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COMMENTS ON THE MANIFEST CONTENT OF CERTAIN TYPES OF UNUSUAL DREAMS

BY WALTER A. STEWART, M.D. (NEW YORK)

Certain types of dreams do not fit into our usual formulation of the dynamics of dreams. Two of these types are considered here: first, those where the manifest content contains overt references to incestuous, sadistic, or immoral wishes; and second, those where a traumatic childhood scene is portrayed in the manifest content.

Accepted psychology of dream function and formation states that the dream serves as the guardian of sleep via hallucinatory wish-fulfilment of infantile strivings. Since too direct representation of the forbidden wishes would create anxiety and end in wakening, they must be censored and distorted by the dream work. The stimulus to the dream, the day residue, is usually some current experience, often of an innocuous nature. Since this experience has not been worked over in consciousness and is susceptible to cathexis by unconscious wishes, it is particularly useful as the vehicle for these wishes.

As a corollary to this formulation, the manifest content was related to preconscious thoughts and to current events. The day residue was portrayed as the 'entrepreneur' of the dream and the manifest content described as a 'façade'. In contrast, the latent content derived from unconscious sources and infantile experiences and wishes, and was the 'capitalist' in dream formation. The unconscious sources utilized the day residue in an effort to reach consciousness; the dream work defended against this via primary process distortions and allowed only derivatives to emerge in the manifest content. The interpretation of the dream required associations which 'undid' the dream work and permitted the latent dream wish to emerge. These aspects of dream dynamics can be summarized as follows: A. *One purpose of the dream* is hallucinatory gratification of forbidden infantile wishes. B. *The manifest con-*

tent is related to: 1, the preconscious; 2, current events (day residue, which functions as the 'entrepreneur'). C. *The latent content* is related to: 1, the unconscious; 2, childhood experience and fantasies (which function as the 'capitalist'). D. *The dream work* functions to disguise the forbidden wish and therefore permits the hallucinatory fulfilment without disturbing the sleeper.

Freud repeatedly stressed these relationships. For example, '. . . every dream was linked in its manifest content with recent experiences and in its latent content with the most ancient experiences' *(7,* p. 218*).* On another occasion Freud comments, 'On this view [the role of visual memories from childhood] a dream might be described as *a substitute for an infantile scene modified by being transferred onto a recent experience.* The infantile scene is unable to bring about its own revival, and has to be content with returning in a dream' (p. 546). He writes at another point of his discovery from his own dreams as well as those of his patients that 'in the latent content of a dream I come unexpectedly upon a scene from childhood, and that all at once a whole series of my dreams link up with the associations branching out from some experience of my childhood' (p. 203). Two references in which Freud discusses the relationship of the day residue to unconscious infantile impulses *(7,* p. 556; *8,* p. 274*)* are also relevant here.

The earliest question raised concerning these dream dynamics was in relation to the wish-fulfilling purpose of the dream. 'We have accepted the idea that the reason why dreams are invariably wish-fulfilments is that they are products of the system *Ucs,* whose activity knows no other aim than the fulfilment of wishes and which has at its command no other forces than wishful impulses' *(7,* p. 568*).*

Certain dreams seemed to be exceptions to this wish-fulfilling function. They included punishment dreams, which were only apparent exceptions since they assuaged the sense of guilt and served the wish for punishment. The general class of anxiety

dreams was easily explained as a failure in the dream work. The opposite to this situation occurred in so-called 'dreams from above', where the dream work was totally successful. These were dreams in which no representative of infantile unconscious wishes could be seen in the manifest dream, even via derivatives or in distorted form, nor did it emerge in the associations. The dream work was conceived as having performed its work so well that the essential infantile strivings simply could not be uncovered *(9)*.

This was the situation until 1920 when Freud, because of his further experience with traumatic dreams and in order to explain the frequent allusions in dreams to painful childhood events, modified his earlier formulation. He wrote, 'This would seem to be the place, then, at which to admit for the first time an exception to the proposition that dreams are fulfilments of wishes'. Freud continues, 'Thus it would seem that the function of dreams, which consists in setting aside any motives that might interrupt sleep, by fulfilling the wishes of the disturbing impulses, is not their *original* function. It would not be possible for them to perform that function until the whole of mental life had accepted the dominance of the pleasure principle. If there is a "beyond the pleasure principle" it is only consistent to grant there was also a time before the purpose of dreams was the fulfilment of wishes' *(11,* pp. 32-33*)*. He then describes the function of those dreams, which are genuine exceptions to the rule that dreams are directed toward 'wish-fulfilment', as serving the effort toward mastery of the stimulus. These 'genuine exceptions' to the rule have received surprisingly little attention in the literature, possibly because of their rarity in analysis and the fact the truly traumatic dream is less directly useful in the therapeutic effort.

Later Freud again tried to answer 'two serious difficulties . . . against the wish-fulfilment theory of dreams. . . . people who have experienced a shock . . . are regularly taken back in their dreams into a traumatic situation. . . . What wishful impulse could be satisfied by harking back . . . to . . . distress-

ing traumatic experience?' He answers this paradox in two parts. First, he explains the memories of sexual trauma from childhood which are referred to in dreams as occurring because the dream work succeeds most of the time in 'denying the unpleasure by means of distortion and to transforming disappointment into attainment'. Second, dealing with traumatic neuroses, Freud explains, 'In their case the dreams regularly end in the generation of anxiety. We should not, I think, be afraid to admit that here the function of the dream has failed' *(10,* pp. 28-29*)*. In the first explanation, where the traumatic events are from childhood and are represented in the latent dream thoughts, the explanation refers to the success of the dream work. In contrast, the explanation of current traumatic events occurring in the manifest dreams depends on the failure of the dream work.

Although there has been a revival of interest in the manifest content of dreams *(1, 2, 3, 5, 6, 16, 17, 18, 23, 24, 25)*, there are few well-analyzed examples in the literature of dreams in which the manifest content refers to current traumatic experiences. Bonaparte, in a fascinating case, described the evolution of a repetitive 'examination dream' from a traumatic experience *(4)*. Loewenstein was able to show the complex relationship of the traumatic experience to the manifest and latent content in a well-analyzed dream *(21)*. Greenacre commented that the 'frequent appearance of dreams which exactly reproduce reality events, but seem at first barren of associations . . . are indications of the reality of some experience . . . being worked with in the unconscious' *(15,* pp. 442-443*)*.

A further complication to the psychology of dreams is posed by the class of dreams where the manifest dream directly represents infantile sexual strivings and is therefore 'openly incestuous, sadistic, or immoral'. Freud *(12)*, when considering this class of dreams, wrote with his usual candor and honesty, 'The answer is not easy to come by and may perhaps not seem completely satisfying'. He again explains these dreams, which end in anxiety and awakening, in terms of the failure of the

dream work, thus fitting the understanding of them into the general explanation of anxiety dreams. Of other, similar dreams which occur without anxiety, he suggests that the ego simply 'tolerates' them.

These explanations are questionable in terms of scientific methodology, since by employing the concept of the total success or failure of the dream work no further understanding was required; all possible outcomes could be easily explained or possibly even 'explained away'.

Some of the varied relationships of manifest content to latent content are summarized in the following chart.

	Experiences from childhood	Experiences from adult life
Events appearing in manifest content of dream	Incestuous, sadistic or immoral content: results from failure of dream work; may occur with or without anxiety *(12)*.	Traumatic dreams having the goal of mastery *(10,* pp. 28-29*)*.
Events referred to in latent content	(a) *Allusions* to traumatic experiences from childhood—result from the compulsion to repeat and serve the goal of mastery *(10)*. (b) No apparent reference to infantile wishes, i.e., 'dreams from above,' explained as result of success of dream work *(9)*.	'Usual dreams' with innocuous day residue plus infantile wishes *(7)*.

Another class of dreams, apparently rare, is not included in the chart. These are dreams in which the manifest content of the dream portrays large parts or the whole of forgotten and often traumatic events from early childhood. Freud cites a number of dream examples which show the hyperamnesic aspect of dreams, in which a forgotten childhood experience reappears in the manifest content of the dream without modification by the dream work. One example is the dream of a young man who dreamed of seeing his former tutor in bed with his nurse. The young man had no memory of this being an actual event which he had witnessed, but found, on asking his older brother, that the incident had actually occurred as he described it and that he had observed it as a three-year-old *(6,* p. 189). Freud describes this type of dream as 'quite unusual' but does not comment further on it.

Another example is reported by Nunberg *(22).* He describes the dream of a young woman who dreams she is a child 'frantically running along a road looking for someone'. The dream, occurring during a threatened separation from the analyst, reproduced the exact setting, recognized by the mother, of the road on which the father left town to come to America when the patient was a child of three. Nunberg describes the dream as a traumatic dream and the function of the dream as an effort toward mastery by reliving the experience over and over. He writes, 'The dream represents then the only memory of a forgotten experience, which cannot be remembered in any other way.'

These dreams pose a final challenge to the accuracy of relating manifest dream to current events and describing their function as that of the entrepreneur, and of relating the latent content to unconscious infantile sexual strivings and childhood experiences which function as the 'capitalist'.

An extremely interesting series of dreams illustrating the problem has been described by Horowitz *(19).* These were dreams of an adult patient in which the manifest content contained overtly incestuous material and repetitive references

to a forgotten childhood experience. At the beginning of treatment the patient reported a dream which had occurred earlier and was one of the causes for seeking treatment. The dream was of her having sexual relations with her father. She awoke in terror and then tried to return to sleep in order to continue the dream. However, she could not sleep because of a frightening fantasy that her mother was outside her room with a gun and would kill her. She had been afraid that the dream meant that she was psychotic.

In other dreams of this patient there were constant references to stairs, not knowing, covering up, the fear of someone knowing, coming home early, being unexpected, hiding things from mother, etc. The recurring references led to the reconstruction of a childhood event in which the patient came home unexpectedly early and discovered her mother in a compromising sexual situation. There is also a recurring and peculiar structure in the manifest content of the dreams in that there are commentary side phrases in most of them. For example, 'but I knew he was there'; 'but everything looks all right, so it is clear no one will ask questions'.

Two aspects are of particular relevance in this fascinating clinical excerpt. First, the manifest content of the dreams contained frankly sexual and often incestuous elements. Second, it is noteworthy that the patient had few associations to the elements in the manifest content of the dream which dealt with the reconstructed childhood experience, nor could specific day residue be discovered which led to the insertion of these elements into the manifest content of the dream. They seemed to be 'foreign bodies' inserted into already 'unusual dreams' which, possibly based on the transference motivation to communicate, came into the dream in an effort to recall the childhood traumatic event.

DISCUSSION

Problems presented by this and similar dreams require further understanding since they do not fit into our usual for-

mulation of dream psychology. They suggest that we must re-evaluate the role of the dynamic forces which lead to dream formation and the interaction between these forces.

The analogy of entrepreneur and capitalist which Freud used may reflect his bias in favor of the forces of the unconscious as this was the 'new fact' of which he was the discoverer. It is, of course, impossible to know the relative importance of these two factors, both of which are essential to dream formation. Because of this 'bias', Freud tended to limit the function of the dream work to the role of camouflaging forbidden instinctual wishes and compared the manifest dream to the façade of an Italian church and dismissed it as an 'illusion' *(12, 13)*. This attitude toward the manifest dream seems to be a historical remnant from the early days of psychoanalysis and predates the period of ego psychology and the structural hypothesis. Freud mentions as exceptions to this view of the manifest dream as being merely a façade, certain 'undistorted dreams of young children and occasionally adults' *(7, 13, 14)*. Freud specifically remarked on those factors which could influence the manifest content of the dream in a footnote where he described changes in dream structure when adults were in 'unusual external circumstances' *(7)*. He illustrates this by a reference to deprived and hungry explorers who report dreams of food, water, and letters from home. Freud had also used the manifest content of the dream as providing a clue to the dreamer's character, in this case the need to confess *(8)*.

It is suggested that the clinical material described by Horowitz can first be understood as a need to master the infantile trauma. There was both a wish and fear of recalling the details of the childhood traumatic event. The patient had been forbidden to recall it, yet fragments of the experience appear in the manifest content of the dream. To these fragments the patient had no associations. Being preconscious and once the subject of memory, these elements may also have resisted dream distortion. The other aspect of the dream which is overtly sexual and frequently incestuous may not rep-

resent a failure of the dream work, but may serve a defensive function guarding against the recall of the original trauma. It is suggested that this infantile sexual material is allowed to evade censorship because it is being used as guardian of sleep rather than as waker, such as, 'Nothing really happened; I only wished it would'. We can understand this as the employment of a wish as a defense against traumatic reality *(20)*.

The role of the unconscious wish-fulfilling motive in dream formation is well recognized. The question raised here pertains to the relative importance of another motive which concerns mastery of a trauma. This motive is the one described by Freud as serving the 'original function' of the dream. It appears to be more accessible to consciousness and can be related to past as well as present events. In our usual formulation of dream psychology it appears as the day residue dealing with preconscious conflicts of current life and, in its most attenuated form, is represented by the innocuous current experiences often used for this purpose. In the 'usual' dream the threat to awakening is represented by instinctual wishes which are then gratified and bound in a distorted hallucinatory fashion.

Clinical experience leads us to call these dreams 'usual', since in 'civilized society' the availability of food and shelter is generally adequate and immediate threat to life is minimal. However, the frustration of the sexual and aggressive drives, because of taboos and inhibition, is maximal. Therefore, in most dreams the unconscious sexual impulses would be the source of danger and the major potential disturber of sleep. This situation was described by Freud: 'Dreaming has taken on the task of bringing back under control of the preconscious the excitation in the Ucs, which has been left free; in so doing it discharges the Ucs excitation, serves it as a safety valve and at the same time preserves the sleep of the preconscious for a small expenditure of waking activity' *(7,* p. 579*)*.

In marked contrast to this situation stands the traumatic dream. Here the 'original function' of the dream is most ap-

parent. In these dreams the wish-fulfilling function is apparently reduced in dynamic importance and the major function of the dream is a mastery of a past or present traumatic event. It then becomes apparent that these two forces do not for any length of time remain independent of each other. In fact, they are uniquely capable of mutual assistance and soon develop an interdependent, reciprocal relationship.

On the basis of this formulation the relationship between the preconscious dream thoughts and the unconscious latent dream thoughts would not always be as simple as 'entrepreneur' and 'capitalist'. Each source could contribute in an independent but interrelated fashion to the manifest content, depending on their relationship to each other, and which one was better able to reduce anxiety. In addition, this genetic view of the evolution of the dream would parallel the concepts concerning the role of repression from its nonpathological to its pathological state.

As an illustration of this thesis we can propose the following steps in the economics of dream formation. If we follow the vicissitudes of the traumatic dream, the function of which is mastery, we see that the first alteration is from passive to active (as in the examples given by Bonaparte [*4*] and Loewenstein [*21*]). The next step in mastery is apparently a further re-editing of the dream based on wish-fulfilment. It is in this context that the innocent wish-fulfilling dreams of children are relevant *(7)*. Soon the wish-fulfilment involves the infantile sexuality as a defense against the threat of the reality of the trauma. It is at this point that certain dreams in which the manifest content is openly 'incestuous, sadistic, or immoral' might be explained without recourse to the hypothesis of the failure of the dream work.

The use of infantile sexual wishes as a defense against trauma, though intended to reassure, soon miscarries and becomes a new source of anxiety. The threatened appearance of gratification of unconscious sexual elements begins to dominate the dream and sets in motion the need for censorship.

We then see the usual dream and the usual function of the dream work. These views serve to relate traumatic dreams at one end of the scale to the 'usual' dreams at the other end. This is accomplished by suggesting an interrelationship between the mastery of trauma and the wishes of infantile sexuality. This view of dream dynamics may have a wider applicability than is immediately apparent, by helping us to understand a large number of the dreams of the so-called borderline patient.

I have often been impressed by the difficulty of interpreting the dreams offered by borderline patients. In part this can be understood as a consequence of their attitude toward their dreams *(3)*. Another factor may be the existence of an ego defect affecting the operation of the synthetic function which results in a failure of the free associations to cluster around the significant material *(20)*. However, I suggest that more of the dreams will be understood if we conceive of them as modeled along the lines of the traumatic dream, in the sense that they serve the original function of mastery. Because of the early points of fixation and the arrest in development, the conflicts in severely ill patients are less completely internalized than in the neurotic patient and are represented in terms of the relation of self to object. For example, one patient reported a dream in which she was walking down the street. Everyone was afraid of her because she was radioactive. Since these patients live in a world conceived of as dangerously destructive, each day is filled with frightening and traumatic events, and each day is marked by a preoccupation with the question of survival. The dreams can often be understood in terms of this fear of the outbreak of uncontrolled primitive aggression and the fear of the loss of the sense of identity. The dreams represent an effort to master these primitive fears and, as in the traumatic dream, show a greater dependence on the preconscious component of and the original function of the dream.

Finally, further support to this genetic view of dreaming is suggested by those persons who are grieving over the death of

a person they loved. Often these patients express a hope that they will have a dream in which the dead person will appear in the manifest content and are appeased and reassured when this occurs. They seem intuitively to understand the restrictions which the loss and the mental pain has imposed on their freedom to think of the lost object. The dream they wait for, besides giving some magical reassurance, may also be an early signal of this loss of inhibition and the mastery of the painful grief. During the period of mastery, dreams are often forgotten or anxiety provoking. After the appearance in the dream of the dead person dreaming can return to its more usual function and structure.

SUMMARY

A review of Freud's discussion of dream psychology points up his modification of the wish-fulfilling function of the dream. His modification introduced the concept that the original function of the dream was the mastery of traumatic stimuli.

A question is raised and discussed as to the relationship of preconscious and unconscious elements of the dream. Usually we relate manifest content to preconscious source and current life, and latent content to unconscious source and infantile life. Brief clinical examples question these relationships.

In the unusual dreams considered, actual traumatic childhood experiences appear directly in the manifest content of the dream. These dreams were also often openly incestuous. It is suggested that this does not represent a failure of the dream work, but rather a use of unconscious instinctual wishes to defend against the recall of the traumatic childhood experience. This invites a re-evaluation of the role of the forces which lead to dream formation. The preconscious forces represented in the day residue are related to the original function of the dream—that of mastery. A reciprocal relationship between these forces, comparable to the mutual influence between ego and id, is suggested.

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Transference Neurosis in Patients with Psychosomatic Disorders

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TRANSFERENCE NEUROSIS IN PATIENTS WITH PSYCHOSOMATIC DISORDERS

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In this paper I consider the group of patients who suffer from a psychosomatic disorder proper, such as peptic ulcer, colitis, asthma, migraine, dermatitis, and whose analyses are undertaken with the intent of analyzing the psychosomatic syndrome as part of the patient's personality disorder. The psychoanalytic treatment of such patients is limited to a rather small number of analysts who seem to have a special inclination and a special skill for treating them. Many therapists believe that these patients, whose number is steadily increasing, are not suitable for psychoanalysis and that modifications of technique are required in their treatment. For instance, it has been suggested that a nonexploratory and noninterpretive form of psychotherapy should be used *(5)*. Such beliefs have been fostered by reports of failure of psychoanalytic treatment and warnings that its application may result in aggravating the patient's somatic condition or precipitating psychotic episodes *(25)*. Recent investigations, however, reveal that faulty technique and particularly the introduction of certain parameters are responsible for these failures and that, in fact, the best results have been obtained with psychoanalytic treatment *(20, 21, 23, 24)*. Psychoanalysis has been reported to be the method of choice in cases of ulcerative colitis *(13, 16, 18, 26)*.

From the technical point of view, the transference, its establishment, and the management of its manifestations is the most important vehicle for the psychoanalytic process. Faulty techniques, especially in the handling of the transference, will give poor results also in the treatment of neurotics and may lead to stormy transference reactions. For the development of an analyt-

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ically useful (that is, analyzable) transference and especially for the development of a transference neurosis, the analytic situation and the strictly analytic role of the therapist has to be established from the start and has to be preserved throughout the analysis. It has been the attitude among some analysts that psychosomatic patients are not capable of complying with the basic requirements necessary for the psychoanalytic procedure—that is, tolerance of an atmosphere of instinctual deprivation and observance of the basic rule. And this thinking has led to the adoption of an anaclitic phase to precede analysis in the treatment of psychosomatic patients *(5)*.

The principles of 'anaclitic therapy', as outlined in 1954 by Margolin, may be summarized as follows. In the first phase of treatment the therapist exploits to the fullest the patient's tendency to regress. He assumes a role of 'total permissiveness' with 'an attitude of omniscience and omnipotence', attends personally to the patient's physiological needs, e.g., the patient is fondled, areas of pain and discomfort are massaged and stroked, and he makes himself available to the patient at all times. In the second phase of treatment the goal is to restore to the patient some of the ego functions which were given up in the psychotherapeutic relationship. This phase is supposed to merge with the third phase, that of a character analysis. 'The emphasis is on nonverbal acting out . . . verbal exchange between therapist and patient is not directed at psychological insight in the first two phases of therapy, only in the third phase.' The patient shows an attitude of 'total possessiveness' *(5)*.

Quite obviously the application of such a method contaminates the initial and later contacts of the patient with his analyst. The analyst deliberately assumes the role of a seductive, indulgent, omnipotent parent who provides real instinctual gratification, and makes himself a competitor with the real objects of the patient. The cardinal mistake in this procedure, as I see it, is that by assuming this role the analyst is aligning himself with the immature and regressive parts of the patient's ego and is supporting his pathological superego. The superego of the

psychosomatic patient, derived from the internalization of the parental (mostly maternal) imago, demands repression of overt manifestations of aggression and sexuality, and of self-assertion and strivings for independence. Discharge of these repressed impulses takes place by way of the somatic symptoms without conscious awareness. Rebellion against the parents from whom this superego is derived and later against the parent substitute (in analysis, against the analyst) is also expressed somatically through the symptoms *(16, 18, 21, 23, 24)*.

Here I would like to highlight the most fundamental dynamic concept of psychosomatic illness established in my twenty-five years of psychoanalytic work and research in this field *(7-24)*. The method of concomitant psychoanalytic treatment of psychosomatically sick children and their mothers reveals the essential role of a specific mother-child relationship in the etiology and dynamics of psychosomatic illness. In this 'psychosomatic' relationship, which originates during the pregenital phase and which remains active throughout life (although it may not become manifest until precipitated by a traumatic life situation), the child is rewarded by his mother for being sick—that is, for remaining helpless and dependent—and is rejected when he is healthy—that is, when he evidences overt aggression and strivings for independence. In other words, there is a premium for being sick and a punishment for being healthy *(16)*.

By assuming a permissive and omnipotent role in anaclitic therapy, the analyst is putting himself in the place of the mother and is re-enacting with the patient the original psychosomatic relationship, thus maintaining the very illness for which the patient is to be treated. The psychosomatic patient interprets the permissiveness of the analyst in the first phases of treatment as a premium for being sick. In the psychoanalytic treatment that follows he interprets the deprivation and lack of indulgence as a punishment.

The anaclitic phase in the treatment of psychosomatic patients appears to parallel the introductory phase in child analy-

sis. In child analysis it has been claimed that introductory phases and deviations from adult analytic techniques are necessary because of the child's emotional immaturity, his actual dependence on his real objects, his need for gratification, and his inability to follow the basic rule *(2)*. The similarity to the claims made for the treatment of psychosomatic patients is striking. Of interest in this connection is the controversy among child analysts concerning the question whether children do or do not manifest a transference neurosis. To me it is particularly significant that those child analysts who approach children in a manner fashioned closely to the model of adult analysis report that they observe and work through the medium of a transference neurosis with children, while those who favor the approach through introductory phases and use parameters and deviations disclaim the existence of a transference neurosis in children *(2, 27)*.[1] Where the early contact has been contaminated and is nonanalytic, whether with a child or a psychosomatic patient, the development of a true analytic situation and of a transference neurosis, or of an analytically useful transference, has been precluded from the start.

With the psychosomatic patient where, by strict observance of analytic rules, the transference neurosis is allowed to develop, it is, as in any properly managed analysis, the way in which the patient's behavior—including his somatic symptoms—becomes meaningful and the infantile roots and transference nature of the symptoms become demonstrable to the patient and can be understood and resolved. In a properly managed analysis of a psychosomatic patient, the somatic symptoms usually are given up early in the analysis and are replaced by more

[1] Of interest in this connection is the chapter on technique in Anna Freud's recent book, Normality and Pathology in Childhood *(3)*. She states: 'Taught by experience, by the elimination of the introductory phase (except in selected cases), and by the deliberate use of defense analysis (Bornstein, 1949) as an introduction, I have modified my former opinion that transference in childhood is restricted to single "transference reactions" and does not develop to the complete status of a "transference neurosis" ' (p. 36). This is a significant revision of her earlier views on this subject.

appropriate—that is, analytically useful—behavior such as awareness of feeling and affects expressed verbally rather than somatically, recall of infantile memories, dreams, and fantasies. The analysis proceeds much like that of any other pregenitally fixated patient with tendencies to act out.

Two cases serve to illustrate.

I

A thirty-nine-year-old patient with severe chronic diarrhea and a paranoid personality disorder underlying the psychosomatic complaints was able early in the analysis to replace the somatic diarrhea with a verbal diarrhea and to proceed to analyze the hostility and paranoid feelings he had been discharging in the bouts of diarrhea. He found it possible to do this after he had convinced himself that the analyst, unlike his wife now and his mother in the past, did not put a premium on his submissiveness and being good (being sick), but was prepared to deal with his hostility and pregenital sexuality. He was helped by persistent interpretation of the meaning of the diarrhea as an immediate discharge of feelings and impulses which he did not permit himself to experience consciously. To feel meant to him that he would have to act on his feelings instantly in reality. In analysis the patient succeeded in convincing himself that he could tolerate awareness of impulses without immediate discharge, as he had done previously in the diarrhea and as he now had the urge to do in reality.

This gradual process, an essential and difficult phase in the analysis of psychosomatic patients, is like that seen with other pregenitally fixated patients for whom low frustration tolerance and the urge for 'instant' discharge and 'instant' gratification of impulses are characteristic.

Prior to his analysis this patient had been very submissive to his wife and could rebel only in his diarrhea. It was not safe to 'tell her off', nor was this really what he wanted. As he became more assertive, on one occasion he told her to leave the house.

As the analysis progressed, he was able to understand that his relationship with his wife was in many ways a continuation of his relationship with his mother. He had felt helplessly dependent on his wife as he had felt with his mother. In the diarrhea he had been establishing omnipotent control over her by devaluating her to feces and giving her up as he had done as a child with his mother. The infantile relationship with his wife manifested itself also in their sexual relationship; for instance, on some occasions he actually gratified his impulse to urinate on and into her during intercourse. His analysis was a long one although the severe diarrhea yielded quickly to treatment *(8)*.

II

A nine-year-old boy with ulcerative colitis, who suffered from uncontrollable diarrhea and severe abdominal cramps, at the start of his analysis had to run to the toilet several times during each session. I repeatedly showed him the meaning of the aggressive aspect of this behavior: he was afraid to experience his rage lest he should be destructive and then be rejected by me (in the transference, his mother). I had to interpret incessantly that I was not his mother and that I knew, and could help him to know, that he could tolerate his impulses consciously without endangering himself or others. By the end of the third week of analysis, he stopped running to the bathroom during sessions. He now would get a cramp, double up, want to run, but then after a few moments while the analyst was still interpreting, he would relax and say, 'I stopped it'. This is an essential experience for the psychosomatic patient: to convince himself that he can control his somatic symptoms.

This child then began to reveal some of his peculiarities. For instance, he would pinch his mother when he had bad cramps because this relieved his cramps. His mother allowed him to do it because he was in such pain. For a time during sessions he would tear up paper into small bits and strew them in small heaps over the floor. This was a symbolic acting out of an un-

conscious fantasy, previously executed in the cramps and bloody diarrhea—the fantasy of making 'mush' out of the incorporated object (mother-analyst) and eliminating it.

Analysis of the destructive aspects of the psychosomatic symptom, by means of which the patient overcompensates for the feelings of helpless dependence upon mother and establishes omnipotent control over her, leads to a decrease and finally to a cessation of the somatic symptoms and to the liberation of aggressive energies previously discharged in these symptoms. With children it is necessary to prepare the parents to accept some overt expressions of aggression of the child during these phases of treatment and to suggest that they provide suitable physical outlets for the aggression. During a phase of the analysis of this severely infantilized boy, the mother hired a young college student to teach him how to play ball, ride a bike, fight, and other physical activities most children learn spontaneously at a much younger age.

Sexual aspects of the psychosomatic symptom should not be analyzed too early; in the case of a child, not before he has learned to obtain some age-adequate gratifications in reality. The patient in analysis, like the child in the process of instinctual development, should not be asked to renounce instinctual gratification without the availability of substitute gratification. Progression from one instinctual phase of development to the next is possible only if there is not too much interference by deprivation or overindulgence on either level and the gratifications of the next phase are made available. It was not until after one year of analysis that my patient's infantile sexual impulses and fantasies were dealt with. Treatment ended after three years in a complete cure of the ulcerative colitis, confirmed in a sixteen-year follow-up.

Like other symptoms, psychosomatic symptoms can be given up temporarily as a transference reaction early in treatment. When I refer to a decrease or cessation of somatic symptoms early in the analysis, I am speaking of the result of analytic in-

tervention and not of transference reactions. From the very start of the analysis various functions and meanings of the somatic symptoms are interpreted to the patient, especially their use as a preverbal communication, as a means of controlling the analyst and the analytic situation and as a vehicle for the discharge of feelings. The patient is encouraged to experience and to express his feelings verbally in his analysis with the aim of helping him to bring into the analysis the repressed affects and impulses, and the fantasies underlying the somatic symptoms. Rapid disappearance of the somatic symptoms before a therapeutic relationship is established and before the patient has convinced himself that he can control his behavior and is not at the mercy of his impulses is not desirable; the psychosomatic patient needs an avenue for immediate discharge in situations in which he feels helpless and threatened with loss of control. To narcissistically and pregenitally fixated patients, loss of control over the external object and situation equals loss of control of self and danger of being overwhelmed by their own impulses. Only after endless testing in the analysis are they convinced that the analyst (contrary to the mother or her substitute) knows that they can and expects them to exercise self-control. In other words, only when their superego has been modified and their ego strengthened through the analytic relationship, will they feel safe when faced with a sudden intensification of affects and not need to react with somatic symptoms. A certain amount of overt acting out is unavoidable in most cases during certain phases of the analysis *(4, 17, 18, 23),* but these transitory phases can be managed and are amenable to psychoanalytic interpretation. (The same is true in the analyses of pregenitally fixated patients without somatic reactions.) This is symptomatic behavior that has to be analyzed; it is not an end-product of analysis.

This is emphasized because there seems to be a belief among psychiatrists and some psychoanalysts that it is better to leave these patients untreated, as if the alternatives were to be sane but somatically sick, or somatically healthy but manifestly psy-

chotic *(1, 6)*. In a case reported in Psychosomatic Medicine *(1)*, the patient stopped having migraine headaches but became irresponsible: he stopped working, left his wife, and became an alcoholic. In my experience with a number of migraine patients, such behavior is indicative of transference difficulties which can be limited to a minimum or avoided altogether by proper management of the transference *(12, 24)*. What has to be dealt with continually is the patient's belief that he has to discharge his impulses instantly and that it is better not to be aware of his impulses but to have, instead, somatic symptoms. In such cases to feel is equated with to act, to know is equated with to do; therefore, to be aware of impulses means to act on those impulses instantly in reality. One of my patients with chronic regional ileitis put it in these words: 'Better to be a martyr than a maniac'. It took him two-and-a-half years of analysis to find out that he need not be either.

