

Depersonalization and the Dream

Harold L. Levitan

To cite this article: Harold L. Levitan (1967) Depersonalization and the Dream, The Psychoanalytic Quarterly, 36:2, 157-171, DOI: [10.1080/21674086.1967.11926420](https://doi.org/10.1080/21674086.1967.11926420)

To link to this article: <https://doi.org/10.1080/21674086.1967.11926420>



Published online: 16 Nov 2017.



Submit your article to this journal [↗](#)

DEPERSONALIZATION AND THE DREAM

BY HAROLD L. LEVITAN, M.D. (NEW YORK)

Despite our detailed studies of the process active in depersonalization, we do not fully understand how symptoms develop. Our formulations seem inadequate to encompass the complex phenomena of depersonalization. Oberndorf (10) suggested that denial in fantasy of one half of a split self-representation plays a part; but this explanation seems incomplete without a more functional or topographic basis. Recently, however, our understanding has deepened with the recognition that the depersonalized patient is in an altered state of consciousness close to sleep. Blank and Lewin have stated that depersonalization is a compromise between dreaming and waking. 'The patient experiences depersonalization in an attempt to maintain control (wakefulness) and simultaneously eliminate the pain (unlust), the latter result being ordinarily attained through the anesthesia of sleep' (1, p. 36). Their argument supposes that these states are divisible into several components so that some components of either state may be retained while others are lost. Stamm (13) has also stressed the relationship of depersonalization phenomena to hypnagogic states with the important additional suggestion that regression to these states results in some way from the oral triad and especially the wish to sleep. However the evidence these authors offer from the dreamy condition of their depersonalized patients is often inferred or else is taken from states of wakefulness or partial wakefulness rather than from sleep. For this reason they suppose that their patients are regressing into the depersonalized state.

In this note I will offer some data from the dreams of a young woman with depersonalization. These data supplement those of Stamm by enabling us to observe the contrary process: the patient appears to progress from sleeping and dreaming into depersonalization. This approach has heuristic advan-

tages and it illustrates that sleep and dream play an important part in the compromise-formation. Jacobson (6) offered us another example of this progression from sleep to sleep derivative (though she did not say so) when she noted that the depersonalized political prisoners studied by her would 'wake at night with feelings that their limbs and their face did not belong to them. They would anxiously touch the estranged body parts trying to recover the feeling of intactness of their body self.' As will be shown, however, before progression into depersonalization there is regression into deeper sleep within the dreaming state itself.

My patient, a young married secretary, had a most unusual dream life. Each night over a period of years she experienced traumatic dreams which seemed very real to her but which did not awaken her (in contrast to Jacobson's subjects) and each morning she again became depersonalized. I propose that this patient's full-blown depersonalization was a continuation into the next day of the complex response to the traumas occurring in her dreams.

André Gide writes in his *Journal*: '... I used to have frightful nightmares from which I would awaken bathed in sweat. . . . Suddenly the gland ceased to function. At present I can have horrible dreams, see myself pursued by monsters, knifed, cut into bits . . . but it never becomes a nightmare' (3). This experience is of great interest. It is one of the few reported examples of failure to waken from traumatic dreams because of disappearance of affect in their manifest content. Moreover it is associated with depersonalization from which, as he explains earlier in the same paragraph, Gide suffered rather severely.

My patient's depersonalization became chronic three years before treatment began. It came after the beginning of a secret love affair with her high school teacher whom she later married. Though the affair was secret she knew that her father would 'murder' her if he found out. We can assume that

the 'murder' took place, since her father continued to be strongly against their marriage even after it had occurred, and in this fact we see a motive for her depersonalization. Indeed she complained that life was passing her by because she was 'not with it' and was in effect 'dead'. For example, she 'wasn't at' her own wedding because she felt so much detached by being 'not with it'.

This detachment resulted from splitting of her ego into an observing or mental half and a participating or bodily half. Her bodily half became so alienated from her mental half that as she stepped off a subway train she imagined her body continuing on the train while she remained on the platform. The sudden change from the constant motion of the train to the solid ground of the platform provoked anew her awareness of the separation of her mind and body. Sometimes too she had vague pains or itches which she could not localize or 'contact', as if she were scratching 'in a void' instead of on a familiar surface of the body. In the same way she did not know when she was hungry or when she was satiated. Suddenly she would get mad or cry without knowing why; she would then ask: 'Where did that come from?'. 'Sometimes', she said, 'I have the feeling without the pictures'. This separation of affect and ideation was the reverse of her dreams, in which the picture was often present without the feeling.

She was not only in a dreamlike state described as 'on a cloud', 'floating', or 'insulated', but felt as if she were dominated by the content of the dream of the night before, which appeared to her more real than her daytime life. Since she could not distinguish very well between what had happened at night in her dreams and what was happening during the day, she was often confused and made remarks appropriate to the context of her dreams, regarding which, of course, only she was aware. Also because she was so much in her dreams she could not well distinguish fact from fancy and was very gullible despite her high intelligence. In this as in so many other ways she resembled Stein's patients who suffered from altered

states of consciousness (14). My patient could become terrified, for example, as in years gone by, upon hearing the story of The Three Bears and once her husband convinced her there was a whale in their swimming pool. She possessed a large store of early memories in which she could become remarkably absorbed. Many of these memories appeared in her dreams and may in that way have been refreshed.

She complained constantly of a hallucination of semitransparent grey fog before her eyes through which she had to strain to perceive objects. She said too that because of the proximity of the fog she had an annoying awareness of the edges of her own eye sockets and the bridge of her nose. Often even when she could perceive objects through the fog they did not appear as discrete objects but as planes of light and shadow. Her Sunday paintings were, as might be expected, in the cubist style. Both Stewart (16) and Glauber (4) have reported difficulties in perception in their depersonalized patients. Glauber emphasized the interruption of automatic perceptual processes. My patient's difficulties in ordinary perception as well as her artistic vision are excellent examples of this failure.

Innumerable times each day when confronted with rather ordinary as well as remarkable events she would exclaim, 'I can't believe it!'. This denial, which is of course part of her naïveté, may be related to the intense sense of realness of her dreams and their persistence into the next day as though she were saying, 'Only my dreams are real and I know I can't believe them!'. Stein (14) has recently suggested that repetition of traumatic events in dreams is a consequence of the wish to turn real traumas into dreams which can then be denied. Indeed if we include in the manifest dream the 'anesthesia' or blackness afforded by sleep, then the entire portion of the manifest dream retained in waking life as depersonalization may be considered a massive screen memory. The seeming reality of dreams has usually been explained as referring either to the reality of events in the latent content or to the lack of judgment possessed by the sleeping ego. I explain

it by the wish to form a screen memory that seems real, more real in fact than the dreamer's actual life. This wish for realness is more easily understood if the content of the dream is obviously pleasant than if it is traumatic. In fact my patient's memory for current events was, as she said, 'choppy'. Thus she often forgot the beginning of a sentence before she got to the end because of the intrusion of dream elements including blankness. The process at work here is close to ordinary repression, the investigation of which in relation to states of consciousness even in waking life has just been begun (Cf. 14).

The invasion of waking life by manifest dream content suggests the similar process which occurs in mania as described by Lewin (8). In Blank's case study depersonalization seemed to occur when the manic defense had failed (1). My patient too had hypomanic episodes in years gone by though not during the period of my observation of her. They occurred, for example, when she experienced intense excitement and hyperactivity and was at such times capable of performing outstanding gymnastic feats and high dives. Also the grandiose but successful wooing of her teacher had many manic aspects.

Here, to choose among scores of them, is the first dream that alerted me to her remarkable nightly experience.

I am climbing the side of a mountain in the company of my husband and mother [who was actually visiting at her new home that night]. I call out: 'Be careful because the rocks are slippery!'. Then I lose my footing and fall into space. I am horrified and screaming all the way down. I can't believe it is really happening [her usual daytime remark]. I see the bottom and then hit with a thud [but without pain] and my body splatters in several directions. I feel foggy and light-headed as if walking on air [all concomitants of her daytime state of depersonalization]—but I do not awaken.

Ordinarily, of course, the intense stimulation of falling and crashing would lead to awakening of the body ego and then the body itself. She explains that she did not awaken because in view of the intense reality of the dream 'there was nothing

to awaken from'. Under these apparently realistic and traumatic circumstances which proceed so far without awakening, depersonalization is as automatic and appropriate a last-ditch response as it would be during a similar daytime crisis. However, and this is central to my thesis, because of the lability of the mechanism of sleep and the partial depersonalization already prevailing in sleep and dreaming, the process of further depersonalization is considerably facilitated. Here is another traumatic dream experience, this time following intercourse.

I am dancing at a wedding, but it is a peculiar kind of dancing because I am on my husband's back [a game she and her father had played frequently in past years]. While we are twirling very rapidly, I put my hands over his eyes so that we crash into the wall. There is a thud which I hear, but there is no pain and no waking up. People rush over to see if we are hurt, but we get up and continue to dance.

The moment when she was aware of the crash but did not feel it was the prototypical moment of full depersonalization. It is interesting to note that both these dreams contain considerable vestibular stimulation which, as noted by Stein, Schilder, and Stern (14, 12, 15) may be a necessary predecessor, at least in waking states, of a change in level of consciousness.

Depersonalization occurs to various degrees and involves several levels of psychological functions. It may be defined essentially as a condition in which the body ego is maintained mainly as an ideational representation with only limited access to affective sources within the body itself. The alienation from the representations of self and object (derealization) in this condition seem to be secondary to the alienation of the body representation. To put it another way, the bodily reverberations which form the basis of the affectively valid and thus 'real' experience are, in large degree, absent in depersonalization. And perhaps even ordinary denial of waking reality begins with a mechanism like that of depersonalization—

at least to the extent that affect must be withdrawn from an idea before the idea can be altered. Because the usual state of dreaming precisely fits this description, there may be some difficulty in conceiving of further changes of this kind within the dreaming state. But in most dreams there is at least minimal sensory participation which, under certain circumstances, can be further diminished. This increasing loss seems to take place through a temporary deepening of sleep within the dreaming state itself. In other words, even REM sleep is not a uniform state but a fluctuating one, which is subject to change under predictable conditions.

Most importantly, in my patient this deepening of sleep always occurred at the moment one would have expected the intense stimulation to have awakened her. For example, several experiences of 'anesthesia' in the manifest content of her dreams occurred in response to intense pain in the dream itself.

Somebody, myself or my grandfather, is on the operating table, having a skull flap sewed on. . . . suddenly it begins to hurt, and because of insufficient anesthesia, he wakes up and grabs the surgeon's knife. . . there is running,

This example is a good one because the mechanism of anesthesia nearly failed and partial awakening occurred. This type of dream mechanism may also cast some light on the pavor nocturnus of children in which full awakening does not take place. In another instance the anesthesia, through deeper sleep, occurred in the manifest content as an afterthought in a rather *ad hoc* fashion after the onset of the operation in response to pain, rather than at the beginning of the operation as one would have expected.

My teeth are being pulled with a new type of machine. . . . I feel every bit of pain. . . . This new machine also sprays gas and hypnotizes you. The dentist said, 'Now you won't feel anything'. I could feel myself fighting the sleep, while saying at the same time, 'I know this will never work and I'll suffer again'.

Or,

I am having trouble breathing. . . . I am having an operation which has slight chance. . . . They put me to sleep and I died for a few seconds. . . .

Very probably, dying in the manifest content of this last dream meant a sleep so deep that not even ideational representations were present. It is interesting to note with regard to this dream that, in fact, in childhood she did have rather similar dental work done, to her great distress, without anesthesia so the anesthesia in this dream may represent fulfilment of the wish to be rid of the pain at the time of the operation itself.

Indeed many of her dreams originated in just this way—in repetition of painful events from her past before she was subject to depersonalization, but now without the experience of pain. This process illustrates the formation of the screen memory mentioned earlier and may suggest an additional explanation for the phenomenon of repetition in dreams of traumatic daytime events as in traumatic neurosis. Perhaps we have overlooked the anesthesia in this type of dreaming because of the more usual failure of the process which allows intense anxiety to break out, with subsequent awakening. Nonetheless, because her experience of affect in dreams, before the anesthesia sets in, is so much more genuine and full than that in her depersonalized awake state, she tries (and often fails) to re-experience at night events and affects, some of them, perhaps pleasant, that she missed during the day because of her depersonalization. Here is a fragment which revives a true traumatic scene of several years earlier, but in which she fails again to undergo the full experience.

Grandma is very sick and dying. . . . I am crying. . . . Grandma is in pain—but I couldn't make myself feel pain. . . . I wondered how my aunts could stand the sorrow. . . .

We see that the anesthesia works even when there is a contrary wish to experience affect.

Here is another fragment which contained some positive affect for a brief period before it too was extinguished.

I am waiting for Karl, my old boyfriend. . . . I am taking a shower—I have the old, good, excited feeling . . . lovey-dovey . . . the real thing . . . but then the fog comes and I can't feel anything.

Apparently when the depersonalization or anesthesia works, it works completely, without discrimination between negative and positive affect.

Several dreams, examined in combination with data from the daytime depersonalized state, indicate more about the actual mechanism by which sleep is deepened and the sensory pathways abolished. This mechanism seems to be identical to the dream screen and associated oral triad as described by Lewin (8) and discussed by Stamm (13). Indeed, so many of the patient's dreams showed this phenomenon that they offer much data on this apparently rare occurrence. However, I have seen in the literature only one example, reported by Stern (15) and to be quoted directly, in which the dream screen became part of the manifest content in response to obvious trauma, and there has been no mention of the fact that the phenomenon may occur as an alternative to awakening. Stern's patient dreamed,

. . . the car skidded and fell down a precipice, crashing the windshield and obscuring my vision

This example is very similar to the first one quoted from my patient, except that the screen is deftly woven into the manifest content of the dream as the crushed windshield.

If Lewin is correct, as I believe he is, regarding the significance of the manifest dream screen as representing the wish to sleep, then this wish may, in moments of trauma, overcome the more usual tendency to wake. In these circumstances the wish is not so much to sleep as to gain the benefit of some of the components of sleep which include the abolition of affect. Here is an interesting example of my patient's manifest screen.

President Johnson is giving an angry—and to me unpleasant—speech about patriotism. . . . suddenly, my field of vision is filled by a huge butter cookie [her favorite cookie which she had been consuming by the dozen on the day of the dream] which has moved in from the upper left corner. . . . it just stayed there for several seconds. . . .

Butter cookies, with their raised center and brown edges, resemble the breast very closely. It is significant here that a favorite food was transformed into a type of manifest screen. In other dreams, the screen and its near derivative were much less stable, and did not remain easily in the field of vision.

I am trying to balance a huge glaring white structure on three legs which filled the field of vision. . . . all night I tried to keep it in front of me. . . .

. . . Some huge potato chips [another of her favorite foods] are standing upright. . . . They seem as if they would fall at any minute. . . .

These balancing dreams may reflect her difficulty in maintaining the screen derivative, and therefore in staying asleep.

In the following fragment a vivid hallucination of fog, which was a principal feature of her daytime depersonalized state, appeared in the manifest dream content. (One is reminded of Lewin's case in which a photograph, though apparently innocuous, was also obscured by fog [9].)

I am madly in love with my boss. . . . He calls me while I am in the bathroom to say, 'Mother and I are queer'. . . . Then he is in the bathroom doing something mysterious and horrible . . . eating something. . . . suddenly, fog obscures the picture—and I feel foggy as during the day. . . .

Other examples of dream scenes obscured by fog include a frankly incestuous scene between herself and her brother, as well as the positively toned dream quoted earlier in which she was waiting for her boyfriend.

In both mania and depersonalization, dream content invades waking life and in both conditions there is an important al-

teration of the affect. In mania, as in the manifest content of many dreams, unpleasant affect is denied by converting it into its opposite to the accompaniment of ideation close in style to that of manifest dream content. In depersonalization the affect is not converted but abolished at its source, as in the second stage of dreaming described. The differences between the two conditions may reflect the differences between the stages of dreaming observed in this patient. Which of the two conditions is present may be determined by which stage or combination of stages of the dreaming state is retained in waking life. We can understand too, if this is correct, how depersonalization may come into operation, after failure of the manic attempt, by a process of further regression. It is possible that the stage of dreaming I have called the stage of anesthesia may be very close to or identical with the blank dream (pure sleep, complete fusion) as described by Lewin (7). In Lewin's case such a dream occurred in isolation, but here it may be seen in relation to the manifest content that precedes it. However in Lewin's reported case of mania the blank dream occurred at night and was followed during the next day by belated manifest content in the form of the manic episode. In my patient the sequence was reversed, in that the manifest content occurred at night and was followed the next day by a continuation of the manifest content along with the belated blank dream in the form of fog. Lewin believed that in his case the manic attack denied the dangerous homosexual wish fulfilled by the blank dream. In my patient we have seen, possibly again in reverse, the blank dream defending against the affect associated with the traumatic manifest dream.

In other dreams, and during incredibly long periods of hypersomnia that lasted around the clock, my patient experienced what seemed to be the tactile equivalent of fog or of the visual dream screen: she felt wrapped in a soft styrofoamlike substance. Sometimes this occurred in combination with a perception of fog. We must suppose that the dream screen appears in the visual field as only one component of a total men-

tal state. If it is maintained as fog into the waking state, then what we call depersonalization may reflect other components of that state, including blocking of the sensory pathways from the interior of the body. Or as mentioned by Isakower (5), absorption in the dream screen phenomenon as in dreams themselves may be so great that it and sensory representation from within the body are mutually exclusive. This concept bears very much on our theories of identification, and at present remains unexplored, especially as regards the mutual relationship between the shifting of identifications and alterations in states of consciousness. For example, it is possible that a change of identification requires an alteration in consciousness in order to occur. Another indication of absorption in the dream phenomena at the expense of the outer world in my patient, as in all depersonalized patients, is the marked effect of a minor change in locale, which may either initiate the episode of depersonalization or deepen it if it is already present. In like manner the effects of drugs such as tranquilizers and alcohol are inordinately great because they facilitate the sleeping half of the compromise formation. This is an important practical point not emphasized in the literature.

However, these protective components of the sleeping and dreaming state are unlikely to be stable, especially in the transition from sleeping to waking. Thus after a 'horrible' dream—without anxiety—my patient often experienced upon awakening in the morning a few extremely anxious seconds, after which the protection of the fog and the full-blown depersonalization supervened. One is reminded here of Oberndorf's thoughts about sequestration of anxiety in depersonalization (11). Perhaps the sleeping state by abolishing the sensory pathways from within can accomplish this feat of sequestration, even when the manifest content would warrant affect. I stress this point regarding manifest content because French's earlier theories of absorption of affect by sleep involved primarily an alteration away from pain and anxiety in latent thoughts, rather than in manifest content (2).

The patient herself described this absorption of affect in her dreams as a blanketing of feeling, through which (as mentioned earlier) she tried to break in order to reach sensory awareness, sometimes going to great lengths as in the following dream.

I am jumping from a high tower into a narrow tub of water.
. . . I am terribly frightened while in the air, but as soon as
I reach the water, the feeling changes. . . . I do this repeatedly
. . . perhaps twenty times. . . .

She referred to the feeling underwater as 'a kind of calm, slow-motion feeling', which she often used to describe her daytime depersonalized state. This was in sharp contrast to the frightened feeling while falling. She recalled actually jumping as a youngster from a high stoop 'to see what it felt like' or more likely to see what it did not feel like. And while at the bottom of the ferris wheel, she always forgot how scary it was split seconds earlier while falling from the top, thus indicating the rapidity with which anxiety could disappear. One is reminded again of Stein's patients in whom such remarkable and sudden transformations occurred. Often she felt as if her dream, or herself in her depersonalized state, was enclosed in a cellophane bag, which I suppose to be a screen derivative, much like the Wolf-man's caul. Significantly one of the dreams reported to Stamm by a patient with depersonalization contained a cellophane bag in its manifest content (13). In the attempt to break out of the cellophane bag, many of my patient's dreams seemed to her repetitious throughout the night, even when there was frequent change of scene in the manifest content. It seemed, in short, as though she were trying and failing to experience particular feelings.

This process recurred each night, and lasted into the next day. May not this defensive process which uses varying depths of consciousness within stage one of consciousness involve regression in a historical sense as well? Acute traumas which occur in the crucial stages when a very young child is beginning

to emerge into consciousness may cause him to lapse back into the deeper sleep of the first days after birth. This patient's early and late childhood was punctuated by a series of astounding traumas inflicted by a father who apparently had no appreciation of the child's sensibilities. His manner was suddenly to shock her into a state of terror and, as noted earlier, her dreams were taken up with these situations and their consequences. To cite one of many examples, he would begin by speaking softly and then break out into a loud attack on her. Or in teaching her how to swim, he would suddenly throw her into the water without warning. It was well known in the family that in the first weeks after her birth, he would throw her in the air as high as possible, catching her only at the last moment. Stimulation of this type and degree, including vestibular activation occurring at a time when regression was the sole defense available, may have set a pattern for dealing with later traumas as well.

SUMMARY

The traumatic dreams of a patient suffering from periods of depersonalization, peculiar in that they did not progress to intense affect and awakening, are presented in support of the hypothesis that depersonalization is a compromise state between dreaming and waking. Some theories about varying levels of sleep within the process of dreaming are suggested to explain this abrogation of affect. The depersonalization itself seemed to be a night residue of this dream mechanism which persisted into the next day as a type of screen memory. The 'dream screen' seemed to play an important part in this mechanism. A tentative hypothesis relates mania and depersonalization to the successive stages within the process of dreaming.

REFERENCES

1. BLANK, H. ROBERT: *Depression, Hypomania, and Depersonalization*. This QUARTERLY, XXIII, 1954, pp. 20-37.
2. FRENCH, THOMAS M.: *Reality Testing in Dreams*. This QUARTERLY, VI, 1937, pp. 62-77.

3. GIDE, ANDRÉ: *Journal. 20 December, 1924*. New York: Vintage Books, Inc., 1956.
4. GLAUBER, I. PETER: Scientific Proceedings. Panel Report. *Depersonalization*. Reported by Walter A. Stewart. J. Amer. Psa. Assn., XII, 1964, pp. 182-183.
5. ISAKOWER, OTTO: *A Contribution to the Pathopsychology of Phenomena Associated with Falling Asleep*. Int. J. Psa., XIX, 1938, pp. 331-345.
6. JACOBSON, EDITH: *Depersonalization*. J. Amer. Psa. Assn., VII, 1959, pp. 581-610.
7. LEWIN, BERTRAM D.: *The Psychoanalysis of Elation*. New York: W. W. Norton & Co., Inc., 1950. Reprinted by The Psychoanalytic Quarterly, Inc., 1961.
8. ———: *Reconsideration of the Dream Screen*. This QUARTERLY, XXII, 1953, pp. 174-197.
9. ———: The Forgetting of Dreams. In: *Drives, Affects, and Behavior, Vol. I*. Edited by Rudolph M. Loewenstein. New York: International Universities Press, Inc., 1953.
10. OBERNDORF, C. F.: *Depersonalization in Relation to Erotization of Thought*. Int. J. Psa., XV, 1934, pp. 271-295.
11. ———: *Role of Anxiety in Depersonalization*. *Op. cit.*, XXXI, 1950, pp. 1-5.
12. SCHILDER, PAUL: *Mind: Perception and Thought in Their Constructive Aspects*. New York: Columbia University Press, 1942.
13. STAMM, JULIAN: *Altered Ego States Allied to Depersonalization*. J. Amer. Psa. Assn., X, 1962, pp. 762-783.
14. STEIN, MARTIN: States of Consciousness. In: *Drives, Affects, and Behavior, Vol. 2. Essays in Memory of Marie Bonaparte*. Edited by Max Schur. New York: International Universities Press, Inc., 1965.
15. STERN, MAX M.: *Blank Hallucinations: Remarks about Trauma and Perceptual Disturbances*. Int. J. Psa., XLII, 1961, pp. 205-215.
16. STEWART, WALTER A., Reporter: Scientific Proceedings. Panel Report. *Depersonalization*. J. Amer. Psa. Assn. XII, 1964, pp. 171-186.

Psychoanalysis, Affects, and the 'Human Core'

Leo Rangell

To cite this article: Leo Rangell (1967) Psychoanalysis, Affects, and the 'Human Core', The Psychoanalytic Quarterly, 36:2, 172-202, DOI: [10.1080/21674086.1967.11926421](https://doi.org/10.1080/21674086.1967.11926421)

To link to this article: <https://doi.org/10.1080/21674086.1967.11926421>



Published online: 16 Nov 2017.



Submit your article to this journal [↗](#)



Citing articles: 5 View citing articles [↗](#)

PSYCHOANALYSIS, AFFECTS, AND THE 'HUMAN CORE'

ON THE RELATIONSHIP OF PSYCHOANALYSIS TO THE BEHAVIORAL SCIENCES

BY LEO RANGELL, M.D. (LOS ANGELES)

I

In casting about for a central focus on the occasion of this fourth Franz Alexander Lecture, I found my interest coming back repeatedly to the unlikely sounding concept of the 'human core' as this appears to the psychoanalyst. Since this has been a central interest of philosophers and other commentators on the human condition from the beginning of time, and since even in modern times it represents one of the two polar extremes which challenge man's intellect—that is, outer space and the inner core of the human mind—I must at once make powerful disclaimers. Not only am I naturally limiting myself to how this subject of perennial interest looks to the psychoanalyst, but even in this latter category I hasten to add that I am not aspiring here to a statement that can claim any metaphysical comprehensiveness or scientific purity. In this brief view, I have selected only a few aspects of the subject which strike me as being of particular relevance.

By way of explanation and orientation, my interest in the 'core' stems from a recent period which I spent at what might be looked upon more as the periphery. I am referring to a year I spent (1962-63) at the Center for Advanced Study in the Behavioral Sciences at Palo Alto, where, in contrast to the

Delivered in preliminary form as the Fourth Franz Alexander Lecture of the Chicago Institute for Psychoanalysis in Chicago on January 31, 1964, the last Alexander Lecture presented during the lifetime of its honoree.

The present expanded version was delivered as the Academic Address, fittingly again in honor of Dr. Alexander, at the meeting of the West Coast Psychoanalytic Societies in San Diego on September 26, 1964.

psychoanalyst, my co-workers and co-thinkers were largely those who study the external aspects of human behavior, its products, and their effects en masse. Fittingly enough to this occasion and to the person whom this lecture honors, Dr. Franz Alexander was the first representative of psychoanalysis at this Center of intellectual activity during the first year of its operation, from 1954 to 1955.

While before my year in this milieu my awareness of the enormous influence exerted by psychoanalysis on all of the intellectual disciplines had been general and impressionistic, I was able during the unusual experience of that year to savor more intimately its role, either actually or potentially, in sociology, history and philosophy, in law and political science, in anthropology, linguistics, art and biography, in English and comparative literature, and its relationships even to economics, mathematics, and autonomies. While the direct experience of such a panoramic view can lead almost to a sense of exhilaration, it also produces a sober humility and a distinct feeling of probing responsibility.

The mere contemplation of such activity on the part of an analyst divides my colleagues into two camps. On the one hand, in spite of a distinct shift in recent years, there are still those who view such 'shoulder rubbing' with other disciplines with visible stiffness, if no longer with dismay, while on the other hand there are many who look toward such coöperative efforts for an immediate practical as well as theoretical panacea-providing amalgam. These opposing views are to me like the descriptions which one hears about a half glass of water. Some will describe it as half empty, while others as half full. Both are right. To me there was throughout the year a sense of excitement and satisfaction, of broad vistas, and an awareness of possibilities as well as challenges, but also a conviction of an unswerving necessity to keep a footing at all times in a solidly anchored psychoanalytic position.

The question which occurred to me therefore, and one never to lose sight of, was what marks the center of the psy-

choanalyst's unique and exclusive contribution to the discussions of such a group. What constitutes the *sine qua non* which only an analyst can add to this total effort, without which the latter cannot be complete and which cannot be added, at least as well, by anyone else? This was a challenge, it seemed to me, of orientation, of the perspective of our field in relation to the rest. It is to a few aspects of the results of this thinking and of the answers to this question to which I would like to address myself.

At the beginning of the year some of the Fellows were introducing themselves to each other in the informal way which characterized the Center. 'What is your field?', inquired one of another. 'Sociology, the queen of the behavioral sciences', came the answer. 'Oh, I thought mine was!', said the first, 'I am a historian, actually a historical biographer. Who better studies man than we?'. I restrained myself, with the inner and reassuring feeling that we in our field had something good going for us in this discussion. But I wanted to figure out first just where we do 'fit in'.

The answer in a general way, it became apparent to me during the course of the year, is that the psychoanalyst, and only the psychoanalyst, deals with what I came to think of, if somewhat loosely, as the 'human core'. This is his domain, his unique field of action, his acknowledged area of expertness. It is from here, and only from here, that the psychoanalyst qualifies in a specific way to add to an understanding of any level or any aspect of human behavior.

If you would listen in, for example, to the following random conversation which took place later in the year, perhaps a typical one, it might illustrate what I am trying to convey: At lunch a small group was discussing imperialism, the causes, motives, and intricate historical backgrounds of that aspect of human history in which the more powerful and advanced nations appropriate for themselves and then proceed to help what they euphemistically call 'the underdeveloped countries'. A distinguished composite group, each contributed from his

own field an impressive array of facts, displaying in intimate knowledgeable detail the economic, political, sociological, religious, military, industrial, geographic, and commercial aspects of the phenomenon under discussion, providing in all an illuminating and dizzily instructive bird's-eye view of a large segment of human behavior, not often the fare, you will agree, of a psychoanalyst. I knew intuitively that something big was being left out, something which indeed I stood for and with which I had some familiarity. It took no little courage at an opportune moment to suggest, 'What about human nature?'. This was received with some surprise but with interest and respect, and the conversation veered into new dimensions.

In a certain sense, if you will, we may consider this incident a paradigm for applied psychoanalysis. It is to add and to explain the inner nature of man which is the analyst's *raison d'être*. 'Explanations' of human nature vary at different levels of sophistication and expectation. Even in the incident and under the circumstances described above, the discussion among these behavioral scientists went on to include such concepts as man's aggressive drives, narcissistic strivings, and acquisitive tendencies. To the colorful uncle of a patient of mine, an old-time Damon Runyonish vaudeville actor with a long and less than exemplary life behind him, it was much more simple. On learning that his young nephew was already heavily involved in guilt-producing extramarital activity, he mused philosophically, 'Oh, well, it happens to kings and queens. *That's* human nature.' But, as analysts and within our own discipline, we aim to go farther and to be more precise. The question follows, 'What is this core to which we attend, this human core, not as it appears to the philosophers but as it presents itself to the psychoanalyst?' This is not the same question as 'What is psychoanalysis?', which many of us on other occasions have set out to differentiate from other dynamic psychotherapies. It is rather now a question of what comprises the indispensable contents with which the psychoanalytic method is concerned. How may we conceptualize this in psychoanalytic terms?

To answer this question, it is neither possible nor desirable to force an artificially succinct formulation with a claim to exclusiveness if it might better fit the facts to offer in a descriptive way as many nuclear aspects as may turn out to be necessary in characterizing such a hypothetical area. With this aim, I would first state that the realm of 'unconscious intrapsychic conflicts' qualifies unequivocally to be at such a core of universal and persistent psychoanalytic interest. Each of these three words, moreover, possesses an equal valence and its share of literal and specific meaning. Thus, it is the unconscious rather than conscious, the intrapsychic rather than internal-external, and the conflictful rather than the conflict-free and autonomous, which I submit as the analytic focus.

This does not in any way run counter to the steady expansion of psychoanalysis from the pathological to the normal or from a theory of neurosis to a general psychology, so consistently pointed out by Hartmann and so systematically presented by him (34, 35), Rapaport (63, 65), and others. Hartmann, while giving due place to the role of the adaptive and conflict-free in psychoanalysis, points out that empirically psychoanalysis and the social sciences have two 'different centers' (36). The former, he notes, deals mainly with areas of conflict, the unconscious and the irrational; the latter with the rational, the conscious and the external. The first, however, is not to be equated with the abnormal, since it is as much in the normal as in the symptomatic that analysis illuminates and demonstrates the role of the unconscious and the intrapsychic (35). It is, indeed, precisely here that psychoanalysis is enabled to meet the whole range of behavioral sciences. But at this juncture, quoting Hartmann, 'In applying psychoanalysis to sociological problems, the theory of human conflicts is its most important contribution to this science' (36). Elsewhere, still with Hartmann, 'we can say in retrospect that this emphasis on conflict, on defense, and on the dynamic unconscious was to become the cornerstone of analysis in its clinical and technical as well as theoretical aspects'

(40). And still in another place, 'in all situations in which the id, the superego, or the unconscious part of the ego play an important role, statements will be reliable only if they are based on psychoanalytic findings' (36). Robert Waelder, approaching the same question from the standpoint of divergent theories, arrives at essentially the same conclusion about the center of analytic operations being in the area of unconscious conflicts (75). This is also consonant with the succinct expression of Ernst Kris, who describes psychoanalysis as 'the science of human behavior viewed as conflict' (49).

Proceeding further with our descriptive attempts, it goes without saying that we do not have in mind any discrete or finite center with a hard core and definable borders. It is not so much a point, but a broad area of structural and energetic interplay, a hierarchic spectrum of conflicts and their complex derivatives, and a stratification of anxiety signals, the dangers which they presage and the actions or other effects to which they lead (Schur, [70, 71]; Rapaport, [64]). Hartmann comes closest to sharing this concept of an inner core when he speaks of 'the central structure' or 'the nucleus of the personality' (36). Although he does not define these directly, his discussion indicates that by these he means the types of mental structure and the ways in which conflicts are solved, both of which he contrasts to 'the superficial layers of the personality'. Loewald uses the term 'ego core', but in a more limited and specific sense (51). Going from the periphery toward this hypothetical core, the path is toward and ever closer to the infantile neurosis. But just as Freud says about the dream, that the associations to it lead to a nexus of obscurity (21), so do genetic reconstructions dwindle into a more and more obscure and unarticulated area of the earliest ontogenetic history. The rest we surmise when we come from the opposite direction by direct childhood observations and longitudinal developmental studies.

By both approaches, the study of ontogenesis is also a crucial one in itself with respect to arriving at the deepest sources.

Quoting Hartmann again: 'It is here, in the study of ontogenesis, that the mainsprings of psychoanalytic knowledge lie, and most of what we say analytically . . . about the special characteristics of the human mind and related questions, is ultimately traceable to what we know about ontogenesis' (39).

To pinpoint further the activity of this central core, we may with still another approach borrow a page from Freud's final theory of anxiety. The ultimate anxiety and its associated basic danger is that, either by instinctual flooding from within or external stimulation from without, there will be an overthrow, extinction or annihilation of the ego, or more accurately of the self, which includes more (Hartmann, [38, 40]; Jacobson, [42, 44]). Conversely, from the adaptive point of view, the aim is to keep such a core cathected with at least a minimally sufficient amount of libido to preserve a 'healthy narcissism'. Lichtenstein discusses the role of narcissism in the emergence and maintenance of what he calls 'a primary identity' (50), a primary organizational principle without which psychological development proper cannot take place. Moreover, this struggle for ultimate preservation takes place not only in states of impending psychic helplessness or traumatic panic, but exists at the core behind all the subsequent external stratifications seen in normal daily life. I have studied these interrelationships in the state of social poise and the universal search for security and mastery which underlies it (56).

It is the dualism characteristic of this central inner core, universally operative, and a widespread, probably preconscious awareness which exists in the minds of people about the analyst's observing stance toward it, which is responsible for the common and well-known ambivalent reactions of the general public to psychoanalysis and analysts so often satirized in popular magazines and in the press. There is, to say the least, a vigilant interest, with alternating periods of coming toward and standing off. Nor were the distinguished academicians at the Center for Advanced Study an exception, although many of them, in spite of strong opinions pro and con, were meeting

a psychoanalyst for the first time. We can understand this seemingly contradictory reaction only if we remain mindful of the dichotomous balance, the counterpoint between impulse and defense, as it exists at this central source.

And it is only from here that we can make our unique contributions. Psychoanalysis itself is not centrally relevant to man's gnostic and intellectual achievements, his advances in knowledge per se, or even to the essence of his creative efforts, other than as these are influenced from this inner spring. While the body of psychoanalytic *theory* was enlarged, with immeasurable benefit and extension of scope, when it encompassed the adaptive and the conflict-free, the psychoanalytic *method* is incomplete if it does not make contact specifically with the conflictful unconscious from which psychoanalysis started. I am in agreement here with Waelder who, in a discussion at Princeton, stated that to the extent that we limit our observations to ego factors or to the conscious or the conflict-free, we have no claim over other disciplines (74). Such would be the case, for example, if perception, motility, or intelligence were to be studied only from their conscious, overt, or external manifestations. But for the influences which emanate from unconscious sources and from conflicting unconscious tendencies, others must look to us. These are the central concern of the psychoanalyst. Only with a root firmly maintained here can we hope to bridge the gap to other fields and offer the possibility of a wider application of psychoanalytic insights. Beres (5), Kohut (47), and others, addressing themselves to various aspects of the wide range of problems inherent in applied psychoanalysis, come to the same conclusions both as to the pitfalls as well as the desiderata.

