from which they are vainly trying to protect themselves. Goya's commentary (as usual somewhat prosaic in comparison with his compelling pictorial imagery) tells us: 'The squealing witches are the most annoying in the witch-world' (13, p. 201). A plate closely following this, number 50, shows two men with heavy padlocks on their ears. Their eyes are closed and they seem paralyzed. They are being spoon-fed by a blind-folded personage with donkey's ears. Thus does Goya recall the state of unmanly helplessness and loss of his faculties to which he was reduced in his illness. It is significant that these plates relating to his deafness come, together with those of witches destroying children, immediately following the plate of the artist asleep which announces that he is about to reveal the world of his nightmares. The losses of his children and of his hearing, both attributed to the demonically destructive power of sexuality, had emerged as the central themes of his tormented fantasies in his illness and the despairing, embittered period that followed.

### VIII

In Goya, Saturn and Melancholy, Nordström has argued that Goya suffered from severe depression, and sought in his art to symbolize this mental state. The posture of the artist in The

Sleep of Reason in traditional iconology denotes melancholy. Nordström finds many related manifestations in Goya's work. The figure of Saturn, for example, represents the god and planet that presided over the destinies of melancholy temperaments (16, pp. 197-200). We may certainly discern a strong depressive trend in those works in which Goya exposes the malign, destructive side of human life. Gassier characterizes the devastating inner experiences they reflect as the artist's 'descent into hell' (8, p. 116). Goya spoke soon after his illness, of 'an imagination mortified by the contemplation of my sufferings' and more than a year afterward wrote to his friend Zapater of his continuing state of mental torment: 'I am sometimes so agitated that I can no longer stand myself. Then I become calm, as when I write to you, but I am already exhausted' (17, pp. 138-139).

Goya's history seems to show two episodes of depression in which his capacity for work was temporarily inhibited. The first occurred in 1781, when Goya was thirty-five, and lasted for about three years. During this time Goya, whose output otherwise was tremendous, and who was famous for his rapidity of execution, was able to do very little. This depression was precipitated by combined circumstances of personal loss and a reverse in his professional life: it followed on the deaths of his father and his sister, and an unsuccessful conflict with his brother-in-law Bayeu. Through Bayeu, Goya had received a commission for some religious paintings at Saragossa. There Goya found himself in a position that galled his pride; he was regarded as a mere executant for the senior artist. In the struggle that followed, in which Bayeu exerted himself to bring his rebellious brother-in-law to heel, doubt was cast on the adequacy of Goya's designs for the projected work, and Goya, deeply humiliated, was forced to accept again Bayeu's domination. This, together with his familial losses, had the effect of making Goya for a time disgusted with painting. He wrote to Zapater to pray that he would regain the motivation to work and confessed: 'I lack force and work little' (17, pp. 62-74).

Goya did, however, though with unaccustomed slowness, complete an important altarpiece during this time, and its success, combined with the encouraging effect of new aristocratic patronage, seems to have helped him to recover. Another episode of depression, marked by reduction of productive activity, seems to have occurred after the death of the Duchess of Alba in 1802, when Goya was fifty-six (17, p. 238).

The state of mind in which Goya produced the *Caprichos* and later the *pintas negras* was evidently different from that of these incapacitating depressive episodes. Depression, as we know, is not conducive to productive work but on the contrary reduces productive capacity. Before Goya could turn to the purposes of his art experiences that seem to have plunged him for a time into black melancholy, he must have achieved a strong reaction against this state. We recall that his production of both the *Caprichos* and the *pintas negras* was preceded by a severe illness, during which Goya felt the vehement life within him threatened by destructive forces. His imagination was tormented by visions of damage and destruction, which expressed his current state, and in which also old losses and traumas were revived with painful intensity. Bitter self-reproaches for his own fate and the deaths of his children may well have assailed him. But for him to produce his powerful indictments of the destructive forces in human life, an overwhelmed and depressive mood had to be radically transformed.

In Goya's work dealing with what is destructive of human dignity, integrity, and life itself, we can discern a tremendous indignation. In the first place, I would suppose that he reacted against depression with rage, that is by turning his aggression outward rather than turning it against himself as does the sufferer from depression. But Goya's rage was further generalized and moralized. He did not confine himself to protesting at his own personal fate or the particular losses which had befallen him in life. He saw his fate as part of a larger scheme in which all mankind are implicated. As we have seen, Goya stated in his announcement of the *Caprichos* that it was his intention to 'cen-

sure human errors and vices . . . follies and blunders common in every civil society'. In the second part of the *Caprichos*, he went beyond the sphere of the social satirist to give mythological embodiment to the demonic, life-destroying forces in human nature itself.

The capacity thus to generalize one's own experience, to see one's own fate as part of a comprehensive scheme, one's own sufferings as those also of all fellowmen, is a gift of great artists, and also of great thinkers and political leaders.<sup>1</sup> Whether the poet grieves for 'sorrow not mine but man's' or the leader speaks for the rights of all men, they have taken a momentous step beyond those who can think of their lives only in narrowly personal terms. The emotional advantages of such generalization are many. To see one's own fate as part of a more comprehensive scheme greatly relieves guilt. Studies of victims of large-scale disasters show that they usually suffer less and bear their losses better than persons who have undergone more isolated, personal catastrophes (19). Also being able to link one's fate with that of others facilitates turning aggression outward. A moralized protest can be expressed on behalf of many or all men which cannot be expressed exclusively on one's own behalf.

Goya then was capable of transforming his grief and rage at personal damage and loss into a powerful indignation against all that was damaging and vicious in society and the destructive forces in human nature. This indignation is related to the strong sadistic tendencies in Goya of which we see ample evidence in his work. In the *Caprichos*, besides the refined or brutal cruelty of men and women toward one another and the torture and murder of infants by witches, there are scenes of victims of the Inquisition languishing in prison or being led to execution, a subject to which Goya also devoted many drawings. In the Disasters of War, in which he relentlessly exposed the

<sup>1</sup> Phyllis Greenacre suggests that the artist early in life manifests the capacity to react intensely to a wide range of stimuli, which she calls 'collective alternates', going beyond the immediately personal milieu (10).

atrocities committed during the Napoleonic invasion of Spain, we see over and over again mutilated and dismembered bodies. Such pictures could be the work only of an artist with powerful sadistic urges. However, the predominant sentiment he expresses and evokes in us is intense indignation that men could do such things to one another. We are used to thinking of such indignation as a reaction-formation against sadism. I would suggest that for a genius like Goya with the resources of his art to give outlet to his impulses, there may be a different way of dealing with opposing forces. In a reaction-formation, both opposing drives are weakened in intensity. But in Goya's evocations of destruction and protest against it, both life and death instincts are expressed with undiminished force.

In Goya's indignation against destruction there is more than a struggle to contain destructive impulses in himself. There is a vehement assertion and protest of the life instincts against what threatens them. This is strongly expressed in his famous painting of the Executions of the Third of May. Under a night sky, on a hill outside Madrid, a terrible scene is revealed in the light of a large lantern placed on the ground. A French firing squad is drawn up with their guns implacably leveled. The ground is strewn with bodies, and new victims are being marched up the hill. In the center, most strongly illuminated, is the group of men about to die. Foremost of these is a sturdy man of the people, who, his eyes starting from his head, flings out his arms in one last gesture of terrible protest against his fate. This unforgettable figure is so strongly animated with all the intensity of life that no one looking at him can fail to feel a vehement protest at its imminent extinction. What Goya felt for such a man seems to me closer to a pure impulse of self-preservation than to a reaction-formation against sadism. His own feeling for life was extended into his fellowmen: the gesture he gives to the victim of the firing squad is his own. I do not mean to doubt that in the development of Goya's moral character reaction-formation must have played a part. But what I suggest is that in his art he could express not a weakened



compromise formation, but both life and death instincts in high intensity.

I would see Goya as endowed with tremendous strength of both life and death instincts, the forces of life maintaining the ascendancy. Goya's feeling for life asserted itself not only in his exposure of the forces that degraded or mutilated man or threatened life itself, but in a large sector of his work that embodied what was good in life. We see in others of his works beautiful women, delicate children, who never failed to move him, and men invested with great human dignity. His many portraits of friends and colleagues might each have been inscribed with their implied tribute: this is a man. Thus Goya's work has a greater complexity and variety than that of the social satirist in whom an embittered misanthropy prevails.

The recovery of the life forces in Goya after severe illness not only animated the indignation which he then expressed against the forces of destruction, but also led him to feel that the view of life as dominated by these dark forces was a nightmare from which he could awaken. The *Caprichos* ends with a scene of awakening. I would agree with López-Rey that the self-portrait at the beginning of the *Caprichos* is the image of a man who has achieved mastery over the monsters that haunted the sleep of reason (13, p. 164).

## IX

I have stressed, as many others have, the impression of the horrible and terrible that affects us in much of Goya's work. We would not be doing justice to the complexity of this work, however, if we were to overlook its comic and humorous quality. In the first part of the *Caprichos* the men and women who are involved in mutual deception and betrayals have a comic aspect, as the dupe always does in his failure to comprehend his situation (4). The theme of deception and self-deception is most strongly emphasized in the plates that conclude the first part, in which donkeys pose as connoisseurs of music and art and self-importantly look up their genealogies. No one, I sup-

pose, looking at Goya's witches would characterize the impression they produce as predominantly comic. Nevertheless their hideousness, in which the deformations of extreme age are mercilessly exposed, has a grotesquely comic quality. As they sit together familiarly gossiping and gesticulating, they show an imbecilic unawareness of the monstrous nature of their activities. They pause, for instance, to offer each other a pinch of snuff before turning their attention to the basket of dead babies at their feet. Such incongruous, banal social gestures in a context of atrocity exemplify again the comic of too little thought. Paradoxically, this comic aspect of some of the witches makes them both more tolerable and more terrible than if they had been shown with expressions of fiendish fury and malignancy. As gossiping old women they become human and close to us, but this closeness also stresses how deeply human their destructiveness is.

It is a mark of Goya's triumph over his nightmares and melancholy thoughts that he could infuse them to some extent with comedy. The invocation of the comic in dealing with extreme circumstances constitutes what we call humor. I have already suggested that there was grim humor in Goya's conceiving Saturn devouring his children as a dining room decoration. Freud has said that in humor the individual is able to assume the point of view of a benevolent superego, looking down on his own distresses as if they were no more than reverses in a children's game (6). This self-consoling detachment does not predominate in Goya's work, but it is present as a component in the complex whole.

## X

Goya's relation to the Duchess of Alba has an important bearing on the works we are trying to understand. She was a famous beauty and sole heiress to one of the noblest titles and greatest fortunes in Spain. Her father, who died when she was eight, had been the last male heir and she was his only child. Her mother was an amorous lady and something of a bluestocking

who, when a lover betrayed her, would pour out her complaints in verse. She married twice again after the death of the Duchess's father. Goya's Duchess was married at thirteen to the Marquis of Villafranca, who was then nineteen. Her grandfather, who died the following year, decreed that the Marquis should bear the title of Duke of Alba (17, pp. 146-149).

The Duchess of Alba's 'brilliant and profligate life' (13, p. 5) became a legend to her contemporaries and has continued to fascinate later generations. One's first impression is of an impulse-ridden character, to whom beauty, wealth, and social position gave every opportunity to indulge her whims, and whose upbringing and milieu imposed few restraints. Among her many lovers she apparently chose some who were her social inferiors, such as bullfighters. She seems to have been fond of practical jokes and, according to rumor, her victims ranged from poor students she picked up on the streets, where she went around disguised as a commoner, to the Queen whose lovers she sometimes shared. She invested intense and furious energy in conflicts with two major rivals, the Duchess of Osuna and the Queen. One of Goya's attractions for her may well have been his long association with the Duchess of Osuna, one of his most devoted patrons. A typical conflict between the Duchesses of Alba and Osuna concerned which of two outstanding bullfighters was supreme. Each recruited partisans and drew all aristocratic Madrid into their dispute. Among other spiteful pranks, the Duchess was credited with carrying her animosity against the Queen to the point of hiring arsonists to set fire to a new palace which the King and Queen were having built. In a more playful mood, when she heard that the Queen had ordered a certain dress from Paris, the Duchess ordered identical dresses for her serving maids and had them driven in her carriage, thus arrayed, around the Prado (17, pp. 150-154).

It is my impression that the Duchess of Alba was basically depressed. She had lost her father at an early age, and may well have been neglected by a mother preoccupied with her love affairs and literary pursuits. Certainly she took over nothing of

her mother's more sublimated activities, but seems to have parodied her sexual promiscuity. And she retained a strong animus against mother figures, whom she strove to outdo and humiliate. Her escapades may be regarded as attempts to ward off depression and boredom by incessant seeking for strong stimuli, and producing excitement in those around her. Each new stimulus would quickly lose its effect, so that she was constantly driven to improvise new schemes and drop one lover for another. This fickleness was probably further motivated by the impulse to disappoint others as she had herself been disappointed so early in life.

Goya painted his first portrait of the Duchess of Alba in 1795. We may assume that it was at this time that they first became acquainted. Goya had only recently recovered from the terrible illness that had left him deaf. Devastated and embittered, he had felt himself a finished man. The passionate love which he now conceived for this beautiful and capricious woman had the significance of a return to life. It was invested with all the intensity of his reawakening vitality and the powerful need to assert that he was still a complete man. While there is no documentary evidence of this famous affair, we may trace its phases in Goya's work. The possessiveness which Goya felt toward the Duchess is evidenced in a later portrait, painted in 1797, a year after her husband's death, in which he painted on her finger two rings, on the bezels of which appear the names Alba and Goya. The Duchess is pointing to the ground at her feet, where the name Goya is again inscribed. A recent restoration of this painting has revealed a part of the inscription which had been painted over. Restored it reads: 'Solo Goya'.

At the time they became acquainted, Goya was forty-nine, the Duchess thirty-three. We may surmise that Goya possessed an attraction for the Duchess besides the fact of his association with her rival, the Duchess of Osuna: this older man, who had recently returned from a state close to death, may have represented a regained father to her. As a man of humble origins,

he would have been a debased father figure. This would coincide with her pursuit of degraded objects, partly as a reproach against and parody of her mother, partly because such objects also corresponded to her own abandoned self as a child. And Goya's tremendous intensity would have served her need for strong stimuli.

There would have been much in common between this pair who seem so oddly matched. In both, the struggle of life forces against those of death was intensely waged. In the Duchess this took the form of the incessant quest for strong stimulation and excitement to ward off depression and boredom. In Goya, the struggle was still being waged to master the dark forces that had invaded his dreams and fantasies during and after his illness. He was at this time working on sketches for the *Caprichos*. Both had strong sadistic impulses. The Duchess lived out these impulses in practical jokes, in her vehement and spiteful outdoing of women rivals, and in the disappointments she inflicted on her lovers. In Goya's more complicated nature, fascination with sadistic acts was countered by a strong indignation.

Another sentiment common to them was a great love for children. The Duchess was childless. But she was intensely fond of her servants' children, and particularly delighted in a little Negro girl whom she had taken into her household. Goya made a beautiful and revealing drawing of the Duchess holding in her lap this little Negro child toward whom she bends her lovely face, filled with tenderness and sadness. No caption is needed to tell us that this picture portrays the longings of a childless woman and that she yearns over a child who is not her own. The Duchess seems to have gained some feeling of what Goya's only surviving child meant to him. In her will she left a legacy to Goya's son.

The early, happy phase of Goya's relation with the Duchess of Alba is reflected in some small paintings of scenes in which she and members of her household appear (8, p. 48; 17, pp. 159-160). In one of these the Duchess is scolding an old serv-

ing woman who is drawing back in alarm. We see here a variant of the theme of young beauty and old hag, with the young woman in the dominant role. In another picture the son of the Duchess's majordomo and the little Negro girl are tugging at the skirts of the old serving woman, and almost pulling her to the ground. The children are here able to overpower the old witch. Themes which assumed a sinister aspect in the *Caprichos* appear in these paintings in a harmless and playful light. A third of these pictures shows the Duchess overwhelmed with grief for the death of her small dog. Her strong feeling for her pets was like her love and longing for children. In a series of drawings which Goya made while he was staying with the Duchess on her estate at San Lucar, some time during the year following her husband's death, we find other portraits of the Duchess and scenes from her daily life (13, pp. 15-23). The drawing of the Duchess holding the little Negro girl on her lap is one of these.

Goya's vehement possessiveness and the Duchess's chronic and hectic pursuit of new amusements were bound to make this relationship unstable. It is evident a drastic break occurred, which evoked in Goya violent feelings of jealousy, rage, reproach, and grief. The bitter indictment of women for their exploitation of men, expressed in the *Caprichos*, no doubt gained intensity from this experience. And the loss of a love which had seemed the promise of a new life threw him back into the nighttime world where all human relations appeared permeated with destructiveness. Three plates in the *Caprichos* and one that he eliminated from the series deal directly with the painful latter phase of the affair. In *Capricho* 19 we see a bird woman, with a beautiful human face, who has lured a bird man to the branch beside her. It is generally agreed that the heads of the bird man and woman are likenesses of Goya and the Duchess. Numerous other bird men are flying toward her. Below we see three women engaged in plucking a fallen previous victim of the seductress. The caption reads: 'All will fall'. This is a retrospective view of a love turned to bitter dis-



appointment; it appears degraded, and the woman seems wilfully exploitative and damaging.

*Capricho* 9 shows a man clasping his hands in despair over a beautiful woman who lies extended on his lap as if she is dead and he cannot revive her. The woman bears a marked resemblance to the Duchess. The man is not a literal self-portrait but he is markedly coarse-featured in comparison with her patrician delicacy. Goya's commentary reads: 'Were he more of a ladies' man and less of a bore, she would come to' (13, p. 190). The Duchess, for whom the excitement provided by any new person was quickly exhausted, had become bored to death. The plate, entitled *Dream of Lying and Inconstancy*, which seems to have been intended for the *Caprichos*, was not included by Goya in the series, perhaps because it was too personally revealing and also showed him in an ignoble posture. There we see Goya, with an expression of anguish and pleading, clinging to the arm of the Duchess. She is half-reclining and bends her head toward him as he sits humbly on the ground. She has two faces; the one she bends toward Goya has a superficial smile, the one turned away an expression of cold indifference. Her head is crowned by the wings of a butterfly, a symbol of fickleness. The arm not clasped by Goya reaches out toward another man. Another two-faced woman, the Duchess's confidante, assists in joining the hands of the Duchess and her new lover. Evidently Goya felt that he could not say strongly enough: 'Two-faced! Two-faced!'. In the foreground of this complicated composition a snake is hypnotizing a frog which it is about to devour.

*Capricho* 61 shows the Duchess flying away on the backs of three witches. The title is: *Volaverunt*. According to López-Rey, *volaverunt* was used in Goya's day to refer to the end of an affair (13, pp. 150-151). Goya's commentary on this plate expresses his persisting rage at the unfaithful beloved: 'The group of witches who serve as a pedestal to this stylish fool is more of an ornament than a need. There are heads so full of inflammable gas that they can fly without being helped by a balloon or by witches' (13, p. 205). The visual image contrasts

with these words. Rage was contending with grief in Goya's mind, and it is grief that predominates in the picture. The Duchess's expression is one of great sadness and remoteness, such as we attribute to the dead; as she is carried off on the backs of the three witches, who evoke the three fates, the impression is created that this is a beautiful, beloved woman who has died. In the picture, in which Goya could express his deepest feelings so much better than in words, his grief for the loss of the Duchess had gained the ascendancy over his rage and indignation.

That Goya retained a strong attachment to the Duchess is evidenced by the fact that when she died in 1802 at the age of forty, he planned to paint a funerary picture to be placed in her tomb. This project was apparently not carried out, but we have a sketch which he made for it. There we see the Duchess, still beautiful in death, being lowered into the tomb by three ghostly figures, completely muffled in white draperies. There is an evident analogy to *Volaverunt* in which she was carried away by the three witches. After her death Goya apparently suffered a period of mourning and depression, during which time he produced very little.

## XI

We have now surveyed the major experiences in Goya's life and the major antecedent works which seem relevant to understanding the paintings of the dining room. To recall the circumstances under which these paintings were produced: in 1819, at the age of seventy-three, Goya had retired to a house he had bought outside Madrid. There he suffered a severe illness, in which he must have felt close to death and which, according to Gassier, 'brought about an upheaval in Goya's mental life quite as violent as those produced by his previous illness in 1793 and by the war in 1808' (8, p. 114). It was following this illness that Goya began covering the walls of his house with the dark visions we know as the *pintas negras*.

It would seem that under the sway of illness the great losses of Goya's life afflicted him anew with feelings of terror and tragedy. We know that experiences that have affected an artist deeply and traumatically may find expression in his art many years after the event. Dostoevsky's father was murdered by his serfs when Dostoevsky was eighteen. Responsibility for the crime was never determined. It was not till near the end of his life that Dostoevsky wrote *The Brothers Karamazov*, in which a father is mysteriously murdered and guilt attaches to one and then another of his sons. The effect of his father's murder had worked in Dostoevsky's mind for the greater part of a lifetime before finding expression in this masterpiece (7). In Goya's life it was the deaths of his children and the loss of his hearing that had the most deeply disturbing impact, the effect of which could be revived with great intensity after the passage of decades.

Goya was not a man to become resigned to the losses he had suffered. His deafness meant not only the ceaseless, laborious struggle the deaf man must wage to maintain contact with his fellows. It was also an insufferable injury to his pride, a violation of his human and masculine intactness. López-Rey has pointed out that for Goya the idea of a fine spirit in a poor body had no appeal. He endowed figures of spiritual nobility with persisting physical strength, beauty, or dignity. Deformed bodies were associated with mental degradation. Thus in his drawings of prisoners, those who had not the inner strength to withstand their fate were shown as physically misshapen. Those whose sense of a cause bore them up remained physically intact (14, p. 125).

An anecdote from Goya's last years bears on this point. When he was nearing eighty and living in exile in Bordeaux, he continued to go about the town, still eager to feast his eyes on the human spectacle, though he walked with difficulty. On one such occasion, accompanied by a young friend, he cried out, impatient at his infirmity: 'I suppose the whole world must see that old Goya can neither walk nor hear' (14, p. 103). His

pride and his strong sense of what a whole man should be protested against the depredations of age. He was no more reconciled to them than he was to the deafness with which he had been afflicted for so many years.

It is part of what we consider normal adaptation to life that a damaging event should lose its traumatic effects, the work of mourning should be completed, and old ill fortune should be recollected in tranquility. This is not the way of the artistic genius. If Goya in his seventies had been resigned to the losses life had inflicted on him, he would never have painted the *pintas negras*. It was the capacity to re-experience the major disasters of his life with undiminished intensity of rage and grief that made this work possible.

The mechanisms of adaptation or of neurotic defenses with which we are familiar occur of course in artists too, but do not constitute what is most distinctive in their way of functioning. I have tried to show this by distinguishing between reaction-formation and Goya's way of dealing in his art with destructiveness and protest against it. Recent analytic studies of artists and writers sometimes tend to lay chief emphasis on neurotic or other symptoms of which there is evidence in their life and work. It is obvious, but also capital, that artists are able to produce out of their inner conflicts and disturbances not symptoms but works of art. When Freud discerned the wealth of complicated fantasy that the neurotic can express only in the cryptic form of symptoms, he characterized the neurotic as an artist *manqué* (5, pp. 375-377). We should equally acknowledge that the artist is a neurotic *réussi*. We may not be able to reconstruct completely the processes by which fantasy life is transformed into the triumph of great art rather than into the defeat of neurotic symptoms. But it seems important to bear in mind that different processes must be operative to produce these opposite results. Similarly we may note the difference between what we consider good adaptation in those who lack the resources of art and the advantages to the artist in remaining unreconciled to his fate.

## XII

The paintings in Goya's dining room show him to have been once again under the domination of two main themes, the loss of his children and the loss of his hearing. His new illness had precipitated the revival of these traumas and the nightmarish fantasies associated with them. We may suppose the same emotional processes to have been at work that led earlier to the production of the *Caprichos*: despair, reactive rage, generalization of his fate, and, with the sense of mastering terror and grief, the final alleviation of humor.

