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PSYCHOSIS PRECIPITATED BY PSYCHOANALYSIS

BY GUSTAV BYCHOWSKI, M.D. (NEW YORK)

Although the occurrences of psychotic episodes during the course of psychoanalytic therapy are well known, they have received only scant attention in the literature. Among recent contributions are those of Romm *(8)*, Little *(6)*, and Reider *(7)*. It is by no means evident that every episode occurring during psychoanalysis must be considered *eo ipso* a therapeutic failure. Such an interlude in some cases may prove to be not only unavoidable but even clinically desirable. Since a considerable wealth of clinical symptomatology is encountered in these cases, it is necessary to introduce some general principles which will serve as guideposts.

Without going so far as some of our Latin American colleagues who speak of a micropsychosis occurring during certain sessions in every patient *(2)*, it is a fact that some patients show transient disturbances of seemingly more than a neurotic nature. For example, one may see moments of deep depression based mostly on reactions of mourning originating in the emerging material from the past as well as from the transference: these may represent not only the reactions of frustrated love but, most prominently, mourning after the loss of a love object destroyed in fantasy by the patient's hostility. Further, brief episodes of paranoid distortion may be observed wherein the analyst becomes the persecutor determined to destroy the patient's talent, creativity, love, and masculinity. These episodes include not only typical reactions such as paranoid ideation as a defense against the onrush of homosexual libido but

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other phenomena such as the fear of disintegration, agitation, hypomanic elation, and flight of ideas as well as the experience of fleeting depersonalization. Brief hallucinatory experiences and the feeling of being hypnotized by the analyst may also appear. My own observations have led me to the conclusion that such reactions can be best described as containing elements from two different, yet closely related sources. The observed symptomatology presents a spectrum ranging between the pole of a pure transference psychosis and the activation or mobilization of the psychotic core.

The transference psychosis, as is true of the transference neurosis, reflects a pattern of psychopathological experience and behavior based on infantile material which is projected onto the person of the analyst. The distinctive feature of this form of transference consists of the psychotic distortions imposed upon the image of the analyst. These distortions, in a true transference psychosis, are consciously believed by the patient and carry the full impact of a delusion. What is consciously treated by the patient as a fantasy in a transference neurosis is accepted in the transference psychosis as a reality. For example, some patients have consciously reacted to me as if I were a genuinely fearful object, as a real persecutor, and have also accused me of stripping them of their virility, creative talent, and ability to love.

Since I have discussed my concept of the psychotic core on previous occasions, only the essence of my former conclusions and definitions will be repeated here. 'I have learned to consider the personality of the latent and, in many instances, the future psychotic, as containing a nucleus of psychotic ego covered up by various defenses of a neurotic as well as characterological nature . . . .

'The psychotic core can be best described as a primitive archaic ego functioning on a primitive level. The boundaries of such an ego may be relatively fluid, as though still reminiscent of the old dual unity between mother and child and striving for the re-creation of this happy stage through a new symbiosis.

This ego nucleus is full of primitive narcissism with the coloring of grandiosity. It is also characterized by primitive nonneutralized aggression with the coloring of destructive hostility. The prevailing libidinal fixations are pregenital, the prevailing defense mechanisms in use are massive projection tending toward the paranoid position, introjection, denial and turning against oneself. Thus, it is clear that on this level we have neither full-fledged object relations (maybe not even a fully developed concept of an object) nor a well-developed reality testing. As a corollary to these characteristics, we must add that the underlying unconscious superego formation may be also primitive, archaic, that is, unlimited in its narcissistic demands and its tendency toward provoking guilt and destructive self-punishment.

'In part, and sometimes indeed to a large extent, this archaic ego nucleus is a regressive formation. As such it appears as a result of regressive processes undergone by the infantile ego as a defense against early traumatizations . . .' *(4)*.

The picture of the psychotic reaction as an expression of the mobilization of the psychotic core is becoming more rare because of advances in the diagnosis and therapy of borderline psychotic states. A classic instance is that of the first patient who alerted me to these problems.

The patient was a young woman in her early twenties who sought treatment for obsessive-compulsive symptomatology of a predominantly oral nature which was seriously interfering with her everyday existence. She responded well to psychoanalysis and her symptoms melted with gratifying rapidity. Our gratification was interrupted in a most unpleasant way when she developed an acute catatonic psychosis with abundant hallucinations of a predominantly sexual character. She was hospitalized and successfully treated with insulin coma therapy, then a recent discovery.

At that time, in the early nineteen thirties, the conceptual tools to understand the dynamics of this psychosis were lacking.

However, even then it was felt that psychoanalysis had disturbed the defenses and laid bare the psychotic potential. In retrospect, it is safe to assume that although the analyst did not appear in the patient's productions, the transference must have been a central factor in the mobilization of the libido and the disturbance of intrapsychic homeostasis.

A more recent observation is that of a patient described in my book, Psychotherapy of Psychosis, as Michael. This young man sought treatment for acute anxiety which had developed in connection with his medical studies. The first part of his psychoanalysis proceeded satisfactorily. However, upon resuming his studies which were interrupted because of his neurosis, he developed paranoid symptoms with ideas of reference and auditory hallucinations. Psychoanalysis disclosed passive homosexuality based on masochistic impulses which were held in abeyance by the mechanisms of splitting and the projection of fantasies centered around composite paternal and fraternal introjects. The ego tried to compensate the masochistic impulses by utilizing the rich sources of primitive narcissism. 'This attitude proved to be directly linked with primitive aggression. It appears that the ego at the stage of primitive megalomania cannot bear any restrictions or limitations. Any such frustrations of its omnipotence result in hostility aiming at the destruction of reality, which inevitably appears hostile and depriving. Thus, the trigger is set for some of the subsequent reactions which we have described. We may say again that at that stage the ego which has not enough outlet for its narcissism and aggression has to project these outside of its boundaries and cannot help but attribute them to diabolical powers in the outside world' *(3)*.

This configuration of instinctual impulses and their derivatives and the complex defensive formation was isolated and remained dormant until it was uncovered by psychoanalysis. Once this nucleus of masochism and passive homosexuality was exposed, the ego could no longer use the neurotic or character-

ological defenses. Under the pressures of the competitive and predominantly male environment of medical school, the ego was forced to resort to paranoid mechanisms. Projection of the combined paternal-fraternal introject led to the distortion of the object representations of fellow students and instructors who were transformed into persecutors.

I must confess that I am at a loss to explain why this patient, despite a strong positive transference, never honored me by including me in the ranks of his persecutors. Yet, it was significant that his psychosis did not subside until he was referred to a woman colleague. It would appear that the psychoanalytic process, in addition to abolishing his defenses and laying bare the psychotic core, also stimulated his homosexual libido.

The 'pure' form of transference psychosis can be found in another case during the early beginnings of my psychoanalytic practice. A patient was referred to me by Professor Freud shortly after I returned from Vienna to Poland. He was a high school teacher with varied neurotic symptoms. In one of the initial sessions he inquired whether I was trying to hypnotize him with my eyes although I was sitting behind him. Ten days later he reported a dream in which I was pressing fellatio on him in a most undisguised way. He responded with indignation to a cautiously worded interpretation and returned to Vienna. He complained bitterly to Freud who referred him to another colleague. Although he developed a full-blown paranoia, he was eventually helped by psychoanalysis.

It easily is seen from this brief vignette that this case of a 'pure' transference psychosis which started with the analyst being cast in the role of the persecutor was actually a paranoid defense against homosexuality. The homosexual wish which was activated by the psychoanalytic situation assaulted the ego with vehemence. However, superego demands caused the ego to repudiate the homosexual wish by the mechanism of projection. Consequently, the object of the wish became the persecutor. This transformation was made possible by the regression

of the object representation to an archaic stage. Such a regression corresponds to regression of the ego.

According to my conceptualization, psychosis was based in this case on the activation of a paranoid core. This implies a sector of the self filled, by and large, with the paternal-fraternal introject; that is, with the imago of a highly ambivalent love-hate object. Adult ego formations could deal with this introject under normal conditions by resorting to various characterological and neurotic mechanisms. This equilibrium became disturbed under the special conditions of psychoanalysis. The dangerous emergence of repressed passive homosexual urges compelled the ego to regress to a more primitive level of functioning. By the same token, the image of the analyst as an object regressed to the level of the original, ambivalently cathected paternal-fraternal introject. The mechanisms used by the ego in dealing with the latter are characteristic of the primitive ego. It would seem justifiable to conclude that this psychotic episode, which on the surface appears to be a pure transference psychosis, upon deeper inspection can also be described as resulting from the mobilization of the psychotic core.

Other observations deserve even less to be classified as pure examples of either of the two forms of psychotic disturbance described here. The following condensed clinical vignette is an illustration of a psychotic disturbance which occurred during psychoanalysis and combines both elements as outlined above.

Arnold, a comedian in his early twenties, entered psychoanalysis with Dr. X after having suffered a brief psychotic episode which supposedly was caused by the abuse of various drugs, including percodine and demerol. The patient allegedly took the drugs to alleviate his attacks of migraine. In this he followed the example of his mother who, in addition to a number of hysterical and psychosomatic symptoms, suffered from migraine and was an avid consumer of medication.

The abuse of drugs was only a part of Arnold's varied neu-

rotic and psychopathic symptoms. A middle child between two sisters, he was short and puny, stammered, and was enuretic until the onset of puberty. He was involved in sexual activities with his younger sister as well as with other boys and a male servant. At an early age he was introduced to the mysteries of carnal love under the auspices of the family chauffeur who took him to Harlem.

Arnold fought with both parents. The father, an ambitious power-seeking man, was hard on the boy and his punishments instilled a good deal of fear. His mother oscillated between pampering and denouncing the boy to the father. She abandoned him frequently, leaving him in the care of servants while she accompanied her husband to work and on business trips.

Arnold managed to graduate from high school although, in his own words, he 'never read a book'. One unhappy year was spent in a military academy which substantially added to his dread of strong men. He moved in questionable circles and would not go to work but readily accepted and occasionally stole money from his father. Three marriages were compulsively contracted, one of them during his psychoanalysis. The first two marriages ended in divorce. Although one of them was blessed with a son, Arnold did not show any interest in his child and left the support of his family to his father.

Psychoanalysis with Dr. X resulted in some important changes in this patient's behavior. He stopped his addictions and somewhat restrained his acting out. He also realized a childhood dream: he performed in nightclubs and, finally, even on television. Unfortunately, in the course of analysis he married for the third time a highly disturbed young woman with similar artistic aspirations. In the last year of his four-year analysis with Dr. X, Arnold began to display serious symptoms which brought him under my observation.

He developed a plane phobia which extended to all kinds of transportation and also complained of various somatic symptoms. He became panicky before stage appearances and finally became afraid of his wife and analyst. These symptoms reached

their climax with the approach of the summer vacation. Although Dr. X was planning to vacation in the proximity of Manhattan, he would not make himself available to the patient nor did he make provisions for a substitute. The patient reached me in a state of frantic anxiety. He could not stay alone and was convinced that Dr. X had 'ruined' him and was afraid that his wife might poison or abandon him as well as cheat on him with other men. Despite my endeavors, and the confrontation of Arnold with Dr. X, a positive transference could not be re-established so that I had to take over the treatment of the patient with the hope of carrying him over the hump of the summer vacation.

His therapy consisted largely of support, reassurance, and suggestion. It was interspersed with attempts to help him to assimilate some aspects of the psychoanalytic insight which he had acquired in analysis and, whenever possible, some further bits of understanding were cautiously meted out in small doses. The treatment was complicated by the psychopathology of his parents and wife. Two brief periods of hospitalization were unavoidable; in the first of them prolonged sleep therapy proved beneficial.

As Arnold's psychoanalysis with Dr. X laid bare some of the unconscious material, his ego felt the impact and danger of regressed libidinal and aggressive instinctual drives. They were no longer sufficiently covered by the neurotic façade nor were they adequately acted out in psychopathic behavior. A weak ego was besieged by passive homosexual and destructive hostile impulses. The superego induced intense guilt feeling and the need for punishment. Fear of abandonment by his wife, whose image, now condensed and contaminated with the combined parental introject, led to panic and the wish for appeasement.

As panic developed, elements of passive homosexuality emerged and the wife-mother appeared associated in an unholy alliance with men representing the powerful, dangerous, yet desired paternal introject. In order to appease his wife, the ego resorted to masochistic submission and, since her imago was

condensed with the parental introjects, it regressed to the use of the same mechanisms used in early childhood. The patient renounced his virile aspirations and felt emasculated as well as condemned to weakness and abject dependence on his wife and her real or imaginary wishes. Every new step in his psychoanalysis represented a danger which threatened him with punishment and retaliation for his march toward emancipation and individuation. Thus, the next regressive step toward anaclitic dependence and symbiosis threatened the ego with complete annihilation. The regression of the ego to its somatic origins made the somatic self the object of anxious love and concern and resulted in a variety of psychosomatic symptoms of all-absorbing intensity. These symptoms appeared to be in the service of the secondary gain of pleading for mercy from all parental figures: the wife, the parents, friends, and, last but not least, the analyst.

The release of large quantities of primitive non-neutralized aggression caused Arnold to expect retaliation from his wife as well as from his parents. This fantasied retaliation assumed inevitably the form of abandonment, emasculation, homicide, and sexual dealings of his wife with other men who were substitutes for the paternal introject. Thus, fear and panic ran the gamut of anxiety on all levels of development of the somatic and psychic ego. These regressive mechanisms were massive resistances against any step forward in psychoanalysis and professional career. Every success was accompanied by intense anxiety since it had not only the unconscious implication of emancipation from the authority of his parents and of his wife, but of hostile defiance as well. The disturbed personalities of all protagonists in this drama contributed their share to all the difficulties and offered ample opportunities for the distortion of object relationships and the panic reactions of the patient. His wife did indeed threaten to leave him and his parents threatened to cut off his funds as punishment for his misbehavior.

The patient's infantile ego was caught between the wish for individuation and emancipation and the need for anaclitic de-

pendence and symbiosis. It was because of this conflict that Arnold behaved like a child who grabs desperately at the hand of one parent when the other rejects him. In frantic fear of his wife, Arnold would cling to me, telephone and plead for help. Characteristically, he would frantically try to secure the succor and continuous assistance of a series of elderly male friends and companions. Panic and fear of the loss of loving care caused Arnold to regress time and again to the phase of early narcissism and take his bodily self as the primary and sole object of his love and concern. This resulted in intense somatization and hypochondria with the fear of castration, or rather total destruction, displaced to various parts and organs of the body. Evidently, such intense somatization provided a powerful bulwark of resistance and required special therapeutic handling.

These and many other reaction patterns accounted for symptoms which ranged between hysterical conversion, hypochondriasis, anaclitic and grieving depression, and occasional flashes of paranoid delusions. The hysterical part of this spectrum was striking in its dramatic histrionics and childishly naïve obviousness. Yet, for Arnold, the hysterical attacks had the impact of a shattering catastrophe. At one point he staged an attack of fantastic dimensions in my office during which he threatened to stab himself with my letter opener, cried and uttered howling screams so that it was necessary to call his father and hospitalize him. This haven of refuge maintained its attraction for some time and subsequently Arnold enforced a second hospitalization of a few days.

TECHNICAL CONSIDERATIONS AND CONCLUSIONS

My general conclusion is that the total clinical picture was the result of multiple, complex factors in Arnold's psychic structure, his immediate environment and, last but not least, in the disturbance of intrapsychic homeostasis caused by psychoanalysis. Here Glover's dictum about 'the polyglot version of transference neurosis', especially in what he describes as the traumatic transference neurosis, is apropos *(5)*. Also of pertinence

is our recent knowledge of the autistic and symbiotic phases in infancy and of the struggle for individuation and identity, since the psychotic reactions described are fundamentally based on serious disturbances in infantile object relationships. The literature on the subject is well known and includes the classic contributions of Margaret Mahler and co-workers. An excellent formulation of the data concerning psychoanalytic nosology of childhood psychic disorders can be found in a contribution by Settlage *(9)*.

In order to avoid unpleasant surprises, one should not start psychoanalysis without a careful diagnostic and prognostic evaluation. Initial interviews with the patient and, in the case of juvenile or other dependents, with a close family member can enlighten the alert clinician. In some cases psychological tests are helpful. Finally, a period of trial analysis may resolve any remaining doubts. Here one should heed particularly the patient's tendency to rapid regression and to the scattering of associations. It is certainly shocking to learn of a psychoanalytic candidate in his second year of preparatory analysis being told by his analyst that he is a schizophrenic and therefore cannot go on with his training. Indeed, in one such case I found a patient to speak with schizophrenic incoherence when he assumed the habitual psychoanalytic position.

In this initial period one should also heed the extent to which the patient resorts to mechanisms of denial, distortion, and massive projection. Heavy use of such mechanisms should alert the analyst to the possibility of underlying psychosis. Reider observed an unusual incidence of parapraxes. Violent changes of mood and outbursts of poorly controlled primitive aggression are also warning signals. Rapid and deep regression, and the emergence of undisguised or poorly disguised repressed material are other significant manifestations of psychotic potential. Trial psychoanalysis allows us to ascertain whether the distortions, projections, and denials produced by the patient are amenable to a relatively easy correction.

Once the psychotic potential has been recognized, or at least

suspected, further handling of the patient becomes the decision of the analyst. He may abandon the battlefield; however, in most instances the analyst, interested more in the patient than in a rigorous application of the rules of classic technique, will adapt his strategy to the particular needs of the patient and to the perils of the situation. A good deal will depend on therapeutic goals. Should the analyst decide that psychoanalysis is too dangerous, he may confine himself to the limited goals of supportive therapy with the ultimate aim of helping the patient to get over some particularly difficult situation or to adapt himself to the inevitable limitations of his personality. However, should the goals remain truly psychoanalytic and aim at the reconstruction and reorganization of personality, then the analyst cannot avoid breaking down the crippling neurotic and characterological defenses. Under these conditions psychotic disturbances may be unavoidable. They are, as it were, the price which must be paid by both the patient and the analyst. In such cases the provocation of the psychosis may help to melt the armor and to recast the raw material of personality into a better mold. This idea was expressed as far back as 1938. In his study of amentia, Almasy came to the conclusion that in his cases amentia was the means by which the ego attempted restitution. 'Perhaps it will be possible by way of deeper knowledge of the ego, to reconstruct the ego in a more elastic way and so cure every chronic neurosis and functional psychosis by an artificial amentia' *(1)*.

Further technical implications aim at limiting the psychotic disturbance to a minimum so that it does not get out of control. Obviously, the handling of the transference is of paramount importance. In this regard, the handling of erotized transference and of hostility is especially important. Acting out may present special difficulties and is one of the factors which may necessitate brief hospitalization. Acute anxiety, agitation, and deep depression may require medication. A more detailed discussion of technical implications in such situations can be found in my book, Psychotherapy of Psychosis *(3)*.

Two important points in the handling of these patients should be stressed. First, the personality of the analyst must be flexible enough to allow for a great deal of freedom in his handling of the patient. Variations in the frequency of sessions, the position of the patient, and the amount of therapeutic activity are necessary. These considerations, in combination with the need for being genuinely warm and empathic while still maintaining an over-all psychoanalytic situation, impose on the analyst demands beyond the usual call of duty. Second, careful preparations must be made concerning the availability of the analyst beyond the appointed analytic hour. The patient should also be availed of the possibility of contacting the analyst, or a substitute, during vacations or other unavoidable interruptions. An analyst undertaking the treatment of such a patient should be fully aware of these demands and decide whether he is willing and equipped to meet them. Despite these difficulties, an attitude of cautious optimism should be maintained. My belief is that in many instances the analyst's efforts will bear fruit.

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Circumcision as Defense

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CIRCUMCISION AS DEFENSE

A STUDY IN PSYCHOANALYSIS AND RELIGION

BY HOWARD H. SCHLOSSMAN, M.D. (ENGLEWOOD, NEW JERSEY)

In the analytic process clinical findings become available for comparison with religion and with that vague shadowland where mythology and history fuse. The present study of the ancient and widespread religious rite of circumcision was stimulated by a patient's error in the payment of his analytic fee, an error which represented an act of circumcision. The error offered some insight into his repetitive use of small injuries and losses as a defense against the danger of castration and, on a more archaic level, the danger of death following separation from the breast. The unconscious fantasy of a token sacrifice was elaborated upon by his competitive strivings, childhood preoccupation with his missing foreskin, and observations at ritual circumcisions. Examination of Biblical and mythological material suggests that the same need for defense is an important part of the fantasy content of the religious ritual.

I

Freud's footnote in the Little Hans case *(6)* is the earliest psychoanalytic reference to the link between circumcision and castration anxieties. He states that both the Jew and the woman are despised because a part or all of the penis is missing. However, the classic work on the subject is Herman Nunberg's monograph, Problems of Bisexuality as Reflected in Circumcision *(16)*. He presents clinical material from several patients who used their circumcised state to work out bisexual fantasies. One patient was circumcised at about five years of age, another gave infantile material in his identification with his newborn

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son about to be circumcised. Nunberg describes the wish for and fantasy of a bisexual state with the foreskin representing the feminine portion. 'The loss of the mother and the loss of the foreskin are closely associated in the boy's mind, as if femininity and foreskin were the same.'

Brian Bird has presented the case of a boy who considered himself castrated because he had a foreskin *(5)*. The glans was pinkish, moist, and tender and thus he was quite different from his father and brother who were circumcised. The boy's fantasies confirm Nunberg's observations concerning the association of labia and foreskin. The bisexual fantasy of the hermaphrodite is clearly described by this patient in terms reminiscent of Plato in his Symposium on Love *(17)*. Man was originally a double being and was split apart by the gods; since then each half seeks the other. Jules Glenn in his contribution to the psychology of anti-Semitism *(11)* has uncovered in one patient the concept that the uncircumcised male is weak and effeminate, unlike the circumcised male, the Jew, who is masculine and threatening. In another patient the same bisexual hermaphrodite fantasy appears in his belief that he has but half a penis because his twin sister has the other half.

Theodor Reik examines anthropological material in an extensive work, Ritual: Psychoanalytic Studies *(18)*. He writes about couvade and puberty initiation rites which usually include some mutilation of the foreskin; couvade represents identification with the woman in her power to bear children. Puberty initiation rites are explored with mythology and compared with psychoanalytic findings of the œdipal constellation. This presents another affirmation of Freud's discovery that puberty rites are used to strengthen the taboos against incest and parricide, and tighten the bonds between father and son. Reik paraphrases the attitude of the elders as: 'We love you but must rid you of your infantilisms'.

Another extensive study of the ritual of circumcision has been made by Bruno Bettelheim in Symbolic Wounds *(4)*. He examines puberty rites of the preliterate cultures of Africa

and Australia and compares them with some clinical observations of four pubescent children, two boys and two girls. He argues that circumcision at puberty expresses envy of the female as part of bisexual strivings, and refutes Freud's formulation in Totem and Taboo that the rite stems from the father's jealousy of his sons and that the primordial father literally castrated his sons *(10)*. Bettelheim concludes that in the puberty rite of circumcision the boy, envious of the opposite sex, wishes to experience symbolically menstruation, mutilated genitals, and childbearing. However, in the Jewish religion where the boy is circumcised on the eighth day, Bettelheim accepts the possibility that the child's awe of father's power subsequently contributes to castration anxiety.

II

During the analysis of a businessman of Orthodox Jewish background, it became evident that he unconsciously brought about small acts of mutilation involving himself and his possessions in order to deflect greater loss. These acts, unconsciously representing the mutilation of the foreskin in circumcision, were an attempt to deny the infantile envy of father's penis and an expression of submission in response to the fear of punishment by castration. On another level the danger of castration arose from his wish for the passive state of being impregnated by his father and its oral precursor in the fantasy of incorporating the breasts. Both fantasies were products of his omnipotent wish to be man and woman.

The patient, thirty-eight years of age, came for analysis because of recurrent depressions of short duration which he could not adequately relate to external circumstances. After approximately two years of analysis, he overpaid the analytic fee by mistake. From his associations it became evident that this incident reflected some unexpressed envy of and anger with the analyst. It was related to the fee paid for an earlier session missed due to bad weather. He overpaid the fee in order to maintain his repressed envy: 'You just sit and people bring you

money'. As the session continued, he associated to a number of childhood injuries, including the loss of a 'piece of myself', the tip of his finger. The memories were charged with feelings of envy and anger toward his parents. The injuries represented acts of circumcision which took place when he was overwhelmed by envy and afraid of retaliation. In his words: 'I cut off a little piece of myself'; this forced his mother to pay more attention to him.

A number of fantasies dealt with the regressive significance of the foreskin. In the transference, the fee represented the foreskin, and both fee and foreskin were largely anal representations of the phallus; the wish to castrate father and the fear of retaliation were easier to cope with in an anal fashion. On one occasion the patient described a fantasy of 'a penis wrapped in money'. On another occasion while investigating his fantasy of the connections between anus and penis, he jokingly referred to his penis as being like a familiar delicacy of childhood, 'a core of chopped meat wrapped in cabbage leaves' which would disintegrate without the sheath of leaves. The part for the whole would surely placate father since father's customers paid a little at a time; when customer-debtors brought their weekly payments on the Jewish Sabbath, he would not touch the money until sundown. In later years the yield from properties and securities continued regularly while father did nothing.

As the psychoanalysis approached termination, frightening thoughts of separation were accompanied by an increase of passive fantasies in dreams and associations. To these the patient responded with uncomfortable sensations along the shaft of the penis, as though he were 'sucking it in'. For three or four sessions during this period, he 'accidentally' left some coins on the couch as he got up. Later he recalled that he had changed the position of the coins in his pocket, thereby increasing the likelihood of their falling out. Here was a token sacrifice to me, a repetition of the old defense.

Since early childhood the patient had been involved with the 'extra piece'. As a child there were many minor accidents in

which he lost a small piece of various parts of his body—a tip of his finger, a piece of lip, a part of his eyebrow. As a wartime aviator, while taxiing in excellent visibility, he managed to hit an obvious obstacle and damaged a protruding part of his plane. This recurred several times as he was leaving for a zone of military operations; the accidents were never serious but always dramatic. The mutilations in childhood and the accidents in adulthood served as token payments, denials of envy, and punishment for greed. As a businessman after the war, he sought the 'extra piece' with considerable success. This he called 'vigorish', a slang term for an illegal extra percentage in a transaction. He was master of giving up or getting the extra piece.

Significantly, after the war, he dropped a few letters from his family name, thus hoping to avoid competition with a brother who was already established in the business field he wished to enter, but at the same time wishing to avoid the accusation of 'stealing customers'.

At times when associations led to the aggression of women, he would recall a dream he had had early in analysis about a girl cousin who appeared in the dream with a small penis. She had been a constant companion and as infants they were often placed in the same bed. Her tomboyishness made her an excellent playmate while her older brother had a withered leg and could not play as well. The contrasting physical state of these cousins was of particular importance to the patient as at eighteen months and again at two years he had required surgery for an osteomyelitic right leg and ankle. He recalled bathing with his girl cousin, and how much stronger she was than her crippled brother. In his anxiety he feared mutilation of his leg or of his genitals. During one session he remarked about the similarity between the appearance of the hairless genital labia of his girl cousin and the foreskin of uncircumcised gentile friends of his childhood. This made more convincing his fantasy that women have a secret penis and that without a foreskin he was defenseless, 'like a king, out on a desert, with

no moat or castle around him—he won't last long, unprotected'. His gentile friends were stronger and taunted him about the missing foreskin which they referred to as 'the best part of a man'.

The imaginary equation of circumcised state with defenselessness served to deny the importance of the penis and to overvaluate the missing part, the prepuce. And this offered some insight into a manifestation of anxiety that he called 'retractitis'. He was aware of sudden contractions of inguinal and perineal muscles which gave the sensation of the shaft of the penis being partially pulled into the body. He had no shield, no foreskin, so all he could do was 'suck' it in. His defenses largely represented protective activities and attitudes in place of the missing foreskin. In his envy-directed judgment the foreskin of his gentile friends was the most powerful of all defenses for the weak penis; the next best was the protecting genital lips of his girl cousin and his sisters.

As far back as he could recall, he believed himself to be sexually inadequate. During boyhood he was always careful to hide his 'small' penis. In his earliest attempts at coitus he was not surprised at premature ejaculation. For him the imagined partial castration of circumcision could be repeated: he had had two operations on his leg. He reported a dream in which 'two-thirds of my leg was removed'; an underlying dream thought was the morbid joke, 'they cut off too much'. Since it was a joke, he need not be afraid.

His development of athletic prowess brought about total acceptance by his gentile friends and they gave him an Irish nickname. At home he was witty, 'fast talking', and endearingly called a 'little thief'. He was his mother's favorite and 'got away' with more than the other children. He supported the denial of his illusion of a castrated state by perpetual motion on the athletic field, status as a war hero, altered name, and marriage to a 'beautiful girl who did not look Jewish'. In one hour he experienced some guilt about 'fooling the old man'; as a child his witty remarks made father laugh, but in the morn-

ing after his father left, he moved into the vacated place in mother's bed.

The patient was the fourth child and largely cared for by a sister since the parents were preoccupied with business and religion. He recalled only one gift from his father during childhood and this came from a business 'deal'. Otherwise both parents were remembered as not giving to him. There was considerable sexual stimulation in childhood. At family functions the children, left to their own devices, spent their time in sexual games. At summer hotels the entire family slept in one room. At age seven the patient attempted sexual intercourse with a little girl; at an earlier age, he recalled, during analysis, an experience of fellatio with a grown man.

The trauma of the two operations on his leg was condensed in a screen memory which illustrates an attempt to defend against castration anxiety by externalizing the experience.

> There is a dead man with a small pointed beard lying on the sidewalk, covered with newspapers. The place is the East Side, the Jewish section of New York. A taxicab comes by fast and the wind whips up the newspapers.

After recalling being told that his leg surgery had taken place in a hospital staffed by nuns, he had the idea that as the nuns walked through the corridors their headdresses fluttered like newspapers. Another recollection was that of his mother walking about in her nightgown, the folds of cloth swaying.