II

Before turning to the next major subject of this presentation, namely the role of affects within this central core, I would like to comment briefly, as also within this central orbit, on the concepts of identity and the self, so much referred to in cur-

rent theoretical formulations as well as in clinical reconstructions. My goal is to place these into proper perspective in keeping with the main argument and interest of this essay (for our purposes I will treat them as one, since the possible subtle theoretical differences between them are not particularly germane here).

The avidity with which the concept of identity, for example, is embraced, not only by some analysts but especially and more impressively by the whole spectrum of the allied psychological profession as well as the public, is as deserving of an explanation by us as is the other generalized reaction of resistance or 'vigilant interest' described above. These terms are used by many as definitive and specific explanations not only for individual psychopathologic states, but for mass reactions as well, or even to explain such things as national character. The concept of identity, for example, has certainly encountered less resistance than has almost any other psychoanalytic formulation, especially those of a libidinal or other instinctual nature.

In my opinion, this is due to the fact that these concepts dynamically act like an inexact interpretation, as described by Glover (26). This works, whether individually or en masse, by producing (possibly) beneficial but incomplete effects. I have pointed out elsewhere, in a study of the nature of intrapsychic conflict (60, 61), that in the dynamic stream of intrapsychic events 'identity' acts as an intermediate formation, i.e., it is as much a result of pre-existing intrapsychic conflicts and their derivatives and resolutions as a node from which further conflictful or adaptive constellations eventuate. Being part way between deeper unconscious conflicts and their external derivatives, explanations which center about them can act as screen memories or any other screen formations in: (a), attracting the observing and critical ego and thus resulting in partial insight, while simultaneously (b), warding off by the defensive segments of the ego the possibility of deeper levels of insight.

Incidentally, in the manner just described, the role of identity problems and even of identity disturbances are not at all limited to borderline cases or to severe character disturbances, as are commonly equated, but play a prominent part along the entire spectrum of behavior from the benign and normal to the malignant and psychopathologic. The following is an example of such an identity problem at the more normal end of the spectrum, a clinical instance which derives from the public domain. The story is told and has been written that Billy Rose, who suffered throughout his married life from the fact that he was known as 'Fanny Brice's husband', finally felt that he had achieved a goal when he produced his first Broadway hit. During intermission on opening night, standing outside the theater, he observed the huge sign with flashing neon lights on which the name 'Billy Rose' blinked on and off across Broadway. Mingling eagerly with the crowd he heard one lady ask another, 'Who is that?' and heard the reply, 'That's Fanny Brice's husband'.

Problems of identity can be poignant ones. While their role should not be underestimated, they should be seen in their proper perspective and without replacing the more central background of intrapsychic conflicts that exist at the core. They can be of service en route to the latter, rather than either replacing them or serving as an obstacle to their access. A case in point which might illustrate this occurred when a patient described one day how he felt when chairing a rather large meeting for the first time during the course of his work. Contrary to his expectations, he reported that while up there he still felt 'like a foolish little boy'. By way of explanation he was reminded of a joke about a man who went horseback riding in the park. He rode proudly on a tall white horse, which he liked so well that on his next free day he returned and asked the stableman to give him 'the same white stallion' he had had the day before. 'Oh', came the reply, 'you must mean the white mare—we have no white stallion'. 'No', said the man, 'I mean the stallion. When I was riding the other

day, some little boys looked up as I went by and remarked, "Look at that big *schmuck* on the white horse". 'That's how I felt yesterday on the podium', said the patient. Identity problems need further intrapsychic interpretations. The above opened the way to his phallic conflicts.

While the *sense* of identity or of the self, or what is usually referred to as the self-representation, resides in the ego, the *contents* of the self, or of the identity, are broader in scope and comprise more than the whole or part of the structure 'ego'. Erikson, for example, in describing how he conceives of the identity, considers it to be comprised of a combination of 'instinctual drives, ego attitudes, superego characteristics, somatic factors, external relations, and object representations, etc.' (13). Actually, it is this composite self or identity, rather than just what we mean analytically by the ego as a structure, that is guarded and is the nodus to be preserved at the deepest anxiety layers described above. It is to this same effort to which Freud originally ascribed a whole class of instincts, i.e., the '*self-preservative instincts*', a concept he later modified.

In the manner described, identity conflicts are very much part of the central core and as stated above are present universally. But explanations on the basis of identity disturbances alone are similar to those based solely or centrally on the vicissitudes of self-esteem. These are not erroneous, but incomplete and unidimensional. For the full depth of psychoanalytic understanding in all its complexity, these must be seen within the nexus of their total intrapsychic impact, their roots and their derivatives, as participants in the hierarchy of conflicting and balancing forces, examined as all other psychic phenomena from the five or now perhaps six metapsychological points of view (67), which only together encompass a total psychoanalytic view.

III

I would like to proceed now with the one section of my chosen title of which I have not yet spoken and to lift out for special

consideration another specific and, in my opinion, crucial component within this central orbit: I refer to the part played by the affects and their role and relationship to the other elements at the 'core'. If we speak of a 'human core', does not being 'human' commonly mean the ability to feel, and is not 'inhuman' the reverse, i.e., to be cold and unfeeling?

From the historical point of view, I would briefly remind you that the earliest theories of Freud and Breuer centered around the existence of 'loculated affects' (7), and, associated with this, the therapeutic method was *emotional* catharsis or abreaction. The successive historical developmental phases of our science in the epoch-making years that followed, perhaps best chronicled by Rapaport (64), moved from affects to instincts, from loculated pockets to intrapsychic conflicts, and from abreaction to interpretation. The latter underwent increasing elaboration and refinement paralleling our increasing knowledge of the nature of the internal conflicting forces.

I would like to submit the thesis that affects, the original center, in giving way to subsequent developments have become, wrongly, 'the forgotten man'. In spite of their ubiquity clinically, they have in a sense been by-passed, or at least minimized out of proportion, and receive a good deal less of systematic attention than they deserve in our total theoretical metapsychological system.

It is nevertheless the case that just as Freud in his theory of anxiety (24) never completely discarded the original theory while superseding it with the second (although others did—I recently showed how both can fit into a unitary theory [57]), the same, I believe, holds in the succession from affect to instinct theory. Actually, just as has been the case in the revised theory of anxiety, the role of affects should be reassessed to see how the old and the new interrelate, both in theory and in practice. Although Rapaport has shown how in all analytic theory the old phase is characteristically carried into the new and how the new is built upon the old (64), he notes as late as in his last paper, *On the Psychoanalytic Theory*

of Motivation (66), the 'persistent confusion between affect and instinct, which . . . is embalmed in the ubiquitous term "emotional disorder" . . . [This] is also probably one of the factors contributing to the fact that to this day psychology has no accepted definition of emotions or affects.' This was written as late as 1960.

In this instance the relations between the new and the old have obviously not been sharply established. And they need to be. An analogy can be made to the early cartographers. It has been pointed out that while the first map makers were subject to considerable correction in that huge unknown areas had to be subsequently filled in, the importance of these first maps has been shown to be unarguable (45). The same can be said for the original mapping out of the realm of the affects which, though much has been added, still remains vital empirically and which should remain prominent theoretically in the central explanations of human behavior.

To examine further the continuing role of affects, the following, although of the briefest form, will include some observations of their role: (a) phenomenologically, within the clinical therapeutic process; (b) in the theory of therapy; and (c) in general psychoanalytic theory.

First, phenomenologically, within the psychoanalytic process itself, whether we deal with affect in its well-known role as a signal (such as anxiety, guilt, shame, etc.), as an end product in itself (such as within the normal spectrum of affects, as in moods, or as a major area gone wrong, such as in depression, elation, or pathological anxiety), or in its role as a means toward, or a cementer of, object relations, which is no small area of its applicability, it is not an occasional visitor to a psychoanalytic procedure or even to each individual analytic hour, but a constantly present factor to consider and deal with.

As such it is of interest, both as a datum of observation itself, and as a medium or vehicle toward obtaining all other information via a facilitation of communication. (Compare Karl Buehler, who described language in its three phases of appeal,

expression, and communication [9]). With regard to the first, it is a central characteristic of psychoanalysis that whereas most other disciplines regard emotions as contaminants which distort their data and must be eliminated, psychoanalysis sets out to deal with them and is alone capable of dealing with them as its data and subject matter, much as the Greek philosophers did for the science of knowledge.

In respect to its role in the communication of all other data, no analytic hour is complete or successful without an affective accompaniment, in one or the other senses named above, most often in combination. Ideational content without affect is significantly incomplete. The fantasy, conscious or unconscious, is insufficiently recovered and without therapeutic impact if lacking in its associated or contingent affect. The well-known cartoon of a woman patient on the couch diligently describing the ingredients of a menu or recipe, while the hapless analyst sits distraught and frustrated, is not an irrelevant joke but may be a perceptive observation of significant clinical applicability.

After all, what do we consider a good analytic hour? One which consists of content which has 'meaning', i.e., is meaningful and about which the patient 'cares'. 'Care' is in the neutralized part of the spectrum from greater to lesser libidinal cathexis (much as I pointed out to be the case in 'friendship', [59]). Psychoanalysis centers on what the patient cares about, is concerned with, and by a short step away is in conflict about. To the extent that an analytic hour is about that, it is relevant. And conversely to the extent that it is not about anything about which the patient cares, it is shallow and ineffectual. A perceptive patient of mine had the habit of catching himself up short at such times with the self-observing remark, 'Here I go "funffing" along again'.

Nor is this to be judged by the manifest content, here any more than anywhere else in psychoanalysis. For example, a patient, pursuing the fact that he does not trust anyone because he is afraid to be hurt, makes the startling statement, 'I don't

know why that should be, because I never really cared for anyone'. He goes on to say that as far as he can remember he never cared for his mother. 'If anything, I was always ashamed of her. I might have felt some guilt about this, but hardly anything beyond that.' As will surprise no analyst, the subsequent train of thought, stimulated by an occasional probing remark on the part of the analyst, led with no difficulty to a stream of associations charged with affects, which included not only 'caring' but disappointed love. It was the latter, of course, that led to his pervasive mistrust, which grew in increments during his developmental history as a succession of five younger siblings came along to join him.

Unconscious affects, or at least, since this is a dubious and theoretically controversial concept, we can say with certainty unconscious potentials for affective discharge, are as much a part of human character and certainly as significant for the analytic process as are the overt emotional expressions. The so-called 'menu hour' mentioned above, incidentally, applies not only to the reciting of recipes and other such mundane and unimportant trivialities, but can occur as much with the productions of a scientific genius. Analysts encounter similar hours and mechanisms from an engineer patient, or an atomic scientist, or a mathematician reciting formulae. Psychoanalysis is not for 'pure' intellectual thinking.

As with all object-relationships, a good hour has affective content, like a good speech. It is affects which bind the listener. The necessary empathy in the 'analytic attitude' follows the presence of affects, not ideation or action. Empathic identification on the part of the analyst is, at least to some optimum extent, via affective identification. This holds not only for empathy but also for 'interest'. From the standpoint of the patient to be 'interesting' and to project 'interest' is to stimulate some degree of 'caring'. Interest on both sides of the analytic couch has an affective prerequisite. Not only is the transference neurosis an indispensable component in a viable psychoanalysis, but most vital is its affective center.

When during an hour, after some routine or dull minutes, a sudden compelling association commands 'interest', it is one which has an affective quality. I am not necessarily referring to associations in the nature of a dramatic bombshell, as when a patient recently related a memory of driving with his father and coming to a train accident where they both witnessed a dismembered body. I am referring more importantly to expressions or communications in the more ordinary course of associations which are felt as having a poignant or 'touching' quality. In this vein, a patient, after expressing some concern about the analyst rustling or fidgeting about or, he thought, perhaps flipping a page, reassured himself with 'I know that you are always on automatic pilot. When I say something, you're there.' Some patients characteristically have a stream of such compelling and interest-provoking associations or ways of expressing their associations. Interest does not lag. I do not, of course, mean those patients who demand constant and unswerving attention and to achieve it even provide entertainment. I think rather of a patient who in trying to express his ever-present trait of indecisiveness—in this particular instance at the prospect of having to pick a surgeon for himself—stated in measured tones, 'I just know I'll go into that obsessive-compulsive jig which I dance'. The thought almost painted a picture in action, which was easy for both of us to follow. At the other end of the spectrum are other patients who hardly ever say anything even close to being 'interesting'. It would not be accurate to say that there is a lack of affects in such cases, but rather that there are special constellations of affective combinations. These do not often include or enhance successful or compelling object-relationships or 'an ability to make friends and influence people'. This, of course, can be expected to show itself in the analysis as well.

The same considerations apply also in the reverse direction, that from the analyst to the patient in the service of the production of insight via interpretations. Communication both ways must have an affective component, although neutralized

we hope at least in the one direction, and a certain basic minimum of the appeal component of language. From the analyst to the patient there is to flow not an academic stream of theoretical 'psychoanalese' (Theodor Reik, [68]), but a 'meaningful', i.e., affective (to the effective), flow. The analyst too 'cares' for what he says and for whom he is saying it. This is not, of course, to be taken to condone the opposite extreme, i.e., of emotional 'involvement' on the part of the analyst, with its opposite and even more disrupting stream of consequences. Kohut speaks of 'that optimum mixture of emotional involvement and scientific detachment that allows for the correct assessment of . . . human emotional suffering and of the proper steps to relieve it' (48). A good interpretation produces affective knowledge. It may result not only in laughter or even in tears, as recently pointed out by Tarachow (72), but more often in a moment of quiet solemnity during which affect in the patient changes into insight. The succession of analytic hours *in toto* should follow as well as possible the course of such a meaningful thread. I wonder how many incomplete, protracted, or interminable analyses are 'menu' analyses, unsolved or even unrecognized as such.

The same is as true outside the treatment situation as within it. In life itself, it is also affects which bind object relations and are the vehicle on which the latter are conducted. Affective needs make object relationships and are in turn produced by them, a reciprocity to which I alluded in studying the formation of friendships (59). The same is true on a mass scale as in a limited or in a diadic one. How much of humanity was drawn together, even if momentarily, as a result of the shared grief of November 22nd, 1963, upon the death of President John F. Kennedy. From the flood of newsprint which appeared the next day, the following captured my attention and I have selected it to quote. Commenting on the reactions of the diplomats of a hundred other countries watching with solemn wonder from their posts in the United Nations, one reporter observed:

Americans, who often run away from real emotions, were caught in the depth of real sorrow and real shock that had nothing to do with political platforms or legislative policies. The nation of spectators was suddenly a participant in a shared tragedy. The hedonist veneer of the culture was torn off. Sorrow was not drunk away in a million bars. Theatre marquées were dark. The grind of rock and roll, the reverberations of singing commercials, the tranquilizer of superficial drama disappeared from every television and radio outlet; in their place came the bouyant themes of the masters, interpreted by great choruses and great orchestras (52).

Also on a mass scale, the role of affects in communication is visible in the works of those timeless masters in all fields which continue to reach and touch us forever. The most recent example which left such an impact on me, and which I select to mention only because of its temporal immediacy, occurred when I visited the Rodin Museum in Paris a short time ago. Some of the random titles of the works of this intensely compelling artist, who, more than any other, continued into modern times the line from the Greek and Roman sculptors, through Michelangelo into our own generation, include *Le Désespoir*, *La Misère*, *La Tête de la Douleur*, *L'Amour qui passe*, *L'Adieu*, *La Pensée*, *La Pleureuse*, *La Méditation*, *Exhortation*, *Le Rêve*, *La Dernière Vision*, all depicted with a power and in a manner which is forever human. And in all of these, the channels of communication are not only through the face, but through every other mode and channel of affective expression. I recall for you Rodin's hands of *La Cathédrale*, or those other timeless hands depicted by Dürer or Michelangelo.

At the Center for Advanced Study, Dr. Carl Rogers, with whom Erik Erikson and I, representing the psychoanalysts, debated about much else, kept correctly emphasizing the importance of what he called 'gut experiences' (69). About this we could agree. Conversely, the absence of or loss of an affective bond heralds the paling if not the termination of an object

relationship. A lack of sentiment or even of some degree of sentimentality (the two are not the same) often goes with a shallowness of object ties.

Turning now from phenomenology to theory, the emphasis on the centrality of affects which I have just been giving is by no means by way of recommending a shift back from instincts to affects as ultimate explanatory concepts. On the contrary, as I stated before, the task is now to integrate the two, and both of them with all other vital interacting components.

In a general and incomplete sense, affects, or at least one aspect of them, are derivatives and external representatives of instinctual drives, resulting, as Rapaport has shown, from 'instinctual discharges into the interior' (62, 64). (Ego components are not to be neglected and will be commented upon presently.) In fact, instincts are known by the affects which they produce. As Freud has pointed out we do not see pure instincts but only their derivatives. The dual instincts express themselves as two basic and polar affects, that of love and hate. One suggested classification of affects divides them into positive and negative ones on this very basis.

While affects are prominent among the end products of instinctual drives in normal psychology, they are certainly among the most germane to neuroses and to the analytic process which undoes them. In neurogenesis itself, while clinical syndromes are customarily described primarily according to the vicissitudes of instinctual and ego interaction, the role played by affective factors can never be overlooked. This obtains not only for the frankly affective pathologic states (such as in clinical depression or overt anxiety states) or for certain other syndromes in which the role of affects receives a central place, but as a background in *all* clinical pictures, even where other end results, somatic or ideational, emerge as the final presenting picture. An example which comes to mind is that of a patient whose complicated neurosis had as its first sign the fact that she had stopped laughing. It is this ubiquitous and central role played by affects which accounts for the observa-

tion by Rapaport that 'many psychoanalysts, and even Freud, at times still spoke [i.e., after the advent of instinct theory] of affects and emotions as the intrapsychic factors which give rise to fantasies, wishes and symptoms' (66).

But it is mainly in the theory of therapy that the role of the affective processes must be clearly understood in relation to subsequent present-day concepts. Ferenczi, in a series of historic papers which have had a considerable influence in shaping certain subsequent directions of analytic activity and developments (18, 19, 20), returned to what he called 'neocatharsis', to discover 'new veins of gold in temporarily abandoned workings' (19). While he and others later tended to use this as the *raison d'être* for certain heroic and dubious technical interventions, a refocusing on the affective experiences within the framework of our central analytic procedures cannot fail to be a felicitous reminder.

Nor does that mean that I speak now for a renewal of the centrality of abreaction, at least per se, in the therapeutic armamentarium. Just as I stated previously about identity and the self, so are affects also to be regarded as intermediate formations from which other processes must be gleaned. This is the case whether affects are basically discharge phenomena (Freud [21, 22]; Rapaport [62, 64]) or, in the opinion of some, tension phenomena (Brierley [8]), or either or both (Glover [25]; Jacobson [41]), while the other two, identity and the self, can be more static or stable in composition. Just as I have previously spoken for the separation of conversion from hysteria in the automatic phrase which links them together (58), so should affects and catharsis no longer be automatically linked. In fact it is precisely in psychoanalysis, in contrast to what occurs in life situations, that affects should no longer be discharged or dissipated *without* their ideational accompaniments and their associated unconscious meanings being made explicit. The special intent and opportunity in the analytic process is that the analysis of affects, just as stated above about identity and the self, are also en route to the analy-

sis of the underlying intrapsychic conflicts. The goal is to continue the analysis of the latter through less and less distorted derivatives to the infantile neurosis, and not to by-pass these in favor of concentration upon the affects alone. The latter would be a regressive return to the origins of psychoanalysis.

The affects as major derivatives of instinctual drives can also lead back to them. However, to state the situation more completely, the range and quality of affects are indicative of the nature and strength of ego activity as well. Not only instinctual impulses but also aspects of the ego reveal themselves to a great extent in the characteristics of the affective life. Affects themselves can be used by the ego for defensive purposes, such as those described by Valenstein in 'affectualization' (73), or by Greenson in the phenomena of screen affects (32). Rapaport has described the hierarchy of affects depending on their closeness to instinctual or ego sources (64), or, in terms of Hartmann, according to their degree of neutralization (38). The degree of 'taming of the affects' (Fenichel [17]), their subtlety or modulation, is a measure of the success of neutralization and of the extent of ego mastery over instincts.

Affects thus provide the roadbed and are the rail to the understanding of *both* arms of the intrapsychic conflict, instinct and ego, both of which together and in their interrelationships comprise the rationale for the therapeutic march.

As dreams are the royal road, so affects are major roads, indeed indispensable ones, to the unconscious. They constitute a language in themselves, both preverbal and paraverbal. In frequency and from the point of view merely of statistics and ubiquity, dreams are in fact less constant than affects as analytic material. The analysis of affects goes a long way toward psychoanalysis. Dreams and free associations add the accompanying ideation. All are necessary for the total product.

I should point out here that while we have been concentrating on examining the role of affects, it should not be forgotten that the goal is not to understand them in isolation

but to bring them under the supremacy of insight, of the ego's thought processes, as well as under the influence and control of other crucial ego faculties, such as the synthetic, the integrative, the differentiating, and the organizing functions. But unlike associations, affects are not characteristically connected with word representations nor even, as are dreams, with visual representations. They are not usually talked about but, as discharge phenomena are mainly demonstrated and experienced, in a sense 'acted out'. (Compare Rapaport's division into 'affects felt' and 'affects seen' [62, 64]). The goal then is to bring them under the dominance of the secondary process—of the processes of thought and of ego control.

The affect is frequently the crack in the wall toward widening the realm of understanding. A patient was describing having lunch with her sister while visiting the latter in a distant city. Describing the meeting as warm and friendly, her chin showed a perceptible quiver. It was this which was the analyst's cue and about which a gentle question elicited a flood of memories, ideas, and affects. Without going into detail here, the quiver was the final common motor pathway to a composite of pity, guilt, sadness, anger, and love. I have often thought it too bad that the analyst cannot regularly see the face of the patient, although of course we are all aware of the potent reasons as well as the historical development which brought this about. Without realizing it before, I must have been thinking of the physical side of the 'human core' when, in my paper on the psychology of poise, I described the snout as the 'window to the emotions' (56). This concept seems to merge well with what we are considering today. An artist-patient who characteristically endeavors to portray the essence of his subjects, in describing his wife, speaks intensively of her 'visage'. As analysts we also note the hands, posture, gestures, etc., but the physical expressions of affect constitute another area which we cannot go into at this time.

Turning again to the last subdivision which I promised to talk about, that of a general theory of affects, it is surprising,

considering their centrality, that 'a psychoanalytic theory of affects' has been so lagging in relation to the other aspects of our theoretical structure. The closest to filling this gap has been Rapaport's meaty paper presented originally at the Panel on The Theory of Affects of the American Psychoanalytic Association in 1952 (55). Besides attempting to organize the existing fragments into a systematic 'psychoanalytic theory of affects', the paper also contributed a detailed picture of the historical development not only of affects but of many broader aspects of psychoanalytic theory. It provided a lucid and original description of the nature of progressive hierarchic ego development in all its aspects, including its influence on the hierarchy of motivational drives, the process of neutralization in general, and the taming and modulation of affects in particular. It is interesting and I do not believe that it detracts from the brilliance of Rapaport's paper that in the ensuing discussion Bertram Lewin remarked that we still did not have a theory of affects. With this Rapaport disagreed (55).

While we have been carried a long way toward 'a psychoanalytic theory of affects', by Rapaport (62, 64), Glover (25), Jacobson (41), Fenichel (17), Brierley (8), and others, I believe we would be forced to agree that we do not yet have a full or complete theory of affects. 'A secretory or motor instinctual discharge into the interior' does not sufficiently differentiate affects from other such internal discharges, nor does it separate one affect from another. Such a description perhaps brings affects under the proper generic heading, but not into the specific subgroup. The same applies here as to the subject of creativity or giftedness or talent. In her book, *The Quest for the Father*, Greenacre, commenting on creativity, writes: 'The nucleus of creative ability may be in certain in-born qualities which are biologically given and are beyond the scope of psychoanalytic research [Psychoanalysis] does *not* attempt to fathom the ultimate source . . .' (30). Benjamin expresses a similar view about our incomplete understanding of anxiety (4).

For a comprehensive theory of affects, just as for creativity, we will need combined insights from other fields probably not yet available—from biology, neurophysiology, neurochemistry, and genetics. Needles, writing about the basic affects of pleasure and unpleasure, invokes a biological factor as an ultimate explanation (53). Probably the same can be said for our general theory of behavior as we are saying for the specific component of affects. Psychoanalysis encompasses one segment, the psychological one. Although indispensable for a total theory, we will also need a whole range of other facts, from a thorough knowledge of constitutional givens of all kinds, somatic and psychic, to a comparable knowledge of external reality. The latter can never be underestimated in assessing total behavior. Macroscopic as well as microscopic understanding is to be hoped for, and any whole answer will ultimately come only from combined efforts. Freud, as concurred in later by Hartmann and others, never gave up the hope for an ultimate continuity between the psychological and the biological.

Finally, with regard to the subject of affects, I submit that while love, hate, anxiety, and guilt, i.e., the 'major affects', are the hallmarks of psychoanalytic concern, less interest has been shown to the less intense or more 'mixed' (Glover [25]), or 'intermediate affects', the more subtle forms of human emotional experience. There is no one in a better position than the analyst to study and understand the whole range of human affects: a chuckle as well as hilarity; discouragement as well as depression; bitterness, irony, and sarcasm as well as rage; or whimsy, pity, or wonder, a wistful or mellow mood, as much as the more clear-cut, easily distinguishable, and more classical emotional states.

To be sure, some of the subtle forms have been individually studied, such as, among others, the psychogenesis and pathogenesis of jealousy in its connections with paranoia and homosexuality by Freud (23); shame and guilt, by Piers and Singer (54) and others; envy and gratitude, in her own way by Mel-

anie Klein (46); awe, by Greenacre (27, 29); smugness, by Arlow (3); boredom, by Fenichel (16) and by Greenson (31); enthusiasm, by Greenson (33); and various intermediate moods, by Edith Jacobson (43). I have dealt with certain 'intermediate' affects in connection with the state of poise in one study (56), and 'friendly' feelings in another (59). One might hold that all of these are sufficiently subsumed under the concept of the continuum or the hierarchic series. I would submit, however, that there might well be specific factors worth pursuing in various individual emotional states. Considering this range of affects from one particular point of view, i.e., the economic one, Jacobson postulates 'various combinations of high and low speed discharge processes which result in complex affective experiences as some of our most sublime pleasurable states' (41).

IV

In summary, I have in this paper attempted to give at least some of the characteristics which constitute the 'human core' with which psychoanalysis deals and from which man is driven. With a root and a major footing here psychoanalysts can look to the periphery and, in alliance with all other students of human behavior, can aspire to contribute specific understanding to each of the directions in which man's intelligence and spirit have led him, the social, noble, and creative, as well as the retrogressive, destructive, and suicidal.

The psychoanalytic body has recognized and responded to this challenge, even this responsibility, both organizationally and individually. In the former category, many committees, both national and local, today explore the linkages between psychoanalytic contributions and a multitude of wider social issues. Among individual efforts, while it is almost an injustice to single out a few from the plethora which we enjoy, I am still tempted to remind you of the works of Kurt Eissler in the field of art (his recent volume on da Vinci [10]), literature

(his comparable recent work on Goethe [11]), and, most recently, his sweeping and inspiring look through the eyes of a psychoanalyst at the course of history (12). As another proud example among us, I would mention the works of Phyllis Greenacre on creativity and the lives of the gifted (28, 30) and how these have been illuminated by her own creative psychoanalytic insights.

Franz Alexander, whom this lectureship honors, has pioneered in this trend toward the extension of psychoanalytic knowledge. An early historical figure in this direction, he threw particular light on how such insights can enrich the important fields of medicine and psychiatry (1), as well as many if not all of the medical specialties. More recently he turned in a more global way to an attempt to shed equal light on the current world order and on the mind and collective problems of Western man (2).

Toward all such efforts, I would stress again and caution that to the extent that we relinquish our source in the central spring which we have outlined, and operate *only* in these derivative levels (there are analysts who err in this direction), we would lose our source of originality and unique specificity from the deep unconscious. Without it we could no longer claim expertness or add a distinctive flavor and had better listen to others. Under such circumstances, I would tend to agree with the sober and self-critical mood expressed by Erik Erikson. Writing from Kashmir to Boston in reply to Roger Fisher, editor of a symposium on Alternatives to Armed Conflict, who had requested a psychoanalyst's participation in 'policy or decision making', Erikson expressed the conviction that 'political and psychoanalytic thinking can and must confront one another before long'. However, he went on: 'There is . . . an as yet uncharted area between the two fields. . . . Where the necessary conditions cannot be created . . . or wherever the individual psychoanalyst might . . . not feel congenial to such work, there I submit he does better to cure and enlighten in the service of on-going life, and toward man's increas-

ing capacity for maintaining—and indeed tolerating—peace, than to mix and fumble in the area of preventing war' (14).

But with the proper stance, as suggested here, and indeed only with such a posture, which firmly preserves the central interest and identity of psychoanalysis, can we hope to enrich the relationship of psychoanalysis to the whole range of the behavioral sciences. From its side, psychoanalysis can help, in Hartmann's words, by 'insisting on a [deeper and] more complex view' (37), doing what it can to preclude what Bixenstine calls 'a science of the trivial' (6). But nurture can come and indeed is needed from the opposite direction as well. For many among us who express concern for the future of psychoanalysis, it is well to bear in mind that a tree can wither not only from lack of nutriment at its roots but also from inclement weather in its atmosphere. Both are to be guarded against and rendered optimum. Fortunately, psychoanalysts have it within their power, at least to some extent, to influence their climate, both internal and external.

Undoubtedly, as Hartmann says, 'a synthesis of psychoanalytic thought with other fields of knowledge [has] so far been only partly realized' (40), and for this work we will need 'a sounder methodological foundation' (37). It is also true, with Hartmann, that a mere exchange of findings between psychoanalysis and sociology will not suffice (36), nor will it be effective to merely 'apply' the theories of one to the phenomena of the other (37). It is rather only 'a mutual penetration' (37), and 'a dynamic process of mutual inspiration . . . which can prove fertile for both sides' (36). But that such a combined effort is in order there can be little doubt, if we are to assure, in the words of Faulkner, that 'Man will not merely endure; he will prevail' (15).

REFERENCES

1. ALEXANDER, FRANZ: *Psychosomatic Medicine. Its Principles and Applications*. New York: W. W. Norton & Co., Inc., 1950.
2. ———: *The Western Mind in Transition. An Eyewitness Story*. New York: Random House, 1960.

3. ARLOW, JACOB A.: *On Smugness*. Int. J. Psa., XXXVIII, 1957, pp. 1-8.
4. BENJAMIN, JOHN D.: *Some Developmental Observations Relating to the Theory of Anxiety*. J. Amer. Psa. Assn., IX, 1961, pp. 652-668.
5. BERES, DAVID: *The Contribution of Psychoanalysis to the Biography of the Artist. A Commentary on Methodology*. Int. J. Psa., XL, 1959, pp. 26-37.
6. BIXENSTINE, V. EDWIN: *Empiricism in Latter-Day Behavioral Science*. Science, CXLV, 1964, pp. 464-467.
7. BREUER, JOSEF and FREUD, SIGMUND: *Studies on Hysteria* (1893-1895). Standard Edition, II.
8. BRIERLEY, MARJORIE: *Affects in Theory and Practice*. In: *Trends in Psychoanalysis*. London: The Hogarth Press Ltd., 1951, pp. 43-56.
9. BUEHLER, KARL: *Sprachtheorie*. Jena: Gustav Fischer, 1934.
10. EISSLER, K. R.: *Leonardo da Vinci. Psychoanalytic Notes on the Enigma*. New York: International Universities Press, Inc., 1961.
11. ———: *Goethe: A Psychoanalytic Study*. Detroit: Wayne State University Press, 1963.
12. ———: *Freud and the Psychoanalysis of History*. J. Amer. Psa. Assn., XI, 1963, pp. 675-703.
13. ERIKSON, ERIK H.: Personal Communication.
14. ———: *Psychoanalysis and Ongoing History*. Unpublished letter to Professor Roger Fisher, 1963.
15. FAULKNER, WILLIAM: Nobel Prize Acceptance Speech, Stockholm, Sweden, December 1950.
16. FENICHEL, OTTO: *Zur Psychologie der Langeweile*. Imago, XX, 1934, pp. 270-281.
17. ———: *The Ego and the Affects*. Psa. Review, XXVIII, 1941, pp. 47-60.
18. FERENCZI, SANDOR: *The Further Development of an Active Therapy in Psychoanalysis* (1920). In: *Further Contributions to the Theory and Technique of Psychoanalysis*. London: The Hogarth Press Ltd., 1950, pp. 198-217.
19. ———: *The Principles of Relaxation and Neocatharsis* (1930). In: *Final Contributions to the Problems and Methods of Psychoanalysis*. Edited by Michael Balint. New York: Basic Books, Inc., 1955, pp. 108-125.
20. ———: *Child Analysis in the Analysis of Adults* (1931). *Op. cit.*, pp. 126-142.
21. FREUD: *The Interpretation of Dreams* (1900). Standard Edition, IV, V.
22. ———: *The Unconscious* (1915). Standard Edition, XIV.
23. ———: *Some Neurotic Mechanisms in Jealousy, Paranoia, and Homosexuality* (1922). Standard Edition, XVIII.
24. ———: *Inhibitions, Symptoms and Anxiety* (1926). Standard Edition, XX.
25. GLOVER, EDWARD: *The Psychoanalysis of Affects* (1938). In: *On the Early Development of Mind*. New York: International Universities Press, Inc., 1956, pp. 297-306.
26. ———: *The Therapeutic Effect of Inexact Interpretation: A Contribution to the Theory of Suggestion*. In: *The Technique of Psychoanalysis*. New York: International Universities Press, Inc., 1955, pp. 353-366.
27. GREENACRE, PHYLLIS: *Penis Awe and Its Relation to Penis Envy*. In: *Drives*,

- Affects, and Behavior*. Edited by Rudolph M. Loewenstein. New York: International Universities Press, Inc., 1953, pp. 176-190.
28. ———: *Swift and Carroll: A Psychoanalytic Study of Two Lives*. New York: International Universities Press, Inc., 1955.
 29. ———: Experiences of Awe in Childhood. In: *The Psychoanalytic Study of the Child, XI*. New York: International Universities Press, Inc., 1956, pp. 9-30.
 30. ———: *The Quest for the Father*. New York: International Universities Press, Inc., 1963.
 31. GREENSON, RALPH R.: *On Boredom*. J. Amer. Ps. Assn., I, 1953, pp. 7-21.
 32. ———: *On Screen Defenses, Screen Hunger and Screen Identity*. J. Amer. Ps. Assn., VI, 1958, pp. 242-262.
 33. ———: *On Enthusiasm*. J. Amer. Ps. Assn., X, 1962, pp. 3-21.
 34. HARTMANN, HEINZ: *Ego Psychology and the Problem of Adaptation*. Trans. by David Rapaport. New York: International Universities Press, Inc., 1958.
 35. ———: *Psychoanalysis and the Concept of Health*. Int. J. Ps., XX, 1939, pp. 308-321.
 36. ———: Psychoanalysis and Sociology. In: *Psychoanalysis Today*. Edited by Sandor Lorand. New York: International Universities Press, Inc., 1944, pp. 326-341.
 37. ———: *The Application of Psychoanalytic Concepts to Social Science*. This QUARTERLY, XIX, 1950, pp. 385-392.
 38. ———: Comments on the Psychoanalytic Theory of the Ego. In: *The Psychoanalytic Study of the Child, V*. New York: International Universities Press, Inc., 1950, pp. 74-96.
 39. ———: Notes on the Reality Principle. In: *The Psychoanalytic Study of the Child, XI*. New York: International Universities Press, Inc., 1956, pp. 31-53.
 40. ———: *The Development of the Ego Concept in Freud's Work*. Int. J. Ps., XXXVII, 1956, pp. 425-438.
 41. JACOBSON, EDITH: The Affects and Their Pleasure-Unpleasure Qualities in Relation to the Psychic Discharge Processes. In: *Drives, Affects, and Behavior*. Edited by Rudolph M. Loewenstein. New York: International Universities Press, Inc., 1953, pp. 38-66.
 42. ———: The Self and the Object World. Vicissitudes of Their Infantile Cathexes and Their Influences on Ideational and Affective Development. In: *The Psychoanalytic Study of the Child, IX*. New York: International Universities Press, Inc., 1954, pp. 75-127.
 43. ———: Normal and Pathological Moods: Their Nature and Functions. In: *The Psychoanalytic Study of the Child, XII*. New York: International Universities Press, Inc., 1957, pp. 73-113.
 44. ———: *The Self and the Object World*. J. Amer. Ps. Assn., Monograph II. New York: International Universities Press, Inc., 1963.
 45. KIRSCH, ROBERT R.: Review of Five Ages of Man, by Gerald Heard, Los Angeles Times, January 5, 1964.