In my experience the somatic symptoms are usually given up during analytic sessions and very often altogether as soon as the analytic situation is established—that is, when the patient has realized that the analyst does not respond to him in the way his emotionally important objects did or do, and when the use of the somatic symptoms as a resistance to treatment has been understood by the patient. The recurrence of somatic symptoms during analytic sessions after the patient has given them up initially is a sign of intensified resistance. I disagree with those who maintain that this is a necessary or even desirable phenomenon and that it indicates a positive transference. There is nothing positive in this type of transference; it is a specific mother-transference indicating that the patient feels helpless and is establishing omnipotent control through his symptoms, thus trying to manipulate the analyst (mother). I consider this a serious resistance to analysis which has to be dealt with immediately and persistently by interpretation of the transference. Of course it is necessary to look for and carefully examine the countertransference. An episode from the analysis of a young girl illustrates this point.

III

The patient, sixteen years old, suffered from cyclic vomiting and anorexia nervosa. One day in the second month of analysis she appeared very disturbed about keeping a 'blind date' on that day. I suggested that it might be wise to cancel it. She seemed relieved, but after the session I heard her vomiting in the bathroom. I went in and found her trying to clean the toilet seat. I asked her what was bothering her now. In a very worried tone, she said: 'My mother agreed so readily'. She had felt that her mother wanted her to keep this date. I reassured her that now, under the circumstances, her mother would have to agree with me, whether she meant it or not. The patient said she felt better and left.

After she left, I realized that I had made two serious mistakes. By suggesting that she cancel the date, I had stepped out of the analytic role and put myself in the place of her mother who was running her life and making decisions for her. Then, instead of interpreting the vomiting as a transference reaction—namely, that I had treated her as her mother did and that she was responding to me as she did to her mother by vomiting—, I had tried to reassure her. Further, by suggesting that she cancel the date, I had indicated to her that I did not think she could go through with it. When the patient returned to analysis after a two-day stay in the hospital, she corroborated this.

A second incident, dealing with extra appointments, was similar. I gave extra appointments and was 'agreeable' instead of interpreting the transference. When this was worked through with the patient (and myself) and I was able to establish myself clearly in the analytic role, the phase of emergency treatment and of hospitalization was ended. (This patient had had twenty emergency hospitalizations in the two years prior to her analysis because of severe dehydration and acidosis resulting from pernicious vomiting.) After three years her analysis terminated successfully; there was a five-year follow-up.

It is very important in the analyses of such patients to be

aware of the nuances and changes in the transference feelings and particularly to preserve the analytic role and to avoid falling in with the patient's need and wish to make the analyst into the image of the omnipotent mother. To withstand the patient's perpetual testing, the analyst has to be careful about countertransference feelings. These patients are most sensitive and can pick up almost imperceptible nuances in the tone of voice, facial expression, or movements and even feelings of the analyst. Annoyance or irritation on the part of the analyst means rejection to the patient and intensifies his need for control of the object (analyst) and situation (analysis) at any cost (exacerbation or recurrence of illness). Worry or anxiety on the part of the analyst is taken as an expression of love—the kind of love the patient knows from his relationship with his mother and which means reward for being sick. The analyst, like his mother, is worried and loves him when he is sick *(18)*. In the analysis of these patients the handling of the transference is the only means that gives immediate results and it must be used skilfully, with correct and well-timed interpretations.

I should like now to add a few cautionary remarks. We know that it is difficult for an analyst to treat a particular problem for which he has a 'blind spot'. Therefore, I do not advise treatment of psychosomatic patients by analysts who themselves suffer from psychosomatic disorders. The fact that psychosomatic disorders are so common and widespread among analysts could, in my opinion, play a role in the resistance of psychoanalysts to the psychoanalytic treatment of such patients. I have observed instances where the analyst, suffering from a psychosomatic disorder similar to that of the patient he is treating, appeared to feel that the patient's improvement represented a threat to his own equilibrium. In teaching psychiatric residents, I have found that some who treated psychosomatic patients reacted with anxiety to emerging fantasy material. Psychosomatic patients react to anxiety on the part of the therapist with exacerbation of the somatic symptoms, thus providing the reluctant therapist with a rationalization for discontinuing treatment.

Some analysts have the attitude of 'taking the psychosomatic symptoms of their patients in their stride' and treating the patient as if these symptoms were not an intrinsic part of the psychopathology to be analyzed *(4)*. This dualistic approach splits the patient into a mind and a body, the analyst concerning himself with the patient's mind only.

This brings up another important aspect in the management of the transference: the splitting of the patient between specialists, such as internists, allergists, surgeons. It is here that it becomes evident that medical background is essential for the practice of psychoanalysis. There can be only one leader, and it must be the analyst if the analytic treatment is to be successful. This places the responsibility upon the analyst of determining when and what specialist, if any, should attend the patient. In my early work with psychosomatically ill children in a pediatric ward of a general hospital, in some cases I was called in as the last resort, after every kind of medical treatment had been tried without success and when surgery was contemplated. It was only because I was given complete freedom to treat my patients as I saw fit that my work with them could be successful *(7, 13, 19)*. In private practice it is also important by whom the patient is referred and prepared for analysis. The referring physician should know that his contact with the patient will have to be reduced to a minimum or eliminated entirely after the patient has been weaned from medical treatment.

SUMMARY

This paper deals with the techniques for the establishment, management, and resolution of an analyzable transference in the treatment of patients suffering from psychosomatic diseases. Clinical material is presented to demonstrate that psychosomatic patients are accessible to psychoanalytic treatment and capable of developing a transference neurosis, if a skilful psychoanalytic technique is used and parameters such as the anaclitic type of treatment are avoided.

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The Role of Movement Patterns in Development

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THE ROLE OF MOVEMENT PATTERNS IN DEVELOPMENT

III. THE CONTROL OF SHAPE

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To serve as the prototype for all others, there is one basic developmental line which has received attention from analysts from the beginning. This is the sequence which leads from the newborn's utter dependence on maternal care to the young adult's emotional and material self-reliance—a sequence for which the successive stages of libido development (oral, anal, phallic) merely form the inborn maturational base. . . . When the child's muscular actions come under the control of the sensible ego instead of serving the impulses in the id, this is another important step towards socialization.

—ANNA FREUD *(18)*

Muscular actions are the instruments that change the relation between the self[1] and the world of objects. Complex as are these relations in civilized adults, they have a basic rhythmical structure that is found in plants, animals, and human infants. Laban's poetic description captures the quality of this rhythm: 'Each movement is conceived and born, grows and shrinks,

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A number of ideas about shape crystallized in discussions with the members of the Movement Study Group (Dr. Jay Berlowe, Arnhild Buehlte, Godfrey Cobliner, Ph.D., Dr. Hershey Marcus, Forrestine Paulay, and Dr. Esther Robbins). The continuous guidance of Warren Lamb and helpful discussions with Irma Bartenieff of New York, and Lillian Harmel, Marion North, and Valerie Preston of England are gratefully acknowledged.

1 Throughout this paper the term 'self' refers to the subject as distinguished from the object.

and finally fades into the past and nothingness' *(35)*. As the amœba extends its pseudopodia, it grows in space and thus comes closer to the source of nutriment in the environment; when it shrinks it increases the distance between its body and the objects in space and in a sense comes closer to itself *(19)*. The body of the amœba changes its shape in a rhythmic sequence of growing and shrinking in which the protoplasm flows outward and inward. This 'flow of shape' is the apparatus of approach and withdrawal. The changing conformations of the body evoke responsive feeling tones as the flow of shape interacts with the changing states of tension (the 'flow of tension' [*30*]) in the organism.

Rhythms of tension-flow are sequences of fluency and restraint in the state of the muscles in various parts of the body. They are apparatus for discharge of drives through motor channels. Rhythms of shape-flow organize the relationship of body parts in such a way that drives can be satisfied in transactions with objects. In successive developmental phases regulations of tension-flow and shape-flow come under the control of the ego. Regulation of tension-flow aids drive differentiation; regulation of shape-flow contributes to the differentiation of self and objects. In later development, ego attitudes to space, gravity, and time, expressed through 'efforts', control the flow of tension. At the same time, shape-flow becomes subordinated to selective shaping of movement in the dimensions and planes in which transactions with objects take place.

In this paper I will attempt to correlate the development of movement patterns that serve affective object relations with psychoanalytic theories of the genesis of object relations.

Freud *(20)* in his early formulation of the nature of drives, distinguishes between the source of a drive, its force, its aim, and the object by which the aim can be fulfilled. Bodily needs that give impetus to the drive also determine its aim. The object, whether it is the body itself or something outside it, is at first found in what seems a haphazard way. We have been at a loss to define the nature of self and objects during the phase

of primary masochism (primary narcissism) and primary identification *(26)*. During the transition from objectless autism to the self-centered relation with the anaclitic object, the emergent body boundaries are blurred and the rudimentary body image merges with a near object *(5, 26, 39, 40, 47)*. This merging becomes disrupted by repeated experiences of separation from the object. From then on there is continuous yearning for closeness to the object and throughout life the periphery of the body retains a double representation,—self and need-satisfying object. The center of the body remains the core of self-representation, but its periphery continues to be the no-man's land in which self and object are doubly represented. The 'near space', that area just surrounding the periphery, belongs to the body image as well as to the outside space through which the hand passes to reach other parts of the body *(47)*. In this very near space, closeness to intimate objects reaches its climax in brief experiences of fusion characteristic of early relationships.

Because of the intermittent nature of anaclitic relationships *(17)*, availability of the object is essential for drive satisfaction. The basic characteristic of the object at that time is that it appears when needed, that it is within reach. As the child begins to understand the distance between self and object, the 'near space' can be distinguished from another space that also belongs to the self—'reach space'.[2] Once the object of the drive becomes constant *(17, 18, 23)*, the child selectively directs movement toward the object. As he gains control over the locomotor apparatus, he can move his whole body in search of the object in the general space.

Recalling the visual image of the object substitutes for immediate reaching or moving in the general space. The image is often projected into space at the border between reach space and general space; this gives the illusion that the object is

[2] Laban *(35)* called this the 'kinesphere', the personal space that 'remains constant in relation to the body when we move away from the original stance; it travels with the body in the general space'.

within reach. However, the image of the absent object cannot forever substitute for the real object. The seeking of the loved one in farther and farther domains of the wider space comes to a peak in adolescence in the almost mystic oceanic feeling of reaching out to the universe and growing out into the horizon.

The rhythm of 'shrinking and growing' provides the motor apparatus for the continuous rhythmic transformation of narcissistic libido into object libido and vice versa *(19, 21, 22, 26, 38, 50)*. The rhythmic flow of shape constitutes the framework for the flowing of libido and aggression between self and object. As development progresses, self and object representations are guided by the reciprocal relation of body shape to the shape of the space around it. When we feel larger, the world narrows; when we feel taller it seems smaller; and when we protrude into it, it appears hollow. These shapes of feelings *(27, 46)* differentiate into affective images of self and object at the same time as directions, dimensions, and configurations in space come to serve transactions between self and objects. Growing and shrinking of body shapes can be observed in all forms of approach and withdrawal, such as turning to objects and away from them, 'standing up' to them or 'bowing down', following or retreating, seeking or fleeing.

Hermann *(24)* drew upon observations of primates and analyses of adults to postulate special drives of clinging and seeking. Balint *(2, 3)* expanded this classification into phases and types of 'ocnophilic' clinging and 'philobatic' seeking of friendly expanses. Both authors recognized that they were dealing with an organizing principle that pervades behavior throughout phylogeny and ontogeny. Clinging and seeking are subphases of the ubiquitous rhythm of shape-flow which results from the alternation of two opposing tendencies of the organism: flexion, which brings body parts closer to each other and maintains the organism in 'near space', and extension, which separates joints from each other and moves the organism into 'reach space'. Automatisms of seeking, observable in young animals and hu-

man neonates, are part of the neurophysiological apparatus for positioning body parts in relation to each other and for orientation to objects *(4, 10, 42, 43, 51)*. Spontaneous and reflexive rooting alternates direction before contact with the nipple is established *(30, 51)*. After satiation the infant draws away from the mother's body; pushing out the nipple and turning away from the breast terminates contact. All these centrifugal and centripetal movements change the shape of the body which seems to grow toward the outside and to shrink inward.

Schneirla *(48)* used the example of the local flow of the amœba's protoplasm toward weak light and away from strong noxious stimuli to show that the adaptive responses of approach and withdrawal contribute to the survival of the species. Although he looked upon approach and withdrawal as apparatus for interaction with the environment, he also applied these terms to motivated behavior that includes ego functions. The rhythm of growing and shrinking of body shape is contained in approach and withdrawal behavior in all levels of development. It occurs in response to salutary or noxious, external or internal, stimuli in relation to external objects and in relation to the infant's own body. Growing is related to intake and shrinking to expulsion, as exemplified in the rhythms of heartbeat, breathing, feeding, and elimination. The outward direction of growing and inward direction of shrinking conform to the fact that life depends on the beneficial sources of the environment and avoidance of death depends on the organism's capacity to shrink and avoid or expel the noxious *(22, 26)*.

In his extensive research, Schneirla *(48)* found that the young mammal's 'approach behavior' is correlated with vegetative changes characterized by smoothly running continuous processes. Conversely 'withdrawal behavior' is correlated with changes in the sympathetic nervous system, characterized by interruptive processes. In observation of movement patterns one finds an affinity between 'growing' of body shape and free flow of tension (smoothly running continuous processes), and an affinity between 'shrinking' of body shape and bound flow

of tension (interruptive processes).[3] These observations also suggest that growing of body shape combined with free flow of tension is conducive to the outward discharge of libido; shrinking of body shape combined with bound flow seems best suited for the discharge of aggression inward *(22)*. But even in the newborn, the rhythms of shape-flow and tension-flow combine in a more complex way that does not necessarily follow the principle of affinity between 'growing' and free flow or 'shrinking' and bound flow. Under conditions of optimal maternal care, the regulation of tension-flow and shape-flow is gradually taken over by the ego, which maintains an equilibrium between the discharge of quantities of libido and aggression zonally,[4] inward and outward, to the self and objects.

HIERARCHY OF MOVEMENT PATTERNS

Rhythms of tension-flow and shape-flow can be noted in all movement. Regulations of tension-flow and shape-flow organize these discharge forms in the service of functions.

The rhythm of tension-flow consists of alternations between free and bound movements *(30)*. The rhythm of shape-flow consists of alternations between growing and shrinking of body shape *(36)*. The term 'shape' pertains to the appearance of the body and its parts in extension and flexion and is not to be confused with actual changes in size or postures (see footnote 5 below). Both tension-flow and shape-flow depend on the in-

[3] The correlation of 'approach' with low intensity stimuli and 'withdrawal' with high intensity stimuli, which Schneirla postulates, parallels Sherrington's *(49)* principle of differential and antagonistic systems in skeletal muscle function. This principle links extensor dominance with weak stimulation and flexor dominance with strong stimulation. Our data show that 'growing' is based on extensor dominance and 'shrinking' on flexor dominance.

[4] The term 'zonal discharge' pertains to forms of discharge appropriate to the functions of the anatomical zone in which the discharge takes place. For example, rhythms of sucking, chewing, biting, and speaking are forms of discharge in the oral zone. When an inappropriate discharge form invades a zone—for instance, when an 'anal' rhythm is used for activities in the oral zone—it interferes with optimal functioning *(29, 30)*.

terplay between agonistic and antagonistic sets of muscles and on gamma-regulation in individual muscles, governed by the reticular system *(4)*. These apparatus serve drive discharge in such a way that the rhythm of tension-flow conforms to specific zonal needs while the rhythm of shape-flow directs the discharge outward and inward. Tension-flow is a carrier for the flow of pleasure and unpleasure; shape-flow gives structure to these feelings so that we can recognize them as specific moods (feeling expansive or constricted, big or small, full or empty).

Intrinsic in the neonate's rhythms are regulatory mechanisms which gradually come under the control of the ego. Regulation of tension-flow pertains to control over sequences of free and bound flow, over frequency of fluctuation in intensity of tension, and over the degree and rate of its increase and decrease (intensity factors of tension-flow). Regulation of shape-flow pertains to the control over sequences of centrifugal and centripetal movements which make the shape of the body appear larger or smaller. A more advanced regulation of shape-flow consists in controlled selection of the horizontal, vertical, and sagittal dimensions of the body in which shape widens or narrows, lengthens or shortens, bulges or hollows (dimensional factors of shape-flow). At the same time as the shape of the body changes during movement, the whole body or its parts traverses space in lines or loops, in large or small degrees, with sharp reversals or smooth curves (design factors of shape-flow). Regulation of design factors permits a limited selection of ways by which body shape changes through movement. All these regulations underlie the mechanisms through which the ego distributes quantities of libido and aggression and maintains an affective equilibrium between self and objects *(7)*.

Successive adaptations to space, gravity, and time lead to controlled selections of qualities of tension-flow best suited to reach objects in space, to handle them according to their weight, and to get to them on time. These are precursors of adaptation through 'effort' *(30)*. Gradually movement becomes subservient to concepts of 'where, what, and when' *(35)* as mature patterns

of 'effort', governed by the reality principle, subordinate rhythms of tension-flow to adaptive aims of the ego. A prototype of an aggressive action is punching, in which direct, strong, and fast 'effort' elements use appropriate rhythms of tension-flow to produce the desired effect. For example, a pure or modified 'phallic' rhythm could be used for punching but an 'oral' type of rhythm would not be suitable. A prototype of an indulging action is floating, in which indirect, light, and slow 'effort' elements control the flow of tension to make it compatible with aim-inhibited discharge of libido *(30, 35, 36)*.

Successive adjustment to objects leads to controlled selections of spatial directions and movement in spatial planes. The child begins to shape his body to conform to such prescriptions of direction as 'to the side and across to the other side' which evolves from 'widening and narrowing'; 'up and down' which evolves from 'lengthening and shortening'; and 'forward and backward' which evolves from 'bulging and hollowing'. The highest form of regulation of shape-flow is achieved through active 'shaping' of the space between self and objects; variations in body shapes become automatic as they are incorporated into the adaptive aim of the ego to change spatial relations.

'Directional shaping' evolves from regulation of changes in the dimensions of the body that are extended into space. When space is conceived as multidimensional, a complex relationship to objects in space is expressed through meaningful interactions in the horizontal, vertical, and sagittal planes through spreading in space or enclosing it, ascending or descending, advancing or retiring. While 'directional shaping' erects a bridge between oneself and the object, 'shaping of space in planes' creates a two or three dimensional spatial configuration which gives a complex design to the relationship. Shaping of space in planes evolves from regulations of dimensions and design used in the flow of shape and from control over spatial directions.

As is the case with 'effort' elements, in 'shaping' too there are many possible combinations. There is an affinity between certain 'effort' elements and related elements in 'shaping'—for

instance, between exertion of strength and downward motions or lightness and rising. An integration of related patterns of movement reflects a balance between aims of drives and phase adequate relating to objects.

Already in infancy one can distinguish between regulations which aid localization of discharge in one part of the body and those which promote centralization of discharge in which all parts of the body, simultaneously or successively, move in consonance with each other *(30)*. These early regulations differentiate into movements, called 'gestures' and 'postures' *(36)*. The term 'gesture', as used here, is not to be confused with gesticulation or with the learned modes of substituting stylized patterns for words; it denotes movements that are confined to one part of the body (such as head, arm, leg). The term 'posture' is not to be confused with a static disposition of the body and its parts that corresponds most closely to what in this paper is referred to as 'shape'[5]; 'posture' as used here denotes a dynamic pattern of movement involving the whole body and using identical elements of 'effort' or 'shaping' throughout. In precursors of postural movement, all parts of the body move in similar rhythms of tension-flow or shape-flow. Postural move-

[5] Deutsch's pioneering work on 'analytic posturology' can be better correlated with the material presented in this paper if the term 'shape' is substituted for the term 'posture' *(12, 13, 14)*. Deutsch showed conclusively that preferred body shapes express modes of self-representations and that changes of direction in movement indicate changes in relation to objects.

It is important to keep to Laban's and Lamb's terminology wherever possible, as our notation and interpretation of movement profiles is based on their work. Variations of effort and shaping elements in postures and gestures are notated; 'effort' and 'shape' profiles are used in conformity with Lamb's specifications *(36)*. Conceptualizations of Laban and his pupils are also used, but our different orientation leads to a psychoanalytic interpretation of movement patterns and profiles *(32)*. The notation and interpretation of rhythms of tension-flow and shape-flow is unique to the Movement Study Group in Sands Point. Rhythms of tension-flow have been classified in previous papers *(29, 30, 31)* in accordance with optimal modes of zonal discharge.

The notation of rhythms of shape-flow was devised by Forrestine Paulay and the author. The experience with the interpretation of these rhythms is too new to warrant a comprehensive presentation of their role in forming shapes of object relationships *(27, 46)*.

ments occur in states of high motivation or total involvement with an object.

The consistent use of 'effort' and 'shaping' patterns in postures is ushered in by maturation of apparatus for total body coördination. This occurs in adolescence, at the same time as the influx of high quantities of sex specific hormones. Postural movement through effort and shaping represents the motor component of processes which lead to identity formation in adolescence. To the degree that the adult individual is able to function consistently in states of high and low motivation, he uses the same effort and shaping patterns in 'postures' as in 'gestures'. Discrepancies between patterns used in postures and gestures reveal areas of conflict and point the way to appraisal of defense mechanisms from observation of movement.

Control of the environment through 'efforts' and 'shaping' derives its affective components from regulations of tension-flow and shape-flow. Advanced regulation of tension-flow gives melody to movement and advanced regulation of shape-flow achieves a harmonious balance between shapes of various parts of the body. When tension-flow and shape-flow are controlled by integrated patterns of effort and shaping in postures and gestures, movement becomes a composition in which themes are expressed through efforts and orchestration is provided through shaping.

RHYTHMS OF SHAPE-FLOW AND TENSION-FLOW

There is a continuous interdependence between tension of the body and its shape in rest, and between rhythms of tension-flow and shape-flow in mobility. The boundaries of the infant's body are outlined by the distribution of tension in his skeletal muscles. The mobility of the neonate's shoulder and hip joints is hampered by the boundness of muscles in these areas. His arms are still close to his chest and his legs close to his abdomen. The newborn's shape appears not only narrow and hollow but also shorter than it actually is. In states of mobility, his limbs move in all directions but his proximal joints participate only

to a limited degree. Consecutive changes in shape can be noted as the newborn folds and unfolds, coils and uncoils, bends and stretches in regular or irregular rhythms. His mouth and hands seem to exert a magnetic attraction toward each other, but they rarely maintain closeness. An influx of free flow, which is one element of the rhythm of tension-flow, pulls hand and mouth apart. In the lower part of the body, knees bend and stretch, coming closer to the abdomen and getting farther away from it, at more or less regular intervals. The intervals between growing and shrinking of body shape are determined by the degree to which bound and free flow can be maintained in the periphery and the center of the body. In states of excitement, centrifugal and centripetal movements increase in frequency and amplitude at the same time as free and bound flow alternate more frequently and increase in intensity. In end-phases of excitement, the frequency and amplitude of growing and shrinking decrease. Depending on the state of tension in the infant's muscles, he may lapse into rigid immobility or flaccid limpness. Rigid tension in the periphery of the body sharpens its outlines; flabbiness softens the body contours.

With the emergence of psychic awareness, both 'growing' and 'shrinking' become associated with pleasurable sensations, reflecting the excitement of mounting tension and the relief of subsiding tension. Freud *(22)* pointed out that the relation between intensity of excitation and pleasure-unpleasure qualities is not a simple one. He suspected that the amount of increase and diminution of excitation in a given period of time may be the decisive determinant of qualities of feelings. The intensity factors of tension-flow and the dimensional factors of shape-flow combine in various ways from which emerge various qualities of pleasure and pain as well as other associated affects.

To illustrate the relationship between tension-flow and shape-flow rhythms and ranges of feeling the infant may experience, it is useful to explore how these factors operate in the breathing of adults.

During normal breathing the attributes of tension-flow and

shape-flow change minimally. Yet we can observe that we inhale in free flow which gradually goes over into bound flow to become free again in exhalation and bound or neutral in the pause that follows it. In inhalation we widen, lengthen, and bulge; in exhalation we narrow, shorten, and become hollow. When we take a deep breath we may experience a feeling of exhilaration; exhaling after holding of breath brings on a feeling of relief. Prolonged breath-holding in inspiration goes along with exaggerated growing of body and a high degree of boundness and extensor tension. These changes can evoke sensations of bursting which merge with feelings of rage and anxiety. This type of anxiety may lead to fears of falling apart, becoming fragmented and losing body parts, and may eventually culminate in castration fear. In expiration prolonged breath-holding goes along with exaggerated shrinking of body shape and a high degree of boundness and flexor tension. These may evoke sensations of being knotted up or wound up inside, as if one's own aggression turning inward were taking on a shape. In sudden expiration, an abrupt decrease of tension and flaccid shrinking can evoke feelings of deflation, collapse, and emptiness. Rhythms of shape-flow in which exaggerated shrinking recurs frequently can lead to a variety of feelings of agitated and flat depression, of fears of becoming smaller and separated from objects.

Growing and shrinking of body shape help to localize the inside and the outside of the body; at the same time, feelings of being propelled outward or pulled inward outline the directions that develop into vectors of intentional movement. The postural image of the body *(47)* becomes the basis for shapes of self-representation *(27, 46)*. Tension-flow is related to basic moods of being carefree in free flow and constrained in bound flow *(30)*; shape-flow contributes to the specificity of moods and self-representations. Feeling expansive and generous, constricted and miserly, big and elated, small and subdued, full and proud, empty and insignificant are all derived from various degrees and vectors of sensations of growing and shrinking. The end-

less variety of feeling tones and shades of self-esteem which arise from tension-flow and shape-flow rhythms in turn influence these rhythms.

Changes in tension-flow and shape-flow and in their attributes (intensity factor of tension, dimensional and design factors of shape) unite to produce complex patterns of movement that can be noted in the newborn, even though he has neither control over tension nor over spatial dimensions. His limbs, free or bound, traverse space in the horizontal, vertical, and sagittal dimensions and, in so doing, proceed in lines or loops and in high or low amplitudes, turning in sharp angles or soft curves. All these qualities vary not only from moment to moment but also from limb to limb. The neonate's preferences for specific combinations of tension-flow and shape-flow rhythms mark his individuality. Certain elements and attributes of tension-flow lend themselves to expression of aggression while others are more conducive to discharge of libido. Elements and attributes of shape-flow give to this discharge direction and design through which precursors of expression of affect become meaningful to the onlooker. From the individuality of these apparatus for drive discharge that can be noted in the newborn, we may be able to appraise his drive endowment and his affective potential for relating to people before psychic differentiation provides a basis for psychological assessment *(30, 32)*.

Bound flow of tension gives a 'fighting' quality to movement and free flow 'indulges' in mobility *(35)*, characteristic for discharge of libido. The affinity of bound flow and shrinking, and free flow and growing of body shape has been mentioned before. There is also an affinity between attributes of tension-flow and shape-flow: 1. Maintenance of even levels of tension combines easily with narrowing linear movements, high intensity with shortening of shape and high amplitudes, sudden rises of tension with hollowing and sharpness of angles. (These combinations are characteristic for discharge of aggression inward.) 2. Fluctuations of intensity of tension combine often with widening sinuous movements, low intensity of tension with

lengthening of body shape and low amplitudes, gradual rise of tension with bulging and curving movements. (These combinations are characteristic for discharge of libido outward.) It is self-evident that all these factors unite in numerous ways and there is no strict adherence to rules of affinity. However, movement regulated by the principle of affinity between motion factors is clearer and easier to describe and easier to correlate with moods and feeling tones through which we recognize the operation of aggressive or libidinal drives in relation to objects. The following correlations of coördinated attributes of tension-flow and shape-flow with corresponding moods will serve as a rough classification of affecto-motor qualities of object relations. In each example an attempt is made to show how feelings related to a set of motion factors can alter when free flow changes into bound flow, and vice versa. Refinement of feeling tones contributed by the affinity of design factors is also mentioned.

1. Even intensity of tension, combined with narrowing of shape, may provide an atmosphere of steady enclosing in free flow and constrictive holding in bound flow. Where the narrowing divides space in a straight line, it adds the feeling tone of restrictive finality.

2. Fluctuating intensity of tension, combined with widening of shape, promises a wide scope in exploring and considering the needs of others. But when too many fluctuations of free flow predominate one may get the impression of erratic meandering or when bound flow is dominant of uneasy squirming. Loops or twists can add the tone of playfulness or uncertainty.

3. High intensity of tension, combined with shrinking in length (shortening of shape, stooping, falling), may bring an atmosphere of contained anger in bound flow and uncontrolled temper in free flow. Large amplitudes of such movements, as swooping down, leaping or jumping down, can evoke the image of an attack.

4. Low intensity of tension, combined with growing in length (stretching, rising, straightening), is conducive to easygoing good humor and optimism in free flow and mild

concern in bound flow. When amplitude is low a refinement or delicacy is added.

5. Sudden increases of tension combined with shrinking in depth (hollowing, emptying, withdrawing) in free flow convey preparedness for flight and in bound flow readiness for attack. Angular reversals of direction add a sharp edge to both.

6. Gradual ascent of tension combined with growing in depth (bulging, filling, protruding, approaching), makes for an atmosphere of ponderous but good-natured giving in free flow; in bound flow such an approach takes on the quality of dependability. A curved reversal of directions adds smoothness to the approach.

No one moves in just one combination of movement patterns, but preferred combinations and sequences are characteristic of adult movement and can be detected even in the immature motor patterns of infants. In the kinesthetic interaction between mother and child the affective milieu is created by the propensities of both partners. The mother's preferred motor patterns, mirrored by the child, regulate and modify the child's rhythms. The child's preferred motor patterns evoke positive or negative responses in the mother. In trying to adjust to the child she too begins by mirroring his rhythms to the degree she is capable of doing so. She also anticipates his responses and interprets them as messages before the child is capable of communicating feelings. Her interpretations provide a model for psychic content which the child eventually attaches to the nonverbal transactions between himself and his mother *(29)*.

MATERNAL REACTIONS TO INFANTS' SHAPES

Throughout development, maternal responses to changes in the child's shape organize his flow of shape and provide the atmosphere for successive stages of self-representations, object-representations, and object relationships. In close association with his irregular patterns of breathing, the infant's shape grows and shrinks in an irregular rhythm. In trying to find an order in the bewildering multitude of changes, the mother reacts to pre-

dominant changes of shape in the child as if they were expressive of affects familiar to her from previous experiences. Her interpretations of the infant's shapes are influenced by her own predilections as well as by species-determined and learned interpretations of spatial configurations *(11)*. Changes in the conformation of the whole body or its parts (especially head, face, and hands) in combination with appropriate changes in tension-flow become part of nonverbal communication between mother and child.

Growing in width invites contact. Wide shapes inspire confidence even in such small changes as the broadening of the face in integrated smiling *(52)*. In contrast, shrinking in width and narrow shapes, as seen for example in frowning, have a discouraging effect. The most primitive response to narrowing movements is the impulse to make the shrinking object still thinner, to squeeze it until it disappears. But narrow shapes can also evoke pity and a need to enclose them rather than squeeze them. Reaction-formations against the desire to annihilate or ignore the constricted shape and dismiss it as insignificant play a role in the endeavor to nurture and shelter the young. A mother dog selected the runt of her litter to bury in the ground; when it was brought back to her while she nursed the other puppies, she ignored it. Similar reactions occur in young and inexperienced mothers of human infants. Normally however a delicate balance between holding the infant and leaving him alone is not only the result of conflicting maternal emotions but is also due to the changes in the baby's shape from narrowing to widening, from shrinking to growing.

Growing and shrinking in length are taken as communication of intent. In the animal kingdom, growing in the vertical dimension is interpreted as threatening, shrinking as submission. Even facial expressions, such as baring of teeth in which the mouth stretches vertically, are taken as signs of intended attack *(11)*. In man, a slight rising of facial angles conveys elation and 'falling' of features connotes sadness; standing up connotes pride and strength, lying down or falling is

identified with surrender. Renouncing one's opposition to gravity or conceding one's inability to cope with it seems to be a model for dejection and defeat *(1)*. A mother may find it difficult to support a tense, stretched-out body and she may become limp and drop it. Consciously or unconsciously afraid that the baby wants to attack her, she may become limp in surrender. When the baby's head falls limply, the usual maternal response is to support it, but some primitive mothers yield to the impulse to drop the small and flaccid, to make it still smaller or ignore it *(10)*.

