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To cite this article: Margaret S. Mahler & John B. McDevitt (1968) Observations on Adaptation and Defense *In Statu Nascendi*, The Psychoanalytic Quarterly, 37:1, 1-21, DOI: [10.1080/21674086.1968.11926448](https://doi.org/10.1080/21674086.1968.11926448)

To link to this article: <https://doi.org/10.1080/21674086.1968.11926448>



Published online: 13 Nov 2017.



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OBSERVATIONS ON ADAPTATION AND DEFENSE *IN STATU NASCENDI* DEVELOPMENTAL PRECURSORS IN THE FIRST TWO YEARS OF LIFE

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(NEW YORK)

We address ourselves to the relationship between two of the four interdependent mental states of equilibrium described by Hartmann—the equilibrium between the individual and the environment, the young child's 'preparedness for average expectable environmental situations and for average expectable internal conflicts' (3, p. 55). Although we realize that defensive processes may have the double function of warding off instinctual impulses and of serving adaptation to the external world (3, p. 51), there are nevertheless many adaptive phenomena whose function is broader and which do not serve a primarily defensive purpose.

Previous papers have discussed the fact that the 'average expectable environment' to which the infant must at first adapt is the symbiotic milieu that includes the symbiotic partner in the undifferentiated stage. It might be said that during this phase the innate rhythms of the infant adjust automatically to those of the mother, and vice versa (2).¹ Later, in the separation-individuation phase, the adaptive process is determined by the interaction between the child's innate and maturing equipment and the complex stimuli and responses received

Presented at the New York Psychoanalytic Society, March 1967, and the Philadelphia Psychoanalytic Society, May 1967.

From the Masters Children's Center, New York, N. Y. This paper is based in part on research supported by NIMH grant MH-08238, USPHS, Bethesda, Maryland.

¹ Research into infantile psychosis suggests the hypothesis that early extreme incompatibilities may have existed in this respect in some cases of early infantile psychosis.

from his mother through the intricate function of her 'mothering'. The child's experiences over the course of time, on the basis of his drive and ego endowment, lead to more or less successful adaptation. His adaptive style contributes to his character traits, as do his defense behaviors. We have observed in our research the process by which these behaviors gradually become internalized as more or less successful defense mechanisms.

From birth to the end of the symbiotic phase, the child's development, including the adaptive process, is dependent primarily on the care which he passively receives from his mother. Of equal importance, from the second half of the first year, are the child's active efforts to obtain 'good enough mothering' from his 'ordinarily devoted mother', coinciding with his beginning differentiation. This is the first subphase of separation-individuation (7, 8, 11).

Our research procedure has been bifocal in providing (on the basis of at least twice-weekly observations) information about, first, the mother's functioning, particularly the degree and quality of her emotional availability to her child and the child's ability to make use of her throughout the separation-individuation process; and second, the behavior patterns of the child with respect to the changing state of his relatedness to his mother, as well as to the stage of his ego and psychosexual development. Of special importance to our investigation has been the child's active approach and passive appeal behavior, and his reactions to the structured separation experiences of our study. These provided behavioral data which facilitated our understanding of the intrapsychic processes underlying separation-individuation.

During the symbiotic phase and at the beginning of the individuation process, the mother is the one who chooses the degree and rhythm of closeness and separateness. From about the sixth month, once the child's coordination enables him to do so and particularly when he is able to crawl, he begins to determine the degree of closeness with and separateness from mother by means of his active distancing and approach be-

haviors. Thus, in the practicing period (ten to eighteen months), the child begins to explore beyond the threshold of our nursery, into a corridor, and sometimes by chance into an adjoining room. These first ventures into the toddler room are usually tentative and brief, but some babies even before toddler age begin to remain there for increasing lengths of time. By the beginning of the third year most senior toddlers are more or less firmly established in the toddler room. In other words, the accessibility of the infant room to the toddler room, and vice versa, through the corridor, permits us to observe systematically the frequent back-and-forth patterns between the child and his mother. Weekly interviews with the mother in a nearby room provide a passive separation experience for the child. His changing reactions to these brief separations are recorded in detail by participant and nonparticipant observers and periodically filmed as well.²

This preliminary contribution of a research project still in progress we hope will afford a glimpse into the workshop of psychoanalysts doing observational developmental research. We present a few selected behavioral phenomena observed in the early mother-child interaction, which we believe represent aspects of the obligatory adaptive process on the one hand, and precursors of intrapsychic defense mechanisms on the other.³

PHENOMENA OF DIFFERENTIATION

Typical behavior of the lap baby, such as molding and stiffening of the body, seems to facilitate libidization of the surface of the body and thus serves delimitation of the body-self boundaries. However, in some infants this typical behavior may be exaggerated in the direction of increased molding or increased stiffening of the body and pushing away. Such be-

² Many of the phenomena discussed were illustrated by films when this paper was presented at meetings.

³ We shall not review the existing literature on adaptation and on the prototypes and precursors of defense mechanisms.

havior suggests a defensive warding off of symbiotic closeness or, the opposite, a disinclination to differentiate.

Thus, even at the peak of the symbiotic phase (11), the differentiating infant's rudimentary ego is progressing against the regressive pull of symbiosis. Before clear differentiation of the ego has taken place, and throughout the period of the most rapid structuralization and organization process, particularly toward demarcation of the body-image, behavioral phenomena seem to indicate conflicting tendencies toward differentiation and, concomitantly, toward symbiotic fusion with the object. The need to ward off envelopment in exclusive symbiosis with the mother can be observed as early as the fifth month. Such behavior not only includes stiffening rather than molding of the body when held but also turning, looking away, pushing away from the mother's body, or other gestural and affecto-motor behavior (15). These are sometimes accompanied by expressions of unpleasure and/or an increased attention cathexis directed beyond the confines of the mother-child dyad. Spock states: 'The sixth- or seventh-month baby strives to outgrow the symbiotic enveloped relationship. . . . The child's developing nature is now obliging him to detach himself from his mother' (15). The precious transitional object (16) and especially the fetishist-like adherence to the nighttime bottle are indications that displacement of libido onto the transitional object are important both as a defense against re-engulfment in symbiosis and as a facilitation toward individuation and therefore structuralization and adaptation. In other words, we might say that adaptation and defense have common roots.

An example of exaggerated early defensive warding-off behavior is the case of Emmett. At eight to ten months, he showed a marked avoidance of eye engagement at close range with his mother as well as with others, although he responded appropriately at a distance. Evidence that this behavior can be described as defensive is the fact that visually and otherwise he explored with curiosity and competently manipulated objects

in his inanimate environment, and that when approached slowly on his own visual level from a distance, he explored with interest the observer's mouth visually and tactilely while in his mother's lap.

Our knowledge of the mother—not only from observation of her mothering of Emmett but also of her mothering of her thirty-three-month-old first son, Stuart—provided us with some understanding of Emmett's warding-off behavior. The mother's inordinate symbiotic-parasitic needs and smothering body closeness (for example, she insisted on breast-feeding Stuart to sixteen-and-a-half months and Emmett well into the second year) seemed to be related to Emmett's need to avoid proximal eye engagement, as if he were overwhelmed and needed to extricate himself visually and otherwise from the excessive symbiotic relationship. Could it be that the oversaturation with body and oral contact (for instance, hourly offering of the breast throughout the night) had to be counteracted by avoidance of visual perceptual contact? An additional contributing factor was the mother's intrusive and overbearing manner: she continually talked 'at' Emmett though she seldom looked into his eyes. (A similar situation existed with Stuart. At the onset of crawling he deliberately avoided his mother and, in fact, if there were a choice he invariably went to the observer, the 'other-than-mother'.)

By thirteen months Emmett's avoidance of proximal eye engagement had markedly diminished. We would assume that this occurred with the libido-economic shifts that occur in the practicing subphase. The symbiotic tie had become less strong and the libido and attention cathexis had become more outwardly directed.

Another phenomenon of differentiation on the way to individuation is visual and tactile exploration of the face. This is the opposite of the warding-off behavior of Emmett. We saw this in Emmett in rudimentary form; he was able, when carefully approached by the observer, to explore his mouth. In do-

ing so, he showed an individually characteristic pattern of a generally observable and important adaptive phenomenon which we encounter at the end of the third quarter and in the fourth quarter of the first year.

VISUAL AND TACTILE EXPLORATION

Once the infant is sufficiently individuated to recognize visually and tactilely the mother as his partner in the symbiotic dyad, he then turns with more or less wonderment and apprehension (commonly called 'stranger reaction') to a prolonged visual and tactile exploration and study of the faces of others at close range. He seems to compare and check the features—appearance, feel, contour—of the face of the stranger with his mother's face and with his inner image of her.⁴

In children where the symbiotic phase is optimal and confident expectation maximal, curiosity and wonderment are the predominant elements of this inspection of strangers. In children whose basic trust is less than optimal, there may be an abrupt change to acute stranger anxiety; or there may be a prolonged period of mild stranger reaction which interferes with normal inspective behavior. The phenomenon and the factors underlying its variations are, we believe, an important aspect of and clue to evaluation of the evolution of the libidinal object, of socialization, and of progress toward eventual object constancy.

This phenomenon was observed and studied in Linda who was fortunate in having had an especially gratifying and close relationship with her mother and who displayed at a very early age great interest in social contacts. To illustrate, we shall describe Linda's behavior at nine months of age when we observed her after her return with her mother following the summer vacation, a time when we would have expected her to be more wary of 'relative strangers'.

Soon after arrival, the mother placed Linda in a crib in a separate room for her nap. However, since Linda showed no

⁴ Following Sylvia Brody, we have called this 'customs inspection'.

signs of napping one of us approached her. She smiled and indicated that she wanted to be taken out of the crib. When lifted from the crib she looked puzzled, although interested, as if only then was she aware that the observer was not her mother. She began to stroke the observer's face with her fingers, especially the nose and lips, and pinched her cheek—all the while accompanying her tactile exploration with her eyes and particularly looking with interest into the eyes of the observer. Her facial expression during this time was strikingly characteristic: sober, studious, and curious, but completely unafraid. When she heard her mother's voice from a distance, she seemed electrified and turned in the direction from which the voice came. Even before the mother appeared, Linda was smiling with anticipation, and when her mother took her into her arms her happiness was boundless. Linda did not need to inspect the familiar face of her mother; instead, in her exuberance and excitement she clutched her mother's neck so intensely that the mother cried out in pain. The observer then held her arms toward Linda, again inviting her to come to her. Unexpectedly, Linda did so without hesitation, revealing again her strong basic trust. At first Linda's smile persisted, carrying over from her reunion with her mother, but suddenly as she realized that the observer was not her mother, the sober-faced visual and tactile inspection began once again. When handed to a male observer, she readily accepted the change and repeated her study. But when offered the opportunity to go to a third observer, she demurred, not because of fear but because she had not yet completed her study of the second observer's face.

We have learned a great deal not only from Linda's behavior and development but also from comparing them with children of the same age, particularly with her sixteen-month-old brother, Peter, at about the same age. Peter's rapport with the mother had not been as satisfactory. In contrast to Linda's basic trust and minimal stranger anxiety at any age, by seven months Peter had developed marked stranger anxiety which lasted for several months. At that age when he was ap-

proached with the utmost caution and mildest overtures as he stood on the chair in which his mother sat, he looked at the observer askance and was somewhat bewildered although quite interested. He felt the observer's arm, which rested on the chair next to him, patted it, and then looked at the face and the gestalt to whom the arm belonged. His lower lip quivered, then, while still looking at the observer's face, he suddenly burst into tears and turned away.

From these and other less clear examples, we conclude that:

1. Visual and tactile inspection (of the human face in particular) is a characteristic complex behavioral phenomenon which is in the service of the infant's cognitive and emotional adaptive development at this age. It occurs at the time when others are recognized as different although similar to mother; that is, when the child has a need to learn about persons other than the mother, and when he begins to recognize the mother as separate from himself, as a uniquely important and specific individual entity.
2. Within this phenomenon we can recognize confident expectation and its opposite, stranger reaction. In these observations the child's inspective studies would be considered adaptive behavior, the emotional concomitant of which is confident expectation. Stranger reaction, although still adaptive, would contain a strong defensive element. Although having different meanings, both the warding-off behavior of Emmett and the acute stranger reaction of Peter could be considered as precursors to defense mechanisms such as denial, avoidance, restriction of the ego, repression, and reaction-formation.

Repeated inspections of persons other than the mother add to the child's adaptively useful differential image of his world. Toward the end of the first year this image consists of a much wider variety of familiar and less familiar animate and inanimate objects, and many elements which may be in varying degrees either directly related to the inner representation of the mother or recognized as belonging to mother, or as clearly 'strange' individuals. With the beginning of this discrimination

and coinciding with the specific attachment to the mother, we observe another interesting phenomenon.

NARCISSISTIC REGRESSIVE PHENOMENON⁵

A particularly interesting adaptive behavior that can also readily become defensive is a characteristic of the infant from the second half of the first year, after the specific tie to the mother has been established. This phenomenon, which continues with modifications until the child is able to function comfortably without mother's actual physical presence, is a characteristic response on the part of the child to brief separations from the mother. For example, we have observed that after the mother leaves the room for an interview, the child withdraws into himself, apparently concentrating on the memory of the previous state of oneness or closeness with mother; he seems to have a diminished interest in his surroundings, animate and inanimate. He may or may not appear bewildered. He seems to be preoccupied with his own thoughts, fantasies, or inner images, and endeavors to maintain his emotional balance by diminution of activity, by regression in relatedness, by under-responsiveness, by a reduction in his perceptual intake. This reaction to mother's brief absence is suggestive of an abortive and miniature anaclitic depression. It appears to be not only a reaction to being left by mother but also a defense of an internal libido-economic position. In this sense it resembles the conservation withdrawal in monkeys described by Kaufman and Rosenblum (5).

If the child's equilibrium in this situation is precarious, as it often is, the active approach of an adult, even smiling at the child, may cause an end to this suspense—this quasi-calmness before the storm—and distressed crying and other affectomotor behavior will ensue. The intruding adult, recognized as being 'other' than mother, disturbs the precariously maintained adaptive and defensive balance. On the other hand, if the adult is quietly available to the child without intruding, this avail-

⁵ We have descriptively termed this phenomenon 'low-keyedness'.

ability may offer comfort for which he may or may not reach out. Upon the mother's return, the child may cry even if he has not before as he only then appears to realize acutely and more clearly the state of unpleasure he has experienced during her absence.

Somewhat later in the child's development, as the representation of the love object becomes more distinct and intrapsychically available, and therefore sustains his emotional equilibrium, he may actively seek adults as substitutes and may turn his interest to play, first as a relief from longing and later as adaptation on a higher ego and socialization level.

To recapitulate, it is our assumption that the child, struggling to maintain the inner condition that exists when mother is in the room with him, must shut out affective and perceptual claims from other sources during her physical absence (14). We may say that this reaction is a narcissistic regressive phenomenon in the service of the development of the ego.

Linda's behavior at one year is a striking example of the adaptive phenomenon of this reaction. On a particular morning she was very cheerful prior to her mother's leaving the room for an interview. As her most familiar observer was absent, she was at first attended by a less familiar worker who reported that Linda gradually became sad, listless, slow-moving, and showed lack of interest and poise. Although she did not cry, she would not smile at the worker's friendly and passive overtures. She was about to lose her emotional equilibrium. At this point one of us took Linda quietly into her arms. Linda's posture and facial expression, particularly the look in her eyes, indicated inward-directed preoccupation with inner images or feeling states rather than her usual strong perceptual interest in the outside. (In such situations, it is necessary for the adult to be as unobtrusive as possible, to be merely anacritically passively available.) From experience with other normal infants we knew that a smile or any active approach would be felt as an intrusion; it would upset Linda's equilibrium and she would

burst into tears. Although she could not accept the observer as a substitute for her mother, after a short time she was able to use her to regress into a half-sleeping, quasi-symbiotic state. Her body relaxed, she put her finger into the observer's mouth, put her arms around her shoulders, and fell asleep. When placed in the crib, she awoke, cried, and required her transitional object, a diaper, for comfort. The change in her mood on her mother's return was striking. It is our impression that these reactions are an obligatory developmental phenomenon that is definitely adaptive during a certain age range but may become maladaptive if excessive and prolonged.

This phenomenon is seen in many variations and can in some children eventually and imperceptibly develop into a depressive mood, particularly by the end of the second or during the third year of life. We feel it is a precursor to depressive moods and is very much related to object loss and the loss of love. If it is mild or moderate at the appropriate age, and depending on the particular circumstances, it may be considered adaptive in that energy is conserved and the image of the mother is maintained and consolidated. However, if excessive or prolonged, it can become both a symptom of a depressive nature and a defensive behavior.

Similar behavioral precursors of adaptation and defense are the biphasic behaviors called ambitendency.

AMBITENDENCY⁶

Ambitendency appears to be a surface manifestation of the child's coping with obligatory developmental conflicts, indicating steps on the way to intrapsychic compromise solutions, and thus to internalization. It demonstrates with particular clarity, and thus is a paradigm of, the common root of adaptation and defense.

In the spontaneous behavior of the junior toddler, one can

⁶ The term 'ambitendency' (like autism also) was first used by Bleuler in an entirely different context—not of development but of psychopathology.

often see actions that can be interpreted as the result of two opposite impulses in rapid succession—smiling and crying, stroking and hitting, kissing and biting. This is true also of more complex biphasic behavior which does not alternate in such rapid succession but is perhaps aimed at cancelling out, undoing the first phase, and finally, coping with the conflict by non-biphasic internalized defense mechanisms, for instance, denial, reaction-formation, or turning into the opposite.

The vicissitudes of this ambitendency are interesting to pursue. They appear to be a kind of experimentation of the ego in the direction of integration. One of the clearly adaptive manifestations of ambitendency is the obligatory alternation of the typical approach and distancing behavior to and from mother of the junior toddler. However, the same degree of ambitendency may also be a precursor of heightened ambivalence, giving rise to exaggerated approach and clinging, to distancing and ignoring as well as to longer than optimal and somewhat facile splitting of the 'good' and 'bad' objects. The latter is the precursor and part of the mechanism of projection which, if persistent and augmented, becomes the basis for maladaptive defense mechanisms.

Hence, ambitendent behaviors may be seen as: 1, promoting the integrative function of the ego; 2, as the model on which heightened ambivalence is based; and 3, when acquiring a maladaptive quality, as giving rise to mechanisms of splitting and of projection.

Ambitendency is a parallel concept and related to the mechanism of splitting of the object world. The mechanism consists of splitting of the 'good' and 'bad' object representations, and of separating and partly isolating from each other the respective libidinal and aggressive drives. It does not necessarily involve the pathological process of splitting of the self-representation. We have observed such splitting of the 'good' and 'bad' object representation in children who have had an unsatisfactory relationship with their mothers during the first two years of life. In one of our mother-child pairs, we observed a too-

exclusive parasitic relationship; in another there was an emotional unavailability on the part of the mother. In both cases, the child's basic mood was angry and depressive.

For such children the smallest, most routine separations are reacted to by an immediate splitting of the object representations. Libido is displaced onto the image of the absent mother, while the mother substitute and particularly any unfamiliar adult present, draws upon herself the entire negative affect. It seems that in her absence, the 'good' mother image can be preserved against the ensuing destructive aggression only by splitting off the 'bad' image and displacing the aggression onto persons other than the mother. But when the real mother reappears, the entire ambivalence may become centered upon her once again.

CLINGING VERSUS TURNING AWAY FROM MOTHER

From our studies so far it would seem that the adaptive use of ambitendency depends to a great extent on the course and outcome of the symbiotic phase and the first subphase of separation-individuation (differentiation) of the mother-child relationship. Previous publications (9, 12) have described the child's normal need to re-establish periodically contact with the mother, first by physical 'refueling',⁷ later by visual and auditory contact, and finally by emotional, vocal, and verbal rapprochement. These phenomena occur typically in an atmosphere of the usual emotional availability of the mother, at a time when the child is moving away from her in order to explore wider segments of reality.

In situations of less or more than optimal emotional availability of the mother, or in cases of unpredictability, confident expectation does not develop into what Erikson has called 'basic trust'. Heightened ambivalence and/or excessive separa-

⁷ As the child, through the maturation of his locomotor apparatus, begins to venture farther away from the mother's feet, he is often so absorbed in his own activity that he seems oblivious to the mother for long periods of time. However, he returns to the mother periodically, seeming to need her physical proximity. This phenomenon was termed 'emotional refueling' (M. Furer).

tion anxiety ensues and may be observed at first in the back-and-forth movements of mother and child. These contacts may be fraught with anxiety and aggression; that is, moved from the fairly neutralized ego sphere into the conflictual sphere of the ego. In the observable behavior of the child, as well as in his first vocal and verbal utterances, the defensive aspect becomes predominant. Here we have in mind the exaggerations of behaviors like shadowing and darting away from the mother, characteristic of the third subphase from eighteen to twenty-four months and well into the third year (9).

Clinging behavior interferes with the child's normal adaptive and enriching experiences with his animate and inanimate environment. Contrariwise, the child may consistently reduce contacts and interaction with his mother, avoiding and ignoring her, literally denying the mother's presence, seeming to look through her. As an example, when asked in the toddler room, 'Where is Mommy?', the child may not react or answer. Many children use such denial in a mild form; they are increasingly involved in fantasy play and with toys in order to cope with separation from the mother in progressive and adaptive ways. But if denial is massive and continual, it becomes maladaptive.

As early as fourteen months we saw in Peter's relation to his mother the beginning of excessive avoiding and denying the mother's presence and a veering away from her when he had seemingly started out to go to her. During the same developmental period we noticed marked unhappiness and narcissistic regressive reactions to the mother's brief absences. This occurred prior to the birth of his sister, Linda, when Peter was sixteen months old. After Linda's birth, Peter clung to his mother for a while but then, after a brief period of only veering away from her, he showed increased avoidance and rejection of the mother. This behavior persisted with variations throughout the third into the fourth subphase of the separation process. As Peter functioned independently in the toddler

room, he seemed to have no need of his mother. He played well, with good use of his imagination and his autonomous ego functions; but he appeared subdued, sober, and at times depressed, and unlike the other toddlers, he did not seek out his mother from time to time, especially when fatigued or in need of bodily care. On the contrary, Peter unmistakably avoided his mother and when her name was mentioned he did not seem to listen. He exhibited an absence of appropriate affect and a denial of any pleasure when his mother returned to the room; this sometimes caused the mother to complain, 'Peter doesn't care'.

For some time Peter seemed to be completely involved in his fantasy play and showed little interest in the people around him. He was far too introverted for his age and lacked the vivaciousness and 'motor luxury' characteristic of his age (4). Denial of the disappointing and ambivalently cathected inner image of the mother seemed to have hampered Peter in working through the experience of separateness. Only gradually did he begin to acknowledge her presence and occasionally to go to her when he experienced need or longing. This is again at variance with most of the other toddlers observed; they go readily to their mothers, talk about her whereabouts, and thus openly indicate that she is missed. It is interesting to note, however, that Peter, though more slowly than the other toddlers, gradually worked through and accepted the fact of separateness.

THE ONSET OF REPRESSION

Peter's behavior and play activity are also illustrative of the development of the classical defense mechanism of repression. He had been an active and alert infant who had manifested much ambitendency. Small sadomasochistic actions were characteristic of both his and his mother's behavior. At sixteen months when his sister, Linda, was born, if not prevented he acted on the impulse to hit and bite her; yet, at the same time or in rapid alternation, he liked to touch, stroke and pet her, and seemed to be fascinated by her.

Slowly but within six weeks, one could see week-by-week a

definite change in Peter's behavior toward the baby. At first, although he would still raise his arm, he would inhibit the action of hitting; finally we saw the twenty-month-old boy only petting his sister. The mother who had earlier felt that she could not safely leave him alone with the baby after a few months had no hesitation in doing so. It is reasonable to assume that the mother's admonitions through the fear of loss of love had become internalized.

Peter's behavior, and information from the mother, suggested that repression had occurred in the sense that Peter was no longer aware of his anger and that his aggression had been turned into affection. The earlier ambitendency, indicating both aggression and libidinal interest, gave way to an internalized conflict, the resolution of which left no sign of direct aggressive behavior. Hence, we conclude that repression had occurred. Something that had been there, that one could expect to be there, was no longer discernible; it was replaced by a change in behavior indicating that the mechanism of repression was aided and maintained by the additional use of the mechanisms of reaction-formation and reversal of affect.

Although the behavior described here may be considered a precursor of repression, from our observations and knowledge of Peter's development we see no reason not to speak, even at this early age, of the defense mechanism of repression.⁸ Peter who had been a conspicuously aggressive infant and small toddler, became and continued to be a more than optimally reflective, subdued, and passive little boy during the first three-quarters of his third year.

In his clash with the external world, Peter internalized the mother's prohibitions. His greater than average aggression became muted by repression which, before our own eyes, was re-enforced by reaction-formation and by turning into the opposite. In the individuation of Peter, we could follow the establishment of these defense mechanisms which, on the one hand, warded off aggressive impulses, and, on the other hand,

⁸ As early as 1935, Bornstein (1) described early repression in the case of Lisa.

modified Peter's behavior including his relationship with people.

As a consequence, there was a marked change in the pattern of his adaptation to his mother as well as to others, and he also displayed a different basic mood. Thus, we were able to see in a sixteen- to twenty-month-old child: 1, the common roots of defense and adaptation; 2, the early internalization of a conflict; 3, the establishment of classical defense mechanisms, as well as precursors to superego development; and 4, the manner in which defensive processes may have the double function of warding off instinctual impulses and, at the same time, of serving adaptation to the external world.

From our observations we have come to expect not only continual change but also sudden spurts in development. Thus we were not completely surprised when in the last quarter of the third year, at the advent of the phallic phase, Peter's behavior changed. He became cavalier-like and friendly toward his mother, even though at the same time he was quite self-assertive and independent. He also showed signs of the beginnings of oedipal behavior, objecting to intimacies between his parents. We have every reason to believe that this change resulted from the flux of developmental energy generated by the phallic phase(6).

Despite the described variations in Peter's behavior, we believe that it is within the range of normal. In contrast, we would like to describe phenomenologically somewhat similar behavior (for example, ignoring of the mother) in Harriet. However, it should be noted that the mechanisms underlying Harriet's behavior deviated from the norm and, we believe, were prognostically more malignant.

Excessive narcissism could be observed in Harriet. As early as at eight months, she consoled herself and enjoyed nothing more than rocking back and forth before a large mirror in an auto-erotic fashion, watching herself and thus re-enforcing the kinesthetic sensations of her body reflected in the mirror. Her pref-

erence for inanimate objects over people was striking. Her identifications were with dolls, or at best, with the family dog with which she shared her food and which she mirrored in many ways; she would often urinate by lifting her leg or she would try to retrieve objects inside the playpen with her mouth. This mechanism of anthropomorphizing the dog, so to speak, or animating the doll, and particularly the erotic overstimulation, led to defensive behavior that observers described as avoidance, suspiciousness, coyness, obliqueness, withdrawal, and inhibition of approach and appeal. There were signs of a defense which have been described as deanimation (10, 13) and of massive denial.

From the beginning of her life the interaction between Harriet and her mother was anything but satisfactory. The mother lacked empathy as well as the capacity for emotional modulation, creating that sort of symbiotic atmosphere in which ministrations were neither in response to cues nor spontaneous—they were dispensed mechanically, doled out, as it were. Cuddling and, later on, quite grossly sexualized petting were 'bestowed' upon the sixteen- to twenty-month-old child unpredictably and impulsively. In her mother's words, Harriet was being conditioned to be a mother to her doll, because the mother herself was expecting another baby. The not-yet fourteen-month-old little girl seemed to oblige mechanically.

CONCLUSIONS

We have attempted to describe, within our psychoanalytic genetic frame of reference, some surface behavioral phenomena that we have observed. These appear to fit into this frame of reference and thus tend to verify the psychoanalytic hypotheses arrived at through reconstruction and extrapolation.

To paraphrase Fenichel's words when he appraised Anna Freud's classic, *The Ego and the Mechanisms of Defense*, psychoanalysts, even when they investigate the psychic surface, remain nonetheless depth psychologists. Further, we believe that psychoanalytically oriented work of the kind we are conducting

demonstrates how the surface differentiates itself from the depths, how the individuating infant-toddler emerges out of the hazy orbit of his symbiotically fused existence, and finally, how these observations of behavioral and transactional phenomena can be related to intrapsychic events or processes.

A few examples of surface phenomena—typical and general behavior as well as individually varied behavior—have been presented, but we can do no more than suggest their relevance to character formation with regard to the adaptive aspects of internalization, organization, and structuralization. Some examples of the modes in which these phenomena relate to the defensive organization of the ego have been given. We have attempted to demonstrate, by way of prototypes of our observational research data, how these data provide referents for such processes as structure formation and defense mechanisms. It has been illustrated, we believe, how these structures come about as a result of the action upon the infant's and toddler's innate givens by the mothering partner, the most important single factor of the average expectable environment. A certain degree of extrapolation and reconstruction is, of course, necessary in order to form psychoanalytically meaningful hypotheses about these observational data.

We agree with Loewald, Lampl-de Groot, and Tartakoff that the organizing—more specifically, the internalizing—progressive developmental processes and their resultant structures are far broader in scope and significance than the defensive processes were believed to be in their original, limited, and clinical sense.

Some of the behavioral sequences discussed may appear from the start to serve adaptation; some serve a primarily defensive function, or may be initially adaptive and later, through a change of function, become true defense mechanisms of the ego, and vice versa. Such defense mechanisms as repression, reaction-formation, denial, and turning into the opposite have been observed *in statu nascendi* in Peter, Harriet, and other children.

It should be stressed that phenomena such as learning the mother's and others' faces, the libido-economic regulatory function of narcissistic regressive reactions, the alternation of approach and distancing behavior, even ambitendency to a degree, like the manifestations of play activity serve primarily adaptive, integrative, and organizing purposes. We believe that it is an important step toward clarification of psychoanalytic theory if these processes are kept apart—are not equated or confused with and are as clearly distinguished as possible—from the defensive functions of the ego.

Although we keep in mind Anna Freud's statement that 'The defensive measures of the ego against the id are carried out silently and invisibly', we feel that, under the conditions of a study such as ours, a good many steps in the process by which these measures come into being can be traced.

We also hope that observational studies of normal early development may further contribute to those which Ernst Kris envisaged—namely, to furnish data and thus provide answers to such questions as genetic and adaptive aspects of the total personality and to psychoanalysis as a general psychology.

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The Evocation of a Genie: A Study of an 'As If' Character Type

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To cite this article: Louis Kaywin (1968) The Evocation of a Genie: A Study of an 'As If' Character Type, The Psychoanalytic Quarterly, 37:1, 22-41, DOI: [10.1080/21674086.1968.11926449](https://doi.org/10.1080/21674086.1968.11926449)

To link to this article: <https://doi.org/10.1080/21674086.1968.11926449>



Published online: 13 Nov 2017.



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THE EVOCATION OF A GENIE: A STUDY OF AN 'AS IF' CHARACTER TYPE

BY LOUIS KAYWIN, M.D. (NEW YORK)

I

Helene Deutsch (1) originally described the 'as if' character as one who is reasonably oriented to reality, is emotionally impoverished, and yet who outwardly appears and acts 'as if' he were normal. This impoverishment is not perceived by the patient and may only be discovered on close scrutiny by an analyst. In her first and most intensively described case, Deutsch delineated an etiology in a female patient based on emotional deprivation which resulted in an ego defect. Because of a poor internalization of object-representations and a defective superego, the patient required the use of external clues for adaptive purposes. This led to dependency and the need to imitate and make primary identifications with rather easily replaceable objects. Deutsch contrasted this 'as if' character to hysterical patients, in whom emotional blocking is due mainly to repression. The hysterical patients make secondary identifications with powerfully libidinous objects and do not simulate affective experiences as do the 'as if' types. Patients with psychoses are distinguished from those of the 'as if' type in that the latter fully maintain reality testing.

Deutsch's other cases, described in less detail, do not quite fit the model of primary object impoverishment. Some seem to fall more into that class described by Katan (7) as 'pseudo as-if', a group he feels belongs within the framework of hysterical disturbances; that is, they represent regressive defensive maneuvers due to weakened egos resulting from excessive dependency on the mother with whom there are secondary identifications. Katan's opinion is that the true 'as if' character

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functions with a distorted ego and with primary identifications due to fixations that resulted from the original maternal deprivations. Khan (8) points out that Deutsch's concept of 'as if' seems similar to the concept of schizoid character of Fairbairn (2) and Guntrip (5), and to the differentiation of the 'false self', which serves to protect the primitive core of a 'true self', described by Winnicott (14).

Annie Reich (11), in describing certain women who make narcissistic object choices, delineated a type which resembled Helene Deutsch's model case. However, she indicated that her patients did not display the complete lack of object relationships of Deutsch's first case. Greenson (4) pointed up the 'as if' aspects of the screen character, but his cases also seem to be mixed types. Etiologically they all had traumatic deprivations and frustrations but they also had some gratifications at important points in their lives.

Feldman (3) recently expanded on the concept of 'as if'. His use of the term, although important in pointing to a continuum of 'as if' types, unfortunately widens to excess the meaning of the term to encompass substitutes and symbols. Thus, he indicates that in the oral stage the child sucks his thumb 'as if' it were the breast.

Ross (12) indicates the rarity of the pure 'as if' type as described by Deutsch. Cases cited in the literature do not conform to her 'pure as if' type. I have not seen such a type and Deutsch in a panel discussion (13) was doubtful whether she had seen another 'pure' type. What we find, however, are mixed cases such as those described by Annie Reich and Greenson. These manifest 'as if' phenomena to varying degrees; it may be useful therefore to follow Ross's suggestion and speak of 'as if phenomena'.

The basic point made by Deutsch is that, due to a real loss of object cathexis, the object relationships of 'as if' patients are devoid of warmth although the impressions they create may seem otherwise. In regard to the affects in these cases, certain points can be made.

1. It is usually only the positive (libidinal) relationship that is referred to as being defective or absent.

2. There is no lack of affectivity in general. Deutsch herself stresses that affective relationships are *intense*, and that a great deal of aggression is masked by passivity.

3. We must question the notion of a *lack* of affects, even of the positive variety. Deutsch states that when her patient was abandoned, there was either a rush of spurious affectivity or an absence of affectivity. My understanding of what is meant by 'spurious' is that it refers not to the affectivity itself, which may be real enough, but rather to that to which the affect is attached, or with what it is associated. My discussion will show that in some cases the affect is associated with a transitional object rather than with a stable adult object-representation, which may account for the fact that these objects are so readily interchangeable.

4. The concept of lack of affect would seem to refer only to defensive positions, even if frozen into a character rigidity. A total absence of affect is conceivable only as occurring in the extreme apathy and marasmus of Spitz's 'hospitalism' cases.