46. KLEIN, MELANIE: *Envy and Gratitude. A Study of Unconscious Sources*. New York: Basic Books, Inc., 1957.
47. KOHUT, HEINZ: *Beyond the Bounds of the Basic Rule. Some Recent Contributions to Applied Psychoanalysis*. J. Amer. Ps. Assn., VIII, 1960, pp. 567-586.
48. ———: Memorandum from President to Chairman of Committee on Public Information of the American Psychoanalytic Association, September 15, 1964 (unpublished).
49. KRIS, ERNST: The Nature of Psychoanalytic Propositions and their Validation. In: *Freedom and Experience*. Edited by S. K. Hook and M. R. Konwitz. Ithaca, N. Y.: Cornell University Press, 1947.
50. LICHTENSTEIN, HEINZ: *The Role of Narcissism in the Emergence and Maintenance of a Primary Identity*. Int. J. Ps., XLV, 1964, pp. 49-56.
51. LOEWALD, HANS W.: *Internalization, Separation, Mourning, and the Super-ego*. This QUARTERLY, XXXI, 1962, pp. 483-504.
52. LOS ANGELES TIMES: Article by Louis B. Fleming, November 26, 1963.
53. NEEDLES, WILLIAM: *Comments on the Pleasure-Unpleasure Experience. The Role of Biological Factors*. J. Amer. Ps. Assn., XII, 1964, pp. 300-314.
54. PIERS, GERHART and SINGER, MILTON B.: *Shame and Guilt. A Psychoanalytic and a Cultural Study*. Springfield, Ill.: Charles C Thomas, 1953.
55. RANGELL, LEO: Report of Panel: *The Theory of Affects*. Bull. Amer. Ps. Assn., VIII, 1952, pp. 300-315.
56. ———: *The Psychology of Poise, with a Special Elaboration on the Psychic Significance of the Snout or Perioral Region*. Int. J. Ps., XXXV, 1954, pp. 313-332.
57. ———: *On the Psychoanalytic Theory of Anxiety: A Statement of a Unitary Theory*. J. Amer. Ps. Assn., III, 1955, pp. 389-414.
58. ———: *The Nature of Conversion*. J. Amer. Ps. Assn., VII, 1959, pp. 632-662.
59. ———: *On Friendship*. J. Amer. Ps. Assn., XI, 1963, pp. 3-54.
60. ———: The Scope of Intrapsychic Conflict. Microscopic and Macroscopic Considerations. In: *The Psychoanalytic Study of the Child, XVIII*. New York: International Universities Press, Inc., 1963, pp. 75-102.
61. ———: *Structural Problems in Intrapsychic Conflict*. *Op. cit.*, pp. 103-138.
62. RAPAPORT, DAVID: *Emotions and Memory*. New York: International Universities Press, Inc., 1950.
63. ———: *The Autonomy of the Ego*. Bull. Menninger Clinic, XV, 1951, pp. 113-123.
64. ———: *On the Psychoanalytic Theory of Affects*. Int. J. Ps., XXXIV, 1953, pp. 177-198.
65. ———: *The Theory of Ego Autonomy: A Generalization*. Bull. Menninger Clinic, XXII, 1958, pp. 13-35.
66. ———: On the Psychoanalytic Theory of Motivation. In: *Nebraska Symposium on Motivation*. Edited by M. R. Jones. Lincoln, Nebraska: Univ. of Nebraska Press, 1960, pp. 173-247.
67. ——— and GILL, MERTON M.: *The Points of View and Assumptions of Metapsychology*. Int. J. Ps., XL, 1959, pp. 153-162.

68. REIK, THEODOR: *Listening with the Third Ear*. New York: Farrar, Straus & Co., 1948.
69. ROGERS, CARL: Personal Communication.
70. SCHUR, MAX: The Ego in Anxiety. In: *Drives, Affects, and Behavior*. Edited by Rudolph M. Loewenstein. New York: International Universities Press, Inc., 1953, pp. 67-103.
71. ———: *Symptom Formation and Character Formation. Contributions to Discussion of Prepublished Papers*. Int. J. Psa., XLV, 1964, pp. 147-150.
72. TARACHOW, SIDNEY: *Ambiguity and Human Imperfection*. J. Amer. Psa. Assn., XIII, 1965, pp. 85-101.
73. VALENSTEIN, ARTHUR F.: *The Psychoanalytic Situation. Affects, Emotional Reliving and Insight in the Psychoanalytic Process*. Int. J. Psa., XLIII, 1962, pp. 315-324.
74. WAELDER, ROBERT: Chairman, Discussion Group, Center for Advanced Psychoanalytic Studies, Princeton, New Jersey, 1961.
75. ———: Chairman, Discussion Group on *Divergent Theories*. Meeting of the American Psychoanalytic Association, New York, December 6, 1963.

Biological Aspects Of Infantile Sexuality and the Latency Period

Richard V. Yazmajian

To cite this article: Richard V. Yazmajian (1967) Biological Aspects Of Infantile Sexuality and the Latency Period, The Psychoanalytic Quarterly, 36:2, 203-229, DOI: [10.1080/21674086.1967.11926422](https://doi.org/10.1080/21674086.1967.11926422)

To link to this article: <https://doi.org/10.1080/21674086.1967.11926422>



Published online: 16 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)



Citing articles: 1 View citing articles [↗](#)

BIOLOGICAL ASPECTS OF INFANTILE SEXUALITY AND THE LATENCY PERIOD

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

I

One of the major tasks that modern psychoanalysis has assumed is the revision and refinement of theoretical concepts. Research directed toward this end has effected great changes in psychoanalytic theory since the early work of Freud. Recent psychoanalytic studies have been appropriately and primarily concerned with psychological issues. Nevertheless, since psychoanalysis is historically and in clinical fact rooted in biology, it is scientifically mandatory that the relationship of current psychoanalytic theory to current biological theory be constantly reviewed. This is especially necessary since the biological thinking of Freud's era has undergone extensive modification. While there has been a recent surge of interest in the biological base of psychoanalytic theory, the relationship of infantile sexuality and the latency period to modern embryological, genetic, and evolutionary concepts has not received the attention that it merits.

Spitz (27, 28) is prominent among psychoanalytic investigators who have considered this matter. Most workers in the area have focused on certain facets of very early ego and instinctual development, and their findings have remained scattered in the literature and have not been used to develop more holistic concepts extending through later childhood and latency. An enormous amount of work has been done on the relationship of embryology to early infant biological development by nonanalytic investigators, such as Gesell (13, 14), and these investigations merit more attention and theoretical

From the Division of Psychoanalytic Education, State University of New York, Downstate Medical Center, Brooklyn, New York.

assimilation by psychoanalysts. They highlight the extent to which many psychoanalytic papers deal with considerations of phylogenesis, embryology, infantile sexuality, and the latency period in outdated biological terms.

This paper attempts to clarify some of the confusion resulting from the persistence of anachronistic biological ideas in the psychoanalytic literature. Since limitation of space does not permit extensive exposition of biological research, only certain fundamental and salient data will be cited. Some of these facts are commonplace; others are less well known. However, the commonplace data must be mentioned in order to present a cohesive picture that will permit the elaboration of conceptions concerning the relationship of phylogenesis, embryology, and modern genetics to infantile sexuality and the latency period.

Abraham's correlation of biological observations with psychoanalytic findings was accepted and utilized by Freud (12). In his paper on Development of the Libido, Abraham (1, pp. 498-501) stated: 'We have long since learned to apply the biogenetic principle¹ of organic life to the mental (psychosexual) development of man. Psychoanalysis is constantly finding confirmation . . . that the individual recapitulates the history of his species in its psychological aspects as well.' He then commented: '. . . empirical data, however, warrants us in laying down yet another law concerning man's psychosexual development. This is that it lags a long way behind his somatic development, like a late version or repetition of that process. The biological model upon which the developmental processes discussed in this paper are based takes place in the earliest embryonic period of the individual, whereas the psychosexual processes extend over a number of years of his extrauterine life.' In discussing orality as the first psychosexual phase he noted that 'the first organ that is formed in connection with the earliest simple process of cell-division is the so-called blas-

¹ A reference to Haeckel's biogenetic principle of phylogenetic recapitulation.

topore, an organ which is permanently retained and keeps its function in low forms of the animal world such as the Cœlenterata'. Psychosexual anality was correlated with the following: 'For a time there exists an open connection between the intestinal canal (rectum) and the caudal part of the neural canal (*canalis neurentericus*). The path along which stimuli may be transmitted from the intestinal canal to the nervous system might thus be said to be marked out organically.' Freud's statement that 'the sadistic-anal organization can easily be regarded as a continuation and development of the oral one' was correlated with embryology by Abraham as follows: 'At first the blastopore is situated at the anterior end (cephalic end) of the primitive streak. In the embryos of certain animals we can observe that the original mouth-opening closes up at the anterior end and becomes enlarged at the posterior end. In this way it gradually approaches the tail, which is in process of formation, and finally comes to rest there as the anus.' He also observes that, 'At about the same time as the anus is being formed in the embryo we can observe the muscular system of the body developing. In this process the jaw muscles are far in advance of the limb muscles. The development of the anus and of the jaws is closely connected.' Considering the problem of psychological anal retentiveness and object control, he commented: 'Its correlate in biological ontogenesis is to be found in the formation of the intestinal mechanisms for retaining what has been taken into the body. . . . At the time this complicated arrangement for the retention of objects is being formed there is as yet no sign of the appearance of the urogenital apparatus.' Finally, he observed that when the urogenital organs do appear they are undifferentiated for a period before becoming differentiated into male and female. He felt that this reflected itself in the unfolding of the psychosexual phallic phase and bisexuality.

In summary, Abraham felt that the oral, anal, urogenital biological progression of early embryo development was related to the oral, anal, phallic psychological progression of in-

fantile sexual development. Both Abraham and Freud considered the psychological relations to be 'parallelisms with biological processes'. In effect, they felt that infantile psychosexual development echoes in some inexplicable, obscure manner the phylogenetic recapitulation that occurs in early embryonic development. However, the inability to see any tangible relationships forced Abraham to create his 'lag' hypothesis.

A primary purpose of this paper is to demonstrate that infantile psychosexual development is not merely an 'echo' of what is somewhat inaccurately referred to as foetal phylogenetic recapitulation, but that the recapitulation occurring so dramatically in the early months of foetal life continues, literally, in a complicated and obscure manner after birth. Further, that this extrauterine unfolding of phylogenetic and embryonic processes temporally coincides with and influences the progression of infantile psychosexual phases and that its termination also coincides with that of infantile psychosexual development. The material to be presented will be further utilized to view the latency period biologically in a new light that completely rejects certain long-standing psychoanalytic concepts.

To begin it would be useful to comment on the relationship between marsupial and placental mammals. Contemporary marsupials and placentals differ in many basic respects but extensive zoölogical studies clearly indicate that in the remote past they had a common root in animals which were marsupiod in character (6, 7). Although current marsupials have evolved greatly compared to the primitive marsupiods, they have done so to a much lesser degree than have the highly specialized and dominant placentals.

Impressions about foetal development among nonspecialists are usually derived from familiarity with the dominant placentals. However, the facts of foetal development in marsupials are quite striking and thought-provoking. Consider, for example, the development of the contemporary opossum which is zoölogically quite representative of marsupials in gen-

eral. The newborn opossum has a weight ratio to its mother of 1:10,750! This starkly embryonic creature has reflexes that cause it to seek out and orally grasp the teat of the mother. Once having anchored itself, it maintains its oral grasp without even momentary release while its development slowly proceeds. Its oral apparatus can only be described as a circular mouth opening as the lips do not fully form until it is seven to nine weeks old. The newborn is so primitive morphologically that the hind limbs are literally embryonic buds (17).

The highly embryonic state of marsupials at birth is in extraordinary contrast with the situation that prevails with so many nonmammalian forms of life. Lower forms of life commonly are miniature adults at birth: morphologically identical to the adults of the species; capable of independently sustaining themselves; and differing only in that they are smaller in size and not usually capable of sexual reproduction (6). The evolution of placentals was a prodigious forward step for mammals and brought with it many survival advantages for both mother and offspring. This evolutionary progression created a group of mammals who were born much more perfectly developed than marsupials, and were consequently confronted with a relatively shorter period of infantile helplessness, dependency, and vulnerability.

It must be emphasized, however, that although placentals are much further developed at birth than are marsupials, they are still in the embryonic state. In short, placentals at birth are not morphologically or functionally truly miniature adults: even a mammal as highly developed as the common cat is blind at birth. The time necessary for total postnatal completion of foetal development is variable and is so brief in some placental mammals that it tends to be overlooked. But this brevity should not result in minimizing its importance since it can be biologically related to the postnatal foetal development demonstrable in humans. It will be shown that foetal development proceeds postnatally in the human over a period of four to six years; further, that this continuing foetal

development has profound effects upon the precocious intellectual and social development which occurs side-by-side with it. Psychoanalysts have always kept a sharp focus on the biological helplessness, dependency, and immaturity of the human infant and child (15, 18, 27, 28). Indeed, 'maturation' has become a catchword in the literature in recent years. However, the process of maturation warrants further clarification and definition. The foetal qualities of neonates have certainly not gone unnoticed, but the fact that this foetal state persists late into childhood has not been appreciated or integrated into psychoanalytic theory in just those terms.

The embryologist, Patten (22), describes the situation rather neatly: 'We cannot think loosely of a newborn infant as being already an adult in miniature. In a twenty-odd year period of growth, birth is merely an incident which dramatically confronts us with a body swiftly prefabricated in concealment and with all its minor parts assembled but still, in detail, far from its finished form.' Similarly, Gesell (14) points out: 'When one envisages the developmental span which lies between birth and senescence, the first five years of life assume a great significance. They are the formative years in which the basic behavior equipment of the child becomes established. Biologically speaking, even though adolescence has not yet supervened, the human individual at the age of five is already to a marked degree a finished product.'

As is evidenced in the statements of Abraham quoted earlier, the thinking about phylogenesis and embryology in the initial phase of psychoanalysis was almost totally influenced by Haeckel's 'fundamental biogenetic law' proposed in 1866. This postulate is more popularly known as the phylogenetic recapitulation theory. Haeckel's theory subsequently underwent important modification. Von Baer (26) observed: 'The theory states that ontogeny (intra-uterine development) is a brief and incomplete recapitulation of phylogeny, or that an animal passes through stages in its development comparable to those through which his ancestors passed in their evolution.

Although individual characteristics of mammalian embryos are at times reminiscent of fishlike or reptilian ancestors, there is never a time in the development of a mammal when it could be mistaken for a fish or a reptile. There are evidences that the vertebrates do retain in development certain features which also appeared in the development of their ancestors. But, it is difficult if not impossible to draw up genealogical trees based on embryo data.' A further modification was cited by de Beer (7): 'In fact, the embryo of a higher species may resemble the embryo of a lower species, but never resembles the adult form of that species. For instance, it is the gill pouches of embryo fish, and not those of adult fish, which the gill pouches of mammalian embryos resemble. For these reasons, it is currently felt that it is inaccurate and misleading to say that ontogeny recapitulates phylogeny. Embryos do recapitulate the embryonic development of the ancestor, but even then, it is not necessarily true of all embryonic forms.' De Beer also stated: 'From the point of view of evolutionary studies, the real value of embryology lies in the fact that embryonic forms are like the embryonic forms of related animals. Therefore, embryology furnishes valuable evidence as to affinities, but it cannot profess to give definite evidence concerning the adult forms of ancestors.'

Typically, one observes in embryo development that the general characteristics of any large group of animals appear in the embryo earlier than the more special characteristics (26). After the more general characteristics, arise the less general, and so on, until the most special characteristics appear. The embryo of any particular kind of animal grows more unlike the forms of related species instead of passing through them. These typical progressions must be qualified by the observations of Patten (22) that 'growth and development do not take place synchronously or at equal rates in all regions of the body, each organ and part having its own characteristic life history. In the human, certain vestigial organs such as the mesonephros have a greatly abbreviated cycle. Other or-

gans, as for example the thymus, persist during childhood and then undergo involution; the organs of the central nervous system develop relatively early, while the reproductive organs have their period of rapid development much later.' It is this asynchronous development (often only apparently asynchronous) that makes it difficult to attain a clear perspective of the situation. Nevertheless, there are certain broad patterns in human embryological development which can be discerned. Gesell and his co-workers (13, 14) are prominent among the investigators who have studied these problems intensively. Their careful studies of neonatal and postnatal development have emphasized the neuromuscular systems. As it is not possible to cite here extensive details from their work, only certain general conceptions of fundamental importance about foetal development will be described.

These investigators point out that while it is true that there is a developmental progression from primitive general characteristics to highly specialized ones, this progression does not occur homogeneously like an expanding balloon. This is a fundamental fact that Abraham did not appreciate. Gesell states: 'The over-all trend of neuromuscular development is from head to foot (cephalo-caudal), and from axial to appendicular (proximal-distal) musculature. In the hand the trend of innervation is from little finger to index and thumb (the ulnar-radial shift). These three major trends do not occur in a single comprehensive sweep, once and for all' (14). Instead, the wave of development is repeated at successive periods with new variations resulting; this imparts a *spiral* character to the progression of specialized development rather than one of simple expansion. In effect, each new wave of development repeats the entire developmental process and completes itself when a new, more specialized 'recasting' has occurred. As an example, in embryogenesis muscle function precedes neural; motor nerves are functional before sensory; and proprioception antedates exteroception. By way of preparation (referred to in embryology as fore-reference), the basic neuromotor

equipment for acts of prehension, locomotion, and perception is developed well before it is put to a functional test. Hooker (13) observed that in ten-to-fifteen-week-old foetuses fingers fan, close, flex (on palm stimulation); eyes move beneath fused lids; lids wink; the head flexes, extends, rotates; wrists extend and flex; arms rotate and approximate by simultaneous adduction. Most of these foetal reactions simulate later patterns of infant behavior. At twenty weeks of gestation, aversion of the head tends to induce a movement of the arm on the averted side. By twenty-eight weeks, a well-defined tonic neck reflex pattern can be observed. This vital pattern undergoes further development in the elaboration of the eye-hand-brain complex for months, and years, to come.

Each individual organ system, or integrated system, undergoes these spiraling recasting and refining processes in its own way and at its own pace. Within each individual organ system there are often subcycles, as in the central nervous system; i.e., at birth much of the central nervous system is poorly differentiated but the visual paths are complete and capable of functioning by the seventh foetal month. Each subcycle itself is observed to obey the laws of recapitulation: the upper half of the retinal layers differentiates in advance of the lower because the lower is phylogenetically younger (13). Although each organ system's spiraling cycle of growth seemingly advances independently, it is directly or indirectly integrated with the growth cycles of other organ systems. These integrated growth cycles are in turn subsumed under broader growth cycles which form certain 'grand patterns'. One can visualize the newborn infant, prone and helpless, against a background of many interwoven growth spirals.

A fundamentally important 'grand pattern' is that cited by Abraham (1). Consistent with what has been described for the independent organ systems, this 'grand pattern' does not simply appear with the progression that Abraham described once and for all but it too undergoes repetitive developmental sweeps. The termination of each sweep accomplishes further

differentiation of the organ systems involved. Of critical importance is the fact that the developmental sweep each time follows the sequence of phylogenetic recapitulation outlined by Abraham. For instance, at twelve to fourteen weeks of gestation the lips of the foetus protrude. Protrusion is a preliminary component of the sucking pattern so vital to postnatal survival and it is perfected early in foetal development (14). The genito-urinary system meanwhile is undergoing its own repetitive sweeps of recapitulation: the pronephros, mesonephros, and metanephros appear in succession, furnishing a crystalline epitome of the same evolutionary history learned in more detail from comparative anatomy. The male reproductive ducts develop from the regressing mesonephros and become connected with the developing gonad (22). Although as an individual organ system its recapitulations occur independently, the reproductive system still maintains, relative to the oral (or alimentary) system, its phylogenetic 'lag'. Thus, the mouth shows evidence of developmental perfection quite early while even at four months the testis is just beginning to lose its original elongated configuration characteristic of the primitive gonad and is becoming more rounded and compact. This temporal relationship is further evident in the fact that months before term the sucking apparatus is quite functional, whereas it is the seventh month before the testes even begin their descent toward the scrotum. The process vaginalis is incompletely closed in some fifty per cent of male infants up to a month after birth (22).

These considerations about intra-uterine development must be viewed in relation to the fact that in many essential respects the human infant at birth is still morphologically and functionally in a foetal state (13, 14). Much evidence can be marshaled to support this but a few examples will suffice.

At birth, the adrenal cortex which is so vital to life shows little differentiation; complete histological differentiation into the three zones characteristic of the adult is not completed until about the third year (22). The urinary system is

functionally erratic at birth; danger to the very life of the infant is a not uncommon consequence of this. The meatus of the ear is not fully developed at birth; that portion of it which becomes osseous does not do so until the fourth year (21). The newborn's brain is not only more gelatinous than that of a month-old infant but its microscopic organization is less advanced; there is a general increase in the length and caliber of axons and dendrites of all the neurons throughout the entire cortex during the first month after birth. In this respect, the visual area of the cortex is more advanced than the acoustic area at one month (14). Careful examination of the neonate's skin, musculature, skeleton, gastrointestinal tract, respiratory tract, cardiovascular system, etc.—virtually every organ system—reveals some degree of persisting foetal qualities. This is true of almost all mammals and is particularly true of primates, especially man. This serves to highlight the fact that birth, however dramatically it alters the existence of the foetus, is merely an incident in the prolonged foetal development of man. At the same time the neonate shows extremely advanced and specialized differentiation (the semicircular canals of the ear are perfected at birth and are of adult size), but this consideration should not obscure the basic biological situation.

Putting aside the dramatic 'noisiness' of an infant's specialized functioning—i.e., speech and other manifestations of prodigious intellectual development—what can be discerned of the 'quiet' continuing process of postnatal foetal development? It is fascinating to observe that essentially the same patterns of development are unfolding in the extrauterine state as had occurred in the intra-uterine state. Individual organ systems continue to undergo repetitive developmental sweeps characterized by the sequence of phylogenetic recapitulations noted intra-uterine. However, one can generally observe that the organ system is undergoing its last, or last few, recapitulations on the highest level of organization, culminating in its becoming morphologically and functionally complete (22).

The situation is sharply outlined in the development of the

central nervous system. Phylogenetically, the sequence of tract formation is vestibulospinal, rubrospinal, and finally corticospinal. This is recapitulated in the embryonic formation and development of the central nervous system. The last morphological differentiation of the tracts involves the process of myelination. In this final developmental sweep the myelination of the various tracts tends to follow the same sequence in which the tracts developed in phylogeny. This sequence is also followed fairly closely by the order in which the various tracts become functionally active in ontogeny. For example, the vestibulospinal tract is the most primitive discharge path and shows myelination by the sixth foetal month. Less ancient phylogenetically, but still premammalian, is the rubrospinal tract which does not show myelination until a month or more later. Finally, there is the corticospinal tract which does not make its evolutionary appearance until the mammalian level and in man's individual development does not begin to myelinate to any extent until well after birth. Its most rapid phase of myelination (the latter part of the first and the early part of the second postnatal years) coincides with the period during which the infant is progressively acquiring more effective control of his muscular movements, culminating in walking and anal sphincter control (22).

In describing the development of the neuromuscular system, Gesell (13) presents an extremely clear picture of evolutionary transitions which facilitates the appreciation of extra-uterine foetal development. 'It took aeons of phyletic time to bring the human action system to its present level of complexity. In primates and pre-primates the forelimbs were increasingly used for grasping and manipulation. Volar pads were replaced by friction ridges (skin pattern) which seemed to enhance the efficiency of the hand as a sensorimotor organ of prehension and of exploitive touch. The eyes moved forward to a frontal position. In higher creatures snout and smell receded to give greater scope to vision. Eye, hand, and brain thereby came into a new relationship in the evolution of what

was to become the human action system. This is recapitulated in the sixth-week foetus at which time the volar pads appear when the hand is rayed, but still paddlelike; they become prominent at the tenth week; then they begin to regress after the age of twelve weeks, when the friction ridges start to differentiate. First movements of hand and eyes also occur prior to the eighteenth week. Therefore primary manifestations of growth, whether physical or functional, have their origin and to some degree their form in the antecedents of racial evolution. Phyletically, the action system underwent additional development: the eyes increased in adaptability without becoming overspecialized; the hands also underwent refinement, within a primitive ground plan, and without excessive specialization; the feet became the most distinctive feature of human anatomy, becoming arch platforms which enabled man to maintain an erect posture and walk the earth. Vision became the guiding cue for the emancipated hands and they in turn directed the eyes through the coördinating facilities of the cerebral neurons. At first, finger movements were crude and scarcely separated from shoulder and arm movements. The hands curled into a fist and the fingers moved conjointly. The fist could point, rub to and fro, and even swirl in circles through shoulder motion. In time the wrist became more flexible and then fingers moved independently. The thumb swept in with a sidewise pincer movement to pluck small objects. The index finger participated in the thumb apposition and acquired a significant priority, both sensory and motor, among the digits. It became specialized as a forefinger to probe and to pry.'

Gesell's description should be viewed in relation to Hooker's observations cited earlier. Hooker noted that the basic plan of all of the evolutionary transitions mentioned by Gesell were laid down in early embryos. Further, that each developmental sweep resulted in a reduction of primitive features and an increment of specialized ones. Gesell's extremely careful and detailed studies of the development of in-

fant hand and eye functions and coördinations reveal that the above intra-uterine phylogenetic progressions and specialization are repeated with extraordinary precision in the extra-uterine development of eye-hand patterns in the first year of life (13).

Consider the related patterning of locomotor behavior. The trunk has three major orientations at three successive stages: prostrate, elevated, upright. The extrauterine recapitulation at each stage is reflected in the partial but temporary recurrence of previous primitive patterns of leg activity. However, completion of each stage brings the child to a higher plateau of evolutionary achievement: the first cycle culminates in pivoting; the second in quadruped creeping; and in the third the young child finally steps forth as a biped (14).

The above data clearly indicate that repetitive ascending spirals of recapitulation in individual organ systems occur postnatally just as was the case prenatally. It was demonstrated earlier with specific reference to the oral, anal, phallic phylogenetic progression described by Abraham and Freud, that the individual organ system growth cycles are integrated with these same broader growth cycles after birth and in essentially the same sequence. The last grand postnatal sweeps of these broader growth cycles culminate finally in miniature versions of adult *Homo sapiens* at approximately age five.

Thus, at about one to one-and-a-half years, the infant's oral morphology and functioning, including associated hand-eye coördinations, has almost reached its quintessence: this maturational period coincides with the psychosexual oral phase as described psychoanalytically. Various facets of this maturation and development have been effectively reported in the literature (15, 16, 27, 28). During the second year, the neurological innervation and associated muscular functioning of the bowels and anus reach the peak of perfection: this maturational period coincides with the psychosexual anal phase as described psychoanalytically. Associated with this maturation is the rapid perfection of other sensory and motor facilities

which psychoanalysts have come to regard as important secondary facets of the anal psychosexual phase. Following these growth cycles and coinciding with the psychoanalytic phallic phase is the prepubertal completion of the reproductive system between ages three and four, although a slight degree of development continues until about the sixth year (21, 22).

As indicated previously, the intra-uterine development and differentiation of the gonads is a relatively late and slow process. At birth the gonads evidence much morphological immaturity. A growth curve of the gonads shows a steady climb; a burst around three years; a peak and leveling off at four to five years; then a practically level state until puberty (21). Endocrinologists are uncertain as to whether the gonads actively secrete appreciable amounts of hormones prior to puberty. Current impression is that estrogens, androgens, and the various 17-ketosteroids are probably derived primarily from the adrenals. Total production of these hormones is relatively slight in the prepubertal stage but the output begins to rise sharply after the fourth year (21). It is of interest that the adrenals, so intimately related to sexual biology, become morphologically differentiated at approximately the same time as do the gonads (22). Cryptorchidism, or partial cryptorchidism, is common and not considered pathological until approximately age six, at which time the testes normally should have descended (21). In this regard, Raffensperger (23) states: 'Comparative histological studies have demonstrated little differences between descended and undescended testicles prior to the age of six years. Between six and eleven years the differences were suggestive of damage to spermatogenic cells in the undescended testicle.'

In effect, the final round of biological genital development is coincident with the psychoanalytic phallic phase with some overlapping into the œdipal period. Then, a quiescent period follows until puberty. The dramatic disease termed precocious puberty is relatively rare and is almost always due to gonadal tumors or to completely idiopathic causes. Survey of the

endocrinological literature reveals the quite striking fact that almost every recorded case has occurred between the ages of four and six. The basis for this has not been definitely determined, but a reasonable explanation would be that it results from some obscure metabolic dysequilibria occurring in relation to the growth and maturational burst of the gonads during this age period (21). Approximate time intervals have been used in view of the individual biological variations among children—a variability also noted psychologically. The overlapping of psychosexual phases stressed by psychoanalysts is also quite consistent with the biological observations.

Of pertinence here are the recent experimental dream studies reported by Fisher (10). Eighty per cent of the sleep of a thirty-week-old premature infant was characterized by REM sleep cycles. This figure drops progressively with decreasing prematurity. Fifty per cent of the sleep of full-term infants is REM sleep. This percentage decreases continuously until age five at which time REM sleep cycles represent only eighteen and a half per cent of the total sleep time. This figure then remains essentially constant for the rest of life. REM sleep cycles are present in all mammals and are phylogenetically older than the NREM type. Many of the implications of REM sleep cycles are still quite unclear. However, it is of interest to note here that this vital, phylogenetically older sleep process progressively loses its neurophysiological dominance and becomes a stabilized, constant factor at age five: about the age when extrauterine foetal development is concluded.

The goal of this necessarily lengthy exposition has been to create a sense of conviction about the concept of man still being in a foetal state and recapitulating his phylogeny during his prelatency period. This frame of reference permits certain conclusions and leads to interesting inquiries. The comments of Freud and Abraham about the 'parallels' between early embryo development and infantile sexuality were essentially philosophic in nature. The material presented in this paper may allow us to regard their statements as reflecting a

literal truth. This conception illuminates the biological basis of infantile sexuality and creates a point of juncture for biology and psychoanalysis where independent findings in each field can be used for mutual support and corroboration.

However convincing the correlations offered here may be, they cannot be said to 'explain' infantile sexuality. 'Explanation' would require an ability on the part of biology to identify and quantify certain somatic metabolic and instinctual forces and their counterparts in the psyche far beyond its present capacities. Nevertheless, the correlations would appear to have value since they integrate and extend freudian theory. In his broader theorizing Freud equates libido with a life force driving toward growth, progression, and unification (*11*). His formulation would be supported by the conception offered here. In essence it seems appropriate, when oral morphology and functioning (and related systems) are metabolically the center of concentrated growth focus—or libidinal energies—leading to the final completion of a phylogenetic 'march', that the process would have a profound impact on a precocious psyche and reflect itself in oral libidinal conflicts. Similarly, the psychological shift to anality would seem an appropriate manifestation of the biological shift of libidinal energies driving to the completion of the next phylogenetic recapitulation process. This would also be applicable to the phallic phase and its merging with the œdipal period in relation to the completion of the maturation of the reproductive system.

Discussion of the role of object relationships, ego development, and other clinical data in relation to psychosexual development has been avoided since it would be beyond the scope of this paper and would obscure the biological emphasis. None of the conclusions offered modify any of our basic clinical data and are intended strictly to broaden our theoretical base.

II

The biological basis of the latency period has always been a source of lively psychoanalytic speculation and controversy.

To many psychoanalysts its biological roots have seemed to be even more of a mystery than those of infantile sexuality. For many decades psychoanalysts considered the latency period to be psychologically characterized by a subsidence of overt manifestations of infantile sexual drives due to repression and other defense mechanisms. Although contemporary psychoanalysts feel that this period is not as free of overt infantile sexual expression as had been reputed to be the case, there is still unanimity in the impression that much repression, etc. does occur (2, 4). Hartmann (18) indicates that there is also a general impression among psychoanalysts that there is an obscure biological basis for the latency period which is uniquely human. However, he does quote the untranslated work of Hermann which suggests that apes also experience something vaguely akin to a latency period.

In attempting a biological explanation of the latency period Hartmann (18), Lampl (20), et al. have invoked the 1926 foetalization theory of Bolk.² This theory postulates that human (and other groups of animals') evolution has resulted in physiological 'retardation'. It suggests that the developmental processes in animals having undergone such evolutionary changes are so retarded that adulthood and sexual maturity are reached at a stage of body development corresponding to the juvenile or even foetal stage in other related animals. Thus, adult man is considered to be foetalized as compared with adult apes since the size of his head and the relative proportions of his body parts more closely resemble the anatomy of juvenile apes than of adult apes. Although little was known of endocrinology in 1926, Bolk speculated that foetalization may have been caused by changes in the hormone balance of the body (8). Lampl (20) believes that both the sexually mature ape of five and four to six-year-old children suffering from precocious puberty mirror the appearance of modern man's 'unretarded' ancestors.

² The theory is sometimes referred to as pedomorphosis, neotony, or pre-erogenesis.

The sexual maturation of apes at five years (other authorities [9] say eight to nine years) is not an especially meaningful consideration. Such a correlation neglects the fact that both man's growth period and life span are twice as long as those of apes. Additionally, man's foetal development at birth has not proceeded as far as that of apes—i.e., twenty-three per cent of adult brain size is achieved in man at birth as compared to fifty per cent in apes. Moreover, human maturation cannot be simply conceived of as ape maturation slowed down. The average increase in weight in the human foetus is 12.5 grams per day, but in the orangutan it is only 5.7 grams per day. This rapid growth continues in man for the first year of infancy; apes increase weight more uniformly and after three years of age overtake man in body mass. A further contradiction in view of considerable differences in life spans is that gestation periods in man and apes are roughly the same. Another major defect in Bolk's theory is that it avoids the fundamental problem of the relation of adult foetalization to adaptation processes and evolutionary movements (8).

In terms of the reasons cited in section I for the rejection by modern biology of some of the content of Haeckel's biogenetic law, the adult form of a primate distantly related to man can hardly be used to draw conclusions about the adult form of man's direct ancestors. For the same reason, precocious puberty tells us nothing about the adult form of man's ancestors. And for the reasons cited, as well as others, Bolk's theory has been so modified and rejected by modern biology that its use by psychoanalysis is invalid.

An early prominent theory of the latency period was that postulated by Ferenczi (9). He maintained that the historical catastrophe of the glacial periods enforced the latency period on man. However, the possible mechanisms responsible for this change were not described in any meaningful biological terms. Although Freud did not actually accept this theory, he apparently toyed with it sufficiently to make serious mention of it. Such a concept of a libidinal 'deep freeze' has no sci-

entific merit and reflects how speculations can be elaborated from somewhat concretistic thinking. This theory was resurrected in a modified form by Lampl (20) and integrated with his conceptions of the primal horde, acquired traits, and inherited memories. He suggested that acquired traits and genetic variations probably worked in unison to create modern man's latency period. Lampl draws heavily, as does Hartmann, on the work of Bolk and his concepts of adult foetalization which have been greatly modified or rejected. The extent to which he was influenced by Ferenczi's theory is clearly indicated in his paper: 'Our ancestors were beings who lived under conditions extremely favorable for their survival; a rich vegetation guaranteed sufficient food; they knew no want; conditions were paradise-like. The fantasy of returning to the womb, as well as the idea that the origin of man is placed in a paradisaical landscape, may possibly constitute part of our archaic heritage.' He then speculates that a catastrophe occurred which forced man to develop a mind capable of controlling impulses and mastering a harsh reality. This turn of events was supposed to have resulted in hormonal changes which in turn created the latency period. Although his theory acknowledges the role of genetic variation, the emphasis placed on the importance of the inheritance of acquired traits and memories is clearly reflected in the quotation cited.

Lampl's presentation epitomizes the erroneous biological thinking, glib theorizing, and philosophizing that has regularly punctuated psychoanalytic literature in one form or another in this area over the years. To begin with, there is not a shred of evidence that man ever lived a paradisaical existence. On the contrary, accumulated evidence dating back to the hominoid stages of man indicates that both man and his earliest progenitors lived in a world of recurrent geological and climatic upheaval, dangerous carnivores (including cannibalistic man and pre-man), and disease (5). Relative to the physical rigors of man's past existence, modern man could be considered to be living a paradisaical existence.

The concept of the inheritance of acquired traits has been clung to tenaciously over the years in both biology and psychoanalysis. Lamarckism (or more correctly neo-Lamarckism), though thoroughly discredited, was resuscitated under the names, Michurinism and Lysenkoism. Recent experimental studies (3) along these lines have failed to alter the fundamentals of modern genetic theory in regard to lower forms of life, much less in regard to higher forms of life which reproduce sexually. Mutation coupled with natural selection in the broadest sense is the ultimate source of evolutionary change (8). Certain environmental stimuli such as cosmic rays may possibly influence mutation rates, but this type of environmental influence is totally divorced from the Lamarckian concept. Lampl concedes that experiments purporting to support Lamarckian theory were subsequently recognized as experimental errors. Nonetheless, he simply dismisses the facts by saying, 'the number of generations used in such experiments is, measured by the prehistoric yardstick, small'. As proof, he cited examples of rapidly reproducing bacteria changing in culture media and not in living organisms. His argument completely ignores the fact that mutations in an artificial medium will frequently become dominant because of survival advantages which the mutants have over the original genotype that they do not have in the living organism. Such an argument also ignores critical differences in the mode of genetic transmission between asexual and sexual reproduction. Indeed, experimental evidence with rapidly reproducing organisms has greatly supported and deepened modern genetic and evolutionary theory (8).