Small self-mutilations occurred from about age five and increased in frequency during latency. More sophisticated versions persisted into adulthood. These expressions of masochism were coupled with a great drive in athletics as an adolescent and in business as a man. Without physical or business activity he was anxious and depressed. Envy and competition were intensified by sexual stimulations; sadomasochistic patterns were structured by the surgery in early childhood. Thus a regression to a pregenital organization of instinctual expression and ego attitudes required less pressure of anxiety. He became the

clever, witty son whose apparent obedience fooled everyone while he undermined father's name and religion. He gave only under pressure, usually a little for a lot, and these traits served him well in his superior salesmanship.

The fantasy of threatened castration had been dealt with more successfully on the anal level of both drive and defense. The ability of the anal sphincter to pinch off small pieces of stool with an apparent daily regeneration served as the model for his defense of parting with small tokens. A group of fantasies concerning his internal anatomy and relationships with other people was based on the gastrointestinal system. On one occasion he described a system of tubes filled with feces running through the body with the anus at one end and the penis at the other; if he relaxed completely the column of stool would come out endlessly until the penis lost its fecal core and invaginated, making him a woman. In a more condensed version there was a horseshoe-shaped fecal column between the anus and penis with a clamp in the center to control the amount of defecation. If he lost the balance, the whole mass would come out and he would be left a woman. He could not clearly perceive the sensations of the perineal and anal muscular apparatus; he 'joked' that he was afraid he would tighten the wrong muscles and pinch off his penis or testicles instead of closing his anus.

His difficulties and distrust in his relationships to people were indicated in fantasies about coitus in which the aggression was projected onto the woman. In intercourse the penis was perceived as a straw between two mouths; he was concerned who would suck whom dry. He also imagined that the woman had great power as she approached orgasm. Thus with cautious control by oral and digital manipulation he brought his wife to orgasm in the foreplay and then entered: 'I first disarm the bomb'.

Oral and anal deprivations of childhood were equated by this patient with the passive experience of circumcision. In later years he reacted to any threatened deprivation by acts of

mutilation which represented circumcision. Thus he attempted to master the anxieties derived from the conflict in his bisexual strivings by a mechanism similar to anal function—a parting with small tokens. These representations of the ritual of circumcision were now under his control.

III

In 1909 Freud noted the similarity of obsessive rituals and religious practices *(9)*. Later he and others applied psychoanalytic concepts and principles to literature, mythology, and religion. In Ritual: Psychoanalytic Studies, Reik states that the story of Moses cannot be understood 'if we do not recognize that acts and customs, originally rejected by religion, become sanctified when carried out in the name of religion' *(18,* p. 316*)*. As in neurosis, the return of the repressed may be found in religion and sacred writings. In The Future of an Illusion, Freud stresses the defensive nature of religion: 'Civilization has to be defended against the individual; and its regulations, institutions, and commands are directed to that task' *(7,* p. 6*)*. He continues: 'the store of religious ideas includes not only wish-fulfilment but important historical recollections' *(7,* p. 42*)*. In a recent study, Ego Psychology and the Study of Mythology, Arlow examines man's capacity and need for myth-making from the point of view of the structural theory of the mental apparatus *(3)*. To summarize some of his ideas, myths, together with dreams, fantasies, and symptoms, stem from the common matrix: instinctual conflicts of childhood. In myth-making there is a shared experience which serves as an instrument for socialization, and finally through mutual participation in the myth, each member of the group is bolstered in his instinctual renunciation while permitting some indulgence in instinctual wishes through sublimated activities. The Greek plays offer good examples of these concepts; incest was the prerogative of the gods, and this theme rendered in plays during their religious festivals served to edify and inspire religious adherents. Though the taboo was re-enforced by the tragic consequences

in some plays, a vicarious gratification was experienced by looking at and identifying with the actors.

Arlow's approach to mythology can be applied to the understanding of religious rituals. As the compulsive ritual, among its many functions, represents the behavioral aspects of a personal unconscious fantasy, religious ritual could represent a repressed myth or tribal history. In this vein, let us examine the ritual of circumcision.

Circumcision consists of the removal of the foreskin exposing the glans penis; some groups incise while others remove the entire foreskin. Though almost universal, the custom is most familiar in the western world as a religious ritual among Jews and Mohammedans; the Jewish rite occurs on the eighth day of life, the Mohammedans perform circumcision as a puberty rite. There is contempt for and restrictions imposed on the uninitiated. Among Mohammedans 'uncircumcised dog' is a serious insult. The history of circumcision is extremely ancient. Flint knives were used in the ritual long after the introduction of iron (Joshua, V:2). The practice found among peoples of the Near East and Africa did not necessarily include all males. Freud believed that Moses, an Egyptian Lord, introduced the custom to his followers, the Israelites, in order to retain the cultural connection with Egypt but mark them separate from the other desert tribes *(8)*. Herodotus states that the Egyptians were the first to perform this rite *(13)*. Other writers of antiquity such as Philo and Josephus also refer to the custom.

A text on folklore reveals the paucity of legends and myths about circumcision *(22)*. It is speculated that the subject is taboo and too sacred for myth-making. The Bible describes the ritual as the sign of the pact between Abraham and God but proffers no reason for the selection of the foreskin as the token of the pact. The famous twelfth century rabbinical scholar, Maimonides, believed the reason to be the civilizing of the Jews: 'One of its objects is to limit intercourse and to weaken the organ of generation as far as possible, and thus cause man to be moderate. . . . The organ necessarily becomes weak when

it loses blood and is deprived of its covering from the beginning' *(15,* p. 267*)*. Lost somewhere in time was the initial intent of the well-established custom of circumcision and various interpretations endeavor to make it a more acceptable portion of the total doctrine. However, like a successful compromise in a character trait, things most familiar often disguise forbidden origins.

Today rabbis emphasizing religious omniscience point to recent medical discoveries as the reason for circumcision: for instance, lower incidence of carcinoma of the head of the penis among circumcised males, less carcinoma of the cervix in their wives, and a decrease in specific and nonspecific infections of the genitals. It is interesting that in his fifth century B.C. history, Herodotus states that the Egyptians circumcised because they preferred cleanliness to comeliness *(13)*.

The first Biblical mention of circumcision occurs in the story of Abraham where God makes his covenant with him: 'Every man child among you shall be circumcised' (Genesis, XVII: 10). And in return 'thou shalt be a father of many nations' (Genesis, XVII:4). Circumcision was the sign of the pact which designated the chosen people. In the Biblical version Abraham, son of Terah, was a dutiful son who went with his father when they left Ur. However, according to an apocryphal story, Terah was a maker of idols and Abraham as a boy was a rebel and disbeliever. He showed his contempt for his father's gods by destroying all but one with an axe, which he then placed in the hand of this largest idol. In response to Terah's horror and wrath, Abraham replied that this was the work of the largest, most powerful idol. Thus he used his father's false ideas as his own defense. The unknown Talmudic author described this as a clever joke *(23,* p. 455*)*.

In later years when Abraham was about to become the father of a legitimate heir, God offered the land 'from the river of Egypt unto the great river, the river Euphrates' and as many descendants as there are stars in the heavens (Genesis, XV: 18). In return the patriarch and his descendants are to demonstrate

their part of the bargain by circumcision. This is the first statement of the pact between Abraham and God. The sacrificial significance becomes evident when Abraham, at God's order, attempts to offer his son, Isaac. The Divine Angel stops him at the last moment and indicates the substitution of a ram. Then the promise is restated: 'I will multiply thy seed as the stars of the heaven, and as the sand which is upon the sea shore' (Genesis, XXII:17). Thus the twice-invoked covenant highlights the development of His mercy in the acceptance of the foreskin as a token sacrifice in lieu of the son.[1]

Circumcision appears to be the last phase of a particular evolutionary process of sacrifice to the gods. The Toltecs and the Maya of Mexico sacrificed adults, the Phoenicians sacrificed children. In another phase the genitals were sacrificed to the Mother Goddess, and finally the foreskin was offered to Jehovah as a sacrificial token. Almansi *(1)*, in a most intuitive work on the seven-branched candlestick, the Menorah, derives the seven lights from the glowing seven orifices of the child-consuming fire gods, Moloch and Chemosh. Roheim *(19)* notes the findings of excavations in pre-Israelite Palestine. The skeletal remains leave no doubt as to child sacrifice, which he relates to Abraham's attempted sacrifice of Isaac. The cruel rites of Phoenicia and Canaan were more imaginative but very similar to the Biblical episode of Abraham's attempted sacrifice of Isaac.

Since Terah was a maker of idols and citizens of Ur came to worship his handicrafts, he must have been an important priest, certainly next to God *(23)*. Did Abraham on the occasion of becoming a father remember his childhood envy and wishes to destroy his father? It seems plausible that he made peace with his father's spirit by offering a sacrifice, the foreskin of himself and his sons. The young father propitiates the envy of the god representing his father by sacrificing a piece of his son's penis,

1 I am indebted to Dr. Jacob A. Arlow for this concept.

in fantasy an extension of his own. Instead of taking, he gives; and since he gives a part, God will not take all.

In many ancient myths calamity befalls the heedless believer who forgets to deliver to the gods a portion of his good fortune. In plays and myths the Greeks ascribe some of their tragedies to one who demonstrates *hubris*. Because of his excessive pride and challenge to the god's power and wealth, he invites abasement. An illustration is the myth of Polycrates, the sixth century B.C. tyrant of Samos, a powerful island chieftain with his riches vested in seapower and piracy *(14)*. As the story goes, the King of Egypt while visiting Samos and noting its opulence reminded Polycrates of the gods and their envy, suggesting by way of conciliation a sacrifice to Poseidon. Polycrates removed his ring and tossed it into the sea. The next day he was served a fresh fish, inside of which he found his ring. This rejection of his token sacrifice foretold his downfall. In more recent times the Doge of Venice in an annual ceremony would throw a ring into the sea to represent marriage with the waters. In Phallic Worship, Scott writes: 'The mutilation of the genital appealed to the people as an eminently satisfactory means of offering a part of the body which would be most appreciated by the deity' *(19,* pp. 129-130*)*.

The theme of reducing the uncivilized sexual drives and promoting obedience to God's law appears again when the Jews are about to cross the Jordan into the promised land. All males who had not yet been circumcised relinquished their foreskins. Then all but one of the tribes of Canaan are destroyed in battle; the exception submits to servitude and is permitted to live (Joshua, V, IX). The orgiastic rites of the Canaanites had been an abomination to Jehovah and highly seductive to the Jewish tribes. Thus the object lesson is clearly drawn: submit and make a token sacrifice of your foreskin or suffer death. Religion demands obedience of its adherents and promises the return of infancy with its pregenital pleasures—the Garden of Eden. Circumcision is supposed to reduce the power to rebel by weakening the penis. But at the same time there is the return

of the repressed since each father arranges for the circumcision of his son and by displacement partially gratifies the infantile urge to castrate his father.

Four main concepts to explain circumcision may be summarized. First, a sacrifice in order to secure power and wealth (Bible); second, a weakening of the penis to diminish pride and make the Jew receptive to God's law (Maimonides); third, an act to promote health (Herodotus); and fourth, a tribal mark (Freud).

Though obscured by time and repression, a re-examination of the cultures and religions of the ancient Near East reveals other explanations of the ritual of circumcision. Religious zealots vigorously destroy or conceal any vestige of preceding beliefs, partly by the adaptation of pre-existing myths and institutions to new values and heroes and partly by censorship. Though this makes the work of recovery difficult, it seems feasible with the application of psychoanalytic formulations.

The angry rigidity and jealous demand for absolute submission indicates a constant threat to the maintenance of repression. As in compulsive disorders, the rigidity goes beyond the reaches of reality and justice. In the stories of King David, the Ark containing the ten commandments and other relics while being moved from Gibeah to Jerusalem was suddenly in danger of falling from the oxcart to the ground. Uzzah reached out to save it but, unfortunately, he was not of the priesthood and therefore died for his sin. His good intentions did not alter the law; only the hereditary priesthood could touch the Ark (II Samuel, VI: 7).

Before the arrival of the monotheistic Jews, the world appeared to be in ferment between two powerful religions. The Mother Goddess with her son-consort was worshipped under many names, each imbued with orgiastic mysteries. Though altered by later religions, there seemed to be a basic pattern of annual dismembering of the son-king and/or castration with sacrificial offering of the genitals to the goddess by priests and adherents. Ishtar, Atargatis, and Cybele changed their names

to Aphrodite, Demeter, and Rhea as they spread to Cyprus, Crete, and Greece, but they did not change their customs *(21)*.[2] The last and highly idealized version of this worship of the all-powerful woman is probably the Virgin and Christ myth of Christianity.

The other prominent orgiastic religion was the worship of the phallic god with his sister-consort, such as Zeus and Osiris. These gods evolved in a later era as attested to by the myths concerning their creation. Their predecessors were the ithyphallic gods, Baal, Dionysus, and Min, the forerunners of the Roman Janus, whose diminished status to a minor household deity is represented by phallic pillars. Scott has traced the origin and development of these primitive phallic gods to the Hebrew God, Jehovah *(20)*.

Into this ancient world where religions worshipped personifications of the instinctual drives came a new, austere religion bent on suppression of preceding beliefs. A 'thou shalt not' religion, rigid, punitive, and possessively jealous, demanded submission to one God. There is so much of the quality of the primitive superego in the aggression of this one God that primitive defense mechanisms can be found in Biblical accounts of Him.

His oneness, so heavily stressed in Jewish religious service, seems to be a condensation of many gods. Jehovah is written, not spoken, as though it were Adonai. However, this name sounds very like Adonis, the consort of the Syrian goddess, with a Hebraic suffix. He also appears in Greece and Rome with a slightly altered name, Dionysus. Another form of God's name, Elohim, probably derived from another Syrian god, El. Nunberg, in referring to Arthur Feldman's work, points to the feminine ending of the name Jehovah as indicative of its bisexual origin and significance *(16,* p. 78*)*. Robert Graves makes a similar point *(12)*. Almansi describes the bisexual symbolism of a Phoenician-Canaanite fire god *(1)*. It seems that one God

[2] A second century account of the priesthood and worship of the Syrian goddess, Atargatis, is described in The Golden Ass by Apuleius *(2)*.

representing many gods of both sexes is the ultimate in omnipotence.

The concept of defense in the question of the sexual austerity of the Hebrew religion may be contrasted to the orgiastic drive-worshipping religions. The Mother Goddess literally asked for the extirpation of the male genitals; the phallic god demanded orgies of sexual excess, both heterosexual and homosexual. Both led to the loss of sexual power either in castration or in satiation. The dangers, then, were the instinctual excesses and bisexual strivings prominent in the earlier religions. The defense was the structuring by a leader or a dominant group of an anti-religion—that is, against the pre-existing faiths. Freud suggests that Moses and his followers were that group *(8)*. The new deity was a severe one-God who insisted on suppression of orgies while He, in His omnipotence, accumulated the attributes of all the displaced gods. He required submission to His will with a token of castration (circumcision).

SUMMARY

In conclusion, the clinical material from one patient indicates that small losses, representing circumcision, were used to defend against castration anxiety inherent in the wish for bisexuality. This masochistic pattern offers an explanation for the ritual of circumcision. A consideration of Biblical and mythological material suggests that the Jews used the ritual to ward off the danger of punishment for returning to pre-existing orgiastic religions and to placate a new severe God who, while promising fruitfulness and the fruits of the world, demanded submission and instinctual repression.

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NOTES ON 'A CHILD IS BEING BEATEN'

BY DANIEL B. SCHUSTER, M.D. (ROCHESTER, NEW YORK)

INTRODUCTION

Freud in his 1919 paper, A Child is Being Beaten *(1)*, discussed a fantasy which he frequently found in his psychoanalytic practice. He referred to the pleasurable quality of the fantasy, its frequent culmination in masturbation, and the associated shame and guilt, and described three phases of the fantasy that occur successively in the development of the girl. The first is represented by the phrase, 'My father is beating the child . . . whom I hate'; the second by, 'I am being beaten by my father', which is unmistakably masochistic; and the third phase in which the patient is an onlooker and subject and object are altered to impersonal and ambiguous individuals. Strong sexual excitement is attached to the third phase, which serves as a masturbatory stimulus.

Freud discussed the genesis of this fantasy in terms of œdipal conflicts and sibling rivalry wherein the little girl feels 'If father beats my sister or brother, he must love only me'; the fantasy thus serves to gratify the girl's jealousy. He continued that this fantasy is 'dependent upon the erotic side of [the child's] life, but is also powerfully reinforced by the child's egoistic interests. Doubt remains, therefore, whether the phantasy ought to be described as purely "sexual", nor can one venture to call it "sadistic".' Precisely what Freud meant by this is difficult to know. Presumably, he was struggling with the problem of love alloyed with aggression, and the question of why libidinal strivings should be expressed in such a sadomasochistic way.

Freud pointed out that the first phase of the fantasy is not involved in genital excitation and masturbation, but rather is linked to an incestuous object choice which then undergoes

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repression and leaves guilt in its place. The guilt finds it way into the second phase of the fantasy through the theme of punishment, expressed by the idea, 'Father cannot love you for he is beating you'. Freud called this masochistic and added, 'a sense of guilt is invariably the factor that transforms sadism into masochism'. He went on to state that the shift in the fantasy is not only a product of guilt over incestuous love but also a regressive substitute for that love—i.e., being beaten instead of sexually gratified. The third phase of the fantasy is marked by the person assuming the role of spectator. The stress is on the sadistic aspect of the beating with the incestuous libidinal component repressed; the satisfaction derived is masochistic. 'The many unspecified children who are being beaten by the teacher are, after all, nothing more than substitutes for the child himself.' The child being beaten in this final phase of the fantasy is invariably a boy whether the fantasy occurs in a boy or in a girl, which is explained by the girl's abandoning her feminine role in turning from her incestuous love for father and moving toward a masculine identification.

At this time Freud regarded masochism as originating from sadism which has been turned upon the self. The transformation, he felt, is a consequence of the sense of guilt participating in the process of repression, which operates in three ways: by rendering 'the consequences of the genital organization unconscious', by compelling the organization to regress to the anal-sadistic stage, and by transforming the sadism of this stage into masochism 'which is passive and . . . narcissistic'. He was uncertain as to the origin of the sense of guilt but attributed it to a function in the ego of a 'critical conscience'. He did not fully explain why the œdipus complex is expressed as a beating fantasy, nor the relation of masochism to œdipal strivings.

I should like to re-examine some of these concepts in light of a patient's dream which, in manifest content, is similar to the beating fantasy, and to propose that both fantasy and dream have as their basis the sadomasochistic concept of sexual intercourse derived from primal scene experiences.

CASE MATERIAL

The patient, a thirty-year-old married woman, had been in analysis for three years at the time of this dream. Her main problems were characterological. Prior to analysis she had had involved, repetitive affairs with men, often older, who treated her badly. During analysis she married a man of her own age who was understanding and helpful. He had a three-year-old daughter of a former marriage. The patient loved her husband and gradually adapted to the marriage but continued to be frigid much of the time. Characteristically, she would become sexually aroused and capable of orgasm only after she and her husband had had a violent argument. (Earlier in affairs she achieved orgasm only when astride the man.) In the weeks before the dream, she had been preoccupied with her wish to have a baby of her own and was annoyed by the fact that a number of her friends were pregnant.

About a week before the dream, a neighbor and friend, whose wife was pregnant, became angry with her on the telephone over a trifling difference in which he seemed to be in the wrong. The patient was much perturbed by his inappropriate outburst and remained anxious and angry, seething over her inability 'to tell him off'. In the preceding months, this man, whom she said she found repulsive, had made a number of sexual advances toward her. She tentatively admitted that she had found him attractive when she first knew him, but insisted that this quickly gave way to feelings of annoyance and repugnance. She also admitted that she had never discouraged his advances. She characterized him as soft, fat, and unathletic. The day before she reported the dream, I had commented that in spite of her protests she did feel sexually attracted to this man. She admitted that he had 'awakened something' in her, and then added that she was disappointed that his wife had not remonstrated with him about his angry outburst. She then spoke of how she used to fight with her father and wondered if she had been irritable lately with her stepdaughter because of

the child's excessive interest in the patient's husband. At the end of the hour I commented that there might be a parallel between her past fighting with her father and now with her neighbor, and that the fighting might involve sexual feelings.

The next day she reported a dream which she had had the night before.

> She [her stepdaughter] was unclothed from the waist up. I kept hitting and hitting her. I could feel her ribs. I felt badly about it but could not stop. There was more to the dream, but I can't remember.

In her associations to the dream she said she must be a bitch to have such a dream. She had been angry all week although now, following the dream, she was in a good mood. She commented on the thin bodies of little children, that their ribs stick out and seem so fragile. She had recently seen a thin girl at the beach who reminded her of how she had looked at ten. She then spoke of German concentration camps, and of the bloated bellies and prominent ribs of the children. She referred to the angry episode with her neighbor and how in the dream she had hit a defenseless person whereas she really wanted to hit her fat and pudgy neighbor. She commented on how thin her father is and how she had wanted to punch her parents in the nose when she was little. She returned to concentration camp scenes, and then to her childhood fears of the bogeyman and the dark. She added that she had read that the men around Hitler were 'sexually minded', interested in perversions, often accused Jews of perversion, and sent them to concentration camps. She complained that she could not think of sex as pleasurable in marriage.

The link in her mind between torture and a child being beaten, sexual excitement and suffering was pointed out to her. She responded, 'That little child in the dream is me—being punished'. She added that the neighbor's wife in allowing her husband to be rude to her was also important and then recalled

her mother's frequent admonition that it was the patient's fault if men behaved badly toward her.

The dream and its associations contain many interesting references to genetic and dynamic material. The problem at the time of the dream was that her wish to be impregnated was being frustrated by her husband. This was reflected in the transference, in which her sexual tension was mounting. The rebuff from her neighbor reactivated the childhood feelings of frustration about her father. Moreover, she was jealous of the neighbor's pregnant wife. As usual, she was suffering at the hands of men who, like her father, had rebuffed her. The theme of concentration camps, Germans, Jews, torture, and perversion was related to her masochistic suffering at the hands of a cruel man.

The dream represented both the wish to be loved by her father, her neighbor, and her analyst, and the wish to be punished (to be beaten). As in the beating fantasy, the incestuous impulse was expressed in the dream in a regressive manner while the guilt was expressed in the punishment theme. An ancillary theme was the annoyance with the man's wife who allows her husband to be rude. This was linked with her mother's admonitions about her responsibility when men made sexual overtures to her.

Basically the patient's sexual life and relationships with men were under the domination of a sadomasochistic concept of sexual intercourse derived from distorted perceptions of parental sexual activity and fantasies arising in the phallic period of development. Prior to the dream there had been many references to the primal scene. Apparently her impressions had been primarily auditory ones, encouraged by her brother who told her to listen at the wall to sounds from the parents' room and who explained by demonstrating what was going on. She conceived of their sexual activity as violent and bloody, and the penis as an awesome, dangerous organ which was capable of doing great harm in the process of penetration. Penis envy and intense castration anxiety played an important part in her de-

velopment, stemming from the early days with her brother. Thus a tremendous struggle with masculine strivings had been in evidence from childhood when she was brave and active like a boy, thin and 'bitchy', instead of feminine and sweet. She remembered wishing she would wake up one morning and be a boy, and that she had contempt for anything frilly and feminine. There were also many references to having a fantasied, hidden penis with resultant struggles over exhibitionistic tendencies. The dream alluded to this in the portrayal of the child naked from the waist up. The upper (feminine) part was exposed, the lower (masculine) part was clothed and contained the hidden penis. She spoke of her feeling that mother must have had a penis and of her confusion about the sexual role and what transpired in parental sexual activity, i.e., who had the penis. She often indicated her wish to be the sexual aggressor. There was great conflict in assuming the feminine role, which meant submitting to the man, being tortured, castrated, and injured by the penis. In retaliation, she fantasied tearing the penis from the man and attaching it to herself *(2)*.

In the dream multiple, shifting identifications can be seen. The little girl represents the patient as a child with frustrated desires for her father, for which she is being punished by the mother. She also suffers at the hands of her father rather than being gratified. The little girl also represents the mother, a hated rival. (The patient made many references to her annoyance and jealousy of her stepdaughter who was able to get anything out of her husband.) She hates and is hated, represented in the dream by one who beats and one who is beaten, both being the patient herself. The beating also represents masturbation—the child being the penis. Other identifications deserve particular emphasis. Mother and child in the dream represent father and mother having intercourse, the patient identifying with both. She identifies with the sadistic, attacking father and becomes violent herself in order to defend against identification with the helpless, violated mother. The dream goes beyond the feminine incestuous wish and the wish to be

punished: it also represents a triumph through identification with the aggressor.

DISCUSSION

In 1919 Freud regarded masochism, as well as all perversions, as 'precipitates' of the œdipus complex and looked upon masochism as originating from sadism that has turned upon the self as a consequence of guilt. In 1924, in The Economic Problem of Masochism *(3)*, he drastically modified his views and described masochism as a primary phenomenon: that portion of the 'destroying instinct' which 'remains inside the organism and . . . becomes libidinally bound there'. He wrote of the taming of the death instinct by libido and of fusion and defusion of these two instincts and of 'erotogenic masochism' which, though derived from the death instinct and a component of libido, still has the self as its object. He discussed the important role of unconscious guilt or the need for punishment in neurotic suffering, and the relation of guilt to conscience and the superego—the consciousness of guilt is an indication of tension between the ego and the superego. Through introjection of the parents and desexualization of one's relation to them, it becomes possible to surmount the œdipus complex. The superego, 'the conscience at work in the ego', may become harsh against the ego. In this way Freud traced the relationship of the œdipus complex to an ethical sense and to the excessive moral inhibition of masochistic characters, and finally to the concept that in moral masochism morality becomes sexualized once more and the œdipus complex is revived.

The emergence of the superego from œdipal conflicts has been further elaborated by Kanzer *(6)*. The institution of the superego involves 'a defense against the recollection of the primal scene and a purging of the sexual elements from the images of the parents. Their desexualized memories are then retained as ego ideals.' Kanzer reminds us also that the observing and criticizing functions of the ego are important elements in subsequent superego formation.

Recently the Kris Study Group has published a monograph on beating fantasies *(5)*. Clinical material is presented to illustrate the wide range of disorders in which beating fantasies occur, attesting to a certain universality of such fantasies. The monograph touches on a number of aspects discussed here, including the genetic factors, the relationship of the fantasy to masochistic character and neurosis, the relative importance of œdipal and preœdipal components, and the form and function of the beating fantasy. A point particularly relevant to this paper is the comment that the fantasy, like the dream, has both a manifest and latent content, the latter varying from patient to patient depending upon the genetic experiences.

During the phallic period both positive and negative œdipal conflicts are at a high pitch. At this time the active-passive, masculine-feminine, subject-object, actor-spectator dichotomies make possible the kind of compromise formations seen in beating fantasies and in my patient's dream. In the dream there is a parallel to the third stage of the beating fantasy: the subject in both is only an onlooker and the characters are disguised. The mother and father as participants in the primal scene are not present but are represented by the patient's identifications and actions in the dream. The development of identifications is stimulated by observing the anatomical differences of sexes and witnessing the primal scene wherein identifications shift back and forth between parents according to the vicissitudes of internal conflict.

In superego formation, the functions of observing and being observed, as well as listening and being heard, are critical. My patient felt she was critically observed ('beaten') by me in the session before the dream when I pointed out her sexual interest in the man she depreciated. This led to a re-enactment in her dream of œdipal themes where she was both child and parent, the punished and the one who punishes. The dream is a product of masturbatory fantasy derived from the period when phallic strivings, under the impact of the primal scene, were being modified by the developing superego. An allusion to the

masturbatory aspect, aside from the sexual meaning of beating, was her comment in the dream: 'I felt badly about it but could not stop'. The incestuous impulse was obscured by the transformation of the dream in which the patient took the place of the father (and the mother). She experienced horror, not sexual excitement.

The work of the superego is also suggested in the transition of the fantasy from the second to the third phase by the displacement from original characters (father and child) to ambiguous and impersonal figures (teacher and children), and the removal of the subject from the scene of action to the role of spectator. This shift involves the functions of observation and criticism so central to the superego. The original hated rival becomes obscured and the element of punishment remains in a diluted form: it is happening to someone other than the subject. Under these circumstances, the sexual impulse can break through and culminate in masturbation.

In her dream my patient was dealing with the harsh and critical father (the analyst who becomes the beater) by identification with the aggressor, and at the same time she was the child being beaten. She vented her fury on the hated rival (her stepdaughter and originally her brother), but at the same time through the dream process of condensation and oscillating identifications punished herself for her incestuous impulses as well as her anger, originally directed toward her phallic mother, at being denied a penis. The internalization of her aggression was made possible by the superego.

We can go beyond Freud's observation that the beating fantasy is a regressive substitute for father's love and state that it is related also to the problem of aggression and masculine identification in the girl's struggle with primal scene anxieties. The fantasy, as illustrated by the dream, is a regressive expression of the superego's struggle to master both positive and negative œdipal castration conflicts.

The questions why œdipal struggle should be expressed in the particular form of a beating fantasy and what relation this

has to female sexuality and the broader problem of masochism, remain. It is no longer customary to view the problem of masochism solely in instinctual terms, especially as revised in terms of the death instinct. The matter of aggression turned on the self to satisfy the need for punishment is simple and clear enough; but introducing the libidinal element is more complicated. I believe the problem can be clarified by bearing in mind the dominant influence of the primal scene on the formation of identifications during the phallic period. Parental intercourse is almost invariably viewed by children as a violent encounter in which one partner is assaulted and penetrated by the other. Whether seen, heard, or fantasied, it is the model for the sadomasochistic polarities of the phallic period with all of its concern about penetration, castration, and bisexuality. The inevitable position of the girl in this situation is disadvantageous because of the threats of penetration and destruction. Even though she seeks restitution by clinging to the belief that she, like mother, does indeed have a penis or angrily endeavors to acquire it from the man, she is constantly confronted by the fact that she is the target of the sadistic, phallic intent of the man. This predisposes a woman to a masochistic perspective; all sexual expression will be tinged with some degree of pain and suffering. It is not unexpected, therefore, that a woman should think of copulation as being beaten. And I believe this to be more influenced by sadomasochistic phallic drives than anal-sadistic drives. (Gero [*4*] has recently emphasized the importance of the phallic period with its sadomasochistic fantasies.) Moreover, the woman's need for punishment, which originally related to her feminine incestuous impulses, is accentuated by her phallic, masculine strivings. She feels guilty for her aggression toward both her mother and her father, whom she blames for her castrated state.