Growing and shrinking in depth—that is, in the sagittal dimension—connotes action in progress even before locomotion is established. Bulging, protruding into space is associated with satiation, pleasure, fullness, and going ahead. Hollowing is associated with emptiness, hunger, pain, despair, and retreat. The baby's forward movements of head or arms are taken as signs of a positive approach to the mother; the protrusion of his tongue initiates the beginning of appetitive behavior. The neonate's use of his tongue to push out the nipple is a precursor of saying 'stop'. Mothers understand these changes in direction as signals to go ahead or stop the interaction with their babies. They also take them as indications of approval and disapproval on the part of the baby and sometimes react defensively by withdrawing in retaliation or in anticipation of being rejected.

When the child begins to control directions in space, the relation between mother and child becomes less anxiety-laden and more meaningful. Intentional directing of movement in space is a precursor of verbal communication. The formation of words gives meaning to sounds, and sentences shape them into aim-directed vehicles of information. Aim-directed movements such as pointing precede language development, but continue to be the language of movement throughout life. In normal development the mother enjoys each sign of advancement in mastery of communicative interaction. Through her own mature shaping she provides the model for regulation of sequences of approach and withdrawal, and uses changes in

shape for the enrichment of her affective relationship with her child.

Space does not permit either a full listing or an exhaustive discussion of the sources of regulation of shape-flow. The following description of stages of this regulation will make reference to the maturing neurophysiological apparatus that come under partial control of the ego. However, its primary theme is the reciprocal regulation of tension-flow and shape-flow, feeling tones and images of self and objects, of efforts and shaping, affective attitudes and transactions with objects in successive stages of object relationships.

THE NARCISSISTIC MILIEU

The mother's adjustment to the infant's tensions and shapes interacts with his own emergent kinesthetic sensations to form the 'narcissistic milieu' *(18, 25)* of primary identifications from which the child's feelings emerge. These in turn influence and modify tension-flow and shape-flow.

The neonate shudders on hearing loud noises, blinks in 'avoidance' of visual stimuli *(30)*; he is startled in response to sudden changes of his position in relation to gravity *(1)*. He turns toward the source of pleasurable stimuli, be it outward or inward. The kinesthetic responses involved in these reactions are in themselves a source of functional pleasure *(8, 18, 28)*. The more frequent and the more pleasurable the sensations and responses resulting from spontaneous swelling of mucous membranes or from contact with the hand or nipple, the greater tendency there is for movements directed toward the body and the more need to shut out outer stimuli and to inhibit movements toward them.[6]

[6] Neonates who suck their own tongues do not react to visual stimuli by turning to them or following with their eyes. But the relationship between reactions to inner and outer stimuli is not always that simple. Wolff and White *(53)* reported that infants who sucked on pacifiers did not move their heads to follow a visual stimulus but some would move their eyes to do so. In this observation we encounter a harmonious integration of responses to inner and outer stimuli that goes along with centralization of tension-flow and shape-flow, as exemplified in the case of Charlie *(30)*.

High thresholds for external stimuli and lower thresholds for internal stimuli *(22)*, especially from the oral zone, combine with the late maturation of visual and acoustic apparatus to focus the infant's emerging directedness toward his own body. This seems to be the physiological basis for Freud's view that the state of primary narcissism evolves from autoerotism.

The rhythm of shape-flow in the newborn (longer periods and greater frequency of shrinking than growing) facilitates discharge inward, whether the form of discharge is suitable for libido, aggression, or fusions between them *(22, 26)*. The principle of turning away from noxious stimuli is applicable to external stimulation but does not seem to pertain to excitations stemming from the infant's body. Some newborns scratch their faces again and again as if attracted to the source of pain. Colicky infants double up with pain. Discomfort that arises from abdominal sensations interrupts all other activities and the infant's attention seems to center on what is going on inside his body *(31)*. However, the infant's tendency toward discharge inward is counteracted by maturation of apparatus which serve to awaken consciousness. Development brings about an increasing readiness for discharge outward which receives its direction from patterns of maternal care.

The mutuality *(16)* between mother and child within the narcissistic internal milieu *(25)* is created by fusion of their body shapes, attunement of their preferred rhythms of tension-flow *(30)*, and harmonizing of their preferred rhythms of shape-flow. Primary identifications are based on transactions in the 'near body space' that belongs to mother and child alike. Mother and child move together, press or touch each other, and are being touched by each other, and in doing so they mirror each other's rhythms and develop feelings for each other. In this type of closeness not only the near space surrounding the body is shared but the 'body space' as well: the infant takes in the nipple and the mother intrudes into his mouth. Within this narrow space of co-functioning *(39, 40)* there are only a few moments of static unity. Tension-flow and shape-flow

change in regular and irregular intervals, one movement evolves from another, and static shapes are kept up in phases of rest, creating a continuum of feeling tones that characterize the milieu in the near space between mother and child.

Two rhythms of alternating union and separation *(37)* pervade the oral phase of development: 1, a rapidly oscillating rhythm of growing together and shrinking away from each other characterizes the closeness of infant and mother during nursing; 2, being nursed alternates with actual physical separation in two distinct phases of closeness and real distance. After a longer period of separation, fusion in space begins with the child turning to the breast as the mother presents it to him. The sucking rhythm consists of alternating phases of clutching the nipple and releasing it, partially through dropping the jaw *(42)*. This phase of rapidly oscillating minute changes of distance between mother and child ends with the infant releasing the nipple and turning away, which ushers in another long period of separation and a substantial distance is space.

The double periodicity of closeness and distance described here is characteristic of all intimate relationships and all periodic zonal discharge. Through the experience of periodic satisfaction in zonal discharge, shape-flow rhythms differentiate into: 1, zone-specific, multiphasic rhythms that best serve local zonal discharge *(30)*, and 2, bi-phasic rhythms of preparation for zonal discharge by stable, appropriate positioning of the body and return to the shape of rest which terminates contact.

The infant recognizes the nursing position before he has a representation of the object. He learns to turn to the breast *(10)* and to turn away from it; this gives him a rudiment of control over closeness and distance from the source of satisfaction. This partial independence from the object becomes the core of active initiation and termination of contact according to needs.

REACHING THE ANACLITIC OBJECT

As the child learns the division between phases of preparation, need satisfaction, and termination of contact, head, eye, and

hand begin to work in unison. Kinesthetic mirroring of rhythms of tension-flow and shape-flow gradually become supplemented by visually induced mirroring of facial expressions and head and arm movements. Reaching the need-satisfying object develops into a need of its own.

Through attunement of tension and adjustment in shape in the near space between mother and child, they mirror each other's feelings in a reciprocal relationship *(39, 40)* characteristic of the early oral phase. Guided by the mother's motor patterns, shape-flow differentiates into phases of actions in the service of needs and of reaching the need-satisfying object. Interactions with the need-satisfying object are tinged with feeling tones of comfort and discomfort from which affective self-representations and object-representations differentiate.

> Charlie began to smile and coo at five to six weeks. Because of his straining toward her in supine position his mother felt that he was trying to sit up as well. At eight weeks mother proudly exhibited the movement and sound dialogue she and Charlie had been engaging in for some time: 'She talks to him in an excited voice. She touches him and moves her head back and forth and keeps talking, telling him what a good looking fellow he is. He moves his arms toward her; he coos, looks at her intently. Mother moves his legs playfully. He begins to make slight noises of the character of his "drinking" noises. When mother moves he follows with his head. Head, arms, and legs move in slight, slow, medium-amplitude movements.'
>
> The following changes in his movements were stimulated by his mother's mode of excitement: 'Mother tickles his chest and all his limbs move toward her. His mouth opens and closes as if he were in a conversation without sound while his mother talks to him all the time. Mother tells him in a stern voice that he is a bad boy. His face becomes sterner than before. He gestures with face and hands so that one is reminded of a conversation in a silent movie. Mother tells me that he has been "talking" that way for the past three weeks.'

Unfortunately these early recordings do not adequately describe movement patterns. It is apparent, however, that Charlie mirrored the tension and shape of his mother's movements and was beginning to reach out toward her.

Even when he was a neonate Charlie's frame was wide and bulging, which earned him the epithet of 'Churchill'. His shape-flow was conducive to moving sideways and forward which enabled him to carry on this face-to-face communication with his mother, even though she bent her head forward only slightly to meet his eyes. Another infant of two weeks, near his parent's face, mirrored the adult's mouth movements to a remarkable extent. Since this mouth-to-mouth communication was repeated many times, he molded out of it a sound 'hallah' which he began to use instead of crying. This became his 'reach sound' used for calling and greeting during the period between four weeks and four months in which his anaclitic relationships were most prominent.

As the influence of visual and acoustic perceptions increases, kinesthetic and proprioceptive sensations become synesthetically connected with them. Visual representations merge with 'reach' representations to outline objects as separate from the self. In contrast, self-representations, less clearly outlined, never completely differentiate from the shapes of objects perceived in the near body space. In the absence of sight, kinesthetically and acoustically derived shapes of objects are so vividly retained in the child's memory that he may be able to imitate not only shapes and sounds but also facial expressions with amazing accuracy. Burlingham's *(9)* blind patient, Sylvia, would bend down and tremble as she walked in imitation of her grandmother. She would change her voice when she spoke about her mother or father. When she became attached to the analyst, she began to imitate her facial expressions, smiled as she did, and could reproduce other facial changes. Kinesthetic sensations are closer to feeling tones and can more easily express nonverbal memories than any other sources of representations. Blind children smile in response to voices and touch: the mood

intrinsic in the widening of the whole face in integrated smiling, expressed through nonverbal channels of communication, is contagious to the sighted and the blind.[7]

The anaclitic object need not be in the near space of the child as long as it can be reached through movement and through a meeting of moods, based on an attunement and harmony in rhythms of tension-flow and shape-flow. Reaching for an anaclitic object need not be directed; the magic of turning to an external source of satisfaction by movements flowing away from the center of the body, a positioning of limbs, a combination of sounds, may be all the preparation needed to bring the need-satisfying object closer. At first qualities of the object are recognized in the near space in which zonal needs are satisfied. As the infant's horizon expands from the 'near space' through the 'reach space' and into the 'general space', he begins to reach by centrifugal movements directed to the outside. At first he identifies the object by kinesthetically, visually, and acoustically perceived shapes and rhythms familiar to him from experience of close contact. Whereas the anaclitic object is recognized by the 'how' of his movements (tension-flow and shape-flow), the constant object derives its qualities from emergent concepts of 'where, what, and when' (precursors of effort and shaping).

RELATING TO THE CONSTANT OBJECT

The sameness of the object is established by the repetitive character of preferred rhythms of tension-flow and shape-flow, unique to the individual. Memory of the object is based on '. . . the connection of certain moods with the corresponding body sensations which, experienced as one's own body, are transferred onto the other person and then again imitated on one's own body' *(9,* p. 324*)*. The infant recognizes his mother

[7] I am indebted to Mrs. Burlingham for letting me visit the Hampstead Nursery for the Blind, for her many articles and lectures on this subject, and her personal communications. I am also grateful to Miss Wills for allowing me to read the history of a blind child she has observed since infancy.

as distinct from other people because she belongs to his near space and retains these 'near space' qualities in distance transactions as well. In the near space he can feel and smell her, in the reach space he can see her, and in the general space he can either see her or hear her voice. When all these sensory experiences become integrated, the perceived object becomes endowed with a dimensional quality. The relation to the object becomes partially independent from zonal needs and more and more guided by mastery of spatial directions, which all converge in the narrow sector of space in which the object reappears. In successive developmental stages, intentional directing of movement regulates shape-flow in accordance with dominant needs that mold the relationship to objects: primarily sideways and across in the oral stage, primarily up and down in the anal stage, and primarily forward and backward in the urethral stage. As self-representations and object-representations become multidimensional, they become endowed with qualities related to space, weight, and time, and feelings toward the constant object gain in scope, intensity, and depth.

Through reaching out into wider and more varied realms of space, the changing shapes of the body effect a change in the gestalt of space, as they divide it into large and small sections by lines and loops, sharp angles and smooth curves. Fleeting 'shaping' of space by spreading or enclosing, rising or descending, advancing or retiring, corresponds to fleeting fantasies which begin to organize feelings toward objects. In the early 'inner-genital' stage which precedes phallic development, pregenital drives become integrated with 'genital' urges *(31)*. Trying to escape from internal sensations the child externalizes them to outside objects, becomes outward-directed, and deliberately imitative. He identifies with his mother and actively reproduces her motor patterns. He builds play configurations concretely to represent fantasies about the 'inner space' inside his body and that of his mother *(15)*. In the phallic phase, the child's total body is sexualized and outer space is identified with his love object whom he seeks to penetrate as a whole. In

latency, the child subordinates rhythms of tension-flow to 'efforts' and rhythms of shape-flow to 'shaping' of space in accordance with socially acceptable requirements of work and play. Not until adolescence does he consistently use all elements of effort and all planes of space at once in postures and gestures. He begins to perform like an adult in work and sports, but his conflicts in relation to objects are expressed in contradictory shaping so that his posture may be inviting and the simultaneous or ensuing gesture may be rejecting. Object relationships of adults are expressed in harmonious movements in which shaping of space subordinates rhythms of shape-flow in various parts of the body to best serve as a vehicle for feelings and attitudes carried by ego-controlled tension-flow and effort. The constancy of adult relationships is reflected in the constancy of preferred phases of effort-shape combinations—in gestures and postures—that characterize permanent movement profiles *(32, 36)*. The manner in which adults express their personalities through movement is predicated on congenital preferences for certain patterns of movement and their modifications in successive stages of drive and ego development.

THE ROLE OF THE HORIZONTAL PLANE IN THE ORAL PHASE

In the oral phase, communication between mother and child occurs primarily in the 'feeding' or 'table plane' *(4, 34, 36, 41, 44, 45)*. The infant conveys acceptance or rejection through precursors of shaping in the horizontal plane which remains the plane of communication throughout life.

In the oral phase, reaching becomes preparatory for seizing and taking. Shape-flow is then organized in phases of growing to reach, local shrinking to scoop, and further shrinking to take in. At the same time the object becomes endowed with constancy of spatial qualities. Near or far, away from the body or in it, the object belongs to a space the child has made his own. In the early oral phase, turning to the object in the near body sphere brings about a meeting and fusing of body shapes; the totality of object representations is based on a feeling of

growing together and merging rhythms of tension-flow and shape-flow. In the oral-sadistic stage, directing of movements toward the object is a preparation for seizing, clutching, and incorporating. These transactions occur primarily in the two dimensions of the table or feeding plane: the principal dimension of the horizontal plane is sideways-across and its accessory dimension, forward and backward.

Scanning of the horizon helps the child to find the object. Moving sideways, right and left, and seeking in free-floating attention, he changes levels of intensity of tension and he widens, traversing a sinuous pathway with head and arms. These are precursors of an indirect approach to space through 'efforts', of directional 'shaping' sideways, and of spreading in both dimensions of the horizontal plane. Once the child finds the object and localizes it, his attention becomes bound, the level of tension stabilizes, and he narrows in a linear movement. These are precursors of a direct approach to space through 'effort', of directional 'shaping' across, and enclosing space in both dimensions of the horizontal plane. His feelings during scanning might be, 'Is it here, is it there?'; when he channels his attention to a focal point, he may feel, 'It is *there*'. He turns to it, cathects it, smiles, reaches for it, and makes it his own. When he refuses to cathect it, he turns away from it, cannot see it any more: 'It is not there'. The persistence of the constant object is based on acceptance of the existence of the real object in space.

As attention becomes channeled, the tension bound and its level even, the oral rhythm too changes in quality. The oscillating sucking rhythm no longer shows soft transitions from free to bound flow and vice versa; holding the nipple with even bound flow and biting on it becomes more frequent *(30, 31)*. Free and bound flow reverse sharply and linear movements change directions in angles. Kinesthetic sensations of channeled, linear, and sharp movements help to outline more clearly the shape of self-representations and object-representations.

With more frequent feeding of solids to the child in an

upright position, a reciprocal relation develops between mother and child in which activity and passivity take on a rhythmic quality *(37)*. Distance feeding makes the horizontal plane (table plane) more meaningful to the child. He becomes more aware of his mother's feeding movements which change direction from forward-across to backward-sideways. He mirrors her movements without yet understanding the significance of directions in space. Soon he begins to feed himself and generously gives some food to his mother also. The give-and-take interplay becomes the basis for his relation to his mother. Refusal and withdrawal are reserved for the stranger *(50, 51)* whose shape and rhythms of shape-flow are unfamiliar and whose mood is alien too as he intrudes into the space between mother and child and distorts it by his intrusion. The child may reconcile himself with the stranger if careful study of his features and demeanor allows him to perceive tensions, shapes, and feeling tones similar to his own. At times, however, as familiar a person as his mother may appear strange when her mood changes unexpectedly or when her shape alters in an unaccustomed dimension (for example, by the addition of a hat or a large piece of fur).

In the early phase of object constancy, acceptance is based on recognition of sameness, and rejection on clashing with dissimilarities. Acceptance is conveyed by a broad smile, rejection by a stern or anxious face. Reaching and taking are operations which imply acceptance. Turning to the side and backward when an unaccepted object draws closer is a precursor of refusal in a 'no' gesture.

In previous papers I described how Charlie clashed with his mother because of discrepancies in their rhythms of tension-flow *(29, 30)*. The following description of Charlie's difficulties will focus on the importance of appropriate planes and directions in feeding.

> At seven months, Charlie had refused solids and had stopped reaching for objects. But he regularly smiled at his mother even when quite uncomfortable because of teething

pain. He stared at me for a long time before he gave me a smile. He did not reject his mother; he rejected, so to speak, his feeding mother. It was impressive to watch the determination with which he refused the spoonfuls she handed to him. She stood up in front of a low table at which Charlie sat slumping down and forward. When the spoon reached his mouth from above, he spat and turned his head sideways and backward. He could not see his mother as she would not stoop and he could not look up. The spoon seemed to follow him when he turned away and once again Charlie turned away from it, backward and sideways in the opposite direction, and cried. He could enjoy feeding when one sat down at his eye level and he could participate actively in coming forward to the spoon.

Even though Charlie got over his crisis of feeding and reaching, he retained the difficulty in communicating with his mother in certain situations and clashed in a similar manner with his teachers. I remember vividly a scene during his latency which appeared to be a replica of his early refusal to eat. Mother asked him an arithmetic question. She stood in her habitual shape of imminent retreat, her trunk slightly hollow, her head bent forward a bit but not directed down enough to meet the gaze of the child. Charlie stood in front of her, looking forward and down and veering sideways. His dazed look, familiar to me from his infancy, made it very clear that he could not think. Then, as in his infancy, when I sat down with him and established a face-to-face communication in the horizontal plane, he could reach out for help; with some direction he started to think on his own and triumphantly produced the right answer.

THE ROLE OF THE VERTICAL PLANE IN THE ANAL PHASE

In the oral phase, the child communicates the state of his needs by acceptance or rejection. In the anal phase he learns to present his intent or feelings in relation to objects. He shows the manner in which he appraises himself and others through precursors of shaping in the vertical plane. This plane remains the plane of presentation throughout life *(4, 35, 36)*.

In the anal phase, holding and relinquishing divides the rhythm of shape-flow into prolonged shrinking while holding, and brief growing-out into space while releasing or throwing. At this time the child gains control over degrees of tension. At first he may keep the tension at the same level of intensity or lower it. The sphincter becomes the focal point for these alterations in degree of tension, control of which is a precursor of the 'effort' of lightness. In the anal-sadistic phase the child gains control over higher degrees of tension, the precursor of the 'effort' of strength. He presses hard with his abdominal muscles and contracts his sphincter with determination; at the same time he begins to control antigravity muscles through his whole body. As he stands up, the vertical plane of his body begins to conform to the vertical plane of space—the wall-plane or door-plane *(41, 44, 45)*. As he gets up and lets himself down, he becomes familiar with the principal dimension of the vertical plane. When he throws things, he moves down and sideways or across; when he lifts things high, he moves up and sideways or across. Thus he gets the feeling of both dimensions of the vertical plane. He becomes acquainted with the qualities of heavy and light, strong and weak by the extent to which he can lift or lower things. The apparatus of spatial 'weighing' and comparing small and big, light and heavy, weak and strong facilitates the persistence of object constancy despite ambivalence of feelings: big and remote, small and easy, strong and hostile, light and gentle, up or down, rising or descending, the self and the object retain their identity. As the child begins to hold back and release intentionally, he becomes aware of intent in himself and others. But mothers often organize shape and directions before the child can understand them or initiate them himself. They guide innate responses to tensing and releasing, shrinking and growing in the vertical dimension by attaching positive and negative values to them.

At seven months, Charlie was taught the game 'so big'. His mother would initiate it by saying 'so big' with great glee and stretching the child's arm upward. Charlie might

respond by raising his knees, but soon he would follow with up-and-down movements, accompanied by intense straining with appropriate sounds. At that time Charlie responded with controlled tension-flow and shape-flow; he could not yet control the vertical dimension of his body. Months later, he would raise himself up proudly and lift toys for his mother to see; he would point to a chair persistently with imperious downward gestures to indicate that his mother must sit down on it. Earlier he had expressed his discontent with the results of her erectness by refusing food; at that time he could accept or reject but could not formulate his intent as he could now. When he accepted his mother's sense of values and was proud of being 'so big' and erect himself, his self-importance gave him the prerogative of imposing his wishes upon his mother in an unequivocal way. Because he could convey his intent with authority and determination, she listened to him and would sit down at his request.

As the child becomes proficient in getting up and stooping down, his feelings of self evolve from cognizance of his whole extended body and his budding recognition that he has a center of gravity and can shift it. As he begins to control the defecatory rhythm *(30),* he prepares himself for defecation by squatting. He likes this position and will squat while playing. Maintaining this body shape, he controls things on the floor; he throws them and retrieves them at will. As he becomes bolder, the amplitude of his movements grows. As he feels his own weight and compares it with the little, light things he can dominate, he begins to 'throw his weight around'. His wish becomes law, opposition to his will provokes fights and temper. When he wins he feels big and when he loses he feels small.

Surrounded by many things that are easy to locate and reach, he is busy selecting and discarding. But he is not always determined; he begins to question and doubt. He changes from high to low intensity of tension, from large to small in size, from rising to letting himself down. His feeling tones change from high to low spirits, from pride to despair. His relationship to objects becomes highly ambivalent. His approval of himself

and objects becomes reciprocal in the sense that he is big when they are small and vice versa. As his aggression increases, he begins to struggle to maintain his self-representation as a contained functioning unit despite variations of shapes and feelings. The same struggle for retaining the image of the object despite its changing moods and shapes imbues the relationship to his mother. She may be threatening and unyielding, towering over him, or friendly, stooping down to him, picking him up, and submitting to his will. Through all these changes in shape and mood on his part and hers, she retains the unique quality of being his mother. She becomes his sparring partner. He contends with her and craves her, and expects her presence.

In the first stage of constancy the object was 'there' or 'not there', depending on the child's acceptance or rejection. Then the permanent qualities of the object become established and the object becomes 'that' person and not another. Once the mother remains the same despite some changes in her attributes, the child can afford to send his mother away and to retrieve her at will *(22)*. Because the core of her representation remains constant, he can show her his anger without fear. He can idealize her or despise her by looking up to her or looking down on her. He can accept her or reject her, approve of her or condemn her; but not before he becomes proficient in walking can he put plans into operation that carry out any of his intents with efficiency. When he was creeping, he began to leave her and come back to her; at that time he needed only to look up and back to find her. When he walks away from her the danger of losing her is greater. As he is involved in weighing and appraising, his ambivalence, expressed in the up-and-down qualities of his movements, makes it difficult for him to decide what to do.

THE ROLE OF THE SAGITTAL PLANE IN THE URETHRAL PHASE

Although anal and urethral interests overlap, the distinction between the predominant rhythms, shapes, and preferred direc-

tions in anal and urethral zonal activities suggest a division into two separate developmental stages *(31)*.

In the urethral phase, the child begins to put decisions into operation. He moves forward and backward in the sagittal plane which remains the plane of operational transactions throughout life *(35, 36)*. Running to and away from objects preserves the continuity of self and objects in time and space. Conversely, the continuity of object-representations allows for self-reliance in exploration of space for longer periods of time.

As the child gains control over the urinary stream, he turns from passive surrender to the flow of urine to active holding back, releasing it and directing it. He begins to raise and lower intentionally the rate of increase and decrease of tension. This control is a precursor of the 'efforts' of acceleration and deceleration. The child deliberately bulges and directs the stream of urine forward and downward, 'hollows' again at the end of urination, and retreats. As he stops and goes, he uses precursors of shaping forward or backward, downward or upward, which are the principal and accessory dimensions of the sagittal plane. At the same time that he learns to control his position for urination and gains control over the urinary stream, he also begins to master spatial directions and continuity and discontinuity in locomotion. 'Stop' and 'go' become important transactions between himself and his mother. His right to initiate suddenly or gradually, to continue or interrupt, becomes very precious to him. As he begins to appreciate his own continuity in time despite intervals of discontinuity in movement, he also becomes confident that he will always find his mother. The image of his mother is there, unchanging, not only in the near space, not only in the reach space, but also in the general space into which he ventures. He becomes an expert operator: he decides when to start or stop, when to lead, when to follow, when to run away, and when to turn back. These decisions control his mother's movements if she does not want to lose sight of him. She has to follow him, but even if she lags behind he is confident that she will reappear. The constant

object becomes enriched by its new quality of continuity in time. Doing things is so important now that it can bridge the gap of time and make intervals of mother's absence seem shorter. Operations are divided by going away from mother and returning to bring her tangible evidence of exploits. The child becomes enamored of the feeling of mastery over advance and retreat in the sagittal dimension. He not only goes forward and backward himself at will but he makes things come to him, follow him or go away from him as he pleases. The magic of volitional and controlled advance and propelling forward, retreat and pushing back, includes the world of animate and inanimate objects.

INSIDE AND OUTSIDE IN THE 'INNER GENITAL' PHASE

The child between two-and-a-half and four who has achieved a good deal of mastery over his pregenital drives has learned to apply specific rhythms of tension-flow and shape-flow and specific preparatory positioning for the satisfaction of zonal needs. He becomes able to select rhythms of tension-flow and shape-flow as well as their attributes in the service of functions. In nonzonal activities he uses a great many modified rhythms; at first divergent rhythms may jar with each other but gradually an integration of pregenital rhythms is accomplished. One can note the influence of a special rhythm of tension-flow that helps to combine the previously described rhythms into integrated sequences. This rhythm, I believe, serves the discharge of genital drives whose source is in the inside of the body (such as vagina or spermatic cords). It consists of prolonged phases of gradually ascending free flow that change equally gradually into bound flow. Combined with softly changing directions which design waves in space, this type of rhythm gives the three-year old a quality of poise that resolves the disequilibrium of the two-and-a-half-year old *(31)*. This rhythm is particularly suitable for spreading of inner sensations all over the body and outside of it through externalization.

The preœdipal child stages games in which he identifies with

his mother's planned motor activity. He imitates what she is doing in the setting of a play that has a beginning, a theme, and an end. His sentences become grammatical and his movements assume structure. He chooses a direction, makes fleeting designs in space, and changes direction again. He begins to move in diagonals that traverse space in all directions at once—forward-sideways-down, for example. Division of space by diagonals is a necessary prerequisite for the understanding of multidimensionality and differentiation between the inside and outside of objects. The child erects walls with blocks in a manner showing his recognition of planes that divide the inside space, enclosed by walls, from outer space. His buildings are becoming three dimensional; things are narrow or wide, tall or short, fat or thin, filled or empty. Using some fleeting 'efforts' and some precursors of 'effort', the child can now direct his attention to space, weight, and time all at once. He can say: '*Now* I pick *up* a *heavy* block', and do it.

From the midst of even flow that he uses to maintain precision, there arise moments of directness, expressive of his ability to stick to a point for a short while. He can become indirect by changing from plane to plane but he cannot follow through to completion (he can twist but not yet knot). He picks up heavy objects mostly by high intensity of bound flow of tension but glimpses of real strength can be seen too. He does not often use strength, but in dealing with small articles he employs lightness rather than just low intensity of tension. He controls the rate of increase and decrease of tension and begins to understand the temporal effect of his fleeting accelerations and decelerations.

As the child is becoming skilful in controlling attributes of tension-flow, his affective repertoire increases. This can be noted in his facial expressions, the intonation of his speech, and his beginning gesticulation. He is becoming more proficient in using small excursions of movement instead of much larger ones, in reversing directions sharply or softly. But in excitement he jumps every which-way, as various parts of his body

move in uncoördinated rhythms of tension-flow and shape-flow.

The beginning multidimensional approach of the child at this stage gives him some understanding of the 'inside space' in himself and others. By externalization into outer space and to the periphery of his body, he forms concepts about 'inside' shapes. He arranges things in relation to one another, organizing their configurations in space by imitation of his mother's real activities and those he imagines her to be engaged in. He identifies with her and stages games in which he plays her part. But his father is becoming more and more important; the child imitates masculine characteristics too and divides shapes of the body and qualities of movement into male and female categories. Men become identified for him with protrusion in space, with strength and speed, with spreading, ascending, and advancing in space. Women are endowed with the opposite attributes. Men are conceived as tall, arrowlike, and solid; women as enclosed and hollow 'inside'. The confined space of the home is recognized as the domain of the mother; father deals with the general space coveted by the child. Toward the end of this phase, inner genital sensations are externalized to the periphery of the body, thus accentuating body boundaries. Rejection of the 'inside' space brings on a hypercathexis of the phallic body and the outer space.

THE OUTER SPACE IN THE PHALLIC PHASE

In the phallic phase, the whole solid body becomes sexualized as it gets into the service of 'completely object centered phallic-œdipal' *(18)* relationships. All parts of the body acting synchronously create definite designs in space in correspondence with fantasies about self and objects *(12, 13, 14, 15, 16)*. This type of movement is a precursor of postural shaping.

The child in the phallic phase leaps, jumps, and swings in coördinated rhythms of tension-flow and shape-flow. His favored rhythm of tension-flow is an alternation between small intensities of bound flow and abruptly ascending and descending

high intensities of free flow *(30)*. His shape-flow tends to alternate between low amplitudes in shortening and high amplitudes in lengthening and protruding. He likes moving upward and forward but he also enjoys falling down and sliding backward. His whole body participates in these extreme changes which are well suited to his rhythm of activity and passivity: penetrating and being penetrated *(16)*. He goes from intense wooing to rejection and annihilation of the object, from active conquering to passive surrender, from grandiose attacks to anxious expectations of counterattacks. These are dressed in elaborate fantasies in which designs in space play a major role. He races, flies, and explodes into space or surrenders with pleasure to being tossed around and whirled about. He becomes a 'space addict'; he not only dreams of traversing it in lines and loops, high up and crashing down, in sharp angles and soft spiral waves, but he also experiments with space through acrobatic stunts. The phallic child identifies space with his love object. He wants to get into it, fill it, and conquer it; he wants to be engulfed in it, carried by it, and surrender to it. But he dreams more than he can do.

Although he uses his whole body in abundance, his efforts and shaping do not yet control his tension-flow and shape-flow. On the contrary, his effort and shaping patterns are subservient to his preferred rhythms. He cannot coördinate efforts and shapes too well, nor can he follow through with the same effort-shape pattern when he moves his whole body in a unified rhythm of tension-flow and shape-flow (precursor of postures). An undue amount of free flow may derail his adaptive movement so that he can easily hurt himself or others in the exercise of his bold adventures in space. Out of sheer love he can 'squeeze to death' as the deceleration and lightness of loving embrace deteriorates into high intensity of tension and acceleration; he can pull people down as he hugs them by being derailed from the horizontal to the vertical plane. Conversely, in attacking his enemy with strength he may suddenly lapse into free flow and lightness; trying to jump him, he may jump

so high in preparation that he misses his aim and falls flat on his face.