It is of historic interest that Lamarckian theory really dates from Darwin and some of his contemporaries. Darwin's antedating theory was called pangenesis. Briefly, he believed that each sex deposited minute particles, called gemmules, into the blood which somehow entered the germ cells and ultimately the embryo. Although accepting the theory of the inheritance of acquired traits, Darwin was dissatisfied since many observable

facts (i.e., color transmission) mystified him (8). Darwin's description of the primal horde as well as his theory of the inheritance of acquired traits was utilized by Freud in the elaboration of his familiar and controversial primal horde theory. Freud's concepts regarding the inheritance of memory traces and the influence of psychological processes on man's biological evolution were mainly his own embellishments (19, 25).

It is not well known that Darwin knew nothing of Mendel's revolutionary work in genetics. Mendel's research was published in 1865, but was tragically 'buried' and lost to science until its rediscovery in 1900. It was not until 1908 that Hardy and Weinberg proved their theorem of the constancy of gene frequencies. Discrepancies were not eradicated until the work of Fisher (1930), Wright (1931), and Haldane (1932) established experimentally and mathematically the basis for a modern biological theory of evolution (8). Although Freud undoubtedly knew of the advances being made in evolutionary theory, he persisted in his own beliefs to the end (19, 25).

For the many reasons cited above, psychoanalytic theory is left in the position of having no alternative but to abandon the essence of previous conceptions of the biological basis of the latency period. The conception offered in this paper of foetal development continuing on an extrauterine basis approximately through the ages four to six and coinciding with infantile psychosexual development has certain unifying values in relation to the question of the latency period. Temporally, the termination of infantile psychosexuality (in the broadest sense and including the oedipal period) and the beginning of the latency period coincide psychologically. They also coincide biologically according to the hypothesis of this paper—man's extrauterine foetal development ends at approximately four to six years; he emerges as a truly miniature *Homo sapiens*; and enters the latency period. In effect, it is being suggested that from a strictly biological point of view, man's latency period is not the unique possession of man or even of primates. Thus, the infantile psychosexual phase of man (coinciding with his

postnatal foetal development) would biologically correspond with the postnatal period in other mammals which is universally characterized by some degree of biological helplessness and lack of completion of foetal development—i.e., the example of the blind kitten who rather quickly completes its extra-uterine foetal development and becomes a miniature cat. The completion of the postnatal foetal development in most mammals is relatively rapid so that we tend to focus only on the remainder of the prepubertal growth period. Man's extraordinary specializations require a much more prolonged period for completion of his extrauterine foetal development and this period accordingly becomes more observable and utilizes a larger percentage of the total prepubertal period. Thus, in other mammals the biological equivalent of man's infantile psychosexual period is relatively brief and the biological equivalent of man's latency period relatively long. These observations would dovetail with Hermann's work (18) which suggests that something akin to a latency period exists in apes. Apes, as higher primates approaching man's degree of evolutionary specialization, would also require a longer period of postnatal foetal development than do other mammals and would thus in a very general way biologically parallel man's total prepubertal growth. Accordingly, the writer views man's latency period as biologically representing an *ordinary and normal phase* of mammalian prepubertal growth rather than a mysterious period of 'inhibition' or 'retardation'.

Consistent with certain aspects of Freud's dual instinct theory, it was suggested earlier that with each major wave of phylogenetic recapitulation in childhood, a particular morphological and functional area becomes the focus of libidinal energies and thus contributes to the psychological development of an infantile psychosexual phase. This theory can be integrated with the conception of the latency period offered above. As previously stated, when the reproductive system has been recast into its final form and phylogenetic recapitulation is completed (temporally coinciding with the phallic phase

and extending into the œdipal period), we have before us a miniature adult whose next biological task is further growth leading to puberty. Body growth and development at this time can be compared to an expanding balloon, in contrast to the spiral growth preceding it (13, 14, 21). Thus, more uniform redistribution of libidinal energies throughout the body would result in a relative decrease of the libidinal investment of the erotogenic zones. This hypothesis would in no way gainsay the persistence of powerful psychic fixations which are handled by repression and other defenses. In effect, the redistribution of libidinal energies as suggested would represent a biological counterpart to psychological defense mechanisms which would be relatively strengthened by the reduction of the instinctual tensions of the erotogenic zones. This situation would be the reverse of that occurring at puberty when instinctual forces suddenly mount and threaten the ego's defensive structure.

The importance of theorizing within current biological theory which has been so heavily stressed in this paper is not intended to deny the creative potential of even 'wild' speculation. It is the clinging to disproved and outmoded theories and speculations which is scientifically destructive. Rapaport (24) has emphasized a regular re-examining of the highest level of a system of scientific abstraction in the light of the original facts on which the scientific theory building was initially established. He felt that with the passage of time there is an inherent tendency to treat lower levels of abstraction as though they were concrete facts. It is hoped that this communication highlights the necessity for heeding Rapaport's admonition with respect to the biological substrate of psychoanalytic theory as well as its psychological one.

SUMMARY

Abraham felt that the phylogenetic recapitulation reflecting itself in the oral, anal, urogenital progression of early embryo development was related to the oral, anal, phallic psy-

chological progression of infantile sexual development. He considered the psychological progressions to be 'parallelisms with biological processes'. The inability to see any tangible relationships forced Abraham to create his 'lag' hypothesis. The phylogenetic recapitulation described by Abraham does not take place once and for all as he thought, but is repeated many times and with the same sequential developmental sweep. Thus, human intra-uterine foetal development and growth has an expanding *spiral* quality which is characteristic of all mammalian forms of life.

Neither marsupial nor placental mammals complete foetal development *in utero*; all mammals, including man and other primates, are born with persisting foetal traits, and must complete foetal development outside the uterus. This process in higher placental mammals, especially primates, often requires years: human extrauterine foetal development extends over a period of approximately four to six years. The last great spiraling sweep of the phylogenetic recapitulation occurs during this extrauterine period and follows the oral, anal, urogenital progression outlined by Abraham. Further, this progression coincides with and influences oral, anal, and phallic infantile psychosexual phases as described psychoanalytically. The writer considers that Abraham's essentially philosophic comments about the 'parallels' between early embryo development and infantile sexuality reflect a literal truth. These observations are correlated with the broader concepts which Freud developed from the dual instinct theory.

There is a general impression among psychoanalysts that the biological substrate of the latency period is uniquely human. Previous theories are criticized in the light of modern biology and found to be essentially invalid. Temporally, the end of infantile psychosexuality (in the broadest sense and including the oedipal period) and the beginning of the latency period coincide biologically as well as psychologically according to the hypothesis of this paper: man's extrauterine foetal development ends at approximately four to six years; he

emerges as a truly miniature adult and slowly enters the latency period. Although varying in length of time, this period of postnatal foetal development occurs in all mammals and is followed by normal growth leading to puberty. Thus, from a strictly biological point of view, man's latency period is not the unique possession of man or even of primates. Man's latency period is viewed as representing an *ordinary and normal* mammalian phase of prepubertal growth rather than a mysterious period of 'inhibition' or 'retardation' as it has been previously conceptualized. Growth during this phase can be compared to an expanding balloon in contrast to the spiraling quality of growth during the phylogenetic recapitulations extending through ages four to six. It is suggested that this results in a more diffuse and uniform distribution of libidinal energies. The resulting relative decrease in the libidinal energies focused upon the erotogenic zones is considered to be supportive to the psychological defenses established in latency.

REFERENCES

1. ABRAHAM, KARL: Development of the Libido. In: *Selected Papers of Karl Abraham, M.D.* London: The Hogarth Press, Ltd., 1949.
2. BECKER, TED E.: *Latency*. Panel Report of the Fall Meeting of the Amer. Psa. Assn., December 1964, Chairman: Grace McLean Abbate. J. Amer. Psa. Assn., XIII, 1965, pp. 584-590.
3. BEST, JAY B.: *Protopsychoanalysis*. Scientific American, CCVIII, 1963, pp. 55-62.
4. BORNSTEIN, BERTA: On Latency. In: *The Psychoanalytic Study of the Child, Vol. VI*. New York: International Universities Press, Inc., 1951.
5. BOULE, MARCELLIN and VOLLOIS, HENRI V.: *Fossil Man*. New York: The Dryden Press, Publishers, 1957.
6. DARWIN, CHARLES: *The Descent of Man and the Origin of the Species*. New York: Random House (Modern Library), n.d.
7. DE BEER, G. R.: *Vertebrate Zoology*. London: Sidgwick and Jackson, Ltd., 1928.
8. DOBZHANSKY, THEODOSIUS: *Mankind Evolving: The Evolution of the Human Species*. New Haven: Yale University Press, 1962.
9. FERENCZI, SANDOR: *Thalassa: A Theory of Genitality*. New York: The Psychoanalytic Quarterly, Inc., 1938.
10. FISHER, CHARLES: *Psychoanalytic Implications of Recent Research on Sleep and Dreaming*. J. Amer. Psa. Assn., XIII, 1965, pp. 197-303.
11. FREUD: *Beyond the Pleasure Principle* (1920). Standard Edition, XVIII.

12. ———: *Three Essays on the Theory of Sexuality* (1905). Standard Edition, VII.
13. GESELL, ARNOLD: *Infant Development*. New York: Harper & Row, Publishers, Inc., 1952.
14. ———: *The Embryology of Behavior*. New York: Harper & Row, Publishers, Inc., 1945.
15. GREENACRE, PHYLLIS: The Biological Economy of Birth. In: *The Psychoanalytic Study of the Child, Vol. I*. New York: International Universities Press, Inc., 1945.
16. ———: *The Predisposition to Anxiety*. This QUARTERLY, X, 1941, pp. 66-95, 610-638.
17. HAMILTON, WILLIAM J., JR.: *Success Story of the Opossum*. Natural History, LXXII, 1963, pp. 16-25.
18. HARTMANN, HEINZ: *Ego Psychology and the Problem of Adaptation*. New York: International Universities Press, Inc., 1958.
19. JONES, ERNEST: *Review of Moses and Monotheism*, by Sigmund Freud. Int. J. Psa., XXI, 1940, pp. 230-240.
20. LAMPL, HANS: The Influence of Biological and Psychological Factors upon the Development of the Latency Period. In: *Drives, Affects, Behavior*. Ed. by R. M. Loewenstein. New York: International Universities Press, Inc., 1953.
21. MITCHELL-NELSON: *Textbook of Pediatrics*. Ed. by Waldo E. Nelson. Philadelphia and London: W. B. Saunders Co., 1962.
22. PATTEN, BRADLEY M.: *Human Embryology*. Philadelphia: Blakiston, 1946.
23. RAFFENSPERGER, JOHN: *Inguinal-Scrotal Abnormalities in Infancy and Childhood*. Medical Science, May 1964, pp. 31-35.
24. RAPAPORT, DAVID: Toward a Theory of Thinking. In: *Organization and Pathology of Thought, Part VII*. New York: Columbia University Press, 1951, pp. 689-730.
25. RITVO, LUCILLE B.: *Darwin as the Source of Freud's Neo-Lamarckianism*. J. Amer. Psa. Assn., XIII, 1965, pp. 499-517.
26. SHUMWAY, WALDO: *Introduction to Vertebrate Embryology*. New York: John Wiley & Sons, Inc., 1946.
27. SPITZ, RENÉ A.: *A Genetic Field Theory of Ego Formation*. New York: International Universities Press, Inc., 1959.
28. ———: *No and Yes*. New York: International Universities Press, Inc., 1956.

Addendum to a Controversial Proposal. Some Observations on the Training Analysis

Francis McLaughlin

To cite this article: Francis McLaughlin (1967) Addendum to a Controversial Proposal. Some Observations on the Training Analysis, *The Psychoanalytic Quarterly*, 36:2, 230-247, DOI: [10.1080/21674086.1967.11926423](https://doi.org/10.1080/21674086.1967.11926423)

To link to this article: <https://doi.org/10.1080/21674086.1967.11926423>



Published online: 16 Nov 2017.



Submit your article to this journal [↗](#)



Citing articles: 2 View citing articles [↗](#)

ADDENDUM TO A CONTROVERSIAL PROPOSAL. SOME OBSERVATIONS ON THE TRAINING ANALYSIS

BY FRANCIS MC LAUGHLIN, M.D. (BALTIMORE)

This paper represents the reworking of an earlier one, written independently of Kairys' publication (13). The two have much in common. Encouraged by the evidence of mutual interest in a complex problem, I have approached the subject from two points of view: first, as a commentary on Kairys' work, and second, to make additional contributions.

The problem of the training analysis is uniquely one for the psychoanalyst, so much of whose interest is devoted to the study of apparent and realistic inconsistencies in which the training situation abounds. Some experienced analysts consider the problems 'intrinsically insoluble' but I assume, as does Kairys, a somewhat more optimistic view though I am fully aware of the difficulties.

Lewin and Ross (15) stressed the syncretistic problem, that is, 'the use of conflicting and irreconcilable assumptions' of which the training analysis is the prime example. Kairys quoted Anna Freud's devastating opinion in which she stated that the training analysis encompassed gross technical errors, relating to the real influence exerted by the analyst on the life and career of the analysand, the lack of confidentiality and the encouragement to identify with the analyst. She concluded that these analyses seemed to be less efficacious than those of the 'ordinary' neurotic since dependency and other transferences tend to be unanalyzed, thus influencing both personal and scientific attitudes.

It is clear that the reactions of the candidate analysand to the analyst are determined by the original infantile experience; it is equally evident that reality impinges on the analysis as it does in no other analytic situation. The transference neu-

rosis is distorted by reality: the analyst may be judge, specific model for identification, and promising a future relationship. To all this must be added the lack of confidentiality inherent in reports to the educational committees of institutes. All of us would insist that a transference neurosis so contaminated by reality could not be adequately analyzed. However, Kairys noted, 'the training analyst does exactly what we all insist must never be done'.

As analysts we must ask ourselves what motivates us to use persistently a model which we otherwise hold to be unanalytic. One cannot help but wonder if some of the unconscious factors concerned have to do with control, power and personal strivings for prestige, and the promulgation of theoretical leanings. There must be strong unconscious motivation to allow us to continue with practices which we otherwise condemn.

Kairys considered the motivations of candidates and again quoted Anna Freud on a crucial difference: '. . . the neurotic person wishes to be relieved of his suffering. The relatively well candidate comes . . . for professional reasons.' She felt that this did not pose a serious problem; this view is not shared by most training analysts. It has been stressed that the training analysis should be like any other analysis with the exception that it should be 'more thorough'. How can this goal be accomplished in a setting so integrally a part of the education of the future analyst? What are some of the considerations?

First, there is the general agreement that patients come to be helped, candidates to be trained. That this distinction needs to be made is significant. Second, training analysis occurs in a group setting wherein members of the group know that one another is in analysis as well as with whom. This is a topic for discussion and comparison; there is inevitably leakage of analytic material, opportunity for individual and group acting out, and likelihood of multiple and competing transferences.

Another problem not described by most authors (probably because it was not an important factor at the time at which they wrote) is the 'institutionalization' of analytic training. There

is emphasis on acceptance, matriculation, courses, hours, progression, and graduation. This formalization has changed the milieu of the psychoanalysis from one of an individual, specific undertaking with all its idiosyncrasies and advantages, to one which is more generally acceptable, less personally oriented, and more directed toward the group and conformity. Institutionalization is probably an important element in attracting the 'normal' candidate. The training analysis and the rest of his analytic education may be another step in a successful adaptive process, the goal of which may be acceptance and status. Gitelson has considered this matter in great detail (9) .

Kairys considered the important topic of the effect of the training analysis on the training analyst. He has a 'special narcissistic stake in the success of his student's analysis'; further, what the student does will 'always reflect on the man who analyzed him'. Both statements are true in many instances. Rather than accept this situation as inevitable we need to try to understand it. The training analyst is usually a member of an 'analytic family', perhaps with all the libidinal, aggressive, and competitive elements this encompasses. One cannot help but wonder how the analysis of candidates acquires its pre-eminent status in his mind and in that of his colleagues. Could it be that the status of training analyst has become the symbol of success and acceptance? This often appears to be the case; therefore, the narcissistic identification with one's student (and his with the analyst) may be ignored. It is not uncommon that a feeling of alienation exists in a group between those who are and those who are not training analysts.

Candidates may be used as competitive ammunition. In this situation the analyst, like the 'normal' candidate, is using analysis not as a tool for understanding and development, but as a steppingstone to a more prestigious adaptation.

I have considered in different contexts the effect on candidates of competition in the close-knit structure of analytic institutes; emphasis will now be placed on possible impingements on training analysts. The whole situation may be more

difficult for the latter and perhaps hinder efforts to deal with the problem more realistically.

Kairys outlined certain 'technical recommendations' such as stressing that the training committee make decisions rather than the analyst, and drawing to the candidate's attention the complications inherent in training. Others recommended more meticulous analysis of ego functions and transference. Although one cannot quarrel with any of these approaches, it is impossible not to wonder whether they are attempts to deal with symptoms rather than causes. In the first instance, the student must realize that his analyst has a crucial role—even if only a silent one. It has been suggested that the analyst intervene only if his opinion is in opposition to that of the training committee; silence in this case is an active statement. Meticulous ego and transference analysis is a prescription with which no one can disagree; it is merely necessary to remember Freud's remarks (8) to question the wisdom of trying to mobilize conflict where it does not yet exist or is avoided by various adaptive mechanisms.

Bibring (4) made suggestions which fall into a different category. She felt that it was a prime responsibility of the training analysis to deal, among others, with two specific problems. First, the candidate's motives for seeking analytic training and, second, his suitability for the work. These two questions are related but may present different facets of the analysand's character. This is an approach which has great value. Bibring's point is that in some instances the analyst may avoid these confrontations, hoping to leave their resolution to the training committee. This may omit the essence of the analytic work with candidates. This approach does not offer a panacea, but if it is avoided the analysis of the prospective analyst stands little chance of successful conclusion.

Unless the necessary 'therapeutic split' in the ego can be achieved so that the student is willing in a serious sense to consider what lies back of his desire to be an analyst and how well he is qualified to fulfil this role, we cannot expect a useful

outcome. This does not involve the introduction of parameters or distortion of the transference situation. In so far as the analyst stands for reality, it is an essential part of his function to help the analysand deal with these questions. Furthermore, it is only in this way that the question of motivation and suitability becomes the concern of the analysand, and not only that of the analyst or the educational committee. In this sense, the analysis can become more truly a collaborative undertaking which is otherwise difficult to obtain.

Kairys mentioned that Greenacre saw this as a possible early manipulation of the analysis. This is not so; inevitably these questions arise in any training situation. It is not a matter of the analyst's directing the analysis, but of picking up and paying attention to the material which the analysand introduces. It is not suggested that this emphasis take precedence over other material, but that it be given its proper weight. Drawing attention to it evokes strong defensive reactions in most instances, but this can be workable to the ultimate benefit of the analysis. If these areas are entirely avoided by the analysand, or if the defensiveness is too great, that in itself is of diagnostic and prognostic significance.

Gitelson (9) emphasized that the candidate will try to recreate in his analysis the same 'successful' adaptations he has used in the world at large. In essence, this is the very problem which Bibring posed. Gitelson stressed the analysis of the 'very choice of psychoanalysis as a career', and the need to mobilize not only manifest but latent conflict. Kairys felt that 'none of these . . . suggestions can possibly overcome the massive problem of the distorted and contaminated transference situation'. This is a conclusion with which I am in total agreement.

There are two main problems in termination of the training analysis. In 'civilian' analysis termination means separation; in the training analysis this is not necessarily so. Professional or social contacts with one's analyst may be a possibility or even a likelihood. It seems evident that the hope of this effects the working through of the separation problem in the terminal

phases. In essence, the candidate may not have to face it. The second factor is that of the analysis of the identification with the analyst. In therapeutic analysis, thorough interpretation of the genetic bases of such attitudes is one of our major areas of work and therapeutic leverage. In the training analysis such identifications have an overlay of reality and thus their working through is bound to be restricted. More will be said on the effects of this basic problem.

Kairys considered 'administrative arrangements' and concluded that they are of little value, an opinion with which I concur. He mentioned Bernfeld's proposals (3) which reflected the latter's concern about the overorganization and overinstitutionalization of analytic training possibly leading to a stifling of independence and creativity. Perhaps Bernfeld's suggested remedies are extreme; nevertheless there is something in the spirit of what he describes that is of value.

Kairys devotes little space to 'second analysis'. This procedure is not the answer to the problem of the training analysis. Since many feel that the usual didactic analysis does not adequately do the job, further private analysis should not be discouraged. Although this is an evasion of the original question, it can be a useful procedure. In many instances the structure of psychoanalytic groups may make this difficult.

The final section of Kairys' paper is entitled A Controversial Proposal. Four probing questions are raised: 1, Are we justified in asking candidates to invest so much effort, time, and money in a training analysis if we feel it is defective? 2, Are we offering a distorted model of analysis, where confidentiality is not protected? 3, Does this procedure not impose an unfair burden on our training analysts? 4, Are we doing an injustice to psychoanalysis by continuing a procedure which we believe does not offer the best opportunity for thorough analysis of the prospective analyst?

I feel that the answers to these questions are clear. We are being unfair to candidates and training analysts by putting both in untenable positions. The candidate, under the pressure

of his desire to be an analyst, is bound to be cautious and restricted; the analyst, in the ordinary circumstance, is compromising his position through his dual role. We are offering a distorted picture of the analytic process; suffice it to say, we are doing what we instruct our candidates not to do, that is, taking a reality role in the lives of our patients in a way that affects both their professional and personal lives. We are unquestionably diminishing analysis not only as a profession but as a science. There is a dual standard; one applied to 'patients' and one to 'candidates'. We would defend to the death a patient's right to confidentiality, yet we have little reluctance to discuss in some detail problems and qualifications of our candidates.

Kairys notes that it is generally assumed 'that one cannot gauge the progress of the student' without some information about his analysis. This assumption must be questioned for two reasons. The examination of the candidate in his application for training, later matriculation interviews and reports from instructors and supervisors give us a reasonable impression of his qualifications and character. Continuing supervision and class performance, especially in case seminars and clinical conferences, helps to check on these initial judgments.

There is the question of the necessity for the analytic report. It seems clear to me that there is no need; there is evidence that the personal analyst is the last person to be able to offer an objective judgment about his analysand. The longer the analysis has been in progress, the more striking is this discrepancy. Nor should we be surprised that this is so; the analyst's orientation is not in this direction. He is trying to understand someone, not pass judgment on him. There are certain judgments which do have to be made in the course of an analysis to be sure; these, however, are clinical, not career, judgments.

Kairys suggested that the candidate enter analysis with an analyst recognized by his institute as a training analyst and that notice be given that the analysis had started; henceforth, there would be no communication between analyst and institute. Decisions about progression would be made by instructors and

supervisors on the basis of academic and clinical work. While I agree with these suggestions, I foresee certain problems: the difficulties presented by the 'normal' candidate; the question of possible extra-analytic contacts; and the possible loss of the analyst's anonymity. Furthermore, the analysis is occurring in an 'institutional' setting and for a specific reason. Nevertheless, it appears that these suggestions offer a better chance for freedom of expression since the analysand can be assured that nothing he says or does goes beyond the analyst's office.

An additional step can be interposed to deal with problems that arise before the candidate begins academic or clinical work: he may be assigned to an advisor with whom he can discuss his progress and his readiness to undertake courses and supervision can be studied by a matriculation committee whose sole function is this. Kairys said, 'we should have the courage of our convictions'. We recognize the risks but feel that the advantages outweigh them. This is a problem that we will return to later. I emphasize that exceptions to the rule of strict analytic confidentiality destroy the whole undertaking.

An additional question should be raised: if we admit the advisability of the analyst's not communicating to the educational committee, is it feasible for him to sit in on discussions of his analysand's progress? This depends somewhat on the particular analyst and his reactions to such extra-analytic material. However, such an experience could provide a useful perspective on his impression of the person he is treating. None of this material can be used in the analysis, but it may be helpful in the analyst's own internal economy and insight.

This summarizes Kairys' point of view. His argument is persuasive and I am in total agreement.

Bernfeld stated that analysis should serve as 'a tool to strengthen one's intellectual, emotional and social independence'. Whether our training situation optimally utilizes analysis to achieve these ends is questionable. Freud stated that the analyst can go no further 'than his unconscious will permit

him' (5). Later, he realized that self-analysis was impractical for most people and suggested analysis with another (6). He stated that '... for practical reasons the analysis [of the analyst] can be only short and incomplete'. Freud's expectations of the training analysis were much more limited than our own. He felt it should impart a 'sincere conviction of the unconscious' and enable the analyst to 'perceive in himself processes which he otherwise would regard as incredible'. The analyst 'ought periodically enter analysis once more'. The analyst's analysis was seen as interminable. Despite the evident value of this prescription, it is unclear how often it is followed. The structure of many analytic groups renders it difficult to do so.

Freud recognized that the varying potentialities for scrutiny of oneself are, among other things, dependent on reality accomplishments and status. There may be important differences in the freedom in analysis of one striving for position and one who has securely attained it.

Balint attributed the paucity of discussion in these areas to the 'narcissism' of the training analyst (1). Vested interests of status and power also play a role. He further noted that 'the general behavior of our candidates . . . is far too respectful to the training analysts'. Instead of 'a strong critical ego capable of bearing considerable strain, free from . . . unnecessary identifications and from any automatic transference and thinking patterns', it seems that the training situation may lead to a 'weakening of these ego functions and to the formation and strengthening of a special kind of superego'.

Balint described the familiar pattern of candidates segregating themselves into 'genetic groups' tolerant of members of their own group and hypercritical of others; the narcissistic overvaluation of small differences; the tendency to minimize and not recognize major areas of agreement; the lack of co-operation and the strong urge to competition. He felt that candidates as a group are easily overawed, dependent, not honestly critical, and have a tendency to overidentify with their analysts and teachers.

Freud in speaking of the analyst as teacher and mentor said, 'It must be done with great caution and the patient should be educated to liberate and fulfil his own nature and not to resemble ourselves. We reject . . . the view that we should convert into our property the patient who puts himself into our hands' (7). How imperative this is in the analysis of those who carry the future of psychoanalysis in their hands!

Hill stated, ' . . . the preparatory analyst too often becomes a protagonist for his students' (12). My impression is that the longer the analysis continues, the less objective the analyst tends to be. The handicaps are apparent if both parties in an analysis have a need for a successful outcome.

Sharpe (18) described the partial assimilation of the techniques and attitudes of one's analyst that inevitably occur. She saw this as useful within limits, but noted that it contained transference elements; since the candidate needs an objective attitude toward his own technique and theoretical attitudes, this identification needs thorough analysis. The identification with the training analyst is one of the basic problems of the didactic analysis. Many of us approve of, even encourage, this situation and overlook the limitations of originality, creativity, and independence which they can impose. Sharpe further stated that one of the prime responsibilities of the training analysis was to uncover the roots of the desire to be an analyst, and to judge whether these bear any relation to genuine aptitude.

Sachs said, ' . . . it is not the best attitude for the analyst to have his mind fixed on the ultimate purpose of the training analysis' (17). Gitelson stated that we can only embark on the analysis and that its outcome must be the test whether 'we have succeeded in the initiation of a psychoanalyst' (10). He also felt that interest in psychoanalysis often was part of a character defense; if this was not worked out the candidate was not capable of the reality testing involved in training. He stressed the distortion of the transference for both analyst and analysand. This is the most convincing argument for the integrity of the analysis of the analyst.

Balint stressed that 'training is by far the most important way of propagating any particular set of ideas' (2). In contrast, our aims must be to develop analysts who are independent, sceptical, and critical. In a previous paper I stated, '... we need to discover and encourage the growth of imaginative persons, well-grounded in classical knowledge, but not bound or limited by it; people whose professional and personal commitments are not such as to restrict them in their interests or their thinking. . . . The most fertile growth occurs by the coming together and interacting of the creative person who proposes new ideas and the traditionalist who defends and conserves that which has heretofore proved its usefulness' (16).

Heimann (11) stressed the role of the analyst, his real influence, his outside contact with the analysand, the role of the analyst in the 'analytic family', and the loss of his incognito. Therefore the analysis must offer the fullest scope to the candidate's investigation of himself and the development of his own resources. 'Transference is the field on which all conflicts must be fought out. . . . This imposes the demand on the analyst to lay aside all conscious aims of the treatment.'

Without working through the dependency and identifications with the original objects in the transference, we have merely replaced the first with the second. Narcissistically, we may see this as a virtue, but it is a position impossible to defend in reality. Heimann felt that analysis of the reality factor in the training situation allowed the work to be carried deeper and another dimension added. This is an understandable attitude, but one which is questionable. Is it possible in circumstances where the candidate's whole future is in question? Does it not involve the question of time? Conceivably it could be accomplished in an interminable analysis (which creates problems in itself), but we must have consideration for time as reality. One wonders what this (essentially) interminable analysis does to the reality sense of our analysands and to the objectivity of the analyst.

Gitelson spoke of the analysis of the 'normal' candidate

(10). 'Psychoanalysis has become respectable and normal . . . a part of the milieu. . . . One of the unconscious images of authority is . . . psychoanalysis itself.' Institutes and the training analysts must be added to these figures of authority. They may not always be unconscious. He also noted that the 'gifted' analysand can live through his analysis as he has his life, disguising and denying his neurosis. Certain complications were stressed: 1, secondary gain of analysis as a career; 2, defenses erected against the whole area of being analyzed and what being an analyst really entails; 3, contamination of the analysis by external reality factors which inhibit (or prevent) development of the transference (we can assume this may be the way such individuals live their lives); and 4, the tendency to 'live out' the neurosis in the training situation. The importance to the analysis of the 'very choice of psychoanalysis as a career' was stressed.

Lampl-de Groot added an important point, '. . . a small group of efficient workers is more valuable than a larger group of mediocre members' (14). At times we seem to be moving in an opposite direction; candidates whom we do not really see as adequate can be accepted, trained, and graduated under the rationalization that they are better off for the training experience. It may be that as individuals they were helped, but the function of our institutes is not to be primarily of service to the individual but to further the development of psychoanalysis. We cannot compromise our goals by broad efforts to educate unsuitable people. It places great burdens on our institutes and faculties and tends to interfere with other creative activities. She also stressed the peculiar difficulties of the training analysis, the loss of anonymity, and the role as judge. She noted the candidate is apt to show great resistance to looking at defenses 'in order to protect himself against anxiety raised by inner and outer danger situations'. The major problem is a narcissistic overvaluation of the self and of analysis as a career.

This clarified a major point, namely, that it is possible for an analysand to examine his internal situation only in an atmosphere in which he can feel safe and protected. The training

situation does not offer this atmosphere; in order to understand the specific resistances which arise one has only to remember that the greatest investment of the candidate lies in the desire to become an analyst. It is of no significance that anxieties about really revealing himself are, in the main, irrational and self-defeating. The candidate cannot believe that our concern is not that he has problems but in his attitude toward them and his way of handling them.

Bibring (4) quoted Anna Freud's statement that the training analysis is characterized by the analyst's contact with his patient and the former's role in major decisions. She noted Kubie's remarks that the analyst lost his position as a neutral, benign figure and became a dreaded judge from whom criticism was constantly expected and circumvented. Specific difficulties outlined by her were: 1, prevalence of character neuroses in candidates, so that we deal with ego-syntonic defenses; 2, motivation to become an analyst, not to be helped; 3, in any institute, the analysands are a close-knit, competitive group, given to common acting out, checking on one another's progress, and comparing analysts; 4, major splits in the transference between analyst and supervisor.

Whatever the difficulties presented to the student, the training analyst is exposed to even greater ones. The work requires an extra commitment on his part. Bibring pointed out certain common failures: the narcissistic solution of accepting praise and warding off criticism, problems in the countertransference, acting out in competition, taking sides, or requiring special loyalty to oneself. Sharing of responsibility by committees or supervisors may be helpful but the burden still falls on the analyst. Bibring said, ' . . . only if we take up the problems honestly and with full responsibility can we establish a number of indispensable conditions'. Among these are 'achievement of a therapeutic split, introduction of the reality principle for which analysis and the analyst stand; the analysand must become aware of the real aspect and significance of our evaluation so that it becomes his own as well'.

This is a crucial point. Unless the prospective analytic candidate can accept as part of his analysis the examination of his motivations for analysis as a career and an equally searching evaluation of his qualifications, his fitness is questionable. If such an observing split can be accomplished, the decision as to suitability or unsuitability becomes a consideration in which the potential analyst plays a significant part. This is an essential part of any analysis intended for preparation for this career and the matters of motivation and adequacy cannot be avoided. If these aspects can be handled in an analytic way it will not be necessary to 'separate' formally the unsuitable candidate. If this field is not for him, either as to motivation or ability, his own awareness will lead to his withdrawal. There will be some unfitted persons in whom this degree of objectivity cannot be established, a problem discussed in more detail below.

I have spoken primarily of the candidate's responsibility, to be realized with the help of his analyst. Such an approach requires a high degree of objectivity on the latter's part. His motivation and qualifications must be clearly in awareness, so that he is not governed by any of the disturbing factors mentioned above. The training analyst must not be committed to personal advancement or power nor to the institute as such, but to the discipline of psychoanalysis.

Lewin and Ross (15) felt that the unique factor in psychoanalytic education was the training analysis. They said that at present there was no possibility of excluding this and added, 'Psychoanalytic education, as a concept, is a syncretism', that is, an attempt at reconciliation of different (or opposing) principles. Further, 'Psychoanalytic treatment is *sui generis*. . . . Education introduces a parameter for the therapeutic procedure . . . the training analysis has its goals and . . . is couched in psychoanalytic therapeutic language. . . . Education has its separate goal.'

There is the over-riding consideration that the analyst may have a crucial role in determining the present and future fate of his analysand. We have tried to erect safeguards against this

complication but we are unrealistic if we do not recognize it. We find ourselves in a position which we would advise our candidates to avoid. Is it not true that we would tell them that such a role rendered analysis impossible? Many times it has seemed that students recognize this better than we. Often their choice of analyst seems to be based on this consideration—is he the man who can (or will) get me through? Sometimes this evaluation is a realistic one; that is, one person is appreciated as a better analyst in a total sense. Such a choice often is not based on such consideration, but more on the status of the analyst, his position in the analytic family, and whether or not he is someone who is known to ‘go to bat’ for his candidate.

We must consider the environment in which analytic education occurs. Psychoanalysis has undergone great changes in the past twenty years. Aside from its increasing respectability as treatment, analytic training as a prerequisite for a career as an analyst or as preparation for an academic or research position is now not only acceptable but a requirement. In line with these values our institutes have attracted a not inconsiderable number of persons who are interested in form and status and not dedicated to the needs for unceasing study, self-scrutiny, personal and scientific humility.

Analysis as a career (or as a prerequisite) offers the possibility of an extremely successful and prestigious adaptation. This may be incompatible with psychoanalysis as treatment or as preparation for a career in a real sense. It may make training analysis a difficult situation and create overwhelming demands on both analysand and analyst for the highest integrity, the most meticulous technique, and a constant awareness of the real goal, which is always to analyze.

The analytic training system has developed a high degree of organization at the expense of some of the qualities which made good analysis and analysts possible. Could it be that psychoanalysis is seen less and less as an exploratory, constantly advancing, and pioneering basic discipline and more and more as an organized profession? We are familiar with the general

tendency toward conservatism which accompanies success and acceptance.

Two suggestions become important. The first has been stated but merits repetition. The motivation for seeking analytic training and the qualifications which the candidate possesses should be objects of meticulous scrutiny. This does not create an artifact but represents a recognition of reality factors which should not be ignored in any analysis, but which, because of their great importance in this particular situation, deserve special stress. Kairys' suggestion that each analytic institute should designate those whom it considers competent analysts for the specific requirements which analytic training necessitates must be reiterated. The candidate would be free to choose from these individuals but with the specific understanding that, other than analyst, his analyst has no role within the institute aside from the institute's recognition of his capabilities. The student's readiness to begin didactic, clinical, or supervised work and his progression and graduation would become the function of matriculation committees, instructors, and supervisors. This goes counter to statements made earlier about the dangers of institutionalization. However, at present there appears to be no satisfactory way out of this maze and it seems to be the lesser of two evils. These suggestions may lead to errors in acceptance, progression, or graduation. This is a necessary risk. In return for possible mistakes resulting from such a program, more will be gained from separating the analysis from the training program and making it entirely a private undertaking with all the advantages that ensue.

The significance of the analyst in this situation must be stressed. To expect that the candidate, on his own, will examine his needs and qualifications for this particular career in unrealistic. It follows that this becomes the responsibility of his analyst, both as a reasonable consideration in the analysis and as a specific undertaking in working with a person who has made such a choice. Training analysts (like their patients) need satisfactions in their work. Hopefully, these should be on

a sublimated level, related essentially to creativity. In the training situation these sublimations may break down and more mundane and practical considerations intervene. One question which must be raised but left unanswered is, what rewards could we otherwise offer than those of status and position in our training program?

SUMMARY

Psychoanalysis began as a highly individualistic undertaking. Over the years it has tended to become a more organized and institutionalized course of training and practice. The increasing acceptance of psychoanalysis as treatment and career has had both fortunate and unfortunate effects. Analytic ideas have been useful and have influenced an increasingly large number of persons. The useful effect on our culture is evident; at the same time problems have been created by this acceptance and influence.