SUMMARY

Freud's paper, A Child is Being Beaten, is re-examined in the light of clinical material from a patient whose manifest dream

was similar to a beating fantasy. Freud's later concepts on masochism and superego formation are discussed, as are the contributions of other authors. It is proposed that beating fantasies and dreams of beating derive not so much from the anal-sadistic period as from the phallic period when primal scene experiences lead to sadomasochistic concepts of intercourse and to shifting identifications with both (violent) father and (violated) mother.

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Reactions to Differences Between Prepubertal and Adult Testes and Scrotums

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REACTIONS TO DIFFERENCES BETWEEN PREPUBERTAL AND ADULT TESTES AND SCROTUMS

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

Bell *(1, 2)* and Blos *(3)* have commented on the extreme rarity of clinical descriptions which pertain to the importance of the testes in normal psychosexual development as well as in the establishment of pathological conflicts. This communication is intended to indicate the pathological impact made on some individuals by their observations of the qualitative differences between the physical structure and visual appearance of prepubertal and postpubertal testes and scrotums.

Older children consciously tend to perceive the basic physical difference between themselves and adults of the same sex to be one of size and strength—with the notable exception of adult female breasts and pubic, as well as general body, hair. Endocrine stimuli at puberty effect major morphological and functional alterations in the testes and scrotum. In addition to generalized growth and enlargement, certain changes occur in the physical configuration of the testes and the total visual appearance of the scrotum and its contents. The testes themselves become evidently more elongate, ovoid, and slightly flattened. The enlarged scrotum becomes quite pendulous in appearance because of the increased weight and size of its contents. Further, the left testis 'hangs' below the right to a grossly apparent degree, and the testes swing about much more.

The gross qualitative differences between prepubertal and adult testes and scrotums do not go unobserved by 'sharp-eyed' youngsters. Their observations often elicit fantasies, emotional reactions, and conflicts which can be quite varied and developmentally influential as well as pathogenic. The writer has found this to be especially so in instances where defective

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body image formation was of central significance in the genesis of certain patients' basic psychopathology.

Clinical material obtained from the extensive analyses of three diagnostically disparate adult patients—two males and one female—will be cited to illustrate the pertinence of these considerations. Bell's opinion that testicular conflicts tend to be deeply repressed and analytically elusive is supported by the clinical examples: the analyses of these patients were far advanced before the data could be elicited. Only that material pertaining to the main thesis of this paper will be used from the analyses of these three patients.

I

A thirty-two-year-old male patient, who had been actively homosexual during early adolescence, became severely depressed in reaction to divorce and to separation from his wife and two children. In defense against the depression, he developed for the first time overt, solitary, transvestite activities. He would wear women's panties and brassieres, which he would fill out with stockings. After donning a negligee and carefully 'hiding' his genitals in the panties, he would walk about in front of a mirror and fantasy that he was a seductive woman or prostitute. At times he would masturbate while engaging in this activity; at other times masturbation followed it. Deeply ashamed of his perverse inclinations, he sought psychoanalysis after a course of psychotherapy. At no time was there evidence of latent psychosis.

Although no references to his testes were made in the anamnesis, he disclosed during the analysis that he had been bilaterally cryptorchid until age seven, at which time his testes spontaneously descended. It is noteworthy that his psychotherapist, an experienced and able clinician, had never been aware of the patient's childhood cryptorchidism. Of especial interest is the fact that at the outset of analysis, the patient had no actual, conscious memories of his scrotum being empty, although he possessed all the objective facts through information provided

by his parents. A number of highly disguised screen memories from his early years were subsequently related to memories and fantasies from the period of cryptorchidism. There was only one screen memory, from approximately age six, which directly touched on the subject. This affectless memory was one of sitting on a medical examining table while his mother and the doctor openly discussed the possibility of future surgery in the event that his testes failed to descend. However, there was no visual representation of his genitals in the memory.

The descent of his testes completed his body image, made him a normal boy, and spared him the terrors of surgery. Ordinarily, one would imagine that the long-awaited arrival of the recalcitrant testes would have been a joyous event whose memory would be highly cathected, cherished, and easily available in the preconscious for conscious recall. Surprisingly, the reverse was true, as attested by the total repression. The traumatic effect of acquiring external testes owed itself to the confluence of a number of factors. It is not possible to quantify the individual import of each of the major contributing factors that are to be described, but each proved to be a vital force.

A completed body image served to define his ego boundaries and emotionally separated him from the world about him; tenacious fantasies of fusion with the mother were made more untenable. Becoming a 'real boy' collided with cherished hermaphroditic fantasies stemming from the equation of his empty scrotum with the vagina: he had hoped that one day he would be the sexual lover of both parents. Further, he had the omnipotent fantasy that, if his parents frustrated his instinctual wishes, he could be his own lover, that is, he would penetrate his 'scrotum-vagina' with his own penis and even bring about self-impregnation. He was also deeply affected by the guilt created when he felt that his intense oral incorporation fantasies directed toward the father's testes had been realized. Even the dreaded surgery had been secretly hoped for since it represented sexual surrender to, and impregnation by, the father. These various fantasies had assumed a central role in the

little boy's life and were rudely shattered, or made untenable, by the sharp definition of his sexual identity which was forced upon him by the descent of the testes.

His misinterpretation concerning the structure of his newly arrived testes precipitated another devastating narcissistic blow. Repetitively he studied his testes by palpation. To his utter dismay, he found them to be small, round, and snugly supported by his scrotum. Their small size was not disheartening as he well appreciated that all parts of a child's body grow larger with time. However, their essentially spherical form was very disturbing since he had felt the testes of adolescents on occasion during play and had noted that their testes were elongate. He had also carefully observed that his father's testes, and those of his adolescent brother, tended to 'hang' and swing about loosely. The conclusion he drew was that life—basically his mother—had heaped upon him the ultimate fraud. The fantasies which he had elaborated to console himself for his early childhood deficiency lay about him in shambles. In return, he felt that a pair of worthless testes had been foisted upon him. It is difficult to convey the poignancy of the patient's feelings and the total and utter despair which he expressed while re-experiencing the childhood trauma in the analysis.

II

Another patient, a twenty-eight-year-old male who suffered from a character disorder with mixed neurotic symptoms, was born with a mild congenital defect of the right arm which was surgically corrected at age seven. This mild defect, in conjunction with his having always been a frail and sickly child, set him apart from two older brothers who were extremely virile, agile, and physically 'perfect'. The feeling of being defective was re-enforced by both parents and relatives who regularly, in his presence, unfavorably compared his lack of physical vigor with that of his sturdy and robust brothers. Feelings of defectiveness and anxieties about his body were incorporated into his various castration fears and unconscious feminine identifi-

cations. As would be expected, he inwardly blamed and hated his mother for his 'castrated' state.

A unique fantasy began to recur in the fifth year of analysis. Although initially somewhat vague, it gradually assumed a clearly defined form. The fantasy was of acquiring his mother's right breast by orally attacking and devouring it. The question naturally arose: why the right breast? Further analysis clarified the peculiar specificity of the fantasy.

His intense unconscious tendency to identify with his penisless mother was terrifying, as is always the case. Defensively he equated the mother's body with a phallus. In order to complete the symbolic representation of male genitals, he equated the mother's breasts with testes. Completely 'genitalizing' her body in this manner permitted him to identify safely with her. This complete and specific body-genitals equation, as distinguished from the vague and confusing interchangeability in the analytic literature of the body-phallus and body-genital equation, has been more extensively described in a previous paper *(6)*.

Slowly pubertal experiences began to emerge from repression. The patient had paid assiduous attention to the maturation of his penis, testes, and pubic hair. Subjectively all seemed to go well with the growth of his penis and pubic hair, but to his horror it seemed to him that his testes were not faring so well. As his left testis progressively hung lower and lower, he became deeply distressed by his misinterpretation of the implications. Despite the puritanical attitudes in his home, he had managed to get brief glimpses of his father's and brothers' scrotums. The visual impressions were somewhat vague and he did not perceive any differences in the relative positions of the testes. Accordingly, he erroneously thought that his right testis was defective in some way. The narcissistic mortification resulting from his misinterpretation was immense, as was the resultant rage. Once again, his mother had cheated him: her 'sin' of creating him with a frail body and a defective right arm was compounded by her giving him an inadequate right testis.

The fantasy of orally devouring the mother's right breast was derived from the wish to undo the imagined defect of the right testis. In effect, since he equated his mother's breasts with testes he felt that if he orally incorporated her right 'breast-testis', it would become his own and make him as 'complete' as his powerful brothers. This fantasy had become allied with, and re-enforced by, earlier oral aggressive fantasies directed toward the mother because of his congenital abnormality. Similar oral aggressive fantasies directed toward the father's and brothers' testes appeared to be primarily displacements of the rage toward the mother.

III

A twenty-eight-year-old woman with a mixed neurosis entered analysis because of severe anxiety attacks, frigidity, and bouts of spastic colon. As a child her front teeth protruded considerably and became the focus of conscious feelings that she was extremely ugly and 'different' from other children. This was re-enforced in her latency years when she was required to wear 'grotesque' orthodontic devices. At this time she also had to use bulky, unattractive shoes in order to correct a mild orthopedic problem. Both the orthodontic and orthopedic treatments proved highly successful and she matured into a tall, physically well-developed, and attractive woman. Nevertheless, the conscious feeling that she was homely persisted; in late adolescence she felt 'too fat'; in adulthood she thought her breasts were 'too large' and her face 'just ugly'.

The conscious self-image of her childhood and adult years was traced in the analysis to powerful unconscious castration anxieties. The occurrence of a slight rash or even a few ordinary facial pimples would precipitate a state of panic associated with the fear that the condition might worsen and be totally disfiguring. As a result of the mechanism of displacement, she unconsciously perceived the threat to her face or body to be one endangering her illusory penis.

The multiple faceted fantasy of an illusory penis was re-

petitively worked through as were the intense oral aggressive fantasies directed toward the father's penis and toward the mother, whom she blamed for her lack of a penis. At the beginning of a session during the fifth year of analysis she discussed the persistence of her fantasies of possessing a penis and of the almost uncontrollable and guilt-ridden wish to devour the penises of men important in her life, including the analyst. She remarked: 'Right now I'm again imagining that I have a large penis between my legs. I can't rid myself of this idea and I know that if I do I'll get enraged. Now I'm imagining the penis turning into a pistol; now it's a cannon; now it's a cannon with large wheels—the wheels must be balls!'

The observation was made that although she had described many fantasies of having a penis, she had never once mentioned a fantasy of having testes nor had she ever expressed any interest in the testes of her lovers. She somewhat defensively commented that perhaps testes were introduced now because she wanted to be a man rather than a boy. In explaining this curious remark she referred to her conviction that testes descend during puberty. Confrontation with the true situation completely befuddled her; she insisted that she had always believed the scrotum of young boys to be loose, empty tissue. A few transient observations of infants and children had given her this impression because of the contrast with the fullness and pendulous nature of her father's scrotum. There may well have been an element of repression or denial in her evaluation of prepubertal scrotums but this could not be demonstrated in the analysis.

Pubertal memories emerged in the form of a lengthy description of being preoccupied with the progress of her breast maturation. She was terrified by the thought that her breasts might not mature sufficiently and that she would be left 'flat-chested'. While ruminating about her breast changes she would often begin to wonder about the testicular changes her male peers were undergoing. It became apparent that she had unconsciously equated breast and testicular maturation and that the

fear of being 'flat-chested' was really a fear of being denied large, powerful testes. It was extremely reassuring to her to observe how rapidly her breasts were becoming large and full. The symbolic equation of her breasts with testes, coupled to that of her body proper with a phallus, afforded her the secure feeling that she possessed 'complete' male genitals.

The patient had often spoken of her fantasies of destroying her lover's penis but had never mentioned any aggressive intent toward his testes. However, after verbalizing the fantasies cited above, she guiltily described, at the end of a session, how she had 'accidentally' slammed her elbow against her lover's testes three days earlier. She stated that she realized she must have unconsciously intended to do so in view of her having been aware of a brief feeling of deep pleasure when he moaned in pain.

Most adult and child analysts have the impression that it is particularly difficult to gain access to repressed memories and fantasies of the latency, prepubertal, and early pubertal periods. This clinical impression in itself suggests that much occurs during these periods that merits careful analytic attention and elucidation. Although traumas occurring at these phases of life are relatively late and undoubtedly gain much of their strength through association with earlier ones, they are nevertheless quite real in their own right and of clear clinical importance. The examples given point up the clinical and theoretical necessity for fuller appreciation of the psychological impact which testicular maturation may have upon both boys and girls in the latency, prepubertal, and pubertal periods of development. In addition to the work of Bell *(1, 2)* and Blos *(3)*, other facets of conflicts about testicles during these phases are described by Glenn *(4)* and Keiser *(5)*.

SUMMARY

In addition to the generalized enlargement, puberty causes the testes to become more elongate, ovoid, and flattened. The scro-

tum becomes quite pendulous and full in appearance and the left testis 'hangs' below the right to a grossly apparent degree. The evident qualitative differences between prepubertal and adult testes and scrotums do not go unnoticed by young people.

The experiences and fantasies of two males and one female are described. The fantasies of a latency boy, which were derived from comparison of the physical structure and visual appearance of his testes and scrotum with those of adults, had pathological consequences for him. Another male patient's misinterpretations about the implications of pubertal changes that he observed his testes undergoing in early puberty, had frankly pathological effects. A woman patient assumed that prepubertal scrotums were empty because of their difference from her father's obviously full and pendulous scrotum. Her belief that testes descended during puberty was utilized in elaborating fantasies about her genitals, which were of central clinical importance.

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General Systems Theory and Psychoanalysis

Felix F. Loeb & Edward J. Carroll

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GENERAL SYSTEMS THEORY AND PSYCHOANALYSIS

II. APPLICATION TO PSYCHOANALYTIC CASE MATERIAL (LITTLE HANS)

BY FELIX F. LOEB, M.D. (PITTSBURGH) AND EDWARD J. CARROLL, M.D. (MIAMI)

This paper is an attempt to apply general systems theory to the area of clinical psychoanalytic data. As such, it is an extension of the previous paper by Charny and Carroll which applied general systems theory to psychoanalytic theory. As has been indicated, general systems theory is a general method of dealing with the organization of complex, hierarchically arranged systems. The particular way in which any given system is handled will depend upon the nature and content of that system.

We will first describe a systems model that we have developed, then illustrate how the model may be used by inserting into it some of the clinical data in Freud's case history of Little Hans *(2)*.

Bertalanffy *(1)* organized science into the following hierarchy of interrelated systems (Chart I); I, Electrons and Protons; II, Atoms; III, Molecules; IV, Organic Molecules; V, Macromolecules; VI, Cells; VII, Organisms; and VIII, Supra-Individual Organizations.

For our purposes, we deal only with Bertalanffy's Organism System and his Supra-Individual Organization System and are not directly interested in the other six related systems. These six related systems are considered to be the organic substrate of the organism. What Bertalanffy has called the 'organism system', we call the 'self-system'; and we treat his 'supra-individual or-

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CHART I

VIII Supra-Individual Organization
VII Organism
VI Cells
V Macromolecules
IV Organic Molecules
III Molecules
II Atoms
I Electrons & Protons
ACTUALITY SYSTEM
Visceral System
Motor Behavior System
Perceptual System
Body System
Psychic Reality System
Return of Repressed Presentation System
Instinct Presentation System
Memory Presentation System
Conscious System
Preconscious System
Unconscious System
Repression Proper System
Primary Repressed System
Psychic System
Self System

ganization system' as the next larger system to the self-system, which we call the 'actuality system'.

The organism or self-system is divided into various systems and subsystems as illustrated in Chart I. Here it can be seen that the self-system contains the psychic system and the body system. The body system in turn contains the motor behavior system, the visceral system, and the perceptual system. The psychic system is divided into three subsystems: an unconscious system, a preconscious system, and a conscious system. These three subsystems are distinguishable on the basis of the relative accessibility of their content to consciousness.

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		(Hans can get mother for himself without hurting father by giving father's mother to father. Thus, he can have mother without fearing retaliatory castration)		36. Hans: 'Why mummy, and you're their grand-daddy.'	
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The entire case history of Little Hans has been inserted into our model and this requires seventy-five pages. To illustrate our method, only some of the first and last of these pages are presented here. If the material in the entire case could have been presented, the usefulness of our systems model for ordering the clinical data would be even more apparent.

Time is represented by a vertical descent down the page and from page to page. The left-hand column contains Little Hans' age at the time of the events listed in the other columns. It should be remembered that the unconscious system is timeless (assumption 5); hence, the time notations are relevant to the unconscious system only in so far as they demarcate when the unconscious system interacts with the actuality or conscious systems (the two right-hand columns). Actuality occurrences to which Little Hans is exposed are represented in the right-hand column. The columns marked primary repressed system and repression proper system represent these systems as described. The preconscious and conscious systems share a single column because everything in the conscious system automatically becomes part of the preconscious system if it is not

put into the unconscious column. Vertical lines represent system boundaries. Events are numbered in sequence; and movement from one system to another is indicated by the movement of identical content from one column to the next. An arrow pointing in both directions between the conscious system and the unconscious system indicates that the conscious system content is a consciously manifest representation of the corresponding repressed unconscious system content.

Ideally, both the verbal statements and the other motor behavior of Little Hans should have been placed in a separate column designated 'motor behavior', but for convenience of tabulation, Little Hans' verbal behavior has been put in the conscious column and his other motor behavior has been put in the actuality column. In so doing, we have not violated the rules of our system because all motor behavior is part of the actuality system and because, according to assumption 1, stated above, all actuality occurrences to which Little Hans is exposed become psychic reality presentations within his conscious system. Thus, Chart II is a simplified representation of Chart I.

SUMMARY

A chart illustrates the way our particular general systems model was used to order psychoanalytic case material. We hope the sample chart illustrates how a general systems model can be used to represent and organize case material in a graphic way to accentuate the psychodynamic processes occurring within a patient as he interacts with his environment. Here one can follow conscious ideas as they are repressed into the unconscious system and can then see how these unconscious ideas are represented consciously by substitute formations.

One might ask what this exercise has contributed to psychoanalytic theory, to the understanding of Little Hans, and to science in general. Concerning psychoanalytic theory, we believe that use of this systems model enables us to define terms more precisely and gives a more graphic understanding of the

relationships between the concepts used. As to Little Hans, we believe this method clearly illustrates the interrelationship between Hans and his mother and father, and that his confusion about anatomy and sexual functions is a reflection of the conflicting information his parents gave him. This conflicting information presumably is derived from the parents' own sexual conflicts. In regard to science in general, it is believed that an illustration such as we have used will make some of the methods of psychoanalysis clearer to students of related disciplines.

In conclusion, we feel that systems theory offers heuristic and practical advantages as a framework for handling psychoanalytic theory and psychoanalytic clinical data.

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General Systems Theory and Psychoanalysis

Felix F. Loeb & Edward J. Carroll

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GENERAL SYSTEMS THEORY AND PSYCHOANALYSIS

II. APPLICATION TO PSYCHOANALYTIC CASE MATERIAL (LITTLE HANS)

BY FELIX F. LOEB, M.D. (PITTSBURGH) AND EDWARD J. CARROLL, M.D. (MIAMI)

This paper is an attempt to apply general systems theory to the area of clinical psychoanalytic data. As such, it is an extension of the previous paper by Charny and Carroll which applied general systems theory to psychoanalytic theory. As has been indicated, general systems theory is a general method of dealing with the organization of complex, hierarchically arranged systems. The particular way in which any given system is handled will depend upon the nature and content of that system.

We will first describe a systems model that we have developed, then illustrate how the model may be used by inserting into it some of the clinical data in Freud's case history of Little Hans *(2)*.

Bertalanffy *(1)* organized science into the following hierarchy of interrelated systems (Chart I); I, Electrons and Protons; II, Atoms; III, Molecules; IV, Organic Molecules; V, Macromolecules; VI, Cells; VII, Organisms; and VIII, Supra-Individual Organizations.

For our purposes, we deal only with Bertalanffy's Organism System and his Supra-Individual Organization System and are not directly interested in the other six related systems. These six related systems are considered to be the organic substrate of the organism. What Bertalanffy has called the 'organism system', we call the 'self-system'; and we treat his 'supra-individual or-

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From the Western Psychiatric Institute and Clinic, Pittsburgh.

Read at the District Branch meeting of the American Psychiatric Association, Philadelphia, November, 1964.

The stimulating influence of Albert E. Scheflen, M.D. and Ray L. Birdwhistell, Ph.D. is gratefully acknowledged.

CHART I

VIII Supra-Individual Organization
VII Organism
VI Cells
V Macromolecules
IV Organic Molecules
III Molecules
II Atoms
I Electrons & Protons
ACTUALITY SYSTEM
Visceral System
Motor Behavior System
Perceptual System
Body System
Psychic Reality System
Return of Repressed Presentation System
Instinct Presentation System
Memory Presentation System
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Extra-Analytic Contacts between the Psychoanalyst and the Patient

William Tarnower

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EXTRA-ANALYTIC CONTACTS BETWEEN THE PSYCHOANALYST AND THE PATIENT

BY WILLIAM TARNOWER, M.D. (TOPEKA)

In The Ego and the Mechanisms of Defense, Anna Freud, referring to the patient's functioning outside the analytic hours, commented that the psychoanalyst often 'lacks opportunities of observing the patient's whole ego in action' *(2)*. On the couch, the patient is not obliged to cope with environmental stimuli of daily life, and his ego function is restricted by the psychoanalytic rule of free association. Likewise, the patient lacks opportunities to gain knowledge about the psychoanalyst, for the analyst limits his interaction with the patient. In his paper, Further Recommendations in the Technique of Psychoanalysis, Freud writes: 'I do not wish my expression to give the patient indications which he may interpret or which may influence him in his communications. The patient usually regards being required to take up this position as a hardship and objects to it. . . . I persist in the measure, however, for the intention and the result of it are that all imperceptible influence on the patient's associations by the transference may be avoided, so that the transference may be isolated and clearly outlined when it appears as a resistance' *(4)*.

The paradox between the analyst's and the patient's wishing to learn as much as each can about the other and their mutual avoidance of each other outside of the treatment sessions provides an instance of tension between wish and prohibition, likely to give rise to symptomatic behavior in both. This aspect of the relationship of the analyst and the patient falls 'without'

From the Department of Clinical Services, The Menninger Clinic, Topeka, Kansas.

Presented at the Annual Meeting of the American Psychoanalytic Association, Los Angeles, May 1964.

the official boundaries of the treatment, and the occasional disturbances that arise in it tend to be overlooked by psychoanalytic writers. It may be worth while, therefore, to give some attention to this problem, to examine examples of the symptomatic behavior of patients and their analysts arising in chance meetings outside of the office, and to make an effort to understand the phenomena.

Freud and Fenichel point out that the patient not infrequently attempts to make a division of treatment, to divide the relationship to the analyst into 'official and unofficial' *(4)* and to utilize such varying attitudes toward the analyst and the analysis 'for resistance in such a way that analysis and life become isolated from one another . . .' *(1)*. Familiar examples include the patient's attempts to regard his remarks either as part of the treatment, or as unofficial and unrelated to it, depending on whether he is on the couch or standing up *(1)*. Once he is not only erect but outside the office, it is even easier for the patient to rationalize what he says or how he reacts when encountering the analyst, and the patient may assume that such responses outside the office have nothing to do with the analytic process.

Now, to the question of why many patients and psychoanalysts avoid or minimize contact outside of the office. Granted that the patient's wishes or feelings or fantasies may be otherwise inclined, the fact appears to be that the patient on the whole will avoid situations, meetings, or social gatherings at which the analyst is going to be present; conversely, if the psychoanalyst is aware that his patient is going to be at a small affair, he usually decides to be elsewhere *(6)*.

Not infrequently the patient feels embarrassed or awkward at the prospect of passing the psychoanalyst on the street and may choose to take a circuitous route rather than pass directly by him. If the patient is with a relative or friend when passing, he may be disinclined to exchange the usual greetings or to make any acknowledgment of the psychoanalyst's presence, behaving as if he did not see him or pretending to be preoccupied

with another person. The patient may take measures to insure that he does not stand next to the psychoanalyst in a movie or cafeteria line, and to find himself seated at the same table at a card party or small luncheon would inevitably lead to a great deal of discomfort, possibly even to the point where he would excuse himself from the table.

An attempt to understand the reactions of discomfort and avoidance mentioned necessitates brief consideration of some aspects of the psychoanalytic situation, which will be highlighted in the case material that follows. There is the confidentiality of the material, the encouraged regression of the patient's thoughts and feelings, the injunction to abide by the basic rule and to refrain from acting on thoughts and feelings. Moreover, there are the patient's fantasies about the omnipotence of the analyst, and the focusing of both parties upon the patient and his problem.

In chance meetings outside the analytic situation, of course, some of these elements are not present. The proprieties require that each perform certain conventional acts of courtesy. Moreover, the patient's fantasies about the psychoanalyst's omnipotence may be interfered with by simple observations in reality, and his problems are not usually the main concern of the psychoanalyst in a social situation.

A female patient, twenty-eight-years old and unmarried, for many years had suffered from severe phobic reactions as well as disabling obsessive and compulsive behavior. She remained in her room for hours reciting the Lord's Prayer over and over again, lest some unacceptable thoughts come into her mind. She refused to leave her room unaccompanied, fearful that something terrible would happen to her if she did. Even while in her room she demanded that someone be with her, or at least that some adult she knew be within sight at all times.

Some years prior to her analysis she had been in psychotherapy, which she interrupted when she became aware of having strong erotic feelings toward her therapist. At the be-

ginning of her present treatment she said definitely that she was never going to have any feelings for any doctor again. She compared the treatment situation to seeing a dentist; she was going to pay for the services provided but was not going to 'get involved' in the treatment.

One day when the analyst encountered the patient walking on the street with her father, she lowered her eyes as she passed and gave no indication of knowing the analyst. In the hour that followed, she made no comment about the incident and, when reminded of it, said she did not remember the meeting. Later she did recall it, said that she had had other things on her mind, and it simply had not occurred to her to greet the analyst. Asked to associate to the thoughts on her mind at the time, she said her thought had been that she did not want to introduce her father to the psychoanalyst. This provided a stepping stone to deeper motivations. She wished to keep the psychoanalyst completely isolated from her father lest the father interfere in some way with the treatment. Further analysis of her symptomatic behavior showed that on the one hand she was afraid to greet the analyst or introduce him to her father lest the father take sides with the analyst against her. On the other hand, she was concerned that her father might influence the analyst by presenting a picture of her different from that she herself had presented in the analysis, thus changing the analyst's attitude toward her. She also feared that her father might be critical of the psychoanalyst and that she, in turn, would then become anxious and angry with her father. She recognized her wish to keep the psychoanalyst completely separated from her father, to keep the therapy isolated from reality, to keep the psychoanalyst and the analysis to herself so that she could control it, and she feared that her father might wrest control of the analysis and the analyst from her. At another level, she wished that the father would influence the analyst, criticize him and thus express his concern and love for her so she could live out the infantile neurosis that father choose her over mother. The lowering of her eyelids was a

condensed effort to deny the wish to look at a man, to deny the conflict involved in giving up father but also the need to be true to him; there was danger of incest and, simultaneously, danger of losing father if she set her eyes upon another man. She was protecting herself from the attraction of men, including the psychoanalyst. And it also became apparent that she was projecting her own conflicts about the analyst and her attitude toward him onto her father.

A second example of reactions to extra-analytic meetings reflects symptomatic behavior that provides important material for analysis.

The patient, a twenty-three-year-old businessman, sought psychiatric treatment because of repeated periods of depression, which were precipitated by arguments with his wife. During the first year of the analysis, the patient spoke in the most positive terms of his feelings toward the analyst, always with the implied but never stated hope that the analyst would provide him with some peace and gratification, something which he never experienced at home with his wife and something which he felt had been denied him in his earlier family relationships. As the analysis proceeded, the patient's underlying frustration and anger toward the analyst increased, but without open expression of these feelings in the transference. It was apparent that the patient felt it impossible to be angry with the analyst from whom he expected so much; for to become angry with him created the danger that the analyst would give him nothing. Where then could he turn for the gratification of his need for love and power?

A chance contact between the psychoanalyst and patient occurred while the patient was out driving. Looking through the windshield, he saw the analyst walking across the road. He drove past without acknowledging the analyst's presence or showing signs of recognition. In the following hours, there was no spontaneous association to this incident. Only when the analyst called the omission to the patient's attention did he recall a fantasy he had had while driving. He spoke with great

difficulty about the fantasy and attempted to explain away its significance by asserting that it had some reality basis and 'might have happened' had he not been a careful driver.

The fantasy was that the patient's car struck the psychoanalyst and killed him. Simultaneously with this idea the patient felt a strong surge of anxiety at the thought of losing someone so dear to him. He then spoke of a time in his life when he had fantasied that if his father were to have a car accident and die, he would be given everything by his mother. In the present situation, the patient felt that if the psychoanalyst were to die, he would be given special consideration, less would be demanded of him by his wife and by his boss, and he would be able to excuse himself for not working as hard as others since he had suffered a great loss which somehow would have to be made up to him.

In another instance, the patient was a twenty-two-year-old female college student who came to analysis with a history of severe depressions. A prolonged relationship with another woman had broken up and resulted in her becoming so depressed that she had to be hospitalized.