CONSOLIDATION OF EFFORT AND SHAPE IN LATENCY

In latency, regulation of tension-flow by 'efforts' and of shape-flow by 'shaping' becomes consolidated to the extent that the reasonable ego gains control over unbridled fantasies and diffuse feelings. Consonance of movement is achieved through coördination of aim-directed efforts and shaping of spatial configurations that best serve the aim.

A latency child is capable of using strength and acceleration in hammering. Soon he finds out that he will do a better job if he shapes his movements in such a way that his arm descends and advances toward the nail he tries to hammer in. He is not simply stretching the arm forward and down as he would in reaching or pointing. He traverses the principal and the accessory dimensions of the vertical and sagittal planes as he moves from sideways-backward-high to forward-low and across. He uses the principal dimension of the vertical plane going down and the accessory dimension by turning across; he uses the principal dimension of the sagittal plane as he advances and its accessory dimension as he comes down. The direction 'down' is emphasized in this example because it belongs to both planes. But were the child to use it merely as a direction instead of shaping in planes, he would lose either strength or speed and his work movement would become less efficient.

As the superego develops, a systemization of values causes division of work from play. The child learns a great many skills through imitation of adults and explanations of techniques. Without a model for a well-integrated motor pattern he uses fewer effort-shape combinations, just as he can tell a familiar story fairly well but when he creates his own stories the sentences and their sequence do not clearly express what he wants to convey. The coördination between content (effort) and form (shaping) is in its beginnings; the child is learning to find an adequate structure for expressing himself and he does so by

imitation and by conforming to self-imposed rules and standards of adults and peers. When he is guided by rules of games and aims of work, he subordinates rhythms of tension-flow and shape-flow to 'efforts' and 'shaping' of movement in space. However, even under well-regulated conditions he is rarely able to take all the factors of motion into consideration at once. He rarely exhibits well-coördinated motor patterns in postural movements. His attitudes are not yet well defined. His concepts of space, weight, and time are limited and his relationships are determined by the standards of family and school. He cannot yet make substantial changes in the world around him although he has achieved a measure of autonomy so that he can proceed on his own in small matters. Correspondingly, he uses integrated effort-shape patterns primarily in gestures and rarely in postures.

PROGRESSION AND REGRESSION IN ADOLESCENCE

The most conspicuous progress in adolescence is due to the maturation of apparatus which help to objectivize space, weight, and time. Concepts of the forces of nature become independent of object relations. At the same time, the maturing concrete and abstract knowledge of spatial relations aids the adolescent in finding new ways of relating to people. His skills in sports and work increase rapidly as does his ability to participate in team work. His interests and communications encompass many subjects and his compositions, in writing, speaking, or movement, become more meaningful and better organized. But he is not as steady as he was in latency when his skills were fewer but his performance was more dependable and his controls less reversible.

As the adolescent develops independent adaptive attitudes to space, weight, and time, he also becomes totally involved in interactions with people and in goal-directed tasks. Correspondingly, he can use three 'efforts' and/or 'shape' elements in one action—not only in gestures but also in postures (as required for effective punching, hammering, pitching, etc.). But he

frequently expresses his conflicts by a discrepancy between 'effort' or 'shape' elements in gestures and postures. Exaggerations of stylized postural shaping may be unexpectedly followed by an awkward gesture in which neither direction nor design conforms to the preceding effort-shape pattern. There is a great contrast in his behavior in states of high and low motivation. These states change in accordance with alterations in quantity and quality of drive impulses, and in correspondence with fluctuations in goal directedness.

The adolescent's ability to use his whole body effectively reflects the cohesiveness of the synthetic function of his ego and the greater awareness of his own identity within a group. However, his self-image undergoes changes and so does the shape of his body; this occurs not only because of alterations in actual size and body contours but also because of shifting identifications which affect carriage, gait, and relations of limbs to each other. He is subject to rapid disorganization when his motivation to perform decreases or an onrush of drive impulses breaks down the synthetic function in such a way that a diffusion of feelings blurs his newly found identity. He may then lose control over rhythms of tension-flow and shape-flow; various rhythms may compete with each other, and some parts of the body move one way while others exhibit contrasting qualities of movement. As he spreads into the surrounding space in free flow, his shape grows markedly but this impression is belied by the shrinking in his tight fists or by the twisting of his toes.

It is interesting to watch the contrast of early adolescent movement during a dance class and during a recess.[8] While dancing the youngsters can execute a series of phrases of movement in which all motion factors combine to express their feelings, attitudes, and aspirations in harmonious postures and matching gestures. Alone or in groups they seem capable of relating to space, gravity, and time with appropriate rhythms of tension-flow and shape-flow, with definite effort-shape com-

[8] I am grateful to Lillian Harmel of London for letting me notate movement patterns during dance classes of different age groups.

binations and graceful transitions from one movement pattern to another. In contrast, during recess they fall all over each other in disorganized rhythms and inappropriate efforts and shapes, in a series of gestures whose imbalance expresses a chaotic disintegration of self-images, object-representations and relationships. This difference in motor behavior reflects the wide range between progression and regression characteristic of adolescents.

Through countless regressions and progressions of drive and ego organization, a redistribution of cathexes creates a new order which brings about a permanent shape and a harmonious effort-shape repertoire in the postures and gestures of the adult.

ADULT CONSTANCY

Adult harmony of movement is an indicator of harmony in the ego which comes about when the ego successfully mediates between the demands of id, superego, the ego's own interests, and the demands of the outside world *(7)*. The adult movement profile is a fine measure of the degree and nature of the ego's success or failure in achieving harmony.

In optimal adjustment, adults control tension-flow, reserving appropriate rhythms for specific zonal and functional discharge and mingling pure zonal, merged, and modified rhythms in various sequences for the expression of affects. Through attunement with sexual partners they evolve adult genital rhythms that are suitable for mutual satisfaction and yet retain characteristics unique to the individual. Through control of shape-flow, adults become capable of expressing moods, feelings, and finer shades of relating to people. Tendencies toward certain static shapes of the body (wide or narrow, elongated or short, bulging or hollow, straight or twisted, angular or soft) from which shaping of the surrounding space evolves, reflect adult concepts of self which influence the style of relationships. Typical combinations of 'effort' and 'shaping' patterns outline individual ranges of adjustment to the forces of nature and the world of objects. To the degree that these combinations or

single elements are the same in postures as in gestures, we can appraise the area of the adult's conflict-free functioning. In studying the discrepancies between movement patterns used in postures and gestures, we can gain insight into the nature of conflicts and modes of defense mechanisms characteristic of an individual.

The constancy of individual character traits is expressed in the permanently established preferences for certain 'effort' elements and their combinations. The constancy of individual modes of relating to objects is expressed in the permanently established preferences for certain styles of 'shaping'.

'Efforts' are the dynamic factors of movement, through which various degrees and combinations of aggression and libido are dispensed by the ego to create an impact on the environment. As they control tension-flow they tame drive expressions and serve defenses against drives; in their control of the environment they serve adaptation to reality. Efforts alone cannot make an impact unless they are organized through 'shaping', directed by the ego in accordance with culturally acceptable modes of behavior dictated by the taste of an era *(35, 36)*. Efforts can be compared with words and shaping with sentence structure through which we convey meaningful messages. Efforts without shape lack structure, shapes without effort are empty, devoid of content. Shaping of space alone conveys form but as a vehicle for efforts it expresses object-related ideas, feelings, yearnings, ideals, aspirations, and conflicts and their resolution.

It is likely that directness in approaching space, increase in strength, and acceleration serve aggressive motor discharge controlled by the ego. There is an affinity between these patterns and shaping in concave movements of enclosing, descending, and retreating. Indirectness in approaching space, lightness, and deceleration are likely to denote attitudes of indulgence which serve ego controlled discharge of libido. There is an affinity between these patterns and shaping in convex movements of spreading, rising, and advancing. This rough classification does not do justice to the variety of attitudes toward

objects that shaping in space can convey. Furthermore, the six elements of effort and the six elements of shape combine in many different ways and in various sequences. In addition, various combinations of tension-flow and shape-flow, alone or in conjunction with efforts and shaping, bring an even greater complexity into phrases of movement.

The simplest type of shaping is directional, toward or away from the body in the three dimensions of space. Shapes thus created convey approach to or withdrawal from a given point in space. From changes of shape-flow—wide to narrow, big to small, bulging to hollow, and vice versa—there evolve directed movements which are used as preparations for more complex shaping of space between self and objects. Shaping in directions initiates or maintains a relationship; shaping in planes conveys the themes in the interaction between people.

In the horizontal plane, we invite or terminate contact and convey how our attention is directed toward objects. We enclose a narrow segment of space to narrow down an issue or to pay attention to one person to whom we direct our efforts. By spreading over a larger area of space, we prepare for a flexible, indirect approach for which we must be ready to move from one plane to another. Transactions in the horizontal plane serve communication *(35, 36)* of ideas, plans, and suggestions, as well as acceptance or rejection of thoughts expressed by others.

In the vertical plane we present our intent, our feelings about ourselves and others, our wishes and convictions *(35, 36)*. We rise as we show qualities of leadership, and we descend as we yield. But when we feel strongly about a matter we 'put our foot down', and feeling lighthearted we may wave our hand upward and sideways. We express doubt by alternating between rising and descending, and we frequently do so by raising an eyebrow or by rhythmic alternations between downward and upward motions of head or hand from right to left and left to right. We may even design a question mark in space by appropriate shaping in the vertical plane.

In the sagittal plane we put our intent into operation. We

deal in it with progression in time, with quickness of decision, slowing down of transactions, or wavering between acceleration and deceleration, between advance and retreat *(35, 36)*. Approach in the horizontal plane has the nature of clinging or seeking; in the sagittal plane we approach people to follow them or invite them to follow us. In the horizontal plane withdrawal conveys rejection; in the sagittal plane it may indicate retreating or inviting a change in the direction of the operation.

As we change from plane to plane, change directions, or move in three directions all at once through diagonal movements, our body shape changes to facilitate shaping of space. We create configurations in the surrounding space designed to influence the spectator. In painting the artist can reproduce a shape, the relation of its parts to each other, and even the change in the gestalt of the surrounding space by the way he captures the latent movement in the static design of body shape and spatial configurations. The three-dimensional quality of sculpture can better express how space is altered by the shape of bodies, but only dance can convey a succession of themes through the changing qualities of space between mover and spectator.

In studying rhythms of shape-flow from which shaping evolves, we begin to get a glimpse of the scope of affective interactions between objects. From the habitually preferred static shapes and the flow of shape in movement and from shaping in spatial planes and directions we hope to gain insight into the way permanent and fluctuating images of self and object create the affective milieu of nonverbal communication. We can appraise the contradictory messages people give and receive from the way one part of the body moves in one pattern while another simultaneously or successively distorts the former *(6, 36)*. If the motor patterns used in gestures are vastly different from those used in postures, it indicates a failure of the ego to maintain harmony between functioning in states of low motivation and in states of high motivation. Lack of harmony between certain patterns of tension-flow and shape-flow, of efforts and shaping, reflects the failure of the ego in coördinat-

ing drive expressions and adaptive functioning in relation to objects. The widening of the face in a smile becomes a grin when it combines with a high degree of bound flow *(33)*; 'putting one's foot down' lightly is an empty gesture in which we recognize that the mover has no real intent to assert himself and only tries to give the appearance of doing so.

In an introductory presentation of new concepts, it is difficult to steer between the perils of oversimplification and lack of clarity. Brief reports of harmonizing and clashing relationships in three mother-child pairs may show the complexity of psychological assessment derived from motor profiles; they may also clarify issues left obscure in the text.

The following reports are excerpts from longitudinal studies of three children who have been observed periodically since birth. They are now twelve-and-a-half years old *(29, 30)*.

Glenda's persistent preference for suddenly erupting and suddenly waning free flow, combined with a long and narrow shape of her body, from which further growing in length emerges, conveys her enthusiasm and optimism. But her affect is spent quickly, and her narrowness restricts contact. Her mother's wide shape as well as her gradual ascent of tension and controlled fluctuations of degree of tension convey warmth and readiness to adjust to the child's needs.

Although mother and child move lightly, Glenda appears springy and lighter than she may really be because of her frequent rising and stressing the upward direction; her mother seems heavier than she actually is because she tends to sink and rarely moves upward. Glenda accelerates and advances, giving the impression of rushing but this tendency is well balanced by richness in downward shaping which, so to speak, keeps her feet on the ground. Her mother spreads in the horizontal plane but is not as flexible as this seems to indicate. Her preference for deceleration and her fair ability to accelerate are poorly matched by rare advancing and even less frequent retreating in the sagittal plane.

In postural movements, Glenda displays many attributes

learned from her mother: gradual ascent of tension and controlled flow fluctuations, especially in low intensity. But in contrast to her mother who becomes bound in postures, Glenda's free flow increases even more when she is totally involved. Both mother and daughter become more indirect and use more strength and downward shaping in postural movements. Even though indirect in their approach, they can become determined and forceful so that there is a contest of wills between them when they disagree and a contagious increase of intent when they do agree. But, throughout this, Glenda remains free and easy while her mother becomes overconcerned and worried.

Glenda's relatively rare use of directness and horizontal shaping results in insufficient exploration of ideas and poor focusing on a plan of action. When her intent becomes strong enough she rushes forth carrying out projects that are not well thought out. Her mother can communicate better and brings up issues for consideration. But her many flow fluctuations and wide spreading, her deceleration and her relatively rare use of advance or retreat are reflected in her rambling and her indecisiveness. When she is upset she can give orders with authority, but her great excitement and her tendency to become rigid and repetitive, yet indirect, interfere with a clear presentation of intent. She wavers between strength and lightness, between deceleration and acceleration, while at the same time she tends to become immobilized by boundness and a lack of decision whether to advance or retreat. It seems that she is unable to cope with problems effectively when her aggression increases. In contrast, Glenda's wishes become very clear and she quickly decides what to do and goes ahead with it. Although she does not come forth with a plan herself, she can organize many operations that her mother would not be able to carry out without her help.

The milieu of warmth and acceptance that emerges from the mother meets the child's enthusiasm with a mixture of pride, approval, and anxious concern. Throughout a visit one can observe adjustment to mood changes, encouragement or ambivalent scolding that inhibits the child or slows her down.

Occasionally one gets a glimpse of strong disciplinary measures. It is interesting to note that this combination provides a benign climate for the child's exhibiting what mother and child both strive for but which mother has too much conflict to achieve for herself. The interaction between mother and child encourages the latter to carry out progressive fulfilments of ambition which are beyond the mother's ability to organize. Mother's pride in her daughter's achievement is marred only by her own anxiety, but she is always gratified because Glenda's bold manner in coping with situations as they arise belies her maternal concern.

Nancy's permanently established narrow shape only rarely permits movement venturing beyond her near space. Shrinking, and thus drawing still closer to herself, occurs four times as often as growing, and the latter is confined to small amplitudes. With beginning adolescence Nancy lost some of the extreme rigidity she used to display and has become more lively. Her tension-flow approximates her mother's when she is in her mother's presence. This is probably due to a persistence of mirroring.

Both mother and Nancy use very few postural movements and rarely shape in planes. Both tend to accelerate, and neither uses strength. The mother's preference for downward, across, and forward directions results in her missing contact with Nancy who preferably moves upward and retreats. There is no real communication between them. Nancy still operates with even tension-flow instead of directness, and her narrowness prevents her from moving horizontally.

Nancy's inability to reach directly for what is offered interferes with development of identifications that are usually operative in transactions with people. Even when Nancy does reach out sometimes, she is unable to take in and receive but she shrinks and hollows instead. Her behavior is reminiscent of her infancy when she could not grasp a toy but went after the hand that held it *(30)*. A conversation with Nancy is possible only by an unceasing effort of the interviewer and the mother's demand that she respond. In those rare moments when Nancy's motivation increases, she uses exclusively 'fight-

ing' efforts (directness, strength, or acceleration); these create very little impact because her movements, directed upward and forward, give the illusion of shadow-boxing.

Mother and child are anaclitically oriented, but Nancy is much closer to the stage of transition from narcissism to anaclitic clinging. Maturation of efforts and directional shaping have given her tools for performing in a world of hazy self-images and object-representatives. She seems to progress by mirroring rather than by identification with objects.

Although each of the three children changed through the years of observation *(29, 30)*, beginning adolescence accentuated alterations in movement patterns in Charlie more than in the others. Nevertheless, one can trace the links between his present attitudes and his behavior in infancy.

Charlie's wide and bulging frame persisted through early latency, but gave way to a narrow and more elongated shape with the approach of adolescence. His original preference for gradual emergence of tension still persists but he is now quite capable of displaying sudden eruptions of tension. This seems to be the result of his adjustment to his family's rhythms of tension-flow, but it is now accentuated by the increased urgency of his drives. Even more striking is the change from habitual deceleration to a preference for acceleration. His tendency to direct his movements downward is still apparent but his original inclination to move sideways and forward, to spread and advance, is now counterbalanced by frequent enclosing in gestures and retreating in postures. An increase in boundness and a tendency to shrink, a relative dearth of direct efforts, and a decrease of horizontal shaping have brought about a restriction in Charlie's attention, imagination, and exploration, especially in activities such as school work, for which he lacks motivation.

In his postural movements one can see even better than in gestures how much Charlie has become involved in defensive functioning. In postural movements his tension-flow becomes much more free than bound; the ratio of growing to shrinking augments to 4:1 whereas in gestures it is 1:2. Indirectness

of effort and spreading in space increases twofold and enclosing ceases altogether. His native inclinations come through in these patterns; he uses them to wander off into a world of fantasy, unable to focus on what is in front of him. His fantasies seem to be primarily of an aggressive nature. His lightness decreases and he uses a great deal of strength combined with downward shaping and descending. Not only does he accelerate more in postures than in gestures, but deceleration, his long favored effort element, ceases altogether. At the same time his advancing decreases and retreat occurs five times as often as in gestures. These well-matched effort-shape combinations serve him well in his fights with his mother and teachers; whenever he can he runs away from obstacles instead of overcoming them but, when cornered, he stands his ground with stubborn determination. He appears to cope with the increase in his drives by resisting or avoiding the challenges of reality and retreating into a world of fantasy.

Charlie's native abilities, his superior capacity to integrate, and his total involvement in what he is doing *(29, 30)* are expressed in the richness of his effort-shape repertoire, in the balance between related effort and shaping elements, and in his superior performance in postural movements. The high degree of affinity between qualities of tension-flow and shape-flow, efforts and shaping indicates that the level of Charlie's object-relationships is well integrated with the quality of his ego attitudes. The consistent use of well-matched motion factors in postures reflects Charlie's ego strength in states of high motivation. The discrepancy between his performance in postures and gestures outlines a large area of conflicts which cause Charlie to spend much of his energy in maintaining a highly cathected defense organization.[9]

[9] Assessment of Charlie's rhythms of tension-flow suggests that a recent influx of oral sadism threatens his phallic position which is already weakened by a predominantly oro-anal drive organization. Newly acquired insight about differences between pure rhythms ('oral', 'anal', 'phallic', etc.) and mixed rhythms ('oro-anal', 'oro-phallic', etc.) allows a better retrospective evaluation of Charlie's drive development. I had interpreted Charlie's originally preferred rhythm of tension-flow as a variety of an 'anal' rhythm *(29, 30)*; at this time I would classify it as a mixed 'oro-anal-sadistic' rhythm.

Possibly because of an inertia due to illness, noted during the last visit, Charlie's mother sits down more frequently than before; she seems subdued and she hardly uses efforts and shaping in postures. Directness, lightness, and acceleration give her movements a quality of dabbing, but none of these efforts is matched in quantity by appropriate shaping. She still tends to move upward or retreat but there is too little shape-flow and shaping for the amount of tension and effort she generates. This suggests a deficiency in adaptation to objects.

Charlie is now taller than his mother and likes to talk to her standing up and looking down at her. When she criticizes him, he puts her in her place and she yields. But there is better attunement between them since Charlie uses as many changes in tension-flow as she does. His increased acceleration accommodates his mother's preferred effort so that their timing is well coördinated. She responds to him with pleasure, looking up to him as they still 'vibrate' together in an intense affective interchange initiated by Charlie. Their roles seem to be reversed as he towers over her, subdues her, and retreats from her even more often than she does from him. Much of his present behavior repeats the domination of his mother when he was a toddler.

Glenda's interaction with her mother falls within the range of normalcy; Nancy's behavior is deviant but not easy to label; Charlie's neurotic development was already evident in his first year of life. In all three diagnostic categories it is possible to use movement profiles for the assessment of personality traits.

SUMMARY

The study of shapes of the body and their changes in rhythms of shape-flow contributes to our understanding of feeling tones that emerge from kinesthetic sensations in infancy. Growing and shrinking of body shape serve approach and withdrawal behavior. Regulation of shape-flow through physiological and psychological mechanisms contributes to the formation of images of self and object. In the state of primary narcissism the

prevailing tendency is toward shrinking of body shape or turning inward. As development progresses there is an increasing tendency toward growing of body shape and thus turning to the environment.

In the near body space in which mother and infant interact, the affective milieu is created by mutual attunement in rhythms of tension-flow and by reciprocal adjustment of rhythms of shape-flow. The infant turns to the source of satisfaction but his reaching for the need-satisfying object is not yet intentionally directed. As 'directional' and intentional movements become possible through maturation of apparatus and repeated experiences of distance from the mother, the child localizes the object in space; he recognizes its sameness in the 'near space', the 'reach space', and the 'general space' as well. When ambivalence to the object prevails, the child's ability to weigh, appraise, and discriminate can maintain object constancy despite contradictory qualities of the object and changing feeling tones. When locomotion allows the child to explore the general space, a newly acquired sense of continuity in time and space increases his self-confidence and establishes a continuity of relationship despite the mobility of self and object.

In the oral phase, communication between mother and child is initiated and terminated through transactions in the horizontal, the feeding plane which remains the preferred plane of communication throughout life. In the anal stage, the stability of images of self and object is enhanced by mastery of gravity and transactions in the vertical plane in which children and adults present their true intent. In the urethral phase, timely decisions are best made through progression or retreat in the sagittal plane which is the plane of choice for operational transactions.

In an early 'inner-genital' phase, pregenital trends become integrated with genital impulses and inner genital sensations are externalized. At that time fantasies about the 'inside' of the body are structured by play configurations that help to establish spatial relations. In the phallic phase the child in-

trudes into space with his whole body; he identifies outside space with his love object.

In latency, the increasing harmony in the ego expresses itself in progressive integration of motions. 'Efforts' that reflect attitudes to space, gravity, and time, regulate the flow of tension; and shaping, in spatial directions and planes, regulates the flow of shape. The child coördinates these patterns of movement in the same measure as he solidifies conflict-free relations to objects through aim-inhibited drive discharge. In adolescence a chaotic disorganization of movement patterns is counteracted by maturation of apparatus that allow the expression of independent attitudes in postural movements.

In adulthood when genital dominance is reached, ego traits become permanent and relations to objects attain the highest degree of constancy. A harmonious integration of movement patterns in gestures and postures reflects the relatively conflict-free interaction between self and objects.

The repertoire of movement patterns can be represented in profiles that reveal the ratio between various motion factors used by an individual. Preferences for certain combinations and sequences of movement elements mark the individuality of drive constellations, of adaptation to the environment, and of adjustment to objects. Differences in styles of movement are determined by congenital preferences and kinesthetic identifications with love objects that evolve in progressive developmental stages.

Vignettes taken from movement profiles of three mothers and their children illustrate the way interaction through movement can reveal normal, deviant, and neurotic development.

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Three as a Symbol of the Female Genital and the Role of Differentiation

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THREE AS A SYMBOL OF THE FEMALE GENITAL AND THE ROLE OF DIFFERENTIATION

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In a recent study Glenn *(3)* emphasized the masculine significance of the number *three* as a symbol in both dreams and psychopathology. Reviewing the literature and his own clinical material he suggested the 'visceral basis for the symbol *three* . . . may be universal in men'. Glenn reasoned that: a, penis and testicles, being in close anatomical proximity, result in a 'good visual gestalt'; b, their anatomic and functional interrelationship leads to their intellectual consideration as a unit; c, the community of sensory innervation of penis and testicles, the similarity of physiological changes occurring during sexual excitement re-enforce the visual and kinesthetic perceptual *Gestalten;* d, penis and testicles are simultaneously highly cathected during a specific period in development.

I would like to draw attention to the symbol *three* as a representation of a high degree of feminine sexual maturation. When the number *three* occurs in a dream in the course of the analysis of a woman it does not always relate to penis envy as has been suggested. It may possibly represent the attainment of a high degree of femininity, a result of the analysis of a cloacal fantasy. The number *three* would then refer to the differentiation of a single gestalt, i.e., the cloaca, into the three separate openings (urethra, vagina, rectum), and their respective contents and sphincters.

Freud *(2)* enumerated the more frequent symbolizations of the feminine genitalia—box, chests, cupboards, rooms. These all have the common quality of being an enclosure, a blind sac

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—a unitary cavity. Clinically we consider these symbols to refer specifically to the vagina but, in the course of symbol translation, little bothering to distinguish between the female genitalia as a whole and the more specifically differentiated vagina. Symbolization, rooted in early sensations, perceptions, and primary process thinking, is also related to archaic concepts of the body image and function *(7)*. Considering that the awareness of the vaginal cavity as a separate and discrete entity is a product of maturation often delayed or impaired, it is questionable whether it is the vagina that is thus symbolized. I suspect these symbols are based on the child's concept of the feminine genital—a hole, not accessible to visual inspection, harboring differing sensations of a diffuse nature as well as containing certain ambivalently regarded fluids and semisolid stuff and over which one must attain a certain degree of mastery. This anatomical diffuseness and community of function finds its psychological counterpart in the young girl's fantasy of a cloaca.[1] Kestenberg *(6)* believes that only with menarche and its accompanying pain, bleeding, and localization of sensation, all of which serve as an 'organizer', is the girl able to achieve greater emotional stability, and be placed firmly on the path to vaginal dominance.

Psychoanalysis confirms that this cloacal concept of childhood persists in the adult woman despite accurate anatomical and physiological knowledge. It is not rare to find many

[1] In speaking of toilet training norms in boys and girls, Spock *(8)* notes that bladder and bowel control in the girl are achieved not only earlier than the boy but also closer together in time. In the boy there may be a wide disparity between the time bowel control is achieved and the time of bladder control. I suggest that the girl's relative ease in establishing bowel and bladder control is related to her relative inability to differentiate between urethral sphincter-bladder pressure function and anal sphincter-rectal pressure function. This cloacal concept if it exists at all in the boy, is readily dispelled by the relative anatomic distance between urethra and rectum and the ready availability of the penis to tactile and visual confirmation. The separateness of urination and defecation is further emphasized in the boy by the difference of posture and position during these activities. The boy can see his urinary stream more readily than the girl and this too adds to differentiation.

women whose symptomatology is based on the cloacal concept. The disgust and revulsion that many women feel about feces and the rectum are extended to include vaginal functions, secretions, and menstruation. For some the urge to urinate cannot be distinguished from and replaces sexual arousal which frequently remains repressed and unrecognized. Other women, in avoiding vaginal masturbation, retain urine and feces to the point of suffering, only to release them in an explosive orgasticlike discharge. Still others, under a variety of rationalizations, avoid vaginal masturbation and intercourse and use their rectums instead. To the extent that the woman identifies with her devaluated and anally contaminated vagina, she will consider herself incapable of being loved and accepted by a man. The conviction of her unacceptability, ugliness, and impending rejection can often be traced to such a cloacal fantasy.

From a developmental standpoint, Kestenberg *(6)* and Greenacre *(4)*, have delineated the various factors which are instrumental in, and favor the maintenance of, a cloacal concept. Both authors stress that vision cannot be used to gain knowledge of the complexity and functional discreteness of the girl's anatomy. Therefore a 'good gestalt' is formed of the entire inside-outside, urethral-clitoral-vaginal-anal areas. The diffuseness of genital sensations and the stimulation by adjacent structures in anatomical proximity further re-enforces the cloacal concept. Kestenberg *(6)* postulates a stage in feminine development where, because of the intense and disquieting sensations emanating from it, the vagina is denied. Vaginal sensations are then externalized to the surface of the body and displaced to foci of previously high cathexis—oral, anal, urethral, and breast areas. Thus what is postulated is a dedifferentiation of the genital apparatus in the service of defense. Both authors emphasize that the girl's more protected erogenous zones, combined with a more rigid code against masturbation and self-exploration, further deprive the young girl of an opportunity to localize and organize her sensations.

For some girls, menarche confirms the functional and anatomical discreteness of the vagina and, to this extent, relegates the cloacal concept more to the unconscious. For others, the cloacal concept is so firmly ingrained that menstruation, masturbation, and genital petting are quickly subsumed under this idea. As a result the girl is sexually inhibited and regards genital functioning with attitudes more appropriate to excreta.

A young woman, in her mid-twenties entered analysis primarily for characterological difficulties. Moral reasons and her obsessive fantasy of intercourse as a sadistic attack, motivated her avoidance of intercourse or even intense petting. She denied masturbation either past or present. When she bothered to keep track of her menses it was found that her periods were frequently delayed. Constipation was a frequent problem. After four to seven days, she would feel very uncomfortable, take a laxative and finally feel it necessary to insert her finger into her rectum to break up what she considered a fecal impaction. At other times her bowel movements would be so large as to be extremely painful and frightening. Urination was habitually delayed resulting in crises of extreme urgency followed by an explosive discharge of urine. Frequently there was some incontinence when a bathroom was not readily available.

Early in the analysis the patient mentioned that her underpants were frequently stained. However, she had no idea whether the stain came from urinary overflow, vaginal secretions, or fecal smearing. The first and third she considered possibilities in view of her urinary and bowel habits. The second was also a possibility since she heard in a vague way that some women have vaginal discharges, etiology unspecified. The source of the stains remained a perpetual mystery to her and even under questioning she could not conceive of any method of ascertaining the source of this stain. My suggestion that it would be easy to ascertain the presence of vaginal secretions or infections by simply exploring with her fingers met with incredulity. It was then brought out that she could never

bring herself to touch her genitalia and, in fact, had always made it a habit never to wipe herself after urinating since this would involve touching her genitals.

Much later in the analysis she became increasingly aware of her genital sensations and realized that her urinary and fecal retentions were attempts at massive control of vaginal sensations. During times of arousal of genital sensations, other measures used for control were lapsing into an altered state of consciousness, pacifying herself by prolonged eating binges, or externalizing the nagging sensations onto some person in reality who would then be perceived as a persecutor. She was able to verbalize her fear that orgasm would bring loss of control of all sphincters. Consequently when she felt sexually excited the sphincter muscles would be contracted so as to 'hold everything in'. Often, however, this technique would fail since the sphincter contractions were in themselves sexually exciting. We had already worked through her confusion between genital and urinary sensations, as well as a regressive displacement of the rectum from the vagina.

In this context the patient had the following dream.

> There are three tiers as in the Guggenheim Museum. The middle one has a swimming pool. A boy pushes a girl in and she gets frightened and pushes back. I am looking for someone and do not find anyone. It is as though I have been rejected.

The swimming pool and the interaction between the boy and girl represented vaginal intercourse. Her feelings of rejection had previously been identified and associated with her own rejection in so far as she identified herself with her genitals.

I interpreted to the patient that the swimming pool was her vagina, that she was beginning to make a differentiation between the three orifices, and that the previously dominant cloacal idea was gradually disappearing. In reply she recalled that about three or four days prior to this dream she had been readily able to make a vaginal insertion of a tampon and of her

own fingers, activities previously severely restricted. As she explored the vagina with her fingers, she became aware of the thinness of the wall between the vagina and the rectum. Although her emphasis was on the thinness of this wall, it was however the first recognition that there was a separation and delineation of the vagina from the rectum. That there is a persistent residue of the cloacal idea is seen in the overdetermined selection of the Guggenheim, where the three tiers, while separated from one another at any single vertical plane, are nevertheless continuous with one another horizontally.