To understand the Saturn, it is relevant to observe how oral themes are treated in Goya's work. Eating and sucking appear as a debased form of expression of physical appetites. Repeatedly in the *Caprichos* and in his drawings, Goya showed monks sitting at table, greedily eating. Such greediness was particularly unseemly in those who were supposed to have given up the pleasures of the flesh, and also signified the degradation of physical appetites in men who renounced their masculinity. Cannibalism and sucking were major occupations of the old witches, the sucking appearing as a perverse form of sexual activity (as in the witch sucking the baby boy's penis) or as a substitute for it in the senile. Thus when Goya wished to show physical appetites as unseemly, debased, uncontrollable, and destructive, he repeatedly chose their oral mode of expression for this purpose.

It is appropriate to consider in this context the picture of the old man eating soup which Goya painted over the door of his dining room. Goya himself had become an old man, and he may well have felt that his physical enjoyments were becoming increasingly confined to the table. To him this would signify a degradation, ceasing to be a complete man. We may recall the plate from the *Caprichos* where the paralyzed men with padlocks on their ears were being spoon-fed, in which Goya bitterly portrayed the incapacity to which his earlier illness had reduced him.

Soon after the illness of 1819, Goya painted a portrait of himself being tended by his physician. The artist is leaning back in bed with an expression of exhaustion and suffering, while the doctor supports him, leaning forward to proffer a glass of medicine. The old man eating soup, with the figure of death attentively hovering at his elbow, may be seen as a sequel to this. Goya has recovered only to drag out the existence of an old man, whose only remaining pleasure is eating, and who cannot elude death for long. The expression of greedy delight on the old man's face appears ludicrous in such close proximity to death.

While the decline of physical appetites to the oral level appeared as a degradation to Goya, he also felt that the pursuit of sexuality became grotesque in those whom age had bereft of all vestiges of youth and beauty. This theme was expressed particularly clearly in *Capricho* 67. There we see naked, emaciated, and hideous, a very old man and woman witch. The man, with large animal ears erect, is holding by the leg a lively goat which, to his apparent amazement, is springing straight up into the air. His aged consort attends with senile indifference. Such is sexual life if it would persist into extreme old age. For Goya, who was not resigned, age posed impossible dilemmas. In the old man eating soup he satirized himself for what he felt to be the absurdity and inevitable debasement of physical appetites in old age. With all his irony, Goya, whether sitting down to dinner facing his Saturn in the *quinta del sordo* or later in his last years in Bordeaux, seems to have retained an excellent appetite.

The Saturn becomes intelligible in the light of our understanding that for Goya orality was the archetype of physical appetites in their debased, uncontrollable, and destructive manifestations. Assuming that Goya attributed the premature deaths of his children to the consequences of his own unbridled impulses, we can see the Saturn as embodying his bitter and vehement self-reproaches. He was the father who by his uncontrollable appetites destroyed his own children. By translating



the destructive aspect of sex into oral terms, he was able to condense into a single image the father whose unleashed impulses destroy his offspring. We may also suspect that Goya's fascination with cannibalism, and the defensive debasement of oral motives, had deep infantile roots,—that in early childhood seeing another infant at his mother's breast provoked in him a passionate urge to repossess the breast, to eat it, and to devour the infant who had usurped it. Later in his life the deaths of his own children would then have been experienced as a talion punishment for his infantile wishes to destroy his mother's babies. His accusations against the witches of the *Caprichos* as devourers of children may be seen as a desperate defensive effort to project onto the bad mother his own destructive impulses. It was in the Saturn that Goya finally took upon himself the guilt for the death of his children. In the expression of the Saturn, with his wildly staring eyes, we seem to read horror at his own uncontrollable act. Evoking this mythological prototype of the father as destroyer, Goya was again able to see his personal fate as an expression of vast, sinister forces, pervading all life, extending back into the prehistory of the human race.

As we turn from the Saturn to the wall adjoining we find the Witches' Sabbath. The theme is again the destruction of babies, as the dark rites which the old hags have come to solemnize with the devil require the sacrifice and devouring of children. The gratification of lust is equally a part of their celebration. Thus the witches are the female counterparts of the Saturn, the unleashing of whose physical appetites entails the destruction of children. As the Saturn seems filled with horror at his own terrible act, so the witches look depressed or horrified at what they are about to perform. Goya's again evoking the witches bears testimony to the tremendous struggle which must have been involved in producing the self-indictment of the Saturn, and the need again to divert the accusation against others.

The third picture on this side of the room—that of the mourning woman—is more puzzling. Commentators, at a loss

to explain her presence, have suggested that she may be a representation of Goya's housekeeper, Doña Leocadia, who was sharing his life of lonely retirement at this time. Doña Leocadia was a distant relative of Goya's, many years younger than he, who had come to keep house for him some time after his wife's death. There is no reason to suppose that she played a major role in his emotional life. His including this mundane person in a series of paintings which embodied the most deeply disturbing experiences of his past life would seem inappropriate. Rather we would expect this woman to be one who had had a profound significance for Goya. I would suggest that we find here a recollection of the Duchess of Alba, now many years dead, the last of her noble line. Goya had been well aware of the Duchess's desperate yearning for children, which gave a tragic undertone to her passionate and restless life. In his revived grief for his lost children, he may well have evoked the Duchess as a fellow-sufferer, a woman mourning for the children she never had. Thus we may see the Saturn, the Witches' Sabbath, and the mourning woman as linked together by the theme of lost children, embodying the dark forces that destroyed them and the grief for their loss.

Let us turn to the opposite side of the room, where the other tragic theme of Goya's life, his deafness, dominates the pictures. In the *Judith* we see again the young woman and hag who conspire to seduce the man in order to mutilate and destroy him. Goya attributed the loss of his hearing, which to him was a mutilation, to the effects of seductive, predatory women. Looking back on his sexual life in the light of the awful damage it had inflicted on him, he saw woman as a *Judith* who wilfully entices with intent to destroy the man.

In the *Pilgrimage to San Isidro* an endless procession of grotesque and sinister figures marches through a dark wilderness. Those in front have their mouths wide open, evidently bawling out a song, as their leader, with gloomy countenance and eyes rolled up, plays a guitar. There is something senseless about this crowd, closely packed together, but each looking quite out

of touch with the others, moving through a barren landscape, their raised and hollow voices evidently bringing them no cheer. This massed humanity, so emphatically vocal to no purpose, is the world of the deaf man. To him their mouths opened for utterance of words or song produce nothing but meaningless grimaces. Cut off in his silent world, lacking essential cues to the intentions of his fellowmen, he sees them as lonely grotesques, wandering aimlessly in the wilderness.

On the final wall we see the deaf man himself, heavy with age, still enduring with dignity, while some stupid creature is shouting into his ear. His loss of hearing is here merged with the inevitable depredations of age and decay which life inflicts on man. Thus we see on this side of the dining room the sinister cause of Goya's affliction, the senseless world to which it condemned him, and the tragic image of himself as the deaf old man. In the *Caprichos* we have seen that The Sleep of Reason ushered in visions of witches destroying babies and of men whose ears were afflicted or locked up. Goya's two major losses in life had again overwhelmed him in this illness in his seventies, and impelled him to paint large on the walls of his house his indictment of the dark forces against which he still strove with all his strength.

### XIII

The last years of Goya's life give impressive evidence of the strength of the life instincts in him. In 1824, a wave of repressive activity against the liberals in Spain caused many of Goya's friends and acquaintances to be imprisoned or exiled. Goya decided to go into voluntary exile, obtained permission to travel for his health, and settled in Bordeaux. There he continued to take an active interest in the human scene, to attend theatrical performances and circuses. A Spaniard in exile, his thoughts turned again to bullfighting, and he produced a series of lithographs, *The Bulls of Bordeaux*. He also continued till the end of his life to paint portraits of his friends in the colony of Spanish exiles.

Goya had taken with him to Bordeaux his housekeeper, Doña Leocadia, together with her little daughter, Rosario, who was ten at the time. He became intensely occupied with this child, in whom he thought he had discovered an extraordinary, precocious talent for art. No doubt the lonely little girl had become strongly attached to her foster-father, and strove to please him. He set out to teach her and the two of them worked together on a series of miniature paintings on ivory. If we picture Goya, nearing eighty, deaf, living in exile, yet able to conceive such enthusiasm for this little girl and make her a companion in his work, I think we see an exceptional resourcefulness in still attaching himself to life. The same may be seen in one of his last paintings, *The Milkmaid of Bordeaux*, painted in 1827, the year before he died. This is a picture in glowing color of a beautiful young woman, with high breasts and rosy, strong-featured face, bending her head graciously as she offers the boon of milk. That the master of the *pintas negras* could close his career in his eighties with such a vision of life-giving beauty is a testimony to the triumph of the life over the death instincts in this titanic genius.

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## Freud, the Problem of Quality and the 'Secretary Neuron'

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# FREUD, THE PROBLEM OF QUALITY AND THE 'SECRETORY NEURON'

BY BURTON S. GLICK, M.D. (NEW YORK)

## I. QUALITY

In 1895 at the dawn of psychoanalysis Freud cast a lingering last look at neurophysiology in his Project for a Scientific Psychology (4). The Project was an attempt to delineate the neurophysiological basis of psychological processes. It was written in an astonishingly short time considering its range and complexity—a matter of weeks. Freud quickly lost interest in this approach and years later had this to say on the matter: 'Research has afforded irrefutable proof that mental activity is bound up with the function of the brain as with that of no other organ. The discovery of the unequal importance of the different parts of the brain and their individual relations to particular parts of the body and to intellectual activities takes us a step further—we do not know how big a step. But every attempt to deduce from these facts a localization of mental processes, every endeavor to think of ideas as stored up in nerve-cells and of excitations as passing along nerve-fibres, has completely miscarried' (3). The view expressed in the closing sentence of this statement is valid (provided one accepts a dualistic approach) in the strict, logical sense that ideas and mental processes are subjective, nonmaterial configurations which are intrinsically different from, and therefore not comparable to, matter-energy phenomena. However, a looser usage of the concepts involved would insist that there exists localization of brain processes with consequent localization of psychical processes and that ideas are indeed 'stored up in nerve-cells' or, more accurately, in neuronal circuits or mechanisms. An extreme, monistic view, of course, would assert that one or the other, idea or mechanism, does not exist. At any rate, Freud may have been

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on a very important path when he abandoned this approach although the limitations of neurophysiology of his day might not have allowed him to carry it much further than he actually did.

Ernst Kris characterizes the Project as a 'coherent attempt to describe the functioning of the psychical apparatus as that of a system of neurones and to conceive of all the processes concerned as in the last resort quantitative changes. . . . Each section, whether on the physiology of the brain or psychopathology, defense or thought, contains a wealth of new observations and hypotheses, of which some were only fleetingly utilized in Freud's later works' (7). The Project contains in germinal form many of the basic tenets of psychoanalysis. When Freud returned to this mode of expression, as he did in 1899 when sketching out the psychical apparatus in *The Interpretation of Dreams* (5), his emphasis was on the *psychical* import of the concepts, which more and more became divorced from their physiological underpinnings and tended to assume a lawful array, an identity and reality of their own.

Jones (6), in a fuller discussion of the Project and of Freud's theory of the mind, points out that at the time of writing the Project, Freud had fully mastered both the gross anatomy and the histology of the brain, but, in common with others, knew very little of its physiology beyond the motoric effect of electrical stimulation of certain cortical areas, as demonstrated by Fritsch and Hitzig, and the aphasic effects of the destruction of certain other areas.

One of the problems discussed in the Project is that of *quality*, i.e., the appearance to the observer of objects in the external world, or, to define it more specifically, the subjective, conscious awareness of sensation. To understand Freud's treatment of the topic it will first be necessary to review some of the postulates found earlier in the book. Prior to his consideration of quality Freud has distinguished two classes or systems of neurons,  $\phi$  and  $\psi$ . Applying a biological orientation, he decided that the  $\phi$ -neurons arose from that portion of the primitive nervous system whose function was to receive stimuli from

without, and that the  $\psi$ -neurons originated in the part whose task was to discharge excitations of endogenous derivation. Further anatomic development finally located the  $\phi$ -system in the grey matter of the spinal cord and the  $\psi$ -system in the grey matter of the brain. The system  $\phi$  alone is in contact with the external world and therefore deals with relatively large quantities of energy. It accords with the present definition of sensory neurons. The system  $\psi$  does not have such contact, receiving quantities of excitation only from the  $\phi$ -neurons and from cellular elements in the interior of the body. It has to do with much smaller quantities than are found in  $\phi$  and corresponds, in part at least, to cortical grey matter. It is further characterized by the fact that its neurons are 'impermeable', i.e., they tend to resist the passage of quantity through them. These are also called by Freud 'influenced' or 'altered' neurons. They are the vehicles of memory and of psychical processes in general. Freud recognized clearly at this time that any neuron or group of neurons serving the function of memory would have to become in some way permanently 'altered' in the service of that function, a view being prophetically substantiated by current research on the molecular basis of memory.

The  $\phi$ - and  $\psi$ -systems are concerned only with quantitative matters, and their processes and events are to be regarded in the first instance as 'unconscious'; they can only be 'inferred'. The presence of quality, on the other hand, is intimately bound up with consciousness. Freud felt that quality cannot be related to the  $\phi$ -system since 'the seat of consciousness' must be in the higher levels of the nervous system and that it cannot be correlated with the  $\psi$ -system because the 'reproduction or recollection' performed by this system is, generally speaking, devoid of quality. 'Thus we must summon up enough courage to assume that there is a *third* system of neurones—"perceptual neurones"—which are excited along with the others during perception but not during reproduction, and whose states of excitation give rise to the different qualities—are, that is to say, conscious sensations' (4, p. 370). Freud designates these as  $\omega$ -neurons. This

system consists in contrivances for changing external quantity into quality and it is moved by still smaller quantities than are to be found in  $\phi$  and  $\psi$ . Having postulated that the degree of a neuron's permeability to the passage of an impulse is positively related to the amount of quantity with which it has to deal (a view subsequently embraced in the concept of *facilitation*), Freud acknowledges that the perceptual neurons with their minute quantities must be even more impermeable than  $\psi$ . Furthermore, as he points out, all the characteristics of what we commonly refer to as consciousness (which is dependent on the operation of the perceptual neurons), e.g., its 'mutability of content', 'transitoriness', its 'easy combination of simultaneously perceived qualities', give us a picture of permeability and complete facilitation which, paradoxically enough, in this case *cannot* arise from quantities.

Freud then hypothesizes that the passage of quantity must have another attribute besides interneuronal transfer—of a *temporal* character, as do the 'motions of masses in the external world'. To this attribute Freud assigns the term *period*. 'I shall assume that the resistance of the contact-barriers<sup>1</sup> applies only to the transfer of quantity, but that the *period* of neuron motion is transmitted without inhibition in every direction, as though it were a process of induction. . . . My hypothesis goes further, and asserts that the perceptual neurones are incapable of receiving quantities, but that they assimilate the *period* of an excitation and that this condition of theirs of being affected by a period, while being filled with only a minimum of quantity, is the fundamental basis of consciousness' (4, p. 371). Freud adds that the  $\psi$ -neurons too have their period which is 'devoid of quality' or, more accurately, 'monotonous', and it is the deviations from this specific period of  $\psi$  that reach consciousness as qualities. These differences (deviations) in period originate in the sense organs (and their periods) which operate as 'sieves' by allowing to pass through them only stimuli from certain external processes that

<sup>1</sup> Freud's word for what were to be called *synapses* by Foster and Sherrington two years later.

have a particular period. They then transfer this period-differential (which is in some ways analogous to the periods of the processes in the external world, and might be called 'specific energy') to  $\phi$ , and from the latter through  $\psi$  to  $\omega$ , where the period generates conscious sensations of qualities.

Jones (6) feels that when Freud introduced the dimension of time, i.e., period, into his measurements 'the mechanism seemed to creak a little at that point'. This seems to be a rather unimaginative appraisal of Freud's far-seeing vision in this area. The idea of a period as the determinant of quality is the most daring in the book. Freud does not tell us how he arrived at this conclusion; that is part of the elliptical nature of the work, and indeed, he himself may not have known. Freud gives us a picture, then, of a gradual diminution of quantity as an impulse passes from  $\phi$  to  $\psi$  to  $\omega$ , until finally none or very little is left and only a period remains. The period has a 'temporal' character and is transmitted 'as though it were a process of induction'. Freud was undoubtedly using the term *period* in its physical sense to signify time elapsing between recurrent phases, i.e., periodicity. Induction used in its electromagnetic sense refers to the action of inducing or bringing about an electrified state in a conductor or circuit, or a magnetic state in a body, by the proximity without contact of an electrified or magnetized body or a magnetic field.

Modern neurophysiology has advanced the idea, and has even offered corroborating evidence, that groups of 'resting' nerves *in vivo* have periods, and furthermore that a process of induction exists whereby the effects of a potential wave are transmitted from one neuron to another in its immediate proximity without direct physical contact. Arvanitaki (1) succeeded in isolating giant nerve cells from a ganglion of *Aplysia* and showed that somatic potentials from one active cell may be sufficient to stimulate a neighboring passive one. It is also known that there is a period of intrinsic rhythm elaborated in the reticular system of about ten cycles per second.

The eminent French neurophysiologist, A. E. Fessard (2), has

been intrigued by many of the same problems that confronted Freud in 1895, and considering the sixty years of research findings at his disposal it is amazing how closely his theories parallel those of Freud, though they are considerably more refined. He points out that Starzl and Whitlock, in their 1952 study of the diffuse thalamic projection system in monkeys, noted that waves recorded at various waystations along their corticopetal route frequently undergo a 'damping' as they ascend. This finding is interesting in view of Freud's use of the same term, 'damping', to describe the function of the sensory and end organs, and his use of the same concept, if not the word, to describe the fate of quantity as it passes from  $\phi$  to  $\psi$  to  $\omega$ .

Fessard makes use of a very similar idea in discussing corticofugal projections: 'Although direct evidence is lacking, we may assume that in mammals, messages from the cortex, as they converge down to the central reticular system, likewise stop somewhere, giving rise to local potentials in the somatodendritic structures. . . . When the damping effect occurs and proceeds down to an arrest of all convergent groups of messages, what remains of these [messages] . . . obeys another rule [than that of occlusion due to the operation of the "all-or-none" principle].<sup>2</sup> . . . At the neuronal scale, the process is that of spatial summation of subthreshold excitations and inhibitions, and it is now interpreted as due to electrotonic and possibly chemical spreading between the synaptic knobs ending on the same neurone. Momentary distributions or patterns of subthreshold excitatory or inhibitory states in limited neural spaces, rather than the total aspect of propagating impulses through neural nets, has been proposed here as the basis for conscious experience . . . and it is significant that not only the spatial or temporal organizations of EI [*experienced integration*, Fessard's term for organized states of consciousness], but also its qualities—colors, tones, odors . . . appear to depend on such excitatory patterns. Theoretically, it

<sup>2</sup> The principle does not apply at this point because it concerns only cases in which incident impulses are powerful enough to break through all synaptic obstacles.



would not be difficult to show how the widespread and almost homogeneous activity . . . distributed throughout the reticular network can only result in synchronized and periodic variations of potential.'

Fessard and many other neurophysiologists are convinced that the central reticular formation plays an important, if not predominant, role in the integrative processes that organize states of consciousness. He believes specifically, as he stated, that excitatory patterns in the reticular system, rather than propagated impulses, are the basis for conscious experience, including that characteristic of such experience known as 'quality'. Freud, using his own terminology and concepts, has said something quite similar and his hypothetical perceptual  $\omega$ -neurons may very well have a real existence in the reticular network. He found it necessary to postulate a system of neurons whose 'states of excitation' (notice the similarity to Fessard's 'excitatory states') give rise to different qualities—'are, that is to say, conscious sensation'.

There are other dramatic anticipations of Fessard's theories to be found in Freud. Fessard too believes that there is a damping of quantity as impulses converge from the cortex toward the central reticular system, until finally they 'stop somewhere' and give rise, no longer to action potentials but to local potentials in the somatodendritic structures, with the end result of 'synchronized and periodic variations of potential'. Freud used the same word, *period*, to describe the final stage in his schema of diminishing neuron energy.

Freud's concept of the transfer of period-differential is an absorbing one. He is evidently implying some kind of mathematical relationship or formula whereby periods are transferred (and also changed in the process) from the outside world (the periods involved in sound, color, size, texture, movement, etc.) through the sense organs, the systems  $\phi$  and  $\psi$ , to  $\omega$ . He hints that a difference in periods between outside processes and sense organs (and by implication between the systems  $\phi$ ,  $\psi$ , and  $\omega$ ) is related to or gives rise to 'energy', bringing to mind the possible role of energy-transfer systems in the neurophysiological foundation

of the determination of quality and perhaps of thought processes in general.

There is a tremendous gap between a theoretical construct of this kind (i.e., the 'period') and its representation in human experience as 'quality'. This gap Freud does not close, nor has anybody to this day. How these quantitative, molecular processes become subjectively experienced as qualities (to assume for the moment that the theory holds true) is one of the great enigmas of man's existence. It is closely allied to an equally profound and universal question: By what means are neuronal mechanisms converted into thought processes? Despite the almost insuperable difficulties involved in these questions it is inconceivable that they will be allowed to go unanswered forever.

## II. THE 'SECRETORY NEURON'

In the Project for a Scientific Psychology Freud said his farewell to neurophysiology and from then on turned his attention to clinical problems and the theory of neuroses. The Project was a systemized attempt to describe psychological phenomena in quantitative, physiological terms—to discover as it were the neurophysiological basis of psychical processes. The work was concerned among other things with neuronal theory, consciousness, memory, the problem of quality, early formulations of ego theory and the pleasure principle, and the experience of pain. This latter is the subject of the following exposition.

Working within the confines of the meager neurophysiological knowledge of his day and using both intuitive imagination and rigorous logic, Freud made some brilliant stabs into the neurophysiology of the future. As noted, he distinguished three classes or systems of neurons, designating them by the Greek letters  $\phi$ ,  $\psi$ , and  $\omega$ . The  $\psi$ -system is further divided into a 'pallial' portion, which receives stimuli from the  $\phi$ -neurons, and a 'nuclear' portion which is stimulated by cellular elements in the interior of the body.

*The Experience of Satisfaction.* Before discussing the experience of pain, Freud describes the 'experience of satisfaction',

one of the most important theoretical constructs in the Project and one from which many of today's basic psychoanalytic postulates have been derived. The filling of the  $\psi$ -neurons with quantity from endogenous sources has as its consequence (in common with all quantity-filled neurons) 'an effort to discharge, an impetus which is released along motor pathways'. The first motor pathway to be followed, in the infant, is that leading to internal change, such as emotional expression, screaming, vascular innervation, etc. But this type of discharge cannot suffice to bring about any release of tension; bothersome endogenous stimuli continue to be received in spite of it, and the tension in the  $\psi$ -neurons is maintained. Only a particular kind of intervention coming from the external world, a 'specific action', such as the supply of nourishment can effect a removal of the endogenous stimuli. In the early stages of the human organism this specific action must be accomplished by extraneous help (e.g., by the mother). When the specific action has been performed by the outside agency, the helpless subject, by means of reflex contrivances (e.g., sucking), is able temporarily to remove the endogenous stimulus. 'This total event then constitutes an "experience of satisfaction".'

The situation may be expressed in Freud's neurophysiological terminology as follows: A cathexis corresponding to the perception of an object (breast, bottle) occurs in the pallial fraction of the  $\psi$ -system, while in the nuclear part of the same system a report is received of the discharge brought about by the release of the reflex movement which followed the specific action. The movement involved in the reflex discharge produces a motor, or kinesthetic, 'memory-image', again in the pallial portion of the  $\psi$ -system. A facilitation is then established between the two pallial cathexes and the nuclear neurons. It then becomes possible for a strong and positively toned psychical association to be set up between urgent physiological need ('instinct', or 'drive', if one prefers these terms), need-gratifying object, and the resultant sensation of pleasure (discharge of quantity) that accompanies the abatement of the imperiously demanding drive.