The problem of a constant and adequate libidinal object therefore becomes crucial in at least two areas. First, the necessity of such a libidinal object for adequate psychic structuring, e.g., of the self-representations as well as superego and ego-ideal formation; second, its effects on ego maturation and ego functioning.

In the area of *psychic structuring*, the maternal object has repeatedly been shown to be crucial as an auxiliary ego, acting as a barrier to protect the infant from undue stimuli (12). If this mothering is inadequate, memory traces of a negative (painful and unpleasurable) variety will predominate due to the flooding of stimuli. Memory nuclei of objects will be of a predominantly negative character, leading to negative object-representations which, in turn, will affect the character of the ego-ideal, the superego, and the self-representation. Since these will be largely negative, the result will be an instability and

rejection of internal standards and regulations and a constant seeking of objects in the external world—the object inconstancy and object hunger noted in 'as if' subjects.

These factors may lead to a precocity of *ego functions* with a dependency on, and need for, inanimate objects on the one hand, and to a retardation in the sphere of social development on the other. This may help to differentiate 'as if' patients from psychotics. The 'as if' patients have fairly good reality testing in most areas but they are notoriously unsuccessful in their reality assessments of and relationships to other people. Ross has wondered whether with the 'as if' personality, 'there is not enormous cathexis of reality in the form of the material, nonhuman environment, while object cathexis is conspicuously lacking' (12). I do not believe that these patients lack object relationships as Ross suggests. Rather, as we shall see in the case to be presented, there is a specific type of object that is cathected. Only after examining the nature of this object and the relationship of the patient to it, are we able to partially explain some related problems, such as the character of the superego and the question of guilt in certain 'as if' cases.

Clinically, we deal with a continuum of 'as if' types: the patient at one extreme being what Deutsch and Katan describe as badly scarred and defective because of primary deprivations or excessive impingements and pressures by the environment, and at the other end comprising the various less severe characterological and neurotic groups. Thus it has been necessary to broaden Deutsch's original conception of 'as if' to fit a more mixed group of patients. The following case of 'as if' falls within the middle of this spectrum and emphasizes particularly the relationship between the self-representation and the object-representations.

II

ANAMNESTIC DATA

The patient was first seen when she was twenty-seven-years old. She had been married for ten years and had two children, aged

eight and five. She was the youngest of three children; her brother was four years older and her sister two years older. Her milieu was lower middle-class and urban. Her mother, who had died of a chronic condition when the patient was twenty-one, was originally described in glowing and positive terms. The father, a brusque and demanding individual, had always belittled the mother and daughters and had considered only the son to be worthwhile.

Of significance in childhood was an automobile accident. The father was driving the car. The patient, who was about two and a half, sustained a laceration on her upper thigh, leaving a scar visible only when she wore a bathing suit. She recalled being terrified by the hospitalization, the doctors, and the separation from mother. During convalescence at home she remembered being frightened and screaming when her father had to apply hot compresses to the injured area. These experiences became the focal point for sadomasochistic fantasies.

When the patient was about six, her mother became incapacitated with a heart condition. This resulted in two images of the mother: an early, highly idealized one, when the mother was strong, popular, and lively, and a later image of a weak, disappointing, and depreciated mother who frightened the patient with her recurrent heart attacks and hospitalizations. The patient was never sure whether she would find the mother alive on returning home and reacted by clinging to the older sister and also by affective blocking. The need to find a substitute object also took the form of sex play with boys from at least the age of twelve. She was not certain whether intercourse had actually occurred at that early age. However, at about fifteen she became attached to a friend of her brother, indulged in intercourse, and married this young man following her high school graduation at age seventeen.

Her precipitating problem was a manifest agoraphobia which had begun about a year and a half before entering analysis. Her fear of leaving the house was preceded by a gradual build-up of anxiety due to disappointments with her

husband who, at the time, was financially limited. The symptom occurred first during a period when her then unmarried brother was living in her home. What gradually emerged in the analysis was that she feared the intrusion of a wish to replace her husband with her more solvent brother whom she had always idolized. It became clear, too, that the husband and brother were screens for the œdipal and preœdipal parents. Part of her emerging symptomatology was based on identification with her dead mother—that she too would suffer a heart attack. Thus, her conscious fear about leaving the house was that she would have a heart attack, and to abandon her husband for her brother was like abandoning mother for father.

While this summary would appear to characterize a hysterical condition with anxieties and phobias, the course of treatment revealed a quite complicated structure. As in some of Greenson's cases, the hysterical defenses appeared to represent an overlay—measures to cope with emergency situations which could not be dealt with by usual characterological defenses. Also, as in Greenson's cases, there was a marked tendency to act impulsively, although this was greatly inhibited by her phobic and hysterical defenses. However, unlike Greenson, I detected no tendency to depression: the predominantly defended-against attitude was tension and panic. Her type of object relationships, to be described, seemed to preclude depression. The following clinical material will be described on three relative levels, which are only descriptive. 1. The *manifest 'as if' attitudes* of the patient as she thought of herself, her objects, and the relationships between them, and as she presented herself to the world. This served as a screen for: 2. The *Aladdin-genie relationship*, an unconscious attitude (an extrapolated fantasy) with idealized images of self and object. Survival was felt to depend on the maintenance of this relationship. This level, which became relatively autonomous, served as a reaction-formation and defense against: 3. The deepest level of most *primitive and repudiated negative images of self and objects*. Relationship on this level was felt to obviate survival.

THE MANIFEST OR 'AS IF' CHARACTERISTICS

The patient was reasonably well oriented toward everyday reality. She took it for granted, and had never questioned, that she loved her family and relatives. She thought of herself as kind, considerate, coöperative, and as seeking only her just dues and privileges. This 'taking things for granted' was one of her most obvious characterological defenses. Her first reaction to people, unless they initially frightened her, was one of restrained expectation and excitement. Her greatest need was to be accepted, admired, and 'loved'. She tended to overidealize people but soon found them wanting. However, there had to be at least one person in her sphere upon whom she felt she could depend, otherwise she tended to panic. When her defenses broke down at the onset of her illness, she formed a close relationship with her family doctor and she became habituated to the phenobarbital prescribed by him because of its symbolic, protective significance.

In treatment, one was struck by this patient's literal-mindedness and the paucity of emotionalism in her sparse verbal content. She gave the impression that only her presence was necessary for relief to be forthcoming. The concepts of participation, mutuality, and responsibility seemed alien, except on a vague, general intellectual level. Although she realized the need to verbalize, her productions soon became repetitive, hollow, and empty as she tried to fulfil what she thought was expected of her as a patient. It gradually became apparent that she was responding only to the affective aspect of my communications. She was at first completely unaware of her feelings during the sessions and reacted only outside of them with increased agitation, symptoms, and defenses; for instance, she would telephone her husband at all hours at his business and increased her use of phenobarbital. Paradoxically, she became upset when she thought I was *too* pleased with her, as well as when she felt I was displeased. Her relationship—sexual and otherwise—with her husband was typical of her attitude toward all objects. Her conscious assumption was that there were no

problems and that 'all was well'. There was no questioning of herself or of her attitudes toward her husband. Queries regarding orgasm at first surprised her, later made her anxious, and ultimately frightened her. It was some time before it could be established that she had never had an orgasm and that she was terrified of it.

It became clear that her use of language was egocentric, and as her concepts of such words as 'love' and 'loving' were discussed, she became frightened. Her initial attitudes and expectations in the analysis were typical. She expected the same direct help that had been offered by her referring physician. The prospect of any degree of self-examination was terrifying and in the beginning much support was required to keep her in treatment. Although free association was difficult, silences were intolerable; usually there was some attempt to bring in material to elicit my involvement, but if I failed to respond she would sink into silence. Gradually, however, material of libidinal and aggressive content did emerge and was gently interpreted along conventional lines. Thus material dealing with œdipal conflicts, penis envy, and sibling rivalry was all reasonably evident and discussed. Her reactions assumed a fairly predictable pattern: initially there would be no response; if my confrontations persisted she became agitated but as she became aware that I was doing nothing more than 'talking', she began to feel safe and would again subside into a 'plateau'. The same pattern would be repeated whenever a new subject or a new phase of an older subject emerged.

On two occasions in the early years of treatment as a new area came under scrutiny, the patient, somewhat improved symptomatically, impulsively decided to terminate therapy. Only mild attempts were made to dissuade her since she interpreted any strong position as a trap and a threat. Both times she returned after some months because of a threat to the maintenance of her relationship with some member of her family. Her absence from treatment involved no conscious concern about separating from me as an object. As she put it, 'I didn't

even think about you'. Further, she returned to me only because she 'didn't know to whom else to turn'.

THE ALADDIN-GENIE RELATIONSHIP

An attempt will be made to describe the mutual roles the patient had projected for herself and her analyst, and, for descriptive purposes, the paradigm I use is that of Aladdin and his genie. Various details of the fairy tale, such as competition with a father-figure for the lamp (penis), masturbatory fantasies (rubbing the lamp), and œdipal components, are self-evident and need not concern us. Rather, I will concentrate on the attitudes of Aladdin and his relationship with the genie.

Although the hoped-for relationship on the part of the patient had all the elements of a wish-fulfilling fantasy, it was not actually a fantasy per se that was uncovered in the analysis. Instead what emerged was the reconstruction of a set of attitudes and expectancies about the patient's self and her objects. Such attitudes have been variously described as fantasies of omnipotence of the self or the object, or expectancies from a need-fulfilling object. But these do not adequately describe the Aladdin-genie relationship which comes closer to that of a child with a transitional object, but an object with certain super-ordinate powers.

Aladdin (the patient).

Although the patient had the same expectancies as Aladdin, she could not express herself directly by wishing as he did. The wish was merely implicit and actually amounted to omnipotence of unconscious attitudes rather than expressed thoughts. The patient was hard put to make any direct request of me; yet she expected me to be aware of and to fulfil her needs. Expressing a need created problems for her and her orientation was to avoid *all* problems. To her, a request was an acknowledgment of a deficiency and the assumption of an active role. Both led to anxiety, the latter because it required an emotional as well as possible physical contact with the object. The patient was to-

tally geared to the maintenance of an unacknowledged placid happiness and had no tolerance for extremes of emotion, whether positive or negative. Yet, she envied those who could live heartily and lustily, as well as those who could become angry and hate without going to pieces. Every deviation from a very narrow positive emotional state was most disturbing to her.

In order to maintain this state, a considerable distortion of her self-image and her objects was required. In general this was accomplished by an attitude of indifference which was typically hysterical. It cannot even be said that she had a fantasy of being a favorite, although she did want to be 'loved' and expected all things to come. Murray (10) has recently proposed the term 'entitlement' to encompass such attitudes. Actually the patient's concept of being loved required simply that the object be available for all purposes; to be loved actively was a threat, a commitment, and a demand. Although there was a tacit awareness of her shortcomings and a parallel need for powerful objects, neither fact was acknowledged. She consciously had to repudiate wanting to be a favorite; this would have required her to be aware of rivalries. Rather, she just 'took for granted' that she was to be so treated. Nor did she want her objects to become too enthusiastic about her; this carried the threat of too much emotionalism with expectancies of too close contacts and counterdemands. The essence of the Aladdin role was actually one of simply being, and not having to account for herself to anyone, including herself (her superego). On this level the patient had settled for a guaranteed existence on a rather narrow emotional plateau. To achieve this her object had to meet some rather rigid specifications. It is the aggregate of these specifications which makes up the character of a genie.

Genie (the object).

A genie is a separate entity who in practice exists only when evoked. The patient displayed this requirement patently. When she had need of anyone, in or out of treatment, that person had to be available on her terms. It is significant that she

did not want to be united with the object; there was no direct symbiotic tendency; this was too threatening and came too close to a deeper oral fusion fantasy which was dreaded. The adaptive compromise was that the object be separate and distinct, but available on demand. Although separate, a genie was to have no will of his own and, by the same token, only a sufficiency of positive emotions to reassure the patient that he was not hostile or demanding and that she was liked and accepted. When the patient had other needs or interests, she could easily set a person aside without expecting to be questioned and without awareness of being rejecting. It was difficult for her to accept the routine and obligations of being a patient, nor could she accept my questioning of her intentions. Similarly, she could not accept disagreement, no matter how gentle, or criticism, no matter how constructive. A 'no' or an 'impossible' were not to be directed at her. When she was confronted by such instances, her immediate reaction was a potential panic which was converted to rage. This in turn, until late in treatment, was either repressed or converted to avoidance reactions, for instance, her agoraphobia.

A genie is all-powerful, but this power can only be exercised in the interest of Aladdin. A genie is also very intelligent and able to carry out the most insuperable assignments (the details of the 'how', for good reason, being of no concern to Aladdin). Yet this intelligence does not include judgments involving Aladdin's role. The patient overridealized the analyst's intelligence, expected him to offer simple solutions to difficult problems, and yet he was to remain stupid regarding her intentions. As we shall see, one of the insoluble problems arose precisely from the patient's need to treat objects as *things* which are finite and can be 'used up' and damaged, yet her need was that they be inexhaustible and invulnerable. In essence, a genie must be omnipresent, but exclusively for Aladdin; he must be omniscient, yet blinded in regard to Aladdin; and he must be omnipotent, yet unable to direct his powers against Aladdin.

The Aladdin-genie level of hoped-for relationship represents a compromise between the reality awareness of being a separate individual and the inner need of absolute guarantees for survival, with all sources of supplies assured and with avoidance of all negative aspects of living. In the latter category, the patient attempted to divorce herself of all desire and envy, love and hate, anxiety and pain, and of any weakness or illness, and ultimately of death itself. Her concept of death was one of interminable deprivation and a trap of suffering and torture. The patient used elaborate defenses to tolerate limitations placed upon her, whether externally or internally imposed. She was very vague about the passage of time. During periods when she related positively in the analysis, she sounded as if it would be interminable. Although she could have been reasonably well informed about her husband's finances, she preferred to be vague about such matters. When her husband once mentioned her yearly expense in analysis, she was shocked. Her initial feeling was characteristic; it was as if she were bleeding him to death. She was intolerant of any inner limitations in the sense of superego controls. As we shall see, such controls would have meant complete deprivation for her. Ambiguities, ambivalence, and contradictions—anything which could lead to doubts and therefore could be threatening—were to be avoided. To achieve this she chiefly used the mental mechanisms of denial, displacement, and projection, as well as the hypercathexis of the wished-for implicit attitudes described as the Aladdin-genie relationship. It was the unresolved problems and motivations from the deepest layers of the patient's psyche on the one hand, and the demands of reality on the other that led to the compromise of the Aladdin-genie attempt at relating.

THE PRIMITIVE LAYERS OF THE PSYCHE

As the Aladdin-genie attitudes became crystallized, it was possible to focus the patient's attention on her most deeply unconscious attitudes. This was possible because the patient was

able gradually to accept the therapist as being reasonably dependable and also not rejecting of her 'innermost negative identity'. It was my genie role that she was relating to. It was this that kept her in treatment and brought her back when she left. Reassurances that she could be helped were interpreted as promises of my genie status. Technically, the genie attitude had to be used to keep the patient in treatment while an attempt was made to convert it into a more realistic object-representation.

As might be expected, her negative self-representations were most narcissistic and ruthless. Her basic attitudes to life were motivated by an oral-cannibalistic, magical, and animistic orientation. She operated on a hydraulic model of existence; if she were gratified, fulfilled, and able to thrive, it had to have been literally at another person's expense. As this became more apparent, her defenses and resistances increased and it became a matter of technique to keep her anxiety within therapeutic bounds.

Since the only coin of the analytic realm was verbalization and its accompanying affects, it could gradually be demonstrated to her how she was responding more to the affect than the contents. If she thought she had received 'good substance' from the analyst, she would have a 'good hour' and eventually would become aware of feeling elated and, what was more important, physically stronger. She was gradually able to verbalize her dissatisfaction when I did less talking. But as noted, on occasion, she became distressed when she felt that I was talking too much, even if the content and affect were acceptable. Here she felt she was being flooded, overwhelmed, swamped, and was unable to master and control the incoming stimuli and the aroused feeling.

We can now better appreciate what the Aladdin-genie relationship entailed for the patient. With it she could 'have her cake and eat it', a phrase she later frequently applied to herself. The essential problem was how to have her objects and their qualities, i.e., identify with them in an incorporative and pri-

mary sense and yet not destroy them and jeopardize her own survival. Similarly, she had to protect herself from being destroyed by her objects—her own projected tendencies. Her concept of love was on a need-fulfilling and hence destructive level.

III

Our discussion will be limited to a few of the more relevant problems. From the standpoint of diagnostic considerations, although the patient manifested typical hysterical symptoms, these actually obscured attitudes that had been lifelong and deserve to be called characterological. One could make a valid argument that these attitudes were regressions from oedipal levels, but there are several factors countering this. Her attitudes were tenacious. At the time of discharge, although there had been considerable improvement in the hysterical symptoms, a core of her Aladdin-genie and 'as if' attitudes persisted. Further, there was no evidence in her history or in the transference that she was able, except intellectually, to consider objects as other than things or as transitional objects.

There is ample indication that Aladdin and the genie represent idealizations of the self and objects, and as such aid in the repression and control of split-off primitive, negative (depreciated and sadomasochistic) representations of the self and objects. The Aladdin-genie attitude is therefore a defense, but it also seems to have taken on an autonomy of its own and may be considered a fixation. The patient attempted to implement this level of fixation by finding objects in the environment to fulfil her needs. There was no evidence of internalized, integrated dependable objects. Therefore no genuine guilt or depression was discernible; instead there was only anxiety, fear, and panic, predicated upon expectations of external abandonment or aggression. The patient had shown no stable, internal guidelines for behavior, and what she acquired during treatment was a new set of standards from the analyst. As she described it, she would constantly ask herself, 'What would he

think or do in this circumstance?'. This permitted a rather far-reaching 'as if' normal adjustment.

Her manifest heterosexuality was only a means to an end—of maintaining contact and receiving supplies. On occasion, when she felt she had 'gone too far' and depleted her husband, she would become frightened and encourage sex in order to invigorate him. For similar reasons she would often bring token material into the analysis. It would seem that this patient only caught a glimpse of the œdipal level of adjusting and perceived it to be horrible, so that adjustment—other than on the level of a transitional object (genie)—was very difficult. Her sexuality, therefore, seemed to be entirely in the service of her Aladdin-genie expectations.

This patient seems to conform to the type of borderline patient described by Modell (9). He singles out these patients as having relationships to human objects in the sense of Winnicott's concept of the transitional object. Modell writes: 'The relationship is transitional in the sense that the therapist is perceived as an object outside the self, yet as someone who is not fully recognized as existing as a separate individual, but invested almost entirely with qualities emanating from the patient. We can place this form of object relationship midway between the transference of the neurotic (where the object is perceived as outside the self, and whose qualities are also distorted by fantasies arising from the subject, but the object exists as a separate individual), and the experience of certain schizophrenics who are unable to perceive that there is something outside of the self' (p. 285). Descriptively and dynamically my patient is a borderline patient in Modell's terms rather than a 'pseudo as-if' displaying regressive mechanisms, as described by Katan.

The distinction between psychotics and the patient here described is reasonably apparent. The latter in daily life, as well as in fantasies, is distinguished by her attempt to maintain *too sharp* a separation between self-representation and object-representations. This is demonstrated in the genie attitudes.

In her psychic representation she must be free, independent, and separated from objects, in contrast to psychotics who regressively resort to varying degrees of fusion of different structural (representational) elements. For my patient, separation *must* be maintained as a defense against fusion mechanisms, and object constancy is guaranteed by the genie expectancy which seems to be the ideal, and probably the only means available to her.

Murray (10), in a recent article on narcissism and the ego-ideal, describes patients who are probably similar to my patient. Yet, I believe that Hendrick (6), in his astute discussion of Murray's paper, comes closest to my views. He points out that in the cases discussed the ego-ideal was a special type 'in that it was represented externally by an actual person who was necessary for healthy libidinal gratifications during better phases of development, so long as a real relationship with that person was possible'. When these relationships foundered the patients 'went to pieces'. The genie concept can certainly be discussed in terms of narcissism and the ego-ideal. Hendrick thinks these patients have a prepuberty type of ego-ideal which, 'like the symbiotic infant . . . requires oneness with another person'. I would disagree only in that such symbiotic oneness would perhaps better describe a level of object relationships closer to that of the psychotic than to the 'as if' character type discussed in this paper. It seems evident that these patients need to be separate rather than united with the object but, as with the transitional object, they must be complete master of the object.

Although there are similarities between genies and dieties, the latter usually represent projections of higher levels of object-representations; gods are acknowledged to have initiative and will. The genie is more primitive; a pleasure principle construct. With god-images, curbs, restraints, and proper obeisance is mandatory. A god requires respect and consideration; a genie may be disregarded. From this it would appear that a genie is related to a god-image as a need-fulfilling transitional idealized object is related to a somewhat more mature, positive

idealized object. Tentative clinical validation of this distinction between a genie and a god is that the patients under consideration (of which I have given only one example) are in no sense religious. They are atheists, agnostics, or simply indifferent to religion. If a belief in 'something' is acknowledged, it is usually beset with doubts or serves to pay 'lip service' to social conformity—part of their 'as if' characteristics.

Etiological emphasis by earlier authors has been on the effect of the early object on the developing ego. Frustration and deprivation have been particularly singled out, but impingement and pressure are also mentioned. Others, however, have taken cognizance of the biological equipment of the individual as well. Modell, quoting various authors, makes a case for the consideration of individual factors which he indicates should be taken into account, even if they remain unproven. My patient was not a deprived individual as far as could be ascertained. On the contrary, until her mother's illness when the patient was six, the mother was overindulgent and was treated by everyone 'like a slave'. The two major traumatic events were the leg injury at two and a half and the onset of the mother's illness. The first was a threat to her own omnipotence and established the limitations of her objects to protect her. The second established the vulnerability of the objects themselves. The mother's illness, at the close of the œdipal period, seemed to have enforced the reality of her wishing and thinking, and the patient took responsibility for the illness.

Having described the external factors, it is nevertheless my feeling that subjective factors were of major importance in this case. The patient had almost complete intolerance for any range of affects beyond a limited mildness. The need was always for immediate gratification and peremptory discharge of tension, and she feared that her controls would be inadequate. Once a process began she found it difficult to accept and learn that it could be either self-limiting or brought under control. Another factor was her inordinate envy. This led to marked ambivalence toward objects and self. She could not tolerate

such ambiguity since it led to profound splitting and lack of integration of her self-representations and her object-representations. She operated on an 'all-or-none' principle, and her life was geared to the avoidance of the 'little or none' for herself and the attainment of the 'all'. Her inability to accept herself as a female, her penis envy, and her attempts to maintain an illusory penis were the sexual manifestations of her wider adaptive problems. The role of Aladdin seemed an appropriate means to resolve all these problems.

Since the survival of such patients depends upon a genie-like object, it follows that object relationships are accepted only in so far as an object fulfils this role. This leads these patients to change their objects easily. My patient, as well as others, was able to adapt as long as she believed her husband was capable of fulfilling her needs. Such people frequently appear to function well until a crucial object fails them. *This is the most usual precipitating cause for a breakdown:* it represents the complete collapse of a most elaborately constructed object relationship. My patient's illness was precipitated by the implied threat of her husband's 'inadequacy' and her attempts to control her consequent impulses.

At best the prognoses for such patients can be described as guarded. My experience with these borderline patients is that a core of the genie expectancy is never resolved. This can be contrasted with neurotic patients who may also regressively demonstrate genie attitudes. With them, turning to external objects in a meaningful, adult sense is quite evident after successful treatment. With my patient, the use of people as part objects or transitional objects remained strongly persistent. A core of this kind of relating seems to be indelibly fixed. Nevertheless, there was little doubt that she had improved considerably. Reversion to phobic mechanisms was practically eliminated and a widening of ego functions had occurred, due to the lifting of inhibitions and to identification with the analyst, which seemed to provide a broader base for her 'as if' level of functioning.

SUMMARY

'As if' patients fall into a wide spectrum which ranges from the type with a marked lack of ability to relate emotionally in spite of reasonable reality testing, to the more mixed and neurotic types. A patient is described who falls into the middle of this spectrum. Although she presented symptoms of a phobia and anxiety hysteria, they proved to be an overlay to a character disorder of the borderline type. In spite of her symptoms and premorbid character, she acted 'as if' she and her attitudes toward objects were normal. This 'as if' attitude proved to be a screen for relating to objects 'as if' they were transitional in Winnicott's sense of the term. The paradigm for the relationship is that of Aladdin and his genie. This idealized relationship in turn was found to be a defense against a threatening and impossible relationship between a most unacceptable negative self-representation and very primitive object-representations. However, the defense seemed to have assumed the form of an autonomy or fixation which was impregnable to prolonged treatment, even though modification and improvement occurred.

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The Sense of Femaleness

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To cite this article: Robert J. Stoller (1968) The Sense of Femaleness, The Psychoanalytic Quarterly, 37:1, 42-55, DOI: [10.1080/21674086.1968.11926450](https://doi.org/10.1080/21674086.1968.11926450)

To link to this article: <https://doi.org/10.1080/21674086.1968.11926450>



Published online: 13 Nov 2017.



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THE SENSE OF FEMALENESS

BY ROBERT J. STOLLER, M.D. (LOS ANGELES)

In 1965 I suggested (12) that in normal boys the sense of maleness comes from the attitudes of parents, siblings, and peers toward the child's sex, from the anatomy and physiology of his genitalia, and from a biological force that can more or less modify the effects of the attitudes of others. Some of the data I presented, however, indicated that even boys born without penises do not doubt that they are males if their parents also believe this without question. Such a defect may cause many problems in the later development of their masculinity, yet they take for granted that they are males. In the present paper I shall show that the conclusions apply equally well to the development of the sense of femaleness.

Boys born without penises but recognized at birth to be males have their equivalent in girls who are genetically, anatomically, and physiologically normal except for being born without vaginas. Discovery of such a defect may cause a girl or woman great pain, but I have not seen or heard of any such woman who had a disturbance in core gender identity (that is, a fundamental uncertainty whether she was female or male). Gynecologists, with much more extensive experience with such women, concur; they do not see severe gender defects.

The anatomical defect may make a woman feel flawed; she may question whether she is feminine enough, or she may wonder whether the vagina the surgeons gave her is not the real thing, but she does not think she is a male and she does not wish to be converted into a male.¹ It may be taken as evidence

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¹ If Freud had treated a woman without a vagina, I think he would have seen that the only thing a woman wants more than a penis is a vagina. It is only when a woman has normal genitalia that she can afford the luxury of wishing she had a penis.

that they feel themselves females that these women seek to have a vagina constructed and then can use it enthusiastically; Masters and Johnson report that in such women a surgically constructed vagina is not only physiologically and biochemically essentially normal, despite the fact that its 'mucosa' is created from a skin graft, but they have demonstrable evidence of orgasms which are physiologically indistinguishable from those of women with natural vaginas (9). I think it can be shown that the sense of being a female develops out of the same roots (parental attitudes and ascription of sex, genitalia, and a biological force) as does the sense of being a male and that this core gender identity persists throughout life as unalterably in women as in men.

If this is correct, there is good reason to question Freud's remark about women: 'Their sexual life is regularly divided into two phases, of which the first has a masculine character, while only the second is specifically feminine' (3, p. 228). In fact, an important purpose of this paper is to support those who believe that Freud may have distorted his whole description of the development of 'sexuality' in both boys and girls by his insistence on beginning the story (in certain regards) only after the onset of the phallic phase. He gradually came to see the tremendous significance of precædipal relationships and especially the great importance of mothers for their developing children; yet his discussion of sexuality (by which he seems to have meant both development of the capacity for erotism and that related but still rather different quality—gender) is distorted; for there is evidence that what he considers the first phase of gender development in a little girl is in fact a secondary phase, the result of a growing awareness that there are people whom the little girl thinks luckier than she, whom she recognizes as belonging to the classification 'male'.

This question was raised a long time ago, most clearly by Horney (4, 5) and Jones (6), in the 1920's and most movingly in 1944 by Zilboorg (13). These three led others in stating that Freud was influenced by personal bias in constructing his the-

ory. In 1933, Jones said: ' . . . in Freud's description of the phallic phase the essential feature common to both sexes was the belief that only one kind of genital organ exists in the world—a male one' (7, p. 2). Zilboorg, in agreement, says: 'The point at issue at first appears rather trivial, and yet it is fundamental, for it involves the question of whether femininity is primary in the civilized human female or secondary and subsequent to the rudimentary masculinity' (13, p. 272).

However, such issues are not resolved by setting up the authorities face to face against each other. Clinical data are less stirring but more helpful. Most recently Sherfey (11) has given us an extensive review of the anatomical and physiological findings of Masters and Johnson.

CLINICAL EVIDENCE²

If we were to design an experiment to help us understand the development of the sense of femaleness, we should want to study several types of patients: 1, females without vaginas but otherwise biologically normal; 2, females who are biologically neuter but whose external genitalia at birth looked normal so that no doubt was raised in their parents' minds as to the sex of the infant; 3, females biologically normal except for masculinization of their external genitalia (but with vaginas) who were reared unequivocally as girls; 4, females who are biologically normal except for masculinization of their external genitalia (but with vaginas) who were reared unequivocally as boys; 5, females who are biologically normal but without a clitoris.

The first category is familiar to gynecologists. Its outcome is a sense of femaleness with an accompanying femininity that leads as frequently as it does in anatomically normal women to women's tasks and pleasures, including marriage, vaginal inter-

² That the findings described do not come from women in analysis is a weakness that may be offset by the consistent femininity observed in these patients' behavior: speech, movements, dress, daydreams, and object choices, and in the appropriate affects accompanying these manifestations.

course (in the artificial vagina) with orgasm, childbearing (when a uterus is present), and appropriate mothering.

This is illustrated by a seventeen-year-old feminine, pretty, intelligent girl who appeared anatomically completely normal at birth although behind her external genitalia there was no vagina or uterus. Her parents, having no doubts, raised her as a girl, and female and feminine is what she feels she is. Breasts, pubic hair, and feminine subcutaneous fat distribution began developing at age ten (because she has normal, ovulating ovaries), but, although she had bouts of monthly abdominal pain, no menstruation occurred. At age fourteen, a routine physical examination—including for the first time examination of the genitalia—revealed that she had no vagina and subsequent studies demonstrated that the uterus was missing but the ovaries were present and functioning normally. She was told these findings. 'What shocked me most was I wanted to have kids . . . and I wanted a vagina. I wanted to feel like everybody else. I wanted to use mine. I mean, when the time came around, I wanted to use it. I didn't want to feel different from anybody . . . which I did. . . .' When given the opportunity for a vaginoplasty, she insisted on it instantly. When asked how she felt about now having a vagina, she said, 'It's different; it's better; it's a step further. I feel like anybody else now.' This is not literally true; at another time she made it clear that she felt almost like other girls and that this was deeply gratifying, but she could not escape her awareness that her vagina is not one she was born with.

Her reaction was what we should expect of a female who has no question as to her sex and who has the desires and fantasies (hopes) of a feminine woman. The absence of vagina and uterus had not damaged her sense of being a female, though since age fourteen the knowledge of this absence had made her feel like a defective female. She never felt she was a boy nor ever wanted to be a male.

The second category can be represented by a biologically neuter girl (the syndrome of ovarian agenesis): chromosomally

XO, without gonads or any physiologically significant levels of female hormones. She is feminine, wants to be and works at being attractive in the ways that other girls do; she wants marriage, intercourse, and babies. While she knows she is anatomically defective, as with the non-neuter girl in the first case, she does not question that she is female.

When this girl was first seen at age eighteen, she was unremarkably feminine in her behavior, dress, social and sexual desires, and fantasies, indistinguishable in this regard from other girls in the community. There was one troubling condition which made her less than average to herself. Her breasts had not begun to develop by the time she was eighteen, nor had menstruation started. She was found to have no vagina, though her external genitalia looked normally female; her clitoris was small. She had no uterus, no ovaries, no tubes, no testes.

Her first response on being told she was sterile was to weep. 'I wonder what my kids would have looked like.' Later, when asked if she could recall any dreams from any time in her life, she could remember only one, from a time a year or two before, when she was seriously concerned about not having grown breasts or started to menstruate: 'I was getting married. I had to marry the fellow because I was pregnant.'

When told she would need to have an artificial vagina created, she fought against all the efforts of her family to delay this till she was ready to marry, insisting that they permit the operation immediately. Since the operation she has remained grateful for it. (I presume the reader can only say at this point, 'Of course'.)

What about her feminine interests and role? Her oldest sister told us that the patient when a child was pretty, interested in dresses and dolls and in using cosmetics to play at being a grown-up. The patient reported that on her dates with young men she liked to go dancing, bowling, or to the movies. Her greatest interest had always been stylish clothes, on which she would spend all her spare money. When in her late adoles-

cence she first went to work, she did so only to have extra money for clothes. She did little reading and that exclusively movie and romance magazines. Her daydreams had the same content—interest in feminine ways—as her reading. This is certainly not a list of activities that strikes one as unique, bizarre, carefully thought out to accomplish a plan, or especially worthy of report, were it not that it is my design to underline the unspecialness, the naturalness of her gender identity.

Subjects in the third category (masculinized females reared as girls) and fourth (masculinized females reared as boys) were of key importance in the work of Money and the Hampsons (10). They studied differences in gender identity that arose in infants with the adrenogenital syndrome. In this condition, the external genitalia of the otherwise normally-sexed female infant have been masculinized *in utero* by excessive adrenal androgens. They describe two such children, both biologically normal females, genetically and in their internal sexual anatomy and physiology, but with masculinized external genitalia. The proper diagnosis having been made, one child was reared unequivocally as a female (category three); she turned out to be as feminine as other little girls. The other, not recognized to be female, was reared without question as a male (category four), and became an unremarkably masculine little boy.

In the fifth category is the female normal in all regards except for congenital absence of a clitoris. I have never seen such a case, but should guess that such a child would have no question that she is a female and so during infancy and childhood would develop an essentially intact sense of femaleness, although like a girl without a vagina the part of this sense that results from body sensations of that part of the anatomy would be missing. But we have a clue in regard to such people. It is the practice in certain parts of the Moslem world to excise the clitoris of every female, some in infancy and some not till years later. Despite the fact that there are today millions of such women, they do not fail to develop their sense of being females;

they do not lose it; nor do they or their men report that their femininity is reduced (e.g. [1]).