In the woman's progress toward sexual, i.e., vaginal maturation, the 'good *Gestalten*' of her childhood must yield to finer differentiation and localization. Anatomical proximity must be distinguished from functional identity. Analogous sensations must be accurately perceived, identified, localized, and integrated into the total personality without undue defensive measures. Attitudes and conflicts concerning one functional area must not invade other functional areas. Analysis of her cloacal fantasies and inhibited vaginal masturbation lead to increased differentiation of sensations with consequent anatomic localization and functional discreteness. Thus, in the course of feminine maturation to vaginal dominance, there is in effect a 'breakup' of the 'good gestalt' into its individual parts.[2]

Glenn *(3)* assembled various sources documenting *three*

[2] Freud *(2)* was fully aware of this aspect, but only with respect to the number *two*. 'We find an interesting link with the sexual researches of childhood when a dreamer dreams of two rooms which were originally one, or when he sees a familiar room divided into two in the dream, or *vice versa*. In childhood the female genitals and the anus are regarded as a single area—the "bottom" (in accordance with the infantile "cloaca theory"); and it is not until later that the discovery is made that this region of the body comprises two separate cavities and orifices.' However, it is not clear from this comment whether it is the boy or the girl who makes this discovery. Similarly Jones *(5)* points to the identification of the anus with the vagina, '. . . and the differentiation of the two is an extremely obscure process, more so perhaps than any other in female development'.

and the triangle (apex up) as a masculine symbol. What is less well known is the use of the triangle (apex down) as a feminine symbol *(9)*. The YWCA uses the inverted triangle as its symbol. Symbols of the male genitalia fall into two categories: the tripartite (phallus and scrotal contents), and the unitary (phallus alone). It may be that in the male, as well as in the female, the tripartite symbol represents a stage of sexual symbolization prior to the differentiation of the phallus and testes. From the description of the obsessional fifteen-year-old reported by Glenn the anal aspects are predominant, while genital dominance (the penis as genital) was yet to be obtained. The cathectic shift necessary for genital dominance would then proceed from anus to anus-testes, emphasized by Bell *(1)*, to testes-phallus, and finally, to the phallus. Dream symbolization may then reflect this zonal cathectic shift and serve as an index of the degree of differentiation of the genital apparatus. Thus with genital dominance (of vagina and phallus) there would be symbolization of the unitary type. With the male this end point is reached via the tripartite testes-penis. In the female there may be confusion since there is unitary symbolization at the start (cloaca) and at maturation (vagina). The female's intermediary tripartite phase of increasing differentiation and breakup of a 'good gestalt' may be confused with penis envy. This emphasizes the need to pay closer attention to female genital symbolization in terms of its level of anatomical and physiological functioning, and in terms of zonal cathexis.

The number *three* as a female genital symbol would then refer to an intermediate point in this evolution where the woman acknowledges: 1, the distinctness of the bladder, its sphincter, contents, and sensation; 2, the vagina and its sphincter, contents (secretions), and sensations; and 3, the rectum and its corresponding sphincter, contents, and sensations. Prior to the assumption of vaginal dominance there appears to be a stage of relatively equal distribution of cathexis among the three cavities and sphincters. Perhaps this breakup of the

'good gestalt'—the cloaca—is necessary prior to the girl's encounter with the problem of clitoral versus vaginal dominance.

SUMMARY

Clinical material and a dream are used to show the feminine significance of the number *three* as a symbol, its relationship to the analysis of a cloacal fantasy, and the role of differentiation in the attainment of vaginal dominance.

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STONE AS A SYMBOL OF TEETH

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In Erogeneity and Libido *(9)*, Fliess poses the problem of stone symbolism. It is mentioned by Freud in the case of Little Hans *(11)* and in the famous Bismarck dream cited in The Interpretation of Dreams *(10)*. Working with case material referring to stone or rock from Freud's and his own patients, Fliess concludes: 'I have never been able to obtain associations to this element, typical in a phallic urethral representation of the mother object. I assume the element is a mute one, i.e., a symbol.'

Stone has been described frequently in the analytic literature as a symbol of the penis, of feces, and of a baby *(5, 27)*. Less well-known representations are stone as a symbol of incest *(30)* and of the inner genital of a little girl *(17)*. Otto Sperling *(28)* discusses dream representations of a picket fence and a Manhattan skyline as symbolizing a complete row of teeth, but does not emphasize the stone aspect of the skyline. Bunker *(4)* states that stone can symbolize the breast and the mother. Various analysts *(3, 4, 5, 13, 22, 23, 27)* describe stone symbol material that depicts œdipal primal scene conflicts fused with earlier oral experiences which emphasize oral incorporative conflicts.

Stone symbols appear in myths, legends, fairy tales *(14)*, literature *(6, 8, 12, 21, 25, 31)*, painting *(2, 20)*, and current slang phrases. In many of the legends collected by Róheim in The Gates of the Dream *(24)*, oral sadistic themes are symbolized by stone. An example is a northern Australian myth in which an old woman entices two men to have intercourse with her two daughters, intending afterwards to kill the exhausted men by dropping a stone on their chests. Then she and the daughters will eat them. A hero, Eaglehawk,

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saves the men by killing the old woman. Róheim felt that this myth was related to anxiety dreams in which the male is devoured by the vagina dentata. Amplifying his interpretation, we suggest that the stone symbolizes teeth—the teeth in the mouth and the teeth of the vagina dentata. Relevant to the symbol of stone as teeth are the folklore customs cited by Lewis *(19):* the shed tooth is often replaced by a tooth of stone, bone, or metal.

I have studied stone dreams of eight psychoanalytic patients. Examples from four of these cases are cited here to demonstrate that stone at the deepest level in dreams symbolizes the tooth or teeth of the second oral libidinal phase. For reasons of emphasis, only the oral meanings of the symbol are included in these examples.

I

A frigid unmarried woman was found to be a typical 'stream-weeper' suffering from intense penis envy. At a time when she was seeing a more affectionate man, she dreamt:

> I was going down in a rocky cave and had to squeeze through a narrow place. A boy laughed at me because my breasts were so large they were being crushed against the rock wall.

Associations involved her fears of kissing the man, of making love, and particularly of having her breasts bitten. The man's mouth and teeth were represented in the dream as a rocky cave to immobilize them and to protect the dreamer from being bitten. The cave also symbolized her own oral sadistic impulses as well as a vagina dentata.

II

A woman with predominantly oral symptoms reported the following dream, in two parts, while working through exhibitionistic conflicts.

> 1. I had a heavy cover over my whole eye, rough and jagged, shaped like a volcanic rock.

2. I was at a wild party. A friend was naked to the waist exhibiting large breasts. My brassiere fell off and a man made a comment about it.

The night before the patient had been to a party where some of the intoxicated guests went swimming in the nude. The jagged lava rock symbolized her visual devouring wishes stirred up by the nude swimmers. The jagged lava rock also represented the dreamer's teeth and her oral sadistic desires toward the breasts of the females and the genitals of the males.

III

A male homosexual patient revealed an intense envy of women's breasts. A dream consisting of the following image was associated with these conflicts.

A big black dog with a white spiked ornament made of plastic or stone strapped near the midsection of his back.

The night before the patient had feared intercourse with his mistress and had strong desires to get drunk, smoke a cigar, and dominate by speech. To the white spiked ornament he associated a boar's tusk. Condensed into this ornament were repressed phallic, anal, and oral sadistic conflicts.

IV

A thirty-one-year-old woman with severe oral conflicts for the first time in analysis attempted to interrupt her nightly drinking. That night she dreamt:

A man and woman get up early to walk down a beach to S [her childhood summer home]. A lot of rocks are in the way.

The rocks reminded her of a story in which greedy people kidnap a boy and imprison him on a ship which is ground to pieces by dangerous rocky reefs. The rocks in the dream were an expression of her severe oral aggressive conflicts. She had avoided her lover because she feared that she would bite off his penis. The rocks symbolized her teeth as well as the man's phallus which was equated with the breast.

The vagina dentata is represented in dreams as a rock cave, a stone passage or room, a bay or river with stones or submerged reefs. Although man's fear of the vagina dentata is well known, woman's unconscious wish for a vagina with teeth has not been emphasized in the literature. The foregoing images in dreams of women patients express this wish. In such dreams the vagina and urethra are condensed in the symbol. Dreams of a stone passage in men can have a double representation, one being the woman's vagina dentata and the other being the man's wish for a penis equipped with urethral teeth—a devouring phallus. Orality displaced to the urethra in men has been described by Keiser *(16)*.

The male patient cited in this paper had a dream illustrative of the vagina dentata-penis dentata conflict. On an evening after he had wanted to have sexual relations with a woman but was stopped by his fears of the vagina dentata, he dreamt:

> I saw a tower like the Norsemen built. I walked in. It was made of stone. They would take supplies in and hide until the enemy went away. There was a stone passage and another interior chamber. I thought someone could hide in there and annihilate the enemy, clear out the bodies, and open the door and digest a few more.

His associations were to dogs getting hung up in intercourse; how painful it must be; and to a torture where the victim is put in a chamber of spears and crushed to death. In this dream, the stone passage represents the vagina dentata and the dreamer who enters is to be crushed. However, it is the Norsemen who built the tower and digested their enemies. This patient had sadistic cannibalistic fantasies and prior to this dream had talked of the cannibalistic Norsemen. The stone passage also represented a wish for a penis with teeth. The inner chamber represented a uterus but also expressed an oral fantasy of the digestive apparatus displaced to the urethra and bladder.

The three women patients cited above had a wish for a

vagina dentata but also, by projection, feared a penis dentata. The penis dentata conflict is expressed in such slang phrases for the penis as 'prick' and 'cock' and in such slang phrases for the sexual act as 'to tear a hunk off' and 'a piece of ass' both of which, in addition to their anal sadistic meanings, express oral sadistic wishes.

In such patients feelings of jealousy and envy quickly turn into greed. A primitive oral sadistic incorporative fantasy appears to underlie stone symbolism; the wish is to eat and devour one's way into the mother's breast-body. This fantasy is violently aroused with weaning and is correspondingly powerfully repressed with the aid of stone symbolism. Particularly striking in my patients was their inability to express genuine pleasure in another person's good fortune; nor were they able to be hypocritical or express pleasure with others. Starved and speechless with greed, they remained silent, their eyes tearing (salivating) with hunger.

In the light of recent studies on early ego maturation *(1, 7, 15, 18, 29)*, it is important to attempt to reconstruct the ontogenetic phase of development when stone symbolism is first utilized. In developing the following ideas I was much aided by the report of the Kris Study Group on symbolism *(26)*.

Kucera *(18)* suggests that the key situation in the origin of masochism is the experience of teething. It is debatable that teething plays such a fateful role; however, it does lay the groundwork for the development of the repression that precipitates stone symbolism. Genetically this process occurs in the sixth to twelfth month when massive advances are occurring in muscular development and coördination of the mouth-hand unit, changes described by Hoffer *(15)*. The prohibition against biting the breast results in an interference with the apparatus of the jaw and teeth and promotes a partial regression of the ego function of perception in distinguishing between self and object. This temporary regression and disturbance of perception brings to the fore perceptual confu-

sions, as described by Almansi *(1)*. Two of my patients had dreams that suggested such face-breast confusion.

The infant's kinesthetic experiences of teeth and jaw movements, as well as his regressively revived early perception of the mother's face, teeth, and breast are fused and condensed into gestalts which are displaced and projected onto stone. The use of this symbol seems to occur at the time of weaning.

The baby crocodile is born with a full set of teeth; with his 'egg tooth' he breaks out of his shell and emerges fully independent and carnivorous. In the human infant, the slow development of the teeth over a six-month period permits a gradual mastery of the oral sadistic impulses with the guidance and teaching of the mother. Kucera points out that in the experience of teething, the very sucking and gnawing activities by which tension has hitherto been removed now inevitably produce more intensified pain and consequently more tension. Thus is initiated the repression of sadism expressed in stone symbolism. Conflicts expressed in stone symbolism are rooted in the experience of teething itself; in the concomitant interference by the mother with the infant's using his first teeth to bite the breast, and finally in the trauma of weaning which usually occurs between one and two years.

René de Monchy *(7)* notes that after weaning the tendency to put the nipple in the mouth vanishes surprisingly rapidly (in a month or so, and long before the tendency to put everything in the mouth disappears). He feels the only explanation for this is a partial but violent repression. The ego's first use of stone symbolism may occur at this time. In my patients, when the oral sadistic drives that were screened by stone symbols were interpreted and accepted, frank cannibalistic transference dreams occurred.

Fliess *(9)* has discussed at length the persistence of orality in other libidinal phases. Stone often represents the primitive object relation of the infant to the mother. In this sense, stone expresses mother's reliability whether it symbolizes the mother, baby, breast, teeth, bladder, feces, or penis. The per-

son, the body part, or product is turned into stone to immobilize it, to make it reliable and indestructible. It is represented as stone also for exhibitionistic purposes and to make it nonhuman, hard, and cold. Antithetically, the stone provides the dreamer with an aggressive weapon with which to devour, strike, smash, or penetrate.

SUMMARY

Analytic cases, poetry, literature, painting, anthropology, and colloquialisms are cited to show that oral sadistic conflicts are repressed in stone symbols and that stone representations symbolize teeth. Stone representations in dreams, such as rocks, boulders, monoliths, rocky reefs, caves, and stone towers and buildings, often symbolize penis dentata and vagina dentata conflicts. The ontogenetic phase when stone symbolism is first utilized by the ego is reconstructed and dated at the time of weaning.

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Œdipal Patterns in Henry IV

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ŒDIPAL PATTERNS IN HENRY IV

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I

Shakespeare's Histories, like all great epics, express more than particulars, more than individual personalities and events, more than Tudor political doctrines or the rising tide of nationalism in the last years of Elizabeth's reign: for Shakespeare's Histories imitate life as all great poetry imitates life, namely, by capturing the universal in the particular, by commenting upon the human condition as it has been, is, and probably will be, and, in short, by holding the mirror to nature and not shrinking from what appears there. I believe the history plays deserve much more attention from those of us who are concerned with demonstrating the pertinency of psychoanalytic thinking to works of literature. So completely have Shakespeare's tragedies (along with one comedy, The Tempest) dominated interdisciplinary discussion that one is not apt to realize just how capable the Histories are of substantiating and clarifying psychoanalytic concepts, and even of affording fresh insights.

Two papers, one by Alexander and one by Kris, vividly point up the extent to which the Shakespeare of Henry IV and Henry V succeeded in giving expression to some fundamental problems in the emotional growth and maturation of the individual. I regard my work primarily as a continuation of theirs. My attempt is to uncover psychoanalytic significances with which Kris and Alexander were not concerned.

Alexander demonstrates that in Henry IV, Parts One and Two, Prince Henry's struggle toward maturity is expressed through his struggle with two symbolic or representative characters, Falstaff and Hotspur *(1)*. 'In the history of the metamorphosis of Prince Henry, Shakespeare dramatically describes the characteristic course of the development of the

male. There are two difficult emotional problems which must be solved by everyone in the course of his development; the first is the fixation to the early pregenital forms of instinctual life which expresses itself in oral receptiveness and narcissistic self-adoration. This old fellow, Sir John Falstaff, is a masterful dramatization of such an early emotional attitude. The second difficulty to be overcome is the hatred and jealousy directed against the father. Hotspur, the rebel, who strives against the life of the king is the personification of these patricidal tendencies' (p. 599). Alexander points out that Hotspur is the 'exponent of destruction', the 'ascetic', 'self-restricting' type of individual 'often found among political fanatics and exponents of social doctrines for which they sacrifice their lives. Like Robespierre, the fanatic schoolmaster, under the guise of fighting for humanitarian ideals they can take revenge for all their self-imposed restrictions in destroying their opponents en masse' (p. 598). And finally, Alexander maintains that 'when [Prince Henry] kills Hotspur on the battlefield, he overcomes symbolically his own destructive tendency. In killing Hotspur, the archenemy of his father, he overcomes his own aggressions against his parent' (p. 599).

Kris *(3)* tells us that 'Hotspur's rebellion represents . . . Hal's unconscious patricidal impulses' and goes on to state that in this respect Hotspur must be regarded as Hal's 'double' (p. 493). According to Kris's insightful observation, the two Henry IV plays achieve unity and structure as literature largely through their contrasting versions of 'the father-son conflict'.

Now I believe there are good reasons for talking about father-son conflicts in Henry IV in more than one direction and for regarding Hotspur as Hal's 'double' in a real as well as in a symbolic way. Shakespeare indicates that the patricidal impulses which Hotspur directs at the Father-King figure of Bolingbroke, impulses with which Hal himself is apparently struggling, are displaced aggressions whose just discharge would be toward Hotspur's own father, the Earl of Northum-

berland. For if we listen to certain passages of these plays with the third ear of Reik—and we really must listen to all of Shakespeare thus—we will discover in the interactions of Hotspur and his parent a number of features which call to mind a smoldering, largely unconscious œdipal rivalry and which explain the fantastically developed aggressions of Hotspur and his irrational, fathomless abhorrence of Bolingbroke, and finally, which shed further light on the symbolic fabric of Shakespeare's whole design.

II

That the early acts of I Henry IV do not present us with overt expressions of hostility between Hotspur and his father will not surprise anyone, for it is just such expressions that the two men are incapable of. Nevertheless, there is in their relationship as it is depicted in these acts an element which should not go unnoticed. I am referring to the obvious distance between them. Indeed, at no point in the play do Hotspur and Northumberland exchange a single friendly word; at no point do they give us the kind of father-son feeling that Hal and Bolingbroke so often do. Hotspur, as a matter of fact, seems scarcely to be aware of Northumberland's existence. He speaks to him only twice in the entire play, and even in these two instances seems to be pondering data on the King rather than talking to his father.[1] Northumberland, in turn, appears to be totally ineffectual in influencing Hotspur's conduct and is even wont to speak to him indirectly, to address him through someone else: 'Brother, the King hath made your nephew mad' (Part One, I, iii, 138), he says to Worcester while Hotspur fumes in his own private world.

Shakespeare reserves the crucial information about the relationship of Hotspur to Northumberland until the drama approaches its crucial or climactic stage; for it is the significance of the father-son relationship as it bears upon the general

[1] The two instances are from Part One, I, iii, lines 157 and 250.

problem of rebellion that most interests the playwright and he accordingly waits until the rebellion is at hand before revealing his most arresting truths: only upon the verge of the battle of Shrewsbury do we begin to realize that Northumberland seeks the death of his son; only then do we begin to understand why Hotspur nourishes a bottomless hatred of Henry Bolingbroke, the Father-King figure of the play.

Shortly before the battle of Shrewsbury, Northumberland sends word to his son that he is 'grievous sick' (Part One, IV, i, 16) and cannot therefore come—a message which begets no sympathy from Hotspur.

> 'Zounds! how has he the leisure to be sick
> In such a justling time? *(Loc. cit.,* 17.)

> Sick now! droop now! this sickness doth infect
> The very life-blood of our enterprise *(Loc. cit.,* 28).

Hotspur's words tell us that without Northumberland the rebellion has but a slim chance of succeeding. Surely the Earl must be perfectly aware of his importance to the enterprise. Yet for all this he urges his son to rush headlong into the fray without any further consideration.

> Yet doth he give us bold advertisement,
> That with our small conjunction we should on,
> To see how fortune is dispos'd to us *(Loc. cit.,* 36).

As everyone knows, it is not long before Fortune makes her disposition clear to Hotspur.

But are we to accept Northumberland's excuse? Are we to believe in his sickness? Kris believes in it. 'Northumberland . . . is prevented by illness', he writes, 'from participating in the decisive battle . . .' *(3,* p. 493*)*. But if we read on into the second part of the play, we realize that something has been overlooked by Kris. For the Induction to II Henry IV at once presents us with the rather startling piece of news that Northumberland was not sick at all, that he was lying.

> . . . my [i.e., Rumour's] office is
> To noise abroad that Harry Monmouth fell
> Under the wrath of noble Hotspur's sword,
> And that the King before the Douglas' rage
> Stoop'd his anointed head as low as death.
> This have I rumour'd through the peasant towns
> Between the royal field of Shrewsbury
> And this worm-eaten hold of ragged stone,
> *Where Hotspur's father, old Northumberland,*
> *Lies crafty-sick* (Part Two, Induction, 28).[2]

Shakespeare reveals this information to us just after we have digested the death of Hotspur and the failure of the rebellion.

Thus we are brought to a second question: Why should Northumberland be feigning sickness and thereby consign his son to defeat and death? Professor Baker *(2)* offers this explanation: Northumberland is, purely and simply, a dastard; a spineless, calculating villain who is not sure the rebellion will succeed and who does not want to commit himself or his troops but is perfectly willing to see others commit themselves and their troops, even when those others include his own child. Writes Baker: 'He is not present at the battle of Shrewsbury on account of being sick—which is afterwards found to be feigned—he not being willing to run any risk himself but ready to allow others to fight for him, while simulating an intense interest in their fortunes'. The trouble with this explanation is that it does not go far enough; although it accounts for the action through the Induction to Part Two, it is unable to account for the way in which Northumberland receives news of his son's death. Ultimately, as we shall see, it is the superficial solution.

III

Both good and bad rumors about the fate of Hotspur and the rebellion are brought to Northumberland from a number of

[2] Italics added. Editors are in unanimous agreement that 'crafty-sick' can mean only 'feigning sickness'. *Cf.* Variorum edition.

quarters, but the Earl seems extremely reluctant to accept the good rumors. As a matter of fact, he seems almost to insist upon the bad ones. He seems, in short, to be anticipating the destruction of his child. When, for example, Lord Bardolph informs him that the rebellion is successful and Hotspur unscathed, Northumberland replies, 'How is this deriv'd? Saw you the field? Came you from Shrewsbury?' (Part Two, I, i, 23). But when Travers enters with bad rumors, rumors which maintain that 'Harry Percy's spur' is 'cold' (*Loc. cit.*, 42), the Earl pounces upon them and even wants them repeated.

> Ha! Again:
> Said he young Harry Percy's spur was cold?
> Of Hotspur, Coldspur? that rebellion
> Had met ill luck? (*Loc. cit.*, 48.)

And when Lord Bardolph breaks in to say that this report of Hotspur's death may well be untrue, Northumberland turns on him snappily with

> Why should the gentleman that rode by Travers
> Give then such instances of loss? (*Loc. cit.*, 55.)

At this point Morton enters with a serious expression on his face, an expression which Northumberland immediately takes to be a confirmation of Hotspur's death; indeed, before Morton even has a chance to speak his news, Northumberland begins histrionically to assume the role of bereaved parent.

> Even such a man, so faint, so spiritless,
> So dull, so dead in look, so woe-begone,
> Drew Priam's curtain in the dead of night,
> And would have told him half his Troy was burn'd;
> But Priam found the fire ere he his tongue,
> And I my Percy's death ere thou report'st it (*Loc. cit.*, 70).

Morton once again attempts to speak his news and once again Northumberland interrupts him to insist upon the death of his son: 'Why, he is dead', he says, and continues

> See, what a ready tongue suspicion hath!
> He that but fears the thing he would not know
> Hath by instinct knowledge from others' eyes
> That what he fear'd is chanced *(Loc. cit.,* 83).

One is reminded of Meerloo's observation that 'a sudden foreknowledge and feeling of certainty' about the 'death of relatives' often 'communicates unconsciously' the desire for their death *(4)*.

When Northumberland has thoroughly digested Morton's account he speaks his most revealing words. Referring to Hotspur's death he says:

> For this I shall have time enough to mourn.
> In poison there is physic; and these news,
> Having been well, that would have made me sick,
> Being sick, have in some measure made me well *(Loc. cit.,* 136).

In other words, had the report of his son's death come when he was healthy it would have made him sick; since it comes to him in sickness, however, its ultimate effect is to make him well. But the fact is, Northumberland is not sick. Thus he is confessing to the members of the audience, who have heard the play's Induction, that his son's death has had an unnatural effect on him, an effect which could not be expected in a normal father-son relationship. He is confessing, in a word, that the destruction of his child has had the power to make him well.

> . . . as the wretch whose fever-weaken'd joints,
> Like strengthless hinges, buckle under life,
> Impatient of his fit, breaks like a fire
> Out of his keeper's arms, even so my limbs,
> Weaken'd with grief, being now enrag'd with grief,
> Are thrice themselves. Hence, therefore, thou nice crutch!
> A scaly gauntlet now, with joints of steel
> Must glove this hand . . . *(Loc. cit.,* 140).

The Earl's dramatic return to life, to action, indeed to manliness and fortitude, appears to derive from Hotspur's death.

From a psychoanalytic point of view all of this is essential to a thorough understanding of Hotspur's character; for the conduct of Northumberland, both here and in the early acts, along with, of course, Hotspur's obvious indifference to his father's health, indeed, to his father's existence, tells us that the two men have never 'cleared the air' between them, that Northumberland, far from being a father to his son, has resented and hated him, and that Hotspur has not known the fatherly affection so crucial to the development of a normal personality. Thus the Earl has produced a kind of 'monster', a fiercely destructive, fiercely independent sort of person more interested in war than in women, and driven continually by an enormous appetite for slaughter. As Hal puts it, and there is, of course, much truth in the parody: '. . . I am not yet of Percy's mind, the Hotspur of the North; he that kills me some six or seven dozen of Scots at a breakfast, washes his hands, and says to his wife, "Fie upon this quiet life! I want work." "O my sweet Harry", says she, "how many hast thou kill'd today?" "Give my roan horse a drench", says he, and answers, "Some fourteen" . . .' (Part One, II, iv, 103).

Hotspur's peculiar personality is rooted in his failure to experience a working-through of the father-son conflict; his persistent aggressive urges derive from his anger at his parent for never having been a parent, for wanting him out of the way. Furthermore, and in keeping with this, we must recognize that Hotspur's hatred of Bolingbroke, a hatred which passes all bounds (Part One, I, iii, 239-247) and ironically causes his father to adjudge him 'mad' *(Loc. cit.,* 138), stems from this repressed œdipal syndrome. For Bolingbroke, as Father-King, is at once close enough to the heart of Hotspur's conflict to call forth overt expressions of hostility and distant enough to make the display of such aggressions acceptable to Hotspur's superego. And here, it may be said, is the origin and explanation of what Alexander calls Hotspur's desire for 'revenge'—it is revenge on the Father, his own father, that Hotspur seeks. When Prince Henry destroys Hotspur on the battlefield, he

certainly overcomes a character who embodies 'patricidal tendencies'.

Finally, it remains to be pointed out that Shakespeare, through his depiction of the relationship between Hotspur and Northumberland, deepens the significance of the Histories as a whole by suggesting that the failure of the rebellion is rooted not only in material considerations but in the very fabric of the rebels' lives, and that those who would disrupt society, who would, through murderous aggression and hatred, split a nation and sow the seeds of civil war, are themselves disrupted and split and at war. Says Worcester just after the news of Northumberland's 'sickness' arrives at the rebel camp,

> The quality and hair of our attempt
> Brooks no division (Part One, IV, i, 61).

The rebels are indeed divided, and in the most basic human way. For let us remember that Hal and his father make peace shortly before the battle of Shrewsbury and that it is Hal who emerges triumphant. Hotspur, on the other hand, does not, indeed cannot make such peace, and it is Hotspur who is destroyed. He rushes to his doom in an old and tragic fashion. Like Œdipus, he does not know what he is doing.

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BOOK REVIEWS

PSYCHOANALYSTS IN TRAINING. SELECTION AND EVALUATION. By Henriette R. Klein, M.D. New York: Columbia University, College of Physicians and Surgeons, 1966. 131 pp.

This product of a twenty-year study of psychoanalytic students at the Columbia Psychoanalytic Clinic is an instructive document for psychoanalytic educators. It represents a persistent effort to define and measure the characteristics of the outstanding student that differentiates him from rejected applicants and those accepted candidates who failed to meet the requirements for graduation.

Dr. Klein shows the significance of the problem for psychoanalytic education and reviews the scanty literature on the subject. Throughout her text she discusses the difficulties met by the investigators in explicitly formulating criteria for reliable prediction at the time of selection and for validating those predictions.

This research is a study of eighty-two accepted candidates admitted over a five-year period, compared to a number of criteria that were assumed to measure success in achieving psychoanalytic competence. These criteria comprised evaluations by twenty-two faculty members, the student's supervisors, and his training analyst, made retrospectively after completion of training. Other measures included the length of time required to complete training, grades in theoretical and clinical courses, and assessment of the student's therapeutic results with patients and later of his career. Ratings on these criteria were correlated with a number of predictive measures such as letters of recommendation, psychological tests, autobiographies, and statements of three selection interviewers.

Of special interest to analysts involved in the selection process is the study of the group of thirteen failures and the sixty per cent of applicants rejected. From the five-year total, one hundred thirty-seven rejected applicants were followed up by questionnaire and interview. Fifty-eight had received training elsewhere (twenty-nine in institutes approved by the American Psychoanalytic Association). Only four failed to graduate. Of those rejected who reapplied to Columbia, fifty per cent were accepted but did not make good records. Other findings of note were the relatively poor predictive value of letters of recommendation and the retrospective

evaluation by the training analyst once thought to be the best measure of a student's fitness for analytic training. Moreover, the presence of severe psychological disturbance at the beginning of the analysis could not be correlated differentially with good or poor ratings in clinical work, but 'success' in the training analysis proved a better measure. Gross overestimation of ability was found in thirty per cent of the judgments of selection interviewers.

Such findings stress the necessity to explore these groups further and to develop more reliable criteria for predicting potentials for training and for evaluating the results of the training program. The Columbia criteria seem somewhat general and impressionistic and their relevance to the work of analyzing is not made as clear as is desirable. More examples of behavior of applicants and students which led to a given rating would add to the value of the book. The author is very much aware of a primary problem in research of this kind,—the difficulty in training judges who can use a criterion reliably, once it has been formulated. Dr. Klein makes a number of suggestions for further work in this attempt.

JOAN FLEMING (CHICAGO)

THE THEORY AND PRACTICE OF PSYCHOTHERAPY. By Fredrick C. Redlich, M.D. and Daniel X. Freedman, M.D. New York: Basic Books, Inc., 1966. 880 pp.

In a review of another book,[1] I indicated why psychoanalysts should be concerned about the quality of new psychiatric textbooks. The reasons are even more pertinent now. The mushrooming community mental health movement reveals increasing hostility toward psychoanalysis. There is an even more pervasive trend toward attenuation and dilution of psychiatry and psychotherapy which can affect the development of psychoanalysis adversely, if for no other reason than that psychiatry and psychoanalysis are not differentiated in the public mind. The credo, Everybody a Mental Health Worker, has been all but formulated in much current teaching and writing. That brief psychotherapy and 'research'

1 Noyes, Arthur P. and Kolb, Lawrence C.: *Modern Clinical Psychiatry*, Sixth edition, reviewed in This QUARTERLY, XXXIII, 1964, pp. 447-448.

in 'new' forms of treatment does not require thorough psychiatric training and rich clinical experience is frequently formulated and carried into practice, especially where psychoanalysts do not have key roles in teaching psychiatry and training psychiatrists.

Because of these considerations it is particularly gratifying that Redlich and Freedman's magnum opus is also a superbly organized, scholarly, well-written, and challenging book. I know of no better introduction to psychiatry for medical student, resident, and practicing physician. The chapters, Psychological Tests in Clinical Psychiatry, Mental Subnormality, and Behavior Disorders in Childhood and Adolescence are contributed respectively by Roy Schafer, Seymour B. Sarason, and Seymour L. Lustman.

Psychiatry is presented as a far-from-integrated amalgam of psychoanalysis, medicine, and the behavioral and social sciences. Yet the authors accomplish a creditable job of integration while indicating the lacunae in knowledge and the pitfalls for the unwary. The history of psychiatry is delineated in a way that enhances understanding of many current problems.