When memory plays over the situation a facilitation develops between the two memory images (of the wished-for object and of the reflex movement) and the nuclear  $\psi$ -neurons 'which had been cathected during the state of urgency. . . . Now, when the state of urgency or wishing reappears, the cathexis will pass also to the two memories and will activate *them*' (4, p. 381).

*The Experience of Pain.* What happens in the experience of pain (where excessively large quantities break through into  $\psi$ ) is in some ways analogous to the experience of satisfaction. Pain, according to Freud's definition, produces in  $\psi$  a large rise in the level of quantity, which is felt as unpleasure by the perceptual  $\omega$ -neurons, and there follows an inclination to discharge. A facilitation is established between the inclination to discharge and the memory image of the object that generated the pain. Whenever this memory image is freshly cathected, as by a current perception, a condition arises which is very similar to pain and which includes unpleasure and the inclination to discharge. Quantitative matters enter at this point. Under ordinary circumstances the  $\phi$ -neurons, which are in direct afferent connection with the sensory end organs, deal with a high order of quantity of stimulus. This springs from the observation that 'the external world is the source of all major quantities of energy'. The  $\psi$ -neurons, on the other hand, which serve the function of memory, usually deal with very small quantities of energy. Where memory is concerned in the experience of pain the quantity of stimulus which causes the unpleasurable affect must perforce be quite low, stemming as it does from the *memory* of the painful situation, rather than from the original irrupting external quantity which raised the level in  $\psi$ .

'We are thus driven to assume that unpleasure is *released* from the interior of the body—is freshly provoked—by the cathexis of memories.' In attempting to explain the mechanism of this release of unpleasure Freud postulates the existence of yet another type of neuron, to which he gives the name *secretory* or *key*

neuron, which, when excited, 'causes the generation in the interior of the body of something which acts as a stimulus on the endogenous paths of conduction to  $\psi$ '. These secretory neurons do not actually 'discharge' quantity but 'introduce' it in round-about ways, and they are excited only when a certain level has been reached in  $\psi$ . 'The experience of pain provides an excellent facilitation between the memory image of the hostile object and these key neurons; and by virtue of this facilitation an unpleasurable affect is now released.' Freud himself calls this hypothesis 'puzzling but indispensable' and briefly alludes to its applicability in instances of the release of sexual feeling; '. . . a suspicion forces itself on us that in both these examples [the release of unpleasure and of sexual feeling] the endogenous stimuli consist of chemical products, of which there may be a considerable number' (4, p. 382).

#### DISCUSSION

The concept of the secretory neuron is, perhaps, an example of the flight into the unknown that can result from the severe application of abstract thinking and deductive logic. Freud calls the hypothesis 'indispensable', that is, it *had* to be proposed, but he does not tell us how he reached it. In this connection I propose the following scheme as a partial explanation of Freud's thought.

In the experience of satisfaction there are involved urgent endogenous need, need-gratifying object, and pleasurable quantitative discharge (through reflex movement). These three events become associated and when memory enters the picture one evokes the other, so that the presence of the physiological want brings to mind the object that satisfied it and the pleasurable sensations resulting from the proper reflex movement. In the experience of pain, on the other hand, there is no demanding endogenous drive, but there is an association between the memory image of the pain-giving object and the inclination to discharge an unpleasurable state. Since the quantities concerned, based as they are on memory, are much smaller than the original

irrupting external quantity, it was necessary for Freud to assume that there was in the interior of the body a mechanism analogous to the endogenous aspect of the experience of satisfaction, that would effect the endogenous paths of conduction to  $\psi$ . Thus he brings into play endogenous sources for the purpose of 'introducing' further quantity into  $\psi$ , enough quantity in fact to cause, as pain does, a feeling of unpleasure in  $\omega$  and an inclination to discharge. The newly introduced mechanism is the *secretory* neuron, and in the experience of pain, which involves a pain-producing external object and an irruption of large quantities into  $\psi$ , the secretory neurons are excited and a facilitation is set up between these neurons and the memory image of the hostile object.

By the term *secretory*, Freud was undoubtedly alluding to chemical phenomena (as proof of which we have his statement about 'chemical products'). What he was proposing, therefore, was a kind of humoral theory of nervous transmission. Why Freud, at this juncture, should advance the idea of chemical stimulation of the nervous system by a group of secreting neurons may be explained by the fact that in ruling out on logical grounds the possibility of the solely electrical discharge of quantity in the secretory neurons (which, if it occurred, would not furnish enough quantity to establish the facilitation of remembered pain) he was left, by a process of elimination, only with the possibility of chemical action. The idea of assigning the combined attributes of chemical mediation and electrical propagation to *all* neurons apparently did not occur to him.

Today, the neurohumoral theory of transmission is commonly accepted and together with the theory of electrical propagation constitutes the most comprehensive general explanation of the nervous impulse currently available. In its present form, the neurohumoral theory differs widely from the early speculations of Freud. This is most evident when we consider that, according to the theory, all neurons without exception utilize humoral mechanisms to induce depolarization of the neuronal membrane. Thus, all neurons 'secrete' immediately prior to each discharge



and not only 'when a certain level has been reached' in cerebral grey matter. Freud goes on to speak of the applicability of his hypothesis to the release of sexual feeling as well as unpleasure, and he adds that the endogenous stimuli consist of 'chemical products', and these in great number. It is not made clear in the Project whether Freud is alluding to the chemical agents involved only in the secretory neurons or to the more general field of endocrine function. If to the chemistry of nervous passage, then it signifies that Freud recognized the possible existence of more than one kind of neurohormone, which is in agreement with modern findings.

If Freud's 'chemical products' are in the nature of hormonal secretions, then a brief examination of the field of endocrinology in his time reveals the following: The role of the pancreas in the metabolism of sugar was known, as was the existence but not the chemical nature of secretin. The metabolic activities of the thyroid gland, adrenalin, testicular secretion, and spleen were understood to a greater or lesser extent, more often the latter. Many other internal secretory mechanisms were suspected, but as yet undemonstrated. Peculiarly enough, the pituitary gland was scarcely mentioned. Freud, therefore, was simply following the lead of others in suspecting the existence of 'a considerable number' of chemical products. What is novel about Freud's concept is that he postulated the presence of an internal secretory device at the neuron site, thus, in a sense, adding the neuron itself to the list of organs of internal secretion.

Furthermore, in connection with the relationship between the activity of the secretory neurons and the release of unpleasure, it is intriguing to note that some of today's known neurohormones and neurohormonelike substances are capable of causing severe subjective distress in many individuals. In addition, certain workers believe that changes in the brain content of serotonin and noradrenalin may play a major role in affective disorders. The monamine oxidase inhibitors, which cause the accumulation of both serotonin and noradrenalin in the brain, have been credited by some with the ability to reverse the depressive proc-

ess, while reserpine, which depletes the brain stores of serotonin, is of some use in the treatment of schizophrenic psychoses and has been definitely implicated as a causative factor in mental depression, which can surely be considered the prime example of psychic pain.

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## On Sarcasm

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## ON SARCASM

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Patients who are liable to depressive moods growing out of experiences of rejection often use sarcasm to express their anger toward those who have hurt them. Most of us have indulged in sarcasm on occasion and to a degree are sensitive to it. Yet it is the depression-prone who employ sarcasm so habitually as to be called sarcastic, and they are often the ones most vulnerable to it. Webster's New International Dictionary reveals that the word sarcasm is derived from the Greek *sarkazein* meaning to tear flesh like dogs. It defines the word as 'a keen or bitter taunt; a cutting gibe or rebuke'; as 'the use of bitter, caustic, or stinging remarks expressing contempt, often by inverted or ironical statement, on the occasion of some offense or shortcoming, with intent to wound the feelings'. Two elements stand out: first, the oral aggression, largely unconscious, but revealed in the derivation and in the use of the terms bitter, cutting, and contempt; and second, the intent to damage the self-esteem of the target or to lower his prestige in the eyes of others.

It is my thesis that the sarcastic trait appears in persons who have a tendency to become depressed. It represents an oral aggressive attack either on the frustrating object who withholds narcissistic supplies or on an envied rival who appears orally satiated.

For example, an internist suggested to an analyst that he name his newly acquired sailboat, the Couch; later he apologized for his sarcasm. He himself had been considering the purchase of a boat but had not done so. He envied the analyst who seemed quite happy with his new possession. The aim of the gibe was to make fun of the article in which the analyst

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had made a narcissistic investment and to change the self-view of the analyst from that of a sporty yachtsman to a laughable stereotype. A colleague offered as an example of sarcasm an anecdote in which Lady Astor said if Winston Churchill were her husband, she would poison him. Churchill replied that if he were her husband, he would take poison. Churchill's remark changed the image of Lady Astor from that of a haughty aristocrat to one of an unbearable scold.

It is regularly observed that persons subject to depression have a fragile self-esteem which is dependent on the narcissistic supplies afforded by objects. According to Rado (8), ' . . . they have not attained to the level of independence where self-esteem has its foundation in the subject's own achievements and critical judgment. They have a sense of security and comfort only when they feel themselves loved, esteemed, supported and encouraged.' As explained by Fenichel (3), 'The primitive methods of the regulation of self-esteem arise from the fact that the first longing for objects has the character of a longing for the removal of disturbing displeasure, and that the satisfaction by the object removes the object itself and revives the narcissistic state. The longing for the return of omnipotence and the longing for the removal of instinctual tension are not yet differentiated from each other. If one succeeds in getting rid of an unpleasant stimulus, one's self-esteem is again restored. The first supply of satisfaction from the external world, the supply of nourishment, is simultaneously the first regulator of self-esteem.'

Thus self-esteem and prestige are derivatives of the infantile experience of satiety at the breast, and in the unconscious they have the meaning of possession of the breast or its nourishing product. Injury to self-esteem is equated with deprivation of the breast. When the depression-prone suffer an injury to their self-esteem or are otherwise frustrated in their need for external supplies, they react with oral rage. This rage is at times discharged as sarcasm. The sarcastic attack is an attempt to punish the disappointing object (as in the Churchill anecdote)

or is aimed at making the envied rival feel deprived of the good object (as in the sailboat example). In the unconscious this attack takes the form of a cannibalistic onslaught.

I shall offer two clinical fragments from patients in whom depression has been a feature. One is taken from a single interview with a psychotic patient and the other from an analysis. In each the patient, suffering from fragile self-esteem growing out of the maternal relationship which was experienced as being rejecting, reacted with, and had conflicts over, cannibalistic impulses directed to the mother.

A twenty-six-year-old married woman, diagnosed as schizoaffective schizophrenia, was interviewed before a small group of residents. She first asked for some coffee from a machine in the corridor, specifying it be black. Prior to this episode she had taken her coffee 'loaded with cream and sugar'. She also requested a cigarette which she smoked with protruded lips, evidently to keep it from touching her teeth. She was an only child. When she was three years old, her mother suffered a heart attack. The child felt the mother had become sick because the child was bad. She dreamed:

Her mother was dead and she asked the mother to come back. The mother said, 'Maybe, if you are good'.

She had never forgotten the dream and it had troubled her all her life. She bitterly described her mother as overcritical, impossible to please, and the ruler over her father. An indication on the chart that there was some religious preoccupation prompted me to ask her about this. She said she had no problem with religion save that God expected perfection and that she, being only human, could not hope to satisfy Him. She then turned to her resident and asked for the return of her ground privileges. (She had been put in seclusion after attacking a nurse.) She unjustly characterized the resident as being cruel and punitive. When she was challenged on this and the question of her own responsibility was raised, she insisted it was up



to the doctors who knew so much about mental illness and who had the power to cure their patients. These remarks were made with a straight face; and while I sensed discomfort at this overestimation of our powers, it did not occur to me she was being sarcastic until Katan's elucidation of Schreber's sarcasm came to my mind (5).

I then asked her if I detected a note of sarcasm in her remarks. She smiled and said, 'No, not sarcasm—gentle satire. As a child I once won a prize in an English contest for my light and gentle humor. Sarcasm is sick humor.' I asked for an example of sick humor. She told us that when she was a teenager, late one Friday night 'when everyone could eat meat', there had been a torso murder in the neighborhood. With a group of friends she had gone to see the body which had not yet been removed. Satisfied in its curiosity, the group retired to a hamburger place. When the food came, a boy 'who has since died of cancer' said 'goody, torso burgers!'. The patient immediately ran to the ladies' room and threw up. She went on to tell how upset she was by the state's attempts to have the murderer executed. After all, he was crazy.

In this interview the patient brought out her conflicts with oral aggression. She made oral demands for the cigarette and coffee, which were unusual in this kind of interview, but in both instances there were manifestations of defense: the cigarette was not allowed to touch her teeth and the coffee was purged of its resemblance to mother's milk by removing the cream and sugar. She felt her mother was begrudging of love, warmth, and approval. Though she would sarcastically attack maternal and other authority figures, she specifically denied the use of sarcasm which she equated with cannibalistic attack. That she participated in such fantasy, however, is indicated by her vomiting and her identification with the torso murderer.

As shown in her dream, the patient dreaded the power of her destructive impulses as they might destroy the person on whom she depended. In truth she was not always able to control them as witness her attack on the nurse. She used aggressive humor

as a means of innocuous discharge, but made the distinction between sarcasm and satire; the former she treated as the naked instinctual urge, the latter as a considerably tamed derivative.

The second case involves a more mature personality. His problems with his mother involved phallic as well as oral drive development with considerable condensation of the derivatives. As a result of the defensive activity of the ego, the manifestations of his troublesome urges are more subtle.

A thirty-four-year-old accountant came into analysis because of a general sense of constriction and an anhedonia despite good health, financial security, an interesting position in which he won steady promotion, and a family consisting of an attractive, educated wife and two fine sons. He was the third of three sons and was born to his parents in their forties. The oldest son, sixteen years the patient's senior, was an exceptional student, first in his class in every school including medical school, and his mother's favorite. The second son, seven years older than the patient, was a fine athlete and a popular personality. When the mother's unplanned pregnancy was discovered, her physicians suggested a therapeutic abortion because of her age and physical condition. But she decided to have the child in the hope it would be a girl. She recovered from the delivery slowly while the child was handed into the care of a nurse who remained with the family until the patient was old enough to go to school. In his early years the patient suffered with eczema, asthma, hay fever, and mastoiditis, which often kept him indoors or in bed. He was also quite short. When he was five, he was sent to Florida with the nurse because of his respiratory troubles. He interpreted this as a further rejection by his mother and a deliberate move to keep him weak by separating him from his father and the athletic brother.

A prominent theme of his analysis was his anger at mother, who preferred 'her son the doctor' and 'her son the athlete'. In the patient's mind she was antagonistic to his ambitions which

he expressed in Walter Mitty fantasies. In his adulthood this was played out with his wife and immediate superior at work in the roles of mother and scholar-brother. He would often interpret neutral remarks by his wife as being quite demeaning; until well into the analysis it was impossible for him to be assertive with her for fear of losing her love. If he felt rejected by her, he would develop separation anxiety and brooding, depressive moods. When disputes arose among his relatives, he acted in such a way as to please the others without regard to his own convictions or convenience. In the analytic hours he was often witty in a satirical vein, but he could not use aggressive humor at home. While on the outside he appeared mild and compliant, his oral, aggressive impulses were manifested by his wit, nail-biting, and voracious style of eating. When he felt demeaned by his wife, he had a recurrent hypnagogic fantasy of gouging her with a huge 'tusklike' penis. His affectionate name for his younger son, with whom he identified in his aggressive moods, was 'tough tooth, the tiger'. In sexual play he was disgusted by handling or sucking the breast. He had a similar aversion to juice-filled fruits, particularly tomatoes. He disliked the experience of biting through the firm skin and having the juice run into his mouth. He had the habit of picking his nose and ingesting the products.

His oral aggression also expressed itself in dreams. One evening the patient invited an out-of-town business consultant to his home for dinner. Both men were tired at the end of a long day. When the guest left, the patient's wife asked him what it was in their work that so took the life out of them. He experienced a momentary feeling of resentment as though her question was intended to demean him, to imply he was a weakling. However, he gave her a highly logical and intellectual answer taking into account the nature of the work, financial pressures, and office relationships. The sarcastic reply he was tempted to give was in the manifest content of the dream he had that night.

I was an elevator operator. There was a lot of debris around.  
A little girl was peering into an ashcan. I was explaining to her

that this was the burnt debris of people and that we had a special conveyor for removing this debris. I was laughing at this evil joke.

He associated the Nazi extermination ovens to the burnt debris. To his wife's question what took the life out of them at work, he would have liked to have said, 'Oh! We have ovens in which we cook our employes and a conveyor belt by which we remove them'. In the dream he restores his self-esteem by representing himself as the adult in control and his wife-mother as a naïve child. While he had no associations to elevators at this time, they had represented a penis in previous dreams. In life when riding elevators, he compares his size with that of the other passengers.

The fantasy of cooking people and putting the ashes out with the trash is expressive of the patient's relationship with his mother. At the time of her terminal illness and death, which occurred during his analysis, he showed neither sorrow nor mourning; whereas he is a sentimental person and shed tears when he learned of the death of his childhood nurse. It was as if he had disposed of his mother a long time ago. A year later the patient arranged to go out to dinner with some friends the night prior to the unveiling of his mother's gravestone. He felt guilty over this pleasurable eating when he reflected that on the morrow the official mourning period would be over and 'that would be the end of her'. Afterwards he spoke of the ceremony as being 'quick and dirty'. This handling of the maternal introject is an instance of what Abraham (1) described in manic depressives as 'psychosexual metabolism'.

### DISCUSSION

The psychotic patient called attention to a relationship between sarcasm and satire while the neurotic was often satirical in an amusing way. The terms have overlapping dictionary definitions but they are clearly not synonymous. Rather there seems to be a continuum with sarcasm as an expression of un-

modified oral-aggressive fantasies at one pole and satire as aggression much modified by ego activity at the other.

Sarcasm involves primitive aggressive impulses arising in a person who feels injured, deprived, or abased, and it seeks vengeance on those who are responsible. The sarcastic person is still needy, involved, and dependent on his objects. Satire differs from sarcasm in at least two respects: first, satire is a muffled attack and a display of cleverness. There is emphasis on the defensive activity and the talent of the ego at the expense of raw aggression. Second, satire gives the impression of a more or less independent attitude on the part of its user toward his object. One has the feeling that the satirical person has in the past suffered a traumatic disappointment but has at least partially overcome it and attained independence albeit retaining an angry, rueful, or critical attitude toward his object. He seems to polish his target off as if he no longer requires it nor has good expectations of it and would not mind if it disappeared or if he lost its love forever. It may be pertinent that satire is derived from the Latin *satur* meaning filled with food, sated.

Kris (6) has emphasized mastery as a precondition to the enjoyment of the comic. There are two forms of mastery which help account for our ability to enjoy satire. One is the mastery over the aggressive drives, the comfort one feels with instinctual pressures which are well within control. In this connection Greenacre (4) writes of Lewis Carroll's struggles with oral rage: 'In those individuals in whom these early months and years are particularly tortured ones, the vulnerability is greater and the work of restraint more intense. It is Carroll's supreme art that he furnishes an unconscious outlet through humor for exactly these primary destructive pressures without a provocation to action.' However, she notes that not everyone can enjoy the Alice stories; for some they are disturbing.

The second form of mastery is over the object or at least over the dependency on the object. In the enjoyment of satire we re-experience the triumph over the object whom we need no longer. One less readily identifies with the sarcastic person be-

cause to do so requires regression to the point of feeling defective, deprived, and dependent.

The social phenomenology of sarcasm can perhaps now be more readily understood. Persons with problems over oral deprivation are most apt to use sarcasm; at the same time they are frequently most sensitive to it. Persons with humility tend to be insensitive to sarcasm although they can recognize and may resent the hostile intent. Arlow (2) has written that smugness represents oral satiety with incorporation of the good object and that smug people arouse considerable hostility in those who feel orally deprived. My observation is that this hostility is frequently discharged as sarcasm. The overbearing authority figure who gives little in the way of praise or other reward may arouse sarcasm although, because of his position, the remarks are more likely to be made about him than to him.

Individuals with fragile self-esteem often misinterpret sincere praise for sarcasm (7), because they feel unworthy of good opinion or because they project their own aggressive impulses. Sarcasm is a tool of the weak because it is indirect and can sometimes pass for playfulness. At times the victim is taken in while others understand. The artful practitioner may leave his target in doubt as to whether the remarks are sincere or sarcastic.

### SUMMARY

Sarcasm when used so consistently as to constitute a trait appears in depression-prone individuals as an expression of oral rage directed at a frustrating object or an envied rival who appears orally satiated. In the unconscious sarcasm has the meaning of a cannibalistic attack. This is borne out by the derivation of the word, its frequent characterization as being bitter, biting and cutting, and by clinical examples.

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## In Defense of Retribution in the Law

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## IN DEFENSE OF RETRIBUTION IN THE LAW

BY C. G. SCHOENFELD, LL. B. (NEW YORK)

*The first requirement of a sound body of law is, that it should correspond with the actual feelings and demands of the community, whether right or wrong. If people would gratify the passion of revenge outside of the law, if the law did not help them, the law has no choice but to satisfy the craving itself, and thus avoid the greater evil of private retribution.*

OLIVER WENDELL HOLMES, JR.

Though law and psychiatry may ultimately prove to be compatible, considerable tension now exists between them (15, 17). And though this tension may reflect certain unavoidable or inherent differences—for example, ‘the focus of the law is on society primarily, and only secondarily on the individual; in psychiatry the emphasis is almost exclusively on the individual’ (16)—much of the trouble may also be traceable, as is so often the case, to a lack of understanding: to the failure of both lawyers and psychiatrists to learn what is of fundamental concern to the other (15). Thus the psychiatrist whose training and experience have convinced him that vengeful, retributive punishments are utterly useless (4, 27), and who regards the lawyer’s insistence upon retributive justice as indefensibly stubborn and stupid, may fail to realize what the lawyer is really worried about: the danger that if the law were insufficiently retributive, men would seek revenge outside the law and thereby undermine the law’s effectiveness as a major—indeed, *the* major—peace-preserving social institution.

To the psychiatrist, the danger of nonretributive justice breeding private vengeance may seem remote; to the lawyer, however, the risk is very real indeed. And to help explain why lawyers are reluctant to take this risk, certain salient characteristics of the early stages of the law will be briefly described; then aspects of

modern American law will be considered—some of which reveal the law's desire to mute man's vengeful urges, whereas others reveal the law's desire to help express these powerful urges; finally, an attempt (hopefully not an impertinent attempt) will be made to show that the lawyer's fear of insufficiently revengeful justice fostering private revenge is consistent with certain basic psychoanalytic discoveries. This will all be done with the aim of helping psychiatrists to gain a fuller, and presumably a better, understanding of the reluctance of lawyers to dissociate retribution from the law.

Legal historians believe that the prime function of law in its primitive stages was to help keep the peace, and that the law's main problem in doing this consisted in trying to cope with man's tendency to retaliate for actual or imagined injuries. The law's original problem, in the words of Roscoe Pound, 'was to narrow the field of self-help, to regulate self-redress, and finally to supersede it by peaceful modes of redress' (29).

One much-used method by which early law sought to regulate (and thereby mute) self-redress was to hedge it with restrictions, especially restrictions that would make less likely the development of that form of private warfare still known today as the 'feud'. Thus ancient Anglo-Saxon law required (under certain circumstances) that before a man could forcibly recapture property stolen from him, he first had to give formal notice of his intent to do so, thereby giving the wrongdoer a chance to return the property and avoid combat (19). And under early Norman law, though a victim of grievous wrongs (or a member of his family) was permitted in many instances to challenge to personal combat the person he suspected of the wrongdoing, certain formalities had to be complied with when the fight took place. These formalities were intended to invoke God's aid in deciding the fight's outcome and, as such, tended to reduce the likelihood that this outcome would be regarded as unsatisfactory and that a feud would develop (25, 28).