DISCUSSION

Except in the very rare situation where they are uncertain from the birth of their child whether they have a boy or a girl, the parents of the infants we have described have not doubted that the child was a female. And barring some fanciful explanation, such as that she has an inherited racial unconscious awareness of creatures who have penises, the infant will unquestioningly develop her sense of the dimensions and sensations of her body from her own sensory experiences, which confirm for her the parents' conviction that she is female. In this way an unquestioned sense of belonging to the female sex develops. As with males, it is fixed in the first few years of life and is a piece of identity so firm that almost no vicissitudes of living can destroy it. Even a severe psychosis or the deterioration of organic brain disease will not loosen the core gender identity. Other aspects of gender identity may be severely distorted in the symptomatology of such illnesses, but the severe disruptions of gender identity we often see in psychotics (Schreber is an extreme example) are not evidence that the sense of maleness or femaleness has been destroyed. The patient still knows his sex and in unguarded moments behaves appropriately for his sex, though his delusions and hallucinations reveal the force of his *wish* to be a member of the opposite sex.

It seems to be well established that the vagina is sensed, though probably not erotized, in little girls, yet I believe that it is not the essential source of femininity. Just as the sense of maleness of little boys is augmented by the presence of a penis, but exists even if there is no penis, little girls without vaginas develop an unquestioned sense of femaleness. They do so because their parents have no doubt that they are females. Awareness of their biological femaleness coursing below the surface of consciousness no doubt augments this development, but, as we

have seen even in the neuter (XO) child who is not biologically female, a feminine gender identity develops if the infant is unquestioningly assigned to the female sex.

By adhering to the faulty premise that little girls believe themselves to be castrated boys, Freud deduced unwarranted conclusions.³ For instance, he says, 'the first steps towards definitive femininity' (3, p. 232) occur only after following a 'very circuitous path' (3, p. 230), by which he means that no *first* definitive femininity has appeared before the phallic stage, around age three or four, a statement which simple observation contradicts. Elsewhere (3, p. 234) he states that working out the rage produced by penis envy on one's first husband is the reason that 'as a rule, second marriages turn out much better', an opinion we should find hard put to prove a rule. And Freud said, as everyone knows, that as a result of the anatomical distinction between the sexes he 'cannot evade the notion (though I hesitate to give it expression) that for women the level of what is ethically normal is different from what it is in men. Their superego is never so inexorable, so impersonal, so independent of its emotional origins as we require it to be in men. Character-traits which critics of every epoch have brought up against women—that they show less sense of justice than men, that they are less ready to submit to the great exigencies of life, that they are more often influenced in their judgments by feelings of affection or hostility—all these would be amply accounted for by the modification in the formation of their superego which we have inferred above. We must not allow ourselves to be deflected from such conclusions by the denials of the feminists, who are anxious to force us to regard the two sexes as completely equal in position and worth . . .' (2, pp. 257-

³ Cf. Zilboorg (13, p. 268): 'All agree that in the examination of natural phenomena the introduction of values is perilous to truth. I am inclined to believe that it is the introduction of the concept of the superiority of man in the psychoanalytic theory of sexual development—a concept of values—that is responsible for the general lack of clarity.'

258).⁴ One gets the impression from observing little girls—and I cannot believe that others have not seen the same—that they show definitive signs of femininity long before the phallic and œdipal phases and that one can trace these early traits of femininity from at least the first year or so of life, not ever seeing them disappear as the little girl grows up and becomes mature. If the observation is correct, then this fundamental building block in Freud's theory of the development of femininity—penis envy and castration complex—becomes only one aspect of the development rather than the origin of it, and opinions like those of Freud quoted above must stand or fall on demonstrable evidence, no longer buttressed by the theory that women are by nature inferior to men, their personalities simply variants on the theme of their being castrated males.

Before closing, let us return to our first case, biologically normal except for having no vagina and uterus. I am not alleging that the body ego of this girl is the same as that of an anatomically normal female, for she has not had that vaginal awareness dimly present in anatomically normal little girls. I suppose that the latter have a sense of space within, of indefinite dimensions but definite significance, produced especially by the vagina and more vaguely by the uterus, this sense being brought in time by use into the sensed body ego, in a way comparable to the building up of the infant's body ego by the felt use of the various parts of his body.

⁴ Prof. Henry Higgins maintains the same position (8).

'Why can't a woman be more like a man?

Men are so honest, so thoroughly square;

Eternally noble, historically fair;

Who when you win will always give your back a pat.

Why can't a woman be like that?

Why does ev'ryone do what the others do?

Can't a woman learn to use her head?

Why do they do everything their mothers do?

Why don't they grow up like their fathers instead?

Why can't a woman take after a man?

Men are so pleasant, so easy to please;

Whenever you're with them, you're always at ease. . . .'

For this girl, however, such sensed representation of these parts could not exist even dimly, and therefore her sense of femaleness could not be exactly the same as that of anatomically normal girls.⁵ Her own words indicate how, despite her femininity and her unquestioned sense of being female, that part of her core gender identity produced by body sensations was formed a bit differently from the anatomically normal girl.

'We were taught in school about menstruation [at age ten, four years before she was told she had no vagina or uterus]. I never understood it at all. I even read books, and I still didn't understand it. I just didn't figure . . . nothing fitted in. My mind was just a blank on it. Then in the eighth grade, I recognized more—that there was a vagina. Yet I still never knew what was intercourse. I didn't know I was different from other people.' She was asked whether, after the school lectures describing the vagina and uterus, she became aware that she was lacking. 'No, in fact you may think it a little ridiculous, but I'll tell you how I thought girls menstruated: from the breasts. But they *had* explained how menstruation really occurred. I don't know *how* I thought that.'

She says she looked as normal as other girls she saw nude; however, when her girl friends began talking about their first sexual experiences in adolescence and she began picturing more clearly what a vagina is, she did not, as far as she could recall, explore for hers, although she was now masturbating.

Then, still speaking of the time before she was told that she had no vagina and before she had any conscious thought that she might not—'I'll tell you what happened the first time when I realized something must be wrong: this boy tried to rape me.

⁵ I am certainly not trying to say that all women have exactly the same sense of femaleness, but only that one anatomically normal girl whose parents do not question her sex assignment has much the same core gender identity as another,—and that these girls have a very different core gender identity from those reared as boys or as hermaphrodites and not much different from those without vaginas but with sureness of sex assignment.

He had me down and there was nothing I could do. He started to have intercourse with me—and he just stopped. I thought maybe he was just stopping because he felt bad. Then, [much later] for some reason or another, I came out and told somebody I thought I was never going to have kids—and yet I still did not know anything [about the abnormality] and I've never been able to explain that. I felt I couldn't have kids and I wanted kids and I felt I couldn't and yet I don't know what gave me those feelings. *I did not know a thing.*'

In other words, a girl's conviction that she is a female comes from her parents' conviction, but that part of her awareness of being a female which comes from sensing her genitalia will vary according to the anatomy and physiology of these tissues (but will not vary to the degree that she does not believe herself female).

As with little boys, in time the increasingly complicated structure of the personality will overlay the core gender identity with complications and subtleties of gender that are not now to be our concern. (I refer to the varying degrees of masculinity that can be found in little girls; their identifications with their fathers and brothers and the development of masculine traits; fantasies of being like boys; envy of the masculine role and of the prized insignia of that role, a penis; disturbances in resolving the oedipal situation; and other traits.) As with the clearly masculine behavior of little boys, however, one can see evidences of gratifying, unquestioned femininity in little girls often by the time they begin to walk. These vary from culture to culture (and from family to family), but even though they are learned attitudes by this early age they are nonetheless already rather firm parts of the child's identity.

These ideas may have some relevance for treatment. It is possible that the analyst has an incorrect criterion for the success of an analysis if he believes he has reached the core of a woman's femininity when he is able to get her to share with equanimity his belief that she is really an inferior form of male.

CONCLUSION

Freud says, 'We have found the same libidinal forces at work in it [female sexuality] as in the male child, and we have been able to convince ourselves that for a period of time these forces follow the same course and have the same outcome in each. Biological factors subsequently deflect those libidinal forces [in the girl's case] from their original aims and conduct even active and in every sense masculine trends into feminine channels' (3, p. 240). Strangely, in the face of what they must have observed daily in their own small children, there are still analysts who are committed to Freud's supposition. Yet it is hard to conceive that such an observer as Freud really believed that the development of masculinity and femininity is the same in boys as in girls until the phallic phase. It may be that having committed himself to his theory ('We have been able to convince ourselves'), Freud tended to ignore his observations. There are hints that he was aware of an earlier phase before the little girl discovers penises, a phase before femaleness has been depreciated: '*When the little girl discovers her own deficiency, from seeing a male genital, it is only with hesitation and reluctance that she accepts the unwelcome knowledge.* As we have seen, she clings obstinately to the expectation of one day having a genital of the same kind too, and her wish for it survives long after her hope has expired. The child invariably regards castration in the first instance as a misfortune peculiar to herself; only later does she realize that it extends to certain other children and lastly to certain grown-ups. When she comes to understand the general nature of this characteristic, it follows that femaleness—and with it, of course, her mother—suffers a great *depreciation* in her eyes' (3, p. 233). I have italicized parts of this quotation, for therein Freud hints at the earlier phase of primary femininity. 'When' means that that time has already passed and that there was a time before 'the little girl discovers her own deficiency'; the word 'depreciation' indicates a process

that started at a happier point and then retreated.

Therefore, I think that Freud also knew of a time in the little girl's life when she did not feel depreciated but rather accepted herself unquestioningly as a female.

SUMMARY

It is possible that Freud's view of the development of femininity in women is incorrect. He looked upon femininity as a secondary, reparative stage always following upon an earlier awareness of genital inferiority and penis envy. It is suggested, however, that the earliest phase of women's femininity—the core gender identity—is the simple acceptance of body ego, 'I am female'. Only later will this be covered over by penis envy, identification with males, and the other signs of femininity in disrepair with which analysts are so familiar.

This core of femininity develops regardless of chromosomal state or anatomy of the genitalia so long as the parents have no doubt their infant is a female. To explore this thesis, several types of patients are described: 1, females without vaginas but otherwise biologically normal; 2, females who are biologically neuter but whose external genitalia at birth looked normal so that no doubt was raised in their parents' minds as to the sex of the infant; 3, females, biologically normal except for masculinization of their external genitalia (but with vaginas), who were reared unequivocally as girls; 4, females who are biologically normal except for masculinization of their external genitalia (but with vaginas) who were reared unequivocally as boys. Some speculations and anthropological data are presented with regard to a fifth category, females who are biologically normal but without a clitoris.

In the first three types, those unequivocally thought to be females developed a female core gender identity—'I am a female'. Evidence suggests that type four regard themselves as boys. Females of the first three types continued to regard themselves as female even after learning that they were anatomically defective.

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The Turn to Mania

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To cite this article: Harold L. Levitan (1968) The Turn to Mania, The Psychoanalytic Quarterly, 37:1, 56-62, DOI: [10.1080/21674086.1968.11926451](https://doi.org/10.1080/21674086.1968.11926451)

To link to this article: <https://doi.org/10.1080/21674086.1968.11926451>



Published online: 13 Nov 2017.



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THE TURN TO MANIA

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

In 1959 Lewin (7) explained that 'mania is a regression, genetically speaking, which goes back to an earlier condition than the regression which characterizes depression'. This statement was an important step forward in our understanding of the transition between the two conditions, as it made obsolete several earlier and misleading notions regarding the relation between them. For example, on the basis of observation alone it had been held that mania could somehow cover a depression which remained latent or that the manic process could somehow directly transform the depressive affect. In the same paper Lewin called the happy dream the analogue of the manic state and by examining such dreams clarified the manic mechanism as it operates to deny fears of death. However the mechanism of this regression (or for that matter of any regression) between the states of depression and mania remains obscure. To elucidate that transitional regression I shall here examine an unusual series of three dreams resembling the happy dream.

The dreams offered several heuristic advantages. First, the suppression of depressive affect which must, of course, form part of the transition to mania is directly represented in the manifest content of the first dream in my series; this permitted observations at the instant of suppression which revealed some details of its mechanism. Usually, as in Lewin's (7) instance of the happy dream or in the one reported by Ferenczi (3) and quoted by Freud (4), the stages of transition between the affects are so telescoped that we see only the 'happy' results. Second, since the dreams occurred as a prelude to true mania I could determine whether the processes of development and change of affect in the happy dream are identical or merely analogous to these processes in the manic patient. And finally, because the three dreams took place over a ten-day period just before the outbreak of mania, I was able to observe some stages

in the dream life intermediate between depression and mania and the time relations between them.

The patient was a fifty-two-year-old mother of two sons. Behind her was a fifteen-year history of recurrent manic attacks requiring many months of hospitalization on each occasion. At the time of the three dreams she was in a mood of fluctuating depression with some thoughts of suicide. The first dream is in three parts and revives the memory of her reaction to her son Pete's nearly fatal illness fifteen years earlier, just before her first manic episode.

I am with Pete's old girl friend and a strange man. I said in a cold voice without emotion, 'Pete is dead'. They were upset.—Then I am

looking through a stack of pictures. At the last picture of Pete I feel overwhelming grief. . . . The worst feeling I've ever had. —Then suddenly, clump!

Something like a steel case falls over me or over my heart and there is no more grief and no more feeling.

For five days after the dream she was apathetic and manifested many symptoms of depersonalization including inability to feel her hands, a sense of 'not being with it', and a deep fatigue. Then she had the second dream.

Now Phillip [her other son] is dead. I saw it in a newspaper clipping. I wondered whether I could contact my ex-mother-in-law to find out if he was cremated. I am in very low gear as regards feeling.

During the next four days her mental state underwent little or no change. On the fourth day she had the third dream.

A government man or tax agent wanted proof of Pete's existence. . . . he looked from California to Montana to New York and Wisconsin . . . he didn't find what he was looking for. . . . Perhaps there was something in the bottom of an old trunk but then I remembered that mother had thrown things

away . . . I woke up thinking I was looking for proof of my own identity.

Within a day after awakening from the sleep of the night of this dream she developed a full-blown hypomania.

The instant 'clump!' in the first dream deserves our keenest attention, for this instant of abrogation of the terrible affect is, according to my argument, the beginning of the manic process. It is important to note that the termination of affect is experienced passively and in a sudden, surprising fashion. Indeed, in this context the character of the event, 'clump!', suggests an automatic mechanism. Our problem now is to determine how this mechanism which removes affect so efficiently might work. Certainly so abrupt an alteration of affect could not occur in waking life. My hypothesis is that we are dealing here with a sudden deepening of sleep in response to the terrible affect. I discussed this hypothesis in detail in a previous paper (5) with special reference to depersonalization. In that paper I used Federn's (2) observations on the variable separation and dissolution of the bodily and mental ego in sleep to explain the suppression of traumatic affect. In all dreaming as in all sleep there is some separation of the bodily and mental ego as shown by projection of bodily pain onto other dream figures.

However, I demonstrated that in response to traumatic affect within the dream, sleep may deepen and the bodily ego may disappear further, taking along with it the sources of affect. Apparently when regression of this sort occurs within the dream the suppression of affect lasts into the next day or even longer. Perhaps this suppression can be thus prolonged because repetitive dreams occur on the same or successive nights, recreating the same state of wide separation of the mental and bodily ego with disappearance of the latter. I suggested that this end-state in dreaming is the prototype of the syndrome of depersonalization in waking life. Of interest too is the dream I reported in 1965 (6) in a patient who suffered from neither

mania nor depersonalization but who fell into a state of shock upon hearing of the sudden death of her husband. In her dream on the night of the trauma, her so-called depersonalizing or affect-suppressing mechanism worked but was unstable, so that after a brief period of wish-fulfilment based on this mechanism she was suddenly overcome by the traumatic affect in the form of a flashing light. This instability of the mechanism is important because it opens the question of what conditions are necessary for stability in the more chronic states.

So far we have discussed factors relevant to the first part of the first dream. At this point the patient was in a state of depersonalization both clinically and with regard to depth of sleep within the dream. What can we glean from the remaining dreams to explain the change from depersonalization to mania during the ten days? Lewin has explained that mania is a denial of the dangers inherent in the increasingly intense fulfilment of the wishes of the oral triad as represented by the blank or nearly blank dream. He has given examples of the blank dream followed by mania though he does not insist that the sequence invariably holds true (8). In my 1967 paper I presented evidence that the regressive shift to deeper sleep within the dream in response to traumatic affect is based on a wish to sleep identical with the wish leading to formation of a blank dream. In the present case the dreams are blank with regard only to affect rather than to both affect and manifest content; this fact may indicate that we are dealing with a precursor to the true blank dream involving only partial fusion with the breast from a state of lighter sleep. In other words, there may be dreams with increasing degrees of blankness or regression occurring in progressively deeper sleep starting with abolition of traumatic affect and culminating in abolition of recognizable manifest content. This latter state represents complete fusion with the breast and is consonant with complete narcissism and ecstasy. Also since the earliest memories are of course those of the breast, as is shown in the blank dream, we may state a corollary: in general the earlier the memory appearing

in the dream, the deeper the sleep in which the dream occurred. As far as I know this hypothesis has not been investigated with regard to states of sleep in ordinary dreaming as contrasted with the special states under discussion.

Now the second and third dreams in my series, despite their traumatic manifest content, were without affect, indicating that the mechanism suppressing affect was working very well. Moreover the dreams indicate a progressive narcissism in the patient as shown in the progressive separation from the objects in her life, starting with her sons, then including the various places of her past life, and involving finally her own identity. I am proposing that the mechanism was working on an incremental basis so that with the passage of each night a more narcissistic dream was attained until on the tenth night a dream occurred sufficiently narcissistic to be followed by mania, according to Lewin's formula.

Such a mechanism might explain the sometimes puzzling slowness in development of mania from depression. Apparently the regression from depression to mania takes time and repetition, at least if it is to hold. The ecstatic elements inherent in increasing fulfilment of the wishes of the oral triad may be offset by the traumatic grief, so that several repetitions on successive nights may be necessary to achieve a state of sleep deep enough to produce the blank or nearly blank dream. Various observations on drug addiction, emphasized by Rado (9) and Lewin (8), support this hypothesis. Some drugs in some individuals produce only relief of pain (depersonalization) while the same drugs in other differently disposed individuals may produce ecstasy. An ever-increasing amount of the drug may be necessary before ecstasy can be attained or held. This is like the 'dosing effect' of deeper sleep on successive nights. In my previous paper (5) I suggested that the repetitive traumatic dreams in traumatic neurosis are based on an attempt to bring the traumatic affect under the control of this mechanism. I also suggested that the anxiety so prominent in these dreams may result from failure of the mechanism.

Lewin has spoken of mania as a regression, in the historical or genetic sense, from depression. From a different point of view I propose that it involves also a regression into deeper sleep and that this regression involves three phases: depression, depersonalization, and then mania. The middle phase, depersonalization, may occur so quickly that it cannot be noticed or it may be implicit in the early phase of a blank dream. Of course the patient may remain in the middle phase without further deepening of sleep, which gives rise to symptoms of depersonalization. My previous case (5) led me to hypothesize, along with Blank (1), that depersonalization supervenes when the manic mechanism fails. I would now, on the basis of this evidence, reverse the order.

SUMMARY

A series of three dreams occurring over a ten-day period was the prelude to clinical mania. I explain the sudden suppression of depressive affect in the first dream as based on a sudden deepening of sleep and as the start of the manic process. The patient went in ten days from depression to mania, passing through a stage of depersonalization manifested both clinically and in the state of sleep during dreaming. Evidence suggested that there is a nighttime state of sleep corresponding to mania as well as to depersonalization. The state of sleep corresponding to mania is based on a regressive movement within the dreams into a deeper stage of sleep, whereas in depersonalization dreams occur in a somewhat lighter stage of sleep. Repetitive dreaming plays a part in promoting the deeper sleep.

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The Deceiving Superego and the Masochistic Ego in Mania

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To cite this article: Angel Garma (1968) The Deceiving Superego and the Masochistic Ego in Mania, *The Psychoanalytic Quarterly*, 37:1, 63-79, DOI: [10.1080/21674086.1968.11926452](https://doi.org/10.1080/21674086.1968.11926452)

To link to this article: <https://doi.org/10.1080/21674086.1968.11926452>



Published online: 13 Nov 2017.



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THE DECEIVING SUPEREGO AND THE MASOCHISTIC EGO IN MANIA

BY ANGEL GARMA, M.D. (BUENOS AIRES)

Freud (5, 6, 7) and others (1, 2, 3, 13, 15, 16) have asserted that the manifestations of manic behavior—such as elation, hyperactivity, search for objects, flight of thoughts, increased self-esteem, feelings of omnipotence—are due to a lessening or cessation of the oppression that the superego habitually exercises over the ego. Manics are ‘. . . people in whom our conjecture might find an actual application—their ego ideal [superego] might be temporarily resolved into their ego after having previously ruled it with especial strictness’ (6, p. 132). ‘There is always a feeling of triumph when something in the ego coincides with the ego ideal’ (6, p. 131). ‘. . . in cases of mania the ego and the ego ideal have fused together, so that the person, in a mood of triumph and self-satisfaction, disturbed by no self-criticism, can enjoy the abolition of his inhibitions, his feelings of consideration for others, and his self-reproaches’ (6, p. 132).

In 1932 I suggested that the increase in self-esteem and feelings of omnipotence which are manic reactions that are found in psychoses appear to be due to an intense submission of the ego to the superego (9). I have since described on several occasions (10, 11) how this same intense submission of the ego to the superego appears in manic symptoms, and that an essential part of manic or hypomanic reactions appears to be the deception practiced by the superego on a subjected ego, or even a masochistic self-deception of the ego at the dictates of a cruel superego.

The manifest behavior of the ego in manic reactions, festivals, or triumphs is misleading because, while it seems to be a

This paper is a condensation of three different papers about mania presented at the Ninth Symposium of the Argentina Psychoanalytic Association, November 1964.

liberation from the superego, it is in fact a submission of the ego to a very sadistic superego which purposefully forces the ego to forego the accomplishment of libidinal activities and to accept self-destructive suffering. Or, to put it another way, there is a twofold masochistic pleasure in manic reactions. First, the ego feels pleasure at submitting to the superego. Second, and more deeply concealed, is the pleasure the ego feels at having found a behavior pattern which will allow it to submit masochistically to the superego and renounce libidinal instincts, while at the same time deceiving the conscious part of itself, which desires well-being, and denying what it is really doing.

The behavior of Ophelia in Hamlet can be cited as a clear case of this dual type of behavior. She 'accidentally' falls into the water and drowns, but deceives no one and is later buried as a suicide. Ophelia finds a 'muddy death' midst her 'melodious lay', this libidinal action apparently determining the self-destructive one. Her pleasure in dying is shown by her manic songs.

This duality of behavior is also an essential part of perversions, drug addictions, and other psychopathies which also have manic components. Two clinical cases demonstrate these double determinants in hypomania, and the well-known Argentine poem, Martin Fierro, is a literary example as obvious as Shakespeare's Ophelia.

CASE I

A German Jewish woman had been persecuted by the Nazis during the war, interned in a concentration camp, and had lost most of her money. After coming to Buenos Aires, she had several clearly hypomanic love affairs, followed by intense depressions. After unsuccessful electroshock treatment, she entered analysis.

During psychoanalysis, it became apparent that an important factor in her hypomanic enthusiasm for her lovers was that they had certain 'Nazi characteristics' and represented her persecutors to the extent that she could project onto them her

forbidding superego, as she had previously done with her jailers. To this interpretation she complained that I was trying to ruin her love life, as her mother had done; she also felt that I was seductive toward her.

Other examples of her hypomanic behavior also revealed deep masochistic contents although superficially they gave the appearance of being libidinally pleasurable. While visiting her mother in another country, which for her represented both her native land and the concentration camp, she was astonished to see in a shop window a tie which filled her with enthusiasm. It was red with white squares in a geometric design. She bought one for her husband and one for me. After she gave the tie to me I realized that the geometric design formed the negative of a swastika, and this set in the white spaces with the red background was quite clearly a Nazi flag. When I pointed this out to her, in the course of an interpretation, she refused to accept it and made fun of me and other psychoanalysts. However, later that day she was forced to admit that I was right as her husband told her that some of his friends had remonstrated with him for wearing a tie covered with swastikas. Her manic purchase of the ties, which she deceived herself into thinking so beautiful, held the latent meaning of placing a Nazi flag over her home and her psychoanalytic treatment.

CASE II

A patient, about thirty years old, at the ages of thirteen and twenty-three had suffered from melancholia and was hospitalized during the second episode. His behavior was frequently hypomanic during apparently normal periods. For example, he telephoned strangers to play such jokes on them as pretending to be the wife's lover. If the husband came to the telephone to rebuke him, he would calm him by saying he was only her 'dream lover' and would then try to reassure him further by playing records for him; sometimes he even managed to get the husband to participate in a pleasant telephone conversation.

During his psychoanalysis he continuously tried to make me laugh by making jokes or being funny.

The episodes of melancholia were caused by identification, on both ego and superego levels, with destroyed or harmful internalized parental objects; this imposed intense prohibitions and talionic punishments on every level of his libidinal instinctual development. The melancholic episode at age thirteen began with intellectual inhibitions which were intensified when one of his schoolmasters died; he identified himself with this schoolmaster, took on attitudes which he characterized as deathly, and felt extremely sad. Two years after his mother's death, when he was twenty-three and a student at the university, situations of conflict brought on the second episode. While in bed in the hospital, he felt as though he were lying on top of a dead person; he unconsciously felt himself to be inside his mother, or fantasied her as a dead object inside himself.

During psychoanalysis it became clear that he had resolved his early oedipus complex in the same way as the Wolf-man: he partially renounced his mother and sought anal satisfaction from his father and from orgasms in excretory activity. The castrating and feminizing significance of this caused him great anxiety. In childhood, his fantasies of anal coitus and excretory orgasm during defecation were displaced to a small detail: they became associated with flatulence. A further displacement, upward, caused these unconscious fantasies to be consciously manifested in diverse contents referring to breath, the human voice, and his own ear. For example, during psychoanalysis he often felt that he was inside a loudspeaker, listening to strident music, which symbolized my piercing his eardrums by shouting aggressive and forbidden words to him. At home, in submission to this idea, he would turn up the volume of sound and listen to music with his head against the loudspeaker, feeling a desire to get into the speaker. By displacing this auditory behavior pattern to a visual plane, he suggested on one occasion that our analytic sessions be held face to face with a dazzling light near me that would shine in his face. The meaning of this was

that I would destroy his eyes; it had the further meaning of anal coitus. (A vulgar expression in Spanish refers to the anus not as the 'arse hole' but as the 'arse eye'.)

In the psychiatric hospital he was badly upset by the shouts of other patients, which unconsciously symbolized aggressive flatus; he compared the shouts to the thunder of rockets going through his ears. During psychoanalytic sessions he sometimes felt he could hear the roar of a rocket next to me while I was talking.

It was possible to understand some of his childhood anxieties when it became clear how he had dealt with his œdipus complex. At times during childhood he had felt that beneath him in bed there was a giant, Maciste, such as he had seen at the cinema. Maciste first made a noise 'like my father snoring' and then 'breathed fire, first into one of my groins and then into the other', or into his armpits. When this happened, if he placed the palms of his hands against the mattress the boy thought he could actually feel this breath. This frightened him so badly that he would scream, 'Hot! Hot!' and run to his father's bed—not to his mother's bed as she paid no attention to his fear. Maciste's noise and breath represented the parents' flatus; the concavities of groins and less frequently armpits represented the patient's anus. The lateralization and double representation from the anus to groins and armpits reflected his fantasy that his mother penetrated him with her breasts. Thus the patient fantasied submitting to both parents in anal coitus.

These anxiety-laden fantasies disappeared at puberty only to return before the second episode of melancholia when he was twenty-three. When in bed he would feel a warm cloth being put against his cheek. It appeared that his cheek was a displacement from his buttocks and that the warm cloth was a displacement from flatus, excrement, his father's penis, and his mother's breasts; the cloth being put against his face represented anal coitus. A few days before the second episode of melancholia he suffered from an inflammation of the glands in his armpit which required surgery.

The act of reviving these fantasies of anal coitus with excremental orgasmic deposits frequently caused him to have to defecate before beginning his psychoanalytic session. He frequently produced verbal associations and forms of behavior connected with flatus. He tried to make jokes about it; on one occasion he told me that 'a sigh was like a fart with no smell'. In this expression, as in some of his symptoms, he displaced flatus to breath.

In a manic way he tried to work through his anxieties with regard to flatus. For example, he would try to make me laugh by telling me anal jokes. One of these was that he would amuse his fellow workers by imitating the telephone time signal, substituting flatus for the third pip, and then announcing the time. His companions commented: 'So much effort for the sake of a fart! What wouldn't he do for a woman!' Apparently they unconsciously perceived the regressive import of his behavior. Another joke was to shout for a young employee, with whom he identified, to come quickly with hammer and nails. When the employee appeared, the patient would emit flatus and ask him to nail it back on again. Behind the manifest aggression, his behavior with this employee held the masked latent content of passive anal intercourse and excremental orgasm.

His efforts to make me laugh and put me in a good mood only superficially calmed his anxiety. On a deeper level, both my voice and my office were connected with a persecuting superego and he felt shut in as though in a tomb or the womb of a bad mother. While awaiting a horrible death, he tried to perceive the surroundings of this 'serpent's pit'; he tried to find a meaning for the ornaments and marks he found on the walls of my room. During one session he laughingly told me that one of the walls of my office was less religious than the others—there were less crosses to be seen in the ornaments and marks; the meaning of this was that I would persecute him and put him to death as the Christians had done to the Jews during the Spanish Inquisition. He worried that I and other people thought he belonged to an inferior race because he was a Jew and cir-

cumcized. He would tell me about aggressive, manic jokes (fundamentally masochistic) he would play. For example, he would ask a very religious Jewish shopkeeper to seal a letter for him on a Saturday. Or, at the shop where he worked when a Negro woman asked him for a pair of black stockings, he answered loudly, 'Certainly, flesh colored'.

The patient also had unconscious fantasies of my persecuting him in retaliation for his regressive oral-digestive desires. He laughingly told me a dream in which he saw 'several cheeses, the sort I like best, all lined up, or rather in a circle, which made me laugh'. His laughter both when he told me the dream and in the content of the dream itself, had the meaning of being devoured by me, a mother substitute. He had felt himself devoured by doctors and nurses during his stay in the psychiatric hospital. One of his earliest memories from age three or four was of eating cereal while sitting next to his mother who was drinking coffee out of a bluish-white cup, which reminded him of a marble he owned. This 'good' content appeared during treatment in the form of his seeking to receive sweets or gumdrops from me or from his fiancée, but it masked fantasies of my depriving him of food, biting, devouring, digesting, and castrating him. In this way he attempted to externalize his internalized bad mother and father. According to Lewin, 'the manic proper is permitted a partial gratification, a symbolic fulfilment of cannibal pleasure, but avoids the pleasure of being devoured into erotic sleep' (14, pp. 143-144).

During his psychoanalysis a certain predominance of associations with oral-digestive meaning appeared, a regression caused by the genital prohibitions of his superego. When his genital conflicts became more intense, he began to think that the most ideal and highly desired state was that of an innocent and defenseless suckling satisfying himself by sleeping at his mother's breast. For example, he told me that during his hospital stay another patient had admired and respected him because he wore white pajamas, like a nurse. The interpretation was made that for him the white pajamas meant his being someone who

had been abundantly provided with milk by, and could sleep at, his mother's breast. When he understood this his anxiety with regard to me diminished. He told me that this was the only time his family had ever given him three pairs of pajamas; the three pairs symbolized his masculinity which his family now accepted. He said it had been necessary for him to go mad in order to make his family, himself, and me realize that it was necessary for him to satisfy not only his oral-digestive desires but also his genitality.

While in treatment his regressive oral-digestive desires, which were substitutes for genital desires, caused him to take a job in a shop which made and sold brassieres. He feared this type of work might cause me to be angry with him or laugh at him; I might think that he touched the breasts of his customers when he took their measurements, or that when he sold brassieres with molded cups he touched them as though they were real breasts. For several days the constraining anxiety of his superego impelled him to keep from me the real nature of his new job; he told me he was working in a corset shop, which was his conception of the psychoanalytic treatment.

Several days later he told me casually of his destructive manic behavior in defecating in empty brassiere boxes and then laughingly showing the boxes with the excrement to other people, including his sister. This behavior was meant to show me that in obeying me and his family he was destroying his possible oral-digestive and genital objects, represented by the brassieres. Because of this manic, destructive behavior he felt persecuted by the wife of the shop owner, who symbolized an aspect of the analyst as a good maternal substitute, the defender of good food and genitality.

Some time later, when he had partially worked through this behavior, he developed the idea of designing a new sort of brassiere that would leave the nipple free. In order to do this he spent many hours studying the female mammary region in a book of anatomy. This was his way of asking me for permission, and getting my support, to take a more open interest in women

as good oral-digestive objects and, in particular, as good genital objects.

From the foregoing it can be seen that this patient's manic reactions were a complicated way of trying to alleviate his painful conflicts. He did not do this through libidinal liberation, which only occurred fictitiously, but through an increase in his subjection to a forbidding and retaliating superego. Even his least destructive jokes had the obvious meaning of œdipal renunciation and an attempt to pacify his persecutors. His aggressive jokes placed people who represented himself in unhappy situations similar to those in which he was placed by his superego, projected onto me. The object was not to carry out actively what he suffered passively; he identified himself with everyone who had points of similarity and who must, therefore, be submitted as he was to my destructive persecution. Many of his jokes were played on customers and thus caused him a financial loss that he could ill afford.

His manic reactions were a triumph not of the ego but of the superego over the ego; the triumph of a talionic prohibiting superego over his good libidinal objects, both internal and external. His masochistic submission to his superego had the misleading appearance of libidinal satisfactions. But even this apparently satisfactory behavior came from a submission to his superego which approved as pleasurable and libidinal a type of behavior that without such submission would have been disagreeable. An essential determining factor in the pleasure he experienced in his manic reactions was his having found this misleading formula. By behaving in this way he showed his sadistic and restrictive internalized parents that he was a good boy because he obeyed, and made others obey, their injunctions to renounce pleasure and embrace suffering.

MANIC REACTIONS IN LITERATURE

Martin Fierro (12) is the best known poem in Argentine literature. The hero is a 'gaucho', a peasant, who suffers one calamity after another; he loses his wife, children, and posses-

sions, is forced to flee from the law, and finds refuge with the Indians who make a slave of him. Although he eventually manages to get away from them, he is unable to escape from his own cruel destiny.

In Argentina the word 'gaucho' has come to mean a person who possesses the good qualities traditionally ascribed to the cowboy. As a rule Martin Fierro is in a depressed state of mind but he sometimes reminds himself that he is a gaucho and evokes a manic reaction with feelings of grandeur and well-being; he deludes himself that nothing can harm him:

A son I am of the rolling plain,
A gaucho born and bred;
For me the whole great world is small,
Believe me, my heart can hold it all;
The snake strikes not at my passing foot,
The sun burns not my head (12, lines 79-84).