The book's freedom from scientific cliché and constriction, and its solid anchoring in psychoanalytic knowledge, are evident in the chapter, The Psychiatric Interview and Examination—a refreshing essay that can be studied with profit even by experienced psychiatrists and psychoanalysts. Another item that can be recommended to beginner and expert alike is The Organic Therapies, the second of two chapters on General Principles of Psychiatric Treatment. Here we have a sober account of the merits, shortcomings, and dangers of the psychotropic drugs.

Most praiseworthy are the unusually substantial and selected bibliographies appended to each chapter. I cannot recall another introductory work on any subject that provides the reader with such an abundance of primary source references. Psychoanalytic primary sources are prominent in these bibliographies.

Because of the book's general excellence one hesitates to pinpoint shortcomings that are just as likely to reflect the reviewer's taste and bias as the authors' faults. Nevertheless, there are a few important tangible items that have been virtually omitted or confusedly presented. Paradoxically (in view of Redlich's prior works), the weakest parts of the book are those dealing with prevention, social psychiatry, community psychiatry, and the law. Birth con-

trol, contraception, and family planning do not appear in the index. In the text there are a few casual references, among other subjects, to contraception. Ignored are the birth control needs of millions of poverty-stricken persons who never receive marital counseling or psychotherapy. There exist hard-core data on the importance of this problem for mental health (as well as public health and economics), and on handling it successfully.[2]

The subject of therapeutic versus criminal abortion is also virtually ignored, the reader getting no idea of the dimensions of the problem. For example, authoritative estimates place the number of criminal abortions performed in the United States in 1965 as high as one and a half million; the number of deaths from these abortions as high as ten thousand. It is known that well over fifty per cent of these deaths are of young mothers who leave a median average of more than two children per mother. To discuss family disorganization and community mental health without coming to grips with the tangible problem of birth control and criminal abortion, and the archaic state laws and regulations governing birth control and therapeutic abortion, serves to perpetuate denial and evasion of the obvious and concrete, and to perpetuate talk about vague intangibles in preventive psychiatry.

While I can find little fault with the presentation of psychoanalytic knowledge as applied to clinical diagnosis throughout the volume, the treatment of the differences between psychoanalysis and psychotherapy, and the portrayal of the psychoanalyst's activities leave much to be desired. The authors seem to lose sight of the fact that the chief difference between psychoanalysis and psychotherapy is whether the therapist is or is not a psychoanalyst. Comparing psychoanalysis and psychotherapy by a psychoanalyst involves, among other things, a real choice by the therapist, a choice that the therapist without psychoanalytic training cannot make competently unless he obtains psychoanalytic consultation.

More regrettable is the portrait presented (with reservations) of the psychoanalyst-psychiatrist (as differentiated from the directive-organic practitioners) who '. . . see their patients for a fifty-minute hour . . . express little interest in organic problems . . . prefer not

[2] See, for example, Lieberman, E. James: *Preventive Psychiatry and Family Planning*, J. of Marriage and the Family, XXVI, 1964, pp. 471-477.

to make home calls or take care of emergencies . . . tend to be related to a select coterie of admirers and to be somewhat alienated, or at least isolated, from the larger community . . .'. This characterization is fundamentally false. Historically, psychoanalysts had key roles in establishing most of the outstanding clinics and training centers now subsumed under the terms community psychiatry and community mental health services. As far as the realities of the psychoanalyst's work schedule is concerned, my own study[3] revealed that almost one hundred per cent of the members of the Westchester Psychoanalytic Society devoted close to thirty per cent of their time to community work ranging from medical school teaching to consultant to the courts. An unpublished survey of the activities of the members of the New York Psychoanalytic Society indicates that they spend over thirty per cent of their time in community work. Unfortunately, most of us in community work have operated under the cloak of 'psychoanalytic anonymity', thereby fostering even among psychoanalysts the stereotype of the ivory tower psychoanalyst. It is time to correct the record.

In conclusion, my few adverse reactions should not detract from my most favorable opinion of the book as a whole. It deserves a long life in many editions.

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

STRUCTURE AND DIRECTION IN THINKING. By D. E. Berlyne. New York: John Wiley & Sons, Inc., 1965. 378 pp.

THE PATHOLOGY OF THINKING. By Blyuma Vul'forna Zeigarnik. Authorized translation from the Russian by Basil Haigh. The International Behavioral Sciences Series, Joseph Wortis, M.D., Editor. New York: Consultants Bureau, 1965. 211 pp. (Original text published by the Moscow University Press, 1962.)

These two books by prominent psychologists deal with academic and experimental approaches to the processes of thinking, but they are on quite different levels of complexity and sophistication, and are directed to different readers. The book by Berlyne, Professor of Psychology at the University of Toronto, is intended primarily

[3] Blank, H. Robert: *The Psychoanalyst in Community Work.* The Westchester Medical Bulletin, XXXII, 1964, pp. 11-12.

as a text for advanced students in psychology and offers a new conceptualization of directed thinking based on stimulus-response behavior and learning theory. Dr. Zeigarnik, who is described as the 'dean' of Soviet psychology, offers a textbook for students of psychology and for psychologists working in psychiatric clinics; it is based on lectures and clinical work at the Faculty of Philosophy, Moscow University.

Berlyne concentrates on the introduction of a system of concepts to clarify the similarities and differences between thought processes and other forms of behavior. He also undertakes a study of Russian literature on thinking and cognition which reveals a remarkable convergence with Piaget's ideas. His approach is basically that of the stimulus-response theorists, but because of his modifications he prefers the term, 'neoassociationist' behavior theory. He also eschews the 'black box' or 'empty organism' theory espoused by Skinner and other radical stimulus-response psychologists who believe that only observable entities are free from the stigma of 'explanatory fictions'. He does accept the concept of intervening variables and internal conditions, and comments that their use is quite consistent with aims of experimental science. The 'neoassociationist' approach emphasizes the primary importance of stimulus-response associations, and insists on genetic (both phylogenetic and ontogenetic) explanations and a willingness to be imprecise while attempting to seek principles having a wide range of applicability. Further, while recognizing the existence of internal processes not directly observable, Berlyne believes that internal changes should still be referred to as 'implicit responses' and 'internal stimuli'.

His main thesis involves a study of 'directed thinking'. Thinking is seen as any process that involves a chain of symbolic responses. Thus daydreaming and free association are considered autistic thinking whereas thinking whose function is to convey solutions of problems is called directed thinking. Much of the book then centers on explanations and explorations of various concepts such as S-Thinking (generally routine thinking) and R-Thinking (often creative thinking). In a chapter on The Motivation of Directed Thinking: Conceptual Conflict, the author deplores the neglect of motivational problems in directed thinking research, at least by stimulus-response theorists (he mentions Freud once, and does not

refer to Rapaport). Motivation here is seen predominantly but superficially in terms of reward and punishment, with occasional mention of 'drive states'. A motivational condition is thought of as a state that 'inclines the organism toward a broad class of behavior, often associated with a particular biological need' (controlling structures being in the central nervous system, hypothalamus, limbic, and reticular systems).

The book is well written. The use of complex, sophisticated hypotheses, while they are difficult to follow at times in their quasi-mathematical, symbolic formulae, at least offers a more reasonable framework for understanding the stimulus-response learning theorists and behaviorists. It gives an adequate account of the 'behaviorist revolution' which, although very far from any psychoanalytic framework, at least begins to observe and accept (and attempts to account for) phenomena that should never have been ignored in any scientific psychological system. There is an excellent comprehensive bibliography.

Dr. Zeigarnik offers us quite different fare. Her book is devoted to an analysis of the basic forms of disturbances of thought encountered in mental disease. It contains considerable clinical and experimental material, but on a relatively elementary level. Interspersed through the book are sections devoted to a quite nationalistic, almost polemic, defense and extolling of Soviet psychiatry and psychology (with major emphasis on the works of Pavlov and Korsakov). The Russian section of the bibliography leads off, nonalphabetically, with the political works of Marx, Engels, and Lenin, and they are quoted throughout the book. Commenting on various methods of testing, the author remarks: 'these unscientific methods of investigation penetrated into the Soviet Union from the pedagogics of the capitalist countries; they are essentially an attempt to justify the class character of their educational system'.

In the first part of her book, Zeigarnik analyzes the basic 'code' system used in thought; in the second part, the various manifestations of disturbances in the structure and dynamics of intellectual activity. She describes particularly the instability of the logical flow of thinking seen during pathological weakening of control processes, as well as the aspects of disturbed dynamics of thought as they appear in pathologically decreased activity of the brain.

Experimental work with patients is carefully presented, but the

conceptual framework is generally superficial and oversimplified. For example, among the conclusions are the following: there is no direct correlation between a particular disturbance of thinking and a particular form of disease; there is no unique pattern of experimental test behavior which is characteristic of patients with any one form of disease; and, despite the external similarity between the thinking of the normal child and the mentally defective adult, there is a qualitative difference. Zeigarnik's framework is strongly Pavlovian and at various points there are polemics and deprecatory references to psychoanalysts (with special reference to Freud). Nevertheless, the book is interesting, for reasons other than its scientific content and merit.

While each of these books has some interest, neither is of more than peripheral interest to the practicing psychoanalyst. Neither makes any significant contribution to our understanding of thinking, although Berlyne does make an effort to bring stimulus-response theory into an area where the possibility of communication between theoretical frameworks is a hope for the future.

BERNARD D. FINE (NEW YORK)

THE PSYCHEDELIC READER. Selected from the Psychedelic Review. Edited by Gunther M. Weil, Ralph Metzner, and Timothy Leary. New Hyde Park, New York: University Books, Inc., 1965. 440 pp.

In 1963 a journal entitled The Psychedelic Review was established in order to represent the point of view of those who believe that the use of hallucinogenic drugs exerts a beneficent and generally uplifting influence upon the user. The term 'psychedelic' itself, a propagandistic euphemism coined by this group, means 'mind-visible', and so expresses a rather sanguine view of what these drugs actually do. This volume contains a selection from the first four issues of the Review. It includes clinical accounts of subjective experiences; anthropologic accounts of the use of hallucinogenic drugs; philosophic views and justification for the use of these drugs; an article by an individual who, having recovered from a schizophrenic attack, has developed a personal outlook upon hallucinogenic drugs, psychiatrists, and the world; botanical

essays; an account of the facilitation of psychotherapy by the use of hallucinogenic drugs and of the legal problems created by them; and the claim that the hallucinogenic drugs facilitate religious experience.

How do these hallucinogenic drugs work? Hallucinogenic drugs impair certain psychic functions which, as shown by clinical and experimental observations, are probably localizable in the temporal lobes. These functions are all regulatory functions. They regulate the subjective impressions created by percepts so as to preserve constancy of size, intensity, loudness, and brightness. Thus they make it possible to ascertain how large an object is no matter how far away it might be; or how bright a light really is no matter how close to the eye it might be. Regulation implies damping, so that when the regulatory function is impaired not only do the affected percepts fluctuate erratically in size, coherence, and intensity, but they display extreme values of these parameters in both positive and negative directions, values which do not normally occur in day-to-day perception. Among the affected functions is the regulation of degree of familiarity so that percepts seem unrealistically familiar or unfamiliar. Similarly, the sense of reality is affected so that percepts are described as either extremely unreal or extremely real. In the lower animals, and to a considerably less extent in humans, thresholds for perception and intensity of sensation are determined by strength of instinctual impulse. The stronger an impulse, the lower the threshold of perception and the more intense a sensation the percept produces. When a given impulse becomes intensified, it is the percepts significant for gratifying that instinct which are intensified. Normally the temporal lobe structures affected by these hallucinogenic drugs resist the influencing of percepts by instinctual impulse. By reason of this control, perception becomes a reliable guide to a registration and comprehension of the real world so that conjectures and calculations may be projected into the future with a reasonable chance that they will predict correctly. When these regulatory functions are impaired, not only are the formal aspects of perception affected, but the content escapes intellectual control and now is exclusively determined by prevailing instinctual needs and by self-observation.

Theoretical considerations aside, what is of primary interest to the psychiatrist is whether hallucinogenic drugs produce perma-

nent impairment of psychic function and whether they can be used therapeutically. With respect to the first question, evidence seems to indicate that relatively enduring disturbance occurs only in patients in unstable psychic equilibrium and in schizophrenics in remission. There seems to be no evidence of permanent damage in the normal, or even in the fairly stable neurotic. With respect to the second question, one must acknowledge that the evaluation of psychiatric treatment of any kind is difficult at best. I have seen no reports of the therapeutic usefulness of hallucinogenic drugs that have convinced me. Certainly the one report of successful treatment of frigidity presented in this book leaves many questions unanswered. One of the chief problems inherent in the evaluation of a method of treatment is correctly recognizing what the condition is that is being treated. The fact that psychiatric nosology has been so closely tied to individual symptoms has helped to create the impression that the symptom and the illness are identical. A broader view tells us, however, that the disease is actually a continuing process, an evolution of pathogenesis which creates a succession of symptoms and syndromes. Symptoms are much more easily influenced than the pathogenic process; the true test of therapeutic modality is how it influences the latter rather than the former.

Why do people use hallucinogenic drugs? These toxic substances bring about a state of mind similar in some respects to schizophrenia. The real world is psychically destroyed, that is, eradicated from mental representation. Reality testing is not only suspended but reversed. The patient now insists that fantasy is real and reality is fantasy. Instinctual pressures obtain control over perception. The destruction of the real world in both instances produces separation anxiety. In both instances the anxiety is alleviated by the creation of a new world out of illusions, fantasies, and hallucinations. The content of these mental productions expresses two primary concerns: anxiety provoked by psychic separation and the threat of death; and rebirth as demonstrated in growth, intensification, and enlargement.

What is gained by this state of mind? The subject replaces his usual state of mind with one that contains strange and interesting sensations, intensities of sensation never normally experienced, and the assurance that life is being created. The state of mind which he is trying to shed, therefore, must be one in which there is a pain-

ful emptiness or lack of sensation. This state of nonfeeling seems to imply, and psychically must be equivalent to, death. Perhaps not pleasure, but at least relief is offered by the unusual sensations which replace the numbness, and by the excitement which replaces the deadness. The excitement itself is the result of the removal of damping controls.

Those who use these drugs are challenged to defend their self-intoxication. They do this earnestly and cleverly and their techniques remind the psychiatrist of the techniques by which the schizophrenic defends his delusional system. They point to the extreme sense of reality often created by these hallucinogenic drugs and the conviction obtained that something has been achieved, that one reaches a 'higher' philosophy, or a 'higher' religious level, whatever that might mean. They believe that one obtains insights otherwise inaccessible. They repudiate the psychiatrist's protest that they are mistaking illusion for fact; that the sense of reality, of profundity, and of creativity is an illusion created by the drug rather than a legitimate objective evaluation. They complain that the psychiatrists have feet of clay, that they want to stifle imagination and initiative, and that the psychiatrists feel threatened by the liberation from illness and the constraints of civilization which the drug users have found—so that as a result of these threats the psychiatrists persecute the drug users. They boast of the number of serious and earnest individuals whom they have been able to interest. But they cannot answer the crucial evaluation questions: What tangible goal has hallucinogenic intoxication enabled anyone to achieve, except to excite the curiosity and interest of others who are attracted by the idea of similar relief from similar malaise? Does the relief from unhappiness carry over to permit anyone to become more productive in any way other than describing his experiences?

The state achieved with these drugs resembles that achieved spontaneously and pathologically in schizophrenia, and that sought by effort in mystical experience. Both the mystics and schizophrenics are angry and turn away from their circumambient environment. Mystics are often suspected of being antinomian. One may suspect the same of hallucinogenic drug users because they turn their backs on society in a hostile and paranoid way. One difference between the mystic and the schizophrenic is that the former or-

ganizes into brotherhoods in which sublimated or expressed sexual ties replace those which are inaccessible to the individual in conventional life. The schizophrenic cannot fit himself into organizations. When he attempts to do so, he develops paranoid defenses. The hallucinogenic drug user resembles the mystic and has an affinity as well as an admiration for him because the mystic can do by an effort of will what the drug user can accomplish only with the assistance of a chemical agent.

How should society treat this phenomenon of hallucinogenic drug intoxication? Well, what harm do these drugs do? In a small per cent of individuals in unstable equilibrium the drugs may create acute psychotic states. Not only are normals and most neurotics unaffected, but most chronic psychotics are not permanently affected either. Those who take the drug out of a sense of deadness and emptiness, if they are not permanently helped, at least do not seem to be adversely affected. Moreover, in no individuals does one find craving or physical dependence. The worst that one can say, therefore, is that the use of hallucinogenic drugs delays definitive treatment. But so does bad treatment or inadequate treatment and these are not attacked with the venom that hallucinogenic drug use seems to attract. Many or perhaps most of these people do not seek or would not accept treatment anyhow. There is no evidence that individuals can be seduced into this antinomian band and remain thereafter enslaved indefinitely. Rather, one has the impression that most late adolescents and young adults who are attracted to this way of life leave it within a few years. Most leave it, I believe, because they become disillusioned and disappointed and because the powerful pressure for psychic maturation which prevails during early adult life generally exerts a wholesome effect, compelling the individual to seek more realistic and gratifying object relations. A few drop out of the hallucinogenic brotherhood because they are too sick to sustain even the degree of object relation which membership in the brotherhood entails. It seems, therefore, that intense social hostility and crusades against hallucinogenic drugs and their users seem inappropriate, more punitive than therapeutic, as if the community understood the basic antinomian tendency implied and greatly exaggerated its actual potential for damage.

The Psychedelic Reader can be recommended to psychoanalysts as a source for information on the phenomenology of the use of

hallucinogenic drugs, the philosophy of the drug users, and interesting botanical and anthropological information. The articles are uniformly well written and easy to read. The psychoanalyst who wants to learn more about the 'psychedelic' movement will find this book a helpful introduction.

MORTIMER OSTOW (NEW YORK)

THE SCIENTIFIC BASIS OF DRUG THERAPY IN PSYCHIATRY. Proceedings of a Symposium held at St. Bartholomew's Hospital, London. Edited by John Marks and C. M. B. Pare. New York: Pergamon Press, 1965. 217 pp.

The drugs that have become available in recent years for the treatment of mental illness trouble psychiatrists. They are obviously potent in their power to ameliorate illness, and also in their power to aggravate it. Therefore whether the patient improves or deteriorates depends upon the skill the psychiatrist can marshal in administering these agents. Unfortunately, practical and reliable criteria and indicators have not yet become working tools of most psychiatrists, and those that are available are difficult to use by psychiatrists who are not analytically trained. Therefore a number of books have been published in recent years that present collections of papers focusing on the subject that is the title of this book.

These collections resemble each other fairly closely. There are generally three groups of papers, as there are here. First, there is a set of essays on the pharmacologic chemistry of the various drugs, presented in this collection by Richter, Brodie, and Pletscher. These papers are well written, well organized, and scientifically sound. However the data provided offer little of practical use to the psychiatrist. Second, there is a set of papers describing the influence of these drugs on the behavior of experimental animals in a variety of artificial test situations. These are generally boring for the clinician since he can find almost no relation between the behavior elicited in the test situations and the pathologic behavior of the patient whom he treats. Third, there is a group of clinical papers in which the results of large scale tests are presented. These are the most frustrating papers of all because they so often contradict each other. After he hears one paper, the clinician is

pleased because he has a set of recommendations. However, after he has heard other papers, or after he has tried the procedures recommended, he finds that none of them work consistently. One occasionally encounters a few refreshing and accurate observations if the papers are discussed by clinicians who work with individual patients.

There are several sources of difficulty in the proper use of drugs in psychiatry. Drug therapy requires metapsychologic understanding of the clinical situation as vitally as psychotherapy does. (Parenthetically, metapsychology cannot afford to ignore the many observations made in the course of drug therapy.) Moreover, it is a prejudice of our time that the crudest kinds of observations made on large groups of patients subjected to standardized procedures are prized more highly than careful and detailed observations of a small number of patients for each of whom treatment is individually adjusted so as to achieve optimal results. And finally, since medical research, like business, has become institutionalized, large hospitals and medical schools are granted unwarranted authority which they use to 'freeze' early formulations about the actions of new drugs. These well-sponsored clichés then become official 'knowledge' which is passed on in literature, classroom, and industry propaganda. Since the truth is generally quite different, the proper use of these drugs is seriously hobbled.

It follows that the best feature of this book is that it offers to American readers a fresh point of view, a kind of intellectual contraband. Not that the British are free from similar prejudices, but theirs are not quite the same as ours. Nor is it surprising that some of the most perceptive comments are offered by the clinicians in the audience whose comments in 'Discussion' are briefly recorded. For example, one reads that mania may be alleviated by antidepressant drugs; that imipramine and allied compounds may be given together with monoamine oxidase inhibitor; and that some patients benefit more from the withdrawal of phenothiazines than from using them. These statements are all true; they are all anathema in the United States; and I have been criticized for publishing them.

The psychoanalyst who uses drugs will not find here the answers to the questions which interest him most. What do these drugs do to a mental illness? How do they influence classical metapsy-

chologic variables? How do they affect psychoanalysis and psychotherapy? But he will find fairly typical data, presented with better style than is usually encountered in American books.

MORTIMER OSTOW (NEW YORK)

CHILDREN AND THE DEATH OF A PRESIDENT. Multidisciplinary Studies. Edited by Martha Wolfenstein and Gilbert Kliman. New York: Doubleday & Co., Inc., 1965. 256 pp.

Besides an introduction and conclusion written by the editors, this volume contains nine papers, all relating to the responses of children to the assassination of President Kennedy.

It is not possible, nor perhaps appropriate, to review each of the contributions in any depth in a psychoanalytic publication. Three are based primarily on the responses to various questionnaires given to different groups of young people: fifty-seven children, aged thirteen to fifteen, who had previously been followed for over ten years at the Menninger Foundation, are reported by Lois Murphy; the responses of over thirteen hundred primary and secondary school children are considered by Roberta Sigel; and one hundred thirty-two college students are reported by Carolyn Pratt. A psychoanalyst will not feel comfortable with these reports. For instance, Sigel, in discussing the children's responses to a question about crying, says: 'Boys of all ages denied it almost categorically. If we were to believe the children, eighty-one per cent of all the crying was done by girls. We refuse to believe our children and base this refusal on teachers' and parents' reports to the contrary.' How, then, is it possible to accept the validity of any other report the children made about their emotions?

A paper by Fred Greenstein is based on a tape-recorded interview with each of four groups of college students. Three of these groups volunteered to participate, certainly in part, as the author points out, because of their need to talk about the event. Here, too, the analyst will find little of interest.

Two papers are based primarily on material from child psychiatric patients: Children's Reactions to Two Kinds of Loss, Death of a Parent and Death of a President, by Wolfenstein, and a paper on crisis by Zilbach. Both authors have points of departure based on their prior work. However, they present such brief clini-

cal vignettes that it is difficult here to follow and understand the development of these points of view. Zilbach appropriately describes her work as a preliminary communication.

The three remaining papers are of interest to the psychoanalyst. Othilda Krug and Cynthia Fox Dember describe the impact of the tragedy on fifteen weekday resident patients in their child guidance home. Both the children and parents were known well to the staff of educators and therapists. The news of the assassination was given to the children at the home, and their immediate and later reactions were directly observed and used for better understanding in the treatment program. Sufficient clinical evidence is developed to support some basic and significant concepts. For instance, the children were carefully tested three-and-a-half months after the assassination to gauge their integration and mastery of the events of the weekend. Those children who were able affectively to react to the events at the time of their occurrence were mature and informed when discussing it at the later date; those who originally avoided and denied their affects, were not able to give a cogent review of the significant events. As the authors point out, this is 'consistent with our view of the importance of the interrelationship of intellectual and emotional factors in the learning process'.

A paper by Augusta Alpert on The Choice of Defenses Used by Prelatency Children in Reaction to the Assassination is also of interest. Excerpts are presented from the therapy sessions of four boys, each in different stages of phallic-œdipal development. Each responded by a change in defensive patterns, the most striking being regression in the level of libidinal development. More primitive defenses of avoidance, denial, and projection came to the fore. But in two instances even these maneuvers were inadequate; new symptoms were formed in one child and anxiety broke through in another. The profound awareness of the assassination noted in these small boys, the youngest four-and-a-half-years old, and the extent and nature of their responses are well documented and related to the individual psychology of each child and his developmental level.

Gilbert Kliman's report on Œdipal Themes in Children's Reactions to the Assassination is also noteworthy. With excerpts from treatment sessions both before and after the assassination, Kliman

demonstrates how very difficult it can be to know the relation between a bit of a child's manifest behavior and a specific event, such as the President's murder, and how easily an investigator can be led astray without full knowledge of the child and his immediate emotional situation. However, when he explores what he terms 'the murky areas of phantasies', Kliman covers so much material that his study is forced away from any understanding in depth.

With its various contributions from researchers in many different disciplines, this volume may be of interest to the psychoanalyst as a chronicle of the range and types of psychological research current in this country.

ROBERT A. FURMAN (CLEVELAND)

ADOLESCENTS OUT OF STEP. Their Treatment in a Psychiatric Hospital. By Peter G. S. Beckett, M.D. Detroit: Wayne State University Press, 1965. 190 pp.

In this practical manual for the management and administration of an adolescent unit in a psychiatric hospital Beckett directs most of his attention to the special requirements necessary for the treatment of delinquents. Less attention is given to neurotics and to psychotic patients without flagrant conduct disorders because they are minorities in his unit and because they can be treated by minor modifications of familiar outpatient techniques.

Beckett's major thesis is that the patient's faulty internal controls must be supplemented by external controls from the environment. The means to this end are meticulously detailed. The adolescent is presented with a clear-cut regimen of reward and punishment based on his behavior. Acceptable behavior, defined as adherence to the rules, is rewarded by increased freedom, privileges in the form of minor indulgences, prestige, and greater responsibilities. Breaking the rules diminishes these rewards. The child knows precisely where he stands on a ladder from restrictive seclusion to preparation for discharge. He comes to know that there will be consistent and immediate responses to his actions, and so can determine his own progress or retrogression. The emphasis on fair play, the completely open nature of the regulations, and the repeated demonstrations of the consequences of behavior undercut the adolescent's defiance and rebellion.

Beckett nowhere idealizes his system of external controls and would not wish them transplanted *in toto* as a model for either judgment or superego functioning. His suggestions for aftercare programs are a good deal less rigorous than the hospital routine. Nevertheless, the impression lingers that the imposition of external controls, intended as a stabilizing influence to permit treatment, becomes an end in itself; and that treatment attempts to extend as a moral code the adaptation that was successful in the hospital. Implicit is the idea that erratic behavior can be corrected by rigid stability. An elucidation of the intrapsychic alterations, and in particular the quality of the new identifications taking place in the changing settings, would have been valuable.

The section of the book describing Useful Therapeutic Techniques is disappointingly brief. However, some practical notes are excellent: Beckett comments on the advantages of proceeding from the analysis of behavior rather than verbal communication, on the impatience of the adolescent at working through, and on the importance of using therapeutic interventions outside of scheduled treatment hours.

The book is a detailed description of empirically derived techniques for the management of an adolescent treatment unit. It does not add to our knowledge of adolescent psychopathology.

FREDERIC M. EVANS (WHITE PLAINS, N. Y.)

SOCIETY AND THE ADOLESCENT SELF-IMAGE. By Morris Rosenberg. Princeton: Princeton University Press, 1965. 326 pp.

This volume by its title promises to be relevant to current psychoanalytic thinking about the adolescent process. However, it must remain disappointing to the psychoanalyst and only illustrates again the wide gulf between social science investigators and the cosmos of freudian analysis. Since it was awarded a prize as a psychosociological contribution from the American Association for the Advancement of Science in 1963, it must have some importance in current sociological research; but this reviewer finds little of value for the psychiatrist or clinical psychologist and certainly none for parents.

The report is based upon written tests administered to over

five thousand high school students, largely in New York State. The test results were studied for the evidence they offered regarding social environment, the family, psychological and interpersonal correlates, social consequences, and self-values. The study does not include any reference to the recent work of Jacobson, but has a few allusions to the work of Horney and Fromm as well as Freud.

One of the irksome aspects of the book is the author's use of loose terms such as self-esteem, vulnerability, and self. He attempts to simplify even further but really makes more general his concepts by terming 'the person with extremely low self esteem' an 'egophobe' and the person with high esteem an 'egophile'. He attempts a kind of typology from his studies of the questionnaires and tries to derive concepts about self-esteem, but succeeds only in discussing methods of research rather than in contributing to the subject of the book.

Rosenberg is interested in therapeutic techniques that will systematically produce changes in the individual's self-image. He writes about role-playing in psychodrama and about group therapy, but his observations seem naïve in the light of the achievements of psychoanalytic theory and practice. The author gives the impression that the contributions of psychiatry and psychology to the concept of self-image have been few and merely theoretical, yet his quotations from this literature are of the following order: '. . . Freud has given attention to the "ego ideal" or "superego" ' (p. 273).

This reviewer is amazed by the absence of interdisciplinary approach to these most complicated psychological-sociological problems. That a writer should arrive at such conclusions as Rosenberg from a questionnaire alone, without knowledge of individuals or families, reduces one to despair about certain current trends in research.

MAURICE R. FRIEND (NEW YORK)

THE DIFFICULT CHILD. Edited by Joseph S. Roucek. New York: Philosophical Library, Inc., 1965. 292 pp.

This book is intended as a 'sort of handbook, a survey of the existing experiences and serious thinking about the outstanding problems of the difficult child'. The editor believes it should be welcome

to all parents as well as to educators and social workers. The book is divided into sixteen chapters with such popular titles as The Poor Reader, The Poor Writer, The Child with Language Problems, The Pampered Child, The Lazy Child, and The Severely Emotionally Disturbed Child. The chapter on family counseling and socio-emotional problems is written in most general terms and with a very Adlerian approach.

Such a book seems not worth publishing. It does not reach the level of beginning students of education or sociology. Most of the educators appear to have been selected from less well-known colleges and appear to be on the level of 'normal school teacher training colleges' of the past. The moral tone runs through most of the chapters: 'America's children are basically good in a world that has never been perfect'. Obviously the book serves no purpose in the advancement of knowledge or understanding of anyone.

MAURICE R. FRIEND (NEW YORK)

EFFECTIVE EDUCATION FOR THE MENTALLY RETARDED CHILD. What to Teach, How to Teach, and Why. By Luma Louis Kolburne. New York: Vantage Press, Inc., 1965. 276 pp.

Kolburne, an educator with a wealth of experience in mental retardation, has written an oversimplified basic guide to principles and practices which beginning teachers may find of some use if they are also instructed in more advanced findings and methodologies. The statement that mental retardation impairs intellectual growth confuses label and cause. Kolburne fails to use the official system of classification of the American Association on Mental Deficiency (1961), and a number of his references are outmoded.

The author's expressions and conceptualizations are often naïve; he explains, for example, that a child with an intelligence quotient of fifty has 'half of normal intelligence'. Some characteristics of the retardate, described as permanent and fixed, would be regarded from a more dynamic point of view as behavioral qualities changing under varying circumstances. Phrases such as 'intractable, nervous boy', 'distractible, emotional, uncooperative girl' are typical of Kolburne's unsophisticated approach to psychopathology. A short chapter on 'mental hygiene and psychotherapy' emphasizes

'planned situational therapy woven into the daily programs and activities'. Individual psychotherapy is briefly considered; one paragraph is devoted to group psychotherapy.

Mr. Kolburne is a dedicated teacher who recounts what he has done during his long career in education of the retardate. His awkward, repetitious, and pedestrian style of writing detracts from the worth of his presentation. The inclusion of current learning theory and experimental techniques would have enhanced the usefulness of his effort.

LEONARD HOLLANDER (NEW YORK)

THE PRACTICE OF PSYCHOANALYTIC PSYCHOTHERAPY. By Marc H. Hollender, M.D. New York: Grune & Stratton, Inc., 1965. 156 pp.