Ultimately more effective in curbing self-redress than the re-

strictions upon personal combat described above, however, was the practice of 'composition': the payment of a sum of money by the wrongdoer to the victim (or his family) as a means of forestalling retaliation. In fact, the practice of composition proved so effective that certain systems of ancient law consisted of little more than detailed schedules specifying the composition to be paid for various injuries (32). Typical, perhaps, were the Laws of Æthelberht (19), which provided for such compositions as:

- 34. If a bone is laid bare, 3 shillings shall be paid as compensation.
- 44. If the mouth or an eye is disfigured, 12 shillings shall be paid as compensation.
- 57. If one man strikes another on the nose with his fist, 3 shillings.

At first sight, the compositions provided for in ancient law seem to be closely akin to the money judgments awarded in modern lawsuits as compensation for injuries received. Unlike these modern awards, however, the amount of the compositions were determined not so much by the extent of the injury to the victim as by the measure of vengeance that the victim (or his family) were likely to exact (22). That is, whereas today's law provides compensation for an injury, ancient law provided composition for *the desire to be avenged*. As an illustration of this difference, consider that, unlike modern law, ancient law usually imposed much harsher penalties upon offenders caught in the act than upon offenders detected after considerable delay, when the victim's desire for revenge had presumably cooled (22).

To summarize: 'In primitive law the end is simply to keep the peace. The legal order is a peaceable order at whatever cost, and in consequence whatever serves to avert private vengeance and prevent private war is an instrument of justice. In its beginning law is no more than a body of rules by which controversies are adjusted peaceably. At first, therefore, it attempts nothing more than to furnish the injured a substitute for revenge. Where mod-

ern law thinks of compensation for an injury, primitive law thought of composition for the desire to be avenged' (29).

As in ancient law, so in modern law, various devices are employed to help curb man's vengeful urges. Typical perhaps (at least in the Western world) are restrictions found in American law upon the vengeance that the government may exact. Consider, for example, the Constitutional prohibition against 'cruel and unusual punishments'.

AMENDMENT VIII (of the Constitution of the United States)—  
'Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted.'

Acting under the authority of this Constitutional prohibition (or under analogous provisions in State constitutions), courts have banned a variety of punishments, including the punishment of sterilization for the commission of felonies. Thus in *Davis v. Berry* (216 F. 413 [1914]), a federal court struck down, as an unconstitutional violation of the prohibition against cruel and unusual punishments, an Iowa statute requiring the sterilization of inmates of State institutions who had twice been convicted of a felony. In rendering this decision, the court stressed the kinship of sterilization and castration, pointing out that: 'The operation [sterilization] as originally performed was that of castration'. Indeed, the court went on to contend that although sterilization, physically, was less severe than castration, sterilization 'in its results is much the coarser and more vulgar'. Similarly in *Mickle v. Henrichs* (262 F. 697 [1918]), a federal court held that sterilizing men convicted of statutory rape (a procedure authorized by an applicable Nevada statute) constituted a cruel and unusual punishment. In so holding, the court asserted that once a criminal pays the penalty demanded by the law, it would be unconscionable to handicap him further 'by the consciousness that he bears on his person, and will carry to his grave, a mutilation which, as punishment, is a brand of infamy'.

Modern American law also tries to curb man's vengeful strivings by imposing limitations upon the conduct of officials respon-

sible for detecting, prosecuting, and punishing crimes. A case in point is provided by restrictions imposed upon the powers of district attorneys.

That district attorneys are usually entrusted with formidable official powers is, of course, indisputable—as is the right of district attorneys to exercise these powers vigorously. As Fritz Wittels has put it, district attorneys are, in a sense, ‘the embodiment of the spirit of revenge’, and as such, are expected to ‘strike hard blows’ in seeking to convict the guilty (41). Yet even so, the law attempts to curb the vengeful conduct of district attorneys in a variety of ways. For one thing, courts will generally reverse a defendant’s conviction (and order a new trial) if, in obtaining the conviction, the district attorney appealed to the jury’s pre-existing prejudices concerning the race, nationality, or religious views of the defendant (24). Similarly, it is usually considered reversible error for a district attorney to try to force an accused to plead guilty to an offense by threatening to charge him with a more serious offense (12). And courts are hardly likely to permit a conviction to stand if, in obtaining it, the district attorney deliberately suppressed facts, knowingly used perjured evidence, or concealed witnesses capable of establishing the innocence of the accused (18). In the words of the court in *Commonwealth v. Nicely* (130 P. 261 [1889]): ‘The district attorney is a *quasi* judicial officer. He represents the commonwealth, and the commonwealth demands no victims. It seeks justice only, equal and impartial justice, and it is as much the duty of the district attorney to see that no innocent man suffers, as it is to see that no guilty man escapes.’

Despite attempts to curb the vengeful urges of district attorneys, however—and despite Constitutional restrictions upon ‘cruel and unusual punishments’ and other methods of venting sadistic feelings—modern American law goes to considerable lengths to help *express* vengeful strivings.

For one thing, most American jurisdictions permit juries in certain noncriminal cases to grant to the injured party ‘exemplary damages’—a money award over and above full compensa-

tion for the loss suffered. Typically such damages are granted when there are 'circumstances of aggravation or outrage . . . a fraudulent or evil motive on the part of the defendant, or such a conscious and deliberate disregard of the interests of others that his conduct may be called wilful or wanton' (31). As Charles T. McCormick has pointed out, exemplary damages constitute an exception to the rule that damages are designed to compensate: exemplary damages are granted not for the purpose of redressing the victim's loss, but rather as a means of visiting a retributive punishment upon the wrongdoer (23).

It is the criminal law, however—and specifically the punishment of criminals—that reveals most clearly the law's willingness to help express man's vengeful strivings. In the classic phraseology of Sir James Stephen: 'The criminal law stands to the passion of revenge in much the same relation as marriage to the sexual appetite' (21).

Though the penal sanctions imposed by the criminal law presumably serve a variety of purposes (including the goal of rehabilitating criminals), most students of the history of punishment have concluded that these sanctions are, to a very large extent, rooted in man's retributive urges—in man's conscious and unconscious desires for vengeance (8, 37, 41, 42). Indeed, it is frequently contended nowadays that 'revenge is the only honest, straightforward, and logical justification for punishing criminals' (5).

In the 1760's when Blackstone wrote his *Commentaries on the Laws of England*, the vengefulness of penal sanctions was all too apparent. At that time in England, more than one hundred and fifty offenses were punishable by death and the death penalty was imposed not only upon adults, but also upon children. Thus Blackstone notes in his *Commentaries* that a boy of ten was hanged for killing a companion, and that a girl of thirteen was burnt at the stake for killing her mistress (6).

Admittedly, modern American criminal law is far less savagely retributive than was English criminal law in Blackstone's time. In the United States today, for instance, there are only eight



capital offenses (36); and youthful offenders are frequently treated as delinquents rather than as criminals subject to the penal sanctions inflicted upon adults (38). Even so, modern American criminal law, certainly as exemplified by its much-used penal sanction, imprisonment, is openly vengeful.

To the convicted felon, the vengefulness implicit in imprisonment is patent. For one thing, he finds himself to a large extent at the mercy of his jailors, some of whom have strong sadistic tendencies and most of whom exhibit an obviously retaliatory attitude toward him (36). Also, the prisoner often discovers that associating only with members of his own sex tends to foster homosexual impulses. Perhaps because of this, homosexuality has come to be considered 'almost natural' in many prisons (5). Further, the prisoner must contend with the terrible monotony of prison life, a monotony that saps his vitality, blunts his sensibilities, and eventually warps his very being (5). Indeed, this monotony, especially when coupled with the regimentation and loss of freedom that characterize prison life, leads to the creation of what Ralph S. Banay has labeled *human explosives*—men who, after their release from prison, 'explode' against the society that has imprisoned them (3). And if doubts still linger regarding the vengefulness of imprisonment in America today, consideration also should be given to the conclusion reached by criminologists: 'Almost everything that could possibly contribute to the debasement and demoralization of the personality characterizes present-day prisons and the contemporary methods of penal administration' (5).

That American law need be as retributive as now (that, for example, imprisonment need be as vengeful as it now is in the United States) is doubtful. And there is undoubtedly much of value in proposals advanced by psychiatrists and criminologists to soften the law's retributive impact—proposals, for example, that would extend the opportunities of prisoners to obtain adequate psychiatric help, obtain meaningful vocational skills, and so on. Yet does it follow—as some psychiatrists appear to believe

—that the law should abandon retribution altogether and seek only to re-educate and rehabilitate wrongdoers (27)?

In considering this question, it is helpful to recall certain psychoanalytic insights; for instance, Freud's well-known statement concerning man's aggressiveness (13).

... men are not gentle, friendly creatures wishing for love, who simply defend themselves if they are attacked, but ... a powerful measure of desire for aggression has to be reckoned as part of their instinctual endowment. The result is that their neighbor is to them not only a possible helper or sexual object, but also a temptation to them to gratify their aggressiveness on him, to exploit his capacity to work without recompense, to use him sexually without his consent, to seize his possessions, to humiliate him, to cause him pain, to torture and kill him. *Homo homini lupus*; who has the courage to dispute it in the face of all the evidence in his own life and in history?

Psychoanalysts have observed that vengeful laws help to divert man's aggressive strivings into socially-approved channels; for example, punishing criminals provides an outlet for the expression of socially unacceptable hostility and aggressiveness (8, 39). Indeed, psychoanalysts believe that the punishment of criminals frequently offers to those who carry it out as representatives of the public an opportunity, under the guise of exacting penance, to commit much the same aggressive deeds as those being punished (33).

Of greater significance, perhaps, is the usefulness of retributive justice in helping to re-enforce man's inner defenses against the expression of his aggressive urges. That is, laws prohibiting and punishing acts of violence (assaults, homicides, and so on) help to re-enforce man's moral faculty or superego in its perpetual struggle to inhibit his antisocial aggressiveness (35). In fact, as Ranyard West said, one of the law's prime functions is to help 'remedy our inability to control our own aggressive selves' (40).

Noteworthy as well is the usefulness of retributive laws in helping to reduce guilt and in minimizing aggression directed against the self by the superego. By demanding retributive laws

that punish aggressive behavior in others that the superego seeks to inhibit, men are better able than before to mute the superego's demand for self-punishment and to reduce the guilt feelings that help to foster these masochistic desires (1, 39). As Nathaniel F. Cantor has put it: 'Punishment of others . . . furnishes an outlet for the need of punishment which arises out of our own sense of guilt which accompanies inhibited antisocial tendencies' (8).

Psychoanalytic discoveries concerning the talion principle—'an eye for an eye, and a tooth for tooth'—also help to shed light upon the purposes retributive laws serve. In psychoanalytic literature, the classic example of this principle is, of course, the male infant's fear that his penis will be cut off in retaliation for his desire to appropriate his father's larger penis.<sup>1</sup>

The observation of the mature genitalia induces the desire to appropriate them and thus to be able to replace the father in relation to the mother (castration wish). This aggressive desire follows the primitive law of . . . *lex talionis*, 'an eye for an eye and a tooth for a tooth', and leads to a fear of retaliation, which is one of the most important factors in developing castration fear (2).

It has been learned that when the superego appears, one of its governing principles is that selfsame talion concept: the principle that forbidden wishes or deeds are to be punished in kind, that the proper punishment for evil thoughts or acts is to turn them back upon the actual or potential wrongdoer. Though this retaliatory attitude is often outgrown consciously, it is likely to be retained on an unconscious level (7). As Paul Reiwald has observed: 'We think that we have long dispensed with the law of *talion* . . . which we (inaccurately) regard as an ancient and cruel criminal law. It is still, as always, a law of the unconscious . . .' (34).

To speculate as to the origin of the talion concept is, of course, tempting. It has been suggested, for example, that the

<sup>1</sup> The infant's fear of castration reflects the operation of other factors as well. See Fenichel, Otto: *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton & Co., Inc., 1945, pp. 44, 77.

demand for retaliation inherent in *lex talionis* reflects the operation of the instinct of self-preservation (1). Yet whether this suggestion is valid or not, there can be no doubt that *lex talionis* is one of the oldest of penal laws and that retaliation characterizes many ancient penal codes (11, 41). Ready examples of talion punishments can be found in the Old Testament ('Burning for burning, wound for wound, stripe for stripe' [Exodus 21: 25]). Equally clear demands for retaliation, however, are writ large upon even more ancient documents. The Code of Hammurabi (20), for instance, believed to have been promulgated about 2250 B.C., contains such provisions as:

- 196. If a man destroy the eye of another man, they shall destroy his eye.
- 200. If a man knock out a tooth of a man of his own rank, they shall knock out his tooth.
- 195. If a son strike his father, they shall cut off his fingers.
- 229. If a builder build a house for a man and do not make its construction firm, and the house which he has built collapse and cause the death of the owner of the house, that builder shall be put to death.

Modern law (especially in the United States) is, admittedly, far less overtly talion than the Code of Hammurabi and similar ancient legal codes. Thus today the man who commits mayhem (for example, maliciously causes another to lose an eye or a limb) is usually punished by imprisonment, rather than mutilated in the same way as his victim (26). This difference between ancient and modern law may be in part a product of the realization that, as Blackstone urges in his Commentaries, it is often self-defeating if not absurd to try to punish certain crimes in kind; for example, one can hardly punish theft by theft, adultery by adultery, defamation by defamation, or forgery by forgery (6). In fact, as Blackstone goes on to observe, death may fail to be an equivalent for death. And in a passage that calls to mind the untimely death of President Kennedy, Blackstone points out: 'the execution of a needy decrepit assassin is a poor satisfaction for the murder of a nobleman in the bloom of his youth, and

full enjoyment of his friends, his honors, and his fortune' (6).

Despite the influence that these views expressed by Blackstone and others, such as Beccaria and Stephen, have undoubtedly had upon the development of American law, the fact remains that modern American law is still openly vengeful. In fact, it has been contended that 'the impulse to take revenge, the talion principle regardless of what its manifestations in the law may be, is still the preponderant principle of our penal system' (42). Further, even though Blackstone may well have been right in contending that a death for a death may be no equivalent, the death penalty still remains the prescribed punishment for first degree murder in most American jurisdictions (36). And a death for a death is, after all, *the* classic talion response, *the* classic expression of the 'law of talion which is so deeply rooted in human feelings [and which] lays it down that a murder can only be expiated by the sacrifice of another life . . .' (14).

To help psychiatrists gain a better understanding of the reluctance of lawyers to dissociate retribution from the law, this paper has tried to point out: 1, that law, during its early stages, sought to avert private vengeance by providing the injured party (or his relatives) with a substitute for revenge; 2, that although modern law—specifically modern American law—tries to mute man's vengeful urges, it still offers him many opportunities to help express these urges; 3, that retributive laws help to fulfil and are consistent with certain of man's inner needs and reactions, as stressed by psychoanalysis.

Admittedly, it hardly follows that unduly harsh or barbaric laws need be tolerated or that, for example, law need be consistent with Kant's vengeful dogma: 'Even if a Civil Society resolved to dissolve itself with the consent of all its members . . . the last Murderer lying in prison ought to be executed before the resolution was carried out' (10). To require the law to help force compliance with excessively retributive ideas and feelings would certainly tend to undercut the law's ability to help mute man's vengeful urges and would, indeed, tend to make the law

the servant rather than the master of mankind's severely aggressive (and often sadistic) strivings.

Caution should be exercised in eliminating retribution from the law. After all, law, apparently since time immemorial, has been retributive: law seems to have always helped to preserve order by regulating or providing a substitute for private vengeance. In addition, retributive laws serve and are consistent with deep-rooted human needs and reactions: these laws help men to control their antisocial aggressiveness and are in accord with (and probably are in part a product of) the talion reaction that characterizes unconscious mentation. Perhaps a different way of saying this would be to point out that law is ultimately concerned not so much with the needs of the asocial or antisocial (as are psychiatrists), but rather with the feelings of the great majority—the general public. Lawyers fear that if the needs and feelings of the general public are ignored by eliminating retribution from the law, men may seek retribution outside the law. And if so, not only may there then be a return to the 'bloody private vengeance of the feud and the Vendetta' (9), but the law's effectiveness as society's major peace-preserving social institution may well be jeopardized and ultimately destroyed.

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## Termination of a Symptom Following Interpretation of a Dream

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## TERMINATION OF A SYMPTOM FOLLOWING INTERPRETATION OF A DREAM

BY MERVIN H. HURWITZ, M.D. (NEW YORK)

A clinical incident is described, in which amenorrhea suddenly and dramatically ended after a dream was interpreted. The patient, aged twenty-six, had been in analysis for three and a half years. She had sexual intercourse twelve times—of these, eleven after beginning her analysis—and on each occasion, the intercourse was followed by a period of amenorrhea lasting from six to ten weeks. During the amenorrhea, she was extremely upset and anxious, with frequent anxiety dreams. Consciously, she believed she was pregnant until the eventual menstrual flow.

During her analysis, the patient dreamed frequently and associated well to dreams. Her periods of amenorrhea were not exceptional in this regard. Frequent dreams and associations had indicated her desire for pregnancy and for a child, but their interpretation brought about no change in the symptom.

The incident to be described occurred six weeks after a sexual episode, which was followed by amenorrhea with the usual intense anxiety and conscious certainty of pregnancy. On the night prior to the analytic incident, the patient had a 'very vague dream'. As she recalled it, somehow she was building a mountain, and when it was done, she had a child to keep. At first the dream seemed strange, unrelated to anything in her life, and she tended to dismiss it. Then she began to talk about the man with whom she had had sexual intercourse.

'He's a bastard! He's out with someone else and I'm probably pregnant. I hate him! By the time nine months have gone by I will have a mountainous belly. I'm so angry at him I would like to kill him, to tear him apart, to bite him. Oh, I'd even like to bite off his penis. I can almost feel it between my teeth as I chew it.' [A pause.] 'Uggh! That's making me feel sick.' [Another period of silence.] 'I have to go to the bathroom. I urinated before I came in

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here, but now I need to defecate. I'm afraid I'll have to get off the couch.' [Silence.] 'No, I'm all right now. The thought of chewing his penis made me feel awful, but I feel better now. Somehow I feel stronger. I'm not afraid of him. I'm glad I'm pregnant.'

From these associations to the dream and from previous material, it was possible to interpret to her that it was not a baby with which she thought she was pregnant, but a penis; and that in intercourse she believed she had captured the penis and, by her amenorrhea, was retaining it. This was linked with the previous day's resentment at her father for not providing her with a penis. The patient's response to this was a very emotional 'Really!'. Then after a period of silence, she said, 'Oh my God, I'm menstruating. I'm pouring.' And she rushed off the couch, out of the office, and into the bathroom.

Following this incident, the patient was in analysis for a year and a half, during which time she had intercourse more frequently than before, but without amenorrhea or belief at any time that she was pregnant. Very shortly after the dream interpretation, the patient began to experience vaginal orgasm, which became more frequent with greater sexual experience.

Though menstruation began immediately after an interpretation, this could have been a coincidence. But there has been no amenorrhea for a period of a year and a half following the incident and if the interpretation affected this symptom, it can be assumed that the dream interpretation did affect an immediate flow of menses. It should be noted, too, that the patient's menstrual period usually began with a very small flow, described as 'spotting', even after a long period of amenorrhea, and in her memory, no period had begun with a sudden copious flow.

Because of the sudden onset of the copious flow one assumes that there was a sudden change in the endometrium. Prior to this, the endometrium must have been in the premenstrual stage and very possibly for a long while during the amenorrhea.

Samson Wright describes the premenstrual stage (eight days before onset of period) as follows: 'The endometrium becomes thickened still further; the stroma cells proliferate, enlarge, and become more closely packed and resemble those seen in the early placenta; the glands are markedly distended with mucous, and the epithelium is thrown into folds resembling villi, which project into the

lumen, giving the gland wall a saw-edged, tufted appearance; the capillaries become congested (premenstrual congestion) and exudation of clear or blood-stained fluid occurs'.<sup>1</sup>

From this premenstrual stage to change into the stage of menstruation, when the actual menstrual flow occurs, blood must begin to pass out of the capillaries, both by diapedesis through intact vessels and through areas where the lining has broken down. The blood, according to Wright, then lies in the stroma, bursts into the lumina of the glands, and accumulates in considerable quantities beneath the superficial epithelium before finally reaching the uterine cavity by stripping off varying amounts of the epithelium.

Thus, for a copious flow of menstruum to begin almost immediately after an interpretation, a great deal would have to occur in a very brief period of time. One would have to assume that the end of the premenstrual stage was at hand, but that for emotional reasons, the progress of the menstrual cycle was suspended at this point. Then the inference would be that as a result of the interpretation, the forces inhibiting the further progress of the menstrual cycle were suddenly removed, allowing the endometrium to break down rapidly and simultaneously in many areas. Such a rapid breakdown seems the only possible explanation, unless the blood was somehow already in the uterine cavity. This latter explanation seems less likely in an otherwise healthy woman.

### SUMMARY

A clinical incident is reported in which amenorrhea suddenly and dramatically ended after a dream interpretation. Some speculations are presented pertaining to the physiological endometrial changes which might have occurred in the dramatic termination of the symptom.

<sup>1</sup> Wright, Samson: *Applied Physiology*. New York: Oxford University Press, 1937, p. 221.

## John D. Benjamin 1901-1965

Bertram D. Lewin

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## JOHN D. BENJAMIN

1901-1965

John Davidson Benjamin was born on December 6, 1901 in New York City, and died in Denver on May 14, 1965. His death came at a time when for two years the ill health which had interfered with his life and plans since his late teens had finally been conquered.

Ill health had interrupted his studies at Harvard in 1921. He did not obtain his medical degree until 1933, at the University of Zurich. Medicine had not been his first choice of profession, which was music, for which he was exceptionally gifted and for which he had been well educated in New York and Vienna. He began the study of medicine in Switzerland, where he also began his psychoanalytic training with the late Emil Oberholzer.

The professional atmosphere of Zurich was most congenial to him, particularly the psychiatric activities, and many interests that were to become habitual to him originated there. It was natural that he should have become especially interested in the problems of schizophrenia and in various newer psychological ideas and methods. Emil Oberholzer was world famous as an authority on the Rorschach test, a student and fellow-worker of its inventor, and John Benjamin came to master this ingenious and fruitful method.

Returning to the United States for reasons of health and professional opportunity, he went to Denver in 1935, where he joined the staff of the Colorado Psychopathic Hospital as a volunteer research associate. This date marked the beginning of his great services in teaching and research. Proximity to the Institute for Psychoanalysis in Chicago permitted him to continue his psychoanalytic education. With many interruptions, he maintained his relationship with the University of Colorado until his death. Until 1938, he was head of the outpatient department of the hospital. From 1947, he was psychiatrist-in-charge of long-term evaluations of human growth and development.

Recognition came to him from many sources. He was appointed consultant to the National Institute of Mental Health in 1951, served as chairman of the Institute's Mental Health Study Section from 1953 to 1955, and as a member of its Board of Scientific Counselors from 1957. He was a member of the board of directors of the Foundations' Fund for Research in Psychiatry (1953-1957), a con-

sultant in research to the Menninger Foundation, a member of the National Advisory Mental Health Council, and of the Committee on Research of the American Psychoanalytic Association.

Despite numerous interruptions because of ill health, his teaching and research were never abandoned. In 1959 he became Professor of Psychiatry at the University of Colorado Medical School, and chief of the Division of Psychiatric Research and Research Training of the Department of Psychiatry.

John Benjamin contributed to many areas of psychiatry and psychoanalysis. Perhaps he was best known for his pioneer long-term studies. Babies were observed, their status and behavior recorded and studied according to rigorous scientific procedures; 'predictions' were made, later to be confirmed or negated by many regular examinations and studies. Some of these 'babies' are now in their twenties and thirties. These studies have been rich in conclusions and in the refinement of methods of investigation. They have direct bearing on psychoanalytically obtained inferences as to childhood development. John Benjamin was among the first to bring directly to bear relevant observations on problems of the development of children according to the postulates of psychoanalysis.

His activities in teaching and research and his soundly based publications do not fully reveal the true nature of his qualities and influence. He spoke well and wrote in a clear and elegant style, he was an accomplished, often brilliant, participant in scientific discussions, an able chairman, having available an immense store of experience and learning, a quick grasp of the ideas of others, a capacity for keen immediate evaluation and for the marshaling of relevant argument.