These lines are pure mania. For him the world is small because wherever he goes he is persecuted and forced to flee. And even if it were larger, there would only be more places from whence he could be evicted. The 'snake' and the 'sun' are his persecutors and possibly symbolize his mother and father. The latent content of this manic triumph is clearly explained in the lines that follow.

I was born as the fish is born,
At the bottom of the sea;
And what God pleased to give to me,
No one shall take away;
What I have brought into this world,
I shall take away with me.
And this is my pride: to live as free
As the bird that cleaves to the sky;
I build no nest on this careworn earth,
Where sorrow is long, and short is mirth,
And when I am gone none will grieve for me,
And none care where I lie.

I have kept my feet from trap or trick
In the risky trails of love;
I have roamed as free as the winging bird,
And many a heart my song has stirred,
But my couch is the clover of the plain,
With the shining stars above (12, lines 85-102).

These lines clearly show that Martin Fierro's manic triumph consists in possessing nothing, in having no object. In his manic reactions he has both internalized into his superego and masochistically accepted in his ego the persecuting environmental circumstances that took from him his wife, children, and possessions. He denigrates any possible libidinal object as a 'trap or trick'. And this intense submission to his superego makes him proud and happy (manic) since nothing more can be taken from him when he no longer loves anyone and possesses nothing. He had nothing when he was born and he will die with nothing; he thanks God (superego) for this blessing.

In Mourning and Melancholia, Freud compares mania to a melancholia caused by the loss of a libidinal object due to the death of a loved one, and he points out that in the passage from melancholia to mania there is a triumph analogous to that of 'some poor wretch who wins a large sum of money. . . . In mania the ego must have got over the loss of the object . . . and thereupon the whole quota of anticathexis which the painful suffering of melancholia had drawn to itself from the ego and "bound" will have become available' (5, p. 255).

This does not happen in the case of Martin Fierro, although his is exactly the case supposed by Freud, with loss of beloved libidinal objects. At no point in Martin Fierro's manic reactions does his ego dominate over the loss of his wife and children; on the contrary, he submits to his external misfortune and accepts his loss, masochistically renouncing libidinal objects. Martin Fierro behaves in a more normal way when he is melancholy because then he longs for these objects as the source of his happiness.

Even in his manic reactions Martin Fierro at no time re-

sembles a 'poor wretch who wins a large sum of money' because, as can be seen in the lines quoted above, his pride and happiness come precisely from his enjoyment of owning nothing, just as he owned nothing when he was born and will die with nothing. Nor does Martin Fierro avail himself of 'the whole quota of anticathexis which the painful suffering of melancholia [or mourning] had drawn to itself from the ego and "bound"', because his unconscious must employ these counter cathexes more intensely than ever in order to appear to be happy, all the while struggling to maintain the renunciation of libidinal objects that unfortunate external circumstances and his superego have imposed on him. Were it not for these antilibidinal counter cathexes, Martin Fierro would again become aware of his longing for his wife and children. Although he feels this longing intensely in his melancholic state, in his manic state it is completely forbidden to him by his superego.

According to Freud '... the ego ideal [superego] comprises the sum of all the limitations in which the ego has to acquiesce, and for that reason the abrogation of the ideal would necessarily be a magnificent festival for the ego, which might then once again feel satisfied with itself' (6, p. 131). The magnificent festival of Martin Fierro's manic reactions is not caused by the abrogation of the restrictions imposed by his superego; the festival, or his increased self-esteem, is the exact opposite in that he fully accepts the restrictions.

The festival, elation, self-satisfaction, and increase in self-esteem which make Martin Fierro 'proud' do not obey the mechanisms described by Freud in *Mourning and Melancholia*, *Group Psychology and the Analysis of the Ego*, and *The Ego and the Id*; they conform to mechanisms entirely contrary to these, such as he describes in *Moses and Monotheism*. It is not the ego which emancipates itself from the restrictions of the superego, but the opposite, an antilibidinal, self-destructive subjection of the ego to the superego. 'Instinctual renunciation' in obedience to the demands of the superego 'brings the ego a yield of pleasure—a substitutive satisfaction as it were.

The ego feels elevated; it is proud of the instinctual renunciation, as though it were a valuable achievement. . . . When the ego has brought the superego the sacrifice of an instinctual renunciation, it expects to be rewarded by receiving more love from it. The consciousness of deserving this love is felt by it as pride' (8, p. 117). The manic reaction of the ego is to feel elated and proud at having done something wonderful in submitting to the superego.

DISCUSSION

The submission of the ego to the superego also appears clearly in theoretical research into manic symptoms. A manic, in the flight of ideas, hops from one object to another like someone walking over hot coals. Owing to the prohibitions of his superego and his consequent fear of punishment, the manic is unable, even in his thoughts, to remain with his objects, which he always finds painful.

Manic hyperactivity, 'object hunger', is, as Fenichel pointed out, ' . . . denial by overcompensation . . . a cramped denial of dependencies' (4). Renunciation of the object is implicit and this has been demonstrated in various forms of manic hyperactivity. The erotic behavior of Don Juan is a case in point. While he apparently shows complete freedom from genital prohibitions in his many affairs with women, he really shows his submission to these prohibitions by his inability to obtain any deep pleasure from his conquests. In Don Juan there is not only object hunger but also a flight from objects, similar to the flight of ideas. Don Juan, persecuted by his internalized parents, must always flee from his women in search of another woman. He has a manic need to make more and more conquests, but part of his purpose is that the woman shall suffer for having sought genital fulfilment. He wants to make them realize that it is wrong to try to free themselves from the prohibitions of their superegos and that this will have bad consequences. In this Don Juan is following faithfully the dictates of his superego.

We often hear that a very active hypomanic jumps about as though pins were being stuck in him. His behavior is like that of army recruits who while submitting to orders to work harder at their drudgery, also obey orders to sing and be cheerful.

The submission of the manic ego to its superego is implicit in the splitting, denial, idealization, and omnipotence of the manic. The splitting is 'from side to side', he is 'made mincemeat of', is 'ground into dust', i.e., into the smallest particles, and is destroyed. The idealization comes from the idealization of the objects in the manic's superego, and his omnipotence is like that of a religious man who believes that 'faith can move mountains'. It is a passive subjection to the superego which then lends the ego part of its fantasied omnipotence.

The manic's feeling of well-being, which he communicates to everyone, is that of someone who happily submits to his destructive superego. It is the well-being of the child who finds pleasure in obeying his cruel parents, or who has already internalized his parents; it is the well-being the gods promise the meek; it is the well-being a martyr feels when he dies for the cause and finds pleasure in his own death, as did Ophelia. This explains the pessimistic prognosis in manic psychosis. The relatively frequent manic psychosis that occurs after childbirth has the latent content of a bad internalized mother who snatches the baby away from his own mother. Manic psychoses often cause a person's death although their manifest deliriums contain only libidinal satisfactions.

The unconscious contents of mania and melancholia are very similar. The differences are clear in the study of the melancholic and manic reactions of Martin Fierro. The melancholic refuses to give up his libidinal satisfactions altogether; he is expiating for his sins but hopes to enjoy better times. The manic has renounced these satisfactions forever, but hides this fact behind a façade of what appears to be libidinal freedom and is really strict obedience to the orders of his superego. The manic feels no guilt because he submits to his superego and obeys it, while the melancholic has tremendous guilt feelings

because he is trying to free himself from his superego, although this occurs with suffering and punishment. Unlike the melancholic, in the manic there is a fusion of the ego with the superego due to the fact that his ego has submitted completely to its superego. It is not the ego ideal (superego) which returns to the ego. The manic festival celebrates the fact that the superego has deceived the ego into submitting to it completely. An important factor of the manic festival is the discovery of this formula of ego deception, which opens the way to self-destruction.

In psychoanalysis, the manic, or hypomanic, becomes conscious of his submission to the dictates of the superego and of his renunciation of libidinal drives and objects in favor of self-destruction. This leads to a change in affect, to depression which we herald as a sign of progress. When a depression evolves into mania during psychoanalysis it is considered a step backward. And when it occurs spontaneously, it is because the ego has accepted the destructive persecution of its superego.

What is the genesis of this deception of the ego which permits manic joy and self-destruction? It is certainly worthy of detailed investigation. It may be that the deception is related in some way to the genesis of the superego itself. This might be stated as follows: the parents, i.e., the first and most important libidinal objects of the child, and the source of his well-being, impose upon him at a later date great libidinal instinctual renunciation and suffering for various illogical reasons. The defenseless and submitting child must believe, accept, and obey these deceptions cheerfully and make others obey them also.

SUMMARY

Manic and melancholic reactions stem from the same psychological root. Their differences are due to the fact that the melancholic has not renounced libidinal satisfactions but is expiating his guilt and hopes to enjoy the future. On the other hand, the manic has made a much more definite renunciation of his libidinal objects and he disguises this behind a façade of

apparent libidinal satisfactions which are really only submission to the orders of his superego. It is for this reason that we consider that a manic patient has improved when during treatment he becomes depressed, but not when the opposite occurs.

In manic reactions there is a denigrating triumph over objects and a denial of reality, both external and psychic. Contrary to some affirmations of psychoanalytic literature, it is the libidinal objects and instincts that are denied or triumphed over by the ego in obedience to the orders of its superego, and in submission to the death instinct.

Manic reactions are the masochistic enjoyment by the ego of behavior which misleadingly appears to be libidinal but which in reality is directed toward the attainment by the superego of a destructive triumph over the individual.

Manic hyperactivity and even the flight of ideas are caused by the superego forbidding libidinal objects. The ego makes the manic jump from object to object as though he were walking over hot coals. The manic's self-esteem also derives from his submission to the superego. The manic is like a child who is proud of obeying his parents. Another important factor in the increased self-esteem of the manic ego is that the patient finds a behavior pattern which can misleadingly appear as libidinal but is really satisfying self-destructive tendencies.

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To cite this article: William E. Mooney (1968) Gustav Mahler: A Note on Life and Death in Music, The Psychoanalytic Quarterly, 37:1, 80-102, DOI: [10.1080/21674086.1968.11926453](https://doi.org/10.1080/21674086.1968.11926453)

To link to this article: <https://doi.org/10.1080/21674086.1968.11926453>



Published online: 13 Nov 2017.



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GUSTAV MAHLER A NOTE ON LIFE AND DEATH IN MUSIC

BY WILLIAM E. MOONEY, M.D. (PITTSBURGH)

Gustav Mahler, whose creative activity extended from the time of Wagner's death to the appearance of major works by Schoenberg and Stravinsky, was a true innovator in music. Like Beethoven, he links the past with the future. His bond with the past is apparent in his melodic material which, like Schubert's, is based on the *Lied*. Mahler replaces the vertical way of composition with a horizontal one, thus laying the foundation of later atonal and twelve-tone music.

His music is the subject of considerable critical controversy. Some say that it represents the culmination of all Western symphonic music, while others claim that his works are not music at all. During Mahler's lifetime, his music met with prevailingly hostile criticism and public indifference. After his death, his work was almost totally neglected and he became virtually a forgotten composer until the current upsurge of interest beginning in the late 1940's. Nevertheless some leading musical figures of the twentieth century have been profoundly influenced by Mahler—Webern, Berg, Schoenberg, Britten, and Shostakovich, among others (13). The composer himself appeared to possess an unfailing confidence in the greatness of his music. 'My time will come', he said over and over. It is of interest to consider the possible sources of such assurance, certainly an important condition for the continuing creative process in this man.

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Read at the meeting of the Pittsburgh Psychoanalytic Society, September 26, 1966.

EARLY LIFE¹

Gustav Mahler was born July 7, 1860, in a shack, at Kalischt in southern Bohemia, just across the border from the Moravian frontier. He was the second child of a poor Jewish couple. The first son, born in 1858, had met with an unspecified accident at a very early age. His father was Bernard Mahler, born at Kalischt in 1827. His mother, ten years younger than her husband, was Marie Frank, the daughter of a manufacturer in relatively comfortable circumstances. Marie, a frail woman lame from birth, suffered from chronic heart disease, of which she eventually died at the age of fifty-two.

Bernard Mahler was a free thinker, described as a 'man of strong and exuberant vitality, completely uninhibited'. He was at first a wagoner, who read while driving and so earned the nickname, 'Wagon Scholar'. Before Gustav was six months old, the family moved to Jihlava (Iglau) where Bernard apparently distilled and sold spirits in a bar at his home. The family's poverty was somewhat lessened after this move, but Bernard's mother was a street peddler until her eightieth year. Bernard had a strong drive to better himself, and his accumulation of books was enough to be termed a library.

Most of the Jews who settled in Bohemia and Moravia came originally from Galicia and Bukovina, in the easternmost part of the Austrian Empire. Although they had long been merged with Slavic races, they retained a strong attachment to German culture and language and served as 'carriers' of German culture. This was especially true in 'islands' of Germans such as Iglau where Mahler was reared. The Jews were merely tolerated by the Slavs who counted them among the Germans; at the same time, they were scorned by the officially favored German minority. They lived in constant insecurity, subject to prejudices from either side. Mahler later summarized the situation this way: 'I am thrice homeless, as a native of Bohemia in Austria,

¹ Biographical material, unless otherwise cited, was obtained from references 11, 12, 15, 19, 21.

as an Austrian among Germans, and as a Jew throughout all the world. Everywhere an intruder, never welcomed.'

The marriage of Bernard and Marie Mahler was unhappy from the start. Gustav said of his father: '[He] married my mother, who did not love him, hardly knew him prior to the wedding, and would have preferred to marry another man of whom she was fond. . . . They were as ill matched as fire and water. He was obstinacy itself, she all gentleness.' Bernard was irritable and brutal, he domineered his sick wife, ran after every servant girl and frequently beat the children. In all, twelve children were born to this unhappy couple and Marie's health deteriorated steadily.

Gustav was the oldest surviving child. Of the nine sons, five died during very early childhood, another died at thirteen after a long illness, one committed suicide at twenty-two, and one was generally referred to as a 'fool'. The remaining son was Gustav. As a boy, he was said to have been extremely moody and introspective. Although described as pale and weak, he was a leader among the other children, a strict arbiter of discipline and order.

Gustav's musical abilities were revealed early, for he could play military music and folk songs on an accordeon at the age of four. When he was two, a servant girl, visiting a soldier friend, left him alone in the quadrangle of a barracks. There he heard military music and saw marching soldiers. It is said that he could sing more than two hundred songs, overheard from servant girls, between the ages of four and six. He taught himself the rudiments of piano playing on an old piano he found in the attic of his maternal grandparents' house. His father discovered this and became immediately convinced that Gustav was destined to be a musician. This incident has been placed at four, five, or six by different authors. Mahler himself claims to have been composing from the age of four on, even before he could play scales. At the age of eight, he was able to give piano lessons to a boy one year younger, and he made his debut as a pianist in his tenth year.

Bernard Mahler had decided at an early date to develop Gustav into a professional musician. He did poorly at the Gymnasium, where he was called 'unreliable' and 'scatter-brained'. During the winter of 1870-1871 he boarded in Prague in the house of the parents of Alfred and Heinrich Grünfeld. Here he was 'brutally treated and shamefully neglected'. The Grünfelds took his clothes and shoes from him and fed him inadequately. He later told his wife Alma that he took it as a matter of course. Here, also, he was the involuntary witness, while sitting in a dark room, of a brutal love scene between the son of the house and a servant girl. Gustav jumped up to go to the girl's help, but he was 'soundly abused by both of them and sworn to secrecy'. Alma wrote that he never forgot the shock of disgust that this scene caused him and it 'left a deep mark on his mind'. Eventually his father removed him from this situation in Prague.

When Gustav was fifteen, his father took him to Vienna to Professor Julius Epstein for a verdict on his musical talent. Epstein was deeply impressed, said Gustav was a born musician, and accepted him at once as a pupil at the Conservatory of the Vienna Gesellschaft der Musikfreunde. Mahler graduated in three years, winning a prize at each annual competition, two for piano playing and one for composition. He was extremely poor, but he managed to earn a little by giving piano lessons in his spare time. Of his compositions during this time, the earliest remaining today is the cantata, *Das klagende Lied*, which was submitted for the Beethoven Prize in 1880. It was rejected, probably because of its originality.

LATER LIFE

After failing to win the Beethoven Prize, Mahler reluctantly decided for financial reasons to become an operatic conductor. He started at the bottom, at the age of twenty, with appointments in minor opera houses, but within seven years he had traveled to the very top, when he accepted a ten-year contract as Artistic Director of the Royal Opera in Budapest. He re-

signed within three years, in 1890, but in 1897 he was named Director of the Vienna Opera with dictatorial powers. Mahler's lifetime appointment made him possibly the most powerful figure in European musical life. He was absolute ruler of the opera at a time when it was a major daily topic of conversation among the general public. He carried out many reforms and gathered an enthusiastic audience and a strong artistic following. Of boundless energy and intense zeal, he devoted close attention to every detail of the production, stage deportment, and musical phrasing. His tactless and autocratic methods created many enemies, for he tended to ride roughshod over the feelings of all who got in his way. Mahler resigned from the opera in 1907 because of ill health and the intrigues of his artistic and personal enemies. His letter of farewell, addressed to all members of the opera house, was found torn to bits the day after it had been posted on the bulletin board at the opera.

While at Leipzig, in 1886, Mahler resumed composing, and a first draft of his Symphony I was completed in 1888. It was performed in Budapest, where it met with an indifferent and chilly reception. Two years later, in Hamburg, Mahler had become friendly with the renowned conductor, Hans von Bülow. Mahler admired the older Bülow and, in turn, Bülow recognized the younger man's conducting talent and always suggested him as a substitute when he was unable to conduct. Yet Bülow had no sympathy for Mahler as a composer. He rejected the first movement of Symphony II, stating 'If this is still music, I don't understand anything of music any more'. Mahler was unable to complete the symphony until after Bülow's death in 1894.

Mahler called himself 'the Summer Composer' because he compressed all his creative work into his summer holidays. As a conductor he drove himself unmercifully, refusing to rest even when ill. He was constantly torn between his drive to create and what he saw as his duties as Artistic Director and conductor. Yet, he composed six huge symphonies, as well as *Kindertotenlieder* and the symphonic song cycle, *Das Lied*

von der Erde, during the last decade of his life. Mahler's conviction of his greatness as a composer is indicated in many letters and conversations. Bauer-Lechner reports that he refused to make any effort to have his works performed, saying, 'They will do what is necessary for themselves, now or later'. He believed in magical signs and miracles which foretold his 'future victory'. He never envied the success of others, and violently adverse criticism, of which there was a great deal, failed to disturb him. He said frequently and simply, 'My time will come'.

Mahler's personality was one of tremendous strength and individuality, strong contrasts and contradictions. He was obstinate and arrogant with a will to dominate. His frequent clashes with authority almost led to his dismissal from the conservatory in his student days. A stern taskmaster, he tried to eliminate whatever he saw as weakness or inadequacy, and at the same time he was more ruthless with himself than with others. He was not a social success. Cold, harsh, biting, swift to anger, he demanded that others fit in with him, and most did. People were constantly astonished by his remarkable egocentricity, rudeness, and disregard of the very existence of others. Bruno Walter refers to Mahler's 'intermittent loyalty' to his friends: he would completely ignore people for long periods, then act as though there had been no break in their relations. He alienated many persons, some of them very influential in the music world, with apparent unconcern.

He was preoccupied with the problem of good and evil and questions about the purpose of life and would often ask, 'What grim darkness underlies life?'. Mahler was severely troubled throughout his life by the suffering of animals and man's cruelty to man. He was subject to brief attacks of melancholy, said to be heralded by a sudden change in facial expression from cheerfulness to gloom. Bruno Walter, who knew him well, describes 'a profound world-sorrow whose rising cold waves would seize him in an icy grip'. Mahler had a deep love for Roman Catholic mysticism and was baptized and became

a member of the Church in 1897. Walter feels that he was not a believer, although emotional excitement would carry him to transports of faith. Only music seemed to provide an answer: 'When I hear music—even when I am myself conducting it—I hear quite definite answers to all my questions, and am wholly clear and sure'.

Mahler was said to be extremely puritanical and presumably led a celibate life for years. After the death of his parents in 1879, he sent for his sister Justine to join him at Budapest and keep house for him there. Alma Mahler states that Gustav had been 'in a sense married to Justine. He regarded himself as bound to her by vows of fidelity, and deliberately avoided all temptations.' Justine began a love affair with Arnold Rosé, first violin of the Royal Opera, which she kept secret for fear of her brother's reaction. He eventually found out and was so upset he would not speak to Justine for weeks. He demanded that she either break with Rosé or marry him and added that he now regarded himself as free to marry.

In November, 1901, Mahler met Alma Schindler, a beautiful and talented girl in her early twenties, daughter of the distinguished artist, Anton Schindler. They soon became secretly engaged. Mahler was preoccupied with doubts about his potency and told her, 'If only you had had a love affair or were a widow it would be all right'. Alma and the forty-one-year-old Mahler were married on March 9, 1902. Although two daughters were born to them, and Mahler was a devoted father, their life centered around Mahler and his music—composing and conducting. His wife wrote that he seemed innocently and totally unaware of her needs. In her own words: 'I lived his life, I had none of my own. He never noticed this surrender of my existence.' In the summer of 1910, a painter fell in love with Alma and when Mahler found out about this, she was able to tell him, presumably for the first time, about her feelings of neglect. Although there is no indication that Alma returned the painter's affection, Mahler was so upset that he decided to consult Freud, then on a holiday in Holland.

We have three accounts of this meeting with Freud. Alma described the meeting as follows:

He gave him an account of his strange states of mind and his anxieties, and Freud apparently calmed him down. He reproached him with vehemence after hearing his confession. 'How dared a man in your state ask a young woman to be tied to him?' he asked. In conclusion, he said: 'I know your wife. She loved her father and she can only choose and love a man of his sort. Your age, of which you are so much afraid, is precisely what attracts her. You need not be anxious. You loved your mother, and you look for her in every woman. She was care-worn and ailing, and unconsciously you wish your wife to be the same.'

Alma adds the comment that Freud was right in both cases, for Gustav had once wanted to change Alma's name to Marie and he said that he wanted her face to be more 'stricken'. Mahler apparently refused to acknowledge his fixation on his mother.

The meeting with Freud took place at Leyden on August 26 or 27, 1910, after Mahler had made and broken three different appointments. The two men spent four hours strolling through the town 'conducting a sort of psychoanalysis'. Jones (7, p. 80) reported,

. . . [Mahler] suddenly said that now he understood why his music had always been prevented from achieving the highest rank through the noblest passages, those inspired by the most profound emotions, being spoiled by the intrusion of some commonplace melody. His father . . . treated his wife very badly, and when Mahler was a young boy there was a specially painful scene between them. It became quite unbearable to the boy, who rushed away from the house. At that moment, however, a hurdy-gurdy in the street was grinding out the popular Viennese air, *Ach, du lieber Augustin*. In Mahler's opinion the conjunction of high tragedy and light amusement was from then on inextricably fixed in his mind, and the one mood inevitably brought the other with it.

Jones adds that the analytic talk evidently produced an effect, since Mahler recovered his potency and the marriage was happy until his death, only a year later.

Freud wrote of his meeting with Mahler in a letter (January 4, 1935) to Theodor Reik (16).

I analyzed Mahler for an afternoon in the year 1912 (or 1913?) in Leyden. If I may believe reports, I achieved much with him at that time. This visit appeared necessary to him, because his wife at the time rebelled against the fact that he withdrew his libido from her. In highly interesting expeditions through his life history, we discovered his personal conditions for love, especially his Holy Mary complex (mother fixation). I had plenty of opportunity to admire the capability for psychological understanding of this man of genius. No light fell at the time on the symptomatic façade of his obsessional neurosis. It was as if you would dig a single shaft through a mysterious building.

MAHLER AND DEATH

Mahler's conscious preoccupation with problems of life and death is reflected in some way in almost every composition. In his Symphony I, the third movement excited the most controversy among audiences: a gloomy funeral march with the introduction of the *Frère Jacques* melody as a perpetual canon in the minor. Mahler indicated that this movement was inspired by a picture, *The Hunter's Funeral*, by Jacques Callot (French engraver, 1592-1635) in which the beasts of the wood escort the coffin of a dead forester to the grave.

Mahler referred to the first movement of his Second Symphony as *Totenfeier* (Celebration of the Dead), and in a letter stated: 'It is the hero of my First Symphony whom I bear to the grave. Immediately arise the great questions: Why hast thou lived? Why hast thou suffered? Is it all a huge, frightful joke?—I give the reply in my last movement' (22). But Mahler was unable to continue the creative process for a time after he had completed the first three movements. He could not find

the answer he wanted to the problems raised by *Totenfeier* until 1894 while he was attending Bülow's funeral. There the choir sang a choral setting of Klopstock's ode, *Aufersteh'n*. Mahler found the idea he was looking for in the theme of resurrection and finished the work the same year. He later told Natalie Bauer-Lechner that he had a strange experience while composing the funeral march of Symphony II; he saw himself as a body laid out among the flowers and wreaths that had been sent to his room after the performances he had been conducting (16).

Funeral marches appear in Symphonies V, VI, and VII, as well as in I and II. The Fifth Symphony contains a quotation from *Kindertotenlieder*, thus linking it to the death theme of that work. The finale of Symphony VI contains the famous 'hammer strokes'; its three development sections collapse at the height of their climax under the weight of a brutal but steadily weakening hammer stroke. Alma wrote about this, 'The hero received three blows from fate, the third of which fells him like a tree . . .'. The life and death theme is present in many of Mahler's Songs. *Das Irdische Leben* depicts a child dying of starvation while the mill, represented in the music by an oscillating *moto perpetuo*, grinds the grain too late. *Revelge* tells of a regiment returning to hold its last parade—ranks of grinning skeletons. Another song presents the thoughts of a drummer boy just before his execution as a deserter, and so on. Even those works which seem to represent the affirmation of life contain the contrasting death references. For example, Symphony III, about which Mahler said 'Here's humor and jollity, a tremendous laugh to overspread the whole world', contains thematic material from a *Wunderhorn* song about the death of a cuckoo.

Mahler wrote *Kindertotenlieder* (Songs on the Death of Infants) as settings of five poems by Friedrich Rückert. Rückert had written four hundred twenty-eight poems, intended for private reading only, to mourn the deaths of his own two children who succumbed to scarlet fever. Mahler began these songs in 1900 when he was unmarried, childless, and at the height of his

artistic success and fame. The fourth and fifth songs were composed in the summer of 1904, at which time Mahler's two young daughters were in the best of health. The older child, Maria, died three years later (July 5, 1907) of scarlet fever and diphtheria.

Shortly after Maria's death, the doctor who was attending Mahler's wife happened to examine Mahler, at the latter's 'joking' request, and discovered serious heart disease. After that he felt himself to be 'under sentence of death'. Heedless throughout his life, he now became tremendously concerned about his health. He attempted to change his whole way of life, even to the giving up of his favorite long mountain walks. During his final three years, euphoria alternated with deep depressions. In this brief final span he composed *Das Lied von der Erde* (Song of the Earth) and Symphony IX and partially completed a tenth symphony.

Das Lied von der Erde is a symphonic setting for seven ancient Chinese poems. Again the life and death theme is clear. It is in Section No. 6 (*Der Abschied*) that Mahler's musical farewell is especially powerful. Near the end he introduced the whole-tone scale, accompanying the word *ewig* (ever) which is repeated nine times. This rounds the work off, in Redlich's words, 'with an indescribable feeling of final completion, and, at the same time, heart searing and unconquerable longing for the unattainable—the romantic union of Life and Death' (15). Mahler himself added these words to the end of the text: 'Everywhere the dear earth blooms anew in Spring, ever the far horizon shines azure, ever . . . ever . . . ever . . .'

His Ninth Symphony has been called 'one of the most heart-rending utterances in all music' (1). Messages of farewell are scattered throughout. It begins, impressionistically, on the same harmony with which *Das Lied* ended. Diether has pointed out that the *ewig* figure, which seems to express both eternity and farewell, is a variant of one of Mahler's chief motto figures, employed in nearly all his symphonies. There is an allusion to Beethoven's Sonata, Opus 81a (*Les Adieux*),

which was written about a departure and a reunion. The final adagio fades away much as does *Das Lied* on its final chord. Alban Berg, who studied the score as Mahler was working on it, wrote that the whole first movement was permeated by premonitions of death (15). The unfinished Tenth Symphony was left with the following comments:

The devil dances it with me . . .
Madness, takes hold of me, cursed one . . .
Destroy me that I may forget that I am . . .
That I cease to be, that I . . .

One movement ends with a single muffled drum roll, a reference to the funeral procession that Mahler had watched in New York City (11). It was while working on this symphony that Mahler consulted Freud.

Mahler had always been superstitious about a ninth symphony since neither Beethoven nor Bruckner, the two composers he held in greatest esteem, had lived to write a tenth symphony. He started writing *Das Lied* as his ninth symphony, but then crossed out the number. He numbered his next symphony No. IX and told his wife that it was really No. X since *Das Lied von der Erde* was actually his ninth symphony. He would not call No. IX by its true number and he refused to publish or to perform either *Das Lied* or the Ninth Symphony. When he started composing his Tenth Symphony during the summer of 1910, he said that he felt safe at last. He became seriously ill the following February while conducting in the United States; the illness was later diagnosed as a streptococcic infection. His condition was pronounced hopeless and he was taken to Vienna where he waited for death with stoic calm. Mahler died on the 18th of May, 1911. His Ninth Symphony was his last completed work, just as it had been the final completed symphony of Beethoven, Bruckner, Dvořák, and Schubert.

INTERPRETATION

The available information, sketchy as it is, enables us to reconstruct the bare outlines of the positive oedipal situation: tender-

ness toward his gentle, beloved mother and antagonism and hostility toward his 'brutal' father. Alma states that she never heard Mahler say a good word about his father. The antipathy toward his father was acted out in a repetitive scene (11). 'Every day his father exploded over the untidiness of Gustav's drawer—the one and only place where tidiness was demanded of him; and yet every day Gustav forgot all about it until the next explosion burst about his ears. It was quite beyond him to bear this one trifling command in mind.' It appears that Gustav ritually provoked his father to criticize and punish him, and thus actively brought about the feared punishment and daily reassurance of his ability to survive by assuming a passive role.

There is no available direct evidence of death anxiety or fantasies in Mahler as a child, yet it is reasonable to assume that such anxiety was precipitated by the deaths of his siblings. Three brothers died in infancy between Gustav's ninth and twelfth years. Then Ernst, the child born one year after Gustav, died at the age of thirteen following a long illness. It is also quite likely that Mahler knew about the death of the first-born son, just a year before his own birth. The chances of his survival—as a male—may not have appeared particularly bright to Gustav as he entered adolescence. At a deeper level, his survival, contrasted to the deaths of his brothers all around him, may have supported a regressive fantasy of invulnerability and omnipotence.

Mahler apparently destroyed most of his early works. He later designated *Das klagende Lied* as his Opus 1 and said it was the first of his works in which he found himself again as 'Mahler'. This composition may be described technically as a cantata and is a large work for soloists, chorus, and orchestra. The interest that this work provides is in its text—a ballad in folk style written by Mahler after a traditional fairy tale by Ludwig Bechstein.

The action of the cantata (original version) is as follows: A queen declares that whoever shall find a certain red flower growing in the forest shall win her hand. Two brothers search

for the flower. The younger, of gentle disposition, finds the flower, puts it in his hat, and lies down to sleep. He is discovered by the evil elder brother who treacherously kills him, steals the flower, and claims the Queen as his bride. Later, a minstrel picks up a gleaming white bone in the forest, makes it into a flute and plays it. When he does so, the flute reveals its tale of murder and the minstrel goes to find the new King. He enters the castle hall on the Queen's wedding day during the wedding feast. The minstrel plays upon his flute once more and it repeats its story, 'Sorrow and Woe'. The guilty King seizes the flute and sneeringly puts it to his lips. Again the tale of fratricide is told: 'Ah, brother, dear brother mine, you were the one who slew me. What you are sounding with your lips is a bone of my dead body, through which I will everlastingly denounce the evil done to me.' The Queen faints, the festivities cease, and the castle falls to the ground.

Mahler made significant changes in his source material. In Bechstein's tale it is a brother and *sister* who search for the flower, and the prize is succession to the Queen's throne, rather than marriage. The Princess finds the flower and is discovered by her *younger* brother, who murders her as she sleeps. Later a peasant boy picks up a bone and fashions a flute and the murder is revealed as in Mahler's version. A *knight* takes the flute, and travels to the castle where the guilty brother is king. He reveals the story to the old Queen alone, who then takes the flute and plays it to her son before assembled guests.

Mahler transformed the tale into a more direct representation of the oedipal triangle, but it is a younger brother who is murdered, not the father. The text could refer to Mahler's unconscious murderous impulses toward a younger brother. Substitution of the brother for the father avoids direct conflict with the feared father which, as we have seen before, was Mahler's approach to this problem. Of particular significance is the use of music to reveal the crime and thereby bring about punishment of the guilty one. The minstrel is Mahler too, the self-styled 'Singer of Nature', who mitigates his unconscious

guilt by publicly revealing the crime (musically) and making atonement. Thus Mahler's Opus No. 1, the first work in which he 'found himself again', literally depicts a tale of fratricide and punishment, foreshadowing the theme of death and restitution (resurrection) which seems to be alluded to in so many of his major works.

The idea of creativity as restitution for destructive impulses has been repeatedly mentioned in psychoanalytic literature (2, 3, 5, 10, 17, 18). Historically Greek tragedy grew out of ritual dances whose theme was the bringing to life of the slain Dionysus. Tragedy in Greek means, literally, *goat song*. Fairbairn (3) suggested that since destructive urges are the chief source of inner tension, and since artistic activity relieves this tension and is creative, then the principle of restitution is the governing principle in art.

Of special interest are the views of Levey (10) who states that the artist fears loss of love from the maternal representative in conscience, the result of unconscious destructive impulses toward the mother, and particularly toward her generative function. The aim of the ego in creativity is to gain forgiveness from the maternal representative in conscience. Energy is withdrawn from the self-punishing part of the ego and is invested in the creation of a work of art which symbolizes the restoration of the person injured by the artist's rage. Through the production of a living work of art the artist has magically re-created his infantile self in the image of the ideals of his mother, and he has recaptured the gratification of being loved by his maternal representative in conscience as he was by his mother in childhood.