SHORT-TERM PSYCHOTHERAPY. Edited by Lewis R. Wolberg, M.D. New York: Grune & Stratton, Inc., 1965. 348 pp.

These two books taken together complement each other; they discuss the various techniques of psychotherapy. Hollender deliberately restricts himself to describing the process of long-term reconstructive psychotherapy. Wolberg's book is taken from a series of seminars given by each of its contributors at the Post Graduate Center for Mental Health on various aspects of brief psychotherapy, an interest stimulated by the pressure of increasing numbers of patients for whom reconstructive psychotherapy is either unavailable, inappropriate, or contraindicated.

Hollender writes in an easily readable, informal style and attempts to discuss the entire subject from basic principles and the selection of patients, to the beginning, middle, and terminal phases of therapy. Each of Wolberg's contributors addresses himself to the same circumscribed subject matter from his personal experience so that there is considerable overlap, variation in style and quality, and difference in theoretical point of view.

Hollender's book is in many ways highly idiosyncratic, at times dogmatic, and his treatment of various subjects is spotty and random. This is particularly true in the first two chapters on Basic Considerations, and Preconceptions and Principles; and his sections on regression, transference, and dream interpretation in no

way do justice to the extent and complexities of these particular issues. He emphasizes the psychosocial theoretical framework and in a rather cavalier fashion dismisses the psychoanalytic theory of drives and their significance. However the major defect in the book is his strong insistence that there is essentially no difference between psychoanalysis and analytically-oriented psychotherapy. As a result of this insistence, he fails to discriminate procedures and theoretical issues appropriate to psychotherapy from those appropriate to psychoanalysis.

In Wolberg's book, the most extensive and best organized attempt to deal with the theory of short-term therapy is the chapter he himself contributes. Avnet has an interesting paper describing the pilot study done by Group Health Insurance, Incorporated, on short-term therapy. She presents a statistical analysis of therapeutic results reported by twelve hundred psychiatrists and eleven hundred fifteen patients treated by brief techniques.

Masserman's paper is a typical sarcastic and dogmatic attack on psychoanalysis, and Alexander reiterates his ideas of the corrective emotional experience and draws on learning theory to explain the therapeutic process. Hoch's paper is pragmatic and arbitrary, with very little in the way of theoretical consideration. Rado focuses on a theory of 'treatment behavior' but his position is inconclusive and incomplete. Kalinowsky has a descriptive chapter on psychopharmacology and somatic treatment, but it is too general to be of much value and it contributes nothing new.

Wolf, Harrower, and Arlene Wolberg present rather inconclusive papers, and Wolberg himself contributes a second paper on hypnosis in which he seems to be overly enthusiastic and uncritically accepting of this technique.

In summary, both books are disappointing and will be of minimal interest to the psychoanalyst.

PAUL A. DEWALD (ST. LOUIS)

CURRENT PSYCHIATRIC THERAPIES, VOL. V. Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., 1965. 306 pp.

The fifth volume of Current Psychiatric Therapies consists of thirty-nine short contributions grouped under nine main headings.

It offers a compendium of recent thinking and practice in psychotherapy. Each article serves as an introduction to an aspect of psychiatry and contains a bibliography for those who wish to pursue the subject in greater detail. It is an eclectic survey which deals with childhood, adolescence, individual, group, and family therapy, community and institutional psychiatry, rehabilitation, and transcultural psychiatry. Dr. Howard P. Rome, who heads an impressive list of contributors, opens with a philosophical discussion on psychiatry as a social institution and goes on to speak of the value of 'adjunctive' therapies in an integrated and comprehensive program of psychiatric treatment.

Because the contributors are so numerous the book has the disadvantage of being too diffuse. Its main value lies in highlighting the mainstream of current psychiatric therapy and in functioning as a bibliographical source. The cumulative index of Volumes I through V is excellent.

ROBERT A. SAVITT (NEW YORK)

IN SEARCH OF SANITY. THE JOURNAL OF A SCHIZOPHRENIC. By Gregory Stefan. New Hyde Park, N. Y.: University Books, Inc., 1966. 257 pp.

Autobiographical reports of the experience of being mentally ill fall into two categories. First there are the straightforward subjective accounts of which Schreber's Memoirs is a classic example. In the second category are those writings in which the case report is secondary to the author's wish to express his views concerning the nature of his illness, and often of mental illness in general. These are invariably based on the fallacy that being ill somehow endows one with the knowledge to speak with authority concerning the etiology and therapy of the disorder from which he suffers. In Search of Sanity, The Journal of a Schizophrenic falls clearly into the second category.

'It is not easy to heal a madman', says the author, 'so a madman who has been healed owes it to himself and to his fellows to come forth and tell his story'. The story, which is told with evangelical fervor, is simple and unequivocal: schizophrenia is a physiological and spiritual disorder which can be cured by the administration

of nicotinamide. The bulk of the volume, written while the author was acutely ill, is a valid clinical document. Thoughts and feelings concerning psychoanalysts and psychotherapists who treated him comprise the main theme and these are related vividly and at length. They prove that Stefan was psychotic and give more than a clue regarding the type of schizophrenia from which he suffered. We are left to question the epilogue in which the author not only offers testimony concerning his cure, but suggests that an investigation be conducted to determine why this mode of therapy has found so little acceptance by the psychiatric profession.

The use of nicotinic acid in schizophrenia was first advocated by Dr. Abram Hoffer more than thirteen years ago on the basis of a hypothesis that schizophrenia is the result of a derangement of epinephrine metabolism leading to excessive concentrations of a substance called adrenochrome. Subsequently Hoffer shifted to the use of nicotinamide, but neither his hypothesis nor his therapeutic claims have been validated despite numerous attempts by responsible investigators. In March 1966, Hoffer announced yet another change—this time to nicotinamide adenine dinucleotide (NAD). To date this reviewer knows of only one corroborative study on NAD. It was conducted by Dr. Nathan Kline and a group of impartial investigators at Rockland State Hospital; their conclusion was that NAD had no therapeutic effect whatsoever in schizophrenia.

This inaccurate and intemperate book was not written primarily for physicians and it will have little or no impact in professional circles. Its message may, however, reach thousands of schizophrenics and their families and give rise to false hopes. I was left with the urge to quarrel, not with the man who wrote it, but with those who saw fit to publish it.

SIDNEY S. FURST (NEW YORK)

FRUSTRATION. The Development of a Scientific Concept. By Reed Lawson. New York: The Macmillan Co., 1965. 192 pp.

This monograph is one of the paperback source books in The Critical Issues in Psychology Series which presents authoritative data for the 'undergraduate in psychology'. However, the author, Associate Professor of Psychology at Ohio State University, not

only addresses himself to this class of student but to all students of psychology. And therefore it is indeed of undoubted value. The contents are divided into two parts; the first section evolves the concept (frustration) as a scientific construct and the second section presents selected readings on the subject. The bibliography is comprehensive.

The book clearly delineates the difficulties, importance, and beneficial use of familiar terms in the development of a scientific psychology. After reviewing the experimental work and theories on frustration (such as Rosensweig, Miller, and Maier and Ellen), the author shows how a scientifically useful concept develops out of a prescientific idea. Vernacular terms must be redefined for the evolution of theoretical and empirical concepts because 'the purpose of scientific theory is not to re-create the superficial chaos of nature but to describe the specific underlying relationships involved in complex situations'. Frustration 'may be defined as what is done to an organism; it may be used to explain relationships between a specific class of antecedents and class of consequent behaviors'.

The psychoanalyst will find it of interest to learn that more precise or exact definitions of these 'layman's terms' may lead to a different vocabulary and to more useful concepts to be used in psychotherapy, which is thereby enabled to progress in a more scientific way.

SAMUEL LANES (NEW YORK)

APPROACHES TO SHAKESPEARE. Edited by Norman Rabkin. New York: McGraw-Hill Book Co., 1964. 333 pp.

The author, who teaches English at the University of California at Berkeley, has here assembled twenty essays by contemporary scholars. In the Introduction, he states that 'wherever possible, each essay defines, exemplifies or attacks a critical position relevant to all or a good many of Shakespeare's plays'. The collection includes Ernst Kris' well-known study of Prince Hal's Conflict,[1] which Professor Rabkin introduces with the reproach that 'the Freudians have not yet produced a sufficiently impressive theoretical defense of their approach to Shakespeare'.

[1] Originally published in This QUARTERLY, XVII, 1948.

Many of the essays are paired as argument and counterargument. Some are by great twentieth century Shakespearean scholars such as Bradley, Wilson Knight, Tillyard, and Cleanth Brooks. Other less familiar contributors offer some exciting insights. C. L. Barber is one of the few authors to speak of the comedies; Francis Ferguson discusses Macbeth in terms of Aristotle's 'imitation of action'; and Robert Ornstein argues that in Shakespeare the conscience of a character functions artistically as a sort of internalized chorus, defining for the spectator, as did the Greek chorus, the view he should take of the actions of the personage.

The rest of the book is less satisfying. A rather unconvincing Reply to Cleanth Brooks by Helen Gardner, who mistrusts, perhaps not altogether unjustifiably, the 'game of explication', is followed by an almost unreadable diatribe—supposedly satirical—by R. S. Crane against the so-called 'new critics'. There is a Marxist Interpretation written in 1936 by Smirnov, a professor of literature at Leningrad University, whose simplistic application of socialist doctrine seems almost ludicrous by the standards of today. (It is regrettable that Professor Rabkin's volume could not include any of the extraordinary essays by the Polish critic Jan Kott, published in English in 1964.) To counterbalance the Marxian approach we have Roy Battenhouse's Christian Approach to Shakespearean Tragedy, and Sylvan Barnet's discussion of Some Limitations of the Christian Approach. The remaining essays deal with questions preliminary or peripheral to the study of the plays themselves: How accurate are the transcriptions that have come down to us? How has the language as a whole and the meaning of specific words shifted, and how have these shifts affected the meaning of certain passages in the plays? Can our understanding of the poet or of the plays be affected in any vital way by the few disconnected facts that may still be garnered about them? In the final essay, Alfred Harbage, to whom the book is dedicated, writes of the dangers of 'interpretative' production.

By bringing together so many aspects of modern Shakespearean criticism, this book expands our knowledge and spurs our imagination. Here we can also see how great has become the divergence between those who seek to understand the personages of the play and those who, like the 'new critics', believe that only within the total concept of the play itself is understanding to be found.

According to Wilson Knight, the most persuasive of the 'new critics', 'we should regard each play as a visionary whole, close-knit in *personification, atmospheric suggestion,* and *direct poetic symbolism:* three modes of transmission equal in their importance. Too often the first of these alone receives attention: whereas, in truth, we should not be content even with all three, however clearly we have them in our minds, unless we can work back through them to the original vision they express. Each incident, each turn of thought, each suggestive symbol throughout Macbeth or King Lear radiates inwards from the play's circumference to the burning central core without knowledge of which we shall miss their relevance and necessity: they relate primarily, not directly to each other, nor to the normal appearances of human life, but to this central reality alone. The persons of Shakespeare have been analyzed carefully in point of psychological realism. But by giving detailed and prolix attention to any one element of the poet's expression, the commentator . . . instead of working into the heart of the play, pursues a tangential course, riding, as it were, on his own life experiences farther and farther from his proper goal. . . . The rich gems of Shakespeare's poetic symbolism have been left untouched and unwanted, whilst Hamlet was being treated in Harley Street.' To this Knight adds categorically that we must 'submit ourselves with utmost passivity to the poet's work'. This is an absolutist view of conditions for æsthetic experience, valid for the sparkling moment of the experience itself. However, as Knight's own criticism shows, no spectator can remain in this state. Each of us comes to a play with a set of feelings and a store of knowledge, and a bag of resistances. The temporary fusing of all these, brought about by a penetrating performance, is followed by the need to have the emotional *status quo ante* re-established. Criticism and interpretation are no doubt aspects of the reassertion of defense. This holds true of course for the psychoanalytic approach as well.

In considering the psychoanalytic approach to Shakespeare's dramas it is important to recognize the way we, the spectators, are affected by a work of dramatic art. Freud explained that we are touched by Hamlet because his impulses are present, though repressed, in all of us. By identification with the hero, we achieve a degree of discharge of repressed impulses, at least in thought and

affect, or, as Knight says, 'a swifter consciousness that awakes in poetic composition' has momentarily been achieved. The release we feel at such a moment is revealed in our tears and laughter, or in that indefinable sensation we call æsthetic pleasure. But when the performance is over, we all experience a desire for an exchange of views. Through this sharing, we are partly trying to retain the glow of the release, and partly seeking to renew the shaken repression. So we move to a reconsideration of the experience on an intellectual plane which, according to Knight, often 'works havoc with our minds since it is trying to impose on the vivid reality of art a logic totally alien to its nature'. True enough. The effort to integrate by means of intellectual understanding the experience we have passed through will perforce diminish its emotional strength. However, we must consider that if the impact of the experience is too great it may arouse anxiety which will increase countercathexis and thus preclude the release that the æsthetic experience should have given. It is just here—by diminishing this anxiety and the defenses it evokes—that the added dimension of psychoanalytic understanding can be helpful.

Freud, Jones, and Kris were pioneers in establishing a psychoanalytic methodology of drama criticism in general and of Shakespearean drama criticism in particular. This reviewer has also attempted psychoanalytic interpretation of Shakespearean characters.[2] How do we proceed? Since our first objective is to understand the characters as they appear in the play, we subject them, within that context, to psychoanalytic scrutiny. Indeed, we listen to the characters in the play as we would listen to a patient on the couch. Actions which heretofore may have seemed obscure and out of character often will then reveal a consistency of unconscious motivations underlying seemingly inconsistent behavior. Unconscious motivations may be adduced from the very discrepancies between the actions and the announced intentions, from what is said as well as from what is left unspoken. Imagery, metaphor, and, of course, recounted dreams supply the associations. In all this we remain within the context of the play, our only assumption being that the personages with whom we are dealing are real

[2] Wangh, Martin: *Othello: The Tragedy of Iago.* This QUARTERLY, XIX, 1950; and *A Psychoanalytic Commentary on 'The Tragedy of Richard the Second'*, presented before the New York Psychoanalytic Society, April 1964.

people. What we can learn from them, from their own accounts, and from the context of the play itself will suggest psychoanalytic hypotheses regarding their behavior. But for the validation of these hypotheses we may have to seek confirmation outside the play. For instance, in my analysis of Iago, I went to the source material of Othello, Cinthio's Hecathomithi, and showed what of the material available to him Shakespeare had used and what he had suppressed. This differentiation served to confirm the psychoanalytic inferences made from within the play. This method of cross-referencing between past and present resembles the method we use in treatment, transference manifestations forming the revivifying bridge. In my paper on Richard II, I used a similar approach but also drew on some material from Shakespeare's own life. Kris, in his paper on Prince Hal, also came at the end, of necessity, upon the personality of the playwright.[8]

Professor Rabkin's collection is a useful reminder to the psychoanalyst that there are many interesting ways to think about a drama. We may hope that the inclusion of Kris' essay will stimulate the literary reader to search for other psychoanalytic contributions of Shakespearean criticism. Norman N. Holland's Psychoanalysis and Shakespeare (McGraw-Hill Book Company, 1964, 1966) may serve as a useful bibliographical reference for such a search.

MARTIN WANGH (NEW YORK)

THE CREATIVE IMAGINATION. Edited by Hendrik M. Ruitenbeek. Chicago: Quadrangle Books, Inc., 1965. 350 pp.

THE LITERARY IMAGINATION. Edited by Hendrik M. Ruitenbeek. Chicago: Quadrangle Books, Inc., 1965. 443 pp.

The Creative Imagination consists of twenty essays on the creative process; The Literary Imagination contains eighteen essays on the lives of famous writers, mostly those of the last century, in relation to their work.

Dr. Ruitenbeek is eclectic in his tastes. His writers include psychoanalysts of many schools of thought, nonpsychoanalytic psychia-

[8] For a full discussion of the methodology of psychoanalytic biography of the artist, see Beres, David: *The Contribution of Psychoanalysis to the Biography of the Artist: A Commentary on Methodology*. Int. J. Psa., XL, 1959.

trists, existential psychologists, and literary biographers. The result is a panoramic picture of the creative process and of the relationship between creativity and emotional illness. The papers present controversial points of view and raise stimulating questions.

The essays in The Creative Imagination are thoughtful and well-written for the most part. Some of the finest are well known to psychoanalysts: Rank's Life and Creation; Kris' Psychoanalysis and the Study of Creative Imagination and his Creative Inspiration; Greenacre's The Childhood of the Artist. There are also a number of excellent essays on psychoanalysis as a creative activity by analysts of varying orientations, such as Beres, Weigert, and Lussheimer. The general content of this book is rather sophisticated and has advanced well beyond the position that attributed artistic productivity merely to the expression in fantasy of unconscious instinctual conflicts which linked creativity with neurosis or psychosis.

In the initial essay, Neurosis and Creativity, Ruitenbeek, who indicates that he has been influenced by Alexander and Kubie, finds the source of creativity in free access to preconscious psychological processes, and makes it clear that he does not consider neurosis to be a prerequisite to creativity. In his study of the creative imagination, Kris develops his concept of the intensification in the creative process of conflict, and of controlled regression in the service of the integrative autonomous ego. Another contributor, Louis Fraiberg, describes creativity as an ego function which originates in part outside the sphere of instinctual conflict. He offers the hope that the problem of the nature of artistic genius may be solved by means of the increasing sophistication of present psychoanalytic thought. Rollo May in Creativity and Encounter takes issue with Kris' views regarding regression in the service of the ego, feeling that this stresses regression excessively. He states that anxiety is the inevitable accompaniment of the heightened consciousness of the creative encounter, and believes the creative person to be one who has the ability to work with this anxiety. There is a general tendency among current theoreticians in this field to lay stress on the strength, compelling creative expression, and integrative capacity of the artists whose claim is commonly established.

The Literary Imagination swings to an opposing view. The lives

of one great writer after another are recorded as being fraught with childhood traumatic and ensuing unresolved conflicts. Their life histories and writings are found to reveal œdipal and parricidal impulses, sexual misidentifications, and wishes to join their mothers in death. The authors of these essays vary from respectful and perceptive appreciation of the writers to barely concealed critical 'private-detective-in-the-unconscious' attitudes. Others of the literary biographers ignore psychoanalytic implications altogether. An example of the latter is W. M. Frohock who, in an otherwise well-written discussion of Thomas Wolfe's sense of rootlessness, in Of Time and Neurosis completely ignores the œdipus in the Gant family. This, to be sure, has been overworked by many psychoanalysts and students of literature, but it seems nevertheless incontrovertible. Psychoanalysis is likewise ignored by F. L. Wells in Hölderlin, Greatest of 'Schizophrenics' in which Wells seems to be chiefly preoccupied with matters of psychiatric diagnosis and of genetic and socioeconomic etiology.

Most of the psychoanalysts represented in these essays discuss their writers with perceptiveness. They make it clear they do not believe that genius can be glibly explained; however they can explain a writer's choice of subjects and the fantasies by which they are expressed, through an understanding of the writer's conflicts. The impression is nevertheless left that further light could be thrown on the personalities of the literary figures described in this book by the modern psychology of the ego expounded in its companion book. A case in point is the role of the homosexual drive in the creative process, which recurs frequently in these essays. This can be better understood from the point of view of the ego as a 'regression in the service of the ego' than simply as a sexual perversion; that is, if the defensive reactions rather than the id drive aspects are considered. A good example of this approach in The Literary Imagination is Honoré de Balzac's A Disturbed Boy Who Did Not Get Treatment.

Among the unusually fine essays included in the same volume are Freud on Dostoievsky, Hitschmann and Eissler on Goethe, Dooley on Emily Brontë, and Kate Friedlander on Charlotte Brontë. Another outstanding essay is by Fritz Wittels on Heinrich von Kleist, the German playwright and novelist. He presents a particularly interesting study of von Kleist's personality organization and

of his disorganization. An opinion little known outside literary circles is that Franz Kafka was greatly influenced by von Kleist in the development of his own style. Max Brod believed that Kafka and von Kleist were much alike. His beautiful description of the similarities in their personalities contrasts charmingly with the excellent psychoanalytic description of von Kleist by Wittels.

The essay by Lidz on Strindberg reminds us that the latter was one of the writers whose dreamlike plays inspired the contemporary 'existentialist' theater. Lidz convincingly demonstrates the close relationship between Strindberg's creativity and the restitutive processes involved in his schizophrenic illness. Also noteworthy is Caroline Wijsenbeek's Marcel Proust. Her discussion of the way in which memories were verbally recaptured and inner feelings described is excellent. When there is further understanding of the nature of the creative process in literature, the function of the ego in verbalization will be an important part of it.

It is unfortunate that neither volume contains information about the authors of the essays or about the editor of the volumes. It is not certain for what audience the volumes are intended. If they are written for laymen, they can give a rather confused picture of what 'psychoanalysis' has to contribute because of the different psychoanalytic points of view which are represented. To the student of literature, the best of these papers will be very welcome; but he will be disappointed in others or may, for example, wish that La Planche or Pierre Emmanuel had written the section on the poet Hölderlin. Psychoanalysts may well deplore that Marie Bonaparte's studies of Poe are not included.

The serious student of psychoanalytic theory will find certain of these essays to be historical curiosities and will wish that the editor had presented a well-integrated study of the creative process based on current opinion. The editor can be congratulated on his wide range of literary and psychoanalytic interests. A reading of these volumes emphasizes the need to be on guard against accepting with finality any theory of creativity however eloquently expounded, and offers many stimulating ideas which may lead to further illuminating study of imagination.

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Julian L. Stamm

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ABSTRACTS

Journal of the American Psychoanalytic Association. XII, 1964.

The Role of Prediction in Theory Building in Psychoanalysis. Robert S. Wallerstein. Pp. 675-691.

The role of prediction in relation to the development of theory in psychoanalysis is discussed with special emphasis on the theory of psychoanalytic therapy. Predictability in analysis is made more difficult because of the number of variables including an uncontrollable and often unspecifiable future environment. Some predictive efforts in psychoanalysis have attempted to by-pass this problem by offering short-range predictions.

The Psychotherapy Research Project of the Menninger Foundation has made an effort at long-term prediction based on a detailed assessment of the patient's personality structure, illness, and the postulates of psychoanalytic theory of therapy based on the 'average expectable analysis' along with the 'average expectable environment'. In addition, the attempt is made to predict the consequences of crucial environmental stresses that are likely to occur. Predictability is then based on a tripartite 'if-then-because' logical prediction model in the form *'if* these conditions are fulfilled, *then* these consequences will eventuate'. The author believes that in this way prediction can be successfully employed to validate theoretical psychoanalytic propositions in therapy.

Applicants Rejected for Psychoanalytic Training. Henry M. Fox; Edward M. Daniels; and Henry Wermer. Pp. 692-716.

One hundred recent decisions of the admissions committee of the Boston Psychoanalytic Institute were reviewed in an attempt to evaluate the personality characteristics essential for the functioning of a successful psychoanalyst. Special emphasis was focused on those personality patterns deemed to be serious impediments to psychoanalytic training. The qualities of rejected applicants were compared with a group of acceptable trainees.

Consistent qualitative and quantitative differences were found in the personality structure of those rejected when compared with the group of acceptable candidates. In the former there was an abundance of primitive pregenital defense mechanisms such as denial and projection. Many had a strong narcissistic core as well, whereas there was a striking absence of pregenitally rooted defenses in the accepted group. Cultural backgrounds and amount of previous therapy did not distinguish the groups. The authors concluded that there was a relatively consistent recognition of pathological ego patterns in the group of rejected candidates. Although many of these individuals would prove accessible to therapeutic analysis their difficulties were not deemed sufficiently alterable by training analysis to meet acceptable criteria.

Evidence in Psychoanalytic Research. Benjamin B. Wolman. Pp. 717-733.

This valuable paper deals with a crucial issue, the validation of psychoanalytic data and theory. Five categories of psychoanalytic propositions are distinguished: 1, observable patterns of overt behavior; 2, material derived intro-

spectively; 3, unobservable, inferable unconscious processes, based on empirical data; 4, those pertaining to psychoanalytic theory; 5, psychoanalysis as a treatment method.

Not all levels of psychoanalytic theory can be validated in the same way; certain aspects of psychoanalytic theory defy empirical validation but are tested more effectively by their inner consistency and continued usefulness in explaining empirical data. Psychoanalytic principles have been gradually evolving and are subject to change as the necessity arises to explain new data. New research techniques are needed to better evaluate various aspects of the treatment method including therapeutic successes and failure.

'Studies on Hysteria'. A Methodological Evaluation. John E. Gedo; Melvin Sabshin; Leo Sadow; and Nathan Schlessinger. Pp. 734-751.

The authors describe their attempt to review the evolution of psychoanalytic theory from a historical perspective, beginning with Freud's early manuscripts such as Studies on Hysteria. The Studies were approached from the following frames of reference: 1, the data of observation; 2, clinical interpretations; 3, clinical generalizations; 4, clinical theory; 5, metapsychology; 6, the author's philosophy. The data of observation were considered 'low-level' statements; clinical interpretations and generalizations middle levels of abstraction; clinical theories and metapsychological propositions the highest level of abstraction.

An attempt is made to trace the inductive and deductive reasoning that Breuer and Freud employed in their book. Comparisons are made between the more deductive, speculative thinking of Breuer and the more careful inductive reasoning of Freud, based primarily on conclusions empirically derived from clinical case material. The method used by the authors may be of value in further elucidation and validation of psychoanalytic constructs.

The Derailment of Dialogue. Stimulus Overload, Action Cycles, and the Completion Gradient. René A. Spitz. Pp. 752-775.

In this fascinating paper the author deals with another aspect of the mother-infant relationship; namely, the damage suffered by infants from the wrong kind of mothering. In this regard emphasis is placed on emotional overloading of the infant (stimulus overload) as an expression of undisciplined maternal behavior which, in turn, is the outcome of the parent's own unresolved emotional conflicts. This surfeit or overdose of affective stimulation creates disturbances in the anticipatory, appetitive, and consummatory responses of the infant. Due to an overloading of stimuli from the mother the infant is unable to complete his normal response (termed the completion gradient). This distorted, repetitive interaction between mother and child becomes the basis for a disturbance of communication between them. Early in infancy this is unverbalized. The distorted communication between mother and child is termed 'the derailment of dialogue'.

The author cites experiments with rats to indicate how the overloading of stimuli distorts the perception and responses of the animal and draws a parallel with similar overloading in respect to mother-child relationships and society as a whole.

While overcrowding of population is only one factor in the subsequent derailment of dialogue, insufficient attention has been paid to its disastrous sequelae. Comment is made on the growing problem of delinquency, dope addiction, and revolutionary upheavals. The case of an eight-and-one-half-month-old infant, moribund because of improper maternal handling, is described to illustrate the abnormal action cycle and the derailment of dialogue.

Psychoanalytic Theory in Relation to the Nosology of Childhood Psychic Disorders. Calvin F. Settlage. Pp. 776-801.

A framework for classification of childhood psychic disorders is provided. Psychopathology is linked genetically to traumatic experiences and the subsequent fixation points in relation to development of object relations. Ego development is stressed along with psychosexual development in providing a nosology of psychopathology.

Using Mahler's ego developmental phases the author stresses that the different types of psychic disorders result from trauma at different phases during the course of ego development and the ontogenesis of object relationships. Psychophysiologic disorders and psychosis tend to result when trauma has occurred in the autistic and symbiotic phases, whereas the psychoneuroses and neurotic character result when trauma has occurred during or after the prephallic phase. Likewise psychotic characters are similarly related to ego development.

Attention is drawn to Anna Freud's prediction of chances for recovery based on assessment of such criteria as the child's frustration tolerance, potential for sublimation, attitude toward anxiety, and the 'balance of his progressive versus regressive tendencies'.

The type of clinical disorder is determined by the timing of the traumatic experience as well as the severity of its impact on the child. The concepts of neurotic and psychotic character disorder can also be differentiated from neurosis and psychosis on the basis of the degree of impairment of object relationship, ego defects, and perceptual distortion influencing internal and external reality.

Psychoanalytic Studies on Joseph Conrad. IV. The Flow and Ebb of Artistry. Bernard C. Meyer. Pp. 802-825.

The relatively unrelieved mediocrity in Conrad's work during his later years is linked with his inability to deal with the subject of love. It is suggested that the devices used by him with such success earlier in his career served to maintain a distance between his personal psychosexual conflicts and his art and were not available later. Further, his creative writing suffered during domestic stress, especially his reaction to his wife's pregnancies.

Attention is paid to the shift in the psychological and moral orientation implicit in the stories of his later years. The change involves a replacement of an outer conflict (in his earlier writing) for an inner conflict later. The author believes that the profound change in Conrad's emotional makeup that affected his creative writing adversely was partially due to the development of a psychosis in 1909 precipitated by an 'infectious-toxic' process. The underlying

conflict was attributed to a rift between Conrad and his long-time friend, Ford Maddox Hueffer who had previously been the inspirational force for his creative genius. After his recovery he defended himself against the danger of subsequent regression by pursuing a safer course of detachment. A deterioration of the quality of his fiction accompanied his psychic retrogression. His fictional characters, formerly depicted as brooding, complex personalities, were now characterized as good and bad people of two-dimensional simplicity and 'the subtle shades of dreamy impressionism gave way to pictorial images conceived in the full light of consciousness'. In order to further defend against regression Conrad's 'creative imagination became impoverished'. Frequently depressed, his self-destructive urge was only one manifestation of a 'fuzzy sense of personal identity, a sadomasochistic conception of love'.

On Play and the Psychopathology of Golf. Carl Adatto. Pp. 826-841.

The author stresses that the game of golf like many other adult games has many unconscious meanings, and that the latent meanings are specific for a given individual and can be helpful in furthering progress in analysis. Furthermore, by means of the game itself the individual is working through his intrapsychic conflicts. Comparison with children's play is made, but emphasis is placed on the more sophisticated defenses elaborated in the adult games based on the employment of more mature, adaptive ego functions.

It is suggested that theories pertaining to the function of play such as mastery of the environment, mastery of painful experiences, and pleasure gained should include play activities throughout the life of the individual and not simply limited to childhood. As a result of analyzing the golf games of patients considerable light was shed on their unconscious conflicts as well as resistances in analysis.

JULIAN L. STAMM

Psychoanalytic Review. LIII, No. 2, 1966.

Reflections on the Human Revolution. Robert Endleman. Pp. 5-24.

'Hope springs eternal' is the last sentence of this lengthy speculative article. It may as well have been the title since all the author's conjectures on the evolution of man lead to one final question: Should we be as gloomy about the future of civilization as Freud with his emphasis on repression as the basis of civilization or as optimistic as Norman O. Brown with his emphasis on Eros? Endleman's contribution to a theory of human evolution is in his discussion of the dialectic relationship between play and language with a description of seven different prelinguistic vocalizations.

The Biology of Laughter. Joost A. M. Meerloo. Pp. 25-44.

The author attempts to point out the relationship of laughter to other body functions. At the same time he unintentionally fortifies the psychological explanations of laughter. Types of laughter and its functions multiply as Meerloo proceeds to the conclusion that laughter is a defense against a defense, a sudden awareness as well as a defense against inner awareness. The reference to Freud's

work on Wit and Jokes is so brief that it can be viewed as wit with the hostile component quite obvious.

Sex Differences and the Sense of Humor. David Zippin. Pp. 45-55.

The key to understanding humor is the superego. Men appreciate humor based on castration fear because their superego has been founded in a solution to this problem with the father. Women appreciate humor for a different reason since their superego is made up of part objects using persecutory rather than castration fears. The woman's humor is more masochistic and she may laugh inside at the ludicrous male exhibition. Those rare women who are comics take on the role of a castrated male. The clown is at the same time a castrated male and a monstrous, potentially uncontrollable figure.

Before Kinsey: Continuity in American Sex Research. Aron Krich. Pp. 69-90.