Aside from his professional excellence, John Benjamin's capacity for friendship, his genial wit and charm, his wide intellectual range, and his sensitivity made him a valued and interesting companion and friend. Music remained an intense interest and a source of pleasure to himself and to his friends. He was skilled in mathematics, philosophy (especially of science), and biology, much more deeply than is usual for avocations. He could talk with experts.

His wife and constant helpmeet, Hertha Fink Benjamin, survives him. Many friends will mourn him, some of us very much.

BERTRAM D. LEWIN, M.D.

## Die Wiener Medizinische Schule IM 19 Jahrhundert. (The Vienna Medical School in the 19th Century.) By Erna Lesky. Graz-Köln: Hermann Böhlaus Nachfolger, 1965. 660 pp.

K. R. Eissler

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## BOOK REVIEWS

DIE WIENER MEDIZINISCHE SCHULE IM 19 JAHRHUNDERT. (The Vienna Medical School in the 19th Century.) By Erna Lesky. Graz-Köln: Hermann Böhlau Nachfolger, 1965. 660 pp.

This volume is published in the six-hundredth anniversary year of the University of Vienna, the oldest university in the German-speaking community. Professor Erna Lesky, who holds the chair of History of Medicine at the University, has produced a historical treatise which continues the standards set by her famous predecessor, Max Neuburger (1868-1955).

The book is, for several reasons, of particular interest to the psychoanalyst. It unfolds the history of that period when the foundations of modern medicine were being laid. The reader becomes familiar with a whole array of historical facts concerning the course of development of medicine in the nineteenth century in Vienna. Rarely can any science boast of such vast progress as occurred between 1800 and 1900 at the Vienna Medical School, and it is always fascinating to watch such scientific spurts and to ponder the historical factors that produced them in a particular locale. Furthermore, we are introduced into complex interrelationships in the medical department of the university at which Freud received his initial scientific training. Thus one can gain from perusal of this book a knowledge of one part of the cultural background that was decisive for Freud's development.

The author starts with the medical situation at the beginning of the century. The analyst will read with particular interest of the great role that Brunonism played at that time in Vienna. According to this theory, life is nothing but a state enforced and maintained by stimuli, 'in which stimuli . . . take their effect from without and within upon a force of the animated body'. John Brown (1735-1788), the famous Scottish author of *Elementa Medicinae*, called this force 'excitability'. Excitation was defined as the product of excitability and stimulus, and health was considered to be the median degree of excitability. Here there seems to be an important historical root of Freud's early theories not yet investigated.

In the second chapter, an interval of decline is described—the period of the Restoration, which also threw its shadow over the de-

velopment of medicine, after the collapse of the French Revolution.

The third chapter is devoted to the glorious period of the second Vienna School of Medicine,<sup>1</sup> which came into being during the decade preceding the Revolution of 1848. This event brought about the great turning point in the development of medicine, for, although the Revolution collapsed, the University became an autonomous self-administering institution. The consequences of this fact for the evolution of medical science were formidable.

The man to whom the second Vienna School of Medicine owes its fame and its greatness was Carl von Rokitansky (1804-1878), the great scholar and founder of pathological anatomy, the effects of whose work went far beyond the boundaries of his specialty and had profound influences on all other areas of medicine. He was also an eminent organizer, and his counsel was accepted by the government. There was no other man in Vienna to whom medicine owed so much. He found worthy collaborators in personages such as Joseph Skoda (1805-1881), the eminent reformer of internal medicine, and Ferdinand R. von Hebra (1816-1880), the founder of dermatology in Vienna.

After Rokitansky died in 1878, a new period of medical development set in, which the author presents in the brilliantly written fourth section of her book, entitled *Specialization, Laboratory and Experiment*. This section is of great importance to the analyst, for this is the period during which Freud received his medical training. He enrolled at the medical faculty at the age of seventeen; this was in 1873—that is, two years before Rokitansky retired. It is important to note the fact that he did not attend this scholar's courses, however, but received instruction from his successor, for among his teachers there were only three luminaries of the second Vienna School of Medicine (Brücke, Hebra, and Arlt, the ophthalmologist). It is also important to note—especially in view of the present-day organization of medical teaching in this country—that Freud belonged to the first generation of medical students who were to profit from the administrative innovations of 1872. These gave the student body almost complete 'freedom of learning'—which meant that medical students were permitted to make their own choices in re-

<sup>1</sup> The first Vienna School of Medicine had been founded during the second half of the eighteenth century, under the leadership of Gerard van Swieten (1700-1772).

gard to courses they wished to attend. Lesky very aptly says that Freud was 'more researcher than student' (p. 396) during the years of his medical studies; it later proved a blessing that, during the eight years he spent at the University, freedom from restrictions 'gave him the latitude to follow his theoretical inclinations'—which would not have been possible without the reform of 1872.

Since the reader can now inform himself about the historical standing of almost all Freud's medical teachers, whose names are known from Bernfeld's research, and can pursue the historical strands that connect them with preceding medical systems, this section may stimulate new research into the roots of Freud's beginning as a scientist.

This last section of the book offers particular fascination for the psychoanalyst also because he meets in it so many of the personages with whom he is familiar from Freud's many biographical references and from his letters. Of course, the setting is quite different, since here their objective importance and accomplishments are set forth. The pages devoted to the personality of Theodor Meynert (1833-1893) are a highlight of that section. But one also meets Breuer, Nothnagel, Fleischl von Marxow, Exner, Stricker, Gärtner, Königstein, Kassowitz, and even the ill-fated Nathan Weiss, whose suicide had such a deeply upsetting effect upon Freud. In the six pages devoted to Freud (pp. 395-401), the author follows his development only as far as the end of the century, but she tries to place Freud in the broad stream of the history of ideas.

The psychoanalyst is likely, of course, to be well acquainted with this phase of Freud's development, but it is important to read about it within a historical presentation of contemporary Viennese psychiatry and neurology. One of the points that has caught my attention is the following. Hypnotism had already found acceptance with many physicians: Heinrich Obersteiner (1847-1922), at whose sanitarium Freud had worked for a short time, may be mentioned here, and Eduard Pritzl was using it in 1885 in obstetrics. Moritz Benedikt (1835-1920), whose work may have had more effect upon Freud than is known (it was Benedikt who wrote the introduction with which Freud presented himself to Charcot), was already using it in the middle of the seventies in the treatment of severe hysteria. It is particularly interesting to read that it was Breuer who, during his early years while he was a resident at Oppolzer's clinic,

warned the young Benedikt against experimenting with hypnosis (p. 392). In 1887, Johann Schnitzler used hypnosis to cure a girl who had been suffering for weeks from aphonia and choking spells.<sup>2</sup> It is also of historical importance that Moritz Rosenthal (1883-1889) had already described hysteria virilis in 1875.

Professor Lesky's treatise is an indispensable source book for anyone who is working on the history of psychoanalysis.

K. R. EISSLER (NEW YORK)

GENERAL PSYCHOPATHOLOGY. By Karl Jaspers. Trans. by J. Hoenig and M. W. Hamilton. Chicago: The University of Chicago Press, 1963. 922 pp.

Karl Jaspers' *Allgemeine Psychopathologie*, originally published in 1913, and followed by further editions in 1919, 1923, 1942, and 1959, is now available in an English translation of its seventh and latest version, ably rendered by two members of the University of Manchester, Hoenig and Hamilton.

The publication of this voluminous work is presented to the English-speaking reader through the medium of various prefaces and statements: 'This great psychiatric classic', as the foreword by E. W. Anderson has it, written by an author of 'worldwide eminence as a philosopher' and based on 'painstaking, detailed, and laborious study of facts observed in the individual patient at the conscious level', is contrasted with 'that astonishing lack of criticism, the often unproved and unprovable assertions of the so-called psychodynamic schools'. According to Anderson, most of the present volume is 'still as fresh as the day it was written'.

Jaspers himself is somewhat more circumspect. In his 1959 preface he admits that '. . . to bring the book up to date on the basis of the research of the last two decades . . .' has not been possible. Nonetheless, he declares that his book 'does not seem to be out of date', to which may be added the publisher's opinion, that in the Anglo-Saxon countries 'psychiatric teaching and practice have deviated from the main stream of German scientific psychiatry', and

<sup>2</sup> It should also be mentioned here that his son, Dr. Arthur Schnitzler, who later became a famous playwright and author, published in 1889 a brochure, *On the Functional Aphonia and Its Treatment by Hypnosis and Suggestion*. He remarks in it that surgery was performed at that time with the help of hypnosis.



that with the removal of the language barrier the translation of 'Jaspers' standard work will help to clarify the situation [in contemporary psychiatry] so that further advances may be made in the psychiatric field'.

As a psychiatric text written before World War I and since then repeatedly though incompletely revised, Jaspers' work has a certain historical interest. It focuses more explicitly on psychic functioning and on problems of the mind than do all the other German textbooks of that period combined. It adequately surveys the German psychiatric literature between 1880 and 1920. The reader interested in the works of Aschaffenburg, Emminghaus, Griesinger, Kahlbaum, Kraepelin, Maynert, Moebius, Reichhardt, Wernicke, Westphal, and others, will find worth-while passages and much discursive material pertaining to the contributions of these authors; also some less dated ones of Bonhoeffer, Gaupp, Gruhle, Kretschmer, and Schneider. Attempts, usually on the lofty plane of philosophical teaching, are made to clarify some of the obfuscation that surrounds the concepts of health and illness, the significance and modes of scientific knowledge, the medical and nonmedical aspects of psychopathology, the relation between philosophy and psychiatry, including pertinent cultural, historical, and social problems in the respective fields.

These *meditationes de prima philosophia*, which abound in the more academically written sections, show the influence of Dilthey's philosophical concepts of history, and of his 'total and full experience' on Jaspers' thinking. It is doubtful however whether this intellectual dissection through reflection, comparison, differentiation, and existential knowledge can be of great help to the clinical investigator or the practicing psychotherapist in his daily work with patients—(only a short paragraph, for instance, deals with the problem of transference, p. 805). The question might also be raised whether the clinical material presented in the nonphilosophical chapters offers the theoretician such quality and quantity of securely established scientific data as to enable him to arrive at valid conclusions or at least coherent formulations (for example, a few disconnected extracts from the Schreber Memoirs or other case histories appear scarcely adequate for the full elucidation of delusional formations in the psychotic patient, their psychological exploration, etc.).

Jaspers' intellectual approach to the phenomena of psychic life, that is, his phenomenology *proprio sensu*, was a useful first step in the days of pre-freudian psychiatry. So was the emphasis on the patient's verbal productions and on the relevance of 'the subjective experience' of the individual. Based on the scrutiny of the patient's immediate experiences which Jaspers combined with the study of the manifestations of conscious life and the application of empathy on the psychiatrist's part, he tried to develop his system of *Verstehende Psychologie* (psychology of understanding) and *Erklärende Psychologie* (psychology of explanation). Since his system is concerned mainly with the conscious and phenomenological aspects of mental life, it is limited in scope and lacking in depth. As early as 1927, Hartmann dealt with Dilthey and Jaspers' *Verstehende Psychologie* from an analytic point of view: '... the goal of psychoanalysis is not the understanding of the mental, but rather the explanation of the causal relationships'.<sup>1</sup>

Jaspers' Psychopathology appears particularly inadequate when it deals with infancy, developmental considerations, family constellation, sibling situation, parental influences, and object relations. It is amazing to find so little about so many *proven* psychological determinants (the prefatory note notwithstanding) in a work which professes to be a text on psychopathology and is offered to contemporary psychiatrists as 'this great psychiatric classic'. While such items as the influences of the time of day, seasons, weather, and climate are duly noted among the effects of environment (p. 463, ff.), one searches in vain for more than general statements concerning the basic influence of early life experience.

That an 'up-to-date' treatise on General Psychopathology should devote a total of two and one-half pages, among close to one thousand, to the subject of sexual disorders (pp. 630-32), is unusual enough; but to note that those short paragraphs contain virtually everything their author has to say about masturbation, perversions, homosexuality, and castration is disconcerting. That the voluminous work virtually ignores the literature of the Anglo-Saxon countries, with no reference whatever to pertinent American contributions, is also worth noting. Less surprising, perhaps, is the fact that in the chapter on symbols (pp. 331-40) with its abundant

<sup>1</sup> Hartmann, Heinz: *Die Grundlagen der Psychoanalyse*. Leipzig: Thieme, 1927, pp. 36-61.

references to the literature, from Plato and Plotinus to Schelling and Jung, the names of Freud and Jones are conspicuously absent. Neither in the bibliography nor in the few chapters concerned with childhood is the work of Anna Freud or of Spitz mentioned.

With this I come to Jaspers' views on psychoanalysis. It is to Jaspers' credit that he did not join in the chorus of German neuro-psychiatrists who belabored and attacked Freud during the very decade in which the first two editions of *Allgemeine Psychopathologie* were published, those very representatives of the 'main stream of German scientific psychiatry' who, like Weygandt (1910) called for the *Sittenpolizei*, the vice squad of the German police, to take care of the heresy, or like Kretschmer (1919) who spoke of analysis as a 'hellish spook of a brain mythology'. Jaspers' attitude toward Freud and psychoanalysis is of a different order. He finds 'Freud's new attempt at psychological understanding epoch-making for psychiatry' (p. 537) and even considers him 'an understanding psychologist' (p. 774); yet on the very next page he states: 'When a few decades ago I studied Freud thoroughly, I only saw the non-existential, nihilistic principle of his work which seemed to me *destructive both of science and philosophy*. Later I have only *sampled his work and that of his followers* and this has confirmed me in my opinion' (p. 775, italics by the reviewer).

Apart from what must have been a rather scanty 'sampling' of Freud, Jaspers refers only to a few early papers by Jung, Pfister, and Silberer. It is difficult to accord validity, (at least on the phenomenological and conscious levels so basic to Jaspers), to statements which on the one hand adjudge a work 'epoch-making for psychiatry', and, on the other, so permeated by the 'nihilistic principle' as to be outright 'destructive'. This curious ambiguity manifests itself poignantly in Jaspers' discussion of dream life. Though the dream is 'a universal phenomenon', it may also be regarded, Jaspers writes, 'as an indifferent pseudoexperience or as a symbolic or prophetic experience, the interpretation of which is an affair of some importance' (p. 372).

Whatever kind of experience the dream may represent, its interpretation would seem to be a matter of some importance in accordance with the statement just quoted. Not so, however on page 376. 'The dream is a remarkable phenomenon, but after the first flush of enthusiasm to investigate it we are disillusioned. So far as

any knowledge of psychic life is concerned, the information we gain in this way is of the slightest.' What Lewin and Ross, in a different context, have said about *syncretism*, i.e., 'the use of conflicting and irreconcilable assumptions', appears applicable here, with the understanding that in Jaspers' text convictions take the place of assumptions, and philosophical reflection replaces clinical knowledge.

Were there not important clinical, social, and ethical considerations involved, this book would be merely of historical interest today. Any facile approach on the reviewer's part, however, would be out of place, and for cogent reasons indeed. Jaspers' *Psychopathology* is one of the prominent works of the so-called Heidelberg School to which some European practitioners refer as the *Bible* of German psychiatry. As such it plays a significant role in many clinical and nonclinical areas, especially in those decisions which bear directly on the situations of survivors of Nazi persecution now living in the United States and in other parts of the world. According to certain principles propounded in *General Psychopathology*, further elaborated in Germany by Kurt Schneider and his disciples, neuroses are essentially without *Krankheitswert*, i.e., lack the 'dignity of malady', and persons suffering from neurotic conditions are really not to be considered ill; rather, they are subject to so-called pathological reactions of their own which come about on a dispositional basis. 'External' psychogenic reactions (which can be caused by anxiety, loss, grief, etc.) are supposed to disappear when the precipitating cause disappears, that is, when the traumatic event ceases to operate. According to this teaching, a state of nervous exhaustion may continue for some time following the trauma, but 'after every reaction . . . there is a return to the "*status quo ante*" as regards the specific psychic mechanisms and functions, the capacity to perform, etc.' (p. 385). If, however, the psychiatric aftereffects of injurious emotional influences persist and do not cease in a relatively short period, this is assumed to be caused by 'internal' pathological reactions which, in turn, are due to the individual's abnormal *Anlage* or innate predisposition. Psychogenic reactions, Jaspers teaches, 'are linked temporally with experience. . . . There is a precipitating factor which stands in close time relationship with the reactive state. . . . As we are concerned with the reaction to an experience *any abnormality will lapse with the course of time*. In particular, the abnormal reaction comes to an

end, when the primary cause for the reaction (regaining one's freedom) is removed. . . . even if no predisposition can be demonstrated objectively in such cases, . . . *we have to retain the view that in such cases there is a specific Anlage, nevertheless . . .*' (pp. 391-92; italics by the reviewer).

With the task of clinical assessment thus reduced to the one factor, *Anlage*, and the adoption of diagnostic labels (e.g., *Anlage-produced neurotic reactions*), derived from such a priori reasoning, literally thousands of claims by psychologically damaged survivors of persecution have been denied—and continue to be denied—in the decisions of West German courts, based on like psychiatric testimony. It is also not rare that psychiatric opinions rendered in the United States employ similar arguments, knowingly or unknowingly based on Jaspers' views. In effect, some of these 'experts' equate mental illness with morbid *Anlage* and use an oversimplified version of Jaspers' viewpoints as well as his prestige in support of their negative decisions, notwithstanding the accumulated evidence that massive traumatic experiences of the overwhelming type indicated (in concentration camps) can have lasting pathological effects irrespective of innate disposition. Freud's succinct statement about people whose constitution 'would not have led them into a neurosis, if they had not had . . . [certain] experiences . . .' (Introductory Lectures, p. 347), is pertinent in this context.

It is only fair to add that in recent years several publications have appeared in Germany which have taken issue with this dismissive argumentation concerning the legitimate health claims of victims of persecution. It may also be added that it cannot be assumed that Jaspers could have foreseen or consciously approved such dubious application of the ideas expounded in his *Psychopathology*. Nevertheless, it is this type of reasoning which is widely adduced today to the detriment of many severely traumatized survivors whose continuing suffering is thus attributed to an assumptive inborn *Anlage* or constitutional deficiency rather than to the massive trauma sustained. Is it through this kind of teaching that the publisher of the present volume hopes that the psychiatry of the English-speaking world will be led back into the 'main stream of German scientific psychiatry'? *Habent sua fata libelli*: Books have their fates—and their victims, too.

WILLIAM G. NIEDERLAND (NEW YORK)

BAUSTEINE ZUR PSYCHOANALYSE. (The Fundamentals of Psychoanalysis.) Second Edition. By Sandor Ferenczi. Berne: Hans Huber Verlag, 1964. 567 pp.

Ferenczi is considered by many students of psychoanalysis as Freud's most important disciple. He was the author of numerous classical writings, which have been quoted over and over again. Some of his other writings were, and still are, objects of bitter argument. Although Ferenczi wrote his papers and books in German, most of them were not available to the German reader for more than twenty years. Whoever wanted to consult Ferenczi's original text had to be satisfied with one of the few existing German editions or with English translations, which also were not abundant. But both of these constituted only a small portion of his writings.

The present publication is a reprint of the original work in four volumes. Volumes One and Two were published by Ferenczi himself in 1927, Volumes Three and Four by his disciples posthumously in the year of his death, 1938. The last volume contains footnotes to Ferenczi's writings, fragments, and sundry publications, which the disciples found in various journals, a complete bibliography of Ferenczi's writings, book reviews, and indices, and a eulogy. Among Ferenczi's book reviews, written between 1913 and 1925, the reader will find major works discussed, such as Freud's Group Psychology and the Analysis of the Ego, as well as books today almost forgotten, such as J. Schaxel's *Presentation of a General Biology* or F. Meggendorfer's *Syphilis in the Stage of Dementia Praecox*. Also of interest to the history of psychoanalysis are Ferenczi's contributions on paranoia and other fragments dealing with psychotic (though not schizophrenic) processes.

Michael Balint of London writes the foreword to this second edition. He is probably correct when he assumes that the present reprint is a necessity, a welcome addition to the history of psychoanalysis. Yet Balint speculates that the reader will find Ferenczi hard reading because of the mixed emotions caused by Ferenczi's speculative ideas. Ferenczi, says Balint, is 'no easy author'. He provokes the reader, and charms and seduces him through his gift of limitless freedom in his fantasies, as no other analyst, even Freud, could do. In retrospect, there is little doubt that many of Ferenczi's 'discoveries' were not well founded, or not as well as their discoverer



at first assumed. In some instances, Ferenczi had to withdraw some of his conclusions as errors. Nevertheless, to follow the track of a pioneer, such as Ferenczi was, can be extremely rewarding even to a sophisticated present-day analyst. The editor and publisher are to be congratulated for their adventurous spirit and scientific endeavor.

HANS A. ILLING (LOS ANGELES)

TOWARD AN UNDERSTANDING OF HOMOSEXUALITY. By Daniel Cappon, M.D. Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1965. 302 pp.

SEXUAL INVERSION. THE MULTIPLE ROOTS OF HOMOSEXUALITY. Edited by Judd Marmor, M. D. New York: Basic Books, Inc., 1965. 358 pp.

On the heels of the well-written and instructive clinical research report on homosexuality by Bieber and others<sup>1</sup> come these two books whose authors were familiar with the prior volume.

Cappon's book is a hodgepodge of psychiatry, sociology, pseudo-psychoanalysis, therapeutic aggressiveness, and cloying piety. It is aimed like buckshot at every conceivable reader. It contains a morsel of value for everybody but the gleaning is more arduous and confusing than instructive.

The volume edited by Marmor begins with his lengthy introduction followed by seventeen chapters from various contributors: The View of the Biological Sciences, The View of the Social Sciences, The View of the Clinician. This turns out to be a multi-disciplinary scientific façade for a familiar dreary attack on 'classical' psychoanalysis and psychoanalysts who are pictured as therapeutically impotent with homosexuals because they are bound by Freud's theory of constitutional bisexuality, etc.

Understandably there is no accurate presentation of Freud's views; no systematic account of the development of psychoanalytic theory; no mention of recent and important psychoanalytic contributions to the subject. Also virtually ignored is the relationship of homosexuality to the other perversions.

<sup>1</sup> Bieber, Irving, et al.: *Homosexuality. A Psychoanalytic Study*. New York: Basic Books, Inc., 1962. Reviewed by Charles W. Socarides in *This Quarterly*, XXXII, 1963, pp. 111-114. I agree with Socarides' evaluation of the merits and shortcomings of this work.



Almost every chapter consists of either a summary of selected publications or a rehash of the contributor's published material. The contributions vary greatly in quality. Even the psychoanalytic contributors, admittedly selected because of their qualified analytic views, reveal gross differences in their psychoanalytic understanding, experience, and seriousness of attitude toward the subject. Some pay lip service to the polemics but write summaries of some merit precisely because of their genuine psychoanalytic content.

The book fails to deliver the new and original approach to homosexuality promised in the pretentious blurb and the introduction, but there is one chapter in each part that can be recommended to psychoanalysts as stimulating reading.

*Hormones and Homosexuality*, by the endocrinologist William H. Perloff, is the clearest summary statement I have read on the interrelationship of genetic, hormonal, and psychologic factors in the determination of sexuality. Perloff concludes that the psychologic factor not only 'essentially controls the choice of sex object' but also 'the intensity of the sexual emotions'. 'It is usually not possible to prognosticate the type and amount of hormone produced in a patient by observing his behavior, and "sexual mannerisms" cannot be influenced by administration of exogenous hormones.' *Male Homosexuals and Their 'Worlds'*, by the psychologist Evelyn Hooker, describes those homosexuals (possibly eighty per cent of the total) who rarely seek treatment, or, if they are brought to treatment, offer a poor prognosis. 'Passing' and the Continuum of Gender Identity, by Robert J. Stoller, is an excellent clinical study of 'gender passing', i.e., a person living as a member of the opposite sex. In the extreme case presented, the patient had his genitalia removed and a vagina surgically constructed.

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

**HYPNOSIS AND SUGGESTION IN PSYCHOTHERAPY. A TREATISE ON THE NATURE AND USES OF HYPNOTISM.** By H. Bernheim, M. D. New Hyde Park, N. Y.: University Books, Inc., 1964. 428 pp.