One day toward the end of the first year of analysis, the psychoanalyst walked out of the clinic building as the patient was coming in, ten minutes before her appointment. The analyst smiled as he passed and continued walking in an opposite direction to conduct some business in the few available minutes. In the ensuing hour, the patient complained about how badly she felt; treatment was not helping her and she resented having to come. The analyst asked if her feelings were related to the chance encounter. She became acutely aroused and expressed herself with intense anger, criticized the hypocritical quality of the analyst's smile, saying that it was a meaningless social gesture. If the analyst had really meant to be cordial, why did he walk away and not stop to talk to her? Why did he not take her with him? She felt let down and deserted. When she saw the smile, she immediately thought that the psychoanalyst liked her and wanted to be with her, but when he walked away it was

as if he had promised her something only to have the pleasure of hurting her by letting her down. Subsequent associations had to do with recollections from childhood, memories of her mother's smile, how changeable it was and how the love that it promised was often not fulfilled; the smile was readily replaced by an angry look and by critical comments that hurt and angered her. In the transference, the analyst had come to represent the patient's mother, frustrating and depriving, yet at the same time so 'wonderful' that it was painful to be away from her even for short periods of time.

A final example concerns a twenty-seven-year-old unmarried lawyer, who sought treatment because of his constant feelings of uneasiness and inferiority. The oldest of four sons, he looked upon himself as his father's right-hand man, the son who would eventually take over the law firm in which his father was a senior partner. Many times in the course of the analysis the patient expressed his conviction of being open and honest with the analyst and of saying everything that came to his mind.

By chance, while walking along a street with some friends, the patient was observed by and observed the analyst. His embarrassment was obvious for he blushed and quickly turned away to talk to his friends. In the analytic hour that followed this incident, the patient mentioned catching sight of the analyst on the street but quickly dropped the subject as if it were of superficial importance. As he continued to talk about other things, the analyst interrupted him and called attention to the sudden change of subject. He said he felt as if he had been 'caught in the act' by the analyst. He wondered how much the analyst had heard or observed as he had been telling jokes and was boisterous and somewhat provocative—a type of behavior he had neither evinced nor mentioned in his treatment hours where he preferred to present himself as a hard-working, serious-minded person, humble and modest. Analysis of this contrast between the boisterous and the modest led to a discussion of his fear of the analyst (as father), his need to please him, and to deny any self-assertiveness, competitiveness, or even anger,

hiding them under a cloak of humility and modesty. The manner in which the patient had come to transfer his feeling onto the analyst, who, like his father, might disapprove and punish, became apparent.

The intensity of the reaction to extra-analytic encounters suggests that patients respond with unusually strong feelings because such meetings catch them unprepared and off guard. So far as social contacts encourage the irrational wish to live out infantile fantasies, they create anxieties as intense feelings outside the analytic hour are more difficult to control. Understandably most patients strive to avoid such uncomfortable situations. If the patient finds a real basis for his feelings—for instance, if he saw the analyst with his wife, or joking and laughing, or embracing a friend—he may feel jealous or envious, or perhaps tender and affectionate, thus intensifying the clash between reality and the regressive fantasies of the analytic situation. The social situation may further facilitate the expression of these regressive attitudes toward the analyst if the environment encourages him to behave in a less inhibited way, as at a party. Etiquette may require that the patient or the analyst offer a cigarette, or a light, or a drink, in contrast to the analytic situation where such behavior could not occur.

At times a patient may declare that it would be wrong to talk with the psychoanalyst socially or even be in his vicinity outside the analytic session. He may couple this with the idea of 'not belonging' and with the recollection that as a child he felt his parents did not want him around. He may disclaim any right to be interested in the psychoanalyst's activities, his wife or children, and may criticize himself for being curious. At the same time, he may be resentful, angry, or critical of the analyst or of the treatment that is 'too rigid', unreasonable, and ungratifying. But even while he protests, he is usually in conflict, feeling that what he wants is wrong and, more than that, knowing that to get it would jeopardize the success of the treatment.

This complex of feelings is summed up in a patient's state-

ment about her wish to become involved actively in the psychoanalyst's personal life. She said that it was like wanting to crawl into the therapist's heart, like a little worm, to eat away at him like a worm in an apple, wanting to be nourished by him yet fearing that she would destroy him.

Another problem that confronts the patient in social situations has to do with the special and constant quality of the analyst's image as it exists in the patient's mind. This image is challenged by extra-analytic meetings, which provide new data that the patient must assimilate, perhaps forcing him to reformulate the image and reintegrate his feelings toward the psychoanalyst.

Still another consideration has to do with the contents of the analytic hours, which are usually left as unfinished business. The regressive relationship experienced on the couch might well be stimulated when the psychoanalyst is seen outside of the office, and transference feelings might then come into conflict with social rules and regulations; for while the thoughts and feelings of the analytic hour may be appropriate to the treatment situation and to the regression involved, they are rarely appropriate to social situations. As one patient expressed the conflict, 'In the office the analyst is a figment of my imagination. Outside of the office, he is very real, very human.'

Many patients who appeared to be aware of the conflict between their feelings in the psychoanalysis and their feelings outside are reluctant to mention the conflict in their treatment hours. This reluctance, as implied earlier, may provide an unusual therapeutic opportunity for the analyst, as the discrepancy between the intensity of the patient's reactions and his failure to mention them in the analysis may be difficult for even the most defensive patient to deny. Conflict is often obvious to both the patient and the analyst. There may be the wish, for example, to engage in a conversation with the psychoanalyst or to shake his hand, but at the same time strong reluctance or even fear to act on such a wish, with resulting behavior that indicates confusion, embarrassment, or indecision.

In part, the psychoanalyst is for the patient someone he knows well, with whom he has spent many hours, who understands him, and toward whom he may feel perhaps especially friendly. Simultaneously, the patient may feel inhibited in his actions, fearing that the satisfying relationship that exists in the analysis might be spoiled by an acknowledgment of the psychoanalyst as a real person. He wishes to maintain his transference fantasies and to preserve them in their gratifying infantile form.

In his office, the psychoanalyst is in a position to clarify the patient's feelings and attitudes, to point out that he comes to obtain help, to gain understanding of the psychic conflicts with their associated pain. The psychoanalyst can distinguish the patient's wish for help from those demands and wishes that reflect his regressive state of mind. He can make clear that the feelings and thoughts involved in the regression rather than being an end in themselves are a vehicle by which the patient can get the desired insight and relief. As Karl Menninger said, 'The patient comes for clarification, not gratification' *(7)*. He can learn that transference wishes and the desire to gratify them have little to do with the realistic and conscious wish to be analyzed. The difference between regressive wishes and real purposes can be clarified in the analysis but not outside.

What of the psychoanalyst and his feelings in this matter? He avoids contacts with his patients outside of the analytic hours deliberately because he does not want to intrude on the patient's life nor to burden him with conflicts that come from mixing real contacts and the transference. The psychoanalyst wishes not to mix professional and social activities, lest he himself feel inhibited. What he says or how he behaves may complicate or interfere with the analytic process *(6)*. More specifically, the analyst believes that interactions with the patient outside of the analysis interfere with the development and resolution of the transference phenomena, so essential to his work. Thus, it is easy for him to act on the belief in the reasonableness and importance of keeping the relationship within the analytic hour.

But are the psychoanalyst's technical concerns about the transference and his wish to separate his work from social aspects of his life the only factors which incline him to avoid patients outside the office? Can it be that these factors alone do not sufficiently explain the psychoanalyst's reactions?

Despite all the psychoanalyst knows about his patients, he is aware that the patient is defending himself, in part unknowingly, and distorting the realities of his past and present life experiences. He knows that the patient has no choice but to distort what he is saying, to defend against unacceptable thoughts and feelings, to defend against what he fears may destroy his relationship to the psychoanalyst. The psychoanalyst tries to gain a reliable picture of his patient by integrating what the patient says about his personal life, his work, his relationship to his wife and family, the transference, the symptoms, and so forth. But he knows he can never observe all of the patient's functionings in the treatment situation. Thus, if a temptation arises to get an outside view when a direct view or information is not available, this might take the form of wishing to get it from a colleague or friend who has personal contact with the patient. For all the knowledge the psychoanalyst has about the patient, he will understandably have some curiosity about the patient's functioning outside of the treatment situation. Anna Freud touches on this question: '[the child] continues to display [his] abnormal reactions where they were displayed before—in the home circle. Because of this the children's analyst is obliged to take into account not only what happens under his own eye, but also what occurs in the real scene of the neurotic reactions, i.e., the child's home. . . . Working from this standpoint we are dependent upon a permanent news service about the child . . . in the ideal case, we share our work with the persons who are actually bringing up the child' *(3)*.

Certain patients may create realistic concerns in the analyst, regarding the form that transference feelings might take outside the analytic situation. The erotic feelings of a young

woman intolerant of frustration, the angry feelings of one who is conniving and determined to have her own way, or the competitive and destructive impulses of a male patient whose psychopathology manifests itself in Don Juan behavior, might well get out of control when temptation is increased and the controlling structure of the analytic situation is not available. Such patients may well call forth some anxiety in their analysts who meet them socially. If one can believe what one not infrequently reads in the newspapers or hears confidentially from colleagues, conflict may be aroused in the psychoanalyst when he meets a patient outside of the analytic situation, particularly if the patient for one reason or another is especially appealing and attractive to him. Freud wrote of the difficulties made for the analyst by the admiration and adoration of an appealing woman. 'It is not the grossly sensual desires of the patient that constitute the temptation. These are more likely to repel than to demand the exercise of toleration in order to regard them as a natural phenomenon. It is perhaps the finer impulses, those "inhibited in their aim", which lead a man into the danger of forgetting the rules of technique and the physician's task for the sake of a wonderful experience' *(5)*. The psychoanalyst may have even greater difficulties, then, in coping with a situation that demands a synthesis of the elements in an extra-analytic situation where both social and professional elements are present, where transference, countertransference, and reality converge, destroying the safeguards inherent in analytic structure.

Other possible countertransference manifestations might be wishes to observe the patient outside of the analytic sessions in order to validate the analytic impressions, to be reassured that the treatment is proceeding satisfactorily, or to view with pleasure and pride a patient who is responding well to treatment. Unconscious voyeuristic impulses may be gratified and omnipotent and pleasurable fantasies of 'knowing everything' about the patient may be present.

Countertransference may seriously interfere with analytic

work if the psychoanalyst needs to deny awareness of wishes to have social contacts with his patients. Conflicts arising over the technical requirement of psychoanalytic treatment, human curiosity, and other human needs may well cause psychoanalysts some discomfort. Fortunately, most psychoanalysts control the temptation to participate in or to be an eye-witness of the patient's life. Perhaps these inclinations are more tempting to younger analysts with doubts about the reliability of their impressions or the effectiveness of their skills.

If the psychoanalyst, as well as the patient, excludes recollections of extra-analytic contacts from his associations in the analytic hours, the patient may be quick to sense this. The patient may realize that the analyst feels threatened by possible contacts outside of the office where protective professional attitudes and rules are not available. For example, if the patient mentions an extra-analytic contact and the analyst shows no interest, or makes only a superficial acknowledgment of it and lets the thoughts and feelings associated with the incident slip away, the patient may feel that his associations are unimportant or unacceptable to the analyst. By his permissiveness or lack of permissiveness in letting such matters pass unchallenged, the psychoanalyst reveals how he feels about the inclusion of such material in the analytic hours. Such contacts may never be mentioned in the treatment unless the analyst calls attention to the obvious omissions in the patient's associations. It is possible, of course, that the psychoanalyst would disclaim the need for concern about meeting his patient outside of the hour. Here a blind spot might obscure the psychoanalyst's awareness that he can tread on tender shoots of transference—or countertransference—, destroying the evidences of competitiveness, envy, or guilt. By denying concern or anxiety and claiming that social encounters are unimportant for the psychoanalytic process, or that they provide material comparable to other material that the patient brings, the analyst may overlook a fruitful area for analysis. The psychoanalyst can utilize chance contacts with patients to reflect on his own behavior and feelings, to note

whether his reactions to a given patient are specific or significantly different from those to other patients.

In closing, it is tempting to think briefly about post-analytic contacts between analyst and patient. What does it mean if an analyst makes it a practice to develop close relationships with his former patients? Is it evidence of unresolved transference and countertransference phenomena? Is the analyst using former patients to meet his personal needs for friendship, admiration, or to avoid loneliness, to deal with his own anxieties about separation? And what of the analyst who never feels comfortable in becoming friendly with a former patient, who believes that it is unfair to the patient and that the knowledge gained during analysis makes a real friendship impossible? Is it an injustice to the patient who might at some future time want a consultation or additional treatment *(6)*?

SUMMARY

Observations of extra-analytic contacts between analyst and patient suggest that for the patient, and not infrequently for the analyst, the reactions are symptomatic in nature. The meeting outside the analytic situation presents special difficulties for patient and analyst because the protective structure of the analytic situation is absent. It is impossible to deal analytically with the reactions at the time they occur. The psychology of the symptomatic acts is in the service of the patient's individual needs and is specific for the particular patient, often reflecting his transference relation to the analyst.

The psychoanalyst has good technical reasons for avoiding his patient outside of the hour. He does not want to burden his patient with impressions gained from reality contacts, thereby distorting or confusing transference reactions. The psychoanalyst may prefer to keep his professional duties separate from his social pleasures, and he may want to protect the patient from inappropriate behavior which might seriously interfere with the continuation of the analysis. These conscious reasons

may also serve as rationalizations to hide from the analyst some of his own countertransference attitudes.

The reluctance of certain patients to associate spontaneously about chance meetings with the psychoanalyst may provide the therapist with an unusual opportunity to help these patients recognize conflicts which otherwise are well defended against.

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REGRESSION AS A DEFENSE IN CHRONIC SCHIZOPHRENIA

BY ROBERT ST. JOHN, M.D. (BRIDGEVILLE, PENNSYLVANIA)

The severe regression seen in chronic schizophrenia is often considered beyond help or understanding. However, if this regression can be regarded as defensive rather than degenerative, in the Kraepelinian sense, the physician is in a better position to help the patient. Searles *(11)* expressed this approach when he stated: ' . . . even the most deep and chronic symptoms of schizophrenia are to be looked upon not simply as the tragic human debris left behind by the awesome glacial holocaust which this illness surely is, but that these very symptoms can be found to have . . . an aspect which is both rich in meaning and alive . . . that is, these very symptoms now emerge to the therapist's view as being by no means inert debris but as, rather, the manifestations of an intensely alive, though unconscious, effort on the part of the patient to recapture, to maintain, and to become free from modes of relatedness which held sway between himself and other persons in his childhood'.

The purpose of this paper is to present clinical material illustrating certain symptoms of chronic schizophrenics, and to conceptualize them in the light of recent theories of ego psychology formulated by Hartmann and Rapaport *(6, 7, 9)*.

The defensive nature of a symptom was demonstrated in the case of Millie V, who had been a patient in a state hospital for twenty-seven years. Daily she could be found curled up in a chair with her head resting on its wooden arm. To any question or comment made to her, her only reply was, 'My ear hurts'. This remark had some basis in reality as her ear was continually red from the pressure it sustained pillowing her head. She re-

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sisted any attempt on the part of the therapist or ward personnel to correct this symptom. She refused to change her position and a proffered pillow was tossed across the room. One day the therapist said to her: 'Millie, I think you need to have your ear hurt you. As long as it hurts, you know you are not dead.' She immediately jumped to her feet, slapped the therapist vigorously on the face, and screamed: 'Goddamn you! Don't you know I'll never leave. Nobody wants me. Leave me alone.' The ear symptom disappeared and to date has not recurred.

It would seem that this patient's painful ear served as a link to reality; it was her only verbal contact with the therapist. In a sense, it was her chief complaint and with it she told him that her ear, like reality, was painful. Furthermore, it was a way of 'pinching' herself to remind her that she and her environment were real, thus preventing a regression to a state experienced by her as 'being dead'.

Other case material illustrates the difficulty such patients have in differentiating themselves from their environment.

Joe E, who had been a patient in the hospital for twenty-six years, never seemed to notice anyone on the ward. When the ward nurse took a vacation, he became hyperactive and belligerent, and was found lying nude on the floor mumbling: 'Mary [the nurse] is dead. Joe is dead.' When two other patients began fighting on the ward, Debbie C very excitedly demanded that the therapist make the other patients stop hitting ***her***. Sally S demanded to be discharged and sent home so that she could be a person. When asked why she could not be a person on the hospital ward, she replied: 'The ward is people and I am people. The people are pigs and they make me a pig.' Mae N was watching men drilling on the grounds outside of the ward window. She demanded to be transferred to another ward because she wanted 'those men to quit drilling me'.

These patients were all capable of forming object relations, usually demonstrated in a negative way, by avoidance.

After the therapist began to make contact with her, Millie V would slip out of her chair when he came on the ward and hide

in the rest room. When the attendants escorted her back to the ward, she would strike at the physician when she saw him. Another patient, Betty O, who had been talking to the therapist, could not be awakened when he came on the ward after a week's vacation. The patient next to her said: 'She's playing 'possum. She was awake before you walked up.' The therapist replied: 'I know. She's mad at me for being away and this is her way of protecting me from her anger.' Betty did not move, but later, sitting up in her chair, she spoke to the therapist when he walked over to her. On the same day, as the therapist made his rounds from chair to chair, other patients got up, sneaked behind him, and sat down in a chair in back of him.

These observations suggested that these patients were capable of making object relations although they tended to react to the object by avoiding it. Moreover, they apparently avoided objects that had become meaningful to them. This phenomenon can be demonstrated in more detail with a patient seen in twice weekly psychotherapy sessions.

Alice B was admitted to the hospital in 1956. The admitting physician's note was still appropriately descriptive when I first saw her in 1963. 'She sits with head bowed, looking at the floor. She is unproductive. Questions are frequently answered with, "I don't know" or "I just want to get out of here!".' She had received courses of twenty ECT in 1956 and again in 1962 without improvement. When first seen by me, she sat on the ward, conversed with no one, and frequently avoided the therapist during his rounds. The first six interviews were nonproductive. There were long periods of silence but when she did reply to a question, her stereotyped answer was: 'I don't know'. She sat rigidly in the chair with her legs crossed tightly. Her only movements were associated with smoking cigarettes. When the therapist lit a cigarette, she wanted one lit; when he put his out, she put hers out.

A new approach was tried during the seventh interview. Noticing the way the patient mimicked him in smoking, the therapist decided to imitate the patient's position and move-

ments during the interview. When he placed himself in the exact position of the patient, she began to talk almost immediately. Her speech was completely disorganized. Although an exact reproduction of her associations is impossible, the major themes can be indicated. She was dead. She died when she came to the hospital. Her father was dead and was still alive. They only told her that he killed himself. She said, 'You are father'. (What did it mean to die?) She was afraid of doctors. Doctors cut on her. (The patient had been severely burned by an older sister at the age of three and had undergone several plastic operations on her face and body.) These associations continued in a disorganized, repetitive fashion until the therapist's legs went to sleep and he uncrossed them. As dramatically as she had begun, the patient stopped speaking. She behaved similarly in the next few interviews.

In the tenth interview, when the patient said she was dead, the therapist said: 'You feel dead, but you are alive'. Her reply was: 'How do you know?' He reached over and felt her pulse. As he was saying that he could feel her heartbeat and that she felt warm, she jerked away, screaming: 'Don't touch me!' She was told that this proved she was alive: she became angry when she was touched and dead people had no feelings. During subsequent interviews she verbally exploded at the therapist, telling him he got too close to his patients, but during this time she confused him with her father or dead brother, whom she hated. Concomitant with this reaction, she began to take more interest in her appearance and to help on the ward.

Hartmann *(7)* stated that the ego is a 'substructure of the personality' which is 'defined by its functions'. These functions include such things as perception, reality testing, control of psychic energy, motility, danger signal, thinking, protection from overwhelming stimulation from within and without, etc. Whereas Freud *(3)* hypothesized that the ego arose from the interaction and conflict between the id strivings and reality, Hartmann *(6)* took the view that there could be no ego without

id, and vice versa. Hartmann hypothesized that the id and the ego arose from a common primal matrix. He agreed that conflict is important in ego growth, but felt that certain substructures or functions of the ego are constitutional and therefore conflict-free in formation. These conflict-free structures can be divided into two types: a primary autonomy consisting of those elements of the psychic apparatus not derived from the id, such as the perceptive system, memory system, and motor system; and a secondary autonomy consisting of defenses, etc. that originate from conflict involving id derivatives but operate in the mature ego without direct dependence on the id. Rapaport *(9)* elaborated on the ego's autonomy and stated that the 'normal' ego is neither totally dependent upon the drive urges nor on environmental stimulation in order to function. Although these autonomous functions are relatively stable, they do require both id urges and environmental stimulation in order to maintain a relative autonomy from both the id and the environment.

In the patients described, there appeared to be a defect in the secondary autonomous functions of the ego. The clinical examples illustrate that these patients behaved at times as if they were total slaves to the environment, or as if they lost themselves in the environment, but at other times as if they were slaves to their impulses, as evidenced by periodic rage reactions. It would seem, therefore, that the clinical material supports Eissler's statement *(1)* that the defensive measures seen in schizophrenics serve to prevent 'dissolution of the ego'. One of these defensive measures is the feeling of deadness, also seen by Eissler, which is used as a multiply determined defense that, among other things, serves as a defense against affects. Eissler felt that affects were threatening to the schizophrenic and that when an affect arose, the schizophrenic blotted it out with the feeling of deadness. On the other hand, Searles *(10)*, who also saw the multiple determination of this defense, stressed that the schizophrenic's feelings of being dead serve as a defense against overwhelming anxiety about death.

In other words, death is not frightening if you are already dead.

In the author's experience, this feeling of deadness has several determinants. It serves, as Eissler stated, as a defense against affects; in interviews Alice would say that she was dead whenever affect-laden material was discussed. As Searles stated, it serves to protect the patient from the specific fear of death; Alice once said, 'When I'm dead nothing changes. I hate change. Change means things die.' Feeling dead may also represent the reacquisition or the merging with a lost object toward which the patient once felt ambivalent. Alice confused herself with her father when she felt dead; Sally confused herself with a dead aunt who cared for her when she was a child. The feeling of deadness also has to do with the lack of affective coloring in the ego. Alice once said, 'I am dead. I have no feeling.' Finally, the feeling of deadness seems to protect the patient against feelings of isolation, rejection, and loneliness by merging him with the world. As in the case of Millie, many patients presented the therapist with feelings of utter despair when this defense was dealt with in therapy.

These patients employ a mechanism to preserve the integrity of their egos that resembles repression. Eissler *(1)* hypothesized that the mechanism was primal repression and that it 'consists simply of the perceptive apparatus turning away from interior stimulation and its turning instead toward stimulation from without'. In other words, the ego of the schizophrenic makes use of a mechanism to preserve its integrity, but which paradoxically weakens it by rendering it a slave to the environment. Rapaport *(9)* stated that the ego maintains its autonomy in relationship to the outside world through the 'nourishment' of the id strivings and, when these strivings are interfered with, the ego's differentiation from the environment decreases.

In the clinical illustrations it was demonstrated that the schizophrenic attempts to defend himself against external stimuli by the use of avoidance. Although at first this may appear paradoxical, it is the author's impression that schizophrenics tend to use this response toward objects in the environment

only when these objects arouse feelings or stimulate id urges. This was demonstrated by the interview in which the therapist mimicked the patient, or played dead. When he 'died', the patient could tolerate him because he ceased to arouse aggressive and libidinal impulses in her; therefore, she had less need to avoid him as a dangerous source of stimuli. In another instance, Betty sneaked into the bathroom when the therapist came on the ward. Brought out to see him, she became enraged, broke away from the attendants, and screamed, 'Get away from me. I don't want you to fuck me!'.

It is suggested that in this type of schizophrenic the defenses are not secondarily autonomous but rather depend upon id and external stimuli. Rapaport *(9)* stated that in the normal ego the defense mechanisms have a relative stability and function in times of need; however, in the schizophrenic these structures lack permanence. This reduction or loss of secondary autonomy of the ego, in which it is dominated by either the id or the environment, is regarded by Gill and Brenman *(5)* as being identical to regression.

Freud and Federn differed markedly in their concepts of the ego psychology of schizophrenics. Freud *(4)* felt that the schizophrenic regressed by withdrawing libido cathexis from objects and then focusing this cathexis onto the ego, giving rise to a state of narcissism. On the other hand, Federn *(2)* felt that schizophrenics suffered a depletion in ego libido and had less libido for object cathexis, i.e., the schizophrenic's ego was regressed because there was insufficient libido to enlarge it by cathexis. The author agrees with Federn, in that the ego of the schizophrenic is depleted of both neutralized aggressive and libidinal cathexes. Hartmann *(8)* stated that the schizophrenic ego cannot bind or neutralize these id strivings as effectively as the ego of the nonschizophrenic. This may be due to or result from the failure to develop a secondary ego autonomy.

When these id strivings confront the ego, it becomes overwhelmed. In order to maintain the integrity of the ego, the schizophrenic attempts to block off all id urges; however, the

depletion of id strivings interferes with the ego's differentiation from the environment so individuality is threatened. When objects stimulate id strivings, the ego attempts to defend itself from the threatened breakthrough of the id urges by avoiding the objects. But this avoidance further challenges the ego. If the object refuses to be avoided, one of two alternatives occurs. First, the strivings may break through the barrier but are blocked prior to reaching the motor system. In this instance the patient, whose thought processes previously had been coherent although impoverished, becomes incoherent; he may hallucinate or become delusional. In the second alternative, the drives are not blocked and a 'catatonic rage' reaction occurs. Frequently, both reactions occur. Concomitantly, the ego attempts to defend itself by projecting ego alien impulses.

In the author's opinion, rather than indicating a 'relapse', the outbursts of chronic schizophrenics indicate a step forward—that the physician has succeeded in making an affective contact with the patient. During such episodes it is important that the therapist not avoid seeing the patient. Further, it is helpful to confront the patient with his behavior and with the object toward whom the behavior is directed. Such a method aids the patient in integrating his ego and regaining some control over his behavior.

SUMMARY

It is suggested that regressive symptoms seen in chronic schizophrenics are not static but are dynamic and understandable. The patient's tendencies to avoid object relations on the one hand, and to merge with the environment on the other, are conceptualized in terms of present-day ego psychology. A therapy session with a mute catatonic woman in which this understanding was used is described.

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A Conversation between Freud and Rilke

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A CONVERSATION BETWEEN FREUD AND RILKE

BY HERBERT LEHMANN, M.D. (SAN FRANCISCO)

Those readers of Freud's essay On Transience *(2)*, who combine interests in literature and psychoanalysis, must be puzzled about the 'young, but already famous poet' whose melancholy observations on the transience of nature's beauty provided Freud with the theme for his essay. Freud mentions that his conversation with the poet took place in the summer before the war, i.e., in 1913, yet an editorial footnote in the Standard Edition, while informing us that Freud spent part of August 1913 in the Dolomites, disappoints us by stating that the identity of his companions cannot be established.

Since the publication of The Freud Journal of Lou Andreas-Salomé *(6)*, I believe it has become possible to identify the young poet as Rainer Maria Rilke. In the entry headed 'Munich Congress' and dated September 7-8, 1913 (which is still summer), Lou Andreas-Salomé gives a brief account of the charged atmosphere at this memorable congress where the division between Freud and Jung became irreparable. She writes: 'Gebsattel[1] . . . sat down at last in Freud's corner however, as I was bringing Rainer. I was delighted to bring Rainer to Freud, they liked each other, and we stayed together that evening until late at night.'

It must have been that evening that the conversation took place which Freud records in his essay On Transience. The 'taciturn friend' of whom he also makes mention was probably none other than Lou Andreas-Salomé. Leavy *(6)*, in his very interesting introduction to her Freud Journal, comments specifically on her tendency to be silent in Freud's circle. The only doubt as to the correctness of the identification of the young poet is raised by Freud's remark that the conversation took place 'on a summer walk through a smiling countryside'. However, even if they did not go for a walk in the country that summer evening, we should grant Freud some poetic license in setting the mood for his essay. It was to be one of his contributions to a purely literary publication, entitled,

[1] A Munich psychiatrist and friend of Lou Andreas-Salomé and Rilke.

moreover, Goethe's Country. It had been solicited by the *Berliner Goethebund* to commemorate the great German poet, and leading figures in German literature were among the other contributors. Indeed, this essay serves well as an example of Freud's stature as a writer, which won official recognition some fifteen years later with the bestowal of the Goethe Prize.

If any scepticism remains, it should be completely dispelled by comparing the content of Freud's essay and Rilke's own intense preoccupations with thoughts about transience at that particular time in his life. The subject of transience was, in fact, a poignant one for both Freud and Rilke who were then living through important crises. When Freud in his essay defends 'the beauty and perfection of a work of art or of an intellectual achievement' even in the face of 'temporal limitation', he speaks very likely of Rilke's and of his own work respectively.

Psychoanalysis is Freud's great intellectual achievement. It was being seriously threatened by Jung's modifications. The day of Freud's meeting with Rilke, the showdown with Jung had taken place and Freud's task for the immediate future was to insure the permanence or the intact survival of his creation, and to deal emotionally with the painful loss of a supporter whom he wished to regard as a son. We know of the various ways in which Freud accomplished his task. On the intellectual front he composed his polemic, On the History of the Psychoanalytic Movement *(3)* and his new theoretical formulations of narcissism *(4)*. On the emotional side his essay, The Moses of Michelangelo *(5)*, gives us a glimpse of how he mastered his feelings for the sake of preserving his work. For Jung as the lost object, he substituted his loyal friends.

How Rilke transforms his melancholia over the transience of life and human creations is reflected in the near-mystical vision of the Duino Elegies *(9)*. Some kind of eternity is achieved by making life and death merely different phases of a continuing existence. The transience of the visible and tangible aspects of life is actually conceived to be a necessary condition for the attainment of this continuum. This is not the occasion to add to the numerous commentaries on this work which Rilke himself felt to be his finest achievement and which took from 1912 until 1922 to compose. Its conception, however, curiously bears some relation to psychoanalysis.