Credit is given to three American research studies on sex that preceded the Kinsey reports by a few years. These studies by Davis, Hamilton, and Dickinson had as great statistical magnitude as the Kinsey studies and, in addition, placed greater emphasis on personal relationships of sexual partners. Yet they never achieved popularity, as did the Kinsey reports. The author comments on this.

Emotions as Adaptive Reactions—Implications for Therapy. Robert Plutchik. Pp. 105-110.

Four sets of bipolar reaction patterns determine what evolves as emotion: 1, moving toward (destruction) versus moving away (protection); 2, incorporation versus expelling; 3, possessing (reproduction) versus losing; and 4, moving (exploration) versus stopping (orientation). The author describes seven types of therapeutic approach that help the patient define, understand, and utilize emotion.

Notes on the Psychoanalytic Theory of Affect. Louis Kaywin. Pp. 111-118.

The author is among those who, for some time, have expressed dissatisfaction with the libido theory. He proposes an affect theory to the effect that the earliest representations of self and objects are laid down in polarizations around positive and negative affect-representatives. Kaywin redefines narcissism and masochism as positive and negative self-representations respectively. He uses the term ego rather reluctantly but superego is not mentioned. This is particularly noticeable in his discussion of aggression and destructiveness.

The Role of an Eclectic Affect Theory in Multiple Therapy. Harry Rockberger. Pp. 119-128.

In discussing affect theory the author avoids using terms such as transference and superego, preferring phrases such as 'fusion experience' and 'emotional-cognitive experiences' for what might be called transference. Instead of superego the author prefers an 'internal reaction to one's own negative thoughts . . . completing the cognitive, attitudinal, emotional sequence'. His remarks about LSD and electric shock are open to question. One case history in which multiple therapists treated a psychotic adolescent is reported.

Behavior Therapy. Edward Dengrove. Pp. 129-134.

The author outlines Wolpe's technique of behavior therapy in an obsessive-compulsive phobic woman who had become homebound. Systematic desensitization of the phobic stimulus and relaxation techniques are described in detail,

STEWART R. SMITH

American Imago. XXIII, 1966.

The Role of the Political Usurper: Macbeth and Boris Godounov. P. L. Robertson. Pp. 95-109.

This is an analysis of literary characters despite the implication of historical and political pertinence. Macbeth and Boris commit crimes which are derivatives of patricidal wishes. Subsequently they each experience isolation, attempt denials, feel remorse, suffer insomnia, are haunted by ghosts, and face death courageously.

The Family Romance of Moses. Dorothy F. Zeligs. Pp. 110-131.

Freud's hypothesis that Moses may have been Egyptian is rejected on the basis of 'a quality of basic integrity in the Bible that would forestall such an attempt at falsification'. The author reinterprets the Biblical material and finds Moses was indeed a Hebrew. While some of the argument is plausible, the material is susceptible to other interpretations and the question remains far from settled.

Anti-Semitism: The Magic Reality Conflict. Santiago Dubcovsky; Fanny Elman de Schutt; and Eduardo Teper. Pp. 132-141.

In creating monotheism the Jews denied immortality and reacted strongly against the magic, prophecy, funeral rites, and cult of death found in other eastern Mediterranean religions. This constituted a repudiation of omnipotence which in the unconscious was tantamount to killing the omnipotent father. In this way the Jews assumed their scapegoat role.

Richard Crashaw (1613?-1650?): The Ego's Soft Fall. Richard Geha, Jr. Pp. 158-168.

Richard Crashaw, a poet of the Counter-Reformation, was born a Protestant in England, lost his mother during infancy, was converted to Catholicism in his twenties, and died a priest in Italy. Study of his life and poetry leads Geha to the construction that Crashaw's religious conversion represented a negative reaction to his father and an attempt to rediscover his lost mother. The highly masochistic content of his poetry is interpreted as indicating that his unconscious relationship to his mother was based upon identification and reversal of phallic sadistic aims.

Oral Aggression in Spider Legends. Ralph B. Little. Pp. 169-179.

The author reviews the symbolic meanings of the spider culled from mythology and folklore. In addition to symbolizing the oral aggressive mother, it has such

meanings as creator of the world, a maternal protector of the son against the hostile father, and a dangerous phallus inside the mother. There is reference to Bristowe who believes that Little Miss Muffet was the daughter (Patience) of a sixteenth century physician, Thomas Muffet, who admired spiders and frequently used them in pills and ointments for his child's ailments.

JOSEPH WILLIAM SLAP

American Journal of Psychiatry. CXXII, 1965.

A Consideration of Psychoanalysis with Relation to Psychiatry Generally, circa 1965. Van Beuren O. Hammett. Pp. 42-54.

The author undertakes to evaluate the relationship of psychoanalysis to psychiatry and finds that psychoanalysis within the field of psychiatry is gaining popularity. At the same time, he feels that the lay public has been losing interest in psychoanalysis as a method of treatment, and he cites the advent of psychotropic drugs and social psychiatry as possible reasons. Acknowledging the vital and vitalizing influence upon psychiatry generally, questions are raised regarding the great cost of psychoanalytic training.

Psychoanalysis and On-Going History: Problems of Identity, Hatred, and Non-Violence. Erik H. Erikson. Pp. 241-250.

Erikson continues his studies on identity of historical personages such as George Bernard Shaw and Martin Luther. In this paper he attempts a study of the late Mohandas Gandhi, using material on aggression as suggested by Lorenz and Gandhi's technique of non-violence. The essay is interesting and provocative and will be of particular interest to those concerned with the expansion of psychoanalytic thought into the political realm.

Progress in the New Biology of Dreaming. Frederick Snyder. Pp. 377-390.

The Biochemical Aspects of Rapid Eye Movement Sleep. Arnold J. and Mary P. Mandell. Pp. 391-401.

Dream Patterns in Narcoleptic and Hydroencephalic Patients. Chester M. Pierce; James L. Mathis; and J. T. Jabbour. Pp. 402-404.

Recent Studies of the Biological Role of Rapid Eye Movement Sleep. William C. Dement. Pp. 404-408.

Depression: Dreams and Defenses. Milton Kramer; Roy N. Whitman; Bill Baldridge; and Leonard Lanksy. Pp. 411-419.

Dreaming Sleep in Autistic and Schizophrenic Children. Edward M. Ornitz; Edward R. Ritvo; and Richard D. Walter. Pp. 419-424.

These six papers bring up to date the current information on investigation of dream activity through the use of the electroencephalograph. Together with the discussion of two of the papers, one by Walter Bonine, the section is an excellent over-all review of the subject.

Brief Psychotherapy: A Psychoanalytic View. Robert D. Gillman. Pp. 601-611.

Several cases are reported in which out-patients were helped by brief interpretive psychotherapy, based on psychoanalytic principles. There were acute reactions or acute exacerbations of long-standing problems. The transference improvement was an important factor as was the 'corrective emotional experience'.

LAURENCE LOEB

International Journal of Group Psychotherapy. XV, 1965.

Some Aspects of Group Dynamics and the Analysis of Transference and Defenses. Edrita Fried. Pp. 44-56.

Unique to group therapy is the number of objects stimulating transference feelings and defenses against them. Transference manifestations, particularly projection and hostility, are likely to be challenged by other members who then express the feelings which have been denied. In heterogeneous groups, a member is unlikely to find support for the defenses he habitually uses. This condition has given rise to situations charged with anxiety, especially with a new member, and technical measures to deal with such occasions are described. Identification may lessen the growth of an individual's personality, not encourage it, when the object is the healthy aspect of the mature therapist or fellow member. Identification with the aggressor, however, tends to stunt the personality. Such defensive identification becomes impossible in a group of different kinds of people.

'The maturity of a therapy group and of its different members is proportionate to the degree to which differentiations are tolerated, encouraged, and expected from its members. It is equally proportionate to the degree to which identifications with the aggressor . . . are perceived and discarded in exchange for more mature, self-accepting, and self-affirming processes.'

The heightened stimulation inherent in group therapy facilitates the dissolving of ego defenses by mutual interpretation. The object of the transference in the group is less important than the nature of the emotions which form the transference and which represent in a relatively modified form the past of the individual. Defenses are 'growing products that can be changed conspicuously in therapy'. Group therapy tends to activate latent conflicts so that they can be analyzed; though helpful in character disorders, it may disturb the schizophrenic unduly.

Group Psychotherapy for Stutterers. Robert L. Sadoff and Janice R. Siegel. Pp. 72-79.

A pilot study of six stutterers revealed that the common symptom served as a shield to protect the patients from grappling with their conflicts over establishing emotional maturity and independence and was a pretext for maintaining a narcissistic regressed position in interpersonal relationships. Those patients who participated in group therapy benefited.

Training in Analytic Group Psychotherapy. Observations on Some Learning Problems in the Dimension of Power. Erika Chance. Pp. 291-302.

The author reports a seven-year experience of teaching group therapy. A crucial factor is the reversal of the balance of power between the therapist and patient. In the beginning the therapist's struggle to establish his identity as a healer involves him in these crises: 1, intolerance of discomfort in the patient and direct attack on symptomatic behavior; 2, warding off of impulsive and regressive behavior by identification with the laws and accepted mores of society; 3, fears of loss of status and of being shamed, and devices to control the patients; 4, the problem of relating in public and reduced capacity for warmth and spontaneity; 5, the need for manifest positive feeling in group psychotherapy and attempts at fostering it; 6, problems in the acceptance and therapeutic use of ambivalent and hostile feelings toward the therapist. These crises center about the therapist's need to validate his professional image and difficulties in learning the recognition and use of positive and negative feelings. The instructor's stress on the universality of such problems is helpful.

Analytical Group Treatment of the Post-Hospital Schizophrenic. Louis C. Alikakos. Pp. 492-503.

Analytic group therapy is an effective and specific method in the treatment of the posthospital schizophrenic since his intense and mercurial transference reactions are diluted in group therapy. Anxiety and guilt are reduced and support and escape are provided to limit regression. Reality testing and self-esteem are enhanced and graded socializing experiences offered.

GERALDINE PEDERSON-KRAG

Revista de Psicoanalisis. XXIII, 1966.

About Interpreting in the Here and Now and Its Relationship to Freud's Conceptual Formulation of the Timelessness of the Unconscious. Fidias R. Cesio. Pp. 149-160.

It is generally agreed that the transference-countertransference phenomena are interpreted in the present and at the same time contain the historical biographical elements of the past. The author contends that the idea of the 'here and now' must imply a temporal relation, while the transference-countertransference phenomena which depend on the unconscious are formulated as timelessness. This contradiction can be avoided by the author's concept of 'timeless present', which he contrasts to other types of 'present' such as 'historical present' and 'present time'. In essence, Cesio feels an interpretation is more correct when the formulation includes the lack of the sense of time in unconscious psychic activity, and contrasts it with the sense of time in mature conscious thinking. Language supports some of his contentions. He objects to the use of the past tense in time as it signifies a compromise and thereby increases resistance. Object images that remain dissociated and projected by the use of time, including isolation, will not be an integral part

of analysis unless the transference-countertransference timelessness is clearly understood by the patient.

Contribution to the Phenomena of Identity with the Psychoanalytic Interpretation of Mann's Pathological Characters in Buddenbrooks. Rebeca Grinberg. Pp. 161-182.

Mann saw himself as an accumulation of contradictions: he was the son of a German father and a Brazilian mother, and an artist in a family of merchants. In The Magic Mountain he contrasts Bohemian life to the bourgeoisie, expounding antithetic theories, opposite temperaments, and even the space between those on the mountain and the people in the valley. It is not a coincidence that after writing this book, he did not remain politically indifferent and expressed his respect for Freud's work. In Buddenbrooks, he is satirical and playful. The ending shows that man perceives his own painful splitting and that a person's identity can only be found after accepting all parts of the personality as a unit.

GABRIEL DE LE VEGA

Revista Uruguaya de Psicoanalisis. VIII, 1966.

Mania: How the Ego Triumphs over the Superego through Being Fooled. Angel Garma. Pp. 7-24.

A Study about the Depth of Ego Regression in Mania. Arnaldo and Mathilde Rascovsky. Pp. 25-65.

Addiction as a Manic Defense. Jaime Tomas. Pp. 67-76.

Omnipotence and Mania. Mario Martins. Pp. 77-104.

Present Concepts about Mania. Maria P. Manhaes; E. Portella Nunes; and Adolfo Hoirisch. Pp. 105-124.

Additional Comments about 'Present Concepts'. Rodolfo Agorio; Mercedes F. de Garbarino; Hector Garbarino; Marta Lacava; Vida M. de Prego; Luis E. de Prego. Pp. 125-138.

Garma does not agree with the formulation that mania is primarily the result of a 'bribe to the superego' and therefore the liberator of the ego elements. Although this factor may be involved, there is also present the self-deception of the ego with the masochistic undertone of surrendering to the punishing and severe superego. This concept is more in agreement with the suicidal intent frequently apparent in hypomania. With the masochistic surrender, there is a devaluation of the love object and a predominance of the 'bad object'. The phenomenon is possible because of the feelings of omnipotence and denial which have as a counterpart socially accepted religious euphoria, which Garma attributes to the surrender of the ego and 'so-called identification' with Father God. The personality does not recognize the surrendering to sadistic superego images, the need to gratify masochistic wishes, or the prevalence of the death wish.

Like Melanie Klein, Rascovsky postulates 'a manic position', stressing the fœtal stage and the predominance of denial. The presentation is based on biological and sociological factors; no clinical evidence is given. The abstracter believes that the author idealizes the fœtal position of the unborn child, that the conclusions are far-fetched, and that although regression is used in the libidinal sense, recent concepts of regression are ignored and no consideration is given to structural theory.

Tomas discusses the similarities between addiction and mania. While he is aware that the basic essential difference is the use of a drug, in both clinical entities there is the need to deny part of the psychic life, to modify, change, or abolish any painful perception of external stimuli, and to deny that internal sensations and id derivatives can be temporarily controlled. In the addict, the drug is compared to the blood circulation in fœtal life. It is an object that has been idealized even though it might eventually hurt or destroy. The devaluation of the ego, the need to project, the magic thinking, and the way of handling time almost follow a parallel course in both clinical entities.

Other articles consider mania a disease and not a 'position'. They do not emphasize the masochistic aspects nor the concept of a regression to the fœtal psychic life, but deal primarily with defensive maneuvers that are economically unfeasible. The ego temporarily appears to solve the conflict but eventually becomes depleted and shows excessive idealization and intense envy of the object. Intense dependency has a counterpart in the feelings of omnipotence that are brought about by ego dissociation, projection, introjection of the projected object, sadism, and finally emptiness. That is why the manic triumph is so short-lived and cannot bring a steady state with any degree of homeostatic equilibrium.

GABRIEL DE LA VEGA

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Meetings of the New York Psychoanalytic Society

Jerome Ennis & Irving B. Harrison

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

May 17, 1966 ON THE PRESENCE OF A RHYTHMIC, DIURNAL, ORAL INSTINCTUAL DRIVE CYCLE IN MAN: A PRELIMINARY REPORT. Charles Fisher, M.D. and Stanley Friedman, M.D.

Recent research has demonstrated a sleep-dream cycle characterized by universal, regularly, and tenaciously occurring periods of sleep accompanied by rapid eye movement, drive related physiological activity, and dreaming. The REM periods appeared to be related to fluctuations in instinctual drive activity.

From biologic and psychoanalytic points of view, the authors hypothesize the existence of a rhythmic, daytime, waking fluctuation of drive activity synchronous with its waxing and waning in the sleep-dream cycle. Although there has been little direct evidence for the existence of daytime drive discharge cycles, the less than complete compensatory increase of total dream time on nights following dream deprivation suggests the discharge of blocked REM periods in waking states and, hence, some continuity between the cycles of sleep and wakefulness.

In their attempts to verify their hypothesis, the authors selected oral activities as the most feasible for observation of 'spontaneous drive activity' of awake subjects, and devised an *a priori* scoring system for these activities. Because of the complex operation of numerous ego activities in the awake subjects, they predicted that oral cycle activity would not be as regular as the REM period cycle, but close to the cycle in sleep. Ten subjects were studied; some precautions were taken against boredom which might itself increase oral activity. Statistical analysis of the data appeared to support the authors' hypothesis. A subsidiary observation was a positive correlation between diminished oral activities and diminished alertness and reading activity in some subjects. The authors speculate that those who showed no variations in alertness and reading activity correlated to oral cycles had greater capacity to neutralize and 'store' instinctual energy for later use in sublimated activities.

The oral drive cycle is differentiated from the physiological tension states of hunger contractions and blood sugar levels. All three have different cycles and oral activities can go on even without nutrient. The chance convergence of oral drive activation and physiological hunger or thirst would of course give rise to higher peaks of activity. While it was not definitively demonstrated that the oral drive cycle is the waking counterpart of the sleep-dream cycle, the work suggested this—in which case a twenty-four-hour continuous cycle of drive accumulation and discharge would have to be substituted for the sleep-dream cycle.

DISCUSSION: Dr. Charles Brenner observed that the present work represented a psychoanalytically informed approach to the important problem of measuring drive intensity. However, because of the role of displacement, he doubted

whether the oral drive could be isolated and studied separately. He questioned whether a true cycle or a mere sequence was involved, and wondered about the validity of the scoring.

Dr. Bruce Ruddick referred to a number of methodologic shortcomings of the experimental procedure. For instance, the conditions of the experiment must have affected the results and encouraged regression. Despite the shortcomings, he found the results interesting.

Dr. Max Schur felt that an incomplete compensation in subsequent nights' sleep for an induced dream deficit did not warrant the assumption that the difference was discharged in the waking state as drive satisfaction cannot be simply equated to preceding deprivation. He also noted that the conditions of the experiment artificially limited the ego activities and, consequently, increased the cathexis of the drives. He felt the experiment better measured the shifts and fluctuations of attention cathexis than drive cycles. Referring to the problem of displacement, he observed that the oral zone behavior may not necessarily measure oral drive discharge.

Dr. Judith Kestenberg also spoke of the methodological difficulties of measuring drive representations complicated by displacement and suggested instead a study of 'rhythms' of motor discharge in what she termed 'gratification-relaxation cycles'. These rhythms could be classified zonally although any erogenous zone could be used by any rhythm.

Dr. Herbert Waldhorn considered the work to have grave methodological and conceptual defects: insufficient attention was paid to what in the behavior of the subject was endogenous and what was exogenous and stimulated by the experiment. For example, were extrinsic factors, such as the variability of time relationship between the start of the experiment and the habitual pattern of food intake of each subject, taken into account in evaluating the results?

Dr. Bernard Pacella felt it was unclear whether the oral cycle is a conditioned one like sleep and wakefulness or a biological one like respiration. He noted that between drives and the behavior deriving from them, there is a multiplicity of variables that must be controlled; observable behavior is the product of a host of underlying variables and cannot be simply correlated to a single drive.

In response, Dr. Fisher stated that the existence of a diurnal oral drive cycle was suggested by observations that some experimentally REM-sleep-deprived subjects also show an increase in daytime oral activity. As experimental reproductions of this finding on two of the subjects in the present study were inconclusive, he felt further work was needed to establish the existence of the possible relationship between the oral drive cycle and a REM period cycle. He maintains that whether or not this connection can be proven, and despite admitted methodological shortcomings, a cycle of waking oral drive activity seems to have been demonstrated; no flaws in the method could have given rise to the regular cyclic results obtained. Dr. Fisher further doubted that boredom and diminished ego activities could have affected more than the frequency and amplitude of the oral activities; in themselves they could not produce a 'cyclic distribution of the periods of increased oral activity'.

In concluding, Dr. Friedman said that statistical analysis of the sequence drive-gratification-extinction-return was a cycle. Further, daytime cycles are no more irregular; actually they are quite similar to nighttime REM cycles. He explained that the variety of activities of the experimental subjects was much greater than described in the paper and that the correlation of oral cycles to sublimated activity, while considered, is too complex to investigate at present. He conceded that the *a priori* scoring system was subjectively arrived at but said that this is irrelevant since three different, similarly devised scoring systems (each by a different psychoanalyst) also gave cyclic data, though of different amplitudes. He explained that the relative isolation of the experiment was deliberately designed to minimize the exogenous sources of stimulation. Regarding displacement, Dr. Friedman maintained that this was irrelevant as he and Dr. Fisher were not studying orality per se; they were studying the waning and waxing of drive activity and merely trying to observe this at the oral zone.

JEROME ENNIS

May 31, 1966. ANXIETY, SOCIALIZATION, AND EGO FORMATION IN INFANCY. Sylvia Brody, Ph.D. and Sidney Axelrad, D.S.Sc.

The expression 'preparation for anxiety' was used by Freud in 1926. In this paper the authors deal particularly with the subject of 'anxiety preparation' and the role of anxiety in ego formation. They attempt to assess the intensity of the infant's cathexis of his mother and his threshold for stress when alone and when in need. Recent studies indicate that infants respond to external stimuli earlier than had been supposed, with specificity and with 'varying degrees and kinds of sensorimotor activity and according to immediate conditions of hunger or satiation, sleepiness or wakefulness, as well as according to native strength and level of irritability'.

The earliest psychic development is summarized by the authors under the heading, 'a first phase of socialization'—a phase which occurs during the first three months of life and includes sensorimotor responses of a larval nature which build recognitions of sensations. Consciousness of body functions begins with awareness of the sensations and the sensorimotor responses that are taking place and that, from time to time, may be executed intentionally. Both positive and negative stimuli encourage advance and control of sensorimotor skills and thus serve the pleasure principle and the broadening of awareness that sets the base for reality testing. This phase culminates in 'imprinting to the mother as species-specific object', which is regarded as a special form of learning, 'a form of object cathexis'.

The authors' main proposition is that the emergence of the affect of anxiety and the beginning of ego formation take place in conjunction with one another and flow out of a joint process. They believe that some events previously considered part of the unique ontogenetic development are in fact closely linked to phylogenesis, including the concept of critical periods such as phases of socialization. The authors regard anxiety as one of the principle affects with which the ego is ushered into being. They believe also that long-

lasting and intense inner stimuli may block outer stimuli. On the basis of finding the origins of discernible self-object differentiation as early as the neonatal period, they suggest that at unknown points in early experience vague feelings of the source of stimuli must begin to occur, and hence the beginnings of the capability for temporary withdrawal from the stimuli of reality.

In the first of the two early phases of socialization, it can be observed that 'where the infant's attention to environmental arousals is gradual and pleasing, there are correspondingly pleasing arrests or suspensions of the infant's motor activity'. It is in the first six weeks that the imprinting of the mother as a species-specific object occurs; this phase is apparently completed during the third or fourth month, during which consciousness is attained. The second phase of socialization is marked by the infant's discrimination of the mother as an individual. By the sixth month, non-mothers arouse in the infant a new kind of caution and the preparedness for anxiety may reach a first peak of anxiety. The authors conclude that by this time there has been an imprinting to the mother as a specific object of instinctual cathexis. It is their thesis that the affect of anxiety is not only a signal but that it serves as a pilot for the development of other ego functions. 'We say that anxiety preparedness lays a base for cognition, and that the infant's necessity to deal with unavoidable quantities of physiological activity is nuclear to the development of the ego.'

DISCUSSION: Dr. Edith Jacobson questioned the definition of affect as a stirred-up state of the organism, both because it is too broad and because it may not apply to the pleasurable affects. She stressed the importance of whether anxiety is the infant's first psychic experience. While she agreed that psychic determinism can be demonstrated from birth, that elements of psychic life may exist from that time, and that tension is necessary for psychic development, she wondered on what evidence the authors based the inference of rising and falling levels of sensorimotor behavior. She also questioned the contention that the ability to discriminate the mother is an example of imprinting.

Dr. Gustav Bychowski found the signs of anxiety that were shown on the slides to be as suggestive of anger as of anxiety. He noted the special role of aggression as a defense observable in adults against the encroaching symbiotic hand of the mother.

Dr. Max Schur felt that the central idea of the paper that anxiety is a psychic organizer was obscured by the introduction of peripheral concepts, such as imprinting, stimulus barrier, and primary narcissism. He differentiated between the physiological precursors to anxiety and anxiety itself. He is not convinced that unpleasure should be called anxiety.

Dr. Margaret Fries stressed the importance of mother-child interaction as against imprinting. Dr. Manuel Furer found certain aspects of the concept of imprinting intriguing as so much of the behavior of psychotic children is difficult to explain. Some show little responsiveness to the mother but are fascinated by objects, such as a fragment of plastic. It has sometimes been possible to determine that these 'psychotic fetishes' are remnants of libidinally invested object-representations.

IRVING B. HARRISON

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

May 16, 1966. SOME ADDITIONAL 'DAY RESIDUES' OF 'THE SPECIMEN DREAM OF PSYCHOANALYSIS'. Freud Anniversary Lecture. Max Schur, M.D.[1]

According to Kris's Introduction to The Origin of Psychoanalysis, Freud's systematic self-analysis began in 1897. Dr. Schur believes that the self-analysis was preceded by a prolonged introductory phase, the most important ingredients of which we would now recognize as full-fledged transference phenomena manifesting themselves in Freud's relationship to Fliess, and that the manner in which these transference phenomena appeared in an episode preceding the 'Irma' dream influenced its content and Freud's associations to it.

From unpublished letters of Freud to Fliess, made available to Dr. Schur by Miss Anna Freud and Mr. Ernst Freud, the following facts emerged: Concurrently with the 'Irma' dream, Freud had treated for hysteria a patient, Emma. Emma had been examined by Fliess at Freud's request to determine if there was a partly 'nasal origin' of her somatic symptoms. Fliess had come to Vienna, recommended surgery, and had operated on her there, returning to Berlin a few days later. Emma underwent a stormy postoperative period; the wound was infected, bleeding, and fetid; she was in constant pain and required morphine. Fourteen days later one of several specialists who had been called in for consultation discovered that Fliess had accidentally left half a meter of iodoform gauze in the wound. Several weeks later severe bleeding began again and in the course of removing the packing in order to reexamine the cavity, there was a new hemorrhage which almost resulted in the patient bleeding to death. For some weeks Emma's condition remained critical. Excerpts from a number of letters Freud wrote to Fliess during this period reveal the deep conflict between his recognition that Fliess was basically responsible for the complications in this case and his desperate need to keep up the image of Fliess as an exalted figure—an image necessary for what we now call a positive transference relationship.

The link between the Emma episode and the 'Irma' dream seems evident from numerous details in these letters. Here was a patient being treated by Freud who did have an organic illness, who had narrowly escaped death because a physician had committed an error, whose pathology was located in the nasal cavity, whose case had faced Freud with a number of emergencies and required him to call in consultants, and whose lesion had a fetid odor. The most pertinent link is found in Freud's attitude toward Fliess, reflected in his letters about the Emma case, his associations about Fliess in connection with the manifest dream content, and his final interpretation of the dream.

In his second letter about Emma, Freud attributes his near fainting spell, which he suffered during the first hemorrhage, not to the impact of Emma's hemorrhage but to the affects which were welling up within him at that moment. 'So *we* had done her an *injustice*.' To accuse both himself *and* Fliess

[1] An extended version of this lecture is included in *Psychoanalysis—A General Psychology. Essays in Honor of Heinz Hartmann.* Ed. by Rudolph M. Loewenstein; Lottie M. Newman; Max Schur; Albert J. Solnit. New York: International Universities Press, Inc., 1966.

was apparently intolerable; hence his spell of weakness. But within a matter of minutes he had displaced, at least tentatively, all his reproaches, first to the gauze and then to the specialist, Dr. R. In the 'Irma' dream, his dear friend, Dr. Rie, the pediatrician of Freud's children, became the culprit. This letter is full of contradictions arising from largely unconscious conflicts between positive and highly critical feelings. Showing clearly the very mechanisms that Freud was soon to detect as the elements of the dream work (e.g., displacement, condensation, etc.), it reads like a record of an analytic session. The explanation is obvious. Freud was by that time already 'in analysis'.

Dr. Schur showed how this conflict came through in many of the letters. Another specialist, Dr. W., blamed Fliess, in an oblique way, for the hemorrhage. When Freud reported this to Fliess, Fliess demanded a written apology from the senior specialist, Dr. G. Freud replied: 'Even if G. should have the same opinion of your skill as W., for me you remain the healer, the prototype of the man into whose hands one confidently entrusts one's life. . . . I wanted to tell you of my misery, but not reproach you. This would have been stupid, unjustified, in clear contradiction to my feelings.' This letter reveals not only the intensity of Freud's transference relationship to Fliess but also why his positive feelings were so strong. Freud is addressing not only Fliess the 'mentor', the substitute analyst, but the healer who is also *his* physician, especially during a severe cardiac attack which had preceded the Emma affair.

Only after the death of his father in 1896, at a time when he had already been engaged for a year and a half in systematically analyzing his own dreams and those of his patients, and when the crucial importance of early childhood events had begun to dawn on him, could Freud also begin his most heroic feat—his systematic self-analysis. This led to the reconstruction of early infantile material, the discovery of the œdipus complex and other aspects of early infantile fantasies, and eventually to the dissolution of his transference relationship to Fliess.

Dr. Schur points out that this additional material in no way detracts from the historical importance of the 'Irma' dream. The need to exculpate Fliess from responsibility of Emma's nearly fatal complications was probably the most important motive for the constellation of the dream. Fliess was not only Freud's admired friend, he was also the only one who not only believed in Freud's theories but took the repeated changes of tentative formulations for granted, encouraged any new discovery, and provided Freud's only 'audience', his only protection from complete isolation. And more than this, during the period of Freud's severe cardiac episode one of Fliess's roles was that of trusted physician, the source of constant support. Only by keeping Fliess strong and 'steady' could Freud preserve both his ego ideal and his own inner security. Because of this, both the Emma episode and the 'Irma' dream were important milestones.

Finally Dr. Schur illustrated Freud's ability, even at that early stage, to achieve therapeutic results and arrive at new insights in a case where he was faced with many seemingly unsurmountable obstacles. In another series of letters, written about a year later, Freud tells Fliess that Emma's hemorrhages were hysterical, brought on by *longing*, probably at the menstrual periods; that she was a hemophiliac; and that she had an image of a 'scene' at the age

of fifteen of suddenly starting to bleed from her nose and wishing to be treated by a particular young physician. When she became aware of Freud's deep emotion during her first hemorrhage, she experienced the fulfilment of an old wish to be loved while sick, and later 'renewed' the hemorrhages three times, trying to reawaken Freud's affection. Freud's use of the term 'scene' is very significant. At that time he still believed in the seduction theory of hysteria, but he clearly describes what he would later call 'fantasies'. Hence, it would seem that Emma was one of the first patients to offer Freud a clue to the crucial realization that what his patients described to him as actual seduction episodes were fantasies. This realization opened up the way to the discovery of early infantile sexuality and its manifestations in fantasy.

In summary, Dr. Schur stated: 'The material of this essay gives us a fascinating glimpse into the "workshop" of a genius during a heroic and dramatic phase of his struggle to unveil the mysteries of the mind. Giving us an insight into the early phase of Freud's unique analytic situation, this material provides an unusually vivid example of how a transference relationship can almost simultaneously reach its climax and show the sign of its incipient dissolution. We find highly illuminating examples of displacement *in statu nascendi*, which finds its way into the dream work of a dream which took place more than three months later. We find a confirmation of the hypothesis that the "day residue" includes elements originating much earlier than the period immediately preceding the dream. Finally, it provides a brilliant example of the transition from fantasy to conversion and resomatization through the interplay of psychopathology, "somatic compliance", and traumatization.'

HERBERT URBACH

The Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held at the Waldorf-Astoria Hotel, New York City, December 15th to 17th, 1967.

Fredrick C. Redlich, M.D. has been appointed Dean of YALE UNIVERSITY, SCHOOL OF MEDICINE, and Associate Provost of the University with general responsibility for medical affairs.

Otto A. Will, Jr., M.D. has been appointed Medical Director of THE AUSTEN RIGGS CENTER, Stockbridge, Massachusetts.

LE PRIX MAURICE BOUVET for 1967 has been awarded to Madame Janine Chasseguet-Smirgel for her collected works on psychoanalysis.