A greatly increased interest in hypnosis and related phenomena seems to have followed, in part, the study of a number of important observations pertaining to sleep, dreaming, alterations in the state of consciousness, etc. during recent years.

It is noteworthy, however, that the history of scientific interest in hypnosis is an old and 'peculiarly cyclical one', as pointed out by Ernest R. Hilgard in his excellent introduction to this volume. From the highly personalized application of hypnosis as a therapeutic technique by Mesmer (1734-1815)—whose special leanings and erroneous theories ('animal magnetism') contributed to the mystic aura which has surrounded hypnosis for centuries—runs a long if frequently broken line of scientific endeavors by Braid, Charcot, Forel, Freud, Hull, Janet, and others to the current reports in our literature.

This historical development reached its nineteenth-century zenith with the work of Bernheim whose book, first published in France during the years 1884 and 1886, was translated into German by Freud in 1888. The first English translation, out of print for more than half a century, appeared in the same year. The present translation repairs this situation.

Freud's introduction to Bernheim's book describes its significance and scope in terms which are as clear and pertinent today as they were when it was published: '... the work of Dr. Bernheim provides an admirable introduction to the study of hypnotism, that is in many respects stimulating and indeed enlightening. . . . The achievement of Bernheim (and of his colleagues at Nancy who are working along the same lines) consists precisely in having stripped the manifestations of hypnotism of their strangeness by linking them up with familiar phenomena of normal psychological life and of sleep . . . bringing to light the psychological laws that apply to both classes of events.' Freud then notes various arguments hostile to Bernheim's studies and deplores 'the most unfavorable reception' the subject of hypnotism received among the leaders of the German medical profession. As we well know, his own work was soon to receive a much more adverse reception in the same circles.

Bernheim's investigation of the phenomena of hypnosis and suggestion represents, indeed, a remarkable piece of scholarly effort and empirical study. After dealing in the first four chapters mainly with methodological and technical problems—his manner of hypnotizing and giving suggestions, his observations on hypnotic sleep, somnambulism, physical and psychological changes during the experiences, influences of suggestions, etc.—he turns to theoretical considerations of the phenomena he observed and described in

minute detail. Bernheim is careful in stating that he offers only a 'formula' for the understanding of his observations, not a theory, and then writes: 'Sleep itself is born of a conscious or unconscious suggestion. The subject who has made up his own mind that he is going to sleep, or who has been assured of the fact by word or gesture (on the part of the hypnotist), concentrates his thought upon this idea, and gradually experiences all the symptoms of sleep . . . he isolates his senses, avoids all external impressions, his eyes close, and sleep has appeared' (p. 139).

According to Bernheim there is no fundamental difference between spontaneous and induced sleep, though in the latter the subject retains the memory of the person who has put him to sleep ' . . . whence the hypnotizer's power of playing upon his imagination . . . and of directing the acts', which are no longer under the subject's control (p. 141). On the basis of his later findings Freud arrived at careful distinctions between hypnosis and sleep, and stressed the unconscious intrapsychic determinants rather than the hypnotist's presence as the source of suggestion as such. We know from recent electroencephalographic and other contemporary studies that current evidence tends to support Freud's emphasis on the difference between hypnosis and sleep. The brain waves in the hypnotic state are distinct from those during sleep. It should be noted, however, that with all his insistence on the equation sleep-hypnosis Bernheim refrains from rigid formulations throughout his text, and in one passage he states that defining hypnosis as induced sleep 'is to give too narrow a meaning to the word' (p. 15). Bernheim was especially interested in the therapeutic application of hypnosis and suggestion; the original title of his book is *Suggestive Therapeutics* and it contains a total of one hundred five interesting if sketchy clinical case observations which may still be read with profit.

Between the covers of Bernheim's book one finds much accumulated clinical wisdom of the old medical school at Nancy. What the author notes about the special relationship between the hypnotist and patient, the former's influence on the fantasy ('imagination') of the latter in the therapeutic setting, clearly presages the concept of transference as developed and analytically formulated by Freud. Other material is dated and mainly of historical interest; for instance, Bernheim's controversies with Charcot or Binet-Féré.

Some of the medical, psychological, social, and forensic data offered in the volume are of compelling interest not only for the professional reader, but for a much wider audience in these days of 'brain-washing' and 'forced confessions'. Without using these modern terms, Bernheim presents a number of pertinent examples and among them his discussion of the case of Tisza-Esslar merits a special position for clarity of thinking and psychologically informative elucidation. In that Hungarian town a commissioner of public safety 'who was an expert in extorting confessions' (p. 167) as well as a respected law enforcement officer, had induced a Jewish boy of thirteen to bear false witness to an alleged ritual murder committed by his father and several other men in the boy's presence. The details of this gruesome story are probably still known to many older psychiatrists, but the younger ones should certainly acquaint themselves with it by reading the original account. In view of the recent invalidation of forced or induced confessions by a whole series of decisions of the United States Supreme Court, Bernheim's treatise and the numerous clinical observations contained therein acquire a timely significance in this area as well. Also in his emphasis on the importance of the psychotherapeutic relationship (not the hypnotic state per se), and in his discussion of autohypnosis Bernheim comes close to our present-day thinking.

While, of course, such later analytic findings as the role of the internalized parent-child relationship, and Freud's discovery that the hypnotist replaced the superego of the hypnotized subject are absent from Bernheim's text, hypnotic phenomena observable in infancy when the child is under the influences of rhythmic stimuli, the part played by auditory experiences, the propensity to be compliantly put into a hypnotic state, and similar manifestations—all are amply considered by the nineteenth century author.

WILLIAM G. NIEDERLAND (NEW YORK)

FREUD AND STANISLAVSKY. NEW DIRECTIONS IN THE PERFORMING ARTS.

By Donald Freed. Foreword by Lawrence J. Friedman, M.D.  
New York: Vantage Press, Inc., 1964. 128 pp.

This is mainly a series of lectures originally delivered by the author to confreres in the theater; and he speaks well. Part of it consists of

an exhortation to work hard and strive for inner truths, just as Freud and Stanislavsky had done. Donald Freed is breathlessly enthusiastic about the possibilities for man, especially in the theater.

The author himself, in the first paragraph of his opening chapter-lecture, is critical of his endeavor, wondering whether the connection he has made of these two great men is indeed a tour de force. It is. Donald Freed, like some of us, has the enviable torment of having two ego ideals and would like to place both mountains in one range. He is indeed correct in finding the high level of personal integrity and honesty in both; also, Freed discerns the premium on personal expressiveness which both advocated and maintained. Beyond these, neither man 'knew' the skills of the other. To feel things deeply, to identify, to allow things to arise from the 'very depths', may only sound like psychoanalysis.

I would have preferred a book on Sartre and Stanislavsky where matters of authenticity of roles and role playing on and off the stage could have been discussed. Sartre always had one foot on the boards. Can you imagine Freud teaching someone how to act?

Donald Freed is a delightfully bright person, a Brigid Brophy type, (I'm sure he won't mind that comparison), who should be heard from often. Next time with a better format, better editing, and an index, please.

ROBERT SEIDENBERG (SYRACUSE, N.Y.)

SIGMUND FREUD. A SHORT BIOGRAPHY. By Giovanni Costigan. New York: The Macmillan Co., 1965. 306 pp.

One of the difficulties which the reviewer, and probably the average reader, encounters in reading a work such as this is that of not comparing it with the standard work by Ernest Jones. The folly of such a comparison is obvious. The events and circumstances of which Jones wrote were in large measure part of his own autobiography, he viewed them from within and at first hand. Costigan saw his subject from a greater distance, from the vantage point of another generation. He has used all the biographies and letters of Freud as source material, including that of Jones,

which he frequently quotes. I will succumb to the temptation of making one comparison though—Jones' biography has compelling interest because it is about Sigmund Freud, while this biography by Costigan would interest and please a reader who knew little of Freud and cared less.

A difficulty which must have confronted the author is the wide range of sophistication he could expect to find in his readers. On the one hand are the students of psychoanalysis who themselves could discourse on such concepts as repetition compulsion, penis envy, and ego defenses, and for whom full descriptions of these would be redundant and tedious. On the other, is the lay public to whom these terms are ill-understood catchwords, and who need explanations to give the terms significance. The author has in most cases found the happy medium and explained psychoanalytic theory in terms of its development lucidly, without sacrifice of subtlety or patronizing the reader.

This biography has an emotional appeal, evokes admiration, respect, and compassion for its hero. We see Freud as responsive not only to his heritage of Jewish wisdom and the scholarship of his time, but also as a citizen partaking of the tribulations and fluctuations through which his country passed. At the same time the origins and influences of psychoanalysis are mentioned, as well as references to the many notable individuals with whom Freud dealt.

In my opinion, to read this biography is a rewarding experience.

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

CREATIVITY IN THE THEATER: A PSYCHOANALYTIC STUDY. By Philip Weissman. New York: Basic Books, Inc., 1965. 275 pp.

Few psychoanalysts today can speak with more authority and wisdom about the theater than Philip Weissman. His range and depth from Sophocles to Williams is wondrous to behold. What is particularly impressive to me is that, like Freud, he learns from the theater instead of treating it. The theater is, has always been, a prime source of wisdom, insight, and delight. The best of psychoanalysis comes from the language of the dramatists and poets—the

worst from the biologists and physicists. Philip Weissman is in the forefront of keeping this salutary literary tradition alive.

Because he has, and continues to do this for us, we can forgive him for succumbing at times to *our* childhood disease. We as psychoanalysts like to simplify and reduce things to the first few years of life if possible. Although I have not analyzed many actors, I cannot believe that they all are what they are because of an infantile exhibitionistic fixation and suffer from lack of identity and faulty body image development from the age of one. From the opening pages of the book, one gains the impression of the author that the profession of acting is at best a disease; at worst a perversion. On page 11 we find, 'Psychoanalytic investigation reveals that these are individuals who have failed to develop a normal sense of identity and body image during the early maturational phases of infancy'. In the development of an actor, I would like to know more about ego ideal, tradition, as well as social climate. If actors appear to be queer ducks with unusual needs and approaches to life, should we also not inquire into the types of lives they have to lead in Hollywood, New York, and Rome? If some people sexualize their work, that is unfortunate, but to define another's time-honored profession as simply a sickness does harm to reason. Again, on page 12, 'The actor differs from the exhibitionist in that the actor suffers from lack of differentiation of self from nonself and faulty body image development—all this beginning in the first year of development'. Because the actor can throw himself into a role, is it fair to interpret this as lacking reality testing ability regarding the self and nonself, usually a manifestation of psychosis?

Also, it is difficult for me to believe that John Wilkes Booth had to be psychotic and Lee Harvey Oswald had to be delusional. In the former instance, I am sure that there would have been a host of other Southerners who would have done the same with Lincoln given Booth's opportunity. Are political acts of violence all psychotic by definition? I think not. I cannot picture the most conscientious Jewish psychiatrist diagnosing an assassin of Hitler as psychotic! We all hated Lee Harvey Oswald, the alleged killer of our bright, young President. Who could call him their own? The theologians called him an atheist; the politicians called him a Marxist; clinicians call him delusional. As psychoanalysts we should do better. Assassinations as well as revolutions and other



violent measures are complex in their origins and determinants, hardly ever to be explained solely on the psychopathology of the particular person involved.

More reductionism. The paucity of female directors (according to Greenacre), artistic and otherwise, is largely due 'to the female castration complex and their capacity for biological creation'. The author writes, 'The truth is that females rarely become conductors or directors. The female child who identifies with her mother has a more direct outlet in eventually rearing her own children and has less need to redirect such wishes to a directorial substitute.' Might we not like to know about opportunity, power, tradition, and respect? After all, what would we have said in Shakespeare's time when there were no female performers! I get the horrible feeling that one of us might have interpreted their absence as due to their castration complex rather than the misogynous custom of the times. Today, women do very well in the theater, as in most other endeavors which are truly open to them.

Philip Weissman and I have a running disagreement about the character of Antigone, one which focuses on a central problem for psychoanalysis. How are psychoanalysts to judge behavior? Philip Weissman feels from what he reads of Antigone that she is a 'regressed', immature old maid, inordinately 'fixated' on her family. She is said to have turned from a natural role of wife and mother to a pseudomasculine one. Reading the same passages, I find her to be truly heroic in her defiance of the tyranny and misogyny of her times. Honor meant more to her than her life. But are we to assume that honor is, or should be, meaningful only to the male? When it is displayed in a female is it always insincere or a poor imitation? To me, Antigone is the prototype of those women today who have a say in civic and governmental affairs and more than this a paradigm for protest, so vital in the dealings of individuals or small groups with powerful governing bodies. How are psychoanalysts to judge behavior? One answer is that they don't; or if they do, they shouldn't. But it certainly does make a difference if the analyst views his subject or analysand as immature and regressed or heroic and *avant garde*. A great deal then depends not only on the analyst's skills and psychoanalytic knowledge but on his social, ethical, and even political, orientation and sophistication.

The above are personal disagreements which have little to do

with the quality of this important book. Many analysts may deem those parts of which I have been most critical the book's chief assets. It is extremely well written, is spiced with enjoyable literary passages, and has a comfortably low 'jargon count'. It will be read by literate people everywhere, except by actors, who it maligns. The book does more than fulfil its stated mission: 'To illuminate the routes of æsthetic communication between the artist of the theater and the audience with modern incandescence, derived from the dynamic currents of psychoanalysis'. In addition, it strengthens the bonds between psychoanalysis and the literary community.

ROBERT SEIDENBERG (SYRACUSE, N.Y.)

CONTRIBUTIONS TO DEVELOPMENTAL NEUROPSYCHIATRY. By Paul Schilder, M.D. Edited by Lauretta Bender, M.D. New York: International Universities Press, Inc., 1964. 407 pp.

Dr. Schilder's scientific orientation underwent many changes during his lifetime. But each new experience was grafted onto what had existed before; they combined with each other, and the resulting compound participated in the next experience. He was thoroughly grounded in neurology, philosophy, psychology, clinical psychiatry, and psychoanalysis. For him these various disciplines were in a continuous state of interaction and yielded a creativity which derived from all of them. In essence, they were an endless set of changing mental frames which gave a fresh, original look to old facts. His own ideas, his own mental attitude, were in a fluid state of development.

This volume on developmental neuropsychiatry has a conceptual frame of reference that parallels Schilder's. Throughout the various topics studied, one theme prevails: in mental life there always is change occurring through reactions from within and without the organism. Schilder had the capacity to embrace the multiple systems of knowledge with effortless ease, not in any shallow 'eclecticism', but with a harmonious blending under the sway of his own creative imagination.

Topics range from primitive perception, personality development, language, thoughts, and symbol formation to clinical presentations for confirmation of his theoretical formulations. In the chapter on primitive perception, his discussions of the role that sensory

perception, gestalt function, and the relationship of time, space, and form play are evidence of his familiarity with areas of psychological research.

His highly original theoretical concept of body image exemplifies the daring originality of his thinking. It is a contribution that is better appreciated with each passing year. In *Personality Development*, Dr. Schilder's views on the psychoanalytic approach to the human psyche become manifest. Throughout, his neurological thinking is observable.

It is regrettable that the reports do not give the reader an awareness of Schilder's ability to communicate with all sorts of patients—he could initiate and maintain conversations with mute catatonic patients or conduct a philosophic conversation with a mentally retarded patient. This never was an exhibitionistic piece of virtuosity, but showed his sincere interest—which probably made these feats possible—in searching for clues into their mental operations.

Besides emphasizing the theory of a continuous state of change within the psyche from intrapsychic stimuli as well as from reactions with the external environment, Schilder also stressed the reality of the body as a changing environment for the mind.

In *Construction of the Object* he describes how the mind is always constructing its own psychic experiences so that mental objects are ever changing. Similarly, the body image changes with varying emotional attitudes toward the body. And the changing libidinal phases of development exert an influence on the mental representation of the body. The shape of the body image is affected by whatever action takes place. Dr. Schilder defines action as meaning 'a dynamic change in the body image, which is in a state of equilibrium before an action takes place and returns to it with completion of the action'. He also states that the body image continually creates a new space equilibrium around itself and that space, action, and body image are always in a state of interaction. Throughout the text the theme of mutuality between psyche, body, and environment is stressed. Thus the ontogenetic development always creates new states of relationship with its own equilibrium. 'There is a continuous process of construction and reconstruction.'

Throughout his career, Schilder endeavored to correlate specific psychological constructs with neurophysiological patterns of functioning or with stages of maturation. For him the nervous system was not a rigid system of reflexes and pathways, but an *Anlage* out

of which psychological forces are derived. It also became the mediator for the transformation of psychic events into psychosomatic expression. He traces formation of the body image to motor development, and delineates the role of the parietal lobe in its construction. The organic reflexes of sucking and grasping he associated with clinging as a defense against gravity. This defense becomes psychologically attached to the image of the protecting mother, who becomes a protector against disturbances of equilibrium.

In discussing action, he points out that abduction is tearing apart whereas adduction brings things together. In his discussion of schizophrenia he asserts that primitive attitudes, primitive libidinal development, and language motoric defenses all have a close relation to organic brain mechanisms. In his studies of schizophrenia, Dr. Schilder made great use of the so-called 'soft' neurological signs, especially postural reflexes, for clues to the organic matrix out of which psychological events arise. 'Perception', he wrote, 'and sensations are in space' and 'isolated perception or imagination does not exist'.

Though his psychoanalytic formulations frequently disagree with Freud's, at no time does he engage in polemics. The death instinct, he says, 'may be only a wish for a rebirth in the disguise of erotic strivings. The striving toward the external world, toward grasping and mastery, seems to us so elemental that we cannot look upon it as a derivative of the impulses to self-annihilation.' He also rejects the idea of an impulse toward destruction and prefers to emphasize a tendency toward construction. That an action may destroy an object he believes is secondary to the need for action. His beliefs are not supported with evidence convincing to this reviewer. Nor are the advantages of his theory demonstrated. Schilder rejects the theory of castration anxiety and puts a fear of bodily dismemberment in the foreground. In fact he regards castration anxiety as a partial expression of a fear of bodily annihilation. Though this may be consistent with his theory of formation of the body image, it hardly negates the body-phallus equation. He likewise rejects the idea of penis envy and says a girl no more wants a penis than a boy wants female sexual organs. However there are observations that not only confirm the theory of penis envy but also that boys may want to have female sexual organs. To emphasize his point he claims that the female takes pride in the 'caves' of her body which

is no less original than the pride the boy displays in his penis. In analytic practice it is not uncommon to observe women who regard their 'cave-vagina' as though it were a penis. Their 'pride' usually founders with the analysis of this distortion.

Two types of anxiety are defined. One results from separation, especially if it is sudden. The second is fear of dismemberment and annihilation. Grasping, groping, and sucking are said to be the nucleus of the ego and the ego instincts; to seize, to hold, and to master are the ego instincts in Schilder's formulations.

This collection of papers is Schilder's vision of synthetization of knowledge from neurology, psychology, and psychoanalysis. But his theoretical formulations are supported by answers to questionnaires and clinical psychiatric histories. Evidence from psychoanalysis which lifts repression is mostly lacking. At times the distinction between the unconscious and the conscious seems to be lost. But if he pays chief attention to the observations, the incisive, penetrating formulations of clinical psychiatric phenomenology, great rewards are in store for the reader. Schilder's brilliance in tracing a logical connection between subtle psychological observations and the organic nervous system fascinates. It is tantalizing to guess what his inventive, probing mind would do with current research that is exploring and testing so many freudian analytic formulations in laboratories.

SYLVAN KEISER (NEW YORK)

DELINQUENCY AND CHILD GUIDANCE. SELECTED PAPERS OF AUGUST AICHHORN. Edited by Otto Fleischmann, Paul Kramer, and Helen Ross. New York: International Universities Press, Inc., 1964. 244 pp.

Publication of this collection of Aichhorn's shorter contributions represents essentially an act of piety on the part of its editors. One approaches it with the hope that one will find aspects of Aichhorn's thought to stimulate reflection in new directions (as promised by Anna Freud in her brief preface), but it soon becomes clear that such hopes are not to be fulfilled. Several of these articles appear to have been way-stations on Aichhorn's road to his masterpiece, *Wayward Youth*, including even much of the same case material

to illustrate the same points. To be sure the language is often old-fashioned, the concepts and issues often dated, and, as Kramer ruefully acknowledges in his introduction, one may well find the papers rather disappointing.

This volume is nevertheless of something more than antiquarian interest. One is forcefully struck, particularly in the long paper, *On the Technique of Child Guidance*, with the extent to which those of us who work with children remain in Aichhorn's debt in our efforts to treat the kinds of problems with which he concerned himself. The essential principles of the practice of child guidance and of the treatment of delinquents, which he established, still form the backbone of our work in these areas today; this fact bespeaks both the limits of our progress in the thirty-odd years that have elapsed since Aichhorn formulated these principles and the acuity and penetration of Aichhorn's thought.

Above all, one is impressed by the quality of the man himself, by his profound humanity, his boundless capacity for empathy, his therapeutic ingenuity, his flexibility, and the unaffected respect and love he felt for the troubled—and often troublesome—children and adolescents who came under his care. If, at times, his criticism of the parents of his charges seems to verge on parent-baiting, there was undoubtedly much to criticize. Certainly Aichhorn was among the first to recognize the central importance of values and value systems in determining patterns of child-rearing. The effects of his work in the field of residential treatment have been, in a real sense, revolutionary.

If, then, we are not destined to glean new insights from this collection, we may yet be profitably reminded of the measure of one of the pioneers of the movement, one of the builders of the edifice of psychoanalytic child therapy, whose influence, most articulately expressed in *Wayward Youth*, will be with us for many years to come.

AARON H. ESMAN (NEW YORK)

THE STUDY OF LIVES. ESSAYS ON PERSONALITY IN HONOR OF HENRY A. MURRAY. Edited by Robert W. White. New York: Atherton Press, 1963. 442 pp.

This is an attractive and highly readable *Festschrift* honoring Dr. Murray on his seventieth birthday. It consists of eighteen essays

by psychologists who were trained by Murray or otherwise strongly influenced by him. Leopold Bellak and Erik H. Erikson are well known as psychoanalysts and psychologists; some of the others have also had psychoanalytic training. Almost all reveal, to some degree, the creative use of psychoanalytic knowledge. Although the contributions vary in literary quality, scientific profundity, and psychoanalytic insight, most will be of some interest to psychoanalysts.

The essays are appropriately grouped under four headings: 1, Growth and Change in Personality; 2, Procedures and Variables for Studying Personality; 3, Creative Processes in Personality; and 4, Values in Personality.

I found the following especially interesting: Bellak's *Somerset Maugham: A Thematic Analysis of Ten Short Stories*; Robert R. Holt's *Two Influences on Freud's Scientific Thought: A Fragment of Intellectual Biography*; and the Essays by Nevitt Sanford, Kenneth Keniston, and Robert W. White based on intensive case studies. White's editing of the volume is excellent.

H. ROBERT BLANK (WHITE PLAINS)



## Journal of the American Psychoanalytic Association. XII, 1964.

Julian L. Stamm

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## ABSTRACTS

**Journal of the American Psychoanalytic Association. XII, 1964.**

**Phyllis Greenacre—A Tribute.** Heinz Kohut. Pp. 3-5.

In a tribute to Dr. Greenacre upon her address at the plenary session of the December 8, 1963 meeting of the American Psychoanalytic Association, recognition was given to her contributions over the years—both clinical and technical. Dr. Kohut made special reference to her series of collected papers, *Trauma, Growth and Personality*. Her importance to psychoanalysis is exemplified by her comprehension of childhood experiences and their clinical role in psychopathology and creativity.

**A Study on the Nature of Inspiration. Part I. Some Special Considerations Regarding the Phallic Phase.** Phyllis Greenacre. Pp. 6-31.

This material constitutes the first part of a longer study on the nature of inspiration and focuses on the prototype of inspiration as it appears quite regularly in the young child, with special emphasis on the phallic phase of development. Inspiration is defined in its literal sense and linked with respiration. References are made to its association with ideas of death, birth, and rebirth, as pointed out by Frazer in *The Golden Bough*. The age of four is considered of special significance in the natural history of inspiration, at which time the child has a growing awareness of his own identity and an appreciation of the outer world. The relationship between respiration, taking in of food, and expulsion of feces is viewed in the light of the increasing importance of phallic urges. Experiences of exciting, expanding, and revelatory nature are based on genital sensation and those arising from increased motor capacity.