The great burden of our present situation lies on the faculty, and particularly the training analysts, of our institutes. If we agree that the goal of psychoanalytic education is the development of dedicated, scholarly, and independent individuals, then it is evident that our responsibility is two-fold. We must be convinced that the people we accept, train, and graduate are motivated by genuine interest in psychoanalysis. This involves a deep and full commitment as students, for all of us no matter what our level of attainment, as well as the humility which is a requisite part of this status. To accomplish this it is imperative that the training analyst apply to himself the same criteria that we recommend be directed toward the candidate. This is constant and thorough scrutiny of his motivations, goals, and qualifications for the position which he occupies. Finally, we should make every effort to remove the analysis of our candidates, as far as possible, from any institutional connection. This poses problems but the advantages seem to more than outweigh the risks entailed.

REFERENCES

1. BALINT, MICHAEL: *On the Psychoanalytic Training System*. Int. J. Ps., XXIX, 1948, pp. 163-173.
2. ———: *Analytic Training and Training Analysis*. Op. cit., XXXV, 1954, pp. 157-162.
3. BERNFELD, SIEGFRIED: *On Psychoanalytic Training*. This QUARTERLY, XXXI, 1962, pp. 453-482.
4. BIBRING, CRETE L.: *Training Analysis and Its Place in Psychoanalytic Training*, Int. J. Ps., XXXV, 1954, pp. 169-173.
5. FREUD: *The Future Prospects of Psychoanalytic Therapy* (1910). Standard Edition, XI.
6. ———: *Recommendations to Physicians Practicing Psychoanalysis* (1912). Op. cit., XII.
7. ———: *On the History of the Psychoanalytic Movement* (1914). Op. cit., XIV.
8. ———: *Analysis Terminable and Interminable* (1937). Op. cit., XXIII.
9. GITELSON, MAXWELL: *Problems of Psychoanalytic Training*. This QUARTERLY, XVII, 1948, pp. 198-211.
10. ———: *Therapeutic Problems in the Analysis of the 'Normal' Candidate*. Int. J. Ps., XXXV, 1954, pp. 174-183.
11. HEIMANN, PAULA: *Problems of the Training Analysis*. Loc. cit., pp. 163-168.
12. HILL, LEWIS B.: *Round Table on Problems of Training*. Bull. Amer. Ps. Assn., III, 1940.
13. KAIRYS, DAVID: *The Training Analysis. A Critical Review of the Literature and a Controversial Proposal*. This QUARTERLY, XXXIII, 1964, pp. 485-512.
14. LAMPL-DE GROOT, JEANNE: *Problems of Psychoanalytic Training*. Int. J. Ps., XXXV, 1954, pp. 184-187.
15. LEWIN, BERTRAM D. and ROSS, HELEN: *Psychoanalytic Education in the United States*. New York: W. W. Norton & Co., Inc., 1960.
16. MC LAUGHLIN, FRANCIS: *Some Considerations for the Future Development of Psychoanalysis*. Int. J. Ps., XLIV, 1963, pp. 454-460.
17. SACHS, HANNS: *Observations of a Training Analyst*. This QUARTERLY, XVI, 1947, pp. 157-168.
18. SHARPE, ELLA FREEMAN: *Collected Papers on Psychoanalysis*. London: The Hogarth Press, 1950.

Fatal One-Car Accidents

Robert E. Litman & Norman Tabachnick

To cite this article: Robert E. Litman & Norman Tabachnick (1967) Fatal One-Car Accidents, The Psychoanalytic Quarterly, 36:2, 248-259, DOI: [10.1080/21674086.1967.11926424](https://doi.org/10.1080/21674086.1967.11926424)

To link to this article: <https://doi.org/10.1080/21674086.1967.11926424>



Published online: 16 Nov 2017.



Submit your article to this journal [↗](#)



Citing articles: 3 View citing articles [↗](#)

FATAL ONE-CAR ACCIDENTS

BY ROBERT E. LITMAN, M.D. AND NORMAN TABACHNICK, M.D.
(BEVERLY HILLS)

Psychoanalysts have systematically investigated the ordinary errors, misplays, slips of speech, forgetting of names, bungled actions, and accidents of everyday life. Such events do not occur at random. They are mistakes with psychological meaning and they follow known psychodynamic patterns. According to Freud, they are 'accidents on purpose' (5).

Some accidents are extraordinary because of the extreme gravity of the consequences. There were, for example, more than forty-five thousand traffic accident deaths in the United States during 1964. Informed authorities (6, 9) estimate that less than fifteen percent of these accidents were due to mechanical defects in automobiles, roads, or signal devices. Probably a majority of the deceased contributed substantially to their own premature deaths by committing serious driving errors, although, of course, many fatalities involved innocent victims.

Do fatal driver errors occur according to known psychodynamic patterns? To what extent are fatal accidents equivalent to suicide? These are problems for psychoanalytic research. Bibliographies of research on traffic accidents, however, list no psychoanalytic contributions for many years (11). The purpose of this paper is to interest psychoanalysts in the problems posed by serious accidents, especially traffic accidents. We will review the pertinent literature and report briefly some of our observations.

ACCIDENTS ON PURPOSE

Freud (5) gave a number of explanations for ordinary bungled actions: 1. Self-punishment. This may be from guilt for some recent action, for instance, an abortion, or for some long past

This research was supported by a grant from the Foundation's Fund for Research in Psychiatry.

thought, such as a wish that father would die. Nearly everyone, to some degree, has such self-punishing attitudes lying in wait, ready to seize upon a suitable opportunity to gain expression. 2. Self-sacrifice. The injury to oneself may have the purpose of warding off greater disaster, such as the loss of a loved one or castration (12). 3. Sometimes an accident results from an unconscious desire to get rid of something that has depreciated. Freud's example was an old inkstand, which he broke with a clumsy movement. A modern example might be an old car. The temptation is especially strong when there is a possibility of getting something better if the depreciated possession is destroyed. 4. The purpose of an accident may be erotic. 'When a girl falls, she falls on her back.' Certain accidents rather skillfully place the victim in close connection with actual or symbolic love objects. Some persons equate a violent crash with sexual orgasm. 5. An accident may be a means for escaping or avoiding something. Forgetting an appointment, omitting a traffic signal, or making a wrong turn may have such a motive.

ACCIDENTAL SUICIDE

Something more is required to explain serious and fatal accidents. Freud's thoughts turned to concepts of unconscious self-injury, half-intentioned self-destruction, and suicide (5). 'The effects produced by the *parapraxes* of normal people are as a rule of the most harmless kind. Precisely for this reason it is an especially interesting question whether mistakes of considerable importance which may be followed by serious consequences . . . are in any way open to the approach presented here' (p. 177). 'It is well known that in the severer cases of psychoneurosis instances of self-injury are occasionally found as symptoms and that in such cases suicide can never be ruled out as a possible outcome of the psychical conflict. I have now learnt and can prove from convincing examples that many apparently accidental injuries that have happened to such patients are really instances of self-injury' (pp. 178-179).

'Anyone who believes in the occurrence of half-intentional

self-injury—if I may use a clumsy expression—will be prepared also to assume that in addition to consciously intentional suicide there is such a thing as a half-intentional self-destruction (self-destruction with an unconscious intention), capable of making skilful use of a threat to life and of disguising it as a chance mishap. There is no need to think such self-destruction rare. For the trend to self-destruction is present to a certain degree in very many more human beings than those in whom it is carried out; self-injuries are as a rule a compromise between this instinct and the forces that are still working against it, and even where suicide actually results, the inclination to suicide would have been present for a long time before in lesser strength or in the form of an unconscious and suppressed trend' (pp. 180-181).

Menninger reported similar conclusions. 'In many of these accidents . . . illuminating instances can be shown to fulfill so specifically the unconscious tendencies of the victim that we are compelled to believe either that they represent the capitalization of some opportunity for self-destruction by the death instinct or else were in some obscure way brought about for this very purpose' (10, p. 6).

There can be no doubt that some automobile fatalities are deliberate, conscious suicides, as described by several investigators (7). Further associations between automobile accidents and suicide were reported by Selzer and Payne who interviewed sixty men in a Veterans Hospital (13). Thirty-three of these men admitted to thoughts about suicide or suicide attempts in the past. These patients reported approximately twice as many automobile accidents as men who reported no suicidal ideation or suicidal attempts. Pointing out that ours is a culture in which speed and daring are admired, the authors speculated that the automobile presents the depressed and frustrated individual with an opportunity to end his life in what he may perceive as a burst of glory. Only one of the subjects was conscious of making a suicide attempt by automobile. The others believed their traffic accidents were fortuitous.

ACCIDENT-PRONE PERSONALITIES

In the early 1940's, Dunbar (3), Alexander (1), and others popularized the concept of the accident-prone individual. They studied victims of slightly to moderately serious accidents. Persons who had multiple accidents were described as quick, decisive, active, impulsive, independent, and adventurous. They made up their minds definitely and quickly and moved toward immediate rather than long-range goals. Their interests were social rather than intellectual, and they tried to appear casual about emotions. Their reactions to illness were bravado, fatalism, or a play for secondary gain. They were adventurous and somewhat irresponsible and tended to live from day to day. Immediately prior to the accident there had been some change in situation which threatened individual autonomy. There was a focal conflict involving authority.

These investigators agreed with Freud and Menninger that accidents are purposive symptoms, but felt that the character structure was responsible rather than an unconscious suicidal trend. Alexander, in particular, visualized the possibility of drastically reducing the rate of serious accidents by separating the rebellious, guilty, accident-prone individuals from dangerous occupations.

A number of nonanalytic studies of persons who had repeated traffic accidents seemed to confirm the observations of Dunbar in that high accident status has been associated with 1, immature management of hostile or angry feelings; 2, generalized poor tolerance of tensions and a tendency to act out problems; 3, a basic diffuse difficulty in interpersonal relations; 4, a high degree of unconventionality (2).

Enthusiasm for implementing a program of accident prevention based on recognizing and eliminating accident repeaters was dampened by two sets of findings. The population of accident repeaters is constantly changing. Individuals who were accident repeaters drop out of the group and new individuals join it. Apparently, accident proneness is not a constant or con-

tinuous trait except in very few people. Statistical analyses of serious and fatal accidents revealed that, for the majority of drivers, this was their first accident. Therefore, even if accident repeaters were deprived of driving, the number of serious and fatal accidents would be reduced only slightly (8).

ACCIDENT PRONE VERSUS SUICIDEPRONE

According to a recent study by our group in Los Angeles, persons who died in certain types of accidents differed considerably in personality, life style, and behavior from persons who committed suicide (15). A summary of the study follows.

Through the coöperation of the Chief Medical Examiner's office, we obtained interviews with the relatives and friends of thirty men who suffered violent deaths. Fifteen of these men were the drivers in fatal one-car accidents. So far as possible any element of mechanical failure in the cars or physical disability in the men was eliminated. These men had apparently died as a direct result of their own actions as drivers. The other fifteen cases were men, of the same ages as the driver victims, who had committed suicide by shooting. 'Accident prone' and 'suicide prone' are used here as short designations for the two groups. Soon after the deaths, lengthy interviews with informants were conducted by psychoanalysts. From these interviews the following composite reconstructions were made.

The suicide-prone individual is masochistic and depressive. He is a loser and hates his loser position. He is dependent, passive, immobilized, and constricted. He broods and thinks a great deal but has great difficulty in acting. When he acts he tends to overact, as if breaking jerkily through the immobilization. He feels helpless, hopeless, exhausted, and confused, and tends to have medical symptoms for which he sees a physician. He feels conscious guilt and shame as well as anxiety. He avoids danger and paradoxically, in view of his self-destructive tendency, fears that something may happen to him. He has no interest in activity. To the suicide prone, the great stress is losing the love object and the supplies received from the loved

object. This love is narcissistic and the object may be some aspect of the person himself—his body, his health, his money. There may be a deep symbiotic relationship in which the suicide-prone victim is completely dependent on the other person for vitality. When he becomes exhausted and confused, the suicide prone becomes withdrawn, isolated, and depressed as well as agitated. He has conscious death ideas. His fantasies, at least partly conscious, revolve around escape, withdrawal, punishment, revenge, rebirth, and reunion with loved ones. But his basic fantasy is of losing and he uses alcohol to try to alleviate the inner pain.

By contrast, the accident-prone individual is active and counterphobic or counterdepressive. He is a winner; impulsive, quick and decisive, independent, adventurous, and likes excitement. He is rebellious and defiant of authority. He is not so much interested in thinking or brooding as he is action oriented. He has retained his interest in athletics and tends to be in good physical health. Guilt and shame are more unconscious. He cannot tolerate the feeling of being boxed in or losing autonomy. When frustrated by his love object (scolded or depreciated), he becomes angry. The urge to regress or be passive is resisted by denial and counterphobic, manic, and action defenses. If confused, he is hurried and hyperactive in a restless, disorganized manner, with great muscular tensions. The accident-prone person has fantasies similar to those of the suicidal person, involving escape, guilt, revenge, rebirth, and reunion, but they are unconscious except for some partial awareness of anger. His behavior is guided by a need to prove that he is invulnerable.

We have defined suicide prone and accident prone simply as the behavior of persons in the period before death without implying a repetitive suicide or accident history. Two of the accident victims had a history of previous serious accidents and might be called accident repeaters. In general, however, we see proneness more as a transient than a permanent psychological state. Personal crises were obvious in the suicide cases.

Fourteen of the fifteen had suffered recent important losses and none were moving ahead. By contrast, nine of the fifteen accident deaths were of persons who had recently taken on new and greater responsibilities, such as promotions in business or marriage, and none had suffered a recent loss. They seemed to be in a transition phase involving personal growth.

The following two cases illustrate the transition state, the counterphobic actions, and special attitudes toward automobiles and driving.

A, age forty-four, was returning home around two-thirty in the morning, from a visit with an old friend who was leaving the community, when his car struck a parked truck. He had been drinking heavily. Five weeks before, he had married for the third time. Two or three weeks before he had taken a new job. He had left his previous job because he felt the foreman was not as experienced as he and A could not tolerate being bossed by such a person. He tended to be impulsive. Sometimes things would irritate him and he would 'fly off the handle'. His wife managed the money as he was not serious or extremely conscientious. On the other hand he took great pride in his work as a glazier. He was never particularly depressed, had made no suicide threats or attempts, and when upset resorted to activity. His hobby was music. He liked to take long rides and go fishing. He prided himself on his driving. He had had only one accident, a minor one, resulting from a too-quick turn to the left.

B, a forty-five-year-old widower who was engaged to be re-married, crashed his automobile off the road at four-thirty Sunday morning. The police thought he might have fallen asleep. According to his family, everything was 'looking up' for him. He was very happy with his new fiancée and that Saturday evening had taken her on a social outing with their church club. He had announced their engagement and they received many congratulations. After the outing, around two o'clock, the fiancée begged him to sleep at her home since his was many miles away and they were very tired. He insisted on driving

home because he had things to do the next day and would not admit that he was weak or exhausted. In the past B had suffered several periods of mild to moderate depression, especially after the death of his first wife. However, at the time of his accident he was 'feeling fine' and had many plans for the future.

PSYCHOANALYTIC OBSERVATIONS

No single case corresponded exactly to the composite image built up by superimposing a number of accidental deaths and selecting common factors. The study is supplemented by psychoanalytic observations of patients who have had near-fatal automobile accidents. Accounts of patients who were in psychoanalysis before a fatal accident would be of special value but such data are difficult to obtain. From various fragmentary observations we have inferred that suicide-prone and accident-prone people differ in their sexual activities and in their dreams. Suicidal individuals tend to be passive, impotent, frigid, and needy in their sexual relations. In dreams they are lonely, helpless, and unable to solve dream problems. They tend to present themselves as martyrs. Accident-prone individuals are more active sexually. In dreams they are active, running or flying; or there may be dream pictures of being in danger or of an injury. Quite often they present themselves as delinquents.

Clinical experiences indicate that patients have varying potentialities for traffic mishaps or for suicide. A middle-aged engineer illustrated such an alternation of psychological states. At one period of his analysis, when he was professionally and sexually successful, he would dream that he was speeding in a tremendous truck and in his dreams would enjoy forcing other cars off the road. After drinking moderately one evening he lost control of his car and went over a cliff and was nearly killed. During a later phase of his treatment he became highly suicidal especially under the influence of alcohol. He felt helpless, immobilized, and depressed, and his dreams reflected this.

For instance, he dreamed of being unable to respond to the seductive gestures of a beautiful girl in red shoes who danced on the ledge outside his office window, finally fell, and was killed.

Alcohol ingestion in substantial amounts occurred in half the cases of both suicide and fatal accidents. Alcohol greatly increases the probability of fatal actions by weakening the synthesizing, integrating, and self-preservative functions of the ego. Psychoanalytic research has much to contribute to the understanding of serious accidents in the clarification of various aspects of these ego functions.

The self-preservative functions of the ego, for example, include orientation in the external world, understanding causes and effects, and the control of dangerous wishes. Viewed genetically, these ego functions for self-preservation grow out of the individuation stage. In reviewing accident proneness in children, Frankl (4) noted that self-preservation is impaired if there is a lowering of the libidinal cathexis of the self due to neglect by the mother. Accident-prone children show a persistence of compulsive action, a turning of aggression against the self, and a tendency to act out the mother's unconscious destructive wish.

It has been suggested that both adolescent and adult are apt to have highway accidents partly because of the conflict between opposing masculine and feminine tendencies and rapid mood swings between elation and depression (4). The adolescent, especially, tends to erotize danger which leads to fast driving and playing with risky situations. A major responsibility for fatal accidents must also be assigned to counterphobic and counterdepressive attitudes. These, when translated into action, take the form of driving at dangerous speeds under risky conditions with inadequate caution and attention. The problem is further complicated by the fact that adventurousness, risk taking, and daring are highly esteemed and admired in our culture. Automobile advertising stresses power, speed, competitive advantage, and sexual potency rather than safety, caution, and mutual courtesy.

Counterdepressive defenses can take a number of forms. All include denial as a central element. Some people try to avert depression by committing themselves to endeavors that exceed their capacities. This may lead to bungled actions which are potentially fatal when automobiles are involved. In certain personalities the ingestion of drugs or alcohol is based on a counterphobic need to be exposed to feared dangers of passivity in order to prove strength to resist and overcome such dangers (14). Thus, the counterphobic courting of danger helps to keep repressed deeper instinctual wishes to sleep, to escape, or to die. Counterphobic persons gain self-esteem by taking drugs without becoming addicted, or by driving while tired, fighting fatigue, and struggling to stay awake.

Transient accident-prone episodes in ordinarily stable individuals are of special interest. Many drivers become careless, irresponsible, and exhibitionistic only under the influence of social contagion; for example, during a college reunion. There are many examples of the use of automobiles for acting out temporary emotions. Some patients drink heavily and drive at excessive speeds only when anxious, angry, or when there is a possibility of becoming depressed. In such emotional states psychological boundaries between self and automobile are blurred and, to a considerable degree, the automobile becomes part of the self-image.

As a preliminary formulation, we suggest that the crucial factor which suicide prone and accident prone have in common is a weakness of the integrating and synthesizing functions of the ego which allows two distinct patterns of activity and passivity to coexist. In this sense, suicide-prone and accident-prone states are reciprocal. In accident-prone states, masochistic, passive, and immobilization defenses predominate. A suicidal act occurs when there is a breakthrough of self-destructive action. In the accident-prone state, denial, counterphobic, and action defenses predominate. The accident-prone individual may place himself in risky situations to strengthen his feelings of invulnerability and omnipotence thereby exceed-

ing the capacities of the self-preservative functions of the ego. The accident may be caused by a breakthrough of passivity expressed in a withdrawal of attention or loss of control.

SUMMARY

A review of the literature reveals that psychoanalysts have approached the problem of accidents from the point of view of motivation, character structure, and precipitating ego state.

A group of fifteen men involved in fatal one-car accidents were studied. These were designated 'accident prone' and then matched with fifteen 'suicide prone' men who had fatally shot themselves. The latter group tended to be depressive, dependent, passive, immobilized, constricted, with basic fantasies of losing love or the love object. In striking contrast, the 'accident prone' men were active, counterphobic, counterdepressive, impulsive, quick, decisive, independent, adventurous, rebellious, with a strong need to prove themselves invulnerable. At the time of the accident many were in a transition phase and under increased pressure of added responsibilities.

We are also studying patients who have been in near-fatal car accidents. Deserving additional study are the following elements of the accident prone pattern: 1, transient personality reaction rather than permanent character traits; 2, the 'transition phase' to greater responsibilities in the life of the individual; 3, counterphobic and counterdepressive behavior; 4, the coexisting, unsynthesized, passive and active ego states; 5, the failure of essential self-preservative and integrative ego functions; 6, the relationship of self to automobile in terms of mental representations.

REFERENCES

1. ALEXANDER, FRANZ: *The Accident Prone Individual*. Public Health Reports, LXIV, 1949, pp. 357-361.
2. CONGER, J. J., et al.: *Personal and Interpersonal Factors in Motor Vehicle Accidents*. Amer. J. Psychiatry, CXIII, 1957, pp. 1069-1074.
3. DUNBAR, FLANDERS: *Psychosomatic Diagnosis*. New York: Paul B. Hoeber, Inc., 1943.

4. FRANKL, L.: Self-Preservation and the Development of Accident Proneness in Children and Adolescents. In: *The Psychoanalytic Study of the Child, Vol. XVIII*, New York: International Universities Press, Inc., 1963, pp. 464-483.
5. FREUD: *The Psychopathology of Everyday Life* (1901). Standard Edition, VI, pp. 162-190.
6. *Highway Casualties Soar—What to Do About It?* U. S. News & World Report, VII, 1965, pp. 56-61.
7. MACDONALD, JOHN M.: *Suicide and Homicide by Automobile*. Amer. J. Psychiatry, CXXI, 1964, pp. 366-370.
8. MC FARLAND, R. A.: *The Epidemiology of Motor Vehicle Accidents*. J. Amer. Med. Assn., CLXXX, 1962, pp. 289-300.
9. ——— and MOORE, R. C.: *Human Factors in Highway Safety: Review and Evaluation*. New England J. Med., CCLVI, 1957.
10. MENNINGER, KARL A.: *Purposive Accidents as an Expression of Self-Destructive Tendencies*. Int. J. Ps., XVII, 1936, pp. 6-16.
11. *Report of the President's Committee for Traffic Safety*. Washington, D. C.: U. S. Government Printing Office, 1963.
12. SCHLOSSMAN, HOWARD H.: *Circumcision as a Defense: A Study in Psychoanalysis and Religion*. This QUARTERLY, XXXV, 1966, pp. 340-356.
13. SELZER, MELVIN L. and PAYNE, EDMUND C.: *Automobile Accidents, Suicide and Unconscious Motivation*. Amer. J. Psychiatry, CXIX, 1962, pp. 237-240.
14. SZASZ, THOMAS S.: *The Role of the Counterphobic Mechanism in Addiction*. J. Amer. Ps. Assn., VI, 1958, pp. 309-325.
15. TABACHNICK, NORMAN; LITMAN, ROBERT E.; OSMAN, MARVIN; JONES, WARREN L.; COHN, JAY; KASPAR, AUGUST; MOFFAT, JOHN: *Comparative Psychiatric Study of Accidental and Suicidal Death*. Archives of General Psychiatry, XIV, 1965, pp. 60-68.

Maxwell Gitelson: Analytic Aphorisms

To cite this article: (1967) Maxwell Gitelson: Analytic Aphorisms, The Psychoanalytic Quarterly, 36:2, 260-270, DOI: [10.1080/21674086.1967.11926425](https://doi.org/10.1080/21674086.1967.11926425)

To link to this article: <https://doi.org/10.1080/21674086.1967.11926425>



Published online: 16 Nov 2017.



Submit your article to this journal [↗](#)

MAXWELL GITELSON: ANALYTIC APHORISMS

EDITED BY CHARLES H. KRAMER, M.D. (OAK PARK, ILLINOIS)

These aphorisms were collected and edited from notes by Drs. Mary Giffin, George Klumpner, and Charles Kramer during Dr. Gitelson's clinical conference on termination at the Chicago Institute for Psychoanalysis, 1963-1964. On the rough draft Dr. Gitelson made several deletions and amendments, commenting in a letter to the editor:

I think the modifications I have written in may spoil the spontaneity but they add to the accuracy of my comments. A number of statements that I crossed through were too ambiguous outside of the context in which they were made and were likely to be misunderstood.

Dr. Gitelson indeed would be the first to insist that psychoanalysis cannot be taught by maxims separate from the context of the analytic situation. Yet many of the spontaneous and timely remarks, made in immediate response to the impact of a clinical presentation, have a common-sense quality and a ring of timelessness which encouraged us to bring them to a larger audience. We, his students, present these notes as a memorial to Dr. Gitelson, in appreciation of his stimulating example in the classroom as teacher, analyst, and person.

The goal of analysis is the achievement of the best possible adaptation—one must settle for the *possible*.

A neurosis is a dysrhythmia—the outcome of an imbalance—between ego capacity and libidinal and aggressive developments.

The important thing is not the dynamics but the economics. Economic factors (psychic—not financial) determine analyzability, not dynamics.

The dynamics do not change; the aim of psychoanalysis is to modify economic factors.

Structural change involves no change in dynamics, only a change in the distribution of psychic energy.

The psychoanalytic situation has its onset before the patient appears at your door; transference is present from the beginning.

Human conditions are ultimately more important than the laws of analysis.

The goal of psychoanalysis is not to destroy the superego, only to modify its neurosogenic potentialities.

Psychoanalysis should give increased tolerance for frustration and privation.

Removal of infantile amnesias occurs in analysis; but it is most often a result, not a cause, of the cure.

A flight into health may last a lifetime when the patient realizes what would have to be faced if analysis went on.

Analysis is an induced identity crisis. Sometimes it is a psychosis controlled by the ego and the analyst.

We are dealing with analysis, not prophecy.

The anamnesis is often a cover for what has been forgotten. It tells you what not to expect.

The past is often used as a rationalization of the present.

The child has been addicted to his childhood and must experience withdrawal symptoms.

Don't try to understand a case quickly—just try to saturate yourself in it.

We don't cure anyone; we only give them command of themselves.

Most of the anamnesis which we obtain as such is not worth the paper it is (not) written on.

Normal development moves toward closure; 'wanting to know' leads the patient to seek analysis.

The longer I practice, the shorter my instructions to the patient '*Try to verbalize everything you experience*'.

We cannot ask a patient to free associate, we can only ask him to *try*.

Associations to smells are usually related to earliest memories.

There is a period of testing before the therapeutic alliance develops.

Analysis should deal with relationships, not content.

The patient should fill in the *content* of the ego's activities; the analyst needs to pay attention to the *vectors* of its activities.

Always be skeptical—but kindly!—about what appears on the surface.

The working assumption that the patient is a *victim* stands in the way of his analysis.

The apparent victim may be the perpetrator; masochism is often passive sadistic aggression.

Each of us finds it easier to consider himself the victim rather than the perpetrator.

Self-centeredness generates the feeling of being victimized.

An analysis should be conducted in such a way that it can be interrupted at any time without destroying the patient.

To tell the patient it is a trial analysis creates an artifact which conditions the analysis thereafter.

There are things learned in psychoanalysis that should remain privy to the analyst.

In conducting an analysis one must be less eager to cure and more eager to understand.

The analyst's charity is in his heart, not in his deeds.

If there are two people in a room and one of them is anxious, the other had better not be.

The analyst—like the statesman—uses tactics in the service of a principle.

The one thing an analyst must be disabused of is his rationalization of himself.

You need to know your patient in detail and at the same time keep an overview of the whole patient.

If you assume a patient is unanalyzable, you won't be able to analyze him.

Your own feelings in the analysis have to be looked at in the same way you look at the patient's—even if you have to suffer. You need candor toward both.

Even benevolent myths about training analysts may be used as resistance against really becoming an analyst oneself.

The telegraphic use of the jargon of analysts may be a *casus belli* with the rest of the world.

The need to get cures is a medical need which may interfere with analysis.

The patient does not need your kindness but your understanding.

How can a surgeon shudder at the sight of blood and still use a scalpel? You cannot feel sorry for the patient and expect to cure him.

As a person you can do all that's possible to relieve existential misery; as an analyst, you can take responsibility only for the neurosis.

The analyst must have a kindly quality of evil-mindedness.

The first phase of an analysis may be chaotic; it is when transference deepens that themes begin to appear.

Basic transference—the patient's latent capacity for sustained love and trust—supports the transference neurosis and serves as a baseline for the analysis.

Transference jams can be avoided if it is known from the first that they may occur.

Whatever the external reality, the neurotic reality is a fantastic construct.

Preœdipally the people around a child are either good or bad, gratifying or nongratifying, positive or negative. Only in the œdipal situation do they become clearly differentiated into male and female with positives and negatives attached to both.

Masochism is basically related to the substitution of pain for pleasure based on the tactile experiences in the original mother-child relationship.

The woman's need to wait for the initiative of the male for her gratification is an important aspect of her wish for a penis. Sexual teasing of the male may represent the wish to reverse this state of affairs.

Altruistic surrender by living through her husband is a woman's way of compensating for her lack of a penis.

The cross represents the body in its most helpless position.

The basic difference between a hysteric and a schizophrenic is the difference in the ego's constitutional capacity to cope. The energy deficit in the ego of a schizophrenic distinguishes him from a neurotic.

The content of hysteria is equivalent to 'I am vulnerable to frustration' stated in many different ways.

The hysteric lives out an invitation to rape and lives in perpetual fear of it.

There is a fusion of orality and vaginality in the hysterical woman.

The hysteric attempts to protect herself from childish impulses and at the same time gratify them.

Regardless of the transference, we are we; reality remains reality; the transference is the instrument for understanding the reality of the past.

The transference neurosis occurs when the analyst becomes the focus for *all* the patient's neurotic defenses, affects and impulses.

In the transference neurosis, the analyst becomes *in fact* the object; the transference neurosis is a quasi-psychosis in which the patient misidentifies the analyst.

When the patient is reacting in the transference neurosis, reality means little to him.

The patient's developmental experience is recapitulated in the transference neurosis.

The transference neurosis tends to follow the vicissitudes of libidinal and ego development in childhood.

The patient *relives* old experiences in the transference and it is up to the analyst to understand and interpret, rather than participate in the reliving. Role playing is for actors.

The moment interpretation of the transference neurosis is begun, its resolution is begun.

Interpretations should focus on the psychoanalytic situation rather than on the analyst himself.

Too early or too frequent interpretation of the transference neurosis interferes with its development; too *infrequent* interpretation leads to transference jams.

You must *analyze* the illusions and delusions your patients have about analysis and the analyst, rather than *dissolving* them; transference is one of these illusions which must be analyzed.

'Healing through transference' and 'transference cure' are really resistances.

You can't use loss of symptoms alone as criteria for psychoanalytic results.

You must evaluate whether a patient's improvement is a delusion (to be accepted sometimes) or a resistance that can be analyzed.

When resistance is high the analyst has the least to do; interpretation cannot be used as a battering ram.

A myth may be more a resistance than a worship.

Excessive focusing on current reality is an avoidance of the transference.

When the current life situation of the patient includes living parents, they may also become transference objects and provide

drainage of transference from the analysis: a resistance. Improvement in relationship to the parents thus may be acting out, rather than real improvement.

The more the environment collaborates with acting out, the less the opportunity for psychoanalysis.

Every mechanism of defense has its somatic aspects.

A father's wish for sons is a socially institutionalized defense against both sides of the œdipal situation.

An exogamous marriage is a reaction against an intense (negative or positive) œdipus complex.

Resistances must be continuously and persistently analyzed; otherwise, you only have a demonstration of dynamics of the case, without having an analysis.

Resistances are the only thing we can cure the patient of.

Regression is a move to an earlier position (which had somehow been survived) because of fear that the confronting stage *cannot* be survived.

Identification is a basket word—made to carry too much.

You feed a defense if you take it at face value.

Some 'inadequate' persons actually accomplish a great deal by virtue of the bootstrap we call the autonomous ego.

Interpretations must be an issue about an issue; that is, interpretations make conflicts into issues for the ego—the ego is confronted with the task of resolution.

The analyst plays into reality resistance by directing interpretations extra-analytically rather than to the transference *per se*.

The more you can say in the least that you say is the best that you can say.

If the analyst is oriented to the wholeness of the patient's personality at all levels, a correct interpretation will reverberate through all levels down to the pregenital roots.

The analyst has to provide the patient with reference points in his past and in present reality as well as the transference so that an interpretation can be integrated in terms of the patient's *whole* view of himself.

Conflict is soluble by an intact ego if the patient knows what the elements of the conflict are.

If you can, support an interpretation with an indisputable memory or other datum. This is better than making a general, non-specific statement.

A dominant fantasy is manifested in a way of life; however, it becomes identifiable only on occasion—like a floating object on a stormy sea which is only seen from time to time—but is always there.

Distinguish between fact and formulation of fact—the most brilliant formulations often go astray.

Repression may be looked upon as a bootstrap operation—it requires great energy.

Denial demands confrontation; the patient must be turned around to look at that which he has turned his back on.

Denial exists in the presence of a wish to *know*.

You must understand symbolism *operationally*.

If you are sure you are right, speak bluntly—provided you speak the truth—and provided the patient is ready to hear it.

To be 'chintzy' about the truth repeats the experience the patient had with his parents.

Television, like the movies, provides a dream screen which 'is' the breast.

Aggression is an expression of motility, on whatever level—a necessary part of life. It is not synonymous with hostility or destructiveness.

Nursing is active, not passive.

The absence of aggression (in the sense of activity) is synonymous with death.

Wipings with forbiddings are the worst kind [on toilet training].

Golden silence—the patient's contemplative pause when you have hit the interpretative nail on the head.

Content is valuable mainly in the after-the-fact reconstruction of human destiny.

Work is genitality. Work is intercourse.

Once you, with the patient's knowledge, have made a decision to terminate, stick to it.

Successful analysis is a *continuous* 'corrective emotional experience' arising from the analyst's integrity in his commitment to the goal of analysis.

The best cases are the ones you never hear about afterward.

When the *analyst* suggests termination he may be confronted with a flight into illness.

When the patient first brings up the mention of termination, check it against the state of the analytic situation and the transference.

The termination phase should be marked by the highest degree of function of the therapeutic alliance.

During the terminal phase there is more working through of different aspects of the same problem—the patient's *self*-analysis becomes more intense.

It is better to err on the side of a longer termination period, so long as the time is used for *analysis*. One month is too short.

As long as emergency defenses continue to appear, you continue analyzing.

Human personality has too many facets for complete working through of all repetition compulsions; we should be satisfied if we succeed in detoxicating some of them.

During the terminal phase old dreams return with additional bits and pieces of additional associations which help clarify them.

Dreams become less primitive, less symbolic and the manifest content deals more directly with actual people as protagonists of the emotional issues presented in the dream.

Analysis may become a habit with a potential for addiction.

In the terminal phase the incidence of 'good hours' increases.

Termination requires the continued analysis of those regressive elements which enter into the adhesiveness of the transference addiction.

Screen memories are resolved during the terminal phase.

If you have to *wean* the patient, it has not been an analysis.

The patient's request to reduce the frequency of his visits may be a wish to 'cut the analyst down to size' (i.e. castrate him), to reduce the meaning of the analysis and thus to reduce the anxiety it has induced.

The oedipus complex is not fully resolved in analysis, but can continue to be worked through after analysis if there is an open-ended resolution of the terminal phase.

Psychoanalysis should give increased capacity for rolling with the punch; that is, for tolerating vicissitudes.

Termination should leave the patient with the equipment to continue resolving remnants of the transference through self-analysis.

The analyst has survival value as an ego ideal (not superego) if he deserves it.

One goal of analysis is resolution of the oedipus complex and the *giving up* of the incestuous wish.

Termination seems to recapitulate the adolescent recapitulation of the oedipal situation.

Ideas, plans, and fantasies about the future appear during termination and begin to play a more important part compared with the earlier preoccupation with the transference and the past.

Termination may include mourning for the lost neurotic symptoms.

Defenses are modes of adaptation which may remain, as such, after their pathogenic use has stopped.

The end of an analysis should disabuse you of your views of the beginnings.

The longer social contacts (between analyst and patient) are delayed following termination, the more opportunity for the 'completion' of the analysis.

Symptoms in the analyzed patient should stimulate self-examination rather than panic.

The transference neurosis should be dissolved; but remnants of transference disappear only with death.

It is the all-inclusiveness of psychoanalysis that makes it a general psychology. Other psychologies emphasize isolated parts.

Thank God for the developmental drive; the best that psychoanalysts could do would not be enough without it.

I have all kinds of thoughts which I consider highly original ideas until I find Freud said it first!

Everything I have tried to teach here should be taken with a grain of salt. Your experience and the integration of your own knowledge and ideas should be respected, provided they are not used to fulfil the fantasy of a reversal of the generations.

Thomas Woodrow Wilson. A Psychological Study. By Sigmund Freud and William C. Bullitt. Boston: Houghton Mifflin Co., 1967. 307 pp.

Henry Lowenfeld

To cite this article: Henry Lowenfeld (1967) Thomas Woodrow Wilson. A Psychological Study. By Sigmund Freud and William C. Bullitt. Boston: Houghton Mifflin Co., 1967. 307 pp., The Psychoanalytic Quarterly, 36:2, 271-311, DOI: [10.1080/21674086.1967.11926426](https://doi.org/10.1080/21674086.1967.11926426)

To link to this article: <https://doi.org/10.1080/21674086.1967.11926426>



Published online: 16 Nov 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

BOOK REVIEWS

THOMAS WOODROW WILSON. *A PSYCHOLOGICAL STUDY*. By Sigmund Freud and William C. Bullitt. Boston: Houghton Mifflin Co., 1967. 307 pp.