After the completion of his semi-autobiographical Notebooks of Malte Laurids Brigge in 1910 *(10)*, Rilke's relative stability of the previous productive years collapsed in a severe, prolonged emotional crisis. Of its many symptoms the loss of his creative energy frightened the poet most. His desperate efforts to court inspiration, which ranged from extensive traveling to dabbling in the occult, did not succeed. Princess Marie von Thurn und Taxis-Hohenlohe, his great friend, became so concerned over his attacks of depression that she offered him Duino Castle as a sanctuary, and from October 1911 until May 1912 Rilke stayed at Duino. There he seriously weighed the question of whether he should undergo psychoanalysis. Between November 1911 and January 1912 he wrote a series of letters *(8)* among which those to Lou Andreas-Salomé and Gebsattel, the analyst of his choice, are of particular interest to the psychoanalyst. Rilke describes his symptoms, discusses his anxiety that analysis will destroy his creativity, and expresses his view that his work was from the beginning a kind of self-treatment which, however, had lost more and more of its therapeutic character. 'What I know of Freud's writings is uncongenial to me and in places hair-raising; but the matter itself, which runs away with him, has its genuine and strong sides, and I can conceive of Gebsattel's using it with discretion and influence.'

It will have to be regarded as more than a coincidence that in January 1912, at the point when Gebsattel accepted him as a patient, inspiration returned to Rilke briefly but powerfully. He wrote the first of the Duino Elegies in one day. This restored his self-confidence sufficiently to tell Gebsattel 'that his earlier plans to submit to analysis had been merely pretexts, that the misery and joy of creation was his lot, and that relief would come through enduring, and in final achievement' *(7)*. The second elegy was also written at Duino shortly after.

Thus, by the time Rilke met Freud in September 1913, only the first two elegies were complete, and their basic theme is the contemplation of transience. Rilke must have discussed his ideas about the elegies with Freud. For instance, in the first elegy we find a reference to the 'mourning for Linos'. Linos is said to have been a god of the old Greek nature-worship, and the Linos song is a dirge for the departing summer *(9)*. Freud in his essay on transience

counters the poet's lament about the transience of the beauty of nature with the following passage: 'Each time it is destroyed by winter it comes again next year, so that in relation to the length of our lives it can in fact be regarded as eternal' *(2)*.

Whether the third elegy, which was completed two or three months after the Freud-Rilke conversation took place, reflects ideas expressed by Freud cannot be determined. The material on childhood, love, and sex in this elegy is more likely the result of Lou Andreas-Salomé's attempt to work psychoanalytically with the poet in October 1913, the month after the meeting with Freud. An account of this, and an interesting discussion by Leavy, can be found in The Freud Journal of Lou Andreas-Salomé *(6)*.

It is also impossible to know whether Rilke ever saw the volume, Goethe's Country, which contained Freud's short piece, *Vergänglichkeit* (Transience). Curiously, Rilke later composed his own very brief poem with exactly the same title: *Vergänglichkeit (11)*.

Flugsand der Stunden. Leise fortwährende Schwindung
auch noch des glücklich gesegneten Baus.
Leben weht immer. Schon ragen ohne Verbindung
die nicht mehr tragenden Säulen heraus.

Aber Verfall: ist er trauriger, als der Fontäne
Rückkehr zum Spiegel, den sie mit Schimmer bestaubt?
Halten wir uns dem Wandel zwischen die Zähne,
dass er uns völlig begreift in sein schauendes Haupt.[2]

From Freud's correspondence *(1)* we know that Rilke paid him one more visit in November or December of 1915, the second year of the war. Freud's essay was written in November of that year, and the last two paragraphs deal with the impact of war on civilized man. We shall not know whether they reflect the conversation between Rilke and Freud on this second visit. Freud writes to Lou

[2] Quicksand of hours. Quietly ongoing destruction
even of buildings blessed with happiness.
Life flows on. Already disconnected columns
rise no longer in support of anything.

But decay: Is it sadder than the fountain's turn
back to its mirror, to dust with gleaming drops?
Let us offer ourselves to the jaws of change,
that it grasps us whole into its gazing head.

(AUTHOR'S TRANSLATION)

Andreas-Salomé that Rilke 'has made it quite clear to us in Vienna that "no lasting alliance can be forged with him". Cordial as he was on his first visit, it was impossible to persuade him to pay a second one.' Rilke thus impressed the character of transience on his relationship to Freud.

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Psychoanalytic Avenues to Art. Robert Waelder, Ph.D. New York: International Universities Press, Inc., 1965. 122 pp.

Mark Kanzer

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BOOK REVIEWS

PSYCHOANALYTIC AVENUES TO ART. Robert Waelder, Ph.D. New York: International Universities Press, Inc., 1965. 122 pp.

Dr. Robert Waelder's 1963 Freud Anniversary Lecture continues the author's forty years of interest in art. It was in 1925 that his article, Schizophrenia and Creative Thinking, paved the way to his influential structural concepts of creativity.

Two avenues are selected for exploration in the present lecture: Aspects of Æsthetic Response, and The Situation of the Arts in the Contemporary World. The former is closer to the analytic tradition, appraising the experience of beauty with respect to each of the components of the personality. Thus, Dr. Waelder traces the precursors of the æsthetic response, in the genetically and structurally undifferentiated phase, to patterns of neurophysiological tension and discharge which underlie pleasing configurations of sensory stimuli. Here Freud's concepts of end-pleasure and forepleasure find application, as does the tendency of æsthetic taste to evolve from simple discharge satisfactions to more complicated detours in the course of maturation.

As Waelder proceeds to a more advanced layer of the personality, the id is depicted as the breeding ground of the artist's fantasies and the conventionally accepted illusions that provide escapes for the individual and the culture. To the critic who complains that the essential qualities of beauty and artistic accomplishment are not to be derived from fantasy and escapism alone, Dr. Waelder points out the implications of Freud's theories about the transformations of fantasy into art, the nature of formal beauty, and the analytically inaccessible form-giving activities of the artist himself. Nevertheless, he calls attention to the elements of æsthetic appeal that depend on the 'aura' of a work of art rather than on its form—its ability, for example, to conjure up feelings of nostalgia, or the setting in which it is seen, or our knowledge of the artist's worth. There is also to be considered that aspect of evolving taste that follows the detour from wish-fulfilment to boredom in its response to the formal aspects of beauty.

The contributions of the ego to the æsthetic response derive from problem solving, from the precision and elegance of a solu-

tion that is achieved with surprising economy of energy, as Freud set forth in his explanation of the comic. This concept prompts Waelder to contemplate an expansion of the idea of beauty similar to that undergone by sex in the formulations of the analyst. Sports, chess, political strategy, scientific research have their own special styles of beauty in their problem solving, as may be demonstrated from their language and philosophy. But the writer with his search for the exact word, and the artist with his endless efforts to find more perfect designs and techniques, become part of a condominium in which truth and beauty are identical; the portrait of a cardinal by Velasquez embodies the history of the Reformation.

The superego approach to art takes as its model Freud's concept of humor, men drawing upon infantile identifications with omnipotent parents to attain comfort and preserve narcissism in the midst of misfortune. The ascetic in rapturous withdrawal, the body-worshipper in a projected 'spiritualization of nature', find different pathways to this process.

Dr. Waelder's own pathway has now reached the outer limits of the personality and we turn into another avenue that stretches out toward observations on the arts and their functions, not only in contemporary but also in past societies. Here we really leave behind us the domain of the analyst and move on to make the acquaintance of Dr. Waelder as the analytically, æsthetically, and sociologically informed art critic with highly personal, illuminating, and always interesting ideas. Before embarking on this delightful experience, we must recognize with regret that within the compass of a single lecture the vistas are necessarily confined and much is omitted that Dr. Waelder might have delineated for us: the clinical experiences, for example, that relate the sense of beauty to the sense of ugliness, as in caricature and horror; the nature and development of creativity; the problems of technique, endowment, style, and values.

For his survey of the arts on the world stage of history, Dr. Waelder establishes our orientation by means of an axis that extends from autoplasticity to alloplasticity, along which he arranges, perhaps too broadly, æsthetically inclined 'eastern' against utilitarian 'western' civilizations, and an illusion-dominated Soviet against an illusion-shedding American technological system. The flourishing of different arts is favored or inhibited by each culture;

architecture best expresses the contemporary American æsthetic form, which finds no need to embellish its own functionalism. Modern painting, however, is seen as in a sadder state, deprived of its ancient magic, in competition with the camera for illustrative purposes, and in search of a true function in contemporary society. Yet strangely enough, the efforts of the modern artist to avail himself of newer knowledge of the unconscious elicits little sympathy from Dr. Waelder; he prefers to find fault with the artist's metapsychology rather than to examine the æsthetic functions and value of his art. He does not seem to regard the search for self-knowledge through psychoanalysis and through the arts as related manifestations of current trends in a culture that must create its own forms and symbols.

For these creations, Dr. Waelder—like Freud—does not especially prize the arts and sees in them something of an opium of the people, a rather melancholy preserve 'for play and for illusion, for contemplation, and for wisdom' as outlets for the insoluble aspects of the 'human predicament'.

Perhaps we must turn to the artist himself for such a view of his functioning in a world made freer for him by psychoanalysis. Thomas Mann, it seems, really drew upon structural concepts when he visualized a future art as a creative pathway to health, not merely as a comfort for illness and futility, and prophesied that the insights of Freud would promote a new humanism which, acquainted with and master of its own mental processes, could be 'productive of a riper art than any possible in our neurotic, fear-ridden, hate-ridden world'. Here the artist appears to serve the idealizing function that may be legitimately engendered by the analytic process itself and perhaps establishes with the analyst a justifiable condominium for beauty to share with truth.

MARK KANZER (NEW YORK)

PSYCHOANALYTIC CONCEPTS AND THE STRUCTURAL THEORY. By Jacob A. Arlow and Charles Brenner. New York: International Universities Press, Inc., 1964. 201 pp.

This book attempts to demonstrate the superiority of the structural theory of the mind over the so-called topographic theory as outlined

by Freud in The Interpretation of Dreams. The authors make a strong plea for giving up the earlier theory and for not using terms of the early and later theories interchangeably. They describe and compare the two theories—to the extent to which they have been consistently and precisely formulated by Freud—and reformulate such issues as the theory of regression, the concepts primary and secondary process, unconscious and preconscious, as well as dream theory and the theory of psychosis, in terms of the structural theory. They come to the conclusion that the two theories, while showing many similarities, are incompatible with each other, and that the structural theory is superior in regard to its explanatory value and in logical consistency.

Many aspects of psychoanalytic investigation and theoretical formulation, undertaken within the framework of the mental apparatus as divided into the systems Ucs and Pcs-Cs, have not been integrated, or not sufficiently integrated, into the structural theory and reformulated in terms of the division of the mind into the structures Id, Ego, and Superego. This book is a step in that direction, as is Merton Gill's monograph.[1] It would be tempting to put the two monographs in juxtaposition; but the scope of a brief review is far too narrow to allow for a more comprehensive and detailed discussion of this kind.

In fact, I have been in somewhat of a quandary about just how to discuss Arlow and Brenner's book. I am in agreement with their aim to clarify and make psychoanalytic theory more consistent, to reformulate or redefine important and familiar concepts and issues in terms of the structural theory. But I have misgivings about the way they go about it and in regard to the neatness of some of their conclusions. They state in the Preface that 'the views which we present in this monograph we do not consider to be fixed, permanent, complete, official, or dogmatic. They represent our understanding of the relationship among the fundamental concepts of psychoanalysis at the present stage of its development' (p. xi). This, of course, is as it should be. And they do present their views clearly and concisely and leave no doubt as to where they stand. But the reader is left with the impression that in their view issues are

[1] Gill, Merton M.: *Topography and Systems in Psychoanalytic Theory*. Psychological Issues, Vol. III, No. 2, Monograph 10. New York: International Universities Press, Inc., 1963. Reviewed in This QUARTERLY, XXXIII, 1964, pp. 580-581.

settled, concepts well defined and precise, problems well understood and in no need of further inquiry, of which many are neither as clear-cut nor as simple and one-dimensional as they are represented to be by the authors. The discussions of primary and secondary process, of the concept of the preconscious, of the superego, the chapter on psychosis, are examples of this general stance.

In the course of studying the monograph, I have often asked myself to whom it is addressed. Since it discusses and attempts to further the understanding and theoretical penetration of some of the most basic and complex issues in psychoanalysis, it seems to be intended for the community of experienced, theoretically sophisticated analysts who struggle with these problems and who are equal to the task of comparing the topographic and structural theories in their theoretical and practical import. For them, I think, the authors' approach is too elementary, not to say simplistic. Thus in many ways the book seems to be addressed to the beginner who is supposed to have little background information of theory and scanty clinical experience. But should the beginner in the study of psychoanalysis be expected simply to absorb and learn facts and concepts as known and understood by the experts, in a fashion similar to the conventional learning of anatomy; or should he, too, be asked to learn by seeing problems, raising questions, considering issues as open and in need of further understanding, looking at the observable material with fresh eyes, although increasingly informed by the knowledge and understanding which a teacher's greater experience and more penetrating study can convey? In this book, I am afraid, more issues are closed than opened, more answers given than questions raised and discussed in the spirit of scientific inquiry. The book gives an air of finality, both by its manner of discourse and argumentation, which appears to foreclose different avenues of approach and understanding, and by its frequent, oversimplification of the views its authors oppose at the same time that it makes their own views and arguments sound deceptively simple and clear.

To my mind, Freud's earlier way of conceptualizing and ordering his observations, deductions, and ideas, comprised under the term 'the topographic theory', is reduced by the authors to a scheme more rigid and final than it actually was. What might conceivably be justified for purposes of didactic exposition is not justified in a

considered discussion and comparison of the two theories. By the same token, their own exposition of the structural theory which they consider superior, is equally rigid, oversimplified, and final in tone and quality. There seem to be no open ends, debatable issues, genuinely obscure phenomena and meanings. But most psychoanalytic concepts, and above all the more basic ones, are subject to a continuous process of re-examination and re-definition, of expansion and deeper or new understanding; new meanings of old concepts become apparent and unexpected connections between early and later formulations move into sight.

I am convinced, with the authors, that the structural theory in many ways represents an advance over the topographic theory, but I believe that many problems in psychoanalysis so far cannot be dealt with without the distinction between unconscious and preconscious mental processes. This distinction indicates an essential psychological difference between two categories of mental processes, a difference in many respects more fundamental than that between unconscious and conscious; and it indicates a difference between mental processes, as contrasted with mental structures between and within which such processes take place. If we were to abandon the term preconscious, we should be left with a purely economic characterization of primary and secondary process. It is in the light of theory prior to the structural theory that the main investigations into the interplay between primary and secondary processes and of the transformations of primary into secondary processes have been carried out. These issues have an important, but so far not well understood, bearing on the question of the interconnections between the three structures of the mind. K. R. Eissler called attention to this when he stated: 'The present . . . division of ego, superego, and id to a certain extent leaves unaccounted for a fundamental question, namely, what the pathways of communication are among the three provinces of the personality'.[2] This whole problem has so far not been sufficiently considered within the new orientation of the structural theory, with its increasing concentration on problems of psychic functions, to the detriment of consideration of the nature of psychic or mental proc-

[2] Eissler, K. R.: On the Metapsychology of the Preconscious. In: *The Psychoanalytic Study of the Child, Vol. XVII.* New York: International Universities Press, Inc., 1962, p. 13.

esses—with the exception of economic considerations. Arlow and Brenner, in agreement with other authors such as Beres, wish to define psychic structures as groups of functions, which leaves the question of mental processes and their role in the formation and maintenance of psychic structure out of account. Are we to understand functions as something to be carried out without structures (of whatever nature) that perform them; that structure is constituted not by the nature of the grouping but rather by the mere fact of a set of functions? Such issues and questions may indicate how many unresolved and obscure problems are hidden behind the façade of seemingly simple and clear, common-sense formulations.

In so far as Freud attempted to use the difference between unconscious and preconscious processes as a criterion for dividing the psychic apparatus into systems or agencies (a structural division, although it was not so termed), his theory came to grief, since this distinction, as Arlow and Brenner lucidly explain, does not furnish an adequate basis for a division of this kind and does not account for many aspects of mental conflict. The two different types of psychic processes taking place in the mind cannot be located in or conceived as residing in different substructures of the mind. The different substructures are likely to be constituted by different kinds or levels of organization and integration of these two types of mental processes with each other.

In an important sense the two theories represent two different general theoretical constructions regarding the subject matter of psychoanalysis. Whereas the topographic theory conceives of the mind as an apparatus or instrument, analogous to a reflex arc or to a microscope, the structural theory conceives of the mind as an organization, analogous to an organism. Many of the advantages the authors rightly ascribe to the structural theory (see, for instance, their important chapter on regression) derive, I believe, from this difference. Perhaps the most far-reaching change was brought about by Freud's increasing understanding of the role of identification in mental life, identification not as one of the defense mechanisms, but as a crucial factor in the formation of ego and superego. This changes the role of object relations from mere need gratification to a constituent in the formation of psychic structure. Intimately connected with the theory of identification is the developing concept of narcissism and the whole problem of what

Arlow and Brenner call the self-directed drives. They allude to the importance of this in regard to the new instinct theory with its duality of sexual and aggressive drives and emphasize the parallel development of the theory of aggression and of the concept of superego. I agree with them, yet I believe it equally important to stress and to elaborate the relationship between the formulation of the structural point of view and the theory of narcissism, the libidinal component of self-directed drives in its relevance for both superego and ego formation. It is the 'self-directedness' of drives that is involved in formation of psychic structure (as distinguished from repression where cathexis remains object-oriented) and in its pathogenic vicissitudes and pathological developments which are most clearly visible in psychosis. And it is in this connection that the theory of narcissism is of utmost relevance to the development of the structural theory.

Since the authors pay much attention to the impact the structural theory has had on clinical problems of psychoanalysis, it is regrettable that so little is said about the importance the issue of identification has come to assume in clinical analysis. The role of defense and conflict is justifiably a center of attention in any psychoanalytic consideration, theoretical as well as clinical. But the more we advance in our understanding of psychoanalytic problems, the more, I believe, we become impressed with the importance of the deeper problems of deficiency and deformation of the psychic structures themselves, over and above the problems of conflict between the structures and defenses against it. If the authors had taken these issues more fully into consideration—and the structural theory in good part is both the result of and a guide to a clearer understanding of just these issues—they would have done more justice to the 'superiority' of the structural theory; and they probably would have written a vastly different chapter on the psychopathology of the psychoses in that case.

To sum up: Psychoanalytic Concepts and the Structural Theory aims to establish the superiority of the structural over the topographic theory as a more valid and internally consistent conceptualization of the material of observation, as well as in its practical applications. It does so efficiently and expeditiously in a series of detailed and closely reasoned discussions of a number of issues and concepts basic in psychoanalytic theory and practice. But it does so

at the cost of leaving many of the most important and difficult aspects of this theoretical shift and of its partly unrealized implications untouched, or barely touched. The mode of presentation and argumentation strikes me as dogmatic and often too elementary and didactic for this kind of material. Many unsolved and obscure questions of psychoanalytic theory look as though they were now taken care of and cleared up. This approach simplifies theory at too high a price, for the gain of a smooth, neat surface.

HANS W. LOEWALD (NEW HAVEN)

PSYCHOANALYSIS AND SOCIAL RESEARCH. The Psychoanalytic Study of the Nonpatient. By Herbert Hendin, M.D., Willard Gaylin, M.D. and Arthur Carr, Ph.D. New York: Doubleday and Co., Inc., 1965. 106 pp.

The subtitle announces that in many respects psychoanalytic social research differs from the psychoanalysis of an individual.

Dr. Hendin is known for his study of suicide in Scandinavia. He and his collaborators have published a condensation of five interviews with each of twelve hospital nurses, chosen by lot and remunerated for their time spent and the information they gave to further the research project. Each nurse was initially instructed that the interviewers '. . . wished to get as complete a picture of her as possible, and that it would be best if she told about herself in her own way'.

This method has been applied, with some advantage, in work with primitive people living in a more or less homogeneous society. The responses are useful to the degree that they can be translated into their unconscious implications. As an example,

> Miss H was a slender, moderately pretty girl of twenty-two. The very first comment written by the interviewer was his impression of her as an obedient little girl, and it proved to be prophetic. Miss H cultivated and exploited the little-girl role. It colored most of her adaptive maneuvers. . . . Miss H had difficulty with free-associating from the start. When she did get going, she immediately got onto a current problem, a love affair which had reached an obstacle because of a difference in religion (p. 73).

The method leaves necessarily many unanswered and possibly unanswerable questions, problems with which anyone who has done

extra-clinical psychoanalytic research has struggled. These twelve young women are encouraged to reveal themselves '. . . to test to what degree a psychoanalytic approach would be useful in the psychosocial exploration of non-patient populations'.

It seems quite apparent that social research by psychoanalytic means is necessarily distinct from clinical and therapeutic work. It demands a variety of modifications of technique. There is the problem of limitation to five sessions, and without therapeutic purpose. Something essential in the relationship is reversed. It is the researcher who seeks help while the informant is being paid or receives gifts for extending personal information. In research among primitive societies, the subject is often a deviant, or his social position undergoes a shift *because* of his particular contact with the stranger. This does not mean that autobiographical data or dreams are useless—often intuitively and profitably—to piece together a pattern of a culture or subculture that describes in one way or the other collectively accepted or promoted pathways of discharge or a behavior constant.

These are no objections to the work of Drs. Hendin, Gaylin, and Carr. The essence of their study does not necessarily lie in the factual information they received. It is a provocative work which confronts us with unresolved problems of method and validation.

WARNER MUENSTERBERGER (NEW YORK)

MIND AND DESTINY. A SOCIAL APPROACH TO PSYCHOANALYTIC THEORY. By Robert Seidenberg, M.D. and Hortense S. Cochrane. Syracuse, N. Y.: Syracuse University Press, 1964. 254 pp.

A sign of the coming of age of psychoanalysis as a scientific discipline is the recent proliferating growth of texts designed to make its basic observations and principles available in systematic cross-sectional (and therefore, essentially ahistorical) form to both neophyte and sophisticate. For long, only the chronology of Freud's monumental productivity, faithfully reflecting his developing (and changing) views as new clinical data constantly rendered old theory insufficient and made theoretic reformulation necessary, was pedagogically available to the psychoanalytic student. This was mirrored in the teaching in our institutes—only in recent years has

a debate, sparked largely by Gill, arisen as to whether it was yet possible, let alone feasible, to restructure the curricula of analytic institutes from a predominantly historical approach to a logically ordered systematic approach. (By contrast in any of the 'firmer' sciences, say chemistry, one can study energy concepts and transformations according to their present observational and theoretical status without having to have historic recourse to the fate of prior concepts, like phlogiston theory.)

In psychoanalysis, it was not until the nineteen-thirties that any first efforts at heuristic systematization of the phenomena and the theory were essayed with Nunberg's *Allgemeine Neurosenlehre* in German and Ives Hendrick's Facts and Theories of Psychoanalysis in English. Today we witness an accelerating accumulation of such textbook efforts of which two of the recent more widely marked have been Brenner's Elementary Textbook of Psychoanalysis (for the student) and Waelder's Basic Theory of Psychoanalysis (more for the thoughtful practitioner). The present volume by Seidenberg and Cochrane is another in this genre; it is at the same time more ambitious in its announcement. The effort is dual, on the one hand an 'introduction to general psychoanalytic theory' (and so stated on the flyleaf and in the preface), and on the other hand, a larger promise stated in the subtitle, 'a social approach to psychoanalytic theory'.

Actually in all but one of its fourteen chapters, the book fulfils primarily its first intent. It lays out the fundamental principles of contemporary psychoanalytic theory and indicates by example the kind of clinical data from which they derive. As compared, for example, with Brenner's more didactic 'textbook' style, Seidenberg and Cochrane turn by preference to the literary statements and the psychological insights over the ages of the poet, the belle-lettrist, and the philosopher. Concerned with the historicity of man's introspection and self-knowledge (though not narrowly with the historical development of psychoanalysis itself as science), the authors draw on the insights of literature and philosophy 'concerned in their own way with the same problems of the human mind as those that occupied Freud in a different terminology and another context'. Literary allusions spanning the centuries are thus juxtaposed against corresponding psychoanalytic formulations. The point is well made; the reading is thereby often fresh and vivid

even though restating the familiar, and the linkage to life and to art is real. But this by itself is not a *social approach* to psychoanalytic theory if by the latter is meant the intersection of the social psychological and the individual psychological viewpoint in the elucidation of the problems of individuals in society. The last chapter of the book, entitled Psychosocial Overview, attempts more directly to implement this broad-gauged intent. It does range widely over varieties of major societal issues, the problems of youth in modern society, and the problems of social innovation and social change—such problems as those of adolescent gangs, urban crowding and pressures, unwed mothers, technological unemployment, automation and the specter of (rewarded or unrewarded) leisure, delinquency and crime, etc. The guiding theme through the chapter is that 'psychoanalysis . . . views human development as a constantly interacting process concerned with the defense constellations and instinctual drives of individuals; but more and more the interlocking facets of roles and social behavior have to be given weight'. The condensed treatment of the many major social dilemmas of our time within this oversimplified framework becomes in essence a (necessarily) sketchy and oversimple statement that social stresses and disequilibria play an important contributing determinant role in the individual psychological malfunctioning that is indubitably more prevalent under these circumstances. By itself this is not yet enough to really fulfil the authors' concern to have added a systematic social dimension to the conceptualization of psychoanalytic theory in relation to the multiple individual and societal problems of adaptive functioning and its failures (a book which I feel has not yet been written in systematic and comprehensive form, though Erikson has, of course, brilliantly illuminated and illustrated some of the most salient dimensions and most relevant considerations). The authors' social intent may, however, not have been in this final chapter alone but in an infusing of the contents of the whole book. If so, then those who regard the main bulk of the book as but a highly readable account of classical psychoanalytic theory rendered with workmanlike competence and felicity should feel satisfied that much of what the authors propose to add in their approach to psychoanalytic theory is already firmly there in the theory.

In its detail, one can, in addition, cavil at various points of the

book. There are occasional unclear statements as in the passage, 'Compared with introjection, identification is *adsorption* whereas the former relates to *absorption* of the object'. (None of the key words is further explicated.) Or there are statements that emphasize very deviant or minority positions within analysis without so identifying them, as the exposition (as if it were a commonly accepted viewpoint) of Thomas French's views on the 'anagogic' current problem-solving function of the dream. And in the chapter on the psychoses, a peculiarly old-fashioned note is sounded. 'Treatment in the narcissistic neurosis most often consists of caring for and feeding the patient, meeting his needs, and gratifying him as his parents have done or should have done rather than attempting to solve psychological problems. . . . Psychoanalysis has little to offer in the treatment of the narcissistic neurosis.' (Certainly the work of Federn, Fromm-Reichmann, Sechehaye, Wexler, John Rosen, each in very different ways, have thoroughly demonstrated the opposite.) And it is a massive theoretical oversimplification to say, 'confusion has resulted from dealing with psychoses in the same conceptual frame of reference as the psychoneurosis. . . . Schizophrenia might be considered a disease of the psychic apparatus, whereas psychoneurosis would be a disease resulting from the malfunctioning of the intact psychic apparatus.'

Counterposed to these blemishes are a number of provocative interpolations, that at least induce re-thinking if not necessarily full agreement, like a 'sociological' theory offered re the genesis of the character disorder as compared with the neurosis. The thesis here proposed is that with middle-class parents, in disciplining children, fear of themselves, re-enforced if need be by God, is invoked ('Wait till your father comes home'), whereas in the lower classes, in the face, often, of actual breakdown or denigration of parental authority, the invoked threat is of societal punishment ('I'll send you to an orphanage—or a reform school—or you'll end up in jail'). The putative consequence is that it is then more among such youngsters that in later life social institutions and external authorities become the induced punishing agents rather than the (ineffectual) parental introjects in the superego. Or a 'psychological' proposition that arouses thought, 'the neurotic character gets himself punished for aggressive transgressions; the pervert for sexual ones'. Or an interesting conjunction of the concept of

'pathocure' (the 'disappearance' of a neurosis or apparent personality change for the better with the outbreak of an organic disease) set against that of 'pathoneurosis' (the concept of Hollos and Ferenczi developed from the study of the psychic consequences of organic brain involvement by syphilis).

In all, at its most ambitious the book does not succeed. But along the way, the authors have produced a thoughtful addition to the systematic presentations of psychoanalysis as a developing scientific psychology.

ROBERT S. WALLERSTEIN (TOPEKA)

PSYCHOANALYSIS AND CURRENT BIOLOGICAL THOUGHT. Edited by Norman S. Greenfield and William C. Lewis. Madison: University of Wisconsin Press, 1965. 380 pp.

Scientific disciplines require innumerable facts. When a discipline is young, these heuristic needs are supplied by co-workers, but as the discipline matures, such monotonous fare stifles growth. To prosper, other pertinent and allied disciplines must arise to question, doubt, and even contradict concepts previously formulated. Freud's reconstructions of early development stimulated nonanalytic observations and techniques which altered and enriched his initial psychoanalytic speculations. The salubrious effects of interdisciplinary commingling are apparent, but progress is stayed because too few are trained in interdisciplinary communication.

This report of the proceedings of a conference (1963) attempts to correct these deficiencies. It is the statement of a group of biologists and psychoanalysts of their past collaboration and of their future endeavors. It reveals both the advantages and the inherent limitations of such coöperation.