The differences between the phallic phase of the little boy and girl are also stressed. Further, the experiences of this special period are influenced by the position of the phallic phase between the 'early body-control conscience of the anal phase, and the subtle . . . conscience extension of the œdipal phase'.

The child's growing awareness of power, exhilaration, greater motility, and excitement, so strongly influenced by phallic urges, are projected onto the external world, and act as a prototype for experiences of inspiration. Mention is also made of its bearing on creativity as well as screen memories of exceptionally gifted people dating back to this phase. 'Vivid memories from the phallic period reveal how much the body sensations are reflected and expressed in the projections of the imagination about cosmic events.'

The author suggests a basic biological variance in the gifted child to explain why the capacity for inspiration goes into partial eclipse in the less gifted. It is also further suggested that the superego of the artist has less personally oriented allegiances.

**Psychoanalytic Studies on Joseph Conrad. I. The Family Romance.** Bernard C. Meyer. Pp. 32-58.

The author stresses the family romance fantasy of Joseph Conrad, pointing out that in his rescue fantasies, Conrad was strongly identified with the perennial rescuer, Henry Morton Stanley, and that throughout his multifaceted life, Conrad patterned his actions after famous men. Further, throughout his life one discerns the pendulum swinging between extremes of masculine action as opposed to the posture of sickness, inertia, and collapse which characterized his creative career as well, since bouts of mental and physical invalidism followed every major piece of fiction. His adventures in real life are genetically linked to the reveries and readings of his lonely childhood. According to Conrad himself, it was his voracious reading in childhood which tended to preserve his sanity in the face of these early vicissitudes. (His mother died when he was seven, and his father when he was eleven.)

In his transparently autobiographical fiction, Conrad's family romance fantasies are further expressed, and the theme of rescue achieves special prominence. Meyer comments on Conrad's denial of his longing for his fatherland, Poland, his unconscious ties to Catholicism, his guilt about having left his homeland, and the oedipal struggle with his father who was both author, fanatical patriot, and advocate of Polish nationalism. Meyer also draws attention to Conrad's sexualization of his writing and stresses that the family romance should include the quest for the idealized mother as well as father figure.

**Early Development and Endowment of the Artistic Director.** Phillip Weissman. Pp. 59-79.

The author presents some unique formulations regarding the artistic director. His findings are based on both clinical material and biographical sketches, and suggest that the child's oedipal constellations 'emphasize the wish to become the parent (usually the mother) of the unborn children'. This constellation evolves into the sublimated oedipal wishes of the artistic director. Crucial are the identifications with both parents. The most favorable background results from exposure to the influence of an æsthetic mother and an executively oriented father. In the pursuit of his role, the artistic director is then expressing his unconscious wish to mother the child-actor or musician. Indispensable too is a special æsthetic environment and endowment. Nonartistic directors have a similar oedipal constellation, but lack the æsthetic environment in their upbringing. The particular characteristics of the female castration complex and their capacity for child-bearing contribute to the infrequency of artistic directors among women.

The director identifies with the contents of the created work, whereas the critic identifies with the audience. There is an unconscious psychological interplay among creator, director, and performer in which the actor views the director as a parent. In the conductor, exhibitionism is also involved. Finally, the director's unconscious oedipal wish to rear his parents' children results in his identification with the creator whose work 'he treats as though it were his own child'.

**Freud's Letters to Ernst Simmel.** Translated by Frances Deri and David Brunswick, Ph.D. Introduction by David Brunswick and Ruth Lachenbruch. Pp. 93-109.

A heart-warming correspondence between Freud and Simmel took place from 1918 through 1939. In this paper, all the letters but one are from Freud. They deal with Simmel's struggles as a budding psychoanalyst in Berlin; and his achievements in setting up the structure for supervisory analysis in the Berlin Psychoanalytic Society.

Throughout these years, Freud strongly admired Simmel's creative ideas about the psychoanalytic treatment of psychoses, neurotic symptoms associated with various organic syndromes, and his attempt to revise and clarify the theoretic analytic concepts then in vogue.

The paper is a tribute to the creative genius and strength of both men, unswerving in their pursuit of psychoanalytic science, despite the ravages of World War I, the exposure to Nazi barbarism, and severe personal illness. Simmel's drive and unswerving loyalty to the cause of psychoanalysis was once more illustrated when, after fleeing from Germany, he undertook the establishment of training institutes and psychoanalytic societies in Topeka and Los Angeles.

**On the Early History and Development of Psychoanalysis in India.** C. V. Ramana. Pp. 110-134.

In letters to Freud, Dr. G. Bose of India described the development of psychoanalysis in India. This paralleled the individual growth and development of Dr. Bose who founded an Indian analytic society almost single-handedly. Bose's entry into the field of psychoanalysis came about through reading Freud's writings; at that time (1915), there was no teaching of psychiatry at the University of Calcutta. After a course in experimental psychology, he began clinical practice, and introduced formal lectures in psychoanalysis at the University of Calcutta. His book, *The Concept of Repression*, was favorably received by Freud. Finally, after extensive correspondence with Freud and Jones in 1921, Dr. Bose founded the Indian Psychoanalytic Society. This was followed in 1930 by the organization and development of the Indian Psychoanalytic Institute with the help of Max Eitingon. In many ways Dr. Bose's development in psychology was similar to Freud's in that he chartered his course alone and had to train himself, as well as stimulate interest in others in the science of psychoanalysis.

JULIAN L. STAMM

**Bulletin of the Philadelphia Association for Psychoanalysis.** XV, 1965.

**A Literary Critic's View of Heinz Hartmann's Concept of Adaptation.** Norman H. Holland. Pp. 4-9.

Each intellectual discipline has its own style. The distinctive quality identified for psychoanalysis is the strategy of looking for opposites, 'looking at the other side of the coin'. It is this inclusion of antithesis which Hartmann has exploited to the fullest, rendering his works so difficult to follow and at the same time so richly rewarding.

**Transitional and Pre-Psychotic Symptoms in Depression.** Daniel W. Badal. Pp. 10-25.

Transitional depressions have been less thoroughly studied than full-blown depressions. Transitional states are characterized by characterological or pseudo-neurotic symptoms, regressive phenomena, and pre-breakdown phenomena which may be overlapping. The direction taken from the transitional state will depend upon a number of factors including external circumstances, internal dynamics, congenital and hereditary determinants. This paper focuses on some of the pre-breakdown phenomena, especially illusions, repetitive dreams of death, and the spontaneous emergence of traumatic childhood memories. The spontaneous emergence of memories of trauma is determined by dynamics and has a dynamic significance different from the uncovering of memories in an analytic or therapeutic setting. Three illustrative cases are presented.

**Physiologic Determinants in Fantasy Formation.** Stanley W. Conrad. Pp. 26-42.

Just as dreams are partly determined by day residue, fantasies are triggered by various stimuli. Three common fantasies are examined and referred to anatomic and physiologic determinants. The stone as it appears in fantasy formations has qualities shared by the penis; the taboo against looking at a god may have had its origin in the retinal damage suffered by sun worshippers; the fantasy of ear impregnation may be influenced physiologically by the connections between the ear and the abdominal viscera.

EDWIN F. ALSTON

**Journal of Nervous and Mental Disease.** CXXXVIII, 1964.

**Retrospective Alterations of the LSD-25 Experience.** Harriet B. Linton, Robert J. Langs, and I. H. Paul. Pp. 409-423.

That experiences which occur during a hypnoid or infantile state are later unrecallable dates back in the psychoanalytic literature to Breuer. The present study attempts to evaluate the modifications in recall that follow the altered state of consciousness produced by LSD-25. The subjects completed an extensive questionnaire before, during, and a day after the drug was given. The aspects of the drug reaction that were best recalled represented those experiences that were most concrete, easily identified, and likely to have occurred in normal states of consciousness. Those most poorly recalled included feelings of extreme passivity, feelings of loss of control, and experiences that seemed to reflect a weakening of ego boundaries with a loss of sense of self.

**Conformity and Nonconformity: Some Psychoanalytic Observations.** Jacob Swartz. Pp. 481-490.

Four analytic cases in whom conformity versus nonconformity appeared to be a prominent issue are reviewed. The author demonstrates that behind the nonconforming behaviors, opinions, or ideals of each patient there were a variety of other conflicts. The struggle between masculine and feminine strivings, conflicts

around aggression toward the father, the need to maintain an incorporative tie with the mother are among the feelings being defended against or gaining expression through the patient's complaints about pressure to conform. An instance was cited in which there first slowly emerged the attack upon conformity, the wish not to conform, and then the projection—the feeling that some other person was expecting the patient to behave in a conforming way. The author points out that external behavior might be at considerable variance from the feelings and fantasies in a given individual. 'Conformity could mean nonconformity, and nonconformity did not . . . necessarily mean that the individual was taking a stand against the established order or against an important person in authority.'

**The Imagery of Visual Hallucinations.** Mardi J. Horowitz. Pp. 513-521.

The repetition in visual hallucinations of certain simple elements—dots, wavy lines, parallel figures, and other formations—led to the hypothesis that these images might arise in the retinal ganglionic network or from the anatomic structure of the eye. While usually unseen, on occasion they may be seen, particularly in schizophrenic patients who are frequently unable or unwilling to screen out meaningless stimuli in order to focus on meaningful ones. The type of secondary elaborations would vary with the state of the individual.

**Time and the Character Disorder.** Milton H. Miller. Pp. 535-540.

In 'character disorder' the experience of the passage of time as one important dimension of existence seems sharply impaired. Since the individual fails to realize that time is passing, he believes that potentialities in the world are never lost. A complex of factors may serve to interfere with the development of time awareness. Of particular importance are the sense that the 'significant other [person] returns' and the variety of experiences in the maternal-child relationships leading to trust.

BENNETT F. MARKEL

**Journal of Nervous and Mental Disease.** CXXXIX, 1964.

**Traditionalism in Psychiatry.** Lawrence S. Kubie. Pp. 6-19.

Kubie directs his attack on traditionalism in psychiatry at two fronts—psychiatric classifications and psychiatric training. Our diagnostic categories, he writes, are based on terminal clusters of symptoms. The present nosological system omits the very things we wish to know about the process of illness: 'How it started, why it started, at what point intervention might have prevented its further development, how entrenched it is, whether any part of it is reversible, what its spontaneous course will be, the price that it has exacted of any patient's life on the way up, and what therefore is left of his personality and his life with which one can work therapeutically. To base a diagnosis on end-states omits all consideration of this kind.' Kubie proposes a system which might combine biochemical, physiological, pharmacological, and genetic data with psychological data in order to work toward a more meaningful system of classification.

On psychiatric training the author is critical of the custom of inaugurating beginning psychiatrists in the mental hospital with psychotic patients. He feels that treating the psychotic bewilders the young resident, tends to alienate him from the patient, and does not adequately teach him anything about the underlying neurosis. He proposes instead that the student begin with very young disturbed children as a preparation for later work with the neuroses of childhood, puberty, adolescence, and adult life, and finally work with psychoses. Kubie enumerates some of the arguments which might be raised against the reversing of the training sequence, but omits mentioning that the 'baptism of fire' does confront the resident with the range of problems, in a flagrant form, that he will meet time and time again, in a subtler form, in less disturbed patients.

**Some Conceptual and Methodological Issues Involved in Research on Society, Culture, and Mental Illness.** Eugene R. Brody. Pp. 62-74.

In reviewing some of the key work on the relationships between society, culture, and mental illness, the author points out the difficulties in making valid generalizations. The identification of 'sickness', the process of becoming a 'patient', the nature of the doctor-patient relationship, are determined by a number of individual, family, and social variables. The problems in drawing comparisons about behavior are compounded as one moves across cultural and national boundaries.

**The Application of Verbal Behavior Analysis to the Study of Psychological Defense Mechanisms. II. Speech Pattern Associated with Impulsive Behavior.** Walter Weintraub and H. Aronson. Pp. 75-82.

The experimenters describe a method for analyzing verbal behavior. In the application of their method to a group of patients who had been hospitalized subsequent to an impulsive act, differences in verbal production, as compared to a control group, were observed. The impulsive patients demonstrated a sequence of behavior—intolerable feelings of anxiety, denial, manipulation of human environment, guilt, undoing—that could be detected and correlated with significant verbal behavior.

**The Smiling Response to the Human Face. I. Methodology, Quantification and Natural History.** Paul R. Polak, Robert Emde, and René A. Spitz. Pp. 103-109.

Methods of quantifying the smiling response of infants are presented and compared. Latency of the smile was found to be the most useful measure, with latency defined as that time from the infant's fixation on a stimulus until a smile of at least one second's duration has occurred. With this measure the peak of the smiling response was found to be between three and one-half months and five months, with an onset between two months and three and one-half months, and a disappearance in the six-to-eight-month range.

**Sex Identity and Social Order.** Georgene H. Seward. Pp. 126-136.

The author takes issue with Freud's linking the formation of sex identity to the resolution of the oedipus complex. That formula, she argues, may have been



correct for his culture but not for ours. 'Today our society has built value conflicts in the very definition of the sex roles, resulting in serious confusions in sex identity.' There follow examples of the ways in which male and female cultural roles are defined in a number of subcultures and specifically how the role definition influences sex identity. Of particular interest is the discussion of the American Negro. 'The man unable to provide for his family has been stereotyped as shiftless and undependable while the woman has reluctantly continued as the mainstay of the family. This kind of double standard amounts to a partial sex role reversal in which the woman ambivalently performs the functions of both sexes while the man with equal ambivalence performs neither. The castrating effect of the man's economic dependency on the woman, and the masculinizing effect of the woman's having to assume the man's economic role has contributed to the widespread sexual disturbance in Negroes of both sexes.' The bias in this rather interesting article is toward relating the development of sex identity to subcultural and socio-economic pressures and away from biologic and psychologic determinants.

**Some Clinical and Psychopathological Aspects of Bestiality.** Leon I. Shenken. Pp. 137-142.

According to the author, bestiality has received scant and unsatisfactory attention in the literature. He reports four cases and concludes that bestiality should be viewed not as a substitutive phenomenon but as a perversion, similar to other perversions. In castration anxiety, there is regression to the anal-sadistic phases with bestiality accompanied by sadistic fantasies or sadism which, in turn, operate defensively by disrupting relations with others. In these patients feelings cannot be properly expressed toward people; they relate only to animals which act as surrogates, usually for parents.

**Nosophobia and Hypochondriasis in Medical Students.** R. C. A. Hunter, J. G. Lohrenz, and A. E. Schwartzman. Pp. 147-152.

The particular 'hypochondriasis of medical students', found in about seventy per cent at one time or another, is observed as an occupational psychiatric disorder occurring during a university course. Since the ominous therapeutic and prognostic implications of hypochondriasis do not apply in this particular group, the authors have proposed the term 'nosophobia'. 'Nosophobia' may be triggered by the fact that the human body, its secrets, birth, death (about which an intense curiosity has previously been subjected to prohibition) becomes the object of intensive study in medical school. Unlike true hypochondriasis, with its strong element of narcissism, the medical student's feeling of ill health can be fairly quickly dispelled. From a number of examples, the authors conclude that the central mechanism of the 'nosophobic' symptom is an identification with a sick person and that parapraxes may result from the reversal of this mechanism, namely, the identification of the patient with oneself. The crucial defenses appear to be projective or introjective identification occurring with an occupationally re-enforced hypercathexis of mind and body functions.

**Early Indicators of Outcome in Schizophrenia.** Gene Nameche, Mary Waring, and David Ricks. Pp. 232-240.

Fifty people, seen at a child guidance center in childhood or adolescence, were later hospitalized with a diagnosis of schizophrenia. The authors relate twelve significant factors to chronicity: 1, psychotic or schizoid pathology in the mothering person; 2, no separation of any kind from the pathogenic families; 3, pre-illness history of poor social and sexual adjustment; 4, failure to continue in treatment, during childhood, for at least three months; 5, less acting out in the community; 6, no disorientation or confusion on admission; 7, no symptoms of depressive psychosis; 8, premorbid schizoid personality; 9, no clear precipitating events; 10, no concern with dying during the acute phase of the illness; 11, length of onset over six months; 12, schizophrenic reaction in the patient's heredity. Factors 1, 2, 4, and 5 may be new to the literature on prognosis.

**Stranger and Separation Anxiety in Infancy.** Katherine T. Tennes and E. Esther Lampl. Pp. 247-254.

This study, directly observing infant response to strangers and separation from the mother, supports Benjamin's contention that early forms of anxiety are separable phenomena, closely related to each but not identically determined. The period of greatest intensity for stranger anxiety is seven to nine months; for separation anxiety from thirteen to eighteen months. Girls have a higher mean of stranger anxiety; boys, a higher mean of separation anxiety.

**The Changing Economics of Psychotherapeutic Practice.** Lawrence S. Kubie. Pp. 311-312.

Kubie points out some of the changes that have been occurring in the economics of psychotherapeutic practice. The freudian principle is that the analysand must make a financial sacrifice for his treatment. What are the consequences and the implications with more wives and children in analysis, and the cost being borne by spouses and parents? Health insurance plans paying for treatment and borrowing in order to defer the cost are some of the economic devices which introduce new psychological factors into the therapeutic situation. These methods of payment make it possible for the young adult to obtain treatment early in life, when he needs it and when it can usually do the most good. Yet no one has studied them closely enough to know what the effects may be or how they may vary. Another side of the fee problem is the overcharging for training analyses and supervisory sessions. Kubie points out that the student will tend to bury his rage which will later return and tempt him to overcharge his patients to the degree to which he felt that he had been overcharged during his own training.

**The Evaluation of Ego Strength. 1. A Profile of Adaptive Balance.** Aaron Karush, B. Ruth Easser, Arnold Cooper, Bluma Swerdlhoff. Pp. 332-349.

An attempt is made to define ego strength, break it into components, and demonstrate the resultant profile graphically. Ego strength is defined in terms of adaptive capacities to environmental stresses. The profile is represented by an

adaptive Balance Curve which allows objective comparisons to be made of ego strengths or weaknesses among different patients. The specific adaptive patterns being measured are: 1, the dependency balance in self-object relationships; 2, the general pleasure-frustration balance; 3, the genital pleasure-frustration balance; 4, the affective balance; 5, the defense balance; 6, the emergency emotion balance; 7, the guilt balance; 8, the pathology balance; 9, the social interaction balance. Each balance is graded in terms of whether aggressively over-reactive patterns (alloplastic interactions) hold sway or whether inhibitive patterns are characteristic. The adaptive balance curve which results from putting all these factors together is thought by the authors to represent ego strengths and weaknesses and to be useful as an instrument for predicting the therapeutic outcome of a given disorder.

**The Extended Analytic Situation on a Psychoanalytic Milieu Ward.** Louis Paul. Pp. 371-380.

The psychoanalytic milieu ward here discussed is at a general hospital in Los Angeles. The patients are hospitalized for serious self-destructive behavior, aggression, or withdrawal. The analyst uses observations made by nurses or others in his confrontations and interpretations to the patient. Thus the ward becomes an extended analytic situation and ward behavior in its entirety comes under analytic scrutiny. Under these conditions a regressive ward transference neurosis develops with the ward community becoming the setting for the re-enactment of the family neurosis. Restrictions (on-the-ward visits, trips, phone calls, etc.) are discussed in terms of limit-setting. The application of the setting of limits is seen as an extension of the rule of abstinence. The abstinence rule on the ward is taken to refer to the psychoanalyst and the staff thwarting the gratification of certain dangerous, self-harming, and destructive infantile desires of the patient. This setting of limits with restriction of the patient's autonomy, in return for the institution and treatment, should be distinguished from 'other active procedures' (medications, extra appointments, phone calls to the analyst) which extend the patient's autonomy at the expense of that of the analyst.

BENNETT F. MARKEL

**Psychoanalytic Review.** LI, No. 4, 1964-1965.

**Myth, Transference, and the Black Psychotherapist.** Andrew E. Curry. Pp. 7-14.

The author relies on the remote mythology about darkness rather than the everyday material about the unique and extreme reaction of present-day Americans to differences of skin color. However he may press his point about the deep-rooted antiquity of this 'mythological' reaction, the reader is left wondering about modern mythologies and about the very marked difference in reaction to the Negro man compared with the Negro woman therapist. The reviewer offers the example of a white woman patient referred to a Negro woman analyst. The initial transference was already formed (not a pretransference, as the author would have it in coining a new term) and the patient was enraged at being referred to a Negro. This turned out to be the repressed wish for a Negro mammy

who could provide the breast that her own stingy white mother had refused. Curry emphasizes the negative aspects of therapy by a Negro rather than the positive aspects that can be warm and giving. The countertransference reaction of the Negro is not mentioned when the white patient says to the Negro therapist, 'the longer I worked with you, the whiter you became . . .'. This might bring out the countertransference of contempt for the white person who is so smug.

This is a timely and interesting article and represents some light in our darkness on the subject of racial prejudice encountered in therapy.

**A Psychotherapeutic Investigation of Nagging.** Edward S. Dean. Pp. 15-21.

Using a few well-chosen clinical examples, the author describes people who have a leading character trait of nagging, which he believes to be based on a feeling of weakness. Nagging is the projection of a high ideal that has not been met and it leads for a time to a feeling of some power. The person who is nagged, the 'naggee', is often patient, tolerant, quietly capable, with great self-control and concern for others. The guilt of the 'naggee' is easily aroused and he accepts it. This reviewer adds that the usefulness of the article may well be that a therapist who reads it may become aware that among the pitfalls of therapy are the roles of nagger or 'naggee' that the therapist assumes without awareness, and particularly that he is inviting the patient to play the contrapuntal role, especially in termination.

**Psychoanalysis and Education.** Rudolf Ekstein and Rocco L. Motto. Pp. 29-44.

This historical review of publications and trends in analytically oriented pedagogy has selected quotes from important authors with a survey of the current status of the relationship between psychoanalysts and educators. A quote from Anna Freud, stemming from her experience in the 1930's and referring to the application of analytic principles to teaching, would be applicable today: 'It will be a long time before theory and practice are complete and can be recommended for general use'. She suggested keeping a balance between those educational methods which would either have an injurious effect of too great repression on the one hand, and those methods which would lack all restraint on the other. Alice Balint's study, published in the 1930's in Hungary, emphasizes how important pedagogy is to a civilization, since it is the most revolutionary science. Reforms in education bring about a change in the civilization even when that was not the conscious intention. Examples of progress in the United States are reported with enthusiasm; at the same time a warning is given since in many places in Europe the achievements that were gained before World War II have disappeared.

**The Dynamics of Morbid Envy in the Etiology and Treatment of Chronic Learning Disability.** Marvin Daniels. Pp. 45-56.

The author states that there are diverse reasons for underachievement and reviews the attitudes of Freud, Abraham, and Mahler on the problem. The problem is traced back to primarily oral sources with morbid, destructive envy being the tangible result of the unsatisfied oral need. Examples are given of the envy

that shows up in therapy in various forms. The child may always have to do better than the therapist or teacher. He may provoke envy, and indulge in delinquency in order to provoke it. He may ridicule the therapist, or resort to silence. He may succeed in getting another child punished. All these are related by the author to the problem of envy. If morbid envy is manifest in a girl, she may resort to false praise of the very thing of which she is envious; she may lead the therapist out on a limb and then cut it off by adding a vital reality detail. The author has noticed that young children, because of envy of a younger sibling, may regress in the same area in which they had made most progress.

One observation that the author might have included is that the envy that patients of the same therapist have for one another is often associated with a strong homosexual component. This would agree with the author's formulation that envy originates from very early stages of development and is a universal problem.

**Freud's Contribution to Ethical Theory.** R. N. Kaul. Pp. 72-78.

The author, a philosopher, uses the language of philosophy with concise clarity. He demonstrates how closely certain ideas of Spinoza and Kant came to ideas that Freud later developed. These include determinism and its bearing on the idea of free will, the pleasure and reality principles, and the superego. The author finds the idea of a death instinct particularly attractive and extends this idea far beyond the biological with a certainty that is amazing considering how controversial it is. He concludes that the death instinct deals a death blow to all interpretations of Freud which emphasize his contributions to sex knowledge.