That almost thirty years after his death a work is published with Freud's name as one of its authors is certainly an event that one would look forward to with excitement. That the work deals with one of the great figures of modern history could only heighten the interest. But reading this book is not only a disappointment: more than this, it is a depressing experience.

Before reviewing the book something about its history, as far as it is known, has to be told. Bullitt, in a foreword, writes that Freud and he had been friends for some years; that when he called on Freud in Berlin in 1930 and told him that he was working on a book about the Treaty of Versailles, Freud was interested and said he would like to collaborate in writing the chapter on Wilson. From this encounter the book derived its origin. Bullitt states: 'We started to work on our book at once; but to complete it required about ten years'. Bullitt collected material and compiled notes which ran to more than fifteen hundred typewritten pages. According to Bullitt 'Freud wrote the first draft of portions of the manuscript and I wrote the first draft of other portions. Each then criticized, amended or rewrote the other's draft until the whole became an amalgam for which we were both responsible.' In the spring of 1932, however, when the manuscript was ready to be typed in final form, they disagreed about textual changes and new passages. But Bullitt wished that both should sign each chapter 'so that at least a signed unpublishable manuscript would exist. We did so.'

It should be recalled here that when the Nazis entered Vienna in 1938, Bullitt did all in his power to help Freud. He turned to President Roosevelt who alerted the United States ambassadors in various European countries, and it is most likely that these steps protected Freud from worse treatment and may have saved his life. When Bullitt, then American Ambassador in France, met Freud at the railroad station in Paris in 1938, he suggested discussing their work later in London. Bullitt writes that when he came to London,

Freud agreed to eliminate the additions he had written and to accept the final draft.

At the time of Bullitt's visit to London, Freud was severely ill, in the last year of his life, and suffering constant pain after an unsuccessful operation in September 1938.

The later fate of the manuscript remains obscure; at best we have the above-mentioned 'unpublishable manuscript'. Attempts to get more information, see the drafts, or letters have been in vain (*cf.*, Erik H. Erikson's review in *The New York Review of Books*, February 8, 1967). As the history of the book cannot be further clarified, the work has to be judged as it appears to the reader who knows Freud's style of writing and his thinking.

An (undated) introduction by Sigmund Freud is written in his style which comes through even in the translation.¹ Freud confesses that he did not make his contribution to this psychological study *sine ira et studio*; the figure of the American president, as it rose above the horizon of Europeans, was from the beginning unsympathetic to him and this aversion increased in the course of the years 'the more severely we suffered from the consequences of his intrusion into our destiny'. When under the influence of Bullitt he was led to a more thorough study of Wilson's life, a measure of sympathy of a special sort mixed with pity developed. Thus, Freud asks the reader not to reject the work as a product of prejudice.

Freud closes the introduction remarking that visionaries, neurotics, and lunatics have played great roles at all times in the history of mankind, partly in spite of their abnormalities; 'but on the other hand it is often precisely the pathological traits of their characters, the one-sidedness of their development, the abnormal strengthening of certain desires, the uncritical and unrestrained abandonment to a single aim, which give them the power to drag others after them and to overcome the resistance of the world'.

The Digest of Data on the Childhood and Youth of Thomas Woodrow Wilson is attributed to Bullitt; the Psychological Study is attributed to Freud and Bullitt.

Any reader familiar with Freud's work immediately becomes

¹ It is not stated on the title page, nor elsewhere in the book, who the translator was.

aware that the style and reasoning of this study is alien to everything that Freud has ever written. There is nothing of Freud's discretion in applying analytic concepts, nothing of Freud's charm in encountering the reader and his stimulating manner in discussing and clarifying possible alternative points of view.

As the *Digest of Data* is written with such obvious prejudice by Bullitt, it is relevant to mention some of the history of Bullitt's relationship with Wilson. The book takes its origin in Bullitt's experiences during the negotiations of the Treaty of Versailles when he was attached to the American Commission. His letter of resignation, which he sent to Wilson on May 17, 1919, is reprinted in this book. His original faith in Wilson had been thoroughly shattered. An experience in which he had felt deeply hurt personally contributed to his disappointment and lasting resentment: Bullitt was sent to Russia with the aim of establishing normal relations with the new powers. 'He was', writes Kennan, 'at the time of his first visit to Russia in 1919, twenty-eight years old, liberal in his views, brilliant, inexperienced, and greatly excited'.² Bullitt obtained from Lenin the draft of a document which was to be signed by the Allies within a few days. According to Kennan, it was probably an unwise method of procedure on Bullitt's part to return with such a document as it left to the Allied governments no latitude of negotiation. But it was in substance a valuable beginning and, if accepted, might have helped the Allies to get out of their difficult involvement in Russia. However, Bullitt arrived in Paris when the senior statesmen 'were locked in a series of Herculean disagreements on questions of the treatment of Germany' (Kennan). It was the first great crisis of the conference. Wilson felt he could not take on the Russian problem in addition to everything else. He did not receive Bullitt. 'Bullitt was profoundly offended by this brushoff, and sneered ever afterwards about the President's headache' (Kennan). In reality Wilson's illness was quite severe. As early as 1906, when he was fifty years old, serious arteriosclerotic changes had led to a temporary blindness in his left eye, leading to severe headaches and finally to the stroke from which he never recovered.

² Kennan, George F.: *Russia and the West under Lenin and Stalin*. Boston: Little, Brown & Co., 1961.

If one takes into account Bullitt's never-forgotten injury and resentment, the tenor of the book becomes more intelligible. There is no sympathy and little understanding of President Wilson, only contempt for 'little Tommy Wilson'.

The book takes its departure from Bullitt's interpretation of Wilson's actions during the peace negotiations. If Wilson had acted in a more 'masculine' fashion toward Clemenceau and Lloyd George, the final peace would have been much different and more in accord with Wilson's professed ideals. His failure to threaten the Allies in a more aggressive way was not based on Wilson's appraisal of the difficult and dangerous European reality, but demands a psychological explanation of his unconscious problems. The great President became 'little Tommy' yielding in a feminine way to his father. The book is a brief for this thesis and uses analytic terminology to prove it. As can be easily ascertained, the historical situation is badly distorted in this interpretation, both in that Versailles is unfairly described and in the assumption that Wilson had much more power over events than he or anyone else could have had.

A short chapter is meant to introduce the reader into analytic concepts; and it includes many peculiar and confusing formulations. Even the œdipus complex is described in a strange way, as if there were no other solution of it for the boy but permanent hatred of the father: masculinity means hostility to him, love for the father is simply 'passivity'. Sublimation, so significant for the total personality and particularly in the life of talented persons, is poorly presented. Only occasionally throughout the book can there be found analytic descriptions of value and interest, as, for instance, the discussion of how the never-satisfied overambition in later life might be traced to the original infantile overstimulation of the father.

The study of Wilson himself begins with a discussion of the 'power of Wilson's libido', eventually leading to the statement: 'It is wiser to come to no conclusion'. In spite of this decision the book is filled with remarks about the weak libido, about the different portions of his libido and their different 'outlets', a strangely mechanical application of analytic concepts as if taken from a technical dictionary.

The main theme is as follows. Wilson's father was a very success-

ful Presbyterian minister, 'a handsome man who talked too much'. Wilson admired his 'incomparable' father and when his passivity toward strong figures, as in Paris, broke through, he could not fight. In relation to other opponents his reaction-formation against his passivity made him break with former friends and fight them unnecessarily. The picture given of Wilson and his father differs greatly from the descriptions given by other authors.³ The father is one-sidedly described as overwhelming his son with love ('... this sort of syrup the father gave to the son'). In contrast, Alexander and Juliette George see him as a very strict, demanding father, described by a cousin as a 'cruel tease, with a caustic wit and a sharp tongue'. Wilson's daughter, Margaret, described her grandfather's pedagogical creed: 'His idea was that if a lad was of fine-tempered steel, the more he was beaten the better he was'. Aside from the differences with other biographers, Wilson's personality is so one-sidedly presented that one could never understand his rise from being a most popular teacher to the presidency of Princeton, Governor of New Jersey, and President of the United States. His great and lasting achievements in these three high positions, although occasionally mentioned, are completely neglected in the analysis of his personality.

In exploring his relationship to people, a few examples are selected to prove his pathology; numerous others are not mentioned. The picture that is given is of little Tommy Wilson, ugly, disfigured by eyeglasses, with a surprisingly bad set of teeth. His skin is described as putty colored with unhealthy blotches and his legs as too short for his body. His femininity is said to have been far stronger than his masculinity; if his masculinity had been more powerful than his femininity he would have hated his father. It is grudgingly conceded that by the greatest stroke of luck Wilson had an unusually happy marriage for twenty-nine years with a particularly charming and loving woman. But even she is constantly called a mother substitute, whereas it is quite obvious even from Bullitt's description that Wilson transferred his childhood love of mother and sister in a very healthy, non-neurotic way to his first wife and,

³ See, for example, Link, Arthur S.: *Woodrow Wilson. A Brief Biography*. Cleveland and New York: The World Publishing Co., 1963; or, George, Alexander L. and Juliette L.: *Woodrow Wilson and Colonel House. A Personality Study*. New York: The John Day Co., 1956.

after her death, to his second wife. How a man whose main problem is described as unresolved passivity toward his father could have had such a healthy and happy marital life is not explained.

As nothing is known about sexual relationships with other women, we read constantly of the 'thin stream' or the 'thin trickle' of his libido. Another reason for this description of his libido is found in the assumption that 'at the age of twenty-eight he was almost certainly a virgin. . . . He remained a virgin full of dyspepsia, nervousness, headache, and ideals. . . . All the evidence we have been able to collect indicates that his sexual life was confined to his first wife and his second.' This shows little understanding of psychoanalytic psychology or of Wilson's complex personality and cultural tradition. The same man, described in this work as an ugly, unhealthy, 'intense Presbyterian', an unbearable prig ('He was a prig; but a prime prig'), who was only interested in himself and his speechmaking, is described, for instance, by Link as follows: 'What a household it was. Wilson was unquestionable lord and master, but he ruled with love, and his family literally worshipped him. Gay and full of fun, he loved to rollick with children, play charades, mimic funny people, and tell hilarious stories.' Or a report of a young girl cousin who lived with the Wilsons for a year: '... I cannot express to you the loveliness of life in the home . . . the air always seemed to have a kind of sparkle'.

Just as facts are bent until they fit a slanted image, so interpretations are indiscriminately used to fit a desired picture of Wilson's personality. A few examples may be mentioned. 'He never grew beyond his father identification.' In reality he developed early in his life, in adolescence, the wish to become a statesman, studied the speeches of Gladstone, his ideal, refused the ardent, never abandoned wish of his father that he become a minister, and developed political ideas which were very different from those the father had espoused as a Southern sympathizer. Another example of a disparaging interpretation is found in the discussion of Wilson's repeated attempts to bring about peace through negotiations. When these failed, his conflicts about entering the war are not understood as inevitable in a responsible leader who saw clearly that even the results of victory might be disastrous to all his ideals, but as proof of a wild interpretation: 'Wilson's identification of himself with

Christ was unquestionably the chief psychic force which made it so difficult for him to make his decision. . . . The term 'unquestionably' appears throughout when at most tentative assumptions might be justified. Wilson's well-known difficulty in forgiving his opponents speaks strongly against the assumed Christ-identification.

Woodrow Wilson is certainly an interesting object for an unbiased analytic investigation, particularly for the study of sublimations. (The book by the Georges is a valuable contribution in this respect.) He had serious problems as a child. He did not learn to read until he was eleven years old. His brilliance consisted in his remarkable ability to develop out of his infantile conflicts passionate interests in the problems of society and to find in this development at the same time the solutions for his inner problems. At thirteen he founded a debating club with strict constitutional rules, was elected its president, and expressed in this effort his striving for justice in the face of arbitrary power. From here one can follow a thread to the theme of his first articles and books dealing with constitutional questions, and his drive toward the role of a statesman, culminating finally in the League of Nations, planned to be a constitution of the world. An unbiased study of Wilson might throw some light on the sublimations which make a statesman a man of action. His religious faith, his submission to God, something higher than his father, from whom the father only derived his authority, helped him to develop his strength and talents. The faith in God seems to have been the means to handle successfully his unconscious ambivalence against the authoritarian father, who himself had to obey God. When he felt that morality was on his side, he could turn against his opponents with amazing strength and righteous anger. This freedom of aggression seems to be what statesmen need and what the great mass of people respond to. Thus, an unbiased exploration of Wilson's personality might become a valuable contribution to a psychology of leadership and to group psychology.

Freud is certainly not responsible for the final text of the book. But one cannot fail to wonder why he collaborated with Bullitt at all, even if that collaboration produced only the 'unpublishable' manuscript. Motives, entirely different from those that led him to his other works, must have brought him to this enterprise. This work does not attempt to add anything to analytic knowledge.

In his political attitude Freud was not the great European thinker. Nevertheless it is puzzling why Freud felt such antagonism to Wilson. As can be seen in his letters, he was influenced by Austrian and German 'patriotic' propaganda, in which the fear of reactionary and anti-Semitic czarist Russia played a great role. He hoped for a victory of the Central Powers which the entrance of the United States into the war made impossible. He obviously accepted Bullitt's picture of the negotiations on which the whole book is based. He greatly exaggerated the evils of Versailles, and he was unjust in blaming its inequities on Wilson.⁴

Had Freud, consciously or not, felt a certain affinity with Wilson? Freud's fantasies in childhood and adolescence were, like Wilson's, not directed toward the life of a scholar; his ideal figures were Hannibal and Oliver Cromwell, after whom he named a son, and he first planned to study law, hoping for a career as a government minister. When he later became the dominant figure in a world-wide movement, he spoke in his letters about his 'Reich' (empire).

Wilson's career led from the university to statesmanship, a fulfilment of such fantasies and ideals. Thus Wilson succeeded in reaching a goal that Freud had abandoned as too unrealistic. And this man, whom he may have admired originally, disappointed Freud's expectations.

There is another aspect in this strange collaboration. Freud was always looking for younger men to continue his life work. Bullitt may have been one of his 'sons' to enlarge his work into wider fields. As Freud wrote to Binswanger: 'I am as all fathers weak and deluded (*verblendet*). . .'. In this case too one of his sons failed him badly.

It is unfortunate that the book had to be published with Freud's

⁴ Any study of the negotiations in Paris shows that Wilson eliminated the worst intentions of the Allies, for instance the French attempts to separate the Rhineland from Germany, to have Upper Silesia annexed to Poland, etc. The Treaty of Brest Litovsk shows us what sort of treaty the Germans might have made had they been the victors. H. A. L. Fisher, in *A History of Europe*, comes to the following conclusion about the Treaty of Versailles: 'Yet viewed in proper perspective and despite these defects, the political map of Europe is drawn more closely than ever before in accordance with the views of the populations concerned'.

If one compares the Treaty of Versailles with the Europe of today, it appears a vastly better solution for an unsolvable problem.

name on it. It is painful to see how analytic interpretations can be arbitrarily misused for any purpose; a reader not thoroughly trained by Freud in the careful application of the analytic method may accept uncritically any results of a biased and crude attitude.⁵ On the other side this work may undermine the belief that psychoanalysis can offer valuable contributions to the understanding of history. Psychological concepts are implicit in all theories of history or interpretations of historical events. Historians use their own psychology, based on experience and common sense; there is a legitimate field for deeper, psychoanalytic explorations of historical figures and events, and of group psychological reactions where rational explanations fail to give sufficient understanding.

It is obvious that in the individual analysis the analyst should be free of personal involvement, of unconscious countertransference, certainly of aggressive motives. The same attitude is necessary in applied analysis where we have not even the corrections and verifications that the slow process of analytic treatment provides. But if applied analysis is used for personal revenge, it leads to a vulgarization of a science which can further our knowledge only when used with discernment and careful recognition of cultural traditions and values.

HENRY LOWENFELD (NEW YORK)

DRIVES, AFFECTS, BEHAVIOR. VOL. II. *Essays in Memory of Marie Bonaparte*. Edited by Max Schur, M.D. New York: International Universities Press, Inc., 1965. 502 pp.

This second volume of papers entitled *Drives, Affects, Behavior*, dedicated to Marie Bonaparte, contains in its Introduction a small selection of letters written by her to Freud in the thirties, chiefly concerning the acquisition of the Fleiss correspondence. These letters, and Freud's replies, offer an additional demonstration of the special philosophical insights and steadfast devotion to psychoanalysis that pervaded Marie Bonaparte's diverse interests as well as

⁵ Barbara Tuchman, in her review of the book in *The Atlantic Monthly*, January 1967, is severely critical of the historical presentation, in which she is an expert, but thinks that the analysis of Wilson's neurosis is brilliant. She writes: 'It is good psychology but bad history'.

her contributions to psychoanalysis itself. Much of the same sort of insight and dedication is evident in the seventeen memorial essays, written by some of our most outstanding clinicians, teachers, researchers, and theoreticians.

The book is divided into five sections: Contributions to Psychoanalytic Theory, Aspects of Normal and Pathological Development, Clinical Contributions, Technique, and Applied Psychoanalysis. No single thread runs through the collection which rigidly orders the ideas presented or prescribes a set sequence for reading the papers. However, David Beres' study of Psychoanalysis, Science, and Romanticism can serve as a valuable starting point for it helps to generate an intellectual alertness and perspective with which to approach the remainder of the volume. Beres' discussion of the development of Freud's ideas out of the philosophical and scientific matrix of his time points to the place of psychoanalysis in the community of sciences. Moreover, the paper illuminates in a richly documented, scholarly fashion many questions related to theory, methodology, clinical technique, and research.

If the reader followed next with Leo Rangell's Comments on Psychoanalytic Nosology and with Rudolph Loewenstein's Observational Data and Theory in Psychoanalysis, he would be provided with two valuable examples of the application of structural concepts in the presentation of psychoanalytic ideas. These could serve as aids, for example, to the critical evaluation of the experimental design underlying George Klein's paper, On Hearing One's Own Voice. Similarly, the developmental significance of certain traumas considered by Martin Stein in States of Consciousness in the Analytic Situation could, perhaps, be extrapolated into other aspects of mental life when an awareness of structural psychology is kept as a central orienting point by the reader. While the discussions by Margaret Mahler and René Spitz, derived from their well-known experience with direct observation of children, are only briefly presented, the formulations introduced can have far-reaching implications and are of great value if appropriately applied and extended.

Several of these independently written papers complement each other in a most interesting way. For example, Spitz's paper on the Evolution of Dialogue can be seen to bear on Klein's interest in Cognitive Control in Spoken Thought, while both have impli-

cations for certain aspects of Stein's discussion of States of Consciousness in the Analytic Situation. All three approach a crucial aspect of mental functioning from different avenues, and an instructive though complicated stereoscopic view of many separate details is thereby afforded. Elizabeth Zetzel's paper on Depression covers points dealt with by Rangell in his survey of nosological problems, and he quotes her ideas at several appropriate junctures. The papers on technique bear on several of the theoretical emphases of the first section of the book, and the clinical reports can be responded to with a sharpened critical interest after some of the other studies have been digested.

If there is any complaint to be made about this volume, it is a familiar and perhaps inescapable one concerning clinical contributions. While it is stimulating and instructive to have a cohesive and richly detailed account of an illness or a character structure presented as the distillation of years of study and work, it always seems less than alive and immediate as an analytic illustration if validating clinical data are omitted and the corroborative details of the interpretative and reconstructive work are not supplied. Readers today are less in need of eye-opening revelations of the complexity and profundity of human motivation and behavior than they are desirous of convincing demonstrations of the intricacies and dialectics of the psychoanalytic method when used to fathom and influence a conflict and to master and enlarge our body of scientific theory.

The editor and the contributors have succeeded in producing a volume of essays that will do honor to a notable figure in the history of psychoanalysis and, at the same time, provide pleasure and valuable stimulation for every reader.

HERBERT F. WALDHORN (NEW YORK)

THE FIRST YEAR OF LIFE. A Psychoanalytic Study of Normal and Deviant Development of Object Relations. By René A. Spitz, M.D. in collaboration with W. Godfrey Coblinier. New York: International Universities Press, Inc., 1965. 394 pp.

This most valuable volume belongs on the bookshelf of all who deal with human psychology, whether clinical or theoretical. It begins with a pithy preface by Anna Freud and concludes with a

clear and readable comparative study by W. Godfrey Cobliner, Ph.D. of the Piaget school of psychoanalysis.

Spitz's contribution has been of immeasurable benefit to pediatrics, social work, and child psychiatry. His observations, such as the smile response or eight-months anxiety, are known everywhere. This volume epitomizes twenty years' work, and achieves more than any one of his original researches: it adds to our systematic psychoanalytic theory of that most difficult preverbal period of object relationships. It is a fine example of affective yet objective observation of this stage of life and beautifully coördinates aspects of Anna Freud's somewhat less precise description of the early stages of infantile life. To the clinical psychoanalyst dealing with regressed adults, it offers a helpful conceptualization of the varying object relationships and affects that can be found repressed in the infantile amnesias. It develops and expounds in a careful, systematic way Greenacre's work on predisposition to anxiety.

Spitz describes in careful detail the developmental stages of object relationships: first, the objectless stage, then, the precursor stage, and finally, the establishment of the libidinal objects. He deals with the smiling response, eight-months anxiety, and the achievement of the sign of negation and the word 'no' as indicators of the formation of the first three organizers of the psyche. He describes the development of the sensory capacities of the oral cavity and the relationship between contact perceptions and later visual apperceptions (gestalt formations), leading finally to the diacritic perceptual system. He makes valuable modifications of the Isakower phenomenon and of Lewin's dream screen. The 'percept' mother is related to the fusion of the libidinal and aggressive drives as well as to the fusion of the good and bad object. Since the 'good' aspects of mother outweigh the 'bad', the child's libidinal drive outweighs the aggressive one. This corresponds to Freud's basic expectation that the force of eros will predominate.

Spitz's concept of memory images founded on consolidation of memorable early percepts helps us to understand object constancy—that elusive development so necessary for understanding the change from reliance upon the pleasure principle to the reality principle.

The weakest part of the book is the attempt to explain clinical aspects of infantile eczema, a problem to which only Schur

has made a theoretical contribution. Spitz's attempts to deal clinically with infantile 'thyrotoxic diseases' appear less specific than his other formulations.

Dr. Spitz's lucidity increases as time goes on. He has now, as it were, reached the top of the mountain and can take a total and systematic view.

MAURICE R. FRIEND (NEW YORK)

EGO IN EVOLUTION. By Esther and William Menaker. New York: Grove Press, Inc., 1965. 266 pp.

The authors' thesis is essentially that the ego, itself a product of evolution, has an imperative tendency to evolve to higher levels of organization as a result of continuous interaction with the continually increasing complexities of conscious experience provided by the concomitant evolution of culture which it brings about. They oppose Freud's emphasis on the paramount role of instincts in human life with the 'self-actualizing tendency' of the ego 'as it seeks to fulfil optimally the totality of its functions, and as it participates in the psychosocial process of evolution'. Rejecting the idea that the ego is activated by instinctual energy or by independent ego energies, they do not see the model for ego functions 'in any specific energetic concept, but in the momentum of the total process of evolution'. This leads them to different assumptions from those of Freud regarding motivation, anxiety, guilt, conflict, and what is normal and pathological in the realm of human behavior, and consequently also to different goals of therapy and a different therapeutic technique. For example, it is their opinion that anxiety is created by the conflict between the fear of evolving and the wish to evolve, in social, psychological, and especially in ego terms. An individual will have anxiety 'when he has conflict in synthesizing that part of his identity which derives from parental figures with that part which comes from his aspiration to take advantage of the opportunities of a new social niche'. They see the etiology of neurosis in the interferences with the impetus in an individual 'to develop maximally in individuation and organizational autonomy'. They are therefore of the opinion that 'the real nature of his [the therapist's] activity would do well to coincide with the maternal role in allaying anxiety, by mediating

through explanation, understanding, patience, and confirmation between the patient's tentative attempts to test out new ways of reacting and reality itself'.

It is my impression that the authors have succumbed to a tempting philosophical view of life which is disguised as biological. The scant observable data they report do not support their generalization convincingly. Their particular theoretical orientation apparently obviates detailed study of the individual so that they cannot see as many contradictions in their theories as Freud saw in his.

FRANK BERCHENKO (NEW YORK)

HYSTERIA. THE HISTORY OF A DISEASE. By Ilza Veith. Chicago: The University of Chicago Press, 1965. 301 pp.

The author of this book gives us both more and less than the title implies. She gives us more in her informative details about attitudes and theories concerning mental illness (not of hysteria alone) from antiquity to the present; but she gives us less because we are offered only history of the theories about hysteria, not of the disease itself.

A historical survey of a medical theme may compare the clinical descriptions of the disease being studied; but can we from the clinical descriptions of Hippocrates, Galen, Sydenham, Pinel, or even contemporary observers, be sure that the patients they describe have similar psychodynamic conflicts? The concept of a disease entity depends to a great extent on the theoretical orientation of the observer and this has varied enormously in regard to hysteria, as Dr. Veith makes clear. What has been called hysteria in past eras is surely not in all cases what is today so diagnosed.

Have the manifestations of hysteria varied over the centuries? The answer to this important question would indicate to us the influence on personality of social and economic factors in different historical periods. Psychoanalysts must someday study the historical question how men have dealt with their basic conflicts. The difficulties of such a study are obvious. If what we seek is the psychodynamic basis of the phenomena so vividly described in the writings of the past, we shall have to accept the limitations that accompany any attempt to reconstruct the past. It is my own be-

lief that basic conflicts have varied little but that defense mechanisms and symptomatic manifestations have varied greatly.

Dr. Veith in her introduction says: 'Despite their apparently superficial similarities, the manifestations of disordered minds have displayed an amazing resemblance in all cultures and throughout the span of observed human conduct'. But later she states that 'it must be apparent from this brief chronological review of hysteria that the manifestations of this disease tended to change from era to era quite as much as did the beliefs as to etiology and the methods of treatment'. These contradictory statements become the more difficult to reconcile when Dr. Veith announces on the last page of the book 'the near-disappearance of the disease' (hysteria). Assuming that this last statement is correct (and there is no evidence given to support it) would not the 'near-disappearance' of a disease entity once widely prevalent be considered a striking change in the 'manifestations of disordered minds'? Dr. Veith says further of hysteria that 'its predispositions and its basic features have remained more or less unchanged'. She does not, however, make explicit what these basic features are.

Where Dr. Veith describes the different theories of the nature of hysteria and the therapeutic efforts that followed from these theories she gives the reader at the same time a valuable account of other aspects of medical history and presents many rich and significant details. She traces the different theories from the 'wandering uterus' theory of antiquity to the theories of daemonic possession which accompanied the rise of early Christianity and on to the search for natural causes from the time of the Renaissance and finally to recent and current theories.

It is striking that in all eras sexual difficulties were postulated. It is also noteworthy that from the time of the ancient Greeks cases of hysteria among males were described, an observation ignored by Freud's contemporaries. In an interesting chapter on Magic and the Supernatural in the Far East the author describes hysterical manifestations as they appeared in Japan, China, and other Oriental countries. There was in Japan and China a 'fox-lore' which attributed to this animal the power to induce mental illness either by 'possession' of the victim or by assuming human form and seducing the victim into sexual relations.

Dr. Veith devotes several chapters to the succeeding centuries

during which the search for natural causes of mental disease, and specifically hysteria, won over the theories of daemonic possession and bewitchment. These chapters are especially valuable for bringing to the reader's attention the contributions of certain writers whose works have not received the recognition they deserve. One such is Edward Jordan (1578-1632) who wrote *A Briefe Discourse of a Disease Called the Suffocation of the Mother*, which came out of his defense of a woman, Elizabeth Jackson, accused of having bewitched a fourteen-year-old girl, Mary Glover. In this work Jordan denied the role of bewitchment and saw Mary Glover's symptoms as part of a natural disease. He implicated the uterus, here called the 'Mother', but placed the source of the hysterical symptoms in the brain. He was, Dr. Veith says, 'the first to advise anything approaching psychotherapy'. His concern was to 'alleviate the perturbations of the mind. . . . Treatment was directed towards release of the particular emotional tensions suspected of being the causative agents.'

Of equal interest are the writings of an obscure British physician, Robert Brudenell Carter (1828-1918) who described in hysteria the 'repression' of emotions, particularly the 'sexual passions', and who recommended 'moral treatment' for his patients, including investigation of the emotions. 'According to Carter', writes Dr. Veith, 'these rarely lay on the surface, being usually deeply hidden; and the deeper the emotions, the greater the importance of disclosing them'.

This excellent summary is marred by Dr. Veith's invidious comment that Carter 'wrote on mental disease in general and on hysteria in particular in terms and with ideas so strikingly similar to those of Freud—before the latter was even born—that mere coincidence of their ideas seems scarcely credible'. The insinuation that Freud lacked originality is repeated several times in the book. Dr. Veith's comments are gratuitous because Freud went to great lengths to credit earlier writers whose thoughts are similar to his. Thinkers in the past, even in antiquity, have intuitively arrived at basic truths. Freud's contribution is not that he discovered unconscious mental activity or 'repression'; it is that he discovered a scientific method to study and integrate these and related phenomena. It is not enough for the historian of ideas to point out similarities that may appear in the works of authors in different

times; he must also make clear the relationship between the various works.

The later chapters describe the development of 'medical psychology' and the gradual primacy of a psychological etiology of hysteria. Dr. Veith summarizes the works of the outstanding psychiatrists of the eighteenth and nineteenth centuries including Whytt, Pinel, Feuchtersleben, Griesinger, Charcot, Janet, Liebault, Bernheim, Braid, and Weir Mitchell.

The last eighteen pages are about Freud and psychoanalysis. This section is altogether disappointing. The author repeats the well-known data of the early history of psychoanalysis—Freud's association with Breuer, the use of hypnosis and its abandonment, his contact with Charcot, his recognition of the role of sexuality and the beginnings of the psychoanalytic technique with the use of free association. But the reader does not get from this chapter any understanding of the psychoanalytic concept of hysteria. One would expect some detail about conflict, defense, the role of anxiety, and symptom-formation. Bibliographical references to Freud are limited to his *Autobiography* (published first in 1925) and the 1895 *Studies on Hysteria*. Veith credits Freud with 'the formulation of those final ideas on the illness which have as yet not been superseded' but leaves the reader without knowledge of these final ideas.

This is a book worth reading. It has in it much to be praised but the history of the disease, hysteria, is still to be written.

DAVID BERES (NEW YORK)

THE DEVELOPMENT OF THE MIND. *Psychoanalytic Papers on Clinical and Theoretical Problems*. By Jeanne Lampl-de Groot, M.D. New York: International Universities Press, Inc., 1965. 391 pp.

This book presents problems to a reviewer, not because of its contents or substance, but because of its title and wide chronological scope, which spans nearly four decades. Between its covers one finds, in chronological order, papers dating from the twenties and early thirties of this century as well as those published but two or three years ago.

Dr. Lampl-de Groot is an outstanding analyst with broad clinical experience derived from many years of practice in psychoanalysis and psychiatry, solid theoretical knowledge, and manifold professional interests. The volume offers a wealth of material for the reader whose attention is held throughout by the extensive information it provides and the straightforward, instructive nature of the contributions it contains. However, this is no systematic account of the development of the mind. Nor is it a textbook specifically concerned with maturational problems or purely developmental aspects of psychic functioning.

The trend in analytic literature these past several years has been toward the collection of papers by the same author on various psychoanalytic subjects. Lampl-de Groot offers papers (as her subtitle states) on clinical and theoretical psychoanalytic problems, and she aims 'to go further into the substructures of ego organization, into the different origins of the superego proper and the ego ideal, and into their influence on each other. Furthermore . . . to highlight some of the special events leading to the different forms of mental illness.' Although a certain number of the papers presented in this collection appear here in English for the first time and some have not been published before, a good many of the twenty-seven chapters of the book are reprinted and are readily available in their original versions. Some, indeed, have appeared in earlier collections, such as *The Psychoanalytic Reader*, the *Yearbook of Psychoanalysis*, *Searchlights on Delinquency*, and *Drives, Affects, Behavior*, Vol. I.

The author has paid considerable attention to what is known as the 'preœdipal phase' of development and has contributed greatly to our understanding of its course, significance, and vicissitudes under the influence of traumatic events or other disturbing factors during childhood. As early as 1939, she dealt with the Kleinian method of transposing certain stages of psychic functioning back to a period of life, 'when their existence is not susceptible of proof or disproof', and of equating a finished psychological phenomenon with the precursory phases out of which it has developed. In two later papers, *The Preœdipal Phase in the Development of the Male Child* (1946) and *Re-Evaluation of the Role of the Œdipus Complex* (1952), she has thoughtfully elaborated on this important theme. Of equal value are her further contribu-

tions, *On Adolescence* (1960), *Ego Ideal and Superego* (1962), and *Symptom Formation and Character Formation* (1963). Among her earlier papers of great interest for the contemporary reader I mention especially the study on *Inhibition and Narcissism* (1936) which stresses the fact that 'inborn or very early acquired bodily injuries have a lasting influence upon ego development', often leading to overcompensations and inhibitions, though the present reviewer who has demonstrated the castrative meaning of permanent physical impairment from childhood, cannot fully agree with her subsequent statement: '... the psychic reactions to these injuries are of much smaller significance than those to the narcissistic injury caused by the lack of a penis'. Rather, by its very concreteness and permanence, an early damage to the body ego is felt as castration and often leads to lasting alterations of the body image.

Lampl-de Groot's 1947 paper, *On the Development of Ego and Superego*, provides further elucidation of various other aspects of development. It deals to a large extent with the study of the primitive ego, its main characteristics and functions. Among the latter, several functions are considered in some detail: perception, memory, reality testing, control of motility, and the 'synthetic function' of the ego. On the basis of her clinical observations, the author arrives at the significant conclusion that in persons whose ego functions have developed normally in several capacities, but who show evidence of pathology in some particular area—for instance, what she calls the 'personal delusion' of otherwise nearly normal individuals—one can always uncover 'a narcissistic injury in childhood which has produced the feeling of being powerless'. In this connection she mentions that we must do justice to Alfred Adler's theory of the 'will to power', which is also referred to in other parts of the book. In fact, a full analytic inquiry into the psychopathology of individuals with certain congenital or early acquired physical malformations usually discloses a multitude and complexity of special, sometimes intractable and hidden, features related to impairment of ego and superego. The very complexity of these relations makes Adler's formulation, though not excluding some aspects of his approach to organic inferiorities, appear—in this reviewer's opinion—designatory rather than illuminatory. Since distortions of the body ego and self-image are almost inevi-

table outcomes of early physical defectiveness, the psychological reverberations from such impairment are likely to influence the further development of the total ego organization and to produce a number of pathological formations, for the most part narcissistically tinged.

Chapters Nine, Twelve, and Seventeen, published in English for the first time, deal with the psychology of guilt feelings (1947), trends in psychoanalysis (1950), and Group Discussions with Stepmothers (1954) respectively. They contain pertinent observations for the psychiatric profession.

This book is well organized and highly readable. It has a lucid foreword by Anna Freud.

WILLIAM G. NIEDERLAND (NEW YORK)

BASIC ANALYSIS OF INNER PSYCHOLOGICAL FUNCTIONS. By Endre Szekely. No. 37, Monograph Supplements, British Journal of Psychology. New York: Cambridge University Press, 1965. 141 pp.

Since the beginning of the scientific revolution in the 1600's, the paradigm of scientific expression has been the mathematical equations brought forth by Newton and those who followed him. The aura of being scientific is assigned, in the popular mind and in the minds of many scientists as well, to the more theoretical and abstract mathematical statements that may be made about a given branch of science. The farther from such an ideal the findings of a science are, the less scientific it is thought to be. When Freud's case histories were first published the accusation was made that these were not scientific; rather, that they read like fiction, like novels. The findings in the science of psychoanalysis and in psychology in general are often not reducible or expressible in abstract mathematical terms. The resulting proliferation of verbiage often makes for complex theoretical formulations which, at one level of abstraction, are relevant but are unconnected with levels of scientific findings in other fields. Thus the data from the analytic situation are not easily converted into neurophysiologic terms. Conversely, the findings of the neurophysiologist are not easily convertible into psychological terms.

Dr. Szekely, writing from Sydney, Australia, is aware of all of this as he undertakes a fundamental analysis of mental phenomena in an attempt to unify the variety of levels of scientific relations derived from various disciplines of study of psychological functions. After a theoretical discussion of the various difficulties implicit in different approaches used by various workers, Szekely continues, 'we can gradually approximate a position where some tentative "equations of transformation" may be set up'. The basic plank upon which he proceeds is that 'it is now possible to apply mathematical reasoning in any field where relations play an essential role, e.g., the various geometries, physical theories, etc.'. Dr. Szekely sets up rigid standards and criteria as basic conditions for his systematic study of the functional analysis of all inner psychodynamic experience.

Using modern mathematics and the symbols of formal logic, he derives various equations and mathematical statements that bring together the findings of formal logic, mathematics (the algebra of vectors and sets), physical science, philosophy, sensorimotor perceptive processes and organizations, overt behavior, and inner psychodynamic experience proper. These all, in the course of his detailed study, become reducible to various formulas which 'ultimately make a mathematical treatment of all noetic and non-noetic data possible in an all-around relevant and comprehensive manner'.