Donald Oken provides a schema for fruitful relationships among the various disciplines. Concepts, he says, must be couched in commonly understandable terms to be usefully applied to experiment, and to be capable of precise measurement. As knowledge is gained, the concepts become refined. This does not deter propounding new theories. The concept of measurement is liberal and does not exclude associations to dreams as experimental data if used objectively. Oken selected experiments by analysts and psychologists on 'rapid eye movements' to illustrate his thesis. The evolution of

this experimentation is reviewed by Snyder from its inception, in a chance observation, through theoretical meanderings which seemed to discredit psychoanalysis, and then the complete reversal which now substantiates Freud's discoveries. Mortimer Ostow's work on psychic energy and drugs violates Oken's thesis. His paper treats psychic energy as though it were a discrete entity instead of a useful hypothesis. Norman Greenfield and A. A. Alexander are at fault when they try to establish a direct relationship between 'ego strength' in psychic processes and somatic adaptive processes in organic illness.

Psychoanalysts were able to voice objections to psychoanalytic theory without disaffecting their colleagues. Sydney Margolin, for example, voiced his opinion that psychoanalytic theory in terms of biology does not exist. He objected to extrapolations from the 'psychoanalytic couplet'—analyst and analysand—to anthropological and ethnic groups. The concept of the psychobiological unity of man is, he states, unjustifiable. Benjamin Rubinstein discussed the impossibility of translating concepts of energy into neurophysiological terms. Robert Holt, a psychologist, mistrusts all theories about psychic energy that are derived from observations of thinking and behavior. This extremism was spiced by the proposal of a concept of non-motivated behavior derived from rat behavior. To justify this, Holt equated 'irritative phenomena' of the brain with normal psychological functioning and inferred human behavior from the activities of rats.

Herbert Wiener dismissed the objection that psychoanalysis is not predictive, observing that it could not be and that physicochemical tools were not provided for such biological disciplines as ecology. John Benjamin found a rapprochement between biologists and analysts by showing that Freud anticipated biological discoveries, giving as an illustration the stimulus barrier (*Reizschutz*); also the distinction between intrapsychic external stimuli. Karl Pribram discussed the biological concepts derived from Freud's Project, including cathexis and binding. Lewis competently defended a concept that structure exists at the deepest layers of the id, and that a perception of instinctual drives is a basic structure.

Semantic difficulties among the disciplines are illustrated by what George Klein calls 'feedback'. This is understandable to analysts in terms of perception of body image. Klein's work is val-

uable in describing certain regressive states which interfere with 'feedback'.

There is discernible in this book a rapprochement among biologists and psychoanalysts to attain the mutual goal of a comprehensive psychology. Books of this type will, we believe, become more common. This volume is somewhat limited in its scope and the diversity of its topics.

EDWIN I. CORBIN (NEW YORK)

THE EVALUATION OF PSYCHIATRIC TREATMENT. Edited by Paul H. Hoch, M.D. and Joseph Zubin, Ph.D. New York: Grune & Stratton, Inc., 1964. 326 pp.

Despite the many advances in psychiatry in this century and the greater medical and public interest in the field, there has been a lag in the development of scientific validation of the various methods of treatment currently employed. Increasingly in the past few years, efforts are being made to correct this situation, but these efforts have encountered many difficulties.

These difficulties exist because of the large number of relevant variables which must be considered and because of the highly subjective nature of the phenomena of mental illness. In addition, we are confronted with the problems of dealing simultaneously with biological, psychological, and social data.

As a result, the current stage of research in psychiatry is primarily concerned with problems of methodology, and the accurate evaluation of the effectiveness of various forms of treatment is yet to be achieved.

The 1962 annual meeting of the American Psychopathological Association discussed these problems; the proceedings of which are published in this book. Most of the papers deal with the evaluation of psychotherapy, psychoanalysis, and drug treatments. While a few refer to actual studies, the implicit theme is methodological and various problems and suggestions for their resolution are offered. These range from the use of 'multi-variate statistical methods with large subject populations', to the intensive clinical studies of single cases.

This volume is intended as a memorial to Franz Alexander, who was awarded the society's Samuel W. Hamilton Memorial Award,

and who presented The Evaluation of Psychotherapy. In it Alexander summarized the many questions he has raised about the techniques of psychoanalysis while remaining within the framework of 'psychoanalytic psychology'. Because of the diversity of variables and the difficulty of 'meaningfully coding' them, he recommended individual clinical case studies rather than a statistical approach. He also felt that detailed studies of the psychodynamic processes which occur in treatment are more important than statistics. He further advised that carefully recorded and detailed observations of psychoanalytic treatment be made, because this offers the best approach to furthering our therapeutic knowledge. One of his main opinions regarding psychoanalysis was that it overemphasizes cognitive insight 'versus learning from emotional experience and practice as well as in the underestimation of the natural integrative powers of the ego'.

Regardless of where one stands in respect to the issues raised by Alexander and by many others in this symposium, the fact remains that psychiatry can no longer consider itself a pioneer discipline and must add to its many clinical achievements a better scientifically validated structure. To this end, the papers in this book are of considerable interest and provide a review of many of the issues which confront us today.

LEWIS L. ROBBINS (GLEN OAKS, N. Y.)

PSYCHIATRY EDUCATION TODAY. By Ives Hendrick, M.D. New York: International Universities Press, Inc., 1965. 110 pp.

Dr. Hendrick is well known and appreciated as a psychoanalytic practitioner, teacher, and theorist.

In this book we see him in another major role—the psychoanalyst applied to the task of teaching psychiatry to residents and medical students. Under an awkward title (a string of three nouns) he has given us his personal testament as a psychiatric educator. Although it is based on the work of the Harvard teaching unit at the Massachusetts Mental Health Center (the Boston 'Psycho') for more than two decades, it is clearly a personal message and one deeply felt. There is little new here; it's not that kind of book. It is an assortment of knowledge and wisdom culled thoughtfully from great experience.

His credo is stated early. 'All teaching of general psychiatry

should be relevant to the empirical data of clinical psychiatry when studied from the viewpoint generally known as "dynamic". This is the perspective which has made psychiatry a major specialty because it is based upon a different kind of information about the human organism than are the other medical sciences.' He stresses the need to teach understanding of the adaptive nature of behavior, including psychic activity.

He recognizes the biological roots of behavior and the significance of sociological facts and theories, but he constantly emphasizes that the major task in teaching is to focus on the psychological data as that which is both unique and central to psychiatry. The other frames of reference he sees not only as distracting and diversionary but also as obstructive for the psychiatric resident, whose main task is to learn how individuals function psychologically. It is easy to differ from this viewpoint but hard to quarrel with it. The vastness of Freud's contributions derives from his focus on the psychological data, but Freud's decision to so focus was based on knowledge, not ignorance, of other frames of reference for human behavior. The answer may lie in the very individual variation Hendrick underlines. The best road to excellence for psychiatric residents may depend more on the resident than on the programing of his teachers.

Most of Hendrick's observations about residents and their education will surely draw nods of agreement from the reader with broad experience in teaching residents. Education of the psychiatrist must begin with clinical data based on work with patients in full-time clinical assignments. Concepts must arise from the data, and here the teacher has a job because the resident tends to fit material to prefabricated concepts. Education must be gradual with case loads built up slowly. Early emphasis must be on 'workups' and diagnostic interviews. Taking histories and fully collecting data must be learned first despite the resident's eagerness to plunge immediately into psychotherapy and the use of free association, which Hendrick finds often allows the resident to avoid factual data. Residents must learn not only psychic structure but especially content. He wishes we would go back to teaching the meaning of a 'complex', a word rarely used today: 'Possibly that fact itself is a symptom of the tendency to renounce the study of mental detail, to fail to understand . . . that the importance of Freud's enduring

theories is inductive clarification of mental data, but not a substitution of abstractions for specific facts'.

Not only must the resident approach psychotherapy and the use of free association gradually, but he must be prevented from ritualizing the therapy hour with the closed door, the fixed time, and the avoidance of the patient at all other times. The analytic hour is not the best model for outpatient psychotherapy, and rarely is for inpatient treatment. 'A chance encounter or observation in passing through the ward, a nurse's note, a social worker's report directly from the family, employers, or friends, a remark on rounds, not infrequently the patient's own request, used to be more commonly made the occasion for valuable interviews, sometimes for a few minutes, sometimes for hours. This manner of working with patients permitted more spontaneity and elasticity and less arbitrary definition of relationships with patients. It invited more adaptability of the psychiatrist to the incidents and events of a patient's daily life, in the hospital and outside, in contrast to demanding that the patient's job is to adapt himself to set rules for the therapy hour.' Hendrick correctly lays part of the blame here on the teachers who implicitly foster the residents' adoption of the title, 'therapist', by accepting for themselves the title, 'supervisor', rather than 'teacher' or 'instructor'. He links this with another observation: the goal should be education for excellence and professionalism, not training for practical purposes and 'promotionalism'.

Residents today value 'doing', but their teachers should stress 'learning' and 'thinking'. Hendrick bemoans the social revolution of the modern resident who has less time to give to his education, yet seeks greater material rewards. He believes it vital that we find a way to restore the resident to full-time dedication to and participation in his educational task, and he suggests the route. 'The inner urge to learn, to explore and discover the mind, is the most important of the motivations a psychiatry resident can have, and it is the best of all guides in learning how to teach him.'

Hendrick makes many valuable comments about the sequence of residency education, the place of various subspecialties (e.g., child psychiatry should not be taught too early), the techniques of teaching (e.g., he prefers to supervise therapy in small groups of two or three residents), and the role of other professionals, such as social workers and psychologists.

He reiterates his belief that dynamic psychiatry is a basic science of medicine, primarily because of its investigative characteristics, yet he objects to residents engaging in 'research'. He explains that they do not have the maturity for clinical research, but his real polemic is against laboratory research. This is consistent with his belief that the psychiatric resident should confine himself exclusively to psychological data and issues. He patently prefers that all psychiatrists do likewise. In his dedication and devotion to the scientific character of dynamic psychiatry (and psychoanalysis) he becomes emotional and overly defensive when he decries the tendency, as he perceives it, in academic circles to define psychiatry as 'scientific' only when it is tied more closely to the laboratory sciences. His evidence is that major appointments in departments of psychiatry are given to laboratory scientists. This leads him to the extreme position of suspecting those psychiatrists, who try to bridge body-mind attributes, of harboring the same criticism of dynamic psychiatry, i.e., that it is not scientific. In this day of crossed disciplines (is molecular biology physics or biochemistry?) such fears seem unwarranted. Psychological facts and theories lose none of their elegance or explanatory value when linked meaningfully to other observations about the functioning organism, any more than the individual loses his dignity or ceases to be an individual because he is also a member of a group.

In his concluding chapter Hendrick reiterates his point of view unequivocally: '. . . The foundation of modern psychiatry has been and will be the expert study of mental content, conscious and unconscious. . . . The factor which is common to all approaches to dynamic psychiatry is not whether a set of data and conclusions comes from psychoanalysis, or from Adolf Meyer or August Hoch or Bleuler or Sullivan, but whether they are based on the study of mental and social facts as keys to the adaptive processes of the total organism. . . . Its [this essay] purpose is to emphasize that this conception of basic psychiatry should be in fact, not just in theory or philosophy, the central and fully conscious idea and major premise . . . when planning and implementing a program of psychiatry education, each of its segments, and its sequence. For this has not been so definitely achieved in educational performance as we complacently assume. . . . Thus the teacher of clinical psychiatry does well to keep consciously in mind [the definition of dynamic psychia-

try] in order to help students to progress from the more general ideas and experiences in the practice of psychiatry to the more specialized study of what is hidden. One must swim before one dives into the deeper pools, and this is true of the resident's need to understand his patients' mental states as clearly as possible at each level of his experience as he gradually progresses. He should not need to substitute prefabricated formulations for true discovery and learning and noting unanswered clinical questions. Education in the fundamentals of dynamic psychiatry, its data, scientific credentials and techniques, cannot be left entirely to psychoanalytic institutes on the one hand, and to departments of laboratory research on the other; these are added disciplines, not answers to the difficulties of education in the essentials of basic psychiatry.'

Dr. Hendrick's summary is lucid and, in this reviewer's opinion, unassailable. The final chapter of the book is a scholarly discussion by Dr. M. Robert Gardner of Hendrick's essay in which there is a further plea for less theoretical preconception by the resident and more emphasis on direct observation of patients. This book should be useful to all teachers of psychiatry, and especially to those who have become stereotyped and stuffy.

I. CHARLES KAUFMAN (BROOKLYN)

PSYCHIATRY AND MEDICAL PRACTICE IN A GENERAL HOSPITAL. Edited by Norman Zinberg, M.D. New York: International Universities Press, Inc., 1964. 364 pp.

This book went to press about the time that the Freud-Bleuler correspondence (by Alexander and Selesnick) appeared in the January 1965 issue of Archives of General Psychiatry. This exchange of letters reveals that, as late as 1925, Freud remained convinced that psychoanalysis should remain isolated from psychiatry and, by implication, from general medical practice; and that he was unable to agree to the application of psychoanalysis in the ways implied by Bleuler's last letter to Freud:

> For you, they [the differences in views] appear so significant that you cannot understand that I still stand for psychoanalysis; I consider these differences quite unimportant side issues. . . . Moreover, I am still sending patients to be psychoanalyzed. . . . In spite of the objections of my colleagues I stress

in my clinic the significance of psychoanalysis and I consider your teaching the greatest advancement in the science of psychology.

In more than a sense, all the papers in this book were inspired by Grete Bibring. All analysts remain properly wary, but some are alarmed over the dangers to psychoanalysis by the presumed dilution of analysts' talents, and of psychoanalysis itself, when the analyst spends part of his time in nonanalytic medical fields. The general medical profession has been refractory to admitting psychoanalytic concepts into their thinking and practice. Fortunately, this mutual antagonism was not universal and it was a bilateral achievement as Zinberg remarks in his introduction—'That Dr. Bibring, a graduate of a Vienna Medical School, who trained as a psychoanalyst under Freud . . . was accepted by the medical hierarchy indicated their awareness of the contribution psychoanalysis could make to all of medicine. Dr. Bibring had already indicated in her work the existence in her thinking of a grand design which would show the flexibility and usefulness of psychoanalytic principles when applied in areas other than psychoanalytic practice. . . . Her appointment indicated the beginning of a broad pioneering teaching and training program in this field. M. R. Kaufman, who with this same broad orientation preceded Bibring at Boston's Beth Israel Hospital, worked toward these goals after the war at New York's Mt. Sinai Hospital; and all over the country, similar programs are in operation or are being planned.' It is noteworthy that of the seventeen authors who contributed to this book, eleven are members of the Boston Psychoanalytic Society, and five of these are on the faculty of the Boston Psychoanalytic Institute.

The papers are grouped in three sections: The Derivation of Medical Psychology, The Teaching of Medical Psychology, The Psychiatric Service and the Community.

The first section of four previously published papers serves as an introduction to the truly significant second section. It defines for the beginner most of the terms and basic concepts in psychoanalysis that are important in understanding psychotherapy, and also serves to differentiate psychoanalysis from the types of therapy that can be employed in a general hospital.

The second section contains nine papers, of which seven are

new. All can serve as prototypes for teaching medical psychology to residents and physicians in all fields of medicine. The emphasis is on the application of scientifically selected therapeutic techniques based on the psychoanalytic understanding of personality structure and human behavior, how these can affect the response of a patient to his physician and to his illness which, in turn, result in greater or lesser success in treatment. The importance of determining and setting relatively limited and specific goals is underscored. Theory is confirmed by detailed presentation of carefully selected clinical material. There is much general psychiatric wisdom and many helpful principles, some not purely derived from psychoanalysis but basic in orienting and educating physicians. The proper function of the psychiatric consultant's role as a teacher is defined and illustrated, as is the technique of psychiatric referral itself.

Before other specialists can accept psychiatrists and learn how psychotherapy works, they must adopt a new orientation. 'A physician who is not also a psychiatrist usually sees a therapeutic effect as resulting from what he has done *to* the patient; a psychiatrist, even when he intervenes quite actively, sees an impetus for change as coming from the patient' (Payne). It may be appropriate at this point to question Bibring's selection of the term 'manipulation' to designate a special therapeutic technique. Even though she carefully defines her use of the term, and gives examples of what she means, it still retains its conventional connotation which is completely alien to psychotherapeutic orientation and philosophy. There must be a more felicitous term.

All the contributors in this second section have a sharp focus on the problems of teaching psychiatry to general practitioners, specialists in all fields, as well as psychiatric residents. Most of the difficulties one can think of are clearly defined, stated, and illustrated, as are the frustrations, the discouraging reactions, and, fortunately, some of the successes. Exciting is Kahana and Bibring's selection of seven different personality types with similar physical ailments to illustrate how the approach selected to treat each one derived from the understanding of the specific personality, which in turn determined the precise therapeutic prescription for each case.

The third section, in the pioneer field of community psychiatry,

contains some unusual material in which many readers may be interested. Some of the papers are not very rewarding; others deserve emphasis. Vicissitudes of Nursing Education (Zinberg, et al.) gives a vivid account of the special problems and of the potentially traumatic demands made on adolescent girl students who witness, without preparation, mutilation, castration, and death. Faculty members are often less than understanding and sometimes unnecessarily demanding, rigid, and punitive. Excerpts from discussions with groups of these students illustrate how some of the problems were met and at least partially resolved.

Daniels, Snyder, Wool, and Berman's Group Studies on Predelinquents, Their Teachers and Parents is a rewarding illustration of how each group's projection onto the other two produced, in effect, a vicious cycle which was interrupted with some success in the sessions. Only five of twenty-three parents invited attended the sessions; eighteen were therefore 'delinquent,' and the five who did come expressed resentment for having been 'singled out as bad parents'.

Zinberg's experiment of observing a group session through a one-way screen suggests that the isolation reduces to a minimum the emotional involvement of the observer, who therefore retains more objectivity. He also has a wider field for observation than if the same observer were present, but remained silent, in the group.

Some editing, particularly of the papers in the first section, would have made more interesting reading. Although this is not a textbook for teaching psychiatry in a general hospital, it describes so many inspiring specific teaching methods we should no longer ask whether psychotherapy can be taught.

PAUL H. BRAUER (NEW YORK)

THE DISINHERITED AND THE LAW. By Dagobert D. Runes. New York: Philosophical Library, Inc., 1964. 79 pp.

This small volume consists of a collection of twenty brief essays. Each is an original gem that reflects a facet of human truth as it exposes the vagaries of the law. 'We have become accustomed by tradition and education to consider the law a symbol of Justice.' Nothing, Runes insists, could be further from the truth: 'The law neither serves justice nor respects it'.

The law is time-honored and culture-bound rather than humanistically or equitably determined. The farmer in California, the author points out, who owns a wine cellar, would be marked a criminal in the Kingdom of Yemen for possession of alcoholic beverages.

All twenty essays repeat the author's central theme—that the law is not a symbol of justice, but rather an expression of the wishes and desires of those in dominance. Yet Runes has not lost faith, for he is well versed in the philosophy of the law and the theories behind it and believes these to be noble and edifying. It is the law in practice, its geographic travesties and the frequency, almost universality, of its unjust application, that Runes takes issue with in this rich, humanistic collection of scholarly essays.

The author does not plead for abolition of the law, but rather for the investiture of justice. Each of the essays serves as a concrete reminder of man's inhumanity to man. This handy, lean book can be read by all with benefit and enjoyment. It may prove especially enlightening to those who regard the law in human affairs as sacrosanct.

MEYER A. ZELIGS (SAN FRANCISCO)

SEXUAL BEHAVIOR AND THE LAW. Edited by Ralph Slovenko. Springfield, Ill.: Charles C Thomas, Publisher, 1965. 886 pp.

A professor of law at Tulane University, Slovenko is one of the few among his profession who find practical applications of psychoanalysis to the law. The first contribution to this collection of essays is written by the editor. It is entitled, A Panoramic View, and it is a useful contribution to medicolegal literature. In it he notes many legal problems relevant to the sexual behavior of man. His approach is scholarly and philosophical but he communicates clearly his application of psychoanalysis to his thinking.

There are forty-nine contributors to the book. Among them the lawyers, psychiatrists, and psychoanalysts provide the most illuminating reading. This is a book that should give lawyers and judges cause for reflection. The clinician too is afforded an opportunity to better acquaint himself with law as it relates to a very significant aspect of his medical practice. Slovenko and his collaborators have made a comprehensive study that meets a need.

Slovenko's first chapter covers the field, and the many chapters that follow add and elaborate. Most of the contributors are competent in their respective areas of knowledge. The chapter on divorce, for example, reveals the hypocrisy, prejudice, and archaism of most statutes. The editor tells us that adultery is ground for divorce in all fifty states, while the attempted murder of one spouse by the other is considered sufficient cause in three. Other valuable chapters that contribute to clinical needs are those that examine sexual offenders in prison, laws regulating sexual perversion, and military laws. Three chapters might have been omitted: Sex in a Pagan Culture, Polygamous Women, and Mass Media and Sex Deviations.

Slovenko has admirably succeeded in compiling his own and a number of varying opinions of participants from the English-speaking community into a reference book on Sexual Behavior and the Law that merits recommendation.

LEO L. ORENSTEIN (NEW YORK)

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ABSTRACTS

International Journal of Psychoanalysis. XLV, 1964.

Contributions to the Twenty-third International Psychoanalytic Congress. Stockholm, July-August 1963.

Symptom Formation and Character Formation. Contributions to Discussion of Prepublished Papers [by Drs. Lampl-de Groot and Arlow].

I. Max Schur. Pp. 147-150.
II. Elizabeth Zetzel. Pp. 151-154.
III. Rudolph M. Loewenstein. Pp. 155-157.
IV. Marie Langer. Pp. 158-160.
V. L. Haas. Pp. 161-163.
VI. Stefi Pedersen. Pp. 164-166.

Summary of Discussion. Jacob A. Arlow. Pp. 167-170.

Dr. Arlow asserts that unreality feelings are not a source of anxiety but a means of warding it off. According to Schur, however, careful clinical study shows that while unreality feelings initially ward off anxiety, they in turn become feared in themselves and give rise to further defenses. A vicious cycle ensues, resulting in a stratification of dangers that may contribute to the spread and deterioration of the neurotic symptom.

Both papers confine precœdipal influences to causation of borderline and psychotic conditions and consider signal anxiety and neurotic symptom formation as only deriving from œdipal-level conflict. Zetzel suggests that many recent studies show that precœdipal and œdipal influences contribute equally to neurotic symptom formation.

Loewenstein says that the strength or weakness of the drive relative to the ego may lead to symptom formation but there can be other important influences such as the qualitative factor of pregenital predominating over genital drives, the inappropriateness of the defenses to the particular reality the patient faces, or the stability in the defenses or lack of it. Defenses may have a complicated history, originally having an adaptive function, later serving defensive purposes, and still later becoming instinctualized. Finally, beyond the underlying intersystemic conflicts are frequently intrasystemic ones within the ego itself as, for instance, in cases of intense anxiety attacks based on fear of the ego's loss of control over its functions.

A woman responding favorably to Kleinian analysis illustrates how early experiences can mold the œdipal pattern. Langer thinks that Lampl-de Groot's remarks on the importance of the early mother-child relationship and of the quantitative relationship between the drives, their fusion and defusion, important in depressive and paranoid states may make possible an integration with Kleinian concepts. Arlow's example of manifest orality covering latent œdipal fantasy seems a case of the opposite: the œdipal is manifest and conceals an oral period fantasy. Where signal anxiety is concerned, Arlow sees it as arising *after* the primary stage of primitive denial and projection (the paranoid-schizoid stage

in Kleinian terms), whereas the Kleinian view is that it may arise *in* this stage.

Haas says that we should not limit our attention to the process of symptom formation but include the ego's secondary measures against it. With impotence, for example, the ego uses various forms of stimulating the id and opposing the superego as a means of trying to overcome the inhibition. Certain perversions, such as fetishism, can be in this category.

Pedersen uses three brief cases to illustrate that, at a time of re-orientation to changed external circumstances, an individual may undergo an initial regressive phase of disintegration, anxiety, and symptom formation as a necessary component of learning in the new situation.

Arlow emphasizes that the ego, id, and superego may exist simultaneously at separate levels of regression and conflict is not to be seen as a pantheon of introjects undergoing intrapsychic warfare. Further, the genetic derivation of particular mental activities, such as the anxiety signal, functions adopted by way of identification, and the defenses of projection and introjection, must not be confused with their subsequent roles in later mental life. Obsessional neurosis, for instance, involves an œdipal-level conflict which utilizes defenses stemming from experiences of the preœdipal phase.

Symposium on Fantasy.

I. On the Ontogenesis of Fantasy. Maurice Bénassy and René Diatkine. Pp. 171-179.

II. Fantasy, Reality and Truth. Daniel Lagache. Pp. 180-189.

III. On the Concept of Fantasy. J. Sandler and H. Nagera. P. 190.

IV. Fantasy and Other Mental Processes. Hanna Segal. Pp. 191-194.

V. Contribution to the Discussion. Victor H. Rosen. Pp. 195-198.

VI. Some Problems of a Metapsychological Formulation of Fantasy. Heinz Kohut. Pp. 199-202.

Bénassy and Diatkine think that fantasy is one among other ways of fitting human organism to environment by way of integrated ego activity. It is pictured by some as innate and others as acquired, when in reality it is both, the former referring to a more primitive level of ego organization than the latter. To embrace both levels, fantasy must be described in both physico-chemical and experience language. Analysts adhering to the innate position are prone to be pessimists as to the power of culture to effect human change and are willing to accept the sicker cases; analysts adhering to the acquired position are optimists and prone to avoid treating those seriously ill.

According to Lagache, unconscious fantasy includes the reactivation of memory by desire, its more primitive forms underpinning its more evolved forms. Reality exists apart from fantasy which may coöperate or withdraw from it. Thus reality is a correlative of fantasy although itself tinged with it. Truth is the surmounting of the conflict between them.

Sandler and Nagera think that much confusion exists in the literature through failure to distinguish fantasying itself from its vicissitudes. They summarize Freud's views as follows: conscious fantasy is a reaction to frustrating reality, fantasies can be descriptively divided into those of the preconscious and those of the unconscious, a previously conscious or preconscious fantasy, now repressed,

functions like a repressed memory of an instinctual gratification, and unconscious fantasies can find expression not only in new conscious daydreams but in many other nonfantasy forms.

Segal points out that hallucinatory wish-fulfilment, as well as the libidinal drive, can exist in the aggressive and death instincts. The infant waking up screaming, kicking, and even turning away from mother is probably hallucinating bad and persecuting objects. Mental mechanisms are abstract descriptions of unconscious defensive fantasies (Isaacs). For instance, a patient in repression may have detailed fantasies of a dam inside his body holding back a flood. Since personality structure is partly built from numerous introjects of early objects (Klein), access through analysis to this complex early internal world of fantasy can achieve personality changes in the patient. Thinking is a modification of unconscious fantasy brought about by reality testing.

Rosen suggests that fantasy carries the disadvantage of being a word of common connotations that defines an abstract scientific concept. More precision of definition is necessary, but discussion loses if it always waits for such precision. Some discussants treat fantasy as though it can be fully formed soon after birth or even through inheritance, but maturation of the ego and awareness of self distinct from object must recur to some degree before fully developed fantasy is possible. Clinically, reconstruction of the present (Loewenstein) is as necessary to the understanding of a fantasy as tracing its childhood antecedents. The ego's capacity for synthesis necessary to fantasy formation probably develops about the same time as the capacity for speech.

Kohut comments that each contributor to the symposium tended to develop a total conception of fantasy from his own special point of view. Each contribution is valuable in itself, but the totality of the different approaches is the best achievement and, understandably, leaves many questions unanswered.

Symposium on Homosexuality.

I. W. H. Gillespie. Pp. 203-209.

II. Francis Pasche. Pp. 210-213.

III. Some Remarks on the Ætiology of Homosexuality. George H. Wiedeman. Pp. 214-216.

On Homosexuality and Gender Identity. Ralph R. Greenson. Pp. 217-219.

Gillespie reports good grounds for distinguishing three types of homosexuality: first, stemming from preœdipal traumas and oral fixations in keeping with Bergler's formulations; second, delineated by Freud and Sachs, representing a regressive defense against œdipal conflicts (this fits the general theory of perversions); and third, based on brother rivalry (Freud). Prolonged analysis would probably reveal much overlapping of the forms and differences among them as to prognosis and response to treatment.

Pasche points out three characteristics that frequently appear in families of homosexuals: 1, the mother, whether domineering or submissive, does not acknowledge the authority of the father; 2, the father has been sensually tender to the son in early years, the relationship then being brutally terminated for educational reasons or from the father's removal or death; 3, the mother treats her son as a penis she does not have, must not lose, and cannot have from the father. The

son does not experience his mother as phallic apart from him but rather as castrated and potentially castrating. By remaining joined to her he avoids danger of castration. By contrast, the fetishist can experience his mother as phallic independent of himself.

Wiedeman thinks that placing the cause of overt homosexuality in the breast-penis equation and the trauma of weaning as described by Bergler is too narrow. Other conditions also show such factors. Rather, the cause must be sought in later, as well as earlier, phases. A recent investigation (Bieber, et al.) of one hundred six male homosexuals who had undergone analysis shows that most had been exposed to maternal overseduction, blocking of heterosexual strivings, and fathers who were detached, rejecting, and hostile. In a large sample, the study confirms the essential genetic factors leading to overt homosexuality. An important research task is to seek specific influences in critical phases of development, such as the possibility of a disturbance in the ego of the development of gender (sexual) identity in the second and third years.

Greenson describes three phases in the development of gender identity or awareness of being male or female (for the boy): 1, I am me; 2, I am me, a boy; 3, I am me, a boy, which means I like to do sexual things with girls. Neurotics and so-called normal people seem to need some awareness of attraction to the opposite sex (phase three) to maintain gender identity. Paranoiacs seem to have reached phase three but have sacrificed a part of self (phase one) to maintain their projection of homosexual impulses. Some homosexual perverts, true bisexuals, appear to be fixated to phase two, with their sense of gender identity independent of the sex of the love object. The exclusively homosexual appears to have reached phase three but to have become severely traumatized at this level and consequently phobic to heterosexuality, then to have regressed to phase two, where, unable to become bisexual because of the phobia over heterosexuality, he becomes homosexual. A case is described in which a change from male to female gender was achieved through castration, hormones, and perineal surgery.