**Oedipus and the Serpent.** Wolfgang Lederer. Pp. 79-104.

This is a detailed retelling of the Oedipus story with emphasis on parricide rather than incest. The story is related to other ideas of Freud, including the primal horde and the death instinct. An attempt is made to relate these to the serpent myths found in various cultures, which the author believes to be the basic myth. The question is raised as to why the Oedipus myth should be given preference when there are other myths that portray the same theme and are probably more basic. In so doing, the author answers his own question. The serpent material is so complex and so far removed from everyday experience that the Oedipus story stands out in its simplicity and ease of application to human events.

**Elaborating Hebb's Model for Psychoanalytic Theory.** Arthur Stein. Pp. 105-120.

Hebb's model is the theoretical view of the central nervous system as a self-organizing neurological machine composed of cell assemblies that determine behavior as they grow from experience. This is similar to an early idea of Freud that mental functioning might be explained by thinking of it as coming from a neurological machine that runs itself.

Stein would like a psychoanalytic theory that explains all psychological phenomena. He is not satisfied either with Freud's system of constructs which define

forces, energy, and structures, or with the model evolved by Rapaport based on Freud's system. The author proposes using the neurological language of Hebb to arrive at a theoretical model that would explain everything in psychology and 'painlessly dissolve certain conceptual encumbrances of psychoanalysis'.

The reviewer's reaction to such a liquidation is that the mechanical abstractions elaborated would appeal only to a rigidly defended compulsive character. The attempts to demonstrate the model in action have very little to do with clinical experience.

STEWART R. SMITH

*American Imago*. XXII, Nos. 1-2, 1965.

**Imagery in King Lear.** Mark Kanzer. Pp. 3-13.

The approaches of the literary scholar and the psychoanalyst to the study of imagery need not be mutually exclusive but may constructively supplement one another. The author seeks to illustrate this with a psychoanalytic examination of *King Lear* aided by reference to Shakespearean authorities. Divers oedipal themes are elicited but their cursory treatment is disappointing.

**Stone as a Symbol in Apache Mythology.** L. Bryce Boyer. Pp. 14-39.

The typical Mescalero Reservation Apache suffers from a character disorder with attributes of the hysterical personality and the impulsive neurotic. This pathology stems from inconsistent treatment—ranging from lavish attention to gross neglect—during the early years and from a lack of parental control during toilet training and the phallic-oedipal period. In the past, angers engendered by the frustrations of socialization were handled by projection onto witches, ghosts, and outsiders, a mechanism no longer ego-syntonic. Today hostility tends to be turned inward resulting in damaged self-esteem, pessimism, and drunkenness. In Apache myths stone is shown to be an inconstant symbol; its meaning must be divined from the particular context.

**A Poetic Corroboration of Psychoanalysis.** Peter Novotny. Pp. 40-46.

Dom Casmurro, the hero of the novel of the same name by Machado d'Assis, develops, after the death of his friend Escobar, the paranoid delusion that Escobar was the paramour of his wife and father of his child. This is taken to be a manifestation of a homosexual attachment to Escobar. Support for this understanding may be found in Dom Casmurro's fatherless childhood and other life circumstances, as well as the style, imagery, and minor themes in the novel.

JOSEPH WILLIAM SLAP

*Archives of General Psychiatry*. XI. 1964.

**Plagiarism and Identification.** Joost A. M. Meerloo. Pp. 421-424.

Material is presented to support the thesis that plagiarism varies in degree from outright conscious theft to unconscious identification with the viewpoint of

another, in which the original source is not remembered. In fact, the mechanism of plagiarism is seen as belonging to the normal pattern of learning and is a relatively normal process.

**Family Treatment of a School Phobic Child.** Alfred A. Messer. Pp. 548-555.

A case of school phobia in an eight-year-old boy is presented. The hypothesis was made that the symptom reflected a disequilibrium of the family interrelationships. Family therapy on a once-a-week basis was instituted and involved the entire family. Occasional individual sessions were added when requested. Sound films were made of the first four interviews and one after eighteen months of therapy. The key factor resulting in the change of the family dynamics was a myocardial infarction of the mother. The phobic boy had to stay home then to protect her magically from death and its consequences to him. A good result was obtained.

**Pseudocyesis and Psychiatric Sequelae of Sterilization.** Peter Barglow. Pp. 571-580.

Against a background of the concept of pseudocyesis, a psychoanalytically oriented study is presented of the responses of a group of one hundred fifty-two women who were sterilized by different surgical procedures and for various reasons. The women were divided into three groups, according to the relative ease of their acceptance of the resulting sterility. An interesting finding was the appearance of some symptoms typical of pseudocyesis in all three groups. This was viewed as a defensive restitution, analogous to phantom limb pain, against the feeling of loss caused by the surgical removal. The psychological reaction to the sterilization was understood as a vector of the complicated interaction of unconscious conflicts about feminine identity, feminine role, reproduction, body image, separation, and dependency needs.

KENNETH RUBIN

**Revista de la Confederacion Medica Panamericana** (Havana, Cuba). X, 1963.

**A Case of Necrophilia or Symbolic Hypnophilia.** Lazaro Sirlin. Pp. 58-59.

A sexually impotent and timid man is studied from the point of view of an unresolved oedipus complex. The patient came to treatment because his wife would awaken when he approached her sexually while she was asleep. Phobic elements of being buried alive and returning to the mother, and sadomasochistic elements of a necrophilic fantasy are developed. The patient slept with his mother as a child and wished to repeat the infantile skin erotism with his wife, but not to involve her as an active partner in coitus.

GABRIEL DE LA VEGA



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Revista del Hospital Psiquiatrico de la Habana. V, 1964.

**The Mechanism and Factors Involved in the Development of an Experimental Neurosis.** Horsley Gantt, Joseph E. O. Newton, and Fred L. Boyer. Pp. 528-536.

The authors' work at Johns Hopkins University is concisely correlated with psychoanalytic findings. Freud's concepts of the superego, ego, and id, and also the unconscious, preconscious, and conscious are correlated with their conceptions of autokinesis and schizokinesis. Phenomena, based on childhood experiences, which appear in adult life (fixation, oedipus complex, transference, and the complex, human sexual relationships), are reflected in the phenomenon of autokinesis. The discrepancy between emotional and specific components of the conditioned reflex is called schizokinesis.

In their experience, cardiovascular response supports their concepts more than other conditioned reflexes. In fact, they mention that a dog reacted with bradycardia and a fifty per cent drop in blood pressure, which persisted for eight minutes, simply by being exposed to the clothes which had been worn five years previously by the experimenter.

GABRIEL DE LA VEGA

## Meetings of the New York Psychoanalytic Society

Hilda Shanzer & Milton E. Jucovy

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## NOTES

### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

April 20, 1965. ACTIVATION AND MEASUREMENT OF AN EARLY ORAL FANTASY: AN EXPLORATORY STUDY. Donald P. Spence, Ph.D.

Dr. Spence's experiment was inspired by a clinical episode during the analysis of a young man who began treatment in a state of heightened deprivation when he was abruptly restricted from smoking during the analytic hour. He then gave up smoking altogether. In the third month of analysis, his car was damaged by a parking attendant. He rushed home, tried to eat, and then began to smoke, breaking his self-imposed abstinence. Dr. Spence concludes that the injury to the car constituted a thinly disguised rejection which aroused an infantile oral fantasy and resulted in regressive oral behavior.

The author designed an experiment modeled after this clinical episode. Subjects were made to feel rejected directly through comments and indirectly by various maneuvers such as being told to lower their heads and close their eyes during part of the procedure. He expected to arouse an oral fantasy if the subjects tended to equate food with affection as did the analytic patient. Some weeks after the experiment he measured the tendency of the subjects to eat when they were rejected. Subjects were exposed to the subliminal stimulus 'milk'. They were divided into high and low oral groups, depending on the degree to which food and affection were equated, and into four subgroups: rejected with subliminal stimulus, rejected with blank slide, accepted with subliminal stimulus, accepted with blank slide. The findings indicated that the erroneous recall of regressive oral words was much more frequent in the rejected-subliminal group. When rejection was followed by a subliminal stimulus, there were more oral regressive words than with rejection alone. Oral regressive words were not produced by the stimulus unless followed by rejection. The conclusion reached was that a certain kind of fantasy had to be aroused before the stimulus 'milk' generated regressive associations. Fantasies outside of awareness were much more regressive than fantasies in consciousness.

DISCUSSION: Dr. Robert Holt felt that the research presented is an empirical investigation of the complicated functioning of subliminal stimuli in relation to affective states and various structural conditions in the subjects, rather than a study of fantasy. He found it disappointing as an attempt to activate and measure oral fantasy. He saw no way in which an investigator, whether his method is clinical or experimental, can decide that what he is dealing with is not a screen, not a derivative, but something ultimate and irreducible. Since there is no possible way for the unconscious to speak to us directly, we can never know how organized the fantasy is in its unconscious state. Dr. Holt pointed out that the behavior of Dr. Spence's patient could be explained on the basis of a defense against castration anxiety.

Dr. Milton Horowitz discussed the paper from the point of view of clinical

psychoanalysis. The clinical assumption questioned and to be tested is whether a highly organized thought-product can exist outside of awareness. Dr. Horowitz took issue with the author's concept and history of unconscious fantasy. He felt that the degree of organization of mental contents does not depend on the descriptive quality of consciousness. In examining the experimental design from a clinical standpoint, the assumption is that an oral regressive fantasy will be stimulated. Although certain subjects have certain conscious attitudes, this does not necessarily point in the direction of genetic statements about their fantasies. One cannot disregard the condensation value of symptoms and characterological attitudes.

HILDA SHANZER

May 11, 1965. PSYCHOTIC CONFLICT AND REALITY (Fifteenth Freud Anniversary Lecture). Edith Jacobson, M.D.

Dr. Jacobson, expressing her admiration for the genius of Freud, selects a subject she feels might have held his interest—the relationship of the psychotic to the external world and the role of reality in psychotic conflict. She refers to Freud's attempt to apply his structural concepts to a comparison and contrast between the neuroses and psychoses. His inferences regarding conflict, narcissistic fixations in psychotics, and their use of primitive defenses have been amply confirmed, but there is still controversy about the psychotic's capacity for object relationships. Contradictory observations emphasize the need for further study of different psychoses and different stages of each disorder.

The author has found it revealing to explore relations to the external world in mild psychotics, patients showing psychotic potential, and those in a state of remission after a psychotic episode. She was inspired by Freud's comparison of the psychotic's efforts to alter reality with the normal person's alloplastic endeavors. She wondered how the psychotic might attempt to alter reality to adapt it to his very special needs and purposes. Profound hostility, narcissistic vulnerability, and fragility of defense organization prevent his toleration of frustration and withstanding the assault of instinctual forces. The external world is employed as an aid in replenishing libidinal resources and resolving narcissistic and instinctual conflicts. In contrast to neurotic patients, psychotics use the external world for the purpose of preventing ego and superego dissolution, which would threaten them with a manifest psychotic break.

Clinical material is presented to illustrate a patient's relations to the external world. The patient, an attorney in his thirties, was the oldest of seven children. His mother was a chronic schizophrenic who gradually deteriorated; his father was a paranoid psychopath, sexually promiscuous, and a gambler who separated from his family and left them poverty stricken. The father protected the patient during childhood from the mother's attacks, but at puberty the patient was exposed to sleeping in the same bed with his father who forced him to work hard and beat him for disobedience. The patient became submissive, hard-working, and developed compulsive and masochistic character traits. After a traumatic primal scene experience in adolescence, the compulsive defenses broke down and sadomasochistic identifications with the impulse-ridden parents erupted. The

patient began a homosexual affair with a psychopathic younger boy and went on thrilling stealing adventures with him. The delinquent behavior stopped when he rebelled against his parents and left home, returning only at times of financial and emotional crises to help the family, especially the younger siblings who continue to look to him as a parent.

After working his way through college and law school, the patient had a successful career in politics. He had some homosexual affairs in which he was the aggressor. The death of his parents mobilized intense guilt and he went into an acting-out phase reminiscent of adolescence; he drank and went on homosexual cruises with growing fears of exposure. Some months later he developed a paranoid episode with excitement and confusion and was hospitalized for several months. After recovery he gave up his political career, moved to another state, and became a successful, hard-working criminal lawyer. A young man lived with him and he led an ascetic life. His friend was a gifted, charming but irresponsible psychopath who physically resembled the patient's mother. Attempts to rehabilitate his friend, to cure him of alcoholism, and to turn him into a heterosexual failed; the patient reacted with rage. It was only after he separated from his friend that the regressive narcissistic role of the friendship became apparent. He overloaded himself with work and when he had free time went on homosexual cruises. The patient had used his friend to represent his bad parents as well as his homosexual delinquent self.

During treatment the patient characterized his mother's attitude as expecting him to be a man without a penis; his father wanted him to be a penis, not a person. These irreconcilable attitudes precluded any normal solution and threatened him with castration and loss of identity. The defensive device used by the patient to cope with this threat required an external object so that he could assume the role of a powerful asexual man who controlled his partner's penis. Sexual relations with his friend were avoided; affectionate feelings might arouse dangerous passive sexual wishes and physical contact was threatening because of the weakness of his ego boundaries with fears of merging and loss of identity. It was only after separation from his friend that he recognized how he had encouraged his drinking and homosexual escapades, with vicarious gratification for himself. When the patient lost his friend, he resumed his acting out. His relationships, the frantic adherence to work and to his friend, homosexual acting out when he was alone can be understood in terms of efforts to resolve inner conflicts with the help of the external world.

Dr. Jacobson is inclined to believe that this patient is not unique, but belongs to a group of ambulant schizophrenic patients who have conspicuous features in common. Most are unmarried, divorced, or estranged from their families. Some may sustain fragile erotic relationships, while others are frantically concerned with their work and lead asexual lives alternating occasionally with periods of intense heterosexual or homosexual acting out. An impressive and characteristic feature is that they are regarded as competent workers and even as well-related persons who are able to keep their alarming states cloaked beneath well-adapted vocational behavior.

Many neurotic patients also try to resolve their conflicts with aid from without. But even in very narcissistic neurotic patients the superego and the ego,

with its defensive organization, are more solid than in psychotics. External objects are not employed for the purpose of preventing breakdown of psychic structures and relations to the outside world are not on the regressive level as in psychotic patients. This is also valid for manic-depressive patients, but with certain important differences. The periods of remission in depressives appear much better than in schizophrenics. Depressives may re-establish normal ego functions and also warm object relationships, but one may still observe their narcissistic vulnerability, orality, severe ambivalence, and superego pathology. The need for help from the outside world is for sufficient narcissistic supplies to prevent another depression. The expectation of the depressive is for the love object and the world to offer so much love that they need not be ambivalent.

Dr. Jacobson discussed the question of the analyst's attitude in such cases. Though transference problems may create difficulty, the realization of how much and for what purpose these patients cling to the external world makes one more aware of the complex, erratic, and often contradictory nature of the transference relationship. Contradictory feelings, which may account for different views about the psychotic's ability to develop a transference, are partly caused by the rapidly changing roles ascribed to external objects. If the analyst understands the varying roles he is to assume, he can lend himself to the appropriate one during critical periods. The intuitive response of some therapists may explain the amazing transference success sometimes achieved.

MILTON E. JUCOVY

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

April 5, 1965. DERIVATIVES OF COPROPHAGIA. Sidney Tarachow, M.D.†

Dr. Tarachow discussed some clinical phenomena which he feels are too frequently neglected by both patient and analyst. Included under the heading of coprophagia and its derivatives are picking or scratching of the anus, skin, or mucous membrane; hair pulling; eating of secretions and products derived from the body; smearing or playing with one's own feces; saving or retaining the stool. Often this material is not reported until late in the analysis, perhaps due to the shame (rather than guilt) associated with such behavior. Also related to these phenomena are certain perceptions and attitudes toward time, some types of quarrelsomeness, and obsessional thinking. Clinically these phenomena are linked with the obsessional neurosis and character, and to depression. Dr. Tarachow emphasized the intense narcissistic quality and impaired object relations associated with patients exhibiting coprophagic derivatives. Genetically he focused on the determinants at the anal stage of development when the ego is struggling with two main problems: separation from the mother and separation from the stool. Anal separation is closely connected to the child's narcissism and megalomania; unwise or premature intrusion during development may have disastrous results.

Clinical examples of the phenomena were presented. In one patient the connection between coprophagia, nose picking, and various perversions were demonstrated, and were related to his unwillingness to part with his stool. Another patient illustrated the relationship of coprophagia, soiling, eating of body excreta, to the quality of narcissism, daydreaming, lonesomeness, and fetishism. Vicissitudes of the narcissistic relationship to the stool were described in other cases. In patients to whom communication is equated with a bowel movement, resistance can be shown by mumbling or speaking in a monotonous fashion. Giving a story in segments can represent the opposite type of communication, in which the patient retains control over the stool and the analyst. Words and thoughts are flatus and stool; time limits are the commands to defecate. Nose picking and hair pulling often occur while daydreaming.

Dr. Tarachow illustrated the relationship of fetishism and other perversions to derivatives of coprophagia, and stressed the anal aspects in terms of the narcissistic relation to the stool. There are two models for the evolution of the sense of reality: one, separation from the mother's breast; the other, separation from the extruded stool. Expressions of coprophagia and its derivatives do not truly represent object relationships or even transitional object relationships, but rather narcissistic withdrawal and attempts to retain the infantile narcissism and megalomania. In contrast to Winnicott's concept of the transitional object, Tarachow feels that in coprophagia and its derivatives we are dealing with a transitional relationship to part of one's own body, with the illusion that it has not been lost.

**DISCUSSION:** Dr. Robert Dicks commented on the relation of the coprophagic phenomena described to the oral and phallic phases of libidinal and aggressive development. He felt that Dr. Tarachow's concept of coprophagia and its derivatives as not representing object relationship could be reconciled with the apparently opposite viewpoint that the stool can function as an object.

Dr. Melitta Sperling felt that in our culture the repression of anality seems stronger than the repression of orality. She described clinical material illustrating the role of the mother in the child's bowel training. She disagreed with the conclusion that coprophagic derivatives do not represent an object relation; even in narcissistic withdrawal, an ambivalent relationship to the feces continues.

Dr. Jan Frank said that in his experience with patients exhibiting many of the characteristics described by Dr. Tarachow, all had suffered a significant break in the early relationship to the mother and that subsequent coprophagic behavior and related attitudes could be seen as an eternal search for the lost, loving mother.

Dr. Gustav Bychowski described a patient who put his nose pickings in potted plants. He commented on smearing, which he viewed as an attempt at reunion with the mother. Hair pulling and eating are often associated with bulimia and these patients sometimes equate food with feces. Dr. Bychowski agreed that the coprophagic's relation to the stool represents a narcissistic regression and not an object relation.

Dr. Alan Eisnitz felt that Dr. Tarachow had overstressed the libidinal aspects involved in the material. Some of the habits described were not necessarily



coprophagic, but represented attempts to master the awesome feces. A patient who cannot give a gift may be dealing with the fear of giving up control of this awesome force.

Dr. Louis Kaywin commented on the central issue of narcissism, and questioned whether Dr. Tarachow meant primary or secondary narcissism.

Dr. William Niederland spoke of the grooming behavior of higher apes, which involves picking, scratching, eating of body products and seems to express some strong emotional ties between members of the sibling horde. He wondered if Dr. Tarachow saw a phylogenetic root of coprophagia in this phenomenon.

In concluding, Dr. Tarachow said the essential core of the material presented is the anal narcissistic problem; this is primary, and other levels are used in the service of the basic anality and narcissism. He agreed with Dr. Eisnitz that libidinal and narcissistic factors had been stressed at the expense of others. In normal development we must learn to recognize the stool as an external object; and in this lies one of the keys to the treatment of the pervert.

NORMAN N. RALSKE

April 19, 1965. REFLECTIONS ON THE DEVELOPMENT OF PSYCHOANALYSIS IN NEW YORK FROM 1925 TO THE PRESENT. Sandor Lorand, M.D.

In this presentation Dr. Lorand recalls the highlights of the development of psychoanalysis from 1925, when he first came to New York. At that time there was a nucleus of seven analysts in New York, all of whom had been trained in Vienna. In the United States Dr. Lorand found the attitude of American physicians toward psychoanalysis to be different than that in Hungary, Austria, and Czechoslovakia. In Europe, Freud had hoped for friendly scepticism, but did not receive it; in America, Lorand feels that psychoanalysis got the reception Freud would have wanted. The groundwork for this friendlier acceptance was laid by Freud's lectures at Clark University and by the pioneer work of Brill and Jelliffe.

In 1926, Dr. Isidor Strauss, Chief of Neurology and Psychiatry at Mount Sinai Hospital, asked the author to accept an appointment at the hospital. There he joined other analysts—Kardiner, Stern, Monroe Meyer, Asch, Rothschild, and Schoenfeld—in the teaching of psychoanalytic psychiatry. All of these psychoanalysts fought heroically to introduce analytic ideas to the hospital staff. The first psychoanalytic clinic connected with a hospital in New York was at the Presbyterian Hospital, under the direction of Dr. Kirby. The clinic failed after a year as the only patients referred by the other medical services were psychotics.

Drs. Broadwin, Slotzky, and Orgel came to Dr. Lorand for supervision of their analytic cases, the first such training conducted in the United States. It marked a significant advance when these three men were invited by the Chief of Medicine at Mount Sinai Hospital to join in the medical rounds. Dr. Oberndorf in particular deserves major credit for the pioneer work at Mount Sinai Hospital.

In 1930, van Ophuijsen, Alexander, and Spitz came from Europe. In those years, problems of teaching and training were undecided; in the New York Psychoanalytic Society, any member could analyze another physician, who then became a member. There were few guidelines for teaching and training, and

publications by analysts here were few. Dr. Lorand's book, *The Morbid Personality*, appeared in 1932. In the same year, Dr. Feigenbaum started *The Psychoanalytic Quarterly*, which attracted the interest not only of psychiatrists but of psychologists, neurologists, and literary people as well.

In 1931, the New York Psychoanalytic Society purchased a building and in 1932, Rado was brought over as director of the New York Psychoanalytic Institute. At this time, the first formal division of didactic analysis and supervision was made. At the Institute a Professional School, Extension School, and Training School were set up, courses were established, and lecturers appointed. Drs. Brill, Oberndorf, and Lorand were among those who lectured on psychoanalysis. In 1945, the first volumes of *The Psychoanalytic Study of the Child* and *The Yearbook of Psychoanalysis*, edited by Dr. Lorand, were published.

During these years, rules and regulations for analytic training were established at the New York Psychoanalytic Institute which were to serve as models for other institutes throughout the country. Following World War II, New York became the world center for psychoanalysis. The Psychoanalytic Clinic for Training and Research at Columbia was started in 1946, and the Psychoanalytic Association of New York in 1955.

**DISCUSSION:** Dr. Ludwig Eidelberg spoke about early procedures in analytic training in Europe, pointing out that some analysts, including Wilhelm Reich and Adler, had felt the original analyst was the best choice for supervision as he understood the countertransference; others, including Dr. Eidelberg, favored a separation of analysis and supervision. Dr. Leo Orenstein spoke of the years that Dr. Lorand worked with Drs. Paul Schilder and Fritz Wittels at Bellevue Hospital, where they were an inspiration to many psychiatrists who went on to become psychoanalytic teachers and educators. At Bellevue Dr. Lorand was known as the 'fighting Hungarian', an epithet that well describes the enthusiasm that he has put into working for psychoanalysis in the United States.

CHARLES P. WILSON

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The symposium of the AMERICAN PSYCHOPATHOLOGICAL ASSOCIATION will be held on February 18 through February 20, 1966, at the Park Sheraton Hotel, New York. The topic is Psychopathology of Mental Development. For further information write to: Dr. Fritz A. Freyhan, Secretary, National Institute of Mental Health, c/o Saint Elizabeth's Hospital, Washington, D. C. 20032.