This is an ambitious undertaking, to bring simplicity and order into the broad field of psychology and to establish it as a science in the same sense that physics, for example, is regarded as a science. To this reviewer, it seems that at present our science is too young to be raised to this level of abstraction. Rather, psychoanalysis and psychology are still in the early stages of development in which observations are made, collated, and certain theories derived which, in turn, call for further observational undertakings. After these have been completed and the various theories sifted, refined, corrected, and eventually replaced by more advanced theories,—only then can psychoanalysis perhaps be in the position of approaching a mathematical statement. Undertakings such as this by Dr. Szekely are necessary steps in such a progression.

EDWARD D. JOSEPH (NEW YORK)

THE PSYCHOLOGY OF RELIGIOUS EXPERIENCES. By Erwin R. Goodenough. New York: Basic Books, Inc., 1965. 192 pp.

This little book by the late Professor Goodenough, the distinguished Yale historian of Hellenistic Judaism, is written in the tradition of James and Freud. The three men understood religion as a means of adaptation to the contradictions and frustrations of human existence. Moving with James, Goodenough here bases religion on the divisions within the self which partly shape, partly reflect these contradictions and frustrations, and he adds to the typology of James a wide series of forms in which religion repeatedly appears. He calls them Legalism, Supralegalism, Orthodoxy, Supraorthodoxy, Æstheticism, Symbolism and Sacramentalism, and Mysticism, and illustrates them in both individual and institutional religion.

Following Freud, Goodenough examines the 'divided self' as ego, id, and superego. The ego not only in all its weakness confronts an ultimately incomprehensible totality of existence, the '*tremendum*', it must also come to terms with the frustrations imposed on the limitless desires of the id by the internalized claims of social life. A religious solution is found in the configuration of meaning projected on the 'curtain' which forever limits knowledge and contains aspiration.

As a historian Professor Goodenough contributes to psychoanalytic thought in his chapter on The Divided Self in Greco-Roman Religion. Here he demonstrates in quotations from classical mythology and philosophy some of the problems of inner conflict which psychoanalysis attempts to elaborate and explain. A vivid example of the mythological formulation of such a problem is in the Seventh Homeric Hymn, in which, in the language of popular Orphism, the ego overcomes the divisions through the direct acceptance of the ideal, the god Dionysus.

While Goodenough appropriated the essential principles of The Future of an Illusion and to a lesser extent, Civilization and Its Discontents, he was perhaps even less of a Freudian than he believed, and his ambivalent attitude toward psychoanalysis is manifest. More importantly the fundamental concept of a dynamic unconscious, while asserted by him, in actuality gives way to something different: man's conscious conflict is really the focus of the

author's attention. The œdipal and præœdipal situations, for example, are either expressly denied or seen only in such derivative forms as the adolescent's struggle with genital sexuality.

It is also noteworthy that Goodenough did not accept Freud's definition of religious belief as 'illusion'. He saw beliefs indeed as 'projections', but while they were based on fanciful cosmologies and mythical events they were in their way and for their time as valid as the 'projections' of modern science. The upshot is that he includes as 'religious experiences' many affirmations about reality not ordinarily so defined. Psychoanalytic and scientific ideas in general are from this point of view essentially or at least potentially religious, since they too are symbolic projections which help make existence endurable and significant and are capable of commanding powerful allegiances.

However insufficient Professor Goodenough's account may be as a psychoanalytic one, it deserves the attention of students of religious phenomena. He spent his life in search of an understanding of religion as a human experience, and the present quite personal volume, published just before his death, is an attractive footnote to his massive study of religious symbols.

STANLEY A. LEAVY (NEW HAVEN)

THE EXISTENTIAL CORE OF PSYCHOANALYSIS. Reality Sense and Responsibility. By Avery D. Weisman, M.D. Boston: Little, Brown and Co., 1965. 268 pp.

Only some learned psychoanalysts—such as Dr. Weisman—would have been able to write this book; still fewer would have taken the trouble to do so. Written with verve and forcefulness and elaborately reasoned with subtle arguments, its pages are the outcome of ardent and intensive work. The book has a well-selected and extensive bibliography.

After reading the first few chapters, which successfully and soberly present the broad lines of the psychoanalytic approach and subject matter, together with its parallels in some other systems of human thought, the reader is bound to feel that Dr. Weisman has contributed a book in which he presents psychoanalysis as if

he were writing a brief in defense of its theory of psychoanalysis and its therapeutic value to a jury composed of existentialists. In the process he seems to have compromised the method of psychoanalysis and its scientific roots.

As popular and fashionable as the motley collection of ideas and opinions known as existentialism has become, it is still, by the admission of some of its own adherents, a term wrapped in confusion and 'bandied to mean everything from the posturing, defiant dilettantism . . . on the Left Bank in Paris, to a philosophy of despair advocating suicide, to a system of antirationalist German thought written in a language so esoteric as to exasperate any empirically minded reader'. To rescue it from indifference and disrepute, the proponents of existentialism include among their midst such names as Socrates, Augustine, Pascal, and Bergson. They claim that since existentialism deals with being and with man, it is as good psychology as any that has ever been reached through ancient or modern speculative attempts or scientific pursuits.

Whatever may be the educational or the recreational rewards which accrue to the psychoanalyst when he roams from his discipline, he always runs the risk of being dazzled and seduced by the attractions of the seemingly new, the grandly universal, or more artistic outlook on the human condition than his arduous work with a few individuals would allow.

Dr. Weisman questions not only the value of scientific method itself but also the scientific status of psychoanalysis. Despite the limitations and defects of psychoanalysis as it is propounded or at times practiced and despite its inarticulateness and untidiness as compared to physics or physiology, psychoanalysis has been the only serious attempt to apply the scientific method to the study of the mental life of the human individual as a dynamic whole. Because of the complexity of its subject and the psychoanalysts' lag in spelling out what they do or how they theorize, their methodology has not yet been clearly written. However dissatisfied the psychoanalyst may become with the shortcomings of his discipline, he will be doing his own knowledge a gross injustice if he goes along, as the author did, with the view that 'psychoanalysis is a somewhat scientific pursuit, but it is scarcely a science'. Even less acceptable is Dr. Weisman's statement: 'If science demands rigorous definitions and intellectual precision, then psychoanalysis is not scien-

tific'. Nor would the resort to intuitive devices be a happier alternative, unless intuition is made communicable and teachable through the elucidation of its integral components.

In his valiant attempt at rapprochement, Dr. Weisman seems to have identified himself too much with existentialists, at the cost of overlooking some of the basic differences between the two disciplines in approach and in content. The following may suffice to illustrate the gap that can hardly be bridged, however constructive and tolerant the mediator may be: to Jean-Paul Sartre someone commented, 'Your conception of the human condition is a substitute for human nature, just as you substitute lived experience for common experience or scientific experiment'. He answered, 'We are in agreement upon this point, that *there is no human nature* [italics added]; in other words each epoch develops according to dialectical laws, and men depend upon their epoch and not upon human nature'. Such a statement can hardly encourage an analyst—whose sense of omnipotence has been done away with, who subscribes as any other scientist to the concept of the plurality of causes, and who respects the findings of the more advanced disciplines, such as biology or eugenics—to spend as much time and energy in conversing with the existentialists as Dr. Weisman has generously done.

ISHAK RAMZY (TOPEKA)

THE INDEX OF PSYCHOANALYTIC WRITINGS. By Alexander Grinstein, M.D. New York: International Universities Press, Inc., 1956-1966. (Vols. 1-5, covering literature to 1952; Vols. 6-9, 1953-1959, and part of 1960.)

The purpose of the Index is to bring John Rickman's Index Psychoanalyticus, 1893-1926 (International Psychoanalytic Library 14. London: Hogarth Press, 1927, 1928) up to date.

Volume 1 begins with a Comprehensive Introduction, including statement of purpose and detailed explanations which effectively guide the researcher. Tables 1 and 2 list the questions sent to members of the American Psychoanalytic Association to determine the scope of the Index. The answers guided its final organization.

Table 3 features an alphabetic listing of the primary (freudian) psychoanalytic journals. Changes in the journal titles are listed, which makes this table especially useful for the study of the historical development of the analytic periodicals. Table 4 gives the alphabetic listing of minor (freudian) analytic journals and periodicals of divergent psychoanalytic schools. One appendix contains a chronological list of writings by Abraham, Ferenczi, and Freud. There is also an appendix of Freud's writings, listing the English titles in alphabetic order.

Lists of the abbreviations of periodicals and collected works, and abbreviations of abstractors', reviewers' and translators' names are carried through each volume of the Index, except the subject index volumes.

The appendix in Volume 2 lists Ernest Jones' publications in chronological order.

Volume 4 features a compilation of anonymous and/or unidentified publications, including obituaries and reviews and a listing of reports and obituaries. There is also an appendix of reviews by analysts of nonanalytic books.

Volume 5 is the subject index to the first series, covering the literature through 1952. The introduction explains the scope and limitations of the index. Suggestions on how to use the index should be carefully read by the searcher in order to use this tool most effectively. The subject index is based essentially upon titles and broad topics covered. Specific headings were used in preference to broader topics. The appendix gives additions and corrections to the author index. It includes a bibliography of all the authors deceased since the commencement of the Index.

Volume 6 is the beginning of the supplementary series, bringing the coverage of the literature through 1959 and some of 1960. There is also an elaboration of policy and further explanations for the use of the Index. Table 1 gives the alphabetic listing of primary (freudian) psychoanalytic journals. The index of nonanalytic, minor analytic, and neofreudian analytic journals has increased from two and one-half pages in the first volume to six and one-half pages in this volume while, over the same period, the listing of analytic journals has decreased from twenty-three titles to sixteen.

A thorough perusal of each volume yields new and helpful information for a more thorough utilization of the Index. Readers who

feel that the resources of this Index are too limited should study the specific explanations, the introduction, and the table of contents. Before Grinstein's publication the novice psychoanalytic reader and researcher had very little to fall back on for reference and subject searches. Searching Psychological Abstracts with its broad coverage is time-consuming and tends to lead the untutored searcher too far from psychoanalytic subject matter.

The information concerning alternate publication resources is of tremendous help in a field where many of the original publications are no longer available. There is information on each article, whether it has been translated into other languages, abstracted or reviewed—a very important feature in a field where many of the new generation of practitioners and students are not able to read the original language publications. These features have aided training programs in making psychoanalytic reading available to students.

For the librarian there is definitely a demarkation between the areas B-G and A-G. Each time a new volume is published and the impatiently awaited subject index is off the press, reference questions can be answered much faster and the librarian's work is made easier.

The compilation of such an Index is time-consuming, tedious, heroic, and essential. It deserves all our support. The reader can help by reporting errors and by supplying corrections to the editor.

LISELOTTE BENDIX (NEW YORK)

THE VOICES OF TIME. A Coöperative Survey of Man's Views of Time as Understood and Described by the Sciences and by the Humanities. Edited by J. T. Fraser. New York: George Braziller, Inc., 1966. 710 pp.

Psychoanalytic and other scholars are indebted to the editor for conceiving this major work, and for the principal role in its gestation and delivery. Fraser, an electronics engineer and research physicist, spent almost twenty years of his avocational time in creative brooding and prodigious reading about time. Finally he took a trip around the world in order to convince the co-authors to join him in writing original essays with the aim of crystallizing fact and theory about time in their respective fields for the benefit of schol-

ars in general. The core of the book consists of twenty-seven essays divided into four parts of increasing technical and mathematic complexity: Time in Thought, Time and Man, Time and Life, and Time and Matter. This reviewer expected to find variations in originality and other qualities. He was not prepared for the general excellence of the contributions; many provide exciting reading. The reader should not be dismayed by the diagrams and equations in the essays on Thermodynamics and Relativity Theory. They contain considerable intellectual protein in their descriptive portions that the psychoanalyst can digest without too much effort. This book is made more valuable as a reference work by the bibliographies and notes, which are clearly arranged at the end of the essays. The index is also most useful.

A listing of the essays I found most rewarding will also indicate the scope of the book and the stature of its authors: Ideas of Time in the History of Philosophy by A. C. Benjamin, Time and Knowledge in China and the West by J. Needham, Time Perception in Children by J. Piaget (beautifully translated by B. B. Montgomery), The Time Sense in Psychiatry by J. A. M. Meerloo, Some Biologic Considerations of Time by H. Hoagland, Biologic Time by Roland Fischer, and Time in Relativity Theory by Milic Capek. In spite of a mystical trend, Fischer's work is challenging in speculatively integrating data and theory from diverse fields. It is encouraging that the experimental scientists and mathematicians in this volume are not addicted to mathematical reductionism.

Hoagland's and Fischer's essays are directly pertinent to ego psychology. They provide an instructive picture of current research and thought on the biologic and molecular substrates of autonomous ego functions: perception, memory, and thinking. During this reading and my prior reading about research on the neurone I had the impression that this work offered support for Freud's neurophysiologic speculations in his Project for a Scientific Psychology—support that could not have come before the past decade. A rapid rereading of the Project confirmed my impression, my gratitude that Freud abandoned the Project, and my belief that it now deserves careful restudy.

The editor's many short contributions throughout the volume and his final essay, The Study of Time, are erudite and remarkably felicitous in style, though English is not Fraser's native tongue.

Yet the total effect of his work is weakened by two faults. There is needless re-emphasis on the central importance of time. The book remains a splendid contribution to knowledge and a stimulating demonstration of creative minds at work whether or not one agrees with Fraser 'that the search for the nature and meaning of time is a challenge second to none'. Another weakness is the paucity of critical evaluation in his comments on single essays or groups of them. He seems to be equally accepting of von Franz's obscurantist babbling about synchronicity and the profound, challenging ideas of Fischer and Capek. Capek, in contrast, does not hesitate to say that some of his fellow physicists engage in magical thinking when they see proof that time can be reversed in mathematic models of space-time.

The only essay I found inappropriate and discordant was *Time and Synchronicity in Analytic Psychology* by M. L. von Franz, training analyst at the Jung Institute. Familiar Jungian mythology, mental telepathy, and numerology are linked pretentiously with concepts from physics, and offered as an operational package for multidisciplinary investigation. The title plus the author's lip service to Freud at the beginning of the essay will suggest to psychoanalytically unknowledgeable readers that von Franz represents psychoanalysis. The mischief is partially neutralized by the numerous explicitly psychoanalytic items in Meerloo's rich clinical essay and among Fraser's comments. But all these do not add up to a systematic presentation of psychoanalysis and time.

Such a contribution would have taken psychoanalytic theory beyond the topographic stage exemplified by several references in the book to the timelessness of the unconscious. This concept, valuable as it was in the history of psychoanalysis and heuristically useful as it still may be, is no longer tenable in psychoanalytic structural theory in which the sense of time is a mature ego function that operates unconsciously as well as consciously. Disregard for time characterizes primitive thinking which is intolerant of delay of discharge of impulse. The psychoanalytic concept of body representation (image) is fundamental to the sense of space and the handling of external space. This is pertinent to Piaget's and Fraser's interest in developing 'psycho-physical isomorphism'.

Certain more substantial applications of existing psychoanalytic knowledge to the study of time are barely touched in this book.

These have to do with the unconscious conflicts that make the irreversible 'arrow of time' intolerable for most of us, and with the vicissitudes of regressive attempts to cope with mortal terror.¹ The fear of death is far from a self-evident given. It is overdetermined by unresolved preœdipal and œdipal conflicts. These plus other factors, such as ego strengths and impairments and special talents, determine the varieties of success and failure in mastery of the fear of death. The wish to reverse time is consciously unacceptable to many, not only because it goes against the evidence of reality, but because the wish triggers unacceptable repressed wishes—on the deepest level, the yearning for refusion with mother, the paradise from which all our arrows of time are launched. Why does one scientist accept the limitations of certain useful mathematic models of space-time, while another, equally competent, cannot, and insists on reversing time with them; and a third, accepting the limitations of mathematic evidence, leaves his scepticism in the laboratory as he embraces telepathy? As a special manifestation of the return of the repressed, does not preoccupation with telepathy unconsciously gratify the wish for spatialization and neutralization of the arrow of time that cannot be granted by reality testing and physics? Psychoanalysis directed at these and other questions can provide the missing psychologic depth to the multidisciplinary study of time.

In summary, *The Voices of Time*, in spite of some sour notes and shortcomings in orchestration, is a compelling symphony.

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

CHILDREN IN COLLECTIVES. Child-rearing Aims and Practices in the Kibbutz. Edited by Peter D. Neubauer, M.D. Springfield, Ill.: Charles C Thomas, Publisher, 1965. 408 pp.

Discussing the socialist Israeli Kibbutzim in which children are reared from birth not by their parents, but in groups, David Rapaport said in 1958: 'The upbringing of children in these collectives is for the social scientist what an "experiment of nature" is for the

¹ I agree with Dr. Max M. Stern that this translation of *Todesangst* is psychologically more accurate than *fear of death*. See Stern, Max M.: *The Ultimate Trauma, Remarks about Fear of Death and Neurosis*. To be published.

natural scientist'. He might have added that the problem they present to the psychoanalyst is: How can we uphold our convictions about the importance for healthy personality development of a close relation between mother and infant if infants raised away from their mothers develop stable and successful personalities? Does so radically different a rearing bring in its wake different psychosocial and psychosexual crises? And if so, what new and different conflicts and balances will arise between the inner institutions and what different ways of resolving inner psychic conflicts? How can strong egos and superegos develop without a strongly felt and successfully resolved oedipal conflict?

When, then, a psychoanalyst reports on the findings of a study group one might have hoped that these and related questions would be answered. But, alas, this volume disappoints us; though such questions are taken up repeatedly in discussion, they are never truly explored and are not answered.

Essentially this is the report of a five-day Institute held in Israel during the summer of 1963 to discuss Kibbutz methods of child-rearing. Participants came in about equal numbers from the Kibbutz and from abroad. Nearly all the latter were American, with only two from England and one from Holland. Besides Peter Neubauer, the editor, among those from the United States were such other well-known psychoanalysts as James Anthony, Viola Bernard, Marianne Kris, and Fritz Redl. The rest consisted of psychiatrists, psychologists, social workers, and educators, many of them internationally known as specialists with children.

Ostensibly the two groups got together so that both could profit from an exchange of ideas. Kibbutz rearing has been severely criticized in the West, and prevailing opinion, led by Bowlby and Spitz, seems to be that the rearing of children away from their parents is disastrous for the infant and creates severe pathology in later life. So here were two views on what is the best way to rear children clashing head on. It is true that by the end of their stay in Israel most of the visitors from abroad seem to have reluctantly concluded that things are not as they expected. So far so good. The conference might then have been instructive if the visitors had truly questioned the theories that led them to such incorrect preconceived convictions. Instead, such a course of inquiry was blocked—and not only by the difference in basic points of view.

Much more often it was the inability of the participants from abroad to accept their own observations because these ran counter to the theoretical convictions they came with, and to their experience with children in our culture.

One of the five Institute days was spent in visits to various Kibbutzim. Most visiting participants seemed impressed by what they saw, particularly since it so obviously did not bear out the notion that children must suffer when they are brought up away from their parents and in groups. Mr. Alt, of the Jewish Board of Guardians of New York, states: 'What we saw, particularly with regard to the children's senses of assurance, of security, was absolutely overwhelming. . . . [I] was struck by the animation, their evident good health and intelligence, and their unusual poise.' And Mr. Goldston, of the National Institutes of Mental Health at Bethesda, felt that 'the motor development of the young infants appears to some of us to be above normal'.

Nevertheless, the visitors also disagreed about what they saw. For example, Dr. Anthony found that 'of the various age groups that we saw on our visit, the one which seemed to be the least satisfactory from the point of view of emotional support and stimulation was the toddlers [who seemed] not quite ready for group experience, and therefore unable to avail [themselves] of group support'. By contrast, Mrs. Karpe, a psychiatric social worker, who observed a group of restless toddlers waiting for their parents, notes: 'as the children's tension seemed to increase, they took each other's hands and started to dance and sing. Now this is something very unusual for children of that age, I think, especially the fact that they turn towards each other rather than to the metapelet at this moment of tension.' So again, all depends, it seems, on what development one considers important. Or which expert is the reader to believe?

Sometimes the Kibbutz members of the conference could not help pointing out the contradictions in the views of their psychoanalytic critics. Thus one Israeli educator refers to Dr. Bowlby's comment, after his most recent visit to Israel, that 'the admirable qualities of many of the Kibbutz children of age eighteen are products of the excellent facilities the Kibbutz provides for children, aged from, say, eleven years onwards. There is no reason to attribute them to peculiarities of care in the earlier years.' This

the Kibbutz educator finds 'an astonishing statement indeed. If the earliest years and the form of care given to infants are very important, as Bowlby himself asserts, how can he assume that education of the adolescent is alone powerful enough to endow young people so generously and to compensate so richly for the supposed peculiarities of child-care during the early years?' Obviously Dr. Bowlby—and with him many of the participants from abroad—still clings to the conviction that for an infant to be reared by anybody but his mother leads to maternal deprivation since the earliest experiences are all-important. Except, one is tempted to add, where this does not lead to maternal deprivation, and hence is not all-important.

Despite which, the meetings had some effect on the participants. Much against their will, at the end of the conference, Dr. Neubauer and a few others of the visitors from abroad begin to approach the crucial problem, though they still avoid discussing it. Dr. Eisenberg, for example, concludes: 'When one takes the system and theory of psychopathology, built up on the basis of studies on patients raised in traditional Western families, and then attempts to apply this as a standard to the special situation of the Kibbutz, it is quite possible that some of the findings of similarity are in fact artifacts'. And: 'Unfortunately, the psychopathologist tends to find what he looks for—which is a methodological problem in psychiatry and psychological investigation'.

So finally an issue is raised which, if considered from the start, might have led to the question: How did we all arrive at such erroneous preconceived notions, on the basis of our theoretical models (in this case, on mothering, the nuclear family, child-rearing, the importance of private possessions, and so forth)? And if that is possible, what is wrong with them? Moreover, since all methods of child-rearing are the results of certain basic notions on human nature and development, the burning question is how these notions about the universality of our views may need to be changed. Such knowledge is indeed necessary, if only to understand how a society can be created that is free of the anomy and social disorganization that plagues ours, but more important, to question the validity of current theory.

Having finished the book, the reader is left with the uneasy feeling that while the relevance of what Rapaport called an ex-

trremely important 'experiment' has been stated once more, its lesson has not yet been learned.

BRUNO BETTELHEIM (CHICAGO)

TEACHING THE TROUBLED CHILD. By George T. Donahue, Ed.D. and Sol Nichtern, M.D. New York: The Free Press, 1965. 202 pp.

This volume reports on a well-planned and executed study, known as The Elmont Project, in which women volunteers who had been judged to be successful mothers instruct seriously disturbed children on a one-to-one basis, under the guidance of a team consisting of an educator, a psychologist, and a psychiatrist. Experiences with six children are described; their difficulties range from neurosis to brain damage and all were uneducable in the classroom. The results provide a striking illustration of the ego growth possible when the environment is adapted to the child in a relationship with a need-satisfying person who is 'totally there when there', as Augusta Alpert has noted.

The one criticism that might be made of the Project is the use of the title 'Teacher-Mom' for the volunteer, a term bound to be perceived as a threat and reproach to many of the troubled mothers of disturbed children. It may in fact account for some of the maternal sabotage encountered by the Project staff.

The authors have succeeded in explaining childhood disturbances, including the brain-damaged child's difficulties, clearly and in nontechnical language. The value of the book to the educator would have been significantly enhanced had it included discussions of related studies and of the basic psychoanalytic writings on early ego development, of which The Elmont Project is an outgrowth.

RHODA L. LORAND (NEW YORK)

SEX AND THE COLLEGE STUDENT. Report No. 60. New York: Group for the Advancement of Psychiatry, 1965. 129 pp.

This volume on problems of sex in late adolescence and young adulthood, particularly as these relate to the experience of college, is addressed primarily to deans and other college officers; it should also interest psychiatrists and other counselors who work with college students as well as parents, teachers, and the students.

The report draws on the pooled clinical and administrative experience of a group of nine psychiatrists, consultants, and college administrators who have worked with students in college health services, in private practice, or in research. The perspective of the psychoanalytically oriented psychiatrist who has a medical responsibility for students but who also acts as consultant in matters of administrative or educational policy is carefully considered.

In Part I, the development and integration of sexuality in the personality, stressing in particular the developmental tasks of late adolescence and the interrelated aspects of sexuality and intellectual development, is described. This is discussed in nontechnical language using psychoanalytic concepts. An appendix gives a brief description of the psychoanalytic approach to the dynamics of sexual development. Part II, *Sexual Issues on the Campus*, describes and discusses from a developmental point of view types of sexual activity encountered on the campus and some of the issues these raise for college authorities. The topics discussed include heterosexual and homosexual behavior, contraception, pregnancy and abortion, deviations, and faculty-student relationships and sex education at the college level. Part IV suggests some guidelines for understanding and handling sexual issues on the campus. It suggests points of view, based on the authors' experience, that should be considered in the making of college policy; that is, practical procedures that are believed to be appropriate and realistically related to the needs of the institution and its students.

The extensive experience of the authors is reflected in a clarity and simplicity of language that nevertheless integrates the complicated issues of changing mores, the developmental tasks of late adolescence, the obligations and goals of the college in connection with the learning process, and the responsibility of the college for the student within the framework of maturation. This excellent, small volume accomplishes its goals.

ARNOLD Z. PFEFFER (NEW YORK)

DREAMS AND DREAMING. By Norman MacKenzie. New York: The Vanguard Press, Inc., 1965. 351 pp.

Norman MacKenzie, a sociologist and former editor, has here written an informative, readable account of man's concern from

earliest history to the present time with the meaning of his dreams. His book is in three parts, the first dealing with the dream from antiquity to the time of Freud, the second with the discoveries of Freud and his contemporaries, the third with recent physiological and pharmacological researches into sleep, dreaming, and the use of drugs.

In his early history of the dream Dr. MacKenzie has condensed many contributions of philosophers, scientists, writers, and historians into a meaningful unity. Of special interest is the reference to Aristotle's essay on Sleep and Dreams and the discussion of the writings of MacNish and Abercrombie,—two prefreudian writers to whom Freud gave very little recognition.

In the section on Freud and his contemporaries much consideration is given to the work of Jung and Stekel. MacKenzie emphasizes the similarities in technique and interpretative method of Freud and his contemporaries, which he feels did not justify the sharp theoretical conflicts that developed between them. The use of dreams in psychotherapy is discussed with clinical illustrations drawn mostly from Bonime's book on *The Clinical Use of Dreams* and, in the same chapter, the author reviews the use of empathy in dream interpretation and the problem-solving function of the dream as described by French and Fromm. The section on physiological investigations covers the field well though significant researches have been reported since this book was published.

In the concluding section the author propounds his own theory of dreaming. He relates the dream to a biochemical mechanism which includes hallucinogenic elements as well as elements that have an arousing effect. When the biochemical substance accumulates to a certain level, arousal may occur if this is adaptatively desirable, but if not the mechanism can be channeled with the aid of the hallucinogenic elements into a fantasy of deep instinctual feeling which may be combined with an anticipation of everyday problems and the seeking of solutions for them.

Dr. MacKenzie's book provides a useful review of the dream for the general reader and especially because of its historical account should also interest students of psychiatry and psychoanalysis. The many illustrations add to the book's value. A bibliography would make it even more useful.

DOUGLAS NOBLE (WASHINGTON, D. C.)

PSYCHOTHERAPY. A DYNAMIC APPROACH. By Paul A. Dewald. New York: Basic Books, Inc., 1964. 307 pp.

This book is a compilation of material which Dr. Dewald has presented to psychiatric residents. As he states in his introduction, 'the inexperienced psychotherapist is in need of a theoretical frame of reference and orientation to the problems and techniques of psychotherapy'.

The book is divided into three main sections. The first deals with psychodynamics, the second with psychopathology, and the third with the problems and techniques of psychotherapy. The material in the first and second sections is presented in a concise, well-summarized manner, using the basic tenets of psychoanalysis as a unifying framework. The well-selected case material adds quality to the specific problem under discussion. Suggested reading following each chapter is especially helpful.

In the last section, which comprises two thirds of the book, Dr. Dewald presents the problem of therapy as a kind of spectrum: at one end are certain types of patients requiring supportive treatment, and at the other end are those that can be treated with insight-directed therapy. He admits that the latter might benefit from analysis, but for innumerable reasons such treatment is not feasible. He differentiates between supportive and insight-directed therapy, and outlines the maneuvers in therapy under the headings of strategy, tactics, and respective roles of the patient and therapist. He states that in supportive therapy the defense mechanisms of the patient are not to be disturbed and the transference situation kept to a minimum. Interviews are spaced and even cut short according to the patient's needs and ability to tolerate interventions. The insight-directed therapy, as outlined by him, follows the basic concepts of psychoanalysis but modifies the technique so that the therapist actively manipulates the process in a face-to-face position and has less frequent interviews. He permits the development of the transference but not to the point of developing a transference neurosis, and the regression is not to go beyond the level of the latency period.

Dr. Dewald's suggested process, with its highly mechanized and organized outline of strategy and tactics, its activity and manipulation of the transference and the regressive phenomena, can be

likened to a rheostat with the therapist as switchman turning the dial to increase or decrease the current.

It is surprising that, despite the author's recognition that a skilled therapist should treat these complex emotional problems, nowhere does he indicate the need for personal psychoanalysis to qualify the therapist. It is only in his discussion of the countertransference where it is intractable that he suggests the therapist consider personal psychotherapy. It is difficult for a trained young psychoanalyst to respond promptly to all the nuances of the transference, countertransference, and regressive phenomena. Because of their difficulties a period of supervision has been instituted as a part of the training program, and Dr. Dewald is most optimistic about the ability of inexperienced therapists, without psychoanalytic training, to respond effectively. But it seems to me that the inexperienced therapist, to whom this book is addressed, cannot be expected to comprehend the complexities of these problems, nor is he likely to deal with them adequately.

HYMAN L. RACHLIN (NEW YORK)

THE PSYCHIATRIC UNIT IN A GENERAL HOSPITAL. Its Current and Future Role. Edited by M. Ralph Kaufman, M.D. New York: International Universities Press, Inc., 1965. 482 pp.

As Director of Psychiatry at the Mt. Sinai Hospital in New York since 1945, Kaufman has labored unceasingly for the building of a psychiatric institute staffed by psychoanalysts and psychoanalytically oriented psychiatrists. They have been encouraged to work in a general hospital setting without sacrifice to their psychoanalytic frame of reference. The Mt. Sinai Hospital Institute of Psychiatry (with its preponderantly psychoanalytic staff) was formally opened in December 1962. The present volume represents the published proceedings of the exercises held in February 1963 to dedicate the opening. Of the thirty contributors, more than half are psychoanalysts.

The book is divided into six sections. Section One describes the physical setting and its personnel (psychiatrist, case worker, nurse, psychologist, occupational therapist, and behavioral scientist). Section Two deals with inpatient and outpatient services including

the Day and Night Treatment Center. Section Three is concerned with therapeutic programs, the psychotherapies and somatotherapies, the children's group, and the geriatric group. There are also chapters on alcoholism and drug addiction. Section Four is devoted to training and education programs for psychiatric house and attending staff, for nonpsychiatric physicians, and for paramedical personnel. Section Five consists of a paper on Research Potentials of Psychiatric Departments in General Hospitals and Section Six sums up the effects of general hospital psychiatric units on the parent hospital, on other hospitals (state, city, and private), and on the community. After each group of formal papers there is an edited transcript of the discussions which took place at the dedication ceremonies.

This is a valuable book for every psychiatrist working in a general hospital. The psychoanalytic orientation is taken for granted. There is a discussion of how the lengthy training for psychoanalysis affects the development of researchers. Bandler's remarks on the proper use of the concept of resistance might be of particular interest to psychoanalytic teachers.

Psychoanalysts on hospital staffs will want to own this book. It is recommended as well to those who are not on attending staffs for its excellent survey of what is currently happening in psychiatry outside of their own offices and institutes.

SAMUEL R. LEHRMAN (HEWLETT, N. Y.)

DEATH AND DYING. ATTITUDES OF PATIENT AND DOCTOR. Vol. V, Symposium No. 11. New York: Group for the Advancement of Psychiatry, 1965. 75 pp.

The importance and the difficulties of including the death complex in our personality studies and therapeutic horizon are interestingly illustrated in this small readable book. It consists of papers read at a symposium about attitudes of patients and doctors in situations created by the imminence of death in seriously ill patients.

A survey of statistical tables, explained by Dr. Alvin I. Goldfarb, is followed by papers by Dr. Robert H. Dovenmuele and Dr. Samuel L. Feder which deal with responses of patients seriously ill

with cardiovascular diseases and with malignancy, and the responses of the physician to his delicate and trying task. It is significant that in the former group depression—the response to loss and to separation—is chiefly seen, whereas in cases of malignancy this affective response seems to be more rigorously warded off by denial which, as we know, in a puzzling way encompasses both acceptance and warding off, the latter most often with the help of denying activities, symbiotic fantasies, etc. All the authors stress the importance of assisting the patient's attempts to ward off the ominous depression. Various tests and interviews led Dr. Irwin M. Greenberg to postulate the existence of a basic death anxiety. (There is no reference to similar work by Anthony, Bromberg, Kastenber, Schilder, and others.) Dr. Herman Feifel reports experiences with the barriers of the taboo of death that he encountered in his pioneering efforts.

Because of the many valuable observations and because of its singular aspect, this book deserves the attention of the analyst, even though there is too little attempt to deal with the deeper dynamics of the subject.

MAX M. STERN (NEW YORK)

THE ARTIST IN SOCIETY. Problems and Treatment of the Creative Personality. By Lawrence J. Hatterer, M.D. New York: Grove Press, Inc., 1965. 188 pp.

This book reflects the author's admitted attraction to artists. One is impressed that he has had the opportunity to work clinically with such a large number and variety of creative personalities. These experiences have enriched the author's personal knowledge of artists' plight in and with society. He displays keen sensitivity to their economic frustrations, family problems, and their needs for recognition. He is particularly alert and responsive to their affective disturbances due to fallow phases, creative blocks, and self-doubts, and shares with his reader his personal approach in the therapeutic management of these patients.

Hatterer's justification for writing the book is claimed on the grounds that most past investigations of the artist have been either theoretical (rather than clinical) or applied studies based

on the biographies of artists. Although Hatterer's material avoids the use of an artificially created composite of an artist, his emphasis on the living artist's problem in society fails to give us sufficient insights into the artist's special psychological conflicts in his chosen work. Little distinction is made between the composer and the painter. Unnoticed and unevaluated are the differences among the originator, the director, or the performer. The intrinsic nature of each category in the arts entails definitive psychological demands with which the given artist has to contend. A well-developed treatment program demands close attention to the artist's talents and conflicts as they express themselves in his specific creative field.

In the chapter on the theories of the creative process, Hatterer briefly reviews past and present psychological theories on creativity. He favors those current studies which emphasize the artist's 'healthy ego' in the creative process. Unfortunately, the book has neither a bibliography nor an index, which makes it difficult to discern the authorship or source of various ideas that are presented. It thus renders its contents cumbersome as a reference for future studies on creativity.

PHILIP WEISSMAN (NEW YORK)

International Journal of Psychoanalysis. XLVI, 1965.

Eugene Ninincer

To cite this article: Eugene Ninincer (1967) International Journal of Psychoanalysis. XLVI, 1965., The Psychoanalytic Quarterly, 36:2, 312-322, DOI: [10.1080/21674086.1967.11926427](https://doi.org/10.1080/21674086.1967.11926427)

To link to this article: <https://doi.org/10.1080/21674086.1967.11926427>



Published online: 16 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

ABSTRACTS

International Journal of Psychoanalysis. XLVI, 1965.

Heinz Hartmann. Maxwell Gitelson. Pp. 2-4.

In Hartmann's picture of child development, as not explainable in purely intrapsychic terms but having relations as well to a 'typical average environment', Gitelson finds a broader and more satisfactory approach to the problems of the child in the clinic than in ego-id psychology. Hartmann's concepts transcended the narrow dualism that had separated the biological from the sociological in mental development and thus made one aware that psychoanalysis could approach development from a holistic point of view seemingly affirmed in one's everyday experience in the clinic. The author describes Hartmann's career and contributions to psychoanalysis, and provides previously unpublished material on his distinguished background.

The Scope of Heinz Hartmann. Some Selected Comments on His Essays on Ego Psychology. Leo Rangell. Pp. 5-30.

Rangell points out that Hartmann's work adds to and clarifies existing concepts in psychoanalysis. He elaborates the concept of the self and emphasizes the cathexis of the self rather than of the ego as the opposite of object cathexis. He delineates a conflict-free sphere within the ego but also describes conflicts that can exist within it, such as among competing ego interests or ego functions. Hartmann also has enlarged our scope in therapeutic technique, dealing more fully with reality aspects of the patient's behavior, conflicts with reality as well as inner conflicts, and interactions between the patient's neurosis and his non-conflictual functioning. In general he has developed a structural psychology for psychoanalysis which places in balance biological and cultural influences, neither overemphasizing the former in the manner of the Kleinian school nor overemphasizing the cultural in the manner of various other approaches to human behavior.