Creativity as restitution is based on the dynamic functional interrelationships of the superego. Eissler considers at some length the relationship between superego structure and creative genius (2). He sees the overdevelopment of certain functions where the superego represents the necessities of form and æsthetic rules and structure. Even in rebellion against traditional laws the artist still follows an artistic ideal incorporated

into the superego. However, if the whole superego had a similar degree of structuralization, there would be no momentum leading to the creative act; therefore, there must be tension within the same superego. Eissler postulates a developmental defect in the superego structure of genius: the middle layers, attributed to the latency period, are partly missing or weakly developed, resulting in a superego which is archaic, crudely demanding and sadistic, and at the same time, highly developed and refined.

The superego has special significance for music because of the intimate connection between the auditory sphere and the genetic roots of the superego. Kohut (8) feels that this explains the deeply calming and soothing effect of some forms of music repeating the early experience of the mother's lullaby. The use of music to counteract harsh superego function becomes an important aspect of Kohut's formulation. The submission to æsthetic rules becomes pleasurable rather than punitive, and the musician is able to feel a security similar to the moral satisfaction of having done right. Music cannot alter the moral code but can temporarily replace the coldly rejecting inner voice with a loving one. This relationship between music and superego function brings us back to Eissler's concept of tension within the superego.

Certain of Mahler's character traits indicate intersystemic tension between ego and superego: his strong perfectionistic strivings, his puritanical attitudes, his preoccupation with good and evil, his tendency to overwork, and so on. He submitted to the rules just as far as they would go. At the same time, in his music, we see an opposing impulse at work: an urgent and highly creative rebellion against the existing order of æsthetic rules. As is usual in the case of rebellion, there is a marked difference of opinion as to whether the results are desirable or undesirable.

In this case, does the superego participate, first on one side, then on the other, of the basic neurotic (ego-id) conflict, or is it possible that these opposing superego influences reflect a

developmental defect such as Eissler postulates? Could there be tension between the œdipal identification with father and an earlier preœdipal identification with mother? There is some evidence of Mahler's identification with a maternal introject. He is described as walking with a 'peculiar, unrhythmical, urgent, stumbling gait' which has been referred to variously as a tic or a limp,—a possibly magical gesture in imitation of his lame mother. As a child, Gustav said that he wanted to be a 'martyr', that is, to be like his mother. Maternal strivings are apparent in the altruistic component of his relationships with his siblings. He tenderly cared for his brother Ernst, remaining by his bedside for months before his death. Later, he was Otto's tutor and repeatedly tried to find jobs for him. His concern for Justine's health led him to carry her in his arms up four flights of stairs each day for an extended period. He supported his brothers and sisters and, according to Alma, they squandered his money, leaving him in great debt. He carried his dying child, Maria, in his arms and was convinced that his voice alone brought her back to life. Finally, many of Alma's complaints about her marriage could be reduced to the idea that Mahler treated her more like a child than like a wife.

Forced to relinquish the œdipal mother, Mahler attempted to live out, in part, his identification with the preœdipal maternal ego ideal. The unmodified narcissistic ego ideal revived infantile feelings of omnipotence and thus dispelled the fear of death. Additional superego support was obtained through identification with the wholeness and aliveness of his created works. This narcissistic regression, then, was the source of Mahler's supreme confidence.

His feminine identification allowed him to retreat from open rivalry with his father and provided a basis for the attempt to win father's love passively, from an inverted œdipal position. Here is a source for the possible defect in Mahler's superego structure. Available information seems to point to superego problems in the elder Mahler: his aggressiveness, sexual escapades, lack of inhibitions, and 'brutal' treatment of his wife and

children. A disturbance in a parent's superego plays a double role in disturbing the child's superego development: it intensifies the œdipal conflict and it provides a faulty model for dealing with it.

One of the most striking characteristics of Mahler's music is its tension, frequently achieved through vivid contrasts in moods, themes, or harmonic textures. Could this reflect the tension within his superego—the tension between his identification with father and identification with the maternal introject? Mahler himself said that his parents were 'as ill matched as fire and water'. He saw this musical tension as spoiling his noblest passages by the intrusion of some commonplace melody. His association to this feature of his music, in his interview with Freud, was the early memory of a painful scene of conflict between his parents (7).

Mahler's narcissistic character formation, while leaving available an increased supply of neutralized libido for ego-syntonic creativity, would also place obstacles in the way of transition from narcissistic ego cathexis to object cathexis. His marriage seems to provide evidence for this. Alma is his child and, at the same time, his mother; thus his wish to call her 'Marie' and his hope that her face would be more 'stricken' become clearer. Alma expresses this in her own words (11):

I lived his life. I had none of my own. He never noticed this surrender of my existence. . . . He saw in me only the comrade, mother, and housewife, and was to learn too late what he had lost. His genius ate me up, although he meant no murder. . . .

Mahler's compositions were the children to which he himself gave birth. He would never play an unfinished work, saying that an artist could no more show unfinished work than a mother, her child still in the womb. In a letter to Arthur Seidl (1897) Mahler described the inspiration for the finale of his Second Symphony:

About this time Bülow died, and I was present at his funeral. The mood in which I sat there, thinking of the departed, was precisely in the spirit of the work I had been carrying around within myself at that time. The chorus . . . intoned the Klopstock chorale *Aufersteh'n!* Like a flash of lightning it struck me and everything became clear and articulate in my mind. The creator had been awaiting this flash, that is, 'the holy conception'.

As the omnipotent giver of life, literally The Creator, Mahler need no longer fear the fate of so many of his brothers, which to him may have represented an arbitrary snuffing out of life as punishment for oedipal wishes. He brings forth life and thereby makes restitution for his dead brothers. In his Opus 1, Mahler converts his source material into a tale of fratricide, in which the older brother murders the younger. The use of the Frère Jacques melody in Symphony I may be another fraternal reference, especially suggestive since sleep is said to be the brother of death. Rückert's poems, the basis of *Kindertotenlieder*, were written to mourn the death of his son Ernst. And Ernst was also the name of Gustav's first sibling, born one year after the composer and dead by the age of fourteen. Gustav was especially close to Ernst.

The diagnosis of serious heart disease was the beginning of the end for Mahler. It brought into consciousness his lifelong fear of death, which had already been reactivated by the death of his daughter shortly before and his working on the superstitiously dreaded ninth symphony—*Das Lied*. Now the identification with his mother was more nearly complete, perhaps even reaching conscious awareness. The fantasy of invulnerability, gained at the expense of his masculine sexual identity, was destroyed. Mahler never recovered from this narcissistic injury—it led slowly, but directly, to his death. He composed two of his greatest works after this, but it was by way of farewell. He never heard them performed.

Mahler's gigantic Symphony VIII, grandly nicknamed The Symphony of a Thousand because of the great number of per-

formers required, is a tremendous hymn to love, creativity, and resurrection, carrying out and completing the idea begun in the Finale of his Second Symphony. Mahler composed the entire work in only eight weeks during the summer of 1906. About this Redlich (15) writes: 'Never had Mahler composed more swiftly and more seemingly at the dictates of a demonic urge; never had he mastered so complex and numerically vast a medium of sound with such technical assurance and unerring instinct for the aural effect'. His exaltation is reflected in a letter to Willem Mengelberg (August 18, 1906)— 'I have now completed the Eighth . . . it is the biggest thing I have done so far. . . . Imagine that the universe begins to vibrate and to sound. There are no longer human voices, but planets and suns rotating . . .' (15).

This represented the high point of Mahler's creative invulnerability and his denial of a fear of death. After the diagnosis of his heart disease, it is possible that a failure of defenses resulted in the clinical disturbances which led to his consultation with Freud. It is even possible that his emotional state contributed to his death, for he was convinced that all hope was lost. Mahler was fifty-one years old when he died; Marie lived to the age of fifty-two years.

What clues do we have as to why Mahler's creative genius was expressed in music rather than, say, painting or literature? We must take note of his great auditory acuity and irritability; the slightest sound disturbed him, and he demanded absolute silence while composing (11). So far as sublimated activities represent an attempt to master narcissistic trauma, the auditory sphere may have had special significance for Mahler. The sexual scene in Prague, which so upset him when he was eleven, took place in a dark room and so must have been largely overheard. This suggests primal scene memories, or fantasies, with a prominent auditory component. In his session with Freud, Mahler associates hearing the music of a hurdy-gurdy with a painful scene between his parents. Perhaps another allusion to this is a story that he listened to military music at the age of two

when a servant girl took him to a barracks so she might meet her boyfriend.

Niederland (14) and Kohut (8) have pointed out that sound may be a chaotic, threatening experience that cannot be mastered by the infantile ego. The relief of this primitive fear of destruction is brought about by the formal aspects of music, which enable the developed musical ego to master the preverbal sound experience (9). If the primal scene had become associated with auditory experience, then sounds would represent both the narcissistic trauma to be mastered as well as libidinal excitation. Music, as a class of sounds, is characterized by its ability to recreate the early experience of the mother's lullaby. Although nothing is known specifically about Marie's musical inclinations, it is known that servant girls, substituting for the mother, taught the young Gustav great numbers of folk songs. Greenson (4) has pointed out that speech is a basic means of retaining connection with the mother, i.e., milk is replaced by sounds. Thus Mahler could use musical sounds to master early trauma, to retain the libidinal tie to mother, and to atone for guilty oedipal strivings.

It is possible that the kinesthetic modality provides an additional tie to mother. Sterba has suggested that pleasure in motion is the essence of the musical experience (20). Motility brings primal narcissistic pleasure and also provides a pattern for mastery of external objects. The movements of body parts are, in early infancy, significant acts of imitative magic. As was suggested above, Mahler's peculiar gait may have represented a magical (kinesthetic) identification with his lame mother. Mahler's very frequent use of march and dance rhythms could be a reference to the very early relationship with mother before the establishment of a sense of separate identity. These particular rhythms then represent a fusion of auditory and kinesthetic experience.

Mahler clearly recognized that there was an unconscious significance to his music. In a letter to Max Marschalk (16) he wrote:

I know that as far as I can shape an inner experience in words, I certainly would not write any music about it. My need to express myself musically and symphonically starts only where the dark emotions begin, at the door leading to the 'other world', the world in which things are not any more separated by time and place.

The 'other world' possibly refers both to the unconscious and to death. The tension so characteristic of Mahler's music may represent the constant struggle between life and death, between his unconscious destructive urges and the process of making restitution. Music was Mahler's life, literally, and silence was death. The life-preserving power of sound is expressed in his conviction that his voice alone kept his daughter alive during her fatal illness. According to his own wishes, his funeral was completely silent; not a word was spoken, not a note of music was played (6). Mahler knew that death always wins the battle with life; the silence of his funeral alludes to the contingency of life on sound. But Mahler was certain that this silence would be only temporary; his time would come. His music would grant him immortality, as he had stated directly in his own text for Symphony II:

O Death, all-conquering one, now you are conquered.
With wings, I have won for myself,
In fervent love I shall soar
To the Light unseen.
I shall die to live.

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Smiling in Schizophrenia

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To cite this article: Robert St. John (1968) Smiling in Schizophrenia, The Psychoanalytic Quarterly, 37:1, 103-113, DOI: [10.1080/21674086.1968.11926454](https://doi.org/10.1080/21674086.1968.11926454)

To link to this article: <https://doi.org/10.1080/21674086.1968.11926454>



Published online: 13 Nov 2017.



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SMILING IN SCHIZOPHRENIA

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

In this paper I attempt to define a particular type of smiling observed in my work with chronic schizophrenic women and to demonstrate that it demarcates a division between two levels of regression. In addition, this smiling will be related to the 'smiling response' described by Spitz (15) in his observations of infants. Nevertheless, I must emphasize that the smiling response that I describe is seen as being analogous to but not identical with the smiling response of infants.

The material for the paper was obtained from observations made on a ward for 'chronic' schizophrenic women in a state hospital. The patients were seen daily and a log was kept which included: 1, descriptions of patients' verbal productions and behavior; 2, descriptions of my interactions with the patients; 3, comments about the patients by the nurses and attendants; and 4, my own feelings and thoughts about the patients, the ward, and my work. Anna Freud (2) discusses the relevance of observations of infants and children in regard to psychoanalytic theory; I feel her discussion holds true in regard to observations made on adult patients.

I

Doris, a fifty-seven-year-old obese, white woman was first admitted to the state hospital in 1940. The admission note states that she was brought to the hospital because she became 'violent at home' and had threatened to kill her parents. At this time she was described as being withdrawn, 'depressed', and tearful; the diagnosis was 'dementia praecox, catatonic type'.

From the Mayview State Hospital, Bridgeville, Pennsylvania.

The author is responsible for all the ideas presented in this paper, but wishes to thank Drs. Bertram D. Lewin and Harold Searles for their helpful comments.

She was in and out of the hospital for ten years, and since 1950 has been continuously in the hospital. Progress notes indicate that she alternates between periods of withdrawal and confusion, and periods of agitated assaultiveness.

In my contacts with her she has shown essentially the same pattern. For several weeks she will sit apathetically in a chair. She will not speak spontaneously but may answer questions with one or two words. She attempts to avoid any relationship by turning her head away or by walking away. Her affect is flat, her face masklike, but there may be fleeting grimaces.

Although she has not been manifestly assaultive in the last three years, she not infrequently becomes agitated and aimlessly paces the floor with a robotlike gait. During periods of excitement there is a bizarre asymmetrical display of emotion on her face: she appears to be laughing and crying simultaneously. Her forehead is wrinkled in a worried expression and her eyes are tearful, yet her mouth is set in a caricature of a laugh. This expression is not constant; as one watches her the whole gamut of expressions may play over her face in a disorganized way. Rarely she may even smile but, most important, the smile is not related to any interpersonal contact. In other words, these facial expressions do not appear to be related to her contact with those around her but rather are either responses to fantasies or random disorganized tension discharge phenomena. When approached, she retreats or tries to avoid contact. In order to talk to her, one must physically hold her and then she turns her head away. During such times her speech is characterized by echolalia; she repeats not only what I may be saying but also what she may hear others on the ward saying. I have not been able to empathize with this patient.

II

Betty is a forty-one-year-old thin, white woman who was admitted to the hospital about ten years ago with a diagnosis of 'schizophrenic reaction, simple type'. Throughout her hospital

stay she has been described as quiet and withdrawn. She had lived at home with her mother until her death but as there were no other relatives to care for her, she was sent to the hospital. Betty works daily on the ward, takes part in recreational activities, talks to others when she is approached, but, in the words of the nurse, for the most part 'stays to herself'.

One day I found Betty sitting alone at her bedside. This was unusual because she was usually working when I entered the ward. She had a worried look on her face but when she saw me approaching, she smiled. She continued to smile at me when I sat down beside her. Her facial expression seemed to be split; her eyes, forehead, and body tone seemed to show depression, yet she smiled with her mouth. The smile was warm but exaggerated. When I asked how she was, she began to cry but said, 'I'm fine'. I answered, 'But you're smiling and crying at the same time, and you're sitting all alone; something must be wrong'. Betty then said, 'My stomach pains'. Her description of the pain was vague and nonspecific. We then sat in silence for a while and I found myself feeling hopeless: I was wasting my time seeing patients such as Betty; there was nothing I could do for them; they would be better off dead than living such a life. Finally, I said that it seemed she must be crying because she had been in the hospital so long that she felt there was no hope, that there was no use going on, but that she smiled in an attempt to hide these feelings from herself and from me. She stopped smiling and said, 'What's the use! No one ever comes to see me. You keep me here and won't let me out. I wish I were dead.'

She began to blame me for not caring for her; I did nothing for her; I just kept her in the hospital. In this verbal attack, she showed great anger. She then began to talk about her mother. She described their closeness, how the mother baked cookies and cakes for her. She wished her mother were still alive; she missed her so much.

This episode represented a significant turning point in the treatment of this patient.

Bleuler (1) described the 'dissociation of affective components' that was illustrated by the first patient, Doris, and named it 'paramimia'. Although not fully understood, he felt that this phenomenon may be due to the simultaneous presence of two affects. I postulate that paramimia is a random unstructured discharge of psychic tension in a patient whose ego is poorly differentiated. Searles (7, 8) says of such patients: 'The ego is too poorly differentiated to maintain its structure in the face of such powerful affects, and the patient becomes flooded with what can only be described as *undifferentiated passion*, precisely as one finds an infant to be overwhelmed at times with affect which the observer cannot specifically identify as any one kind of emotion'.

Both Doris and Betty demonstrated such dissociation of affects. However, they were at two different levels of regression in regard to their object relations. Doris avoided everyone when she was approached; Betty was able to establish and maintain a relatedness with me. Doris's smile occurred with no relation to those who attempted to relate to her; Betty smiled when she was approached which, in a sense, was an acknowledgment of an object relationship. Possibly Betty's smile was used to deny her feelings of depression;¹ I also postulate that it had a restitutive function. Spitz (12, 13) sees the smile in the three-month-old infant as an indicator of the ability to distinguish and relate to objects. Betty's smile, then, could be conceptualized as representing a somatic memory of the first affective recognition of the longed-for mother and an attempt to revive the experience in the present. This hypothesis is supported by her initial complaint regarding her stomach and her associations to the mother in the latter part of the interview. In a manner of speaking, one could say the smile represented hope and that with it she protected herself from regressing to an objectless disorganized state.

On the other hand, Doris did not smile at anyone, and she

¹ In a personal communication, Searles suggests that the smile may also have functioned as an attempt on her part to relieve my own feelings of despair.

showed no ability to form a positive object relationship. She decathected not only object representations but her own self-representation. Her poorly differentiated ego merged with the environment. It is my feeling that she actively but not consciously maintained this state by avoiding any attempt on the part of others to relate to her. In other words, this level of regression was not only a result of the ego's inability to manage overwhelming passions but it also served a defensive function (6, 11).

I postulate that the object-related smile in the schizophrenic stands at the borderline between two levels of regression. In one there is a lack of relatedness to objects, poorly differentiated ego structure with concomitant defects in ego boundaries, and random unstructured discharge phenomena. This is the level of autism (5) or transference situation in which the therapist feels unrelated to the patient (7, 9). In the other, there is an ability to relate to other people on a primitive, mother-child level. Ego boundaries are more intact and the psychic structure shows more organization. In this case affective responses are more differentiated and can be empathized with or communicated to others. This is the level described by Mahler (5) as the symbiotic phase or by Searles (7, 9) as 'instances of transference psychoses . . . in which a clear-cut relatedness has been established between patient and therapist, and the therapist no longer feels unrelated to the patient; but the relatedness is a deeply ambivalent one'. A third clinical illustration adds support to this hypothesis.

III

Marie has been in the state hospital for thirty-three years. At the time of her admission and throughout her hospital stay she has been described as 'uncoöperative, mute, withdrawn, and manic'. She has had frequent outbursts of assaultive behavior; some years ago she lost an eye in a fight with another patient.

Diagnosis on admission was 'dementia praecox, catatonic type'.

Marie is a fifty-seven-year-old, powerfully built woman of more than average size.² When I first saw her, she was in a seclusion room where she spent most of the time because of her violent behavior on the ward. The staff were afraid of her because of her 'temper'. She was on high dosages of phenothiazine but they had little affect on her behavior. In the seclusion room she would either lie on the floor wrapped in a blanket or pace around the room, kissing the four walls.

Cutting her medication down to the average dose did not affect her behavior. Each day the nurse, attendant, and I would enter the room (I was too frightened of her to go into the room alone). On days when she was kissing the walls, I experimented by standing with my back against the wall at the place she kissed it. In her journey around the room she would avoid the wall against which I stood. This indicated that she was capable of perceiving me as a person but tried to negate my existence. If she were not able to relate to an object and perceived me as being inanimate, she would have kissed either me or the wall against which I stood. Her avoiding me, however, indicated that she must have perceived me as being present but was attempting to deny my existence.

Despite my initial fear of this patient I began to feel warm toward her, and tried to interact with her. I would walk up to her, grasp her arms to keep her from hitting me, and place one of her hands on my face and say, 'I am Dr. St. John. This is my face. I am real.' Then I would place her hand on her face and say, 'You are Marie. This is your face. You are real.' She would struggle to get away and not infrequently ward personnel were required to help hold her. When she would attempt to strike me, I would catch her arm, place it on my face, and repeat

² This statement is completely false, and as I read my notes written at that time I found it difficult to believe that I was describing the same woman I know today. Marie is of average height or shorter, is not muscular, and if anything tends to be slim. I include the statement to indicate my own distortion of her body image at that time.

the words mentioned above. At times when she lay on the floor cocooned in a blanket, I would lie down beside her, pull the blanket away, and try to get her to look at me. She would struggle against this either by turning away from me or by trying to pull the blanket over her head. During this time I found myself frequently smiling at her.

As time went on, the avoidance diminished along with the assaultiveness. When I entered the room she would push me toward the door; I pushed back, but gradually gave ground. When out of the room, her behavior changed. She stopped pushing and walked down the hall. She would go to the drinking fountain, get a drink, and return voluntarily to the seclusion room. I accompanied her on her journey, during which time she rarely looked at me but when she did, she would glare at me with an otherwise expressionless face. Sometimes she would grimace bizarrely. Marie gradually began to spend more time in the dayroom with the other patients. She communicated with no one but would sit in a chair staring straight ahead. Occasionally she paced the floor. There was no noticeable change in her reaction to my approaching her.

Then about six months after I began to work with Marie, I noticed one day when I approached her that she began to smile. The smile started as I approached and entered her field of vision; it lasted while I remained in front of her and stopped immediately when I walked away. She remained mute; although I talked to her and asked her questions, she made no reply. About three months later she began to talk; at first her words were simple 'yes' or 'no' answers to my questions.

Marie's hospital course was by no means as smooth as depicted in this summary. There were frequent setbacks, and each could be related to my vacation or to a time when I failed to show up on the ward. It was only after she began to talk that she was able to tolerate my absences. Moreover, it was at the time when she was smiling that she appeared to be most sensitive to my absences.

It is felt that this vignette gives further evidence to my hypothesis that the smiling response occurs at the borderline between the levels of regression in the psychotic patient. One might say that the patient does not smile because of anger toward the therapist. Although there is no doubt that these patients must cope with their tremendous aggressive urges, it is my impression that the less disorganized patients frequently will show the smiling response even when they are angry.

Helen is an angry, paranoid woman. When I near her chair on the ward she smiles at me. But when I sit next to her she begins a vicious verbal assault on state hospitals, nurses, attendants, and me. Paula did not receive visitors one day. As I approached her while she was angrily pacing the floor, there was a fleeting smile followed by an angry paranoid outburst during which she accused me of keeping her visitors away.

DISCUSSION

Searles (7, 10) describes the central role which the therapist's face plays in the symbiotic interaction with the schizophrenic patient. The observations set forth here not only confirm Searles' findings but add further support to the similarity between the deep stages of schizophrenic regression and the early stage of infantile ego formation and object relations. Spitz (14) sees the 'gestalt configuration within the human face as the first percept'. It develops gradually within the first few months of life and when it is established as indicated by the smiling response, it acts as an 'organizer' of psychic development. Greenacre (3) says, 'It would appear that even at a mature age the individual is in need of at least one other person, similar to himself, to look at and speak to, in order to feel safe in his own identity'.

As I pointed out in an earlier paper (6), I feel that adult schizophrenic patients actively but unconsciously try to keep themselves in a state of object unrelatedness. They do this by attempting to avoid at all costs any face-to-face contact with im-

portant objects in their environment. This phenomenon and its defensive nature are illustrated in this paper by the observations cited on Doris and Marie. Such avoidance of object relatedness has a paradoxical effect: it protects the ego from being overwhelmed by feelings involved in an interpersonal relationship, yet it weakens the ego by depriving it of cathexes needed for various ego functions.

The two phases of regression that I have attempted to delineate in this paper are not new. Mahler (5) divided the early mother-infant relationship into three phases: the autistic, symbiotic, and separation-individuation phases. Searles (7, 9) has shown the necessity of separating these phases in the psychotherapy of schizophrenic patients. What I have attempted to demonstrate is that the smile is a kinetic indicator of the transition from the autistic (Mahler) or out-of-contact (Searles) phase to the phase of symbiotic relatedness. The smile occurring at this point is in agreement with Spitz (12, 14, 15), who sees the smile occurring at a similar time in the infant.

It is of interest to note that the smile, the first indication of object relatedness, and the 'structuring' of affects occur concomitantly. Lewin (4) states: 'Pure emotion can occur under certain pathological immature or experimental somatic circumstances and can be recognized by introspection or intuited by observation. Emotion can be pure according to the subject's introspective immediate observations and can appear to be elemental; yet when the point of view is psychoanalytic, its "purity" becomes simply one formal element of a manifest picture which yields to further interpretation, so that it enters into a structure such as a dream or a mystic state.' I feel that Lewin is proposing that affects are structured phenomena. In the autistic phase, the affect observed is not 'pure' in Lewin's terms, but rather an unstructured or undifferentiated tension state prevails. Patients who have regressed to this state cannot be said to be showing anger, fear, grief, and so forth, but rather unpleasant or pleasant tension states. But once the patient has shown some indication of object relatedness as demonstrated

by the smile, the affects can be more easily identified and empathized with, i.e., they become structured. Likewise, Spitz (12, 13) conceptualizes the early discharge phenomena observed in infants as being inconsistent, diffuse, and unspecific. But when the smile response develops, unpleasure responses become more specific and directed toward the presence or absence of the mother.

To summarize, I feel that the smile of the schizophrenic indicates that the patient is making an attempt to relate to an object at the level of the early mother-child symbiotic level. Furthermore, it indicates that the ego is showing some organization, albeit on a primitive level.

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Caliban's Dream

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To cite this article: Norman N. Holland (1968) Caliban's Dream, The Psychoanalytic Quarterly, 37:1, 371-381, DOI: [10.1080/21674086.1968.11926455](https://doi.org/10.1080/21674086.1968.11926455)

To link to this article: <https://doi.org/10.1080/21674086.1968.11926455>



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CALIBAN'S DREAM

BY NORMAN N. HOLLAND, PH.D. (BUFFALO, NEW YORK)

Caliban. Art thou afeard?

Stephano. No, monster, not I.

Caliban. Be not afeard: the isle is full of noises,
Sounds and sweet airs that give delight, and hurt not.
Sometimes a thousand twangling instruments
Will hum about mine ears; and sometime voices,
That, if I then had wak'd after long sleep,
Will make me sleep again; and then, in dreaming,
The clouds methought would open and show riches
Ready to drop upon me, that, when I wak'd,
I cried to dream again.

Stephano. This will prove a brave kingdom to me, where I
shall have my music for nothing.

Caliban. When Prospero is destroy'd.

—*The Tempest*, III, ii, 142-155.

Freud found in his study of Gradiva that 'invented dreams can be interpreted in the same way as real ones' (3, 5), naturally enough, I suppose, for invented dreams represent a kind of mid-point between dreaming itself and artistic invention in general. The usual way to interpret a dream is by means of the dreamer's free associations, but Caliban, alas, gives us none—and, after all, few dreams dreamed in literature are reported from a couch. For a fictional dreamer, Freud suggests 'we shall have to content ourselves with referring to his impressions, and we may very tentatively put our associations in place of his' (4). Robert Fliess notes that an analyst can contribute, independently of the dreamer's associations, two elements to the interpretation of a dream: 1, the interpretation of symbolism; 2, associations known to the analyst which the dreamer—for whatever reason—may not supply (2).

This paper was originally presented in the Seminar on Dreams given by Dr. Elizabeth Zetzel at the Boston Psychoanalytic Society and Institute, Spring, 1966.

If we look simply at the manifest content of this recurring dream in the manner suggested by Erikson (1), it reveals an unusual style. Verbally, the report uses primitive words and sentences like a child's and sensorily, the dream is a simple visual one. Spatially, the dream moves along one line, up-and-down. Temporally, as Robert Graves has noted about this dream, 'The illogical sequence of tenses creates a perfect suspension of time' (6). The only somatic phenomena the dream touches on are vision and sleeping and dreaming themselves. There are no interpersonal relations, only relations to an environment, and simple pleasure is the only affect. Caliban's is a very limited dream, and we can admire Shakespeare's fine intuition in giving so primitive a dream to so primitive a dreamer.

We may admire his intuition even more, though, for making this primitive dream a handsome instance of the most primitive of dream mechanisms—the dream screen, represented here by the clouds (Cf. 9, 10). The dream, in fact, scarcely progresses beyond its screen; the clouds 'would open', would 'show riches/Ready to drop'. But the cloud does not open and the riches do not directly appear—they are only expected. The timelessness of his verbs suggests Caliban's longing to merge ('sleep again', 'dream again') into this benevolent environment of vaguely human 'voices' and 'noises', 'sweet airs'. It is not too difficult to see in the clouds a breast symbol and in the 'riches' the longed-for, nurturing milk. And when the dream ends, Caliban's response is to cry for the loss of his dream, as though to lose the dream were to lose the breast. 'Though the wishes of life become progressively more complex and subtle, this ["the ever-recurring wish for a primary breast experience"] remains as the deepest substrate occasionally to be revealed in regressive experiences during the course of analysis or other intense psychological vicissitudes' (11).

There may be, in Caliban's phrasing, 'The clouds methought would open', the faintest sign of a differentiation of self from object that matches the significance of the clouds as dream

screen and breast. That is, as soon as Caliban says, 'The clouds', he immediately adds, 'methought', as though to assert the continued existence of his separate self. Contrast his actual phrasing in this respect with, say, 'I thought the clouds would open . . .'. Similarly, the accusative *me* faintly suggests a continued dependency: 'The clouds thought me'. But perhaps 'twere to consider too curiously to consider so.

Fliess says we may supply the interpretation of symbolism to a dream when free associations are absent. If we do, we find in this dream a well-nigh universal symbolism—riches standing for feces. If so, then the clouds about to open and drop them would be the buttocks, and lest this equivalence of breast and buttocks seem too far-fetched, it might be well to remember Caliban's mother was

The foul witch Sycorax, who with age and envy
Was grown into a hoop (I, ii, 258).

Even so, despite this convenient, if uncomfortable, confirmation, the reading seems forced.

Riches may have a different meaning for Caliban, or at least in *The Tempest*. If we follow the word through the play, we find it associated primarily with gifts: the 'rich garments' given to Prospero on his exile from Milan (I, ii, 164); Prospero's 'rich gift' of his daughter Miranda to Ferdinand (IV, i, 8); the gifts of the goddesses to the young couple (IV, i, 60, 106).

Another meaning the play associates with *rich* is change, as in the description of Ferdinand's supposedly dead father's body:

Nothing of him that doth fade
But doth suffer a sea-change
Into something rich and strange (I, ii, 397-399).

Similar associations would be with the old courtier Gonzalo's fantasy of an ideal state in a peaceful unchanging golden age; there, 'riches, poverty, / And use of service, none'. Conversely,

Ferdinand's being forced basely to carry logs is transformed by Miranda's presence so that 'most poor matters point to rich ends'.

Clouds, too, seem to be associated in the comedy as a whole with transformations, as in the description of Venus, who is to be kept from the masque celebrating the young lovers' betrothal:

I met her Deity
Cutting the clouds towards Paphos and her son
Dove-drawn with her. Here thought they to have done
Some wanton charm upon this man and maid (IV, i, 92-95).

But they are prevented from enticing them to pay the bed-right before marriage. Again, Prospero's speech at the end of the wedding-masque (often taken to be Shakespeare's own farewell to the stage) associates clouds with transformation:

Our revels now are ended. These our actors,
As I foretold you, were all spirits and
Are melted into air, into thin air;
And, like the baseless fabric of this vision,
The cloud-capp'd towers, the gorgeous palaces,
The solemn temples, the great globe itself,
Yea, all which it inherit, shall dissolve
And, like this insubstantial pageant faded,
Leave not a rack [a wisp of cloud] behind.
We are such stuff
As dreams are made on, and our little life
Is rounded with a sleep (IV, i, 148-158).

The play as a whole, then, associates images of clouds and riches with 1, a gift which 2, transforms. We recognize more specific versions of familiar anal themes: the gift of feces, this first sense of something precious later to be transformed to true riches or airy nothings.

Yet none of these speeches does Caliban speak or even overhear—they can hardly be considered part of his associations to the dream. There is, however, one speech about clouds that he

does overhear and which seems almost a version of his own recurring dream, and that speech is followed by events which act it out. About a half-hour before recounting the dream, Caliban had been carrying firewood for Prospero and grumbling at an environment that is not only not the benevolent one he dreams of; controlled by Prospero's magic, it bites him, pricks him, stings him, and hisses at him. At this point, Trinculo appears, a jester shipwrecked with the rest of Prospero's visitors. Fearing Trinculo is one of Prospero's spirits, Caliban cowers under his gaberdine, and there he hears Trinculo soliloquize a version of his own recurring dream: 'Yond same black cloud, yond huge one, looks like a foul bombard [a big leather liquor bottle] that would shed his liquor. . . . Yond same cloud cannot choose but fall by pailfuls' (II, ii, 22-25).

Then, complaining of Caliban's fishy smell, Trinculo clambers in under the monster's buttocks. Now comes Stephano, the cook from the shipwreck, who has salvaged a literal leather bottle, not a metaphorical one. Caliban mutters terrifiedly at these spirits, and Stephano soothes him by pouring liquor down his throat. When Trinculo exclaims in recognition, Stephano pours drink into his mouth which seems the monster's 'other mouth'. 'His forward voice now is to speak well of his friend; his backward voice is to utter foul speeches and to detract.' And then Stephano discovers Trinculo: 'How cam'st thou to be the siege [i.e., shit] of this moon-calf? Can he vent Trinculos?'

In effect, shortly before Caliban tells his new-found masters his recurring dream, they have recited and acted out for him a 'black', 'foul', smelly, and backward—in short, anal—version of that dream. And Caliban does indeed take the two clowns as versions of his dream:

That's a brave god, and bears celestial liquor:
I will kneel to him (II, ii, 115-116).

'I'll swear, upon that bottle, to be thy true subject; for the liquor is not earthly.' 'I will kiss thy foot; I prithee, be my god.' 'I'll kiss thy foot; I'll swear myself thy subject.'

He sees these creatures from the clouds as bringing him transformation from what Prospero calls his slave: 'Thou earth'. 'Filth as thou art.' 'This thing of darkness.' Instead, adopting new masters, he thinks, will give him freedom.

No more dams I'll make for fish,
Nor fetch in firing
At requiring,
Nor scrape trenchering, nor wash dish;
'Ban, 'Ban, Ca—Caliban,
Has a new master—Get a new man.
Freedom, high-day! high-day, freedom! freedom!
high-day, freedom! (II, ii, 180-186)

He gleefully capers, unconsciously confirming what Erikson and others have suggested are the central issues of anal-ity: control and autonomy. It is, I suppose, one of the ironies of the play that Caliban would not so eagerly take the clowns as agents of his transformation from filth to a free man if he were as aware as we are that they represent more the anal level of his dream than the oral. They lead him ultimately into 'th' filthy mantled pool' where 'the foul lake / O'erstunk their feet'. Poor Trinculo complains, 'I do smell all horse-piss'.