A Contribution to the Study of Gender Identity. Robert J. Stoller. Pp. 220-226.

A Case of Ophidiophilia: A Clinical Contribution to Snake Symbolism, and a Supplement to 'Psychoanalytic Study of Ulcerative Colitis in Children'. Melitta Sperling. Pp. 227-233.

Comment on Dr. M. Sperling's and Dr. Stoller's Papers. Herman M. Serota. Pp. 234-236.

Besides the contributions of external genitalia and infant-parent relationships to gender identity there is a third factor, a usually silent, congenital, perhaps inherited biological force toward maleness or femaleness. Stoller presents two cases to show this force with special clarity. One, a neurotic child, was brought up under the assumption he was a girl until an examination at age fourteen revealed he was chromosomally a normal male with fully erectile penis of clitoral size, hypospadias, bilateral cryptorchidism, bifid scrotum, and normal prostate. Upon learning this, the boy changed to boy's dress, his neurosis disappeared, and he was still living a normal boy's life with his family and peers in a different community two years after the examination was made. The second, a case of male external genitalia but female, secondary sex characteristics after puberty,

and fantasies of being a female from age three until age seventeen when, after increasing withdrawal, he gave up the struggle and became outwardly a female completely undetected by either sex. Examination of the testes after surgical removal along with the penis at age twenty (an artificial vagina was created) revealed the testes had produced large excesses of estrogen since puberty.

A boy treated successfully by Sperling at age seven for ulcerative colitis returned at age twenty-two for three and one-half years' further analysis. Among his presenting difficulties were nightmares involving snakes. At age fourteen when other boys were becoming interested in girls, he had become fond of snakes to the exclusion of both boy and girl relationships. Analysis of dreams and fantasies involving snakes revealed them to have bisexual meaning and involve conflict from all levels of instinctual development. During analysis the snakes were replaced by people and a period of incestuous dreams ensued. The patient eventually became symptom-free, married, and was doing well in all areas two years after completion of treatment.

Serota thinks that Sperling's case provides an unusual opportunity to observe efforts at ego mastery of internal trauma, first through colitis and later through a hobby that was actually a perversion. In both Sperling's and Stoller's cases the ego is confronted with the impact of devastating physical factors and must use whatever devices are available for an attempt at mastery. Stoller's cases, however, leave much unexplained psychologically which, if known, might not require the postulation of a special biological force.

Fetishism, Splitting of the Ego and Denial. Maurits Katan. Pp. 237-245.

The Differentiation of Somatic Delusions from Hypochondria. Donald Meltzer. Pp. 246-250.

Comment on Dr. Katan's and Dr. Meltzer's Papers. Paula Heimann. Pp. 251-253.

According to Katan, the fetishist shows a splitting of the ego by at once denying the possibility of castration and accepting it. The denial takes place during sexual excitement, the acceptance after the excitement has passed. The fetish is formed in the precœdipal period when the mother is regarded as phallic, while homosexuality springs from the œdipal period when the mother's lack of a phallus is accepted and castration fears toward the father are of central concern.

Meltzer believes that a somatic delusion is the physical and psychic expression of a wide and deep split in the self and, with a portion expelled, it takes possession of a body part and becomes a concern in relation to others. A delusion of incontinence of flatus is an example. Hypochondriasis, on the other hand, is concentrated largely on the inside and is the consequence of double identification with internal objects damaged by projective identification. It tends to be present early in analysis before re-integration of split-off parts of the self is possible, while somatic delusions tend to occur later when an alliance of good internal objects (especially the good breast) and good parts of the self has been established.

Heimann's analysis of a case of fetishism confirms Katan's hypothesis of precœdipal trauma, but also contains œdipal and latency conflicts. In the fetishist, denial of castration followed by acceptance suggests a split in the ego more apparent than real. If Katan also considers that there is repetition of this sequence, Heimann agrees there is indeed failure of integration of the ego and the equiva-

lence of a split in its organization. She thinks a sharp distinction between internal and external object relations is a linguistic artifact in Meltzer's concepts. Fantasies about internal and external objects are interdependent. The superego, an internal structure, is the result of external relations. Somatic delusions do not originate in the infant and then become projected to the surface, but are reactions to passive experiences of being touched, moved about, etc. Hypochondria, on the other hand, appears to be based on active introjection of an ambivalently loved and hated object. Meltzer's and Heimann's differences regarding somatic delusions are based on his acceptance of infantile paranoid-schizoid and depressive positions which she finds untenable.

The Balancing Function of the Ego—with Special Emphasis on Learning. Otto Sperling. Pp. 254-261.

Comment on Dr. Sperling's Paper. Margaret Little. Pp. 261-262.

For the purpose of balance the ego can simultaneously mobilize feelings of guilt or of reward by the superego on the one hand, and id gratifications on the other. Where learning of tiresome material is concerned, the ego may arrange reward of the superego or id gratification through sexualization or through countering the suffering of learning with infliction of suffering on the teacher. In analysis the suffering from the treatment is often balanced by making the analyst suffer. Sperling thinks that this balancing is probably part of a wider balancing tendency of biological origin as seen, for instance, in an ape's or chimpanzee's tendency to leave a balanced pattern of marks and objects on a piece of paper, or in nervous system mechanisms for maintaining balance in the upright position, temperature constancy, etc. In contrast to the synthetic function of the ego, which involves integrated elements only separable by analysis, the balancing function involves clearly separate actions.

The suffering inflicted on the analyst by the patient is often an effort to cope with unconscious suffering in himself which, when presented to his awareness, enables him to look for other ways of dealing with it. According to Little, the patient needs the analyst's capacity to tolerate frustration just as at a very early level of development he needed the same capacity in mother. The pathological balancing described by Sperling appears to be an attempt at denial of disturbance, whereas synthesis is a healthy ego function which admits disturbance as part of acquiring a new equilibrium and enables experiences, such as learning, to be sublimation and secondary narcissism rather than direct gratification and primary narcissism.

Early Identifications and Structuration of the Ego. Pierre Luquet. Pp. 263-269.

Comment on Dr. Luquet's Paper. Martin A. Berezin. Pp. 269-271.

An imagoic introjection phase involving imagos of the external object (especially the mother), that are introjected but retained as a separate internal object on which the ego depends, follows the primary identity phase involving external stimuli passively permeating and joining with internal modifications. Analysis brings these unconscious imagos into awareness resulting in an object metabolism involving the analyst as a real person and in the re-experiencing of

the imagos and the effects connected with them. A recathexis of basic and completely developed functions indicates the end of treatment.

Berezin agrees with Luquet's concept that early constant associations of maternal stimuli constitute a form of primary pre-object love which remains the basis of later positive relationships. Imagoic introjection appears to resemble the situation in Deutsch's 'as if' personality and the state involving the archaic superego as described by Weissman.

Ego Distortion, Cumulative Trauma, and the Role of Reconstruction in the Analytic Situation. Masud R. Khan. Pp. 272-278.

Comment on Mr. Khan's Paper. Eleanor Galenson. P. 279.

Khan describes ego distortion as resulting from failure of the mother to supply the infant with a protective shield. Cumulative trauma can result, leaving its mark on all later phases of development and becoming observable later in ego pathology and schizoid character formation. Failure of the shield produces precocious ego development and precipitates independence in some areas accompanied by, and dissociated from, archaic dependency on the mother in other areas. Individuals thus traumatized must keep themselves engrossed and tantalized or fall into a sort of apathetic nonexistence. In analysis, these distortions become revived particularly in relation to the analyst and in the smallest details of the analytic setting where the patient distorts reality in order to avoid areas of stress with which his ego cannot cope. In making the patient aware of these distortions and using them to reconstruct the infant-mother relationship, the analyst must realize his role as an auxiliary ego and maintain the necessary psychic distance.

Some mothers thrive on closeness to their infants but have trouble letting go when separation begins and overshield their children. Galenson thinks the situation is more complex than Khan describes. Longitudinal studies from earliest infancy seem to offer the only opportunity to observe how mothers enhance or hamper early development.

Excitation, Anxiety, Affect. Some Tentative Formulations. L. Börje Löfgren. Pp. 280-285.

Löfgren proposes a revised model of the psychic apparatus. The ego is seen as an assembly of structures with potentials of various sizes which insulate pools of energy from free intercommunication and the id. Small waves of energy moving across the potentials and changing their levels is secondary process thinking with no experience affect. Drainage of energy into the id and invasion of the ego by the primary process breaks down these potentials and results in anxiety. Circumscribed drainage and localized appearance of the primary process causes pleasurable affect. Localized drainage from the ego into the superego produces unpleasurable affect; generalized drainage causes depression.

Newborn Approach Behavior and Early Ego Development. Justin D. Call. Pp. 286-294.

Comment on Dr. Call's Paper. Eleanor Galenson. Pp. 294-295.

Observations of infants indicate anticipatory behavior of the approach of the

mother as early as the fourth feeding after birth, suggesting that memory is being developed by this time. The observations further suggest secondary process thinking of a rudimentary kind and that the concept of a precursor-of-the-ego or undifferentiated phase is not justified.

Galenson points out that the behavior described by Call as anticipatory was free of contact between the baby's face and the mother but not between the baby's body and the mother. Also, olfactory and auditory sensations were present prior to contact. These facts suggest reflexive behavior rather than that based on memory. The behavior described is clearly adaptive; labeling it secondary process rather than a precursor to ego formation would impede understanding of early psychic functioning and its development into quite different secondary process functioning of later periods.

Prototypes of Defenses. Max M. Stern. Pp. 296-298.

The immaturity of homeostatic regulation in infants is offset by various somatic defenses such as kicking and crying alternating with quiescence and hallucination. These are prototypes of later psychic defenses: repression and denial derive from the protective stuporous reaction of infancy; identification (introjection) from early physiologic perception; and projection seemingly from early vestibular disturbance.

Silence as an Integrative Factor. S. Nacht. Pp. 299-303.

A Triad of Silence: Silence, Masochism and Depression. Jerome L. Weinberger. Pp. 304-309.

Comment on Dr. Nacht's and Dr. Weinberger's Papers. Arthur F. Valenstein. Pp. 310-311.

According to Nacht the vague feeling of incompleteness experienced by some people appears to be nostalgia for fusion with some prime source of life deeper than the gratification of instinctual drives. When the analyst is a good object for the patient and able to convey silence free of aggression or anxiety there are fleeting moments when the patient experiences fusion with him and finds invaluable peace and strength for achieving normal relationships. The analyst must resolutely keep the experience momentary lest the patient be too gratified and become prone to regressive satisfactions.

The triad of the silence syndrome is found especially in the firstborn and relates to loss of status with the mother between eighteen months and three years of age. Weinberger thinks that the same triad is enacted in psychoanalysis and expresses a fear of being hurt as well as fear of success of treatment as preliminary to being rejected. Success of treatment depends upon the intensity of withdrawal and the ability to form a positive relationship to the analyst.

Valenstein thinks that both Nacht and Weinberger stress the importance of early relationship to the mother. However, Weinberger stresses the importance of insight in treatment while Nacht appears to regard this as secondary to the analyst's selfless love. His theory of therapy appears close to Ferenczi and Rank's emphasis on repeating and reliving rather than changing through insight. A resulting mystique of silence appears to leave the patient especially accessible to the analyst's intervention.

Depression and Claustrophobia. Raymond H. Gehl. Pp. 312-323.

Gehl presents three cases to show that these two symptoms often appear alternately in the same patient. He concludes that they are closely related phenomenologically, dynamically, structurally, and genetically. The cycle appears to consist of maintenance of object cathexis by projection of the conflict onto the claustrum, increasing spread of claustrophobia leading to panic, acting out that becomes a desperate attempt to deny the loss and maintain the object, increasing guilt, withdrawal of object cathexis, depression, and gradual re-formation of claustrophobia. Pregenital fixation is present in these cases.

The Economic Standpoint—Recent Views. Serge Leclaire. Pp. 324-330.
Comment on Dr. Leclaire's Paper. Richard Sterba. Pp. 330-331.

A man, having experienced the equivalent of incestuous relations with his mother at age three in addition to an absent father, postponed consummation of his marriage for ten years. To maintain the necessary psychic force, he appeared to need to maintain the incest prohibition denied him by his father. This suggests that a quantitative force is not intrinsic to the mind as Freud thought, rather that the principle of power, basically genital, is achieved through incest prohibition.

Leclaire objects to using the concept of physical force in connection with the psychic apparatus for, in reality, it is the opposite. Force is an animistic concept rising from the anthropomorphic view of the world. It is a projection into the outer world and is a necessary part of the psychic apparatus. Incest prohibition may not be primarily of cultural origin as Leclaire assumes but derive more fundamentally from maturational proscription or from the build-up of mental forces in childhood which later restrict the sexual instinct.

On the Psychopathology of Narcissism. A Clinical Approach. Herbert Rosenfeld. Pp. 332-337.

Rosenfeld presents clinical material to illustrate that the ideal self-image of the narcissistic patient is a pathological structure based on omnipotence and denial of reality. In therapy it is rigidly protected against and assumed to be endangered by insight or contact with reality. The clinical result depends on the degree to which the patient gradually accepts the relationship to the analyst as representing the mother in the feeding situation and consequently accepts the problems of separation, frustration, and a working through of the depressive position (Klein).

Precœdipal Factors in the Genesis of the Hysterical Character Neurosis. Harold Winter. Pp. 338-343.
Comment on Dr. Winter's Paper. Francis McLaughlin. Pp. 342-343.

Winter suggests that the hysterical character has a precœdipal ego defect in that he is excessively a fusionist and insufficiently a separatist. He lacks normal aggression, including that in his sexual life, and lives by charm and seduction rather than by a combination of object love and mastery of obstacles. In analysis he must have a regressive, corrective experience in which submissiveness and se-

duction fail and aggressive defiance of the analyst is met with interest and acceptance and does not bring on the rejection he fears.

McLaughlin thinks that Winter stresses an important aspect of hysterical character neurosis. It is likely the analyst serves not only as a mother from whom the patient needs to achieve separation, but as a father with whose masculinity and assertiveness he can identify.

The Contribution of the Theory of Techniques of Child Analysis to the Understanding of Character Neuroses. S. Lebovici and R. Diatkine. Pp. 344-347.

Comment on Drs. Lebovici and Diatkine's Paper. P. J. van der Leeuw. Pp. 347-349.

Lebovici and Diatkine compare the equilibrium established by the character neurotic to that established between the child and his parents with no awareness of the anxiety involved nor of defenses against it. A disturbance by the treatment of this equilibrium provokes negative reactions that can prove difficult to manage. It is important that the analyst's attitude and interpretations be neither too gratifying nor too systematically interpretative of the nonverbal elements of behavior.

Van der Leeuw thinks that the suffering in the character neurotic is often underestimated. It is predominately linked to conflict between the ego and the superego as well as between the prohibitive and ideal aspects of the superego. In the character neurotic the feeling of illness, so necessary to a successful outcome, is absent and slow to develop in therapy. Its development depends to a great extent on the possibility of penetrating the narcissistic armor of omnipotence in the patient and in his ability to endure impotence and intense destructive impulses that result.

Problems Regarding the Termination of Analysis in Character Neuroses. E. Kestemberg. Pp. 350-357.

Kestemberg divides character neuroses into the neurotic character, the classical character neurosis, and the psychotic character. The first may react with benefit to a temporary interruption of analysis. The second, if accepted into treatment, will have a better prognosis if sought during a crisis and, if the analyst can meet the emotional pressures involved, may be able gradually to enter a classical analysis. The third may be benefited beyond a certain point by transfer to another analyst.

Persecutory Guilt and Ego Restrictions. Characterization of a Predepressive Position. Virginia L. Bicudo. Pp. 358-363.

Comment on Miss Bicudo's Paper. Martin A. Berezin. Pp. 363-365.

Bicudo gives clinical illustrations to show that midway between Klein's depressive and schizo-affective positions is one, predepressive, in which the patient projects guilt onto the object and then feels that the object is trying to make him feel guilty.

Berezin points out that by singling out certain approaches to Bicudo's material, other theories than those fitting the Kleinian framework may be formulated. For instance, women who complain of being made to feel guilty by their mothers

might relate more to œdipal conflict than to early conflict with mother. Replacing feeling well with suffering lends itself to different interpretations such as masochistic submission to the parents in order to retain their approval, being wrecked by success, or of giving up success in order to maintain hostile dependence on the early mother.

Two Kinds of Guilt—Their Relations with Normal and Pathological Aspects of Mourning. Leon Grinberg. Pp. 366-371.

Comment on Dr. Grinberg's Paper. Daniel W. Badal. Pp. 371-372.

Persecutory guilt arises earlier than depressive guilt of the depressive position (Klein), is pathological rather than normal, and is more closely linked to the death instinct. The main effects of the former are resentment, despair, fear, pain, self-reproaches; of the latter, sorrow, concern for the object and the self, nostalgia, responsibility. Factors which contribute to the emergence and intensification of persecutory guilt are birth trauma, a bad relationship with the breast and the mother, predominance of frustrations, and, especially important, experiences of loss. Grinberg illustrates his thesis with a case that includes an interpreted dream.

Badal thinks that rather than two kinds of guilt the same guilt is expressed in two ways: by projection and as a loss within the self. In this revision the ego and its defensive operations are given the emphasis neglected by Grinberg. Badal's clinical work shows that adult guilt in depressions involves the œdipus complex, even in cases where the precœdipal relationship to the mother manifests obvious oral symptoms.

Mania and Mourning. W. Clifford M. Scott. Pp. 373-377.

Comment on Dr. Scott's Paper. Daniel W. Badal. Pp. 377-379.

Both depression, that mania defends against, and hopeful mourning, that depression pathologically expresses, must be exposed in therapy. Their surface interplay then hopefully diminishes aggression and fear increases love. Scott presents three cases of successfully treated mania.

Badal agrees that the state between mania and depression is where most therapeutic work can be done though even here patients show strong tendencies to denial and warding off. Drugs and shock treatment may make them more accessible. Scott's three cases demonstrate that the development of transference and its analysis in illness of this kind is sometimes possible.

The Anti-Semite and the Œdipal Conflict. Bela Grunberger. Pp. 360-365.

National Socialism and the Genocide of the Jews. Martin Wangh. Pp. 386-395.

Comment on Dr. Grunberger's and Dr. Wangh's Papers. Henry Lowenfeld. Pp. 396-398.

Grunberger thinks that the Christian feels guilty in relation to the Jew because his solution to the œdipal conflict is to identify with the son, take the mother for himself, and deport the father to Heaven, while the Jew gives up the mother and identifies with the father. To the Christian, this makes the Jew his father, whom he hates and before whom he is defensive. The anti-Semite splits his ambivalence toward father, exalting country and fatherhood, while displac-

ing his hatred onto the Jew. His projection is isolated and occurs at the behest of a severe pregenital superego.

The First World War traumatized a generation of German children who were three to five years of age at the time. They then experienced a second trauma during the critical period of changing from adolescence into manhood in the form of the economic depression of the thirties. Wangh suggests that the latter precipitated a repetition-compulsion of the former trauma and left this generation receptive to the regressive ego defenses advocated by the Nazis. The receptivity was immensely increased through the earlier experiences of loss and defeat of the fathers at the time the generation in question were children, enabling the guilt of the later period to be countered by an overthrow of all moral values, including Judæo-Christian teachings. Individual tendencies to psychosis and delinquency were warded off by mass psychosis and delinquency. The lower middle class, long unsure of their social status, were especially ready to emphasize that they were not Jews (socially ostracized), thus attesting to their membership in a privileged, superior group.

Lowenfeld doubts Grunberger's assumption of a pregenital superego as the main factor in anti-Semitism. This would mean that at the time of the Dreyfus affair all the élite of the French army had precociously formed superegos, and appears to be an oversimplification of a complex phenomenon. At the root of anti-Semitic and similar movements there seems to be an inclination to regress to primitive ambivalence which explains periodic outbursts. If correct, Wangh's hypothesis would be an important contribution to the understanding of an almost incomprehensible historical event. But since the English and French suffered loss of fathers at the same time as the Germans in World War I, yet did not embrace anti-Semitic National Socialism during the thirties, loss of the father in childhood could not be a predisposing factor. This leaves defeat of the father as the sole predisposing factor which is questionable. Chance in having a person like Hitler, or the differences of the mothers in the childhoods of the two situations, may be important factors. Wangh's hypothesis, however, is important, thought provoking, and carefully pursued.

August Strindberg: A Study of the Relationship Between His Creativity and Schizophrenia. Theodore Lidz. Pp. 399-406.

Comment on Dr. Lidz's Paper. Gösta Harding. Pp. 406-410.

Strindberg's schizophrenia occurred after his first marriage, fulfilling his pre-œdipal and œdipal longings for reunion with his mother and elimination of his father which was too much for the tenuous defenses against these strivings. Lidz postulates that through illness and the tragedies of characters he created for the stage, Strindberg paid the penalty for infringement of taboos and gave catharsis to audiences for their unconscious fantasies.

Lidz's lecture leads to the heart of many difficult and unsolved problems regarding Strindberg. Harding thinks, however, that anal elements, as well as the oral and œdipal conflicts, were present in his pathology. Also, his hallucinosis appears to be due to absinthe poisoning rather than indicating schizophrenia.

Bemoaning the Lost Dream: Coleridge's 'Kubla Khan' and Addiction. Eli Marcovitz. Pp. 411-425.

Marcovitz thinks that Coleridge kept 'Kubla Khan' secret so long and then disclaimed any poetic value for it because it contained his most cherished dream. This was that he had been born a god and nursed at the ever-flowing fountains of a priestess-goddess-mother who sang songs of love and conquest to him and protected him from jealous enemies until he destroyed the tyrant, the world then falling at his feet in awe and adoration. In the minds of generations to follow, 'Kubla Khan' won for Coleridge the image of the enchanted poet-king.

Honoré de Balzac—A Disturbed Boy Who Did Not Get Treatment. E. C. M. Frijling-Schreuder. Pp. 426-430.

The author's comments on Balzac illustrate that the same conflicts leading to character neurosis can be put to creative use by the artist. A history of early neglect is regularly found in asocial character neurosis, but this does not justify predictions that the former will inevitably lead to the latter.

Notes on the Psychoanalysis of Æsthetic Experience. With Special Reference to Ethological Consideration. Erich Simenauer. Pp. 431-436.
Comment on Dr. Simenauer's Paper. Nils Haak. Pp. 436-437.

Simenauer points out that the same relatively rare events in nature that strike man as beautiful—pure color, rhythmic movement—are used as releasing mechanisms in lower animals for courting and mating. Chimpanzees and apes take pleasure in rudimentary picture composition independent of any external reward. One male chimpanzee was seen to show sexual excitement during composition. These facts, along with others such as that lower primates lose interest in finger painting when grown and engaging in sexual activity, suggest that Freud's thesis that beauty has its roots in sexual excitement is correct. They also throw light on the wide current interest in abstract painting.

Haak points out that Simenauer's attempts to shed new light on æsthetic experience by applying ethological findings are interesting and laudable but insufficiently documented. He hopes Simenauer will continue his studies on a larger scale.

The Reality of Myth. F. J. Hacker. Pp. 438-443.
Comment on Dr. Hacker's Paper. Richard Sterba. Pp. 444-445.

The history of the elaboration of the psychic apparatus and the stages of personality development is intimately bound with the history of myth making, i.e., one myth rises, declines, and gives way to another. Hacker suggests that the therapist is, at some stages, necessarily a mythological hero or villain and possibly even a myth maker. Acknowledgment rather than denial of this new, ancient role might improve his skills as well as his integrity. Freud recognized much of this in speaking of the instincts as 'our mythology'.

Sterba points out that Freud's famous statement is said only as an exclamation of regret at our ignorance and can be countered with numerous quotations asserting his conviction that his and all science brings us closer to reality. Sterba

agrees with Hacker's second evaluation of myth as having a form-giving influence on mental development.

Typical Forms of Transference Among West Africans. Fritz Morgenthaler and Paul Parin. Pp. 446-449.

Analysis of thirteen normal adult Dogon people in Mali reveals the unvarying reaction of resistance to forming an object relationship to the analyst that is consistent with their avoiding an exclusive attachment to one person. Instead, they distribute their cathexes among a number of objects with fluid shifts of interest. Their strong identification is with the group rather than the individual.

EUGENE NININGER

Bulletin of the Menninger Clinic. XXVIII, 1964.

Heinz Hartmann: A Biographical Sketch. Ruth S. Eissler and K. R. Eissler. Pp. 289-301.

Heinz Hartmann is now in his seventieth year. His paternal grandfather fought for freedom and became a professor of German literature and history. His maternal grandfather became the most eminent of all Viennese physicians, outstanding in gynecology and obstetrics. He had unwittingly put Freud on the track of the sexual etiology of the neuroses. His father, a great scholar, humanitarian, and professor of history, had his son tutored at home because he opposed religious practices. Hartmann, therefore, was surrounded by excellent prototypes for identification. His mother was a musician and sculptress. He studied violin, was a self-taught pianist, wrote poetry, and became proficient in water colors.

After service in the Army, Hartmann's educational pursuits brought him in contact with Max Weber, Jodl, Stöhr, Gomperz, Swoboda, Kurt Lewin and, as secretary to his father when he was Ambassador to Berlin, he experienced history as a living process. He combined classical psychiatry with psychoanalytic insights. He was associated with Federn, Rado, Waelder, and Ernst Kris. Following a second training analysis with Freud (1934-1936) he published Ego Psychology and the Problem of Adaptation which extended psychoanalysis into new areas. This brought to full fruition his unusual gifts and the vast knowledge and experience he had accumulated.

Adolescence and Adaptive Regression. Elisabeth R. Geleerd. Pp. 302-308.

This study of a twenty-one-year-old female patient, in whom the usual deviant behavior in adolescence was absent, is used to illustrate Heinz Hartmann's propositions regarding the adaptive value of psychic phenomena and, in particular, his concept that regressive processes can also have an adaptive significance. Granted that the pathological behavior of adolescence is to be considered a prerequisite for successful development, two types of pathology must be considered: an extreme rigidity and hypertrophy in one or another direction of behavior and an absence of the usual adolescent upheavals.

This patient developed a severe pathological state during treatment which Geleerd considered a distorted equivalent of a delayed adolescent crisis. Symptoms of depression and schizophrenic features predominated during an analyti-

cally oriented psychotherapy. Enough healthy ego was available for therapeutic work so that the patient remained in contact with the therapist and other love objects (parents), could discuss and verbalize what troubled her, and could accept interpretations. Contact continued after the psychotic episode subsided, leading the author to assume that the temporary break with reality was a regression in the service of growth and overcoming the developmental lag.

Adaptational Tasks in Childhood in our Culture. Lois B. Murphy. Pp. 309-322.

Freud's formulations regarding the ego, followed by Hartmann's monograph on the ego and the problem of adaptation, opened the way to study differences and parallels in the discoveries in experimental and developmental psychology. These include the work of Piaget, new reports of Soviet psychology, recent developments in Western psychology, and the studies of Murphy based, in part, on a series of sixty normal children.

The author surveys the process of growth and adaptation from birth to puberty. The basic requirement is the achievement of smooth organic functioning as a prerequisite for the stable positive mood-level sometimes described as bliss or narcissistic pleasure in the early weeks of life. 'Sensitive phases' or periods of emerging drives and the capacity for communication of wants, needs, frustrations, pleasure, and unhappiness at evoking appropriate responses from the environment contribute to a sense of well being and trust. At each phase of development multiple threats in meeting basic needs result in disequilibrium with an upsurge of dependency needs, a sense of loss, and forms of separation anxiety. Affecto-motor functions and integrative functions of the ego are shaped in functional interaction of drive and autonomous ego factors.

Some Clinical Notes on Reading Disability. A Case Report. Keith N. Bryant. Pp. 323-338.

Combined psychoanalysis and remedial education on an inpatient basis gave Bryant an unusual opportunity for a detailed study of a severe reading disability in a twelve-year-old boy. His learning difficulties appeared to derive from an incapacity to associate, integrate, and retain symbols from visual representation, and from an inconsistency and uncertainty in associating sounds with phonic elements. There was often difficulty in forming and remembering sounds. Reversals and letter substitutions were frequent with inability to analyze words, often confabulating or guessing at them from limited cues. An organic component was suggested since the alexia was out of proportion to other defects and because of motor clumsiness.

The patient had remained in an infantile relationship with his mother and no adequate relationship with his father had ever developed. Reading improvement came at the end of the third year after successful analysis of his œdipal wishes and an improved relationship with his father, an avid reader. Anal retentiveness, stubbornness, and refusal to produce were prominent in phases of analysis carried over to the learning situation. Vengeful aspects were involved in his unwillingness to grant success to his parents and analyst. Included in fear of competing with father was fear of success and castration anxiety combined with fear of failure and genital humiliation. After five years, termination involved final separa-

tion from unrealistic attitudes toward mother who had fostered infantile helplessness. The patient was successful scholastically and, in terms of sublimations, in coping with a remaining spelling difficulty.

LILLIAN MC GOWAN

Psychoanalytic Review. LII, 1965, No. 1.

On Being Loved: A Contribution to the Psychology of Object Relations. Charles T. Sullivan. Pp. 5-18.

The author quotes Freud, Reik, Saul, Rosen, and Fairbairn in an attempt to define love, loving, and being loved. He tries to explain what happens if the roles of the ego and the love object are reversed and suggests that 'the object might be active in relation to the ego'. Sullivan thinks that the superego is a model object in that the process of its development may set a pattern for the acquisition of later, less consequential objects. So many quotes from so many authors does not clarify loving and being loved. Reik thinks it is a question of whether all wisdom is worth the illusion of happiness that love gives.

Courtly Love: Neurosis as Institution. Melvin W. Askew. Pp. 19-29.