Hartmann extends the concepts of psychoanalysis to embrace a normal and general psychology and to include direct child observation in its sources of data. His work articulates psychoanalysis with the social sciences, academic psychology, experimental psychology, biology, medicine, and philosophy. Most important, his contributions are stimulating research.

Diagnostic Skills and Their Growth in Psychoanalysis. Anna Freud. Pp. 31-38.

In *Psychoanalysis and Developmental Psychology* (1950), Hartmann expresses the revolutionary view that direct observations can be used as 'indicators of structurally central and partly unconscious developments . . .'. Anna Freud pursues the same line of thought in showing how surface observation of the child can prove useful for diagnosing the patient's state and can help decide for or against analytic treatment, but it must not be mistaken for a technical device serving analytic interpretation. By focusing on the functioning of the ego during evaluation one can note areas of repression, reaction-formation, poor

control, narcissistic withdrawal, etc., and can draw conclusions about the underlying drive content and stages of development in which unresolved conflict began. But one must expect the analysis to reveal additional areas of conflict and modes of coping with it, and anticipate that surface behavior and symptomatology derive from wider sources of conflict than are visible on direct examination. Much additional knowledge of early stages of development has been gained from direct observation of children—for instance, the fact of separation anxiety and much concerning the whole preverbal relationship of mother and child—but these discoveries were made by analytically-trained observers, and all-important facts such as the sequence of libido development and infantile complexes with their manifest derivatives remained unnoticed until reconstructed from analytic work.

The Theory of Therapy in Relation to a Developmental Model of the Psychic Apparatus. Elizabeth R. Zetzel. Pp. 39-52.

In keeping with the suggestion in Hartmann's paper, *The Technical Implications of Ego Psychology* (1951), that 'technical progress might depend on a more systematic study of the various functional units within the ego', Zetzel presents a developmental model of the psychic apparatus relating early object relations to definitive aspects of ego structure and function. This is then related to psychoanalytic treatment. In psychoanalysis the therapeutic alliance that must first be established is equivalent to the relationship of the infant to the mother before structuralization of the psychic functions can take place. Further, just as psychic development contains both progressive and regressive manifestations at all stages, so progress in analysis involves controlled regression necessary to the mastery of conflict and increased adaptation. Finally, just as healthy development leads to independence and autonomy, a satisfactory termination of analysis implies the same.

Structure and Function in Psychoanalysis. David Beres. Pp. 53-63.

Beres considers three theoretical areas which he feels require clarification. 1. The danger of reifying the three components id, ego, and superego; for instance, referring to certain memories or fantasies as contents of the id instead of regarding them as products of specific functions that are in turn allocated to one or another structure of the psyche. 2. The confusion resulting from using the concept of structure less specifically than Freud without indicating the fact; for instance, broadening the definition of structure to include any persisting functional unit or organized psychic element instead of limiting it to include the three structures of the psyche, all without indicating the change of meaning involved. 3. The need for continued emphasis on the functional basis of structure in psychoanalysis. The great value of the functional approach is its applicability to clinical observation. Also, it is in keeping with the wider, modern scientific trend away from analyzing into 'things' toward analyzing into 'processes'. A more fortunate choice of terminology for Freud's tripartite division of functional systems might have been 'the functional theory of psychoanalysis', but the name is of secondary importance.

Foreskin Fetishism and Its Relation to Ego Pathology in a Male Homosexual. M. Masud R. Khan. Pp. 64-80.

The sexual interests and activities of Khan's patient were exclusively centered in the foreskins of beautiful youths. He had himself been circumcised at birth. The fetish had complex derivations but especially related to longing for oral union with the mother, who had both seduced and rejected him beginning in early childhood. From a later level of development the foreskin symbolized the mother, the glans symbolized the father, and the foreskin enclosing the glans symbolized the mother and the father happily united. This contrasted with reality as the father and mother had quarreled and divorced. Narrow focus on the foreskin also served as a defense against fear of total surrender and collapse relating to early experiences with the mother. In Hartmann's idiom, the fetishism in this case, as well as in general, could be postulated as a pathological substitute for secondary autonomy. In a ten-year follow-up, the patient was found to be 'doing good work in an atmosphere of social belongingness', but it is not stated whether he achieved heterosexuality.

A Clinical Study of the Effect of a Failure of the Average Expectable Environment on a Child's Mental Functioning. D. W. Winnicott. Pp. 81-87.

A six-year-old boy thought to be mentally retarded was brought for consultation at the suggestion of the mother's analyst, who suspected the diagnosis to be wrong. In the course of twenty-seven drawings during a single interview, the boy developed, with the help of the author, the situation of a mother going to sleep while holding her baby. The mother confirmed that when the boy was fourteen to sixteen months old she experienced a severe depression characterized by going to sleep while engaged in various tasks. Following the consultation, learning at school seemed to be released and the boy made steady growth at home. The diagnosis was changed to infantile schizophrenia with a tendency to spontaneous recovery. The study is a specific example of the effect on a child of the failure of what Hartmann has called 'the average expectable environment'.

Notes on Childhood Depression. Joseph Sandler and W. G. Joffe. Pp. 88-96.

It is probable that the clinical manifestations of depressive reaction in childhood are found in identical form in adults. What do not appear to occur in young children but do in adults are pathological identifications and introjections that are the consequence of defensive and restitutive processes. While it is clear that tolerating frustration, and the depressive affect associated with it, is important in development, the experience of depression in itself would not appear, as Hartmann has suggested, a valuable one. The outlook becomes progressively bleaker for children and adults who react to disappointment with a depressive response, who fail to individuate, and who cannot withdraw their attachment from infantile ideals.

The Place of Values in Psychoanalysis. Ishak Ramzy. Pp. 97-106.

Hartmann emphasized in 1960 that the analyst in his therapeutic work will keep other values in abeyance and concentrate on the realization of only one category of values: health values. Many analysts, however, question whether the analyst can keep his own values entirely out of analysis as Hartmann and others contend. For instance, Karl Menninger emphasizes that the psychoanalyst believes, lives for, loves, considers good and evil, becomes known to the patient and influences him enormously. In any event, it is important that psychoanalysis realize that the problem of values is as valid an area of scientific research as other areas of the personality, and that psychoanalysts are best equipped to investigate it. Such would be an important step toward rescuing value studies from the age-old speculative approaches and would establish the study of values as an empirical discipline.

Criteria and Technique for the Termination of Analysis. S. Nacht. Pp. 107-116.

A time comes in every case when the attitude of benevolent neutrality becomes gradually more harmful than helpful and may prevent liquidation of the transference. It must be replaced by a new 'presence' (a 'deep-down goodness' described in previous papers), felt as well as shown, which the patient may confront, identify with if necessary, and measure himself against. It may include sitting face-to-face and the spacing out of interviews, and it will involve brief interpretations directed more and more toward behavior external to the analysis and less and less toward the closed world of the analysis and the relationship to the analyst. In cases very traumatized by life it may include an increase in length and frequency of interviews for a while and a compassion for the misery that underlies the patient's incessant and outrageous aggression. For all of this the analyst must be basically 'good' if the patient is to succeed in cathecting him as a 'good object'.

Towards a Metapsychological Definition of the Concept of Self. Heinz Lichtenstein. Pp. 117-128.

Is the important concept of self, as elaborated by Hartmann, solely the synthesis of the id, ego, and superego, or do we not have to regard the self as quite distinct both in origin and function from the other psychic structures? An alternative conceptualization might define the self as the sum total of all transformations which are possible (i.e., realizable) functions of an early-formed invariant correlation of the various basic elements of the mental apparatus. This definition seems compatible with the observation that the self-experience includes all the past selves of one's life and not-yet-lived future. The early-formed invariant correlation refers to a separate, autonomous, organizing factor, definable as a primary identity—the equivalent of a third force beyond the instinctual drives and the impact of reality.

Some Aspects of Scientific Theory Construction and Psychoanalysis. Samuel A. Guttman. Pp. 129-136.

The history of science shows that from time to time new paradigms or theoretical frameworks appear which for a period provide model problems and solutions to the practitioners of the science. Eventually, however, the paradigms become confining and hinder progress. At the present time both scientific textbook teaching and the teaching at psychoanalytic institutes appears 'paradigm-bound' or opposed to novelty of approach. This also appears true of a large number of current contributions in the psychoanalytic literature. Whether Hartmann's broadened concept of structure over that of Freud is a new paradigm rather than but a paradigm shift is uncertain at present. What we may need in the coming years is a return to basic ideas and a deeper understanding of fundamentals before a new paradigm can appear.

Teachings and the Beginnings of Theory. Bertram D. Lewin. Pp. 137-139.

Teaching and theorizing coincide, and teaching often leads to the production of good theory. For instance, Wolfgang Kohler's book on topological psychology grew out of the use of blackboard figures as illustrations that the author came to recognize eventually as representations of new and real concepts. Freud used diagrams of the psychic apparatus (*The Interpretation of Dreams*, *The Ego and the Id*, *The New Introductory Lectures*) that were useful to him as a teacher and to his pupils as frames of reference for many expositions. This is not to say that diagram-formation is theory-formation. But to teach well we must clarify and organize ideas, and the talent that comes to fruition in the classroom in clear and condensed presentation is often identical with the one that produces theory. Freud's theory of the instincts is called his *Trieb-lehre*. As *lehre* comes from *lehren*, meaning 'to teach', theory and teaching can be seen here nearly to coincide. At times a sort of regression can occur which results in undesirable reductionism both in theorizing and in teaching. Hartmann has stated this incisively in the remark that while quantum theory undoubtedly holds throughout the whole of nature, one would not wish to invoke it in the teaching of bridge building.

Ego Autonomy Re-evaluated. Robert R. Holt. Pp. 151-167.

It is tricky to decide in any particular behavior whether the ego is autonomous or not. For instance, automatic opposition to a drive impulse by an ego defense is considered autonomy of the ego from the id. Yet here the ego does not wield anticathetic force out of realistic consideration but primarily in response to the drive itself or to the superego. As Erikson has stated, 'A system must have its utopia. For psychoanalysis (that is, for id psychology) the ideal is "genitality".' For ego psychology it would appear to be autonomy, a slogan emblazoned on the banner of ego psychologists in their struggle against the excesses of traditional id-oriented thinking. What is needed at present is detailed consideration of the complex interactions between external inputs, endogenous inputs, and the structure of the psychic apparatus itself. Such ex-

planatory concepts should eventually make the descriptive, evaluative concept of autonomy take a relatively minor role in psychoanalytic theory.

Ego Psychology, Psychic Energy, and the Hazards of Quantitative Explanation in Psychoanalytic Theory. Bernard Apfelbaum. Pp. 168-182.

The ego psychology of Hartmann admittedly returns to earlier physiological and physical models of flow and barrier for the psychic apparatus as formulated by Freud in the *Project* and in Chapter VII of *The Interpretation of Dreams*. It is therefore quite different from Freud's ego psychology, which was built from the later discoveries of the unconscious ego defenses and superego. Hartmann and his co-workers in essence see abreaction or catharsis as the therapeutic goal and are limited to the basic choices as stated by Gill (1951): whether in a particular case to strengthen the defenses or to allow them to be broken through. This is a reversion to Freud's earlier limited therapeutic approach and abrogates his later one of abolishing resistances and of working through. It leaves no room for such concepts as, for instance, one made explicit by Bibring in which the drives are seen to create 'developmental tension' when prevented from further development by unconscious defenses but can then continue their growth when the defenses are removed. This clinical view is denied to the physicalistic theorist, because he sees the id as composed of instinctual energy and energy cannot 'develop'. Hartmann's interest in innate capacities and conflict-free functioning is closer to common sense and, on a clinical level, closer paradoxically to the earlier 'id analysis' than 'ego analysis'.

The Negative Ego Ideal. Stanley M. Kaplan and Roy M. Whitman. Pp. 183-187.

Shame is described as occurring when the individual fails to live up to the positive ego ideal. There may be value in delineating another intrapsychic structure, the negative ego ideal, which is the internalized negative standards of the parents and culture. Intense shame, humiliation, or mortification (Eidelson 1957, 1959) occur when the individual feels about himself in a way which approximates the negative ego ideal.

The Psychology of Blushing. Jule P. Miller, Jr. Pp. 188-199.

A successfully analyzed case of pathological blushing is presented, followed by a formulation as to the cause of blushing that would reconcile current conflicting views. All influences leading to increased shame tension between the ego ideal and the ego, and thereby to a relatively unmodulated affect discharge of shame, tend to produce blushing in a physiologically reactive individual. The influences include special ways in which instinctual derivatives, ego defenses, and superego immaturities contribute, and the influences also include social and cultural factors that modify the ego ideal through their effect on the parents, as well as through later identifications of the individual with nonparental figures.

Some Comments on the Distribution of Narcissistic and Object Libido in the Aged. Sidney Levin. Pp. 200-208.

Normal aging depends considerably on redistributing libido to new objects and new aims. Such redistributions include some withdrawal of narcissistic libido from the ego ideal and redirecting it to other forms of narcissistic satisfaction. Only a limited amount of object libido can be successfully distributed to narcissistic forms of satisfaction. Therefore, when object loss occurs new objects are necessary if emotional disturbances are to be avoided.

Transvestitism as an Impulse and as a Defense. Morey M. Segal. Pp. 209-217.

Transvestitism is an ultimate condensation of the self and object, sucking infant and actively feeding mother, foetus and pregnant mother, a blending of homosexual and heterosexual tendencies (both active and passive), of sadism and masochism, of the little girl, father, and mother. Donning female clothes permits the subject to re-create a symbiotic mother-infant state that prevents inundation of the ego by intense pregenital drives. At the same time the act is an autonomous re-creation of a primary active-passive relationship that nullifies loneliness, emptiness, and agitated tension, and promotes elation and confidence.

A Clinical Type of Male Homosexuality. René de Monchy. Pp. 218-225.

A type of practicing homosexual encountered fairly frequently differs from the 'normal' type in lack of a passive attitude. Instead, he is rather independent, headstrong, opinionated, and hard to influence. From early youth the woman is experienced as dangerous, domineering, and castrating. In the anamnesis the father-figure is missing in childhood, suggestively feminine behavior is present, strikingly high cultural standards are contrasted with crude, reckless homosexual practices, and there is a feeling of being 'out of it' with the social environment. A wide variety of abilities sometimes leading to too much versatility can result in failure of achievement. In the analytic relationship these patients show a somewhat irritating tendency to contradict, complain that they are not getting what they rightly deserve, and cannot easily tolerate the silent analyst who, like the father, gives them too little. Diagnostically they lie between perversion and obsessional neurosis. Prospects of heterosexuality are not good, but it is possible to achieve a happier life by smoother adaptation and better control of reckless behavior.

Uses of Affect Observed in a Histrionic Patient. Paul H. Seton. Pp. 226-236.

Histrionics are most often taken as an instrument of interpersonal relations. However, in the case reported they are seen chiefly as an adaptive instrument of the ego in its intrapsychic operations. The shifts of affect are viewed as occurring along a continuum extending from the surface of the personality structure in the form of moment-to-moment feelings, through middle levels of shifts in sentiment and mood, down to the level of early internalized objects who, conserved as affective configurations, are summoned to effect alterations in current identifications or seemingly to create environmental change.

A Specific Parameter: Concurrent Psychotherapy of the Spouse of an Analyst and by the Same Analyst. Terry C. Rodgers. Pp. 237-243.

Marital flare-ups are a frequent form of resistance in analysis. These 'jam' the transference communication with the analyst. Seeing both partners often helps to clarify both the current situation and the transference. The greatest obstacle lies in the multivectoral nature of the countertransference. The procedure is contraindicated when either partner is manifestly paranoid or when one or both partners have already decided covertly on a divorce.

EUGENE NININGER

Journal of the Hillside Hospital. XIII, 1964.

Psychosis, Somatic Disease, and the Perceived Body. Jay Lefer. Pp. 18-31.

The psychotherapy of two adolescent girls with asthma, neurodermatitis, and schizophrenic reactions revealed the importance of the role of primary process concepts of the body. The perceived body, i.e., the unconscious conception of the body, was experienced as a breast, as a penis, as invisible and concretized. There were primitive identifications with the parent of the opposite sex along with the experience of the skin as a direct extension of the mother. Psychosis and psychosomatic conditions may be associated with pathological introjects. Verbalization, the use of secondary process thinking (as well as a therapeutic milieu) may decathect these introjects. There is a discussion of Schur's concepts of ego defect, primary to psychosis, ego impairment, and psychosomatic illness, and the nature of the regression in these illnesses.

Antigone—A Preœdipal Old Maid. Philip Weissman. Pp. 32-41.

The author follows those formulations of Freud on female sexuality concerning intense father attachments as reflections and extensions of a prior intense preœdipal mother attachment. Antigone's father nursing and tending of Œdipus shows this along with the reversal of the regressive oral wish. Her loyalty to both dead brothers, Eteocles who defended Thebes and Polynices who attacked the city, shows an irrational devotion to family, here, a reflection of preœdipal fixation. Similarly, her defiance of Creon and her renunciation of her betrothal to Haemon, Creon's son, stem from the same sources.

An Exploratory Study of Reunion Fantasies. Irwin M. Greenberg. Pp. 49-59.

This initial study of reunion fantasies with a loved one was made with hospital patients. Some were psychologically ill and some physically ill. The hypotheses are: disappointed or depressed people turn to dead objects by way of a suicide fantasy or act; others, unable to tolerate intense ambivalent relationships, turn to suicide as an escape. Dying people with organic disease reinvest their feelings in dead loved ones. Relatively healthy people, under the stress of surgery, may have fairly accessible reunion fantasies.

Psychiatry and the Theater. Philip Weissman. Pp. 100-103.

Although there is a special inherent bond between psychoanalysis and drama, there can be no real marriage. Each has special knowledge, exchangeable but never interchangeable. In criticism of the theater, however, the analyst can help in several ways: he can be expert in the authenticity of those dramas which claim to be psychological; he can clarify psychological nuances within a play; he can demonstrate the unconscious connections between a dramatist's life and his created works.

JOSEPH AFTERMAN

Journal of the Hillside Hospital. XIV, 1965.**Countertransference in Therapy of Childhood Psychosis.** Robert C. Frall and Margaret N. Dealy. Pp. 69-82.

Powerful unconscious countertransference attitudes occur in the treatment of psychotic children. There are certain frequent reactions which include: rescue fantasies and expectations for rapid improvement, leading to discouragement and pessimism; overidentification with the regressive behavior, aggression, or certain defenses such as projection and denial; over or under investment of libido in the treatment; discomfort in handling the primary process phenomena that may require extensive body contact; inability to tolerate the necessary symbioticlike relationship, which, once established, may cause difficulty in fostering separation-individuation; excessive anxiety in the therapist provoked by the child's massive anxiety. Dealing with these reactions in supervision is essential to the therapy of difficult cases.

Weeping, Urination, and Grand Mal. George Devereux. Pp. 97-107.

Specific case material and anthropological data are used to demonstrate the utilization of sudden bursting into tears, and active 'orgastic' urination for the expression of inhibited emotions. A particular patient's grand mal seizures represented a cataleptic 'orgastic type of discharge' of inhibition of affect, as was true with her weeping and urination.

A Case of Transvestitism in a Six-Year-Old Boy. Fred B. Charatan and Harold Galef. Pp. 160-177.

A six-year-old boy with a three-year history of transvestitism suffered from oedipal and preoedipal anxieties. Psychotherapy of this child and his mother revealed the mother's wish for a penis. Her son's transvestitism represented his attempt to identify with his powerful and frightening mother. Their sadomasochistic relationship protected him from guilty oedipal activity. On a deeper level he gratified his oral needs and avoided the risk of incorporation by her or becoming like her. An interesting feature of this case, which occurred at the end of therapy, was that the boy hallucinated the voice of a little person within himself who told him to do certain things.

Clinical Symposium: Observations on the Process of Identification. Mollie S. Schildkrout. Pp. 185-205.

The psychotherapy of a six-year-old girl and her mother revealed many common features. The mother regressed to an anal sadistic stage in her mothering. The girl was fixated at approximately the same phase and was unable to resolve the œdipal conflict. Ambivalence and reciprocal identification characterized their relationship. The child identified with the aggressive mother in many ways: jealousy, prejudice, hostility toward men, penis envy, anger, and depression. She identified with the aggressor and projected her guilt and unacceptable impulses. This led to the expression of anxiety and depression through outbursts of aggression.

The Concept of the Representational World. David N. Graubert and Abraham Levine. Pp. 227-233.

According to Sandler and Rosenblatt, the representational world exists between the ego and the outside world as a buffer of introjected and internalized objects, part objects, and symbols. It includes experiences with significant objects and information of the person's own body. As a storehouse of past experience, it is useful to the ego in terms of its perception and evaluation of the outer world. The ego's sense of well being and affective tone would be a function of the degree of consonance between ego activities and the historical framework within the representational world. The interaction of ego and representational world determines psychic function. In sum, what is proposed is the consideration of a 'schema of psychic space', the representational world, which is a 'field of function of a construct called ego, closely related to it genetically and developmentally but distinguished by a factor of consciousness'.

JOSEPH AFTERMAN

Psychiatric Quarterly. XXXIX, 1965.

Obsessional Paranoid Syndromes. G. J. Goldberg. Pp. 43-63.

Four cases are described in which paranoid and obsessional elements predominate the psychopathology. In some the mechanisms exist simultaneously, in others they appear to alternate. The author discusses some of the literature on the relationship between obsessional states and schizophrenia. Some observers may disagree with the nonpsychotic designation by the author in view of the frankly delusional nature of some of the obsessions.

Interpersonal Psychodynamics of Voluntary Psychiatric Admissions. H. C. Stancer; J. A. Sours; and L. Gidro-Frank. Pp. 516-535.

Twenty patients were grouped according to the number of voluntary admissions each had in a ten-year period. The request for hospitalization seemed to be precipitated by a change in the dyadic relationship with the closest

family member, rather than any increase in the psychopathology. Treatment of the family member as well as the patient helped to restore the old relationship or to establish a new level of adaptation.

Prostitution: A Survey and Review of Twenty Cases. Arnold S. Maerov. Pp. 675-701.

A study of imprisoned prostitutes revealed several common features. Nearly half had overt homosexual relationships, the remainder had obvious latent homosexual conflicts. None enjoyed heterosexual activity. Many enacted sadomasochistic roles with customers and pimps. Prostitution is often preceded by a traumatic event in adolescence, such as rape, pregnancy, or object loss in an individual exposed to sexual and aggressive overstimulation in childhood by rejecting parents.

NORMAN GOTTREICH

Revista de Psicoanalisis. XXII, 1965.

A Symposium on the Criteria for the Selection of Candidates for Psychoanalysis. Pieter J. van der Leeuw. Pp. 253-262.

American and European methods of selecting candidates are compared. The author feels that the selection of the right candidates is the weakest link in the teaching of psychoanalysis. The important points to be considered are: 1, ability to be introspective; 2, capacity to identify (whether of a mature or a narcissistic type); 3, empathy or emotional knowledge (comprehension); 4, autoanalytic capacity; 5, insight versus blind spots and limitations; 6, the candidate's analysis should be experienced as something new and in the realm of a discovery; 7, integrity of character in the candidate; 8, the ability of progressive maturation; 9, emotional tone in relationship to other people; and 10, the ability to tolerate solitude in the interpersonal relationship. These points are evaluated in interviews with candidates. The main effort is geared to rule out the so-called 'good students' in order to determine whether they have a rigid and fixed character or have neurotic conflicts including detachment and depersonalization.

GABRIEL DE LA VEGA

Meetings of the New York Psychoanalytic Society

Jay Shorr & Stephen K. Firestein

To cite this article: Jay Shorr & Stephen K. Firestein (1967) Meetings of the New York Psychoanalytic Society, *The Psychoanalytic Quarterly*, 36:2, 323-328, DOI: [10.1080/21674086.1967.11926428](https://doi.org/10.1080/21674086.1967.11926428)

To link to this article: <https://doi.org/10.1080/21674086.1967.11926428>



Published online: 16 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

March 15, 1966. TRUTH OR CONSEQUENCES: RECONSTRUCTIVE DISTINCTIONS BETWEEN FANTASY AND REALITY. Oscar Sachs, M.D.

Dr. Sachs considers the importance of interpreting reality that has become admixed with fantasy, and the role of the superego in reality testing. Difficulties are frequently encountered in distinguishing between fantasy and reality in the 'memories' of traumatic events described by patients. In the early years of psychoanalysis there seems to have developed a pragmatic attitude that it made little difference whether a remembered traumatic event was real or fantasied: subjective drive-dependent experience was accorded the primary ideological significance. More recent emphasis has been on 'conflict patterns' and tends to approximate Freud's view that unconscious fantasies are roughly equivalent to actual traumatic events. In certain cases, the necessity to uncover or reconstruct specific traumatic events may be limited to a vital, repressed detail that alters the meaning, or to the truth or falsity of the event. It is especially important to delineate actuality when this has been denied prior to repression; when the denial comes from an authoritative source—such as a parent—later superego function may interfere with reality testing. Dr. Sachs presents a case report to demonstrate this problem as well as that of the effect of parental prohibition and denial of reality.

There appears to be more masochism and guilt created from acts of reality than fantasy if these occur when superego formation is already well developed. In Dr. Sachs' patient there was frequent confusion between self and object and an interference with certain aspects of reality testing as well as guilt feelings. The reality distortion related more to superego demand than to ego distortion. For this patient the distinction in reality between who was lying and who was guilty was vital to the resolution of her obsessional symptoms and her anxiety. Greenacre, in *Re-evaluation of Working Through*, has made the distinction between fantasy and actual traumatic events in a patient's past. Repetitive elements in dreams, jokes, stories, and actions alert us to the possibility of repressed, real traumas. Sachs emphasizes that obsessional thoughts concerned predominantly with visual imagery denote a more severe ego regression than those expressed predominantly in words.

DISCUSSION: Dr. Rudolph Loewenstein discussed the process and effect of interpretations and reconstructions, and stressed the intimate connection with verbal phenomena in the analytic process. Hartmann has described the complicated effect on the neurotic complex by way of the 'multiple appeal' of interpretations. Sometimes the symptom complex does not yield to interpretation, but then suddenly, after one well thought-out interpretation, there may be a dramatic change; at other times it appears that the interpretation is effective only when the reconstruction is the crowning of a long labor preceding it. In Dr. Sachs' patient the role of words appears to have played an important

part in her symptom and development; there was an autonomous development of speech and words which might be specifically related to the role of her mother. In addition to being intimately bound with learning reality through telling the truth, words were of importance in distorting reality through lies, so central in this patient's development.

Dr. Lawrence Roose emphasized the symbiotic nature of the relation between Dr. Sachs' patient and her mother, which stemmed not so much from mutual support of fragile egos but from sharing of guilt.

JAY SHORR

March 29, 1966. FEAR OF DEATH AND ANALYTICAL TECHNIQUE. Max M. Stern, M.D.

Fear of death and its relationship to psychoanalytic technique has been neglected in the literature. Dr. Stern's thesis is that 'fear of death is essentially fear of repetition of mortal anxiety experienced in early traumatic states, with the difference that while these have been overcome, the ultimate trauma will be final'. Mastery of this fear is developmentally essential and must be worked through for successful termination of an analysis.

Material pertaining to fear of death emerges early in certain analyses and may lead anamnestically back as far as age three years. 'Symbiotistic' fantasies (fantasies of re-establishing the infantile symbiotic relationship with the mother) arise as specific defensive structures. In these cases, working through the fear of death has a dramatic catalytic influence when a stalemate has occurred after years of analysis. In the transference the analyst represents the protective mother, fusion with whom serves as defense against fear of death. Interpretation of such transference wishes is followed by depression and regression to 'symbiotistic' fantasies. Working through leads to exploration of the original conflictual phase of separation-individuation and ego maturation ensues. Stern presents two cases in which fear of death was an important focus.

Inquiry into the nature of fear of death led the author to suggest a revision of the translation of Freud's term *Todesangst* as 'mortal anxiety' rather than as 'castration anxiety'. Freud defines mortal anxiety as the affect emerging when the ego 'lets itself die' in a situation of real danger that appears overwhelming. The situation of overwhelming danger enlivens wishes for maternal symbiosis for at that phase of development gratification by the mother protects against trauma and death. Stern points out that death would not be feared were it not regarded as a 'repetition of a previous situation in which the ego experienced its own annihilation'. Pavor nocturnus is a not uncommon infantile experience that confronts the individual with the prospect of death; in adult life it may even be that such anxiety dreams lead to somatic death in susceptible individuals, such as those with cardiac ailments. Various screen memories conceal fears of vanishing into nothingness; anal and toilet fears may have such screening functions. Fears of suffocation also belong to this group, as do fears of nocturnal intrusions by murderers. Terror of the disappearance of the entire body may be displaced onto any part of it.

'Fear of death is fear of mortal anxiety ending in death.' Adaptation to the

prospect of death is a part of personality development, and requires comprehension of the facts of death and the successful achievement of the developmental phase of separation-individuation. The author suggests that part of the 'stickiness' of infantile defenses that impede analytic success may stem from fusion of fear of infantile traumas with fear of future death. Emergence of symbiotic urges under the stimulus of this fear represents a use of the infantile defense to ward off the future trauma. The fear of death cannot become fully accessible without working through the infantile trauma.

DISCUSSION: Dr. Frank Berchenko elaborated from clinical material some of the most obtrusive features of patients suffering from unusual fear of death. Like Peter Pan, these patients have retained an infantile self-image. Feeling constantly threatened by death, they shun adult responsibilities and seek spouses who will play the role of the parent.

Dr. Max Schur spoke of Freud's comment that 'the core of the danger situation is the feeling of helplessness, and . . . this certainly applies to our attitude toward death. . . . With age death becomes increasingly a content of the danger situation.' While Dr. Schur concurred with Dr. Stern's emphasis on the importance of the fear of death in our mental life, he took issue with the translation of *Todesangst* as 'mortal anxiety' and with the postulated associated states of shocklike motor paralysis. When Freud wrote of the experience of being paralyzed in the face of excessive excitation, he was designating a psychic paralysis, 'a paralysis of the performance of the pleasure principle'. Noting Freud's clarification of the essence of the danger situation as the subject's estimation of his helplessness in the face of it, Dr. Schur underscored the importance not merely of the content of the danger but the ego's response to it. In these terms, Dr. Stern's analytic success in contending with his patients' fears of death stemmed from his having explored the feared traumatic situation from the side of the ego.

STEPHEN K. FIRESTEIN

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

March 7, 1966. FREUD'S DREAM OF THE OPEN-AIR CLOSET. Alexander Grinstein, M.D.

The author presented material from a chapter in his forthcoming book on Freud's dreams, which will study the source material of Freud's allusions and references in his associations to his dreams.

In discussing Freud's associations to his dream of the open-air closet, Grinstein reviewed the story of Hercules, to which Freud referred. He then quoted Jonathan Swift's account of Gulliver's extinguishing the fire in the Lilliputians' palace by urinating on it; as a result of his action, Gulliver was threatened with having his eyes enucleated, a punishment symbolic of castration. Freud then referred to Garnier's illustrations to Rabelais' Gargantua, the pages of which he had been turning over before going to sleep. Study of the

specific picture in which Gargantua was sitting astride Notre Dame and turning his stream of urine toward the city affords an opportunity to trace the transformation of its elements into the manifest picture in Freud's dream of the open-air closet.

After a discussion of Freud's reference to the last episode in the dream about Count Thun, Grinstein reviewed Conrad Ferdinand Meyer's *Die Leiden eines Knaben*, which Freud had read before going to sleep. The story deals with a boy, Julian Boufflers, the son of a marshal of Louis XIV. As he was not very bright, the boy was turned over to the Jesuits for education after his mother's death. For a time the Jesuits were considerate of the boy's intellectual difficulties and he made satisfactory progress, but after his father discovered some duplicity in which the Jesuits were involved, they did everything possible to make life more difficult for the boy. Lured into becoming an unwitting pawn of some of the other boys' pranks, Julian sketched a picture caricaturing one of the teachers who had a large and prominent nose. He was beaten so severely by the headmaster that his back was broken and he died after a few days. Grinstein demonstrates how Freud's reference to this story fits in with his associations to the last episode of the Count Thun dream, his aggressiveness toward his father, and his account of incidents in early childhood. In addition, Grinstein comments on the significance of the name of the hero, a name similar to Julius, Freud's younger brother who died in 1858 of a gastro-intestinal ailment at the age of six months.

From study of the associations to Freud's dream, it is postulated that the reference to the Garnier illustration of Gargantua astride Notre Dame indicates a libidinal component connected with Freud's relationship with his mother or nurse. His reference to Meyer's short story, on the other hand, dramatically expresses the theme of the consequences for libidinal wishes as well as for aggression against a father-figure. Together, the two themes represent the two aspects of the *œdipus complex*. At the outset of his presentation of his dream, Freud indicated that he felt every reader would react to it with disgust whereas he himself experienced no disgust. In his discussion, he stated that it was because the dream had to do with his 'megalomaniac wish' that the affect of disgust was suppressed. By considering the details of the day residues one may understand how the dream gratified many of Freud's wishes, especially the wish to undo his father's criticism and elevate Freud to the position of a really great man.

DISCUSSION: Dr. Max Schur was impressed with the painstaking research Dr. Grinstein applied to the latent content and to Freud's associations, but he did not feel that the author had provided a more penetrating interpretation of the manifest dream than Freud was either willing or able to give. Dr. Schur had hoped that this study would be limited to showing how intimately the context of Freud's literary references was interwoven with his associations. It was important for Freud to find in works of art and in mythology the same leitmotif he discovered in his self-analysis and in the analyses of patients; he looked to literature for confirmation of the ubiquity of infantile fantasies, especially since his main source for his theoretical conceptions was his own

dreams. Dr. Schur has reservations about Dr. Grinstein's 'more complete' interpretations of Freud's dream. When Freud's references include a work of art, we cannot automatically conclude that all the elements of that work must be also elements of the basic dream. Further, Freud's references to this and other dreams and his interpretations were part of the textbook he was writing; he had a total work in mind and references to other dreams were necessary to illustrate a point. In the interpretation of this dream, Freud was trying to explain a particular element of the dream work—'an indifferent feeling tone of the content of the dream can be explained by the antithesis between the dream thoughts'. Dr. Schur did not feel that the author's reinterpretation added to our understanding of the open-air closet dream.

Dr. Leon Altman felt that Dr. Grinstein's study afforded us a glimpse into the many sources of the ideas Freud used to make his masterpiece, the dream, together with his discovery of his method of transplanting it back to its elements. However, Dr. Altman urged that the manifest content of the dream be understood also in terms of the day residues, the ego, and particularly the defenses. In the open-air closet dream, we can see Freud's defense of isolation. He stressed that in this dream Freud's ego was revolted; in the dream itself affective intensities were practically stripped away. An understanding of this dream would include a wish from his ego as well as a wish from infantile sources.

Dr. Jan Frank spoke of the manifest content of Freud's parapraxis about the name Signorelli and his signing a letter to his mother 'Sig'. Dr. Leonard Shengold felt that simply to connect the details of the dream to oedipal and preoedipal conflicts did not add to what is known or could be surmised.

In closing Dr. Grinstein noted that he did not intend to reduce Freud's formulations and dreams to id content, nor did he wish to say merely that Freud had an oedipus conflict. He was interested in tracing Freud's steps in the formation of the manifest content from the raw source materials—Freud's self and the literary works with which he was familiar. Ego psychology, however, did come later to Freud who, in 1895, was interpreting 'downward'.

JEROME S. SILVERMAN

The Twenty-fifth INTERNATIONAL PSYCHO-ANALYTICAL CONGRESS will be held in Copenhagen, from July 24 to 28, 1967. For further information write: The Secretary, Ebbe J. Linnemann, M.D., Montebello, Gentofte, Denmark.

At the 1966 Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION the following officers were elected: President-Elect, Samuel Ritvo, M.D.; Secretary, Eugene Pumpian-Mindlin, M.D.; Treasurer, Edward D. Joseph, M.D.; Councilor-at-Large, Arthur F. Valenstein, M.D.

The Second Annual HEINZ HARTMANN AWARD has been given to René A. Spitz for his book, *The First Year of Life*.

The New York Psychoanalytic Society held a reception on January 17, 1967, in celebration of the seventieth birthday of BERTRAM D. LEWIN, former President of the Society and Institute. Drs. Jacob A. Arlow, K. R. Eissler, George Gero, Otto Isakower, and Lawrence S. Kubie paid tribute to Dr. Lewin.

Lawrence S. Kubie, M.D. was visiting professor of psychiatry at the University of Chicago in March 1967.

THE DEVEREUX FOUNDATION is offering Internships and Fellowships in Clinical Psychology. Information and applications are available from Dr. Henry Platt, Director of Training, Devereux Foundation Institute, Devon, Pennsylvania.

In *Psychopathology in Mixed Marriages* by Samuel R. Lehrman, M.D. (This QUARTERLY, XXXVI, pp. 67-82), it is stated that the Psychoanalytic Symposium on Marriage held in New York in 1965 failed to refer to mixed marriages. It has been brought to the attention of the editors that although there were no specific papers on the subject, Lily Ottenheimer explained the psychodynamics of exogamous choice as avoidance of the œdipal object in her paper, and Toby and Irving Bieber discussed behavior that circumvented anxiety about marrying in their paper.