Caliban's identification of Stephano, however, shows an even more specific correspondence to his dream and one at a still higher level than either oral or anal.

Caliban. Hast thou not dropped from heaven?
Stephano. Out o' th' moon, I do assure thee. I was the Man
i' th' Moon when time was [i.e., once upon a time].
Caliban. I have seen thee in her, and I do adore thee. My
mistress [Miranda] show'd me thee, and thy dog, and thy
bush (II, ii, 135-140).

That which, in the dream, was about to drop from the heavens, now seems to have a very specific meaning.

Stephano had described Caliban as a moon-calf and, much later in the play, Prospero tells of his parentage:

This mis-shapen knave,
His mother was a witch, and one so strong
That could control the moon (V, i, 268-270).

Like all witches in that day and age, Sycorax had intercourse with the devil, so that Prospero can curse Caliban,

Thou poisonous slave, got by the devil himself
Upon thy wicked dam, come forth! (I, ii, 319-320)

Caliban himself can speak of Prospero:

His art is of such pow'r,
It would control my dam's god, Setebos (I, ii, 371-373).

And, again, late in the play, he associates Setebos with Prospero, when he comes upon him in his Milanese robes and exclaims,

O Setebos, these be brave spirits indeed.
How fine my master is! (V, i, 261-262)

In other words, what Caliban hears and knows allows us to guess at long chains of associations for him: clouds, heavens, moon, and mother; that which drops from the heavens; the man in the moon ('I have seen thee in her'; 'My mistress showed me thee'); Setebos as his father but also a god and devil (pagan gods being Christian devils).

The ultimate meaning, then, of his recurring dream that riches are about to drop from the clouds is a wish for mother to give him a father with godlike powers who will transform him. And Caliban seems in reality to be about to gratify this wish by his eagerly greeting Stephano as his king and god.

It is questionable, I suppose, to supply associations this way, because, first, the dream is a recurring dream, and, second, Caliban gives us no associations to the dream—rather, he tells the dream as itself the association to a richly charged psychological event. At the moment he tells the dream, Caliban is planning to kill a father, Prospero, who is not only Miranda's

father, but also king, magus, stage manager, master of slaves and spirits, and English teacher—all positions of godlike authority. Further, it was Prospero who disrupted Caliban's earlier life—he had been alone on the island that represented his mother.

The planning of the murder involves a number of suggestive details. Caliban, we have seen, accepted Stephano as his god and vowed to serve him. The next scene we see him, there has been a good deal more drinking, and Caliban feels free to broach his plan to his new master—they will steal upon Prospero sleeping and brain him, leaving Stephano king of the island with Miranda for his bed.

During this planning, Ariel, invisible, keeps saying, 'Thou liest', and Stephano, taking the voice to be Trinculo's, beats him for being disrespectful to the king's new 'subject', Caliban. The plan made, the three conspirators sing a song, which Ariel interrupts by playing the tune. Thus, at the moment of planning the archetypal oedipal crime (killing the father and taking his woman), the invisible Ariel, Prospero's agent, threatens the father's punishment. It is he who provokes Caliban's question, 'Art thou afeard', and his reassurances: 'Be not afeard' and the recital of the dream.

Later Ariel tells us that at this moment,

they were redhot with drinking;
So full of valor that they smote the air
For breathing in their faces; beat the ground
For kissing of their feet (IV, i, 170-174).

The conspirators are attacking not only a father, but their very environment. Caliban's recital of his dream then serves as a reassuring reversal of his own massive hostility—there will be no punishment; the environment, sounds and clouds, is benevolent. At the moment he is about to murder a sleeping father he recalls a dream in which the rich prize of a benevolent father will drop upon a sleeping Caliban, transforming him and freeing him.

Caliban's recurring dream, then, serves him as a wish-fulfilling reversal of his own long, deep-seated hostility to Prospero. His wish is for a good father who would make him free, and thus his dream leads us back to a major theme in *The Tempest*: freedom and servitude. Ariel, who faithfully serves Prospero, is set free, and Prospero himself escapes the island. Those who rebel, however, Ferdinand against Prospero, Sebastian and Antonio against their king, are paralyzed, rendered helpless, and led through educative ordeals. The play as a whole acts out a traditional Renaissance idea: true freedom is submission to the authority of God and his agents. Caliban parodies the theme: submission to the rule of Stephano, 'dropped from heaven', gives him the power to get his peer Trinculo beaten and the father-figure Prospero murdered.

Caliban in his own way, then, acts out a basic motif for Shakespeare himself, as does this whole play (which is often thought of as Shakespeare's own freeing himself—retiring from the stage). 'So often his plays contrast the private man and the public one . . . he seems to enjoy seeing two sharply different characters in a similar situation, often with one merging into a larger matrix or order, the other thrusting loose from it: Hal and Hotspur, Laertes and Hamlet, Macbeth and Banquo, Edmund and Edgar, and so on' (7, p. 141). 'Shakespeare's application for a coat of arms and his purchase of New Place . . . show how in life he placed his aggressive, phallic drives toward business success at the service of oral wishes to be accepted into a larger, nurturing social order' (7, p. 142, n.). Over and over again in Shakespeare's works, we see a sonlike man finding through submission to a father-figure the strength to fight outsiders, as here Caliban thinks he will gain from benevolent, liquor-giving 'King Stephano' the strength to fight the hostile father Prospero.

But to see Prospero as hostile is to see him from Caliban's point of view. Prospero himself has submitted to higher forces—God, Providence, destiny—and it is this submission and identification that give him his magic powers. He can call down

spirits and goddesses from the heavens to act a wedding-masque, blessing his daughter's betrothal: 'Sweet aspersion shall the heavens let fall'. Similarly, old Gonzalo at the end of the play can look at the young lovers and say,

Look down, you gods,
And on this couple drop a blessed crown (V, i, 201).

By contrast, Caliban can only wish—dream—for riches to drop on himself—or curses on others:

As wicked dew as e'er my mother brushed
With raven's feather from unwholesome fen
Drop on you both! (I, ii, 321-323)

In short, Caliban's dream parodies Prospero's great wedding-masque: both invoke blessings from the heavens.

Similarly, Caliban ends his recital of his dream by wishing to sleep again. 'When I waked, / I cried to dream again.' By contrast, Prospero ends his masque by saying:

We are such stuff
As dreams are made on, and our little life
Is rounded with a sleep (IV, i, 156-158).

The brute longs for pleasure; the old man can contemplate not only pleasure but all of life as a passing fantasy.

In recognizing that Prospero's masque is the mature and superlative version of Caliban's wishful dream, we are finding from the special point of view of dream analysis what many critics have said about this play. 'The main opposition is between the worlds of Prospero's Art, and Caliban's Nature. Caliban is the core of the play . . . he is the natural man against whom the cultivated man is measured. But we are not offered a comparison between a primitive innocence in nature and a sophisticated decadence. . . . Caliban represents . . . nature without benefit of nurture; Nature, opposed to an Art which is

man's power over the created world and over himself' (8). Now, however, we can see this contrast from a psychological point of view.

Prospero is the mature man, willing to give up his daughter to her young lover, willing, too, to give up his kingly power and retire a private citizen to Milan 'where / Every third thought shall be my grave'. If Prospero speaks for Shakespeare, he speaks for a man writing of himself at the last of the psychosocial stages, accepting the fact his life is lived, giving up to the next generation the power and the woman he has achieved.

Even so, opposed to the mature Prospero, Shakespeare has left a spokesman for his childhood: the ugly, brutish Caliban eager to kill the father and rape his woman. Prospero's masque is a rich, artistic ceremony in which he passes his power of procreation on to the next generation. The dark underside of that ceremony is Caliban's dream, the child's unruly, sexual hunger to be fed by another. Yet, *The Tempest* brings even the brute child to temper his cravings—to seek riches from the clouds in another sense. As Caliban says in his last words: 'I'll be wise hereafter, / And seek for grace'.

To sum up, if we analyze Caliban's dream as hard as we can, we find it expresses three levels of wish. At the oral level he longs for nurture from a breast. At an anal level he seeks transformation from the earthy, smelly filth he is to an autonomous individual. At the œdipal level he wishes his mother would give him a father, identification with whom would transform him from a slave. He tells his dream as a way of protecting against punishment for his own hostile wishes toward a father.

More generally, as Freud suggested, we can interpret invented dreams in a literary work like real ones, and, when we do, even the more recondite concepts of psychoanalysis (such as the dream screen) enrich the unity of the whole work of art. The play's moral contrast of Art and Nature acts out in an intellectual way the contrast between the integrity of age and the dependency of childhood, as in all art—and life, too—mature significances fulfil and inherit the conflicts of infancy.

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Psychoanalysis in the Americas. Original Contributions from the First Pan-American Congress for Psychoanalysis. Edited by Robert E. Litman, M.D. New York: International Universities Press, Inc., 1966. 315 pp.

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To cite this article: Alexander Crinstein (1968) Psychoanalysis in the Americas. Original Contributions from the First Pan-American Congress for Psychoanalysis. Edited by Robert E. Litman, M.D. New York: International Universities Press, Inc., 1966. 315 pp., The Psychoanalytic Quarterly, 37:1, 126-154, DOI: [10.1080/21674086.1968.11926456](https://doi.org/10.1080/21674086.1968.11926456)

To link to this article: <https://doi.org/10.1080/21674086.1968.11926456>



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BOOK REVIEWS

PSYCHOANALYSIS IN THE AMERICAS. Original Contributions from the First Pan-American Congress for Psychoanalysis. Edited by Robert E. Litman, M.D. New York: International Universities Press, Inc., 1966. 315 pp.

This book is a collection of papers presented at the first Pan-American Congress for Psychoanalysis in Mexico City in 1964, and is dedicated to the memory of Dr. Maxwell Gitelson who played such a dominant role in bringing about the Congress. It consists of a historic exchange of views between psychoanalysts of North and South America.

The first part of the book contains three general papers on the Congress. Angel Garma and Leo Rangell present the early and recent history of the Pan-American Psychoanalytic Congress, and Jose Remus Araico deals with the role of the Mexican Psychoanalytic Association. Three papers in the second section deal with various aspects of the 'psychoanalytic situation'. Jacob Arlow and Charles Brenner describe the complicated aspects of the psychoanalytic situation. Focusing directly upon the differences of opinion with the followers of Melanie Klein, they consider the various aspects of regression and quote Hartmann to the effect that 'the fact that the first situation of dependence in the life of every individual is his relationship with his mother, does not prove that every subsequent relationship of dependence reproduces the prototype. . . . It is fallacious . . . to equate genetic origin with a current relationship.'

The first of two discussions of this paper is by Arminda Aberastury, Fidas R. Cesio, David Liberman, Jorge M. Mom, and Arnaldo Rascovsky of Buenos Aires, who deal principally with the transference and countertransference manifestations in the analytic situation. They write: 'Identifications between the analyst and the patient take place at levels so unconscious as to suggest that they occur within the boundaries between id and ego; so deep are these unconscious identifications that in our role as analysts, it can be stated that not only do we "feel" them, but that there is even a constant "biological" participation' (p. 46). These authors stress the importance of the primitive elements of the development of the ego. 'We also consider as fundamental in transference, the "re-

experiencing" of the child's relationship with his mother, from birth through the resolution of his *œdipus* complex, and within that period we find that the first months of life are the most significant' (p. 47). Joseph J. Michael also discusses the Arlow-Brenner paper.

Madeleine and Willy Baranger of Montevideo present a paper on *Insight in the Analytic Situation*. They indicate that the purpose of analytic training is to permit the analyst to 'become involved in the pathology of the field and to furnish him with the tools that will make it possible for him to work through it. . . . The analyst's impotence within the field gives way to an impotence resulting from the parasitic invasion by a part of the patient, and the dispersion of other parts of the patient in many other persons' (p. 66). They write that insight in the analytic situation is characterized by: '1, a previous mobilization of the bipersonal field, with the crumbling of a pathological bastion; 2, a redistribution, within the field, of the parts which had been symbiotically mixed in both the patient and analyst; 3, a discriminating reindividuation, with the appearance in both of their separate egos, each performing its discriminatory and observing function; 4, an intra- and interpersonal union in the common task; 5, an integration of the fantasy of illness of the field and of the fantasy of its cure, both in the analyst and in the analyst' (p. 72).

In his discussion of the Barangers' paper, Gustav Bychowski takes issue with them as to their view of the essential purposes of the analyst's training and their point that the analyst can be 'parasitized' by the patient. A different point of view, however, is taken by Carlos M. Plata and Tufik Meluk of Bogota who essentially agree with the Barangers. Elizabeth Zetzel discusses the analytic situation by attempting to compare and to synthesize the points of view of the North American and the Kleinian psychoanalysts. Her paper is discussed by Jose Luis Gonzalez and Jose Remus Araico of Mexico City, and by Peter L. Giovacchini of Chicago. After further remarks by Carlos Whiting, Jose A. Infante, and Ximena de Whiting of Santiago, Martin Wangh, and Ralph R. Greenson, the discussion is closed by Arlow and Brenner.

The third part of the book is comprised of a series of papers dealing with termination of analysis. Leo Rangell's paper is discussed by Victor Aiza, Fernando Cesarman, and Avelino Gonzalez

of Mexico City, Karl Menninger, and Ernst Ticho. Problems of termination of a training analysis are discussed by Luisa C. Alvarez de Toledo, Leon Grinberg, and Marie Langer of Buenos Aires, whose paper contains interesting comments in which the point of view is mainly Kleinian with great emphasis on the depressive-persecutory reaction. Their paper is discussed by Heinz Kohut and by Mauro Torres of Bogota. Rudolf Ekstein considers termination of analysis and working through, and his paper is discussed by Mauricio Abadi, Jose Bleger, Enrique Pichon Riviere, and Emilio Rodrigue of Buenos Aires, as well as by Samuel Atkin of New York. The problem of termination of analysis is also considered by Ramon Parres and Santiago Ramirez of Mexico City who emphasize the Kleinian approach; their paper is discussed by Ralph Greenson and by Luis Feder and Francisco Gonzalez Pineda of Mexico City.

The fourth part of the book contains two papers: The Functions of the Superego, by David Beres, and Notes on the History of the Psychoanalytic Movement in Latin America, by Arnaldo Rascovsky. In a splendid concluding paper, Elizabeth Zetzel attempts to pull together and to synthesize many of the conflicting points of view expressed in the individual papers.

Most of the papers in this volume are rich in technical and theoretical material and give an opportunity to view the differences in psychoanalytic thinking in the Americas. The emphasis on the Kleinian approach in Mexico and South America has evidently affected both theory and practice in those areas. Reading the book is a rewarding experience. The information is valuable and clearly presented. The differences in points of view sharpen one's own thinking about many of the psychoanalytic concepts.

ALEXANDER GRINSTEIN (DETROIT)

PSYCHOANALYTIC SUPERVISION. A Method of Clinical Teaching. By Joan Fleming, M.D. and Therese Benedek, M.D. New York: Grune & Stratton, Inc., 1966. 252 pp.

In this book the authors present the results of their study of the supervisory process. After a brief introduction, there is a historical review of the literature on supervision which, together with the bibliography, will prove useful to teachers of psychotherapy as well

as teachers of psychoanalysis. A chapter is devoted to an exposition of the experiential nature of psychoanalytic learning, in which the authors explore learning theories as they apply to the supervisory situation, develop their philosophy of the supervisory process, and refer to pertinent remarks in the literature. A third chapter describes the method of study. The main part of the book is a presentation of the results of their study of the supervisory process, divided into three phases: the initial, the middle, and the end. Examples of patient-analyst-supervisory interactions are rich and rewarding to read. The clinical material should prove valuable to students of psychoanalysis and psychotherapy as well as to educators. In a chapter on evaluation of the student's progress, the authors state that evaluation must be based on a clear understanding of the learning objectives and that it is an essential part of the teaching-learning process rather than primarily a judging process.

The authors summarize clearly their philosophy of the supervisory process. They see it as an extension of the experiential nature of psychoanalytic learning which begins with the student's personal analysis, continues with instruction in psychoanalytic theory and technique, and reaches its final phase in the experience of analyzing and being supervised. They feel that theories of supervision that are primarily learning-oriented or pedagogic 'are incomplete and pay more attention to the content and directive aspects of the teacher's behavior than to the experiential and developmental nature of the supervisory process'. They agree with Arlow that 'the supervisory situation may be compared to a kind of working through experience in which neurotic reactions to the role of analyst and to the process of empathy may be observed and studied phenomenologically'. They emphasize the important role the supervisor plays in 'catalyzing' the student's self-analyzing functions, thus continuing the processes of ego transformation set in motion during the training analysis. They do not believe the supervisory situation should be confused with an analytic situation; it is not the supervisor's role to analyze the student, but to 'catalyze' his self-analysis. They agree with Ekstein and Wallerstein: 'It is with their stress on the concept of supervision as an experience which involves the whole personality of both student and teacher that we would like to align ourselves—an experience where the teacher who is also an analyst can use his system-sensitivity and

system-responsiveness, and his self-analytic functions as flexibly for teaching as for analyzing, recognizing the different goals in each experience'. They state: 'We would base our theory of supervision and our philosophy of psychoanalytic education on three broad assumptions derived from the nature of the work an analyst is called upon to do and from our study of recorded supervision: 1, an analyst's education is necessarily more experiential than cognitive; 2, the basic objective of his educative experience is the development of himself as an analytic instrument; 3, each phase of his training contributes in different ways to this basic objective'.

How convincing is the study? The authors have recorded four hundred supervisory sessions totaling nearly seven thousand pages, gleaned from the supervision of seven students. Three of the students were supervised by both authors. Most of the excerpts reported are from the records of two students who were shared at different stages of supervision. The authors studied the transcripts independently, recorded observations of the student's learning problems and the supervisor's method of dealing with them, and paid special attention to the communication between student-analyst and supervisor. Twenty transcripts were studied before the authors compared notes. They were generally in agreement as to the dynamics and source of the students' problems and the teacher's method of dealing with them. However, they were not always in agreement as to specific interpretations and interventions between student-analyst and his patient. This one would expect.

The supervisory units have been selected from the initial, middle, and end phases of each student's psychoanalysis of his patient. The authors' comments are detailed and candid. The material is alive and fresh, and one is able to empathize with both the analytic and supervisory situation. It would be impossible to summarize the factors involved in the supervisory process as the authors present it. Suffice to say that they define the supervisory situation as a triadic S-A-P (student-analyst-patient) system in which analyst and supervisor work together focusing on the interaction between patient and analyst within which the supervisor utilizes his 'system sensitivity . . . first, to promote the psychoanalysis of the patient; second, to expand the student's knowledge and help him objectify his learning; and third, to assist him in developing himself as an instrument in the psychoanalytic process'. The first two super-

visory aims are achieved mainly by cognitive processes and deal with knowledge that is more consciously available. The third is far more complex, involving unconscious and intrapsychic aspects of the S-A-P relationship. The supervisor must be aware of the analyst's rapport with his patient, his understanding of the material, his technique of communication with his patient, as well as his rapport and mode of communication with his supervisor. The supervisor evaluates the analyst's capacity for self-observation and communication with his own preconscious motivations as well as his awareness of his reactions to his supervisor. On the basis of this 'pedagogical diagnosis', the supervisor must then decide what the teaching targets should be, and when and how to orient the analyst in relation to them.

The supervisory units are ordered and arranged to demonstrate these particular learning-teaching problems in each phase of the analysis. The authors have done this so systematically and in such detail that they will be hard to fault. This reviewer recommends careful reading by all psychoanalytic and psychotherapeutic educators.

GRACE DE BELL (MENLO PARK, CALIF.)

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOL. XXI. New York: International Universities Press, Inc., 1966. 635 pp.

Since psychoanalysis has grown to the point that its literature is difficult to keep up with, one seeks certain volumes that have consistently contained contributions of a scholarly stature, and whose editorial policies take cognizance of the major developments in the field. In its twenty-first annual volume, *The Psychoanalytic Study of the Child* has again distinguished itself. While it covers central theoretical positions such as ego psychology and perennially challenging topics such as dreams and primal scene experiences, it leaves one with the feeling that developmental psychology is in its ascendancy and through it new territories of the mind and behavior are being explored.

This volume begins with a lucid short history of child psychoanalysis given by Anna Freud at the first scientific meeting of the American Association for Child Psychoanalysis. As the papers in the book unfold, one is more and more aware that child analysis is

becoming an equal partner with adult analysis; the child born out of adult reconstruction of the infantile period is now producing information and theory in a harmonious effort with his parents. Twenty-one papers are divided under the following headings: Contributions to Psychoanalytic Theory (K. R. Eissler, Martin Nass, Leo Spiegel, and Martha Wolfenstein); Clinical Contributions (Marvin Ack, Stuart Asch, Gustav Bychowski, Phyllis Greenacre, Selma Fraiberg, Harold Kolansky with William T. Moore, Moses Laufer, and Herbert Wieder); Normal and Pathological Development (Selma Fraiberg with Barry Siegel and Ralph Gibson, James Kleeman, Humberto Nagera, Lili Peller, and Helen Schur); Diagnostic Profiles (Dale Meers and Ruth Thomas, et al.); Pathobiography (M. Katan). An adequate critique of these papers is impossible in this short review. Suffice to say that one can find a rich abundance of clinical and observational data for learning and teaching in such diverse areas as schizophrenia, affects, mourning and depression, anger, transference in adulthood and latency, precocious and retarded children, simultaneous analyses of parent and child, blindness, genital self-discovery, sleep, language, memory, and the work of Piaget and Henry James. The combination of contributions by adult and child analysts, clinical and theoretical material, normal and pathological processes, along with venture into and exchange with other fields, creates a volume that has broad scope, a critical respect for already established concepts, and a readiness to apply the genetic metapsychological point of view to the uncharted areas of the mind.

Since these volumes have become important source material, it is regrettable that they contain no index. Perhaps the editors feel that the articles are meant to be read and that indexing, like definitive theory formation, is premature.

CARL ADATTO (NEW ORLEANS)

CHILDREN OF TIME AND SPACE, OF ACTION AND IMPULSE. Clinical Studies on the Psychoanalytic Treatment of Severely Disturbed Children. By Rudolf Ekstein, Ph.D., et al. New York: Appleton-Century-Crofts, 1966. 466 pp.

Few clinicians have the ability to work successfully with seriously disturbed children. Even fewer are at the same time sufficiently self-

observant to be able to explain what transpired between them and their patient. Rarest of all is the man in whom these abilities are combined with that of the gifted teacher. Rudolf Ekstein, principal author of this book, is such a man. During his years at the Southard School and later at Reiss-Davis Child Study Center, he inspired a group of people who have continued to work with him and whose work forms part of this book.

The book is a collection of papers, most of which have appeared in various journals during the last twenty years. It provides a welcome first opportunity for a comprehensive examination of the research carried on by Ekstein and his co-workers, concerning the treatment of psychotic children. Its title refers to the defenses used by these children: some, like 'the Space-Child', live in their own imaginary worlds removed from ours by millions of years or millions of miles; others create a psychological distance by means of their own particular metaphor. Clinical and theoretical papers describe the means by which the therapist reaches out to the child, entering his distant world, interpreting within the metaphor until the child, using the therapist as an auxiliary ego, is enabled to relinquish his defenses. The techniques by which this is accomplished are based on theoretical considerations for which certain psychoanalytic terms have been redefined and a few new concepts have been developed.

Throughout the book there is a feeling of sharing the excitement of discovery as the reader is led along the path taken by the authors in their search for the answers to previously unsolved problems. Two decades ago, nearly all schizophrenic and borderline children were condemned to lifetime custodial care because successful treatment was virtually unknown. These authors, for the sake of furthering research, have courageously reported their failures as well as successes, and as a result have been among those who have contributed most to the tremendously increased interest in treating these children.

The research methods used are described in the chapter, *The Opening Gambit in Psychotherapeutic Work with a Severely Disturbed Adolescent Girl*. Taped recordings of patient interviews are compared with process notes written immediately after the session. In this way, the therapist was enabled to become more aware of his countertransference and the manner in which he made use of it.

Ekstein states: 'Only he who can trust the workings of his pre-conscious, who can surrender the ordinary secondary process thinking to evenly suspended attention, and who can permit himself to be influenced by thought processes which stem from more archaic levels, can do psychoanalytic work'.

The implication here is that a special kind of countertransference is essential in order to be able to treat psychotic patients: a relationship by means of which the therapist can permit ego fluctuation within himself (corresponding with fluctuation of the patient's ego) while at the same time maintaining a stable portion of the ego as observer. This enables the therapist of psychotic patients to understand their special language in a manner similar to a mother responding to and interpreting her infant's signals communicated through crying or restlessness.

One example of redefinition of psychoanalytic terms is the use of 'interpretation'. In the chapter, *The Nature of the Interpretative Process*, Ekstein clarifies why he sometimes speaks of steps in interpretation and why he has found that the accustomed use of the term, interpretation, needs to be extended to include 'precursors of interpretation. . . . Some deeply disturbed patients can understand precursors of interpretation only, such as the prohibition which one must express in the case of a child who cannot give up the delay of need gratification without this auxiliary help from the adult. . . . The child . . . is in need of the auxiliary ego of the therapist.'

Ekstein is a master of the metaphor, not only as an interpreter of the fantasy world of the disturbed child, but as a teacher using the metaphor for explanation. An excellent example occurs in his explanation of the distinction between the ego of the neurotic patient and that of the borderline and psychotic child. 'We may conceptualize this difference by comparing the ego of the borderline child to a delicate permeable membrane through which the primary process penetrates with relative ease from within and which external force punctures easily from without, as contrasted with a resilient, relatively porous, more intact membrane which might represent the more permanently cathected ego of his neurotic contemporaries.'

These few examples of the originality of Ekstein's thinking will scarcely do justice to the wealth of stimulating ideas in this volume, ideas as valuable to the experienced therapist as to the student.

Many of the techniques for treating psychotic children will, in modified form, also be found useful in the treatment of neurotic children.

The contributions of individual collaborators have not been considered separately. Their papers blend so well that there is a feeling of unity and coherence to the presentation, and all comments apply to the book as a whole. The only criticism of the book is its repetitiousness, a factor which is probably inevitable in a collection of papers. It is hoped that this will not be a deterrent to the acceptance of its otherwise stimulating content. Ekstein explains this fault by saying that he does not yet feel ready—the insights here described are still too new—to relate these concepts in textbook fashion. Yet he and his collaborators have pioneered new paths through wasteland. If that land is to be reclaimed, if many more children are to be rescued, the paths must be widened. The textbook should be written soon.

MARJORIE R. LEONARD (STAMFORD, CONN.)

INTELLIGENCE AND AFFECTIVITY IN EARLY CHILDHOOD. An Experimental Study of Jean Piaget's Object Concept and Object Relations. By Therese Gouin Decarie. New York: International Universities Press, Inc., 1966. 230 pp.

Many psychoanalysts view Piaget's observations and genetic theory of development as useful to their own retrospective constructions and direct observations of the emerging cognitive object. Piaget comments in the foreword: 'though I am ranked rather highly for my imagination concerning hypotheses, I received in general a rather low grade for their verifications'. This confession suggests that the affinity between psychoanalysis and the Geneva School of Psychology rests on more than theoretical grounds. Both Piaget and psychoanalysis therefore can mark the publication of this book as a welcome attempt to observe infants from three to twenty months in large enough numbers to be treated statistically, and put the traditional imaginativeness of both groups to the test of equally traditionally scientific demonstration.

This is a cross-sectional study of three groups of infants reared

by parents, foster parents, or in institutions, with the aim of 'correlating the development of the *concept object* and the development of *object relations* during the first two years of life'. Thus the author's concerns are with the 'genesis of representation' and its demonstration in the difficult preverbal period. Dr. Decarie uses Piaget's five-stage object scale and a new 'objectal scale' drawn from Spitz's observations.

This study of ninety children corroborates Piaget's developmental sequencing derived from his careful study of three. His distinction between practical groups, as evidenced by search behavior for a hidden object (stage four) and representative groups, as evidenced by behavior with regard to objects not perceived in the current field (stage six), is an important one for psychoanalysis. The latter stage is not established until eighteen to twenty months. If, by internalized object, psychoanalysts mean the object of stage four in the Piagetian scale, the experimental data suggest that this is not fixed until eight months. This correlates only with the infant's ability to distinguish between familiar and unfamiliar persons on the objectal scale (objectal period A). The object of eighteen to twenty months, however, is not dependent upon the immediate experience of the object but is clearly representational.

Many psychoanalysts place the onset of 'true representation' of the mother at six or seven months (some as early as three months). This landmark is central for the understanding of such concepts as separation anxiety, mourning response, and aspects of fantasy formation. The relevance of fixing the time of object representation was elaborated in the recent controversy concerning Bowlby's constructions about the nature of the child's attachment behavior to the mother. In our search for hard data how can psychoanalysts reconcile the results of this study with our timetable of events? Classic freudianism argues strongly against the elaborate inference of the Kleinians concerning the 'fantasies' of the first six months. The current data offer reason to be sceptical also about the next six to twelve months. One may very well argue that Decarie and Piaget's observations offer us a conservative estimate that is the latest point at which representative objects can be demonstrated but do not preclude their earlier occurrence. This, however, is the best evidence available to this point. Among the questions it touches are the relationship between imitation and identification as well as the

linguistic question of the evolution of a sign to a symbol. Evidence for the latter also suggests that we must push our timetable into the second year of life for the formation of referential groups not dependent on immediate experience.

The author should be complimented for her attempt to examine this complex question. Her summary of Piaget is an example of her capacity to present his difficult constructions in concise form. Psychoanalysts will be glad to have this easily readable presentation of the theories of the Geneva School. Her summary of ego psychology and Spitz's work is also an admirable compilation of the relevant literature.

Decarie comments on the complex intertwining of cognitive and affective relationships in the earliest period of infancy but it should not go without comment that the earliest organization of infant behavior is global and not differentiated. Although we separate the autonomous ego functions from other ego functions more liable to encroachment from the drives, it remains the task of developmental differentiation and integration to make this distinction clear. Piaget would point to the fact that the mother is an object among others and therefore a cognitive object. It also goes without saying that the child's earliest view of nonlibidinal objects is syncretic and physiognomic. For these reasons it seems somewhat an artifact of our wish to view data in the clean categories that the distinction between intelligence and affectivity is made, and this even more so in the period of infancy.

THEODORE SHAPIRO (NEW YORK)

CHILDREN IN THE HOSPITAL. By Thesi Bergmann, in collaboration with Anna Freud. New York: International Universities Press, Inc., 1965. 162 pp.

This book deals with observations of chronically ill children hospitalized for months and years because of orthopedic disabilities, asthmatic, or cardiac conditions. It enables parents, physicians, nurses, and other medical personnel to understand how children feel about illness and separation from home.

The hospital therapist, as a mediator between the sick child and his parents, facilitates the process of recovery through helping parents to get to know their children. In some instances where pre-existing personality problems interfere with favorable development, the therapist can succeed later in getting the child into analytic therapy. Of all the tasks of the hospital therapist perhaps the most important is the pioneering effort to bridge the gap between the children's inner life and the adult world around them under the most trying circumstances. To a normal adult it is incredible that, at times, the distance between a child's psychic reality and external reality is so great. For instance, the child may have as severe an anxiety reaction to a prick of the finger for a blood test as to a serious surgical intervention. Adults can better understand the child where psychic and external reality are close together.

Thesi Bergmann presents, with simplicity and clarity, the complicated problems besetting sick children. The examples quoted are characterized by richness of observations and astute deductions. It is not easy to obtain information about a child's fantasy life under the best circumstances and it is certainly more difficult during illness. The conception of illness as punishment is universally prevalent among children and can be traced to masturbatory guilt. Because of this unconscious connection, illness can cause intense fears and depressive reactions. We also frequently see severe masochistic trends resulting from childhood illness. The tendency to regression in illness is hard for a child to combat, and his strides toward independence can be undermined.

As Anna Freud so clearly expressed it, the task of the hospital therapist is, on the one hand, to present external reality to the child while respecting his feelings and anxieties, to offer comfort and guidance, and to serve as first aid to psychiatric emergency situations. On the other hand, the therapist attempts to influence the hospital staff to pay heed to the child's emotional state and needs. This attitude not only avoids unnecessary complications but paves the way toward mutual understanding and coöperation and furthers the process of recovery.

This book is strongly recommended to child therapists and all others interested in work with children.

PERCEPTUAL DEVELOPMENT IN CHILDREN. Edited by Aline H. Kidd and Jeanne L. Rivoire. New York: International Universities Press, Inc., 1966. 548 pp.

This volume has been edited as a source book to supplement developmental and experimental texts. Since the editors do not believe the topic of perception can be separated from total development, they have collected seventeen articles presenting different aspects, under six sections: Physiological Factors in the Development of Perception, Theories of Perception, Visual and Auditory Perception, and Social, Affective, and Cognitive Aspects of Perception. Each chapter covers current beliefs, past research, and indications for future research, and ends with a bibliography. Since the volume draws mainly on the research of psychologists and on articles published in journals of psychology, the approach and findings may not be familiar to the medical profession. Nor is the language easy to follow. Much of the data, however, is psychoanalytically oriented and could be of value to psychoanalysts and members of allied disciplines.

An essential theme running through the book is 'What is the basis of perception?'. While much is known about the neurological pathways for receiving sensory stimuli, there is still no single acceptable theory as to the development of perception. The ability to perceive is not static because the cognitive structures are 'born, grow, and die'. But how this occurs is still essentially a matter of hypothesis.

Of particular interest in the field of personality development is Dr. Jerome Kagan's work on the interaction of constitutional and other factors, especially in connection with longitudinal studies. A longitudinal study starting with eight-week-old infants and follow-up forty-eight weeks later, strongly suggests that there is an inverse correlation between activity and attention. This *may* indicate that impulsivity and reflectivity have a congenital basis. It is too bad that Dr. Kagan overlooked work done thirty years ago showing that eight weeks of age is too late to start a longitudinal study on constitutional factors. By that time interaction between environmental and constitutional factors has taken place so that the purely constitutional factors cannot be identified with scientific accuracy.

As a source book, this volume has great value. It would be difficult for anyone interested in personality development to read it without broadening his horizons.

MARGARET E. FRIES (NEW YORK)

INTENSIVE FAMILY THERAPY. Edited by Ivan Boszormenyi-Nagy, M.D. and James L. Framo, Ph.D. New York: Harper and Row, Publishers, 1965. 507 pp.

This book contains contributions by fifteen authors who have been working in the field of family therapy. It provides a general review of the literature. Descriptions of family interview sessions and case material illustrate the theoretical concepts that have been developing in the field. There is an excellent chapter on the theory of interpersonal transactions which Dr. Boszormenyi-Nagy has developed from a correlation of psychoanalytic writings with existentialist philosophers, especially Martin Buber. Existential concepts of subject-object observed in parent-child relationships are thoroughly elucidated. Other chapters describe such phenomena as mystification, confusion, identity struggle, reversal of generations, to which family therapists attribute the origin of psychopathology in children.