Courtly love, in flower in the twelfth century when men outnumbered women, was only for the aristocracy. It was adulterous and could not exist in marriage. Askew asserts that this form of love is not a thing of the past and recommends that it be re-examined in these days of sexual frustration.

The language of such love was originally borrowed from religious phrases: the acquiescence of the lady became 'the giving of grace' and the consummation of love was 'salvation'. In keeping with the medieval emphasis on worship of the Virgin Mary, it elevated the status of women. By combining adulterous love and Platonic idealism, love ennobles character. The author quotes from Dante and Chaucer. He might well have used the letters of Heloise and Abelard to point out that the courtly lover is sick, whether his love is consummated or not. He languishes without sleep or appetite until a friend intercedes with his mistress. The mistress is both worshiped and condemned since sexual gratification indicates loss of innocence and eternal damnation. Thus courtly love is an institutionalization of essential ambivalence toward the female.

Erotic Feelings in the Psychotherapeutic Relationship. Reuben Fine. Pp. 30-37.

This brief article is clinically helpful and also serves as a guide in certain difficulties in the supervision of residents. The remarks on a countertransference to a highly erotized transference are particularly clear. Fine is optimistic about the results of treatment for frigidity and is lucid in his advice for selecting interpretations that reduce rather than enhance guilt. He thinks that sexual desire per se is healthy and that undesirable consequences are often due to lack of gratification.

The Cult of Osiris in Relation to Primitive Initiation Rites. Leo Schneidermann. Pp. 38-50.

Readers will be indebted to the author for this clear and concise presenta-

tion of the complex Osiris myth. Schneidermann links the myth to concerns of present-day society but only suggests materialistic, pleasure-bent, self-destructive trends. He could have established a link with romantic literature, particularly Faust, in which the hero is pursued by a relentless death-dealing male figure with an incestuous attachment, and finally a dissolution. Another point almost made evident is the intrauterine symbolism displaced onto death and coffins. Osiris is described as literally enfolded in the mother goddess whose emblem is the coffin. Horus, his son, is depicted as rising bodily out of Osiris, suggesting a birth within a birth. A birth from the intrauterine hero also assists the woman in being perpetually pregnant. The resurrection-rebirth myth is related to initiation rites where the novice emerges, having forgotten the past, with a new name —a step which psychoanalysis has thus far overlooked.

Feelings that Kill: The Effect of the Wish for Infanticide in Neurotic Depression. Dorothy Bloch. Pp. 51-66.

This article maintains a balance between theory and clinical experience. The parent's murderous wish toward the child is communicated more or less subtly and results in problems of sensitivity to criticism, a feeling of being unreal and worthless, and is a suicidal potential in moments of crisis. Two case histories are presented in detail and seven other patients, treated by various therapists, are referred to.

The author, like Ferenczi, Lorand, Sullivan, Berliner, and Menaker, thinks the problem is established in the precœdipal period. The death instinct is seen as the child having accepted the possibility that her worthlessness caused the mother's hatred. The resulting masochism helps the child to survive. Bloch interpreted to the patient that she was determined to believe that everything was wrong with her and that this came from the mother's wish to kill her. The patient reacted intensely but finally accepted the possibility that not only had her feeling of worthlessness not caused her mother's hatred but proof of her own worth would not bring back mother's love.

Attitudes Toward Life and Death in Poetry. Calvin S. Hall. Pp. 67-83.

Hall bases his article on the widely read book by Norman O. Brown, Life Against Death. Using many quotations from Bartlett, the author attempts to document the existence of the theme of death in poetry and the ways in which poets describe it. Like Professor Brown and some other workers, he states that one of the origins of psychoanalysis was German romantic literature.

Also, like Brown, Hall believes that the flight from death impulses constitutes a 'root-conflict' and 'a reef on which the human psyche may be broken', though he does not describe as well the evolution of Freud's thinking about death instinct as to homeostasis (Nirvana principle), repetition-compulsion, and as related to sadomasochism. The author joins the chorus of prophets who warn that, unless man synthesizes life and death forces, the species will be devastated. Both he and Brown warn that, unless the errors of orthodox analysts and neofreudians are corrected, psychoanalysis will be destroyed. The well-intentioned use of quotations paradoxically weakens the impact of Professor Brown's book.

On Repetition Compulsion. Anthony J. Ferreira. Pp. 84-93.

Ferreira proceeds from Fenichel's three types of repetitious behavior patterns to the more specific repetition compulsion pattern found in the 'double-bind'. He tries very hard to make this specific pattern more clear by a comparison with the myths of the Danaides and Sisyphus. He declares it a superego rift similar to that which probably prevailed during the early development of the compulsive patient in his struggle with his parents.

A Contribution to the Symbolic Use of Color in Dreams. Adolf G. Woltmann. Pp. 94-105.

The author offers the useful observation that the reporting of the same color in a series of dreams and their associations is related to resistance. He finds it helpful to the patient to interpret this resistance in terms of his character problem. Two cases are presented.

Persecution and Conscience. Klaus D. Hoppe. Pp. 106-116.

Hoppe presents a case of a woman who, after her concentration camp experience in Germany, suffered from 'hate-addiction'. She continued to hate all Germans, even German Jews, after she emigrated to the United States and came to feel guilty toward her husband and daughter. The author's theoretical remarks about the superego are not clear and his speculations about Hitler and Eichmann do not contribute. The bibliography is incomplete.

STEWART R. SMITH

Psychoanalytic Review. LII, No. 2, 1965.

In the American Heartland: Hemingway and Death. Richard Drinnon. Pp. 5-31.

Pertinent facts from the biography of Hemingway are correlated with trends in his writings including his preoccupation with the hypermasculine mastery of danger and death, scorn for those who prefer peace, and condemnation of the overtly homosexual male. The author suggests that Hemingway voices the concern of the male who has grown up in the heartland, the great Midwest, of America. Those who have lived in the Midwest may laugh at this and say that geography imposes no barriers on the male in flight from a gigantic devouring mother and a murderous, gun-toting father. This man fears any tender, loving relationships with men or women. The pathos of Hemingway is that he failed to reconcile life with death. He added to our understanding of death and fought bravely and well against those who would deny its existence and importance in human behavior.

The Red Badge of Courage: Part I. Daniel Weiss. Pp. 32-52.

The author wisely departs from Ovid who is quoted as stating that in literary criticism it pays to neglect the artist in considering his work. In this psychological study of Stephen Crane and his fiction Weiss finds a remarkable resemblance to Hemingway. Both men had a thirst for abstract danger that led to becoming involved, as correspondents, in warfare. Both never quite got over the death of

the father, rebelled against their families, and had a childhood marred by violence. Both knew the psychology of the soldier and its relation to œdipal and adolescent struggles. The soldier, in some cases, regresses in his military group to an oceanic reunion with an omnipotent mother. To become a combat veteran, the soldier starts out believing he cannot be killed, gets scared, is wounded, and becomes hardened (dehumanized?). Then 'comes the second crack' and he begins doing good deeds as if in a football game. This is the formula in both Crane and Hemingway. The author compares Crane to the man who rescues older women and defeats the rival in Freud's A Special Type of Choice of Object Made by Men.

Weiss falters in puzzlement over how the father of Stephen Crane, a mild, benign clergyman (only second to God in power?), could be transformed in œdipal fantasy into a black murderer.

British Fathers and Sons 1773-1913: From Filial Submissiveness to Creativity. Howard R. Wolf. Pp. 53-70.

Based on the book, The Popular Novel in England, 1770-1800, by J. M. S. Tompkins, this paper gives numerous examples on the submissiveness of sons to fathers in that thirty-year period. Wolf deals largely with the lives and works of J. S. Mill and Edmund Gosse. These two writers turned from initial submissiveness to the father to awareness of self, coupled with revolt against the father, and finally, to some 'different possibility' in fictional and familial relations. The emphasis is on the severe depression of J. S. Mill and the retreat into fantasy of Edmund Gosse, based on murderous hatred of the father. The author's thesis is that changes in society shift family relations which make for new attitudes in life and literature. For those who are interested in the origins of Romantic literature and modern psychology he suggests that there is a link between the collapse of the myth of the autocratic father and the rise of emotionalism.

The Clown as a Father Figure. Richard C. Simons. Pp. 75-91.

In this study of professional clowns and fools in real life, which also includes an informative survey of the literature, a case history is presented. This man did not want to lose his joking through psychotherapy, as he rightly considered it to be his one successful adaptive defense. The paper, replete with quotations from Shakespeare, is more broadly based than the author's summarizing statement that it is focused upon one aspect of clowning, the identification with a father figure.

Father and Son in Christianity and Confucianism. Robert N. Bellah. Pp. 92-114.

Dating from Aristotle, political and religious institutions have been modeled on the human family. Adding to this observation, Freud emphasized the relation of man to his father, and the projective usefulness of religion in dealing with anxiety within the family. Bellah wishes to add that the religious structure affects the family and gives examples from two major religions. He reviews Freud's ideas on religion and applies them to Christianity (before the advent of

Mariolatry) where atonement and identification with the divine father are combined with the wish to murder the father in each elevation of the Eucharist. The Judæo-Christian concept is different from that of the Chinese in which the cosmos is a closely related community or organism. Father and mother have first claim on reverence for the Confucian; after their death they form the center of the family cult. The authority of the Chinese religion is derived from the family while that of the Christian comes from the projected divine.

Few readers will be able to evaluate the quotations and statements about the Chinese. However the author apparently is not aware that the words of Jesus, in his ninth hour on the Cross, 'My God, my God, why hast thou forsaken me?', do not indicate a pessimistic rejection of the father; rather, they are regarded as a fulfilment of prophecy from the first line of Psalms XXII which ends in spiritual victory over death.

Affective Mysticism in Western Civilization. Herbert Moller. Pp. 115-130.

A cultural complex of overtly emotional religiousness existed from the twelfth to eighteenth centuries in Europe, led by mystics who were women or effeminate men. The central feature of such expression was a striving for union with the divine combined with asceticism and long-lasting depression. The imagery and language of the relation to the divine was most personal and unmistakably sexual. The Eucharist was used as a smelling, tasting, and eating of Him. There was preoccupation with blood and wounds, body secretions and suffering, with regression to infantile behavior in order to become beloved by the divine parent as the infant fused to the breast. This type of religiousness may not be as extinct as the author states; for example, Pentecostal groups. A case history would have been appropriate.

Mesmer and Puysegur: From Magnetism to Hypnotism. Henri F. Ellenberger. Pp. 137-153.

In this informative article on the origins of dynamic psychiatry, the author describes the difference between fluid magnetism practiced by Mesmer and animal magnetism practiced by de Puysegur. There is a pertinent and interesting description of social conditions in France circa 1785 and Ellenberger explains the differences between the aristocrat-peasant relationship and the later bourgeois relationship between owner and worker. He explains how the aristocrat came to be so involved in the development of magnetism as a rediscovery of one of the secrets of a 'primitive world' endowed with secret science and wisdom. The use of animal magnetism by de Puysegur, the aristocrat, on the peasant, Victor Race, is described. This is an account of hypnotism used as individual action-oriented therapy, not just a demonstration of trance and dual personality. A magnetized elm tree was part of the therapy and the author describes the importance of sacred trees. He tells how fluid magnetism was used by Mesmer on groups of aristocrats to produce 'crisis' which was similar to the popular malady, *vapeurs*. Mesmer was opposed to animal magnetism with individuals, used by de Puysegur to gain rapport with the peasant patient able to guide and correct the magnetizer.

The History of Psychiatry: A Cultural and Bibliographical Survey. George Mora. Pp. 154-184.

Mora attempts to outline various theories of history as they can be applied to a history of science and psychiatry. A more practical aspect of the paper is a bibliography of over three hundred items which would be valuable to librarians or anyone reading psychiatry. In connection with this the author delineates categories into which matters of special interest would fall such as the heroes of psychiatry and major books and papers on psychiatry with clinical descriptions and classifications. Psychoanalysis is referred to as a special problem for the historian. Zilboorg's book, A History of Medical Psychology, is acknowledged to be the only one in English of ample breadth. The author provides intelligent criticism of it.

STEWART R. SMITH

American Imago. XXII, 1965.

Freud's Cognitive Style. Robert R. Holt. Pp. 163-179.

Freud's modes of absorbing, processing, and communicating information are studied with the expectation that familiarity with his thinking will lead to better understanding of the content. Characteristics of Freud's writing, such as preference for opposing binary concepts, tolerance for inconsistency, sweeping generalization followed by partial contradiction, and use of rhetorical devices, are studied.

The Antigone Principle. Benjamin B. Wolman. Pp. 186-201.

The author distinguishes three libidinal attitudes one person may have toward another: instrumentalism, mutualism, and vectorialism. In the first, the individual is exclusively self-seeking; in the second, he maintains a mutual give-and-take relationship; and in the third, he gives without expecting return. Heroism and self-sacrifice are examined in the framework of this classification and are found to be characteristics of noble, normal individuals. They are not to be confused with masochistic and self-destructive tendencies. The article suffers from a lack of clinical material and the numerous cursory references to the deeds of mythological and historical personages do not compensate for it.

JOSEPH WILLIAM SLAP

Archives of General Psychiatry. XII, 1965.

Trichotillomania. Harvey R. Greenberg and Charles A. Sarner. Pp. 482-489.

In this instructive contribution nineteen cases of hair pulling, with marked preponderance of adolescent girls, are examined. Some common findings include denial of symptoms and a family constellation of a critical, ambivalent, hostile mother and an ineffectual father. Psychodynamic formulations stress the multi-determination of the symptom in terms of psychosexual levels, problems of identity and unconscious conflicts, all of which were aided by the plastic suitability of hair to express unconscious symbols.

KENNETH RUBIN

Jornal Brasileiro de Psiquiatria. XIII, 1964.

Group Psychotherapy with Psychotics. E. la Porta; E. Portella Nunes; Galina Schneider. Pp. 317-329.

Symbolic and concrete functioning of a psychotic within a group is studied. It was found that such patients benefit from group therapy. The authors believe, contrary to the opinions of other group therapists that are reviewed, that interpretation of transference, countertransference, and id analysis can be used as in a personal analysis. The authors review the literature and find that psychoanalytic concepts are dissociated from the material handled in the group. This practice tends to disrupt the group. They suggest that their more classic psychoanalytic approach could be applied to community psychiatry in general.

The Physical Self-Placement of Members of a Group as a Means of Non-verbal Communication. David Azoubel Neto and Herman Davanzo C. Pp. 331-338.

In group therapy, the places selected by the patients represent significant derivatives of unconscious conflict and can be studied in terms of 'the body ego of the group'. Tabulated results show that it is not mere coincidence where patients sit. This was correlated to material presented during the session by the patients. Hostility toward the therapist was manifested by sitting directly in front of him; when members sat on the left, they tended to disagree with the group; those on the right tended to be more compliant; sitting very close to the therapist or far removed also had specific meanings.

GABRIEL DE LA VEGA

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Meetings of the New York Psychoanalytic Society

Paul H. Brauer, Eugene V. Nininger & Bernard D. Fine

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

September 22, 1965. BEYOND VITALISM AND MECHANISM: FREUD'S CONCEPT OF PSYCHIC ENERGY. Robert R. Holt, Ph.D.

Dr. Holt reviews the historical development of the concepts of vitalism and mechanism as a necessary introduction to the primary purpose of his paper, in which he challenges the validity of Freud's concept of psychic energy. He considers the opposed concepts of 'being' and 'becoming'; from Heraclitus' 'all is flux' to Democritus who admitted no reality to process and taught that only the atoms and the void are real; from Plato, Aristotle, St. Augustine, Galileo, Santorio, Harvey, and Descartes to Newton, who ushered in the age of scientific determinism; from Kant and Kelvin to Darwin, who focused attention on structure as distinct from function; and finally Bergson's and Driesche's 'inert matter and vital force'.

The author states that Freud's concept of psychic energy developed inevitably from his earlier neurologic training, and relates it to the history of vitalism and mechanism. He postulates that the concept of psychic energy, along with most, if not all, psychoanalytic metapsychology, must be discarded, and presents what he considers to be inherent contradictions in current understanding of psychic energy. He contends that analysts since Freud have not kept abreast of progress in neurophysiology which is showing the way toward a purely electro-physio-chemical explanation of instinctual drives. Nagel has demonstrated that it is possible to construct causal nonteleological explanations without the use of an energy concept. Holt believes that psychoanalysis should and will have a 'new face': 'It will no longer be its present mixture of mechanism and vitalism; it will have transcended this old dichotomy. . . . In psychoanalysis as we move beyond vitalism and mechanism, our concepts need only be reduced *in principle* and ultimately to neurophysiology . . . not incompatible with its findings.'

DISCUSSION: Many of the discussants were not convinced that the historical survey did establish that vitalism and Freud's concept of psychic energy are related. While there are similarities, there are greater fundamental differences.

Dr. Bernard Brodsky felt that the author overstated the assumed role of psychic energy in the instinct theory, and questioned Holt's statements concerning the drive energy and the direction of drives. Dr. Burness Moore took issue with the linking of psychoanalytic theory to vitalism, and referring to psychoanalysis as a mixture of mechanism and vitalism.

Dr. Charles Fisher commented that Holt falls into the same error for which he criticizes Freud: he speaks as if the nervous system is a passive conductor of the energy that is put into it, disregarding the possibility that it can generate its own energy. Fisher cited the experiments of Olds and Milner, and Heath, which suggest that a tiny electric current can activate a drive state that in turn may involve massive energy changes.

Referring to Holt's hope for an ultimate general theory based on measurable

information, Dr. Samuel Bogoch noted that propagation of energy cannot be measured through the nervous system any better than 'pressure for discharge' of energy can be measured in psychoanalysis.

Dr. Benjamin Rubinstein felt that Dr. Holt had illuminated many contradictions inherent in the concept of psychic energy, and had called attention to the need for renewed examination of the premises on which the theory of psychoanalysis is based.

PAUL H. BRAUER

October 12, 1965. REALITY CONSTANCY: A PRELIMINARY NOTE. John Frosch, M.D.

Reality constancy is proposed as a psychic structure which facilitates the operations of the ego functions concerned with the environment. Its existence lends to these functions a stability and continuity that enables the organism to preserve its identity and orientation amidst alterations and changes in the environment without appreciable psychic disruption or adaptational dysfunction. It arises in conjunction with the internalization and stabilization of environmental images. Although genetically and in its operations it is closely interwoven with object constancy, reality constancy may be justifiably viewed in its later development and functioning as evolving beyond the limits of object constancy. One sees many cases—for instance, some highly successful business executives—where reality constancy is highly developed while object constancy is of poor quality. Further, one finds cases of disturbed reality constancy that appear to derive from more than poor early object relations. For example, a patient with fantasies of world disintegration had not only experienced faulty object relations early in childhood but had undergone an actual experience of environmental disintegration at age four which had tremendous traumatic effect upon her. Pleasant and unpleasant environmental experiences aside from those with the love object and unfolding ego functions, such as the capacity to differentiate animate and inanimate, play an important role in the evolution of reality constancy.

Defects in reality constancy contribute to the development of feelings of unreality, difficulty in experiencing new and experimental situations, and the preservation of reality contacts. Dr. Frosch cites the case of a girl who at a party felt things around her to be unreal after she was complimented on her appearance; she could not believe in the reality of what was said. In childhood her mother had also complimented her but more often had lied and otherwise betrayed and disappointed her.

In general, reality constancy enables those ego functions concerned with the environment to operate at a mature level. It combats regressive modes of operation and yet, under appropriate circumstances, permits the ego to tolerate regression. As such it contributes to ego autonomy and ego strength.

DISCUSSION: Dr. John McDevitt thought that rather than reality constancy evolving out of object constancy, it might be more useful to see the two as developing simultaneously out of an animate and inanimate environment in which a consistent positive relationship to the mother is crucial. A disturbance in this relationship would affect both object constancy and the line of develop-

ment from the body to the toy, as described by Anna Freud. Also of importance to both would be those cognitive ego functions described by Piaget, which account for a permanent object at around eighteen months. From direct observation of psychotic and borderline children, Dr. McDevitt has found disturbances of reality constancy similar to those in Dr. Frosch's adult patients.

Dr. Edith Jacobson thought reality constancy might be better seen as the result of structures rather than a structure in itself. She felt it would be helpful to be more specific about the relationships at different phases between object and reality constancy; for instance, the importance of identification with the parent of the same sex during latency and his role at that time as a teacher of 'good' and 'bad' reality. For example, a psychotic girl said, 'How can I relate to reality? My mother taught me a false reality, such as that I was a genius.' As an example of how object and reality constancy can break down in a normal person in the presence of danger, Dr. Jacobson cited a doctor who had hallucinations while crossing the Atlantic in a sailboat; they disappeared on his arrival on shore. Such episodes serve to illustrate the complexity of the subject and the need to explore it further.

Dr. Max Schur summarized the relationship of reality constancy, reality testing, and the reality principle. Reality constancy is the more or less permanent result of the functioning of reality testing over a prolonged period of maturation and development under the dominance of the reality principle. As an illustration of the usefulness of Dr. Frosch's concept, Dr. Schur postulated that one should expect to find both short-lived disturbances of reality constancy involving but a sector of the personality, and other disturbances of severe, prolonged nature. As an example of the former, he cited Freud's disturbance of memory at the Acropolis.

Dr. Margaret Mahler spoke of the state opposite to reality constancy—depersonalization or derealization used by the psychotic because of not having at his disposal all that is needed to maintain reality constancy. How reality constancy evolves out of object constancy would be an interesting study. We know that the baby is interested very early in inanimate objects and that by seven or eight months he will hand an object to someone with whom he wishes to make contact. Of interest in this connection is Spitz's tracing of the division between living and nonliving back to the tactile sensations in the symbiotic phase with the love object.

Dr. Rudolph Loewenstein observed that most cases coming for treatment are neurotic patients showing disturbance in object constancy but not in reality constancy, and that the disturbances in reality constancy reported by Dr. Frosch appear to have occurred in borderline and psychotic patients. This suggests that reality constancy relates to very early ego functions before object constancy is developed. He noted that creative people do not keep object and reality constancy clearly separated; this enables them to animate or humanize various inanimate materials or abstract ideas more vividly than they could do otherwise.

In conclusion, Dr. Frosch thought designating reality constancy as a quality rather than a structure obligated doing the same for object constancy, a step that seems unjustified. He emphasized that his observations of disturbance in reality constancy stemmed from neurotic as well as borderline and psychotic

patients and that the difference in the two was probably one of degree rather than kind.

EUGENE V. NININGER

October 26, 1965. EGO AUTONOMY RE-EVALUATED. Robert R. Holt, Ph.D.

As this paper was published in the International Journal of Psychoanalysis, XLVI, 1965, it was not read at the meeting.

Brief introductory remarks by Dr. Holt centered around the concept of the theoretical model which he defined as a 'formal structure, the parts of which are manipulable to generate consequences, and which in one or more important ways is isomorphic with observed reality'. Any extensive theory involves some kind of implicit model and while Freud rarely used the term, he always worked with some type of theoretical model. Dr. Holt distinguished between Freud's basic assumptions about the nature of the psychic apparatus and his specific fomulations based on clinical experience. The author emphasized the curious relation of dependence and independence between a model and the everyday working level of the theory; in psychoanalysis metapsychology is the statement of our model, while the clinical theory corresponds to the empirical generalizations and laws.

Dr. Holt feels that the metapsychological model needs a thorough reconsideration and reconstruction, but without changes in the clinical propositions. Reductionism would not necessarily be the outcome of a neurophysiological model; a rejection of molecular biochemistry and biophysics would lead to autarchy in a science by denying its right to use concepts and principles from other sciences. Psychoanalysis requires the development of a working theoretical model of the human being, making full use of current knowledge.

DISCUSSION: Dr. Herbert Weiner commented on the significance of the EEG evidence in some isolation studies, and the fact that recent work has cast serious doubts on the homology of EEG desynchronization with alertness. He questioned Dr. Holt's assertion that the cortex cannot make use of potential informational inputs unless there is tonic activation or desynchronization, since we know virtually nothing of the informational content of incoming cortical impulses except in the visual system. While it is true that tonic activity in the reticular activating system increases following activity in specific pathways, in 1961 Huttenlocker showed that spontaneous activity in single reticular neurons was lower during waking than during sleep. In Dr. Weiner's opinion the neurophysiological evidence cited in the paper does not hold up adequately at this time. However, he felt that the autonomy concept may require some revision, especially a clarification as to its specific meaning.

Dr. Milton Horowitz differed with Dr. Holt in his understanding of the history of science. New scientific theories and new scientific observations do not necessarily supplant old ones; they often merely complement old theories which may be perfectly suitable for a given set of conditions. This is particularly important in relation to Dr. Holt's apparent advocacy of scrapping the concepts of ego autonomy, psychic energy, and the psychological model of the mental apparatus. Hartmann's and Rapaport's publications rather than being polemics

are the products of new observations derived from the psychoanalytic situation, as well as from a need for the systematization of theory. The apparent dichotomy of so-called id and ego psychology is not warranted since the need for understanding of the ego and the development of ego psychology was a logical extension of clinical work required to delineate the defensive organization. To speak of 'the ego psychologists' is a particularly false dichotomy.

Dr. Horowitz feels that the data of the sensory deprivation experiments is quite unsuitable for meaningful psychoanalytic discussion. Citing the work of Hartmann and Kris, he offered these criticisms of the data: 1, no knowledge of the relation of the events to the life history of the subjects; 2, absence of an analytic setting, and no measure of what is withheld consciously or unconsciously.

Dr. Charles Brenner also emphasized how the sensory deprivation experiments, and Dr. Holt's use of them as evidence, ignore the psychoanalytic approach and method. Dr. Holt's remarks about the future understanding of ego autonomy and drive actually relate to what psychoanalysts have been thinking and evaluating, in the past and in the present. Psychoanalysts use such assessments now, in accord with Waelder's principle of multiple functioning. Further, the author improperly uses the concepts of ego autonomy and the conflict-free sphere synonymously. Dr. Brenner also disagreed with the connection of free choice and the philosophical problem of free will since the sense of free choice is definitely not the hallmark of ego autonomy and can be present in quite disturbed people. Dr. Holt's reliance on Amacher's material in citing three errors of Freud is an unfortunate use of thoroughly inaccurate information.

Dr. Heinz Hartmann questioned the significance of historical influences on Freud's basic model. In relation to ego autonomy, particularly that of the ego from the id, there is a protection of the autonomous ego from sexualization and aggressivization. Rapaport added a second autonomy, from the environment, but Dr. Hartmann feels that he overrated the comparability of the two types of autonomy; autonomy from the id does not necessarily correspond to ego autonomy from environment. The ego is not only an adaptive and defensive organization but has important synthetic and integrative aspects. It integrates incoming stimuli so that both outer and inner world are interdependent; there is no strict opposition of the two autonomies. As with neutralization, autonomy is not without optimal limits. Dr. Hartmann feels that autonomy is an explanatory concept, and much more than merely descriptive. Finally, while there may be an anatomic-physiological model in the distant future, the real problem is whether such a theory would fit in with the less abstract clinical psychoanalytic method.

Dr. Jerome Ennis does not believe it necessary or warranted to integrate other branches of science into psychoanalysis, although we cannot ignore important scientific advances. In addition, historical material and evidence do not contribute anything concerning the validity of a concept.

Dr. Gustav Bychowski disputed Dr. Holt's statement that the concept of ego autonomy is a reaction to overemphasis on the id. Ego autonomy is a logical step in the further study of structure and defenses. Neurophysiological consider-

ations alone cannot change our concepts, although they should be taken into account in our thinking.

Dr. Rudolph Loewenstein compared Dr. Holt's two recent papers before the Society, suggesting that the first on psychic energy was more of a manifesto; the second deals with more essential issues. While we are indebted to the author for his effort to clarify theory and neurophysiological data, we must be conservative in revising our theory. The 'armchair psychoanalyst' (without couch) may overlook the importance of direct clinical data; therefore the question should be phrased: how does neurophysiological data fit what we know clinically?

Dr. Kurt Eissler expressed his uncertainty about the author's ego autonomy concept, particularly because of its possible evaluative meanings. He also felt that the differentiation of academic psychology from psychoanalysis was on the basis of the former's closeness to the old S-R model. While he did not agree with Dr. Holt's ideas on barriers and thresholds, he did feel that neurophysiology could help us in assessing psychoanalytic theory. We are witnessing an important historical phase with much new information deriving from experimental work, but one must be cautious in accepting these data without careful evaluation. The psychological experimental evidence must be synthesized with the clinical material from the psychoanalytic situation.

In his concluding remarks, Dr. Holt said that he did not want to scrap the concept of ego autonomy; rather his intent was to understand it. However useful for clinical work, it is not an explanatory concept and does not seem to play an important part in the basic model. In response to Dr. Horowitz, he indicated that the deprivation experiments were carried out with longitudinal studies and with some awareness of the unconscious. However, emphasis was on the perceptual level. He agreed that the conflict-free sphere was not synonymous with autonomy and that the sense of free choice is not the criterion of health. He also agreed that historical research does not prove the validity of concepts. He described this paper as only part of a larger effort to re-evaluate metapsychology and Freud's basic model.

BERNARD D. FINE

Leo Rangell, M.D. was elected President of the AMERICAN PSYCHOANALYTIC ASSOCIATION at the Annual Meeting held in Atlantic City, May 1966.

Dr. Robert Dickes has been appointed Acting Chairman of the Department of Psychiatry, State University of New York, Downstate Medical Center. Dr. John Frosch has joined the faculty as Professor of Psychiatry.

The MAURICE BOUVET PRIZE for 1966 has been awarded to Dr. Ilse Barande for her published works on narcissism and regression

The Psychiatric Library at the University of Colorado Medical Center has been named in honor of Dr. René A. Spitz, and a new children's treatment facility in Denver was dedicated as the René Spitz Children's Division.

The Paul H. Hoch Memorial Fund has been established to endow a professorship of psychiatry for an international professor to work at the New York Psychiatric Institute, or to create a fellowship for training at the Institute. Dr. William Horwitz is chairman of the Fund.