The book is of interest to psychoanalysts for several reasons. It provides a broad survey of a related field, introduces terminology used by family therapists, and familiarizes one with an existential transactional theory. It should help those analysts who use their psychoanalytic insights to assist colleagues working in related fields. A dialogue with mutual benefit can be the outcome of the merger of psychoanalytic knowledge of the individual and transactional phenomenology of the family; greater familiarity with family interaction will make the analyst more astute in evaluating the object relations of individual patients.

Family therapy is now being performed by many professional and nonprofessional people with different training and preparation for the work. But this volume presents the efforts of several groups of well-trained observers who attempt to conceptualize their observations on the psychopathology of the family and to organize the principles of therapy. They have described the phenomenology of the family in a meaningful way although the causative factors of the phenomena are not explained. Although the book does not

give the final answer to the question of whether the family has a psychology that goes beyond that of its individual members, it poses the question in a manner that demands our continued attention and warrants more observations.

ABRAHAM FREEDMAN (PHILADELPHIA)

DYNAMICALLY ORIENTED ART THERAPY. *Its Principles and Practice.* By Margaret Naumburg. New York: Grune & Stratton, Inc., 1966. 168 pp.

This volume is intended as an introduction to the author's technique of art therapy, developed over a period of twenty-six years. It is informative and not without interest, but it is marred by her polemical tone and her rather shallow understanding of freudian psychoanalysis. There is also a good deal of complaining about her neglect by the freudians. Nonetheless, the author includes a serious and thoughtful discussion of the role of symbolism in art and mental life. Her notion that psychoanalysis ignores nonverbal communication is, of course, not true. Three cases, one treated in concert with an analyst, are discussed in some detail and with copious, though indifferently reproduced, illustrations.

AARON H. ESMAN (NEW YORK)

THE FUSION OF PSYCHIATRY AND SOCIAL SCIENCE. By Harry Stack Sullivan, M.D. New York: W. W. Norton & Co., Inc., 1964. 346 pp.

This volume contains Sullivan's writings on social science from 1934 until the time of his death in 1949. In seventeen papers on diverse topics, he is generally concerned with his attempt to find common ground between social science (which for him was mainly social psychology or sociology) and psychiatry (which for him was the study of interpersonal relations). Helen Swick Perry has written the introduction and commentaries which are clear but completely uncritical.

Sullivan did succeed in bringing about a fusion of psychiatry and social science—at the expense of psychiatry and with the use of a highly simplified set of propositions and hypotheses from social science. I say at the expense of psychiatry, since Sullivan's state-

ments about personality are only about the interacting personality; and the study of the person in interaction is basically the field of the social sciences. Propositions about actors in interaction are the proper province of sociology, not of psychiatry. Essentially, this is a book on social science, not on psychiatry, and not on the relationship between psychiatry as it is understood by a freudian, and the social sciences, as understood by a trained social scientist. Actually there is no such thing as social science: there are social sciences; and Sullivan has reduced the social sciences to the kind of social psychology advanced by George Herbert Mead and Charles Cooley. But he also uses as basic propositions in psychiatry, those of social psychology. Thus, there is no real fusion that is a reduction of the propositions of social psychology to that of psychiatry or a statement of the proposition of psychiatry in terms of those of social psychology, with the links between them clearly delineated. Instead, there is a set of double definitions, or the use of one series of definitions for the two fields.

The book does present a picture of Sullivan as a man passionately interested in human problems and human progress, always hopeful that what he understood to be psychiatry could help to alleviate personal and social tensions and show the way to a better world.

SIDNEY AXELRAD (NEW YORK)

THE CONCEPT OF IDENTITY. By David J. de Levita, M.D. New York: Basic Books, Inc., 1966. 209 pp.

This documentation of an encounter with the evolving concept of identity is broad and inclusive. It contains an impressive review of relevant literature, an attempt to correlate ideas from various disciplines, and mention of some intriguing topics.

After a survey of the vicissitudes of the concept of identity until it enters the field of psychiatry, the author discusses Erikson's ideas. Using literary examples, he then illustrates the failure to establish an identity and the failure to renounce an obsolete identity. Then follows a discussion of the literature after Erikson—from sociology, experimental psychology, social psychology, and psychoanalysis—and a discussion, largely sociological, about roles. In his conclud-

ing chapter, the author compares identity with other concepts, distinguishes between processes of identity formation ('formants') and identity elements ('identials'), and attempts an introduction to identity pathology.

Dr. de Levita states as his aim 'to make available to psychiatry the rich treasure house of material which the social sciences have gathered together' (p. 189). Accordingly, he concerns himself largely with the social, interactional, transactional, contextual, and contingent aspects of identity. Though metapsychological points of view other than the adaptive are not ignored, they deserve consideration in greater depth. He does mention the structural dimension, referring to precipitates in personality structure and the 'psychological representatives of roles'. Dynamic and economic matters are considered as well as the genetic point of view (his concept of 'formants'). The concept of identity is described as a link between the individual and his culture: the intrapsychic and the interpersonal. Consequently, there is the necessity for a synthesis of these two major components of identity. The wide-ranging, germane considerations contained in this book are arrayed in a rather cumulative and conglomerate fashion. Although the author appears to be striving for the desirable synthesis, it does not emerge clearly; there is a need for selective arrangement of pertinent factors, for hierarchical ordering and achievement of a comprehensive organization.

A number of interesting ideas are mentioned throughout the book, but are not developed in depth. Some of the intriguing topics touched on are: the relationship of names, life history, and body to identity; the distinction between identity and individuality; identifications and identity; the relationship between the internal, external, and not yet internalized; self and identity; change and sameness; visuality and identity.

This book is worth reading. It leaves the concept of identity still elusive, but it presents a delineation of some of its distinguishing features. Its lack is in emphasis rather than in an absence of relevant considerations. Though certainly not definitive, it is a scholarly and imaginative contribution to the continuing dialogue on the concept of identity.

PSYCHODIAGNOSIS IN SCHIZOPHRENIA. By Irving B. Weiner, Ph.D. New York: John Wiley & Sons, Inc., 1966. 573 pp.

It was the author's announced intention to prepare a clinical handbook in which test behaviors could be categorized for the facilitation of differential diagnosis in schizophrenia. The book is addressed to graduate students in psychology and the practicing clinician to provide them with various psychodiagnostic guidelines, and these aims have been realized. This is a long overdue book into which Dr. Weiner has invested prodigious labor leavened by scholarship and a sound clinical perspective. He approaches the complex problems of differential diagnosis in schizophrenia from a theoretical and normative standpoint, supplemented by case illustrations and lavish documentation derived from experimental studies.

Psychiatrists may find this work too technical, but its precise delineation of the psychologist's synthesizing operations is instructive. An exhaustive bibliography and a good index round out a significant contribution.

FRED BROWN (NEW YORK)

THE PSYCHOLOGICAL PROBLEM OF DISARMAMENT. By Philip Seed, M.A. London: Housmans, Publishers, 1966. 74 pp.

Mr. Seed, a teacher in a social work agency, need not have apologized for his difficulties in producing this small, pithy book. In seventy-four pages he describes the complexities that all who wish to do sophisticated peace and war research must clarify. All too often 'psychologizing' promotes equating nations with individuals, which may lead to simplistic solutions or a sense of hopelessness.

Behavioral scientists, particularly those using the important concepts of fantasy and symbolization, will profit from the author's descriptions of the so-called modern state. It is clearly not a homogeneous, well-integrated, well-functioning unit. It is a complex of institutions, official and unofficial, with multiple, often conflicting interests, shifting pressures, contradictory policies and behavior, poorly coordinated and poorly thought out. The author offers the reader many hints on how psychoanalytic knowledge could be put to good use.

One criticism: all bibliographic references in the text should have

been noted, and preferably from the original source. However, there is so much that is positive that one hopes Mr. Seed will obtain a grant enabling him to write an expanded version.

ROBERT M. DORN (BEVERLY HILLS, CALIF.)

SATURN AND MELANCHOLY. Studies in the History of Natural Philosophy, Religion, and Art. By Raymond Klibansky, Erwin Panofsky, and Fritz Saxl. New York: Basic Books, Inc., 1964. 429 pp.

Apart from their interest in melancholy, the authors have used this study as an illustration or prototype of the richness and complexity of the history of ideas and of the transmission of knowledge. According to the introduction it grew out of an earlier monograph by Panofsky and Saxl, *Dürer's Melencolia I*, which aimed to elucidate the meaning of Dürer's famous engraving. This task is still prominent in this volume and forms one of the two nodal points of the work. The other is the discussion of a work written some eighteen hundred years before Dürer, the section of Aristotle's *Problems* that begins, 'Why is it that all those who have become eminent in philosophy or politics or poetry or in the arts are clearly *melancholics* . . .?'.

The history of medical, philosophical, poetic, theological, and artistic activity connecting these two works forms the subject matter of this volume. Such a history must exclude discussion of other important aspects of melancholia that are peripheral to its main task. For instance, the authors regretfully pay homage to, but exclude, Burton's *Anatomy of Melancholy* and have little material about melancholy in Shakespeare.

Aside from the general cultural importance of this book, what is its particular interest for psychiatry and psychoanalysis? The question first raised by Aristotle and elaborated in pictorial form by Dürer might be restated: what is the relationship between talent, genius, creativity, and a particular condition, melancholy, which sometimes verges on madness? This problem organizes the vast bulk of material in the book. In order to approach the problem several other questions must be raised. The following list seems to be a fair summary of the major psychological issues involved in exploring the relationship between genius and melancholy. 1. The definition of melancholy. 2. What is temperament or character?

3. What are the bases and origins of the diverse human temperaments? 4. Where is the boundary between normal temperament and full-blown pathology, i.e., between a melancholic temperament and melancholia? 5. What is the most suitable framework in which to examine temperament—medical, poetic, theological? 6. What constitutes creativity or genius; what are its genera and species? 7. What is the nature of the relationship between emotions and intellect? These are among the perennial questions in understanding human nature and are of great concern to psychoanalysts. It is hoped that they might prove useful in orienting the reader through what is, at times, a labyrinthine mass of material.

The organization of the book is primarily along historical lines. Part I treats the historical development of melancholy, dealing in one chapter with melancholy in the ancient world and in a second with melancholy in medieval medicine, science, and philosophy. The Aristotelian notions of melancholy are set in the context of a detailed discussion of the four humors and of their relationship to temperament. Even in antiquity the struggle to erect a biologically based theory that accounts for normal and pathological behavior is evident. Aristotle singled out melancholic humor as particularly potent in affecting mind and character. In excess quantity or of the wrong quality, melancholic humor could result in madness, mania, depression, suicide, or imbecility. But if present in the right amount, 'then is the melancholic not a freak, but a genius' (p. 32).

The authors point out that melancholia originally meant 'madness' and melancholic was equivalent to 'lunatic' or 'raving madman'. In Aristotle's discussion its meaning both as a temperament and a disease became somewhat more specific. Some of the features of the melancholic were: dullness or stupidity (cold black bile); states of being elated, brilliant, erotic, easily moved to anger and desire—fits of exaltation and ecstasy (hot black bile); despondency—tendency to commit suicide. By the end of classical antiquity, a type almost identical with manic-depressive had been delineated.

The second chapter of Part I elaborates, among other themes, how the concept of melancholy became integrated with various theological views on sin and came to be an example both of a vice and a punishment for vice. Great saints and great sinners were prone to melancholy. In theological and moralizing literature we see a deepening and enrichment of the psychological portrayal of mel-

ancholy. The torment and conflict of the melancholic began to come into focus, albeit in the setting of moral condemnation. The important theme of guilt first became linked to depression in theology. On the other hand medical writings on melancholy (as temperament and as disease) became more stereotyped and less useful in understanding the psychological nuances. The medical view was primarily amoral and nonjudgmental and afforded a kind of refuge for the melancholic by labeling him sick rather than sinful.

Part II covers the mythological and astrological aspects of Saturn (Kronos). To be born under Saturn became equivalent to being a melancholic. Most important was the marked degree of contradiction and ambivalence that attended the figure of Saturn. He was the god who reigned over the golden age and The Kronian Life which signified continuing bliss. Kronos was also the god who devoured his children, castrated his father Uranus, and was himself castrated by Zeus. That such themes ultimately became linked to melancholy is of great interest, highlighting what we now label oral ambivalence and oral aggression which play a major role in psychotic depression.

Part III deals with Poetic Melancholy and Melancholy Generosa. Poetic Melancholy was usually personified as a woman. At times she was a horrible hag, wizened and sadistic, carefully differentiated from Dame Tristesse. (One distinction between melancholy and sadness apparently emerged as early as the thirteenth century.) The other face of Poetic Melancholy is more familiar in English literature, especially in Milton's *Il Penseroso* and Keats' Ode to Melancholy. To Milton she was 'goddess sage and holy', 'pensive, wan, devout and pure'. To Keats 'she dwells with beauty' and lives 'in the very temple of Delight'. The discussion of Melancholia Generosa introduces rather new and esoteric material, Florentine neo-Platonism and the work of Marsilio Ficino (1433-1499). In this literature, written at the height of the Italian Renaissance, melancholy became firmly linked with Saturn and the two became associated with genius. Thus the Aristotelian notion of geniuses as melancholics was revived.

Part IV deals with Dürer's engraving of *Melencolia I*, its immediate antecedents in Dürer's work and in that of his near contemporaries and the artistic tradition that emanated from Dürer's work down to the nineteenth century. The exposition of the complexities of Dürer's work is convincing and certainly the high point

of the book. In brief, the winged figure of the woman in the engraving is a fusion of melancholy and geometry. She is surrounded by geometrical and mechanical tools, but cannot do her work. The fusion shows melancholy as part of creative work as well as an expression of inhibition of such work. The engraving depicts an awareness of the limitations of the artist's creativity. The artist has only the power of '*imaginatio*', the faculty of image making and spatial perception, and does not possess the highest faculty, '*mens*', which has as the objects of its knowledge 'divine secrets . . . divine law, angelology and theology'. The authors derive this interpretation from a detailed study of the symbolism of the engraving and particularly draw heavily upon a neo-Platonic document, presumably well known to Dürer. Based on his own writing, they point out that while Dürer was ' . . . opposed to the older Italian art-theorists such as . . . Leonardo, he [Dürer] more than anyone, was convinced that the imaginative achievements of painters and architects were derived from higher and ultimately *divine* inspiration. . . . Dürer, despite his passionate championship of this "ratio" [reason] was aware of the fact that the deepest source of creative power was to be found elsewhere, in that purely irrational and individual gift or inspiration . . . ' (p. 360, ff.). To Dürer creativity was an endowment bestowed upon the artist by forces outside him.

As for the 'deepest source of creative power' in Dürer himself, that source which to us lies within the individual, we know tantalizingly little. The authors argue that Dürer was a melancholic and struggled with the kind of problem he portrayed in *Melencolia I*. In this work there are data that suggest links among his artistic capabilities, his defensive style, and the functioning of his conscience and ego ideal. 'To measure' and 'to measure up to' are recurrent themes in Dürer's life. His books on human proportions were extraordinarily important to him. God the father is he who 'measures the universe'. Even in the midst of a terrifying nightmare of a flood, Dürer notices heights and distances and measures them with his eye. Biographical data provide some leads to the sources of his melancholy. A psychoanalytic study of *Melencolia I* by Alfred Winterstein utilizes this data and follows the model of Freud's study of Leonardo.

Other questions suggested by this work warrant further exploration. For example, how do the changing ideas about melancholy correlate with the general social, cultural, and economic milieu?

The period of Dürer's life is one for which there is abundant historical and social documentation. It was an era that seemed to have a very special, and relatively benign, view of madness. The *Ship of Fools*, by Sebastian Brandt (Dürer was apparently responsible for some of the illustrations) and Erasmus' *In Praise of Folly* are expressions of a new view of madness, consonant with Dürer's connecting melancholy and creativity. It was also an age of changing sense of social and personal identity. Artists, Dürer among them, first began to sign their names to their works.

The book is a difficult and demanding work of immense erudition, often requiring an array of Latin, Greek, French, German, Italian, and Spanish dictionaries. At times it is too encyclopedic and too detailed. Yet each chapter is a vignette of an age, a miniature portrait of a whole era. The sections on medieval thought, for example, convey much of the intricacy and ornateness of medieval philosophy, some of its stereotypy and tendency to excessive interest in synthesis, and to reconciliation of all opposing viewpoints. The fusion of art, history, and intellectual history that permeates the book is exciting. Altogether, it is a rare blend of scholarship and imagination that richly repays the reader's efforts.

BENNETT SIMON (NEW YORK)

CLASSICS IN SEMANTICS. Edited by Donald E. Hayden and E. P. Alworth. New York: Philosophical Library, 1965. 382 pp.

Semantics has been a favorite domain of philosophy for many years. More recently, as a subdivision of linguistic studies it has found a more disciplined home. It is also claimed as an integral part of 'semiotics', the theory of signs, where semantic problems elicit the attention of symbolic logicians and mathematicians. In the behavioral sciences, especially in psychology, the problem of meaning is seen as a central issue. Directly and tangentially the study of meaning is thus the meeting ground of many scholarly disciplines of both science and the humanities. The word meaning, however, has different meanings in different contexts. When a psychoanalyst refers to the meaning of a dream, he is using the word in quite a different sense from the lexicographer who is searching for word definitions. The multiplicity of the 'meaning of meaning' is in itself a semantic problem.

When the field of semantics is arbitrarily limited to the study of

the connections between words and things, it still poses a complicated set of questions which reach in many directions. This volume is a selected anthology of historically arranged essays spanning two thousand years. It does not attempt to answer fundamental questions but seems rather to try to demonstrate, mainly in the field of philosophy, how the problem of meaning has been approached by important scholars of different epochs.

Anatol Rapaport, one of the most recent contributors, attempts to answer the question, 'What is Semantics?'. He suggests that modern logic and semantics are intimately interlaced and that the most important ideas fall under four headings: '1) the propositional function [of language], 2) the operational definition [of words], 3) the predictive value [of meaning] as the criterion of truth, and 4) the theory of types [classificatory schemata]'. Rapaport is thus more concerned with the role of meaning as an adjunct to rational and scientific thought and less with the question of communication. Pragmatic communication theorists, such as John Dewey in *Nature, Communication and Meaning*, are more concerned with the way in which words achieve meaning in discourse and not the reverse. Dewey is interested in 'the instrumentalities' of language rather than the analysis of vocabularies into categories based upon the logic of the 'criterial attributes of things'.

The volume contains an impressive and, to my mind, top-heavy collection of philosophical essays beginning with Plato's *Cratylus* and continuing through Bacon, Hobbes, Locke, Berkeley, Hume, Pierce, and finally to Dewey and Einstein. These will delight the metaphysicians, the epistemologists, and logicians. Two linguistic essays, one by Ferdinand de Saussure and the other by Ogden and Richards, indicate the importance of the study of the intrinsic structure of language in defining the field. Two prelinguistic 'grammarians', Lady Welby and Michel Bréal, are also included. The relationship of semantics to literature is indicated by selections from Kenneth Burke and John Kenyon. These essays offer interesting instruction in problems of formalism, usage, and style in speaking and writing.

Singularly lacking are the contributions of the behavioral sciences, especially the cultural anthropologists like B. L. Whorf and Edward Sapir, and the developmental psychologists like Piaget and H. Werner. The work of the former has contributed to the phylo-

genetic problems of semantic theory and the latter to the psychology of symbol formation (the problems of ontogenesis). Both are essential to such an anthology if it is to be balanced in its representation of various problems in semantics and ways of studying them. I must also express regret (which does not come from personal specialized interests alone) that the one psychoanalyst who has made significant contributions to problems of semantics is neither represented nor mentioned. This is Freud who so productively studied aphasia and the disintegration of language in schizophrenia. Both aphasia and schizophrenia are conditions which can serve as important testing grounds for theories of meaning. Semantic theory has much to learn from Freud and his method of investigating the psychopathology of language.

This volume offers the usual convenience of an anthology. All of the essays are important contributions to the subject and lie within easy reach in one binding. The main objection to the book is that it omits classics in semantics from several important disciplines and thus gives a distorted impression of the scope of the subject and the nature of its problems.

VICTOR H. ROSEN (NEW YORK)

THE HUMAN NATURE OF SCIENCE. *Researchers at Work in Psychiatry.* By Stewart E. Perry. New York: The Free Press, 1966. 289 pp.

The intent of this book can best be judged by an arresting confession made by the author in the final chapter, as follows: 'I begin . . . with the pessimistic idea that I (like all other scientists) am basically alone in this world and what I have always to do is to try to transcend that aloneness' (p. 238). How is this done? By trying to code personal experience with a shared system of rules—the rules of science—so that others may participate in the author's experience even though they cannot see with his eyes.

Judged by this statement of purpose, Perry's book is only partly successful. He is broadly concerned with the influence of the social structure on the research enterprise and capably discusses the general nature of the problem, bringing together an impressive collection of references; anyone interested in the interface which joins science and society could learn a great deal from chapter ten. But when he becomes more concrete and describes personal experiences to make a

more general point, he is less successful; they remain very personal, cannot be understood in terms of a more general frame of reference, and bear out his fear that he is essentially alone and not communicating with an audience. These experiences, presented in the form of two case studies, are used to exemplify his general thesis that the social setting determines the findings of a research and, more specifically, that the conflict between research and treatment can seriously interfere with any clinical project. The case studies are poorly presented and hard to follow. They are not particularly good examples of his point. In fact, they seem selected only because the author happened to be on the scene and not for any more systematic reason.

What is more serious, his studies are flawed in another way. The author by training is a social scientist and not a clinical researcher; consequently he is not equipped to judge the project he is studying. He may, because of his innocence, have been less inclined to make interfering value judgments; on the other hand, his lack of knowledge was a drawback because it allowed him to pick poor examples to study. The first case study is a research project that sounds poorly managed, naïve, and lacking specific rationale or goals; the second is even more diffuse. The plan of the first was to study the effects of LSD on schizophrenics already started on a course of psychotherapy to see if it would exacerbate their feelings of de-personalization. Four patients were originally scheduled; in practice, the drug was given to only one and stopped after one dose. The author sees the interruption of the research as a result of the conflict between therapy and research and develops this position in considerable detail. But because the research seems poorly conceived, one is left with the impression that faulty design was the main culprit. The study was not finished because it had not been carefully planned. This defect could have been easily rationalized in terms of the more respectable conflict between treatment and research. After all, it is much easier to renege on these grounds than to tell the chief investigator that his study is poorly conceived. If the author had more research sophistication, he might have seen this possibility; as it is, he presents the research without comment and misses making a telling point.

Because the research examples are flawed, the book is open to the argument that social pressures on science only occur in bad laboratories, affecting persons without sufficient research training

to withstand these subtle pressures. Because the examples are poorly chosen, the book loses much of its punch. Until it is clear that no one is immune from these pressures, the importance of Perry's thesis is likely to be underestimated. The beginning made here should be followed up on a broader front, choosing examples that cannot be easily explained away.

DONALD P. SPENCE (NEW YORK)

SOCIETY WITH TEARS. By Irving Sarnoff. New York: The Citadel Press, 1966. 318 pp.

Doctor Sarnoff, Professor of Psychology at New York University, has, as he intended to do, written a Utopian essay, or sermon. A sermon starts out from a conviction; its style is not to explain but to persuade and inspire, and its aim is to induce a changed attitude in the reader.

Sarnoff's conviction is that our present societal arrangements are impossibly unsuited to the people who live under them. The goals and prizes offered by this society are almost exclusively those of egoistic 'self-aggrandizement'. The pursuit of prestige, power, and possession dominates the waking life of man in the 'developed' parts of the world, in a fashion that seemingly has no relation to man's biological needs and drives. Although the pursuit is theoretically open to all, satisfaction is actually available only to a few, the 'oligarchs' who control all the institutions designed to make actual the dream of self-aggrandizement. Sarnoff goes beyond the description of the inequities and inequalities of our social structure to insist that these pursuits are morally unacceptable. He states unequivocally that acquisition of power, prestige, and possession occurs only to the detriment of other human beings. He finds even more disturbing the fact that the quest for self-aggrandizement prohibits the search for 'self-realization'.

Sarnoff's Utopia is designed to favor 'self-realization'. Its dominant values are those of 'humanitarianism' and 'egalitarianism'; its most valued pursuits are intellectual and artistic. This Utopia is to come into being by nonviolent methods, employed by deeply committed and courageous humanists who are convinced that ideas of God, private property, and the state can now be seen as dangerous anachronisms. Legislative and educational techniques are to be used to overcome these anachronistic convictions.

Utopian literature is a precious segment of our cultural tradition, and its characteristic blend of compassion with sensitive anger at injustice and dehumanization comes to be part of the ego ideal of civilized adults. For his willingness to put aside his professional regalia on behalf of his personal humanistic convictions, the author is to be congratulated. But for psychoanalysts who are personally or professionally concerned about social problems, this book may prove disappointing. Just as the quality of the writing and mode of approach is reminiscent of the social criticism of fifty to seventy-five years ago (Veblen, Shaw, the Webbs, Ingersoll, and others), so do the implicit assumptions about personality seem curiously old-fashioned.

Psychoanalysts will be less interested in the fact that he relegates their work to a chapter entitled *Palliatives in Purgatory* (there is also a perfunctory acknowledgment of the heuristic value of Freud's work) than in the fact that his Utopia seems to be an elaborate series of conditions designed to prevent the occurrence of feelings of rivalry, jealousy, and hatred. The political and economic arrangements all seem to have been invented more for the purpose of avoiding 'invidious distinctions' among the citizens than for the purpose of releasing the compassionate impulse or the creative intellectual and artistic achievement the author wants.

In spite of the exaggerations and oversimplifications, Sarnoff's analysis of social and cultural forces is sensitive, wide-ranging, and often uncomfortably precise. It is his failure to deal with the issue of aggression that leads to distortions in the analysis and to the inference that the evil in man is mostly imposed upon him from without. But within the framework of his argument, his attack on the dehumanizing social forces is essentially a spiritual crusade growing out of an essentially religious conviction. Hence the 'old-fashioned' quality.

This reviewer may be more severe in his criticism because of his concurrent reading of *On Aggression* by Lorenz, which seems by comparison a truly contemporary kind of Utopian literature. In any event, the society we seek will have to be achieved by the kind of people who inhabit this one. The process of comprehending ourselves seems more reliably to facilitate social change than do the renunciations and moral revolutions of the past.

LAURENCE B. HALL (DENVER)

International Journal of Psychoanalysis. XLVII, 1966.

Eugene Nininger

To cite this article: Eugene Nininger (1968) International Journal of Psychoanalysis. XLVII, 1966., The Psychoanalytic Quarterly, 37:1, 155-162, DOI: [10.1080/21674086.1968.11927570](https://doi.org/10.1080/21674086.1968.11927570)

To link to this article: <https://doi.org/10.1080/21674086.1968.11927570>



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ABSTRACTS

International Journal of Psychoanalysis. XLVII, 1966.

Considerations on the Development of Symbiosis, Symbiotic Psychosis, and the Nature of Separation Anxiety. Hyman Weiland. Pp. 1-5.

Symbiosis is not only a normal phenomenon but can be considered a primitive means of coping with anxiety. Excessive infantile anxiety perpetuates clinging that interferes with the development of normal object relationships. This accounts for the prominence of symbiosis in childhood psychosis.

Some Technical Implications of Ego Psychology. Gertrude Blanck. Pp. 6-13.

Researches into the functioning of the ego have brought forth the insight that its conflict-free sphere develops at an innately determined rate if the environment provides adequate opportunity for such development. This insight has led to increased understanding of such phenomena as masturbation, which is now seen not only as an id manifestation but as an important and normal step in the child's separation from the mother and ability to gratify himself independently. The implications for technique focus on exposing the factors that have interfered with ego as well as psychosexual development to the end the ego can continue in the direction of increasing autonomy and capacity to handle drives. In more disturbed cases support of the highest level of development the ego has reached is necessary, along with interpretation of the original situation which hampered development. In the analytic relationship the development of dependence on the analyst is accompanied from the outset by the analyst respecting and promoting the patient's autonomy so that he becomes increasingly independent of him.

Projective Identification in the Therapeutic Process. Arthur Malin and James S. Grotstein. Pp. 26-31.

Human beings test their inner psychic life by projective identification. They do this by projecting psychic contents into the environment and perceiving the environment's reaction to these projected parts. It is a normal process existing from birth, one of the most important mechanisms by which growth and development take place through object relations, and is of crucial importance in the therapeutic process.

The Analysis of Episodes of Depersonalization in a Borderline Patient. Robin C. A. Hunter. Pp. 32-41.

The author concludes that depersonalization occurs in predisposed individuals when circumstances produce a dissimilarity between 'myself as perceived by others' and 'myself as perceived by me'. The predisposition stems from infantile experiences in which instinctual needs recognized by the infant's ego are either not acknowledged by the mother or treated as though they do not exist. Affects of rage and guilt result, against which the child defends himself by a split in the ego and transient identification with the frustrator (mother). In this manner first

the child, and later the adult, imitates the mother's attitude and treats his own affects during the episode as though they did not exist.

The Concept of Mind. H. J. Home. Pp. 42-49.

Mind is defined as the meaning of behavior. As such we are compelled to assume it exists from the moment of conception, since growth exists from that time and, presumably, thought in the form of instant organization to the response of growth exists from that time. Shortly before birth true behavior begins and is organized according to the pleasure-pain principle. After birth, sensory perception begins and stimulates the brain to ideation, which enables the subject to organize his behavior to the world beyond his own body. Object relationship develops, and through it the world of feeling becomes related to the world of sense perception. According to the author this conception avoids the mind-body antithesis and invalidates the instinct theory of psychoanalysis.

On Consciousness, Negative Hallucinations, and the Hypnotic State. Harold Stewart. Pp. 50-53.

When the hypnotized subject is in a state of negative hallucination (in other words, failing on command to see what is before him) he lacks the perception of psychic quality and therefore of consciousness. On the other hand, secondary process response and accurate reality testing in other respects is present, so the subject must be considered in a state of preconsciousness rather than unconsciousness. The system Cs has become projected onto the hypnotist who now functions as the subject's consciousness. Since the superego is also projected onto the hypnotist, the question can be raised as to whether Cs is not the sense organ of the superego; the other sense organs, those of the ego. Freud suggested this relation in Group Psychology but returned Cs to the ego in *The Ego and the Id*. In the situation of the subject being given contradictory commands—for instance, in being told a person is not in the chair yet being forced to explain the true reason the chair is not empty—such great ego splitting is required as possibly to engender psychosis. To avoid this, the subject wakes up or goes into deep sleep. This explanation supports Searles and others in suggesting that schizophrenia can have its onset in contradictory and conflicting attitudes from the parents toward the child.

Psychoanalysis and Medical Practice. Michael Balint. Pp. 54-62.

The training of general practitioners and medical specialists in psychiatry and psychotherapeutic methods has become important with the realization that a substantial number of persons asking surgical and medical assistance are in fact suffering emotional problems. A case is described in detail to illustrate how a physician discussing a patient in a seminar involving an analyst and several other physicians can become aware of an unconscious negative countertransference interfering with his therapeutic handling of a patient, and can as a result effect beneficial changes in his behavior toward the patient. The doctor benefits even though the origins of the countertransference or his personal life are not explored.

Ethics and Psychoanalysis and the Psychoanalysis of Ethics. Heinrich Racker. Pp. 63-80.

Examination of Freud's writings on the problems of ethics does not support the contention made by Erich Fromm and others that he was an ethical relativist. Freud linked an increase in mental health to, among other changes, an increase in ethical conduct and reduction in immorality. He also regretted that so many individuals have so little conscience. It is true that in *Civilization and Its Discontents* he argued that the commandment, 'Love thy neighbor as thyself', was unrealizable, therefore bad, and that following it placed one at a disadvantage before those who did not. But the actual process of analysis as elaborated by Freud reduces the quantity of pathogenic intrapsychic aggression, increases healthy self-esteem, and therefore enhances the capacity to love others. Psychoanalytic study, according to Racker, suggests there is an inborn sense of justice in human beings. Clinical material is given in support of the above and other conclusions.

EUGENE NININGER

Bulletin of the Philadelphia Association for Psychoanalysis. XVI, 1966.

On Phantasies and Their Functions. Stanley W. Conrad. Pp. 4-19.

Fantasy is defined as a 'product of thought activity, representing an integration of the demands of all components of the psyche and reality, and serving specific psychic functions'. Conrad discusses the differentiation between reality and fantasy, the nature of unconscious fantasy, the influence of fantasy on symptom and character formation, and the origin of fantasies. This paper is also devoted to a consideration of the functions of fantasy including wish-fulfilment, assimilation of disagreeable experiences, decrease of environmental anxiety, reality adaptation, defense, and escape from the superego.

Psychoanalysis and Community Psychiatry. A Case Report. Richard M. Silberstein. Pp. 20-30.

Silberstein presents a brief history of the development of the Staten Island Community Mental Health program from the standpoint of psychoanalytic theory and practice. A community, like an individual, is subject to anxieties, resistances, transferences. An understanding of these factors enabled the author and his co-workers to develop a successful community mental health program in an originally distrustful area, beginning before federal financial support and publicity were available. Silberstein is convinced that the psychoanalyst has much to offer that is of fundamental value to community health services, and that such work has much to offer the analyst in opportunities for enhancing his knowledge and understanding.

On the Possible Proof of Psychic Energy. K. R. Eissler. Pp. 61-70.

Eissler draws upon observations of Jellinek, the electropathologist, for the development of possible proof of the existence of psychic energy. Jellinek observed that subjects with strongly directed attention were capable of surviving electric

shocks that would otherwise prove fatal. After considering various possible explanations Eissler concludes that this observation points to the mobilization of psychic energy which succeeds in binding the incoming electrical energy. In a similar vein, Eissler speculates that the intra-agonal lucidity sometimes observed in dying patients may depend upon an overcathected area of the superego which offers temporary resistance to the disintegrating physical processes.

The Problem of Anxiety Revisited. William L. Purves. Pp. 71-81.

After study of Jones' biography of Freud, Purves concludes that Freud's work on anxiety, particularly *Inhibitions, Symptoms and Anxiety*, was motivated in part by his own real and pressing anxieties. Purves cites biographical data to support his argument. He concludes that Freud's own anxiety accounts not only for some of the obscurities and contradictions in his work on anxiety but also for some of his insight into the problem. Purves reviews the developments of Freud's thoughts in the book with special emphasis on its contributions to structure theory.

The Role of the Psychoanalyst in Training Psychiatric Residents. Abraham Friedman. Pp. 82-88.

The psychoanalyst has much to offer in teaching psychiatric residents. He can present a model of the therapist as he sets up the treatment situation to understand the clinical problems. In his teaching, especially about the phenomena of transference and the unconscious, along with imparting theoretical concepts of psychoanalysis, he provides the residents with a framework for meaningful understanding of the clinical material. Finally, he can teach psychotherapy technique based on psychoanalytic principles.

The Importance of Peer Relationship in the Latency Period. Gerald H. J. Pearson. Pp. 109-121.

Pearson focuses attention on the child's separation from his parents and increasing relatedness to his peers, especially during the late prelatency period and various phases of latency. This separation is seen not only as a basis for the child's capacity to socialize but is also an important aspect of repressing and otherwise managing oedipal conflicts. Interference with this separation, a critical phase of the child's development, whether it comes from the parents or the child himself, leads to crippling in later life adjustment. Relating more closely to peers is as necessary a step in development as is the relationship with the mother. Pearson reviews in detail contributions by Harlow on the development of socialization in primates.

Vicissitudes of the Superego in the Adult. Henry T. Kleiner. Pp. 122-135.

A cultural superego can be conceptualized, having parallels with the individual superego, in terms of derivation, ideals and prohibitions, and coincidence of precepts. Speaking of both the cultural and individual superego, the prohibitive demands evolve into aids of the ego in adapting to social reality. As an instance, Kleiner cites the Greeks' fear of *Hybris* (arrogance or excessive pride) out of

which the ideal of moderation evolved. There are conditions under which the commands of the superego are undermined or put aside. The ego may be powerless to control instinctual demands. Issues of self-preservation are likely to take precedence for the ego over moral commands. Change of reality can lead to undoing of ideals. Rebellion against the superego often appears in connection with issues of justice and/or equality, especially where they are equated. Suffering the unpunished aggressions of others may activate the ego into rebellion against the superego.

A Case of Postpartum Psychosis Following Pregnancy by Artificial Insemination. Kenneth D. Cohen. Pp. 136-146.

Artificial insemination activated oedipal fantasies which were relived in the transference. It was extremely important to the patient that she have a male child. When in fact she had a female child this was experienced as punishment for her 'dirty' oedipal wishes. The patient reacted with guilt and regression into a postpartum psychosis in which she believed that she was the Virgin Mary and had an Immaculate Conception. It was essentially a defensive retreat from her feelings of 'dirtiness'.

The Enigma of Modern Woman. Ralph R. Greenson. Pp. 173-186.

Man has tended to think of woman as complicated, devious, and enigmatic, and of himself as being simple, straightforward and obvious. He has idealized and demonized woman. Greenson traces the development of both sexes to demonstrate that this myth evolves out of splitting in the image of the mother. Mother nurtures but she is also a frustrator. Mother's nurturing is not only a source of gratification but it becomes a source of envy and hatred. The reaction to the oedipal conflict becomes a further basis of splitting in the image of mother. Man's masculine identity, for many reasons, is never as secure as woman's feminine identity. Here is a further basis for insecurity, envy, and hatred which comes to contaminate the image of all women. Modern tendencies to blur the differences between the sexes, for men to become more feminine and for women to become more masculine, come about as results of fear and envy of the opposite sex with efforts to minimize differences. Men and women are not opposites. They are different. It is hoped that men and women can dispel the myths about their differences and learn to appreciate one another as equals though different.

Beating Fantasies. Clinical and Theoretical Considerations. Leon Ferber and Paul Grey. Pp. 186-207.

This paper focuses on beating fantasies that have been significant in the development of character disorders and sexual perversions. It is based upon material from ten cases, two of which are presented in detail. Impressions from these cases indicate that there is some form of extended trauma in the first year of life, leading to increase in instinctual drives, weakening of ego defenses, and anxiety. There is fear of abandonment because of the strength of unacceptable impulses. A chronic or repeated arousal of aggression combined with seduction by an adult or older sibling, usually male, leads to sexualization of aggression in masochistic forms. There is often a history of exposure to traumatic sexual views.

All of these factors compose a continuing threatening environment through latency and adolescence. There is interference with the development of stable identifications and the impulse control which they afford. Beating fantasies are overdetermined and expressed in various forms. They protect the self and the object while providing an avenue for discharge of destructive aggressive impulses.

EDWIN F. ALSTON

Psyche. XX, No. 1, 1966.

The editors of this journal inform us that they used the twentieth anniversary of its publications as the occasion for reorganizing the periodical. The change effects a separation from a number of people with different orientations, making *Psyche* again a classical psychoanalytic journal. Dr. E. Künzler writes that psychoanalysis in the German-speaking countries once more possesses an independent journal of its own 'twenty-five years after Freud's *Internationale Zeitschrift für Psychoanalyse* came to its distressful end'.

New contributors are being welcomed, among them Dr. Jacob Arlow of New York. Another innovation is a new section where anonymous contributions will be accepted under the title of Preliminary Communications. The idea is to encourage hunches, speculations, not yet proven hypotheses, all intended to open the door to nonconformist views.

Professor Robert Waelder's article, published in This QUARTERLY (XXXVI, 1967, pp. 1-36) heads the contents. There is also an article by John Klauber on the Structure of the Psychoanalytic Session and Interpretations, a paper by Professor Herman Argelander of Frankfurt about the Psychodynamics of the First Interview, an article on the Psychosomatic Background of Essential Hypertension, and, finally, a report by Dr. Erich Gumbel, of Jerusalem, on the historical background of psychoanalysis in Israel.

FELICIA LYDIA LANDAU

Revista de Psicoanálisis, Psiquiatría y Psicología. I, 1965.

Editorial. Erich Fromm and Ramon de la Fuente. Pp. 3-4.

Because this is the first number of their new journal the authors feel it is their duty to explain the objectives and principles that will guide their editorial policy. Since there is such disagreement, they feel justified in raising the question: 'what do we mean by psychoanalysis?'. They believe psychoanalysis is the science founded by Freud and grounded in his fundamental discoveries of the 'subconscious', repression, resistance, transference, and the importance of childhood experiences. They emphasize that they do not believe psychoanalysis should be a 'movement' directed by a 'bureaucracy' and based on unchallengeable doctrines. (One wonders whom they have in mind.) Rather, they view it as a science which develops as a result of new clinical findings, and revises its theories under the influence of new philosophic positions and the contributions of other sciences.

Though the majority of the members of the Sociedad Psicoanalitica Mexicana (not to be confused with the Asociacion Psicoanalitica Mexicana, a component society of the International Psychoanalytical Association) and the Instituto de Psicoanalisis of which the Revista is the official organ, share the viewpoint of 'humanistic psychoanalysis', the authors state they will accept for publication not only papers that are classically freudian in their point of view, but also those from other schools.

The Bases and Development of Psychoanalysis. Erich Fromm. Pp. 10-19.

All philosophical systems have essential and nonessential features. The founder of the system, even when he wants to, cannot say what is basic and what is peripheral, because he is a prisoner of his epoch. Only the disciples, even when they are not geniuses like their teacher and live in a different historical period, can do so. Frequently a bureaucracy takes over the system and decides what is fundamental. This is how orthodoxy develops. They decide that everything said by the teacher has the same validity and is inalterable.

Psychoanalysis was Freud's system but, besides being a general theory, it also was a 'movement' and gave birth to a professional bureaucracy, which decides who is a heretic. Dissident schools create 'counterbureaucracies' and 'counter-orthodoxies'. Fortunately, in the last three decades a new current has developed which tries to decide what is basic in Freud's thought. There are small groups in Europe and the United States developing this attitude. Fromm's Institute and Society is one such group, they believe.

Fromm believes there are five fundamental nuclei to Freud's theory: 1, the concept of the unconscious; 2, the concept of psychic conflict leading to mental illness; 3, the concept of making the unconscious conscious, leading to health; 4, the concept of transference and resistance, both in the illness and the process of making conscious that which is unconscious; phenomena that helped Freud to penetrate into the unconscious were dreams, free associations, and symptomatic acts; 5, the concept that character is largely determined in childhood. He thinks that the following three aspects of Freud's theories were the result of the culture in which he lived: the libido theory; the concept of man as a machine, and the concept that every irrational experience is a repetition of childhood experiences. Finally, he states that the alternative is not between 'freudianism' and 'non-Freudianism', but between psychoanalysis as a science and dogmatic psychoanalysis under bureaucratic control.

Both the editorial and this article seem organically related and reflect primarily Fromm's point of view on psychoanalysis—'humanistic psychoanalysis', whatever that may be, since he does not define it. There is a not so subtle undercurrent of attack against 'orthodox psychoanalysis', at the same time that he implies only his brand of psychoanalysis has any claim to scientific validity. A serious flaw in the article is the lack of bibliography.

Revista de Psicoanalisis, XXIII, 1966.

Conceptual Limitations of the Ego and the Self. Leon Grinberg, et al. Pp. 229-296.

No abstract can do justice to the tremendous work that has gone into this instructive paper. It constitutes a clarification of psychoanalytic concepts, particularly the difference between self and ego. It avoids the pitfalls of anthropomorphization and is worthy of emulation by other writers.

GABRIEL DE LA VEGA

Revista Uruguay de Psicoanalisis. VIII, 1966.

Lethargy. Its Latent Representation and Its Relation to Repression. Fideas R. Cesio. Pp. 217-222.

Aspects of lethargy are discussed in connection with recent literature relating to hypnotic elements and to development, particularly masturbation. In masturbation, the gratification derives from pregenital sources, such as exhibitionism, voyeurism, and playful activity. In fact, these latent elements of masturbation and lethargy may provide the impetus producing an ejaculation which discharges the accumulated pregenital tensions. For those not familiar with the previous work of the author the reading will be difficult.

Logical Thinking Used in the Service of the Counter-Resistance, Misusing Interpretation. L. Chiozza, et al. Pp. 223-230.

Important Aspects of the Tone of Voice in Relation to Transference-Countertransference. Gilda S. de Foks. Pp. 231-238.

Concerning the Genesis and Development of the Factors Involved in Interpreting. Julio R. Granel. Pp. 239-246.

Identity Development Through the Transference-Countertransference in the Analytic Process. Rebeca Grinberg and L. Grinberg. Pp. 247-254.

These four instructive papers deal with many aspects of transference and countertransference. The analyst's own fantasies and his specific methods of interpretation are examined. An overintellectualized affectless interpretation leads to the patient's repressing affect. The result is insight limited to the intellectual sphere. The importance of the tone, pitch, and other nuances in the analyst's voice are considered from the standpoint of effectiveness of interpretation. The article by the Grinbergs relates the identity problems of the patient to the identity problems of the analyst.

GABRIEL DE LA VEGA

Meetings of the New York Psychoanalytic Society

Oscar Sachs & Irving Sternschein

To cite this article: Oscar Sachs & Irving Sternschein (1968) Meetings of the New York Psychoanalytic Society, *The Psychoanalytic Quarterly*, 37:1, 163-172, DOI: [10.1080/21674086.1968.11927571](https://doi.org/10.1080/21674086.1968.11927571)

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

December 13, 1966. PROBLEMS OF TECHNIQUE IN THE ANALYSIS OF A JUVENILE DELINQUENT (TRANSFERENCE AND THERAPEUTIC ALLIANCE). George Zavitzianos, M.D.

The author describes the case of a twenty-year-old girl who was referred for treatment because of delinquent behavior. The patient belonged to the type of delinquent whose disturbances reveal an interference in transition from primary narcissism to object love. She sought treatment in order to be readmitted to a college from which she had been expelled for stealing. There were no complaints of symptoms. Besides stealing money, she also confessed to the analyst that she frequently stole clothes, jewelry, and cosmetics. She lied consistently and had had a promiscuous sexual life from the age of thirteen although she was completely frigid. Despite a professed strong desire to have children, she told of how she frequently mistreated and neglected children placed in her care. She experienced no remorse or guilt, due to mechanisms of denial and splitting of her self-image. Ego functions of self-observation and introspection were poor and she was not aware of bodily feelings; integration was markedly deficient. Symptoms indicating oral greed, penis envy, and anal possessiveness were clearly exhibited but were to a great extent ego-syntonic. Despite the diagnosis of 'juvenile delinquency', the patient was treated with the classical analytic technique, to which she responded with the development of a full-blown transference neurosis.

The patient had a strong symbiotic relationship with her mother, an alcoholic psychopathic personality who had confessed past stealing and promiscuities to her daughter. Early in the analysis the patient was untruthful, deliberately hid material, and either did not listen to interpretations or 'put them out of mind'. After more analysis of her defenses and interpretation of her ego-superego conflict, she became anxious and guilt feelings began to emerge. Her contempt and hostility were replaced by fears of dying, being raped, and venereal disease. Separation anxiety at times reached panic proportions. She became moderately depressed and later developed symptoms of depersonalization. Acting out and lying diminished greatly. Mechanisms of projection and introjection became apparent in the transference. Imitation of others was noted and her desire to 'fuse with my partner during intercourse' was related to masturbation fantasies which expressed her need for fusion with the mother through oral incorporation and skin contact. The acting out had, in part, restored the fantasy of 'oneness' with the mother and thus re-established certain feelings of omnipotence. Penis, breast, and pregnant abdomen were interchangeable. The formation of a psychic representation of her object (the analyst) began when she was told that there would be a long break during the summer. She tried to maintain the image of the analyst in masturbation fantasies but it 'slipped out of her fingers'. The impending separation speeded up the formation of an internal representative of the object and the tendency to fuse with the object began to decrease. On returning to analysis two

months later, material indicated emotional reactions of the separation-individuation phase and development of greater autonomy. Extensive interpretations of conflicts connected with separation-individuation resulted in improvement in her self-boundaries, reality testing, sense of identity, and object relations. Although the patient did not seem to meet the criteria for analyzability, she responded to the classical technique with the development of a transference neurosis.

The author discussed three major technical problems in this case: 1, regression to need-satisfying part objects; 2, the threat posed by the transference to continuation of treatment; and, 3, an initial complete lack of a treatment alliance. In the early stages of the analysis, problems relating to aggression were marked by withdrawal and displacement, but the neutrality and passivity of the analyst appeared to assuage anxiety. Handling of the transference was difficult and intense anxiety and guilt emerged when the incestuous relationship to the father was analyzed. Dr. Zavitzianos stressed the differences between the therapeutic alliance and what he prefers to call the treatment alliance, based essentially upon the real situation. To a considerable extent the outcome of such an analysis depends upon the way the real relationship is handled and upon treating the patient with respect: ego interpretations were stressed and siding either with her id or playing the role of superego were avoided. In analyzing the patient's defenses, the meaning to her of inanimate objects was stressed. Gratification as defense against separation or other painful feelings is especially found in patients who have regressed to a pre-objectal phase where the object as well as the self is fragmented for defensive purposes. The distinction between positive transference and treatment alliance is of utmost importance since the positive transference leads to acting out as a negativistic defense while the treatment alliance leads to progress in the analysis.

DISCUSSION: Dr. Stuart Asch questioned how the therapeutic relationship is established in cases where little or no suffering is present. He compared certain specific phenomenology of Dr. Zavitzianos' patient to other groups of patients: mothers involved in the 'battered child syndrome'; the anhedonic syndrome seen in young women who complain of total lack of pleasure and feelings of emptiness; and the 'as if' type of patient.

Dr. David Milrod discussed the therapeutic alliance, the nature of object relationships, and the transference. Although depersonalization is very common in delinquents, these patients find it difficult to effect the 'benign' split of the ego essential for analysis. A factor threatening the establishment of a therapeutic alliance is the importance of the oral root in the genesis of delinquency. All these patients, he feels, have a defect in the ability to internalize that results in a poorly differentiated self- and object-representation and an underdeveloped superego. Dr. Milrod felt that the essential reason for the successful analysis of Dr. Zavitzianos' patient lay in ego resources which were greater than in typical cases of delinquents, making it possible for the patient to form a therapeutic alliance and to develop mature object relationships.

Dr. David Abrahamsen felt that the basic diagnosis in this case should be in terms of ego strength rather than delinquency. Dr. Walter Stewart stressed that the therapeutic alliance is very difficult to maintain in patients with symptoms of

delinquency; such cases move very slowly with careful interpretation of drive derivatives, as they are usually taken as accusations. Dr. Gustav Bychowski felt that the clinical structure in this case was closer to psychosis than to neurosis, and spoke of the difference in 'drive structure'. Depersonalization and aggression are circular: depersonalization is the defense against the effects of severe rage; aggression is an attempt to break through the wall of depersonalization.

Dr. Kurt Eissler felt that it was difficult to consider this case to be a true delinquent; in the usual case of delinquency, different techniques are necessary. In questioning why the classical technique worked in this case, he suggested that the syndrome was similar to that of the mother and suggested a type of *folie à deux*, possibly hysteria in a child who grows up with a delinquent mother. Dr. Rudolph Loewenstein felt that the treatment alliance is effected by the conflictless sphere of the ego; without the tendency of drives to come to the fore in order to find gratification in the outside world, this first alliance would be highly precarious.

In conclusion, Dr. Zavitzianos stressed that the treatment alliance serves the ego's need for expansion, mastery, and autonomy and that its goal is recovery, while the goal of the true transference is not recovery but instinctual gratification and dependence on the analyst. He felt that the important conclusion to be drawn from his case was that in some instances of regression to the pre-objectal phase, the rule of abstinence can not only be tolerated but can assist the internalization of the object. In this patient there were two distinctive phenomena: the introjection, an ego process, and the fantasy of incorporation, an instinctual process. He tried to preserve whatever autonomous and adaptive ego functions were present: he cautiously analyzed the counterphobic mechanisms, directed his interpretations to the defensive aspects of these mechanisms, and at the same time indicated to the patient that he fully understood her need for independence.

OSCAR SACHS

January 31, 1967. THE CROSS-EYED BEAR—THE CROSS I BEAR: A STUDY OF THE PSYCHOLOGICAL EFFECTS OF STRABISMUS. Edgar L. Lipton, M.D.

Dr. Lipton's tour de force is only barely hinted at by the topic of his comprehensive paper on strabismus that evolved out of psychoanalytic observations of adults and children. It is surprising that the psychological effects associated with a defect that occurs in two per cent of the population of the United States has not been studied by psychoanalysts. Two European psychoanalysts have dealt with the emotional aspects of strabismus; ophthalmologists generally believe in its organic origin but many have noted a high correlation of various forms of squint with neurotic traits, such as temper tantrums, hyperactivity, emotional immaturity, short attention span, and undue fatigue.

The author observed fifteen cases, five of whom he had analyzed (three adults and two children). One of his child analysands had a pseudostrabismus; none had brain damage nor had any suffered a direct physical trauma. In an adult case, presented in some detail, it was not until the fifth year that the strabismus came up for analysis. Following typical periods of silence a sense of 'panic and a need for defensive action occurred when the patient had two simultaneous feelings or thoughts and had not known which to verbalize. He had then tried to

suppress one so that he could say the other, but had not been successful.' Confusing and frightening feelings of losing control of his mind and body resulted. Recalling the bare mention of a strabismus from the patient's history, Dr. Lipton commented that the patient's 'problems of free associating reminded him of this strabismus'. The patient immediately developed a diplopia and shortly afterward a severe headache. Resistance to analyzing the symptoms took on a characteristically phobic form but, when overcome, revealed that 'the physiological effects of the strabismus (that is) diplopia . . . were known to the patient but were regarded by him as ego-alien and equivalents of psychosis'. Further analysis revealed that the intermittent strabismus occurred with fatigue or strong emotion, and its presence had been denied or suppressed as if it were a shameful secret. Working through enabled the patient to overcome the fear of returning headaches, to learn to play tennis and to enjoy it, to successfully undergo orthoptic training and thereby gain better control of his ocular muscles.

After a lucid exposition of the pathological physiology, Dr. Lipton stated that a squint may have different meanings to an individual at different periods in life; thus it can influence any number of psychic conflicts, can produce varied reactions in the environment, and may lead to a variety of specific adaptations. In squinting that begins at birth, the possibility of traumatic effect comes mainly from the responses of the environment to the site of the defect, since there is no inherent visual conflict. In cases where strabismus appears between the ages of two and a half and three and a half, the effect is like that of a surgical trauma. The traumatic possibilities depend on the rapidity of pathophysiological adaptation, which in turn depends on the state of the defenses available to the ego, on the adequacy of the mother-child relationship, and on the developmental and maturational phenomena of this period. The latter include the various maturing ego apparatuses and their interaction with physical growth factors. Motility, sphincter control, libidinal drives, thinking, object constancy, superego formations, identity formation, and perception of self and outer world are all considerations and should prove fruitful as areas for future investigation of this ocular defect. Dr. Lipton's observations illustrate a particularly marked effect of strabismus on the body image as exemplified in several clinical vignettes where the onset was in early childhood.

People suffering from strabismus have strong aggressive drives, but tend to avoid situations where aggression would be expected. Strong erotic feelings arouse anxiety because of their ability to cause muscle imbalance with diplopia. Excessive fears of head and eye injuries, uncertainty about driving, and fear of changes of motion are also observed. Phobias of tunnels and heights are often re-enforced by ocular phenomena associated with the visual defect. Dreams and fantasies concerning fears of blindness are frequent. Because of the narcissistic blow resulting from the eye defect, compensatory fantasies aimed at repairing self-esteem usually occur.

Dr. Lipton believes the squint syndrome is more probably precipitated by pathophysiological mechanisms than by symbolic ones. He offers the hypothesis that a latent strabismus usually becomes manifest when there is a deficiency of attention cathexis or available physical energy affecting the site of organ compliance. He suggests that this accounts for the primal scene hypothesis of causa-

tion of squint, since sights and sounds of primal scene engage large amounts of psychic (and physical) energy and thus can make a latent strabismus manifest. Various learning problems were correlated with marked difficulties in establishing mental concentration and with lack of confidence in perception in general. Efforts to hide the organic defect predispose the individual to more extensive reliance on the mental mechanisms of denial and suppression. The accessibility of strabismus to analysis appears late and analysis of these problems is accomplished with extreme difficulty. The fact that the defect is felt to be shameful and is experienced as a narcissistic wound may explain these technical problems.

Minor physical defects such as strabismus may be contributory factors to overly strict superegos or defective superego formation. However, strabismus more often affects the superego's self-critical function. These individuals have often been taunted, rejected, and repelled by others because of their 'shifty' eyes. They are also prone to develop mannerisms and character traits that subtly affect object and social relations. Because of their distrust of their visual perception and reality testing, they may incline toward passivity and dependence on others, and their capacity to develop to an adequate level of stability regarding object constancy may be impaired.

The implications for psychoanalysis include an especially frequent occurrence of the urge to sit up, turn around and look at the analyst, as well as the need to get him to speak as a means of focusing attention and in the hope of stabilizing a strabismic eye. The passivity of the reclining position is particularly difficult to endure for these individuals. Also there is sometimes a greater tendency to utilize visual imagery in referring to their ideational life and an inclination to doubt. For the analyst it is important to know that the pathophysiological phenomena are regarded as ego-alien and produce anxiety.

DISCUSSION: Dr. Phyllis Greenacre addressed herself first to the question raised by the author about why psychoanalysts have overlooked this phenomenon, thus cooperating with their patients' denial of even a manifest strabismus. She suggests this relates to the introjective-projective level of relationship of the infant. She thinks that the analyst has ample opportunity to observe the strabismus in the preliminary meeting of each hour, but dismisses it because he feels 'diffusely and preconsciously uneasy', since there is not the return of visual contact necessary for a feeling of acceptance. She agrees with Dr. Lipton that the analyst may not wish to be identified automatically with someone whose visual response seems 'shifty' and defective. In medical history strabismus was one of the stigmata of degeneration which, in combination with three or four more similar signs, was thought to forecast impaired mental development. Dr. Greenacre wondered if the frequent appearance of manifest strabismus at the age of two and a half or three might point to a possible relationship with other maturational problems of this age period, notably the gaining of sphincter control. In her studies of urination and weeping, she was impressed that vision and particularly focusing played a much more important role in the male's gaining of urinary control than in the female. It is conceivable that the appearance of strabismus in males of this age may be a response to this and other demands. Like Lipton, she has observed that problems relating to vision can cause faulty ego and superego formation, in

part because of defective development of sexual identity. The visual disturbance in those with strabismus, particularly that which is passively experienced, contributes to mounting aggression, which in turn may produce a rigidly aggressive and strict superego.

Dr. Arthur Linksz, Professor of Ophthalmology, was unequivocal in stating that strabismus cannot be caused by psychological events, but he readily acknowledged and stressed the importance of the psychological effects of this visual defect. Further, psychic trauma may turn a latent strabismus into a manifest one. He explained the synkinetic reactions of accommodation and convergence and the dependence of binocular (and stereoscopic) vision with sharp images upon them. Children with marked hypermetropia will often give up binocularity for sharp monocular vision and thus develop a manifest strabismus. But these children need not develop a neurotic character. Their vision remains efficient and psychological sequelae are attributed to the cosmetic effects of the unilateral convergence. Individuals with an esophoria or latent convergent strabismus, on the other hand, are frustrated by their constant striving for binocularity and are thus inconvenienced by a variety of indispositions and are prone to serious personality problems. Aniseikonia—double vision caused by inequality in the size of the two retinal images with retention of binocular vision—leads to the same kinds of maladjustments and frustrations that occur with the esophoria or transient convergent squint.

Dr. Frederick Gerstel, of Mt. Sinai Hospital, described a fifteen-year-old, verbally unresponsive, slightly retarded schizophrenic girl who kept her head bowed constantly in order to conceal a vertical strabismus. She complained of diplopia and blurred vision and had visual and auditory hypnagogic hallucinations. Surgical correction of the muscle imbalance was followed by a striking elevation of mood, talkativeness, and a desire to show her improvement. Her schizophrenic illness, however, was basically unaffected.

IRVING STERNSCHIEIN

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 16, 1967. PANEL DISCUSSION ON ADULT AND CHILD ANALYSIS: MUTUAL INFLUENCES. Peter B. Neubauer, M.D., Chairman; Alan B. Eisnitz, M.D.; Jules Glenn, M.D.; Henry Rosner, M.D.; Melitta Sperling, M.D.

Dr. Neubauer opened the panel with the hope that questions would arise concerning the mutual influences of child and adult analysis and the study of the data available from both fields. Child analysis confirms some of the major psychoanalytic propositions that come from adult analysis. There are few differences between the budding hysterical obsessional or impulsive characters in childhood and their later full-grown equivalents; however, there is not always a correspondence between the findings in child observation and therapy, and the development of symptoms later in life.

Dr. Eisnitz commented that the adult lives through, though he may not resolve, crucial phases of development and is expected to have stable self- and object-

representations and identity systems; psychic structure is expected to be established and maintained. The ultimate structure of a child's neurosis cannot be pictured until his œdipal phase, although many writers locate 'crucial' conflicts of neurotics further back, overemphasizing preœdipal factors and minimizing œdipal conflicts. Adult analysis offers a better view of structured systemic conflicts; it may uncover more fantasies and deals mainly with the unresolved conflict. Child analysis offers a better view of structure formation and development, as child analysts can see the shifting defenses, identifications, and regressions the child uses in coping with the stresses of instinctual shifts and can clearly view growth, development, and regression in relation to maturational changes, environmental demands, and somatic illness.

Dr. Glenn stated that child analysis was derived from adult analysis and is identical with it in its essential feature—the use of interpretation to achieve modification of psychic structure. However, child analysis deals mainly with ego and libidinal maturation at different stages of development. Between three and six, a child can verbalize and express himself in games; primary process thinking is modified by secondary processes, so that we can follow his productions as we do an adult's free associations. Latency children's games are more disguised as the superego defenses grow. Parents are needed to supplement the child's immature ego by giving information about events that the child may neglect and by bringing the children to the analytic hour even in periods of resistance. The main contribution of child analysts to adult analysis has been to make more accurate reconstructions possible through providing a greater knowledge of the child's actual experiences. Child analysts have demonstrated the defenses used, the modes of perception and thinking, and the concrete reality of the drive derivatives at different ages.

Dr. Rosner discussed the origins of child analytic training. During the first wave of what came to be known as 'the widening scope of psychoanalysis', the pioneers in the field were Aichhorn with delinquents, Bernfeld with adolescents, and Hug-Hellmuth with children. When the Vienna Institute began forty years ago, Anna Freud was asked to give a series of lectures in Child Analysis. Before basic theoretical and technical problems could be resolved, the movement split between those who supported Klein and those who followed Anna Freud. The latter was trying to establish a technique of child analysis that took into account the unique features of the growing ego in the child. After the Second World War a number of developments furthered Child Analysis. Most important was Anna Freud's work at the Hampstead Nurseries. Her technique took into account problems of development. Hartmann independently was complementing her work in ego development, concentrating on the conflict-free ego sphere and problems of adaptation. Mrs. Bornstein's introduction of 'defense analysis' made it possible to reach therapeutically difficult cases and dispense with guidance and education. Child development centers in Yale and New York provided analytic study of children by direct observation. Developmental factors could now take their place in theory and treatment. These events contributed to child analysis achieving a healthy independence from adult analysis and yet allowed the two disciplines to share a close scientific relationship, based on their mutual interest in analytic ego psychology. It is conceivable that analytic candidates will soon be allowed to

take child cases as part of their training in adult analysis, as such cases might better demonstrate analytic principles than some of the severe character problems seen in adult patients. Rosner also discussed therapeutic problems involved in the treatment of adolescents. Some psychotherapists, opposed on theoretical grounds to the analysis of adolescents, have reported success on a once-a-week basis with severely disturbed patients. Rosner wondered whether this therapeutic intervention at the time of character synthesis would not result in character fixations and perversions, as compared to analytic treatment which would aim at preventing premature character formation until the pathological fixations could be analyzed.

Dr. Sperling discussed psychologic desensitization in allergy. Her experience with psychosomatically sick children has enabled her to analyze adult patients with psychosomatic and other pregenitally derived disorders. She feels that psychoanalysis is the most effective tool for the treatment of children with severe ulcerative colitis and bronchial asthma, where surgery and corticosteroids have been ineffective. She stressed the importance of the parent-child relationship and showed how a mother's understanding that she provoked her son's asthmatic attacks led to their cessation. In cases of deviated behavior in children, certain pregenital needs of the parents were transmitted to the child, stimulating component drives and determining their vicissitudes. Unconscious needs and anxieties of the parents, relating to instinctual activities of the allergic child, promote or intensify the child's own conflicts, anxieties and guilt feelings, and can become the 'triggers' that set off the allergic reaction.

DISCUSSION: Dr. Max Schur felt that Dr. Eisnitz challenged child analysts to answer many questions. Why is reconstruction of childhood events in the analysis of adults not complete? Why is it so difficult to make certain predictions of future pathology? Why are there not more contributions toward theory of neurogenesis? What is the relative importance of preöedipal problems and öedipal conflicts for symptom formation? Dr. Schur considers that one of the major contributions of child analysis was in the area of normal and abnormal development and of individual functions in interaction with the environment. He expressed the hope that the presentation of the other panel members would answer some of these questions.

Dr. Neubauer mentioned other questions to ask about early development, such as the spontaneous capacity of some children to move toward conflict solution and factors involved in secondary autonomy and other ego functions. He felt that child analysis has influenced adult analysis in the assessment of the neurotic conflict. This influence in turn has affected selection for analyzability.

Dr. Judith Kestenberg outlined the successive contributions of child analysis which had a profound effect on theory and technique in adult analyses. 1. Latency analysis, from which a classification of defense mechanisms was derived, set a trend for ego analysis and extended its scope through the understanding of precursors of defenses. 2. Analysis of preschool children directed attention to precursors of the superego and their role in the analysis of adults. 3. The combination of analyzing and observing children yielded new knowledge about adaptive functions, stages of object relationships, forms of separation anxiety, and their

relation to castration fears. All of these clarified previously misunderstood manifestations of transferences. 4. The most recent gain from child analysis calls for a revision of our technique of reconstruction and for a re-evaluation of transference neurosis. We are beginning to reconstruct developmental lines rather than limiting ourselves to the somewhat discredited reconstruction of events. Child analysts can predict special sensitivities and forms of anxiety. Working with children helps to understand better the finer shades of transference neurosis and how it evolves in a given treatment.

Dr. Warner Muensterberger observed that in studying primitive people he gives them objects to associate to, to play with—as we do in treatment of children. What we know about children gives us insight into thought processes, reaction-formations, and object relationships which may have variant meanings in different societies. We also find variations of abstraction differentiation as well as objectification.

Dr. Jan Frank observed that child analysis has contributed a gold mine of psychoanalytic data, but we should not say that it utilizes methods identical to that of adult analysis. We cannot use the same technique today as in previous eras. There is alienation, lack of mothering, a sort of 'schizophrenization' of society. There is a mass phenomena of waywardness, loss of identity and bisexuality, and he feels that a different technique has to be used to reach these youngsters.

Dr. Sue Hirshorn stated that cases which were formerly considered unanalyzable, such as narcissistic neuroses, are now being treated because of what we learned through child analysis. Children present features of a narcissistic neurosis: a high degree of intolerance of tension, poor repression and defense against unconscious impulses, and a wish to act out sexual and aggressive impulses with disregard for social values. In analysis the child is allowed to relive, in a modified form, the phases of his life that he has missed and to work through the pregenital drives in symbolic play activity without direct gratification.

Dr. Glenn pointed out that some techniques developed in the treatment of children can be used in treating 'borderline' patients or patients with severe pathology. We use the appropriate technique for each case and this does not constitute the use of parameters. Interpretation is our tool in all cases, although we may have to resort to a preparation for interpretations. Dr. Sperling noted that cases previously excluded from psychoanalysis can be treated without parameters. Interpretation is still the best way to deal with a destructively acting out child. Dr. Eisnitz re-emphasized the role of the oedipal phase in giving neurosis and character its final structure. Preoedipal factors influence the oedipal phase, but it is the oedipal period which gives defenses and systems their relative permanence and structure.

CECILIA K. KAROL

The Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held at the Statler Hilton Hotel, Boston, from May 10-13, 1968.

The Annual Meeting of the AMERICAN ORTHOPSYCHIATRIC ASSOCIATION will be held at the Conrad Hilton Hotel, Chicago, from March 21-23, 1968.

The Psychoanalytic Clinic for Training and Research, Columbia University, has announced that Dr. Jacob A. Arlow will deliver the John B. Turner Visiting Professorship Lecture on March 1, 1968. His topic will be *Reflections on Memory and Reality Testing*.

Dr. John Frosch has been appointed Director of Psychiatric Services of The Brookdale Hospital Center, Brooklyn, New York, where he is in charge of the hospital's Community Mental Health Center.

An Annual Lectureship in Psychiatry in the name of Paul Sloane, M.D. has been established at the Albert Einstein Medical Center, Philadelphia.