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ON THE THEORETICAL AND TECHNICAL CONCEPTUALIZATION OF ACTIVITY AND PASSIVITY

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It is my purpose to sort out and examine briefly different psychoanalytic conceptions of the terms activity and passivity. The scope of my analysis considers five overlapping contexts in which these terms are used: instinct theory, structural theory, object relations, subjective experience, and trauma. Although I shall dwell on certain points along the way, hoping thereby to make some contributions of my own, this will not be done in order then to propose a 'best' definition of activity and passivity, for, as I shall try to show, the conceptual problems standing in the way of definition are formidable if not insuperable. It will be enough to begin to define these problems and suggest some angles of approach to them. The second section of this paper, which deals with the so-called activity and passivity of the analyst in the clinical analytic situation, applies and amplifies the formulations arrived at in the first section.

I

In discussions of *instinct theory*, analysts generally follow Freud (9, 11) in designating instinctual aims as active or passive. In this context, aim does not refer to an end or goal; the end or goal is always pleasure or tension reduction or avoidance of pain. Moreover, as Freud pointed out, the instinctual drive is active by definition. In this context, aim *does* refer to one aspect of the means or mode used to achieve an instinctual end: the aim is active if its gratification depends on the subject's acting on an object; the aim is passive if its gratification de-

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pends on the object's acting on the subject. The subject beats or is beaten, looks at or is looked at, and so forth.

Psychoanalytic observation and understanding have gained much as a result of Freud's stressing both the distinction between active and passive modes of gratification and the transformations of the one to the other. For example, much of the analytic literature on masculinity and femininity is based on, or couched in terms of, the polarity of active and passive aims. It is for this reason that masculinity-femininity need not be included as a relatively independent sixth context of the present topic: this context, which otherwise is of such central significance in psychoanalysis, does not bring out additional conceptual problems concerning activity-passivity.

With regard to active and passive instinctual aims, two questions stand out. The first question is this: Is aim simply an aspect of instinctual drive alone? The contributions of Hartmann (15, 17) and others to instinct theory and to the significance of the undifferentiated phase of development have stressed that, rather than the ego's differentiating secondarily out of the id, specific drives differentiate and develop in conjunction with ego functions. It follows that what have been called the aims of instinctual drives are determined by particular configurations of id and ego tendencies, capacities, and experiences. The principle of multiple function (31) is applicable from the beginning of psychic development. Consequently when it is said, for example, that the aim of scopophilia is to derive pleasure by looking at the drive object, it is now implied that the looker is subjectively differentiated from his object, which in turn implies the participation of ego function in setting the aim itself; it is also implied that the perceptual function of looking has matured and is subject to the regulations of an ego system, however primitive. It is further implied that the active aspect of the aim of looking must be ascribed jointly to the systems id and ego and not to instinctual drive alone. Consequently, it is probably not meaningful to

think of aim, in the sense of mode, as an inherent and exclusive property of instinctual drives.

The second question concerning active and passive instinctual aims is this: Shall the activity and passivity of aims be defined from the standpoint of the observer of overt actions or from the standpoint of the subject's wishful psychic reality? This question of standpoints comes up, for example, in the case of the masochist: analysts regularly rediscover the truth of Freud's observation that the masochist identifies with his sadistic partner; subjectively, the masochist is both the beater and the one being beaten. Yet, as only one aim or mode predominates in his overt behavior, from the standpoint of the observer of action, one would say that the masochist's aim is passive—to be beaten. Although the masochist may actively find and stimulate his sadistic partner and actively participate in being beaten, his gratification seems, from the outside, to depend on his being the victim of beating. If, on the other hand, one takes into account the masochist's psychic reality, as is done as a matter of course in clinical work, then one concludes that his gratification depends on his being simultaneously active and passive. Indeed, some analysts have particularly emphasized the active aim that lies behind overtly passive masochistic behavior. Reik (28), for example, has spoken of the masochist's victory through defeat.

How, for clinical and theoretical purposes, shall one choose between the implications of action and those of the subject's wishful psychic reality? Offhand, we might expect analysts to look at things from the side of psychic reality in that they would be staying closer to the methods and data of clinical psychoanalysis. Yet many fundamental psychoanalytic propositions are based wholly or partly on judgments from the outside as to what people do or can do or do not do; in the same way, these propositions may be based on the analyst's independent judgments as to the 'real' nature of the external situation with reference to which deeds are being assessed. I have in mind, for instance, certain propositions concerning the ego, adaptation,

trauma, and the mother-infant relationship, as well as those concerning instinctual aims. Some examples will be given below. Perhaps it is a matter of integrating the two viewpoints rather than choosing between them. In any case, psychoanalytic thought is not yet consistent and explicit in its use of internally experienced versus externally observed referents of its clinical and general theories. Additional aspects of this conceptual and methodological problem will be considered later. For the present, it is suggested that the concept of active and passive instinctual aims is both ambiguous and out of date theoretically.

The second context in which the terms activity and passivity are commonly used is theoretical discussion of *psychic structure*. In numerous places, Freud spoke anthropomorphically of the ego's being active and passive in its relations with the other psychic systems. Rapaport (26) carried this thought further. He proposed that the ego be regarded as active in relation to the id when it controls, defends against, and discharges id tendencies flexibly and effectively, and that it be regarded as passive when it is overwhelmed by id tendencies, either discharging them wholesale or being unable to discharge them and being flooded by anxiety, or being compelled to use massive counteratheses against them. It should be noted that this *systemic* view of activity and passivity is not explicitly related to the *descriptive* view of specific instinctual aims (modes) as being active or passive. The two views are on different levels of discourse.

I am, however, concerned chiefly with a problem that becomes evident when one tries to extend the structural conception of activity and passivity to so-called *intrasystemic* relations—those within the ego, particularly. It would be a necessary consequence of Rapaport's systemic view to think in some instances of active and passive relations *within* the ego system—for example, between the ego's defensive aims and drive-implementing aims, or between its moral aims and its synthesizing aims.

It is precisely here that one comes up against a difficulty inherent in the sweeping intersystemic formulations. The difficulty is that in clinical work one regularly finds that what have been called the id, ego, and superego are not monolithic organizations. Inevitably, one finds there is conflict *within* the ego with respect to its relations with the id, superego, and reality. Ego aims are not fully coordinated with each other; some aims seem active and dominant while others seem passive and yielding. The tensions within the ego were graphically described by Freud as the ego's trying to serve several masters at once. In addition, these masters are themselves inconsistent and ambiguous: unclear, unintegrated, and contradictory influences are steadily being exerted by the id, superego, and external reality. Consequently, well-synthesized ego functioning is more an ideal to strive toward than an actuality to be attained—and so it is regularly found to be. Among its other qualities, the ordinary ego may be said to be more or less bewildered, though defenses may obscure this fact.

Moreover, psychoanalytic thought has also recognized levels of organization within the various psychic systems. In clinical work, analysts regularly take these intrasystemic levels into account and in so doing they clearly depart from the monolithic conception of each system. For example, they think of some layers of wishes, defenses, and prohibitions as being more archaic than others, and their clinical aim of developing and deepening the regressive transference neurosis implies this conception of intrasystemic layers. Similarly, one cannot think of schizophrenia simply in terms of the ego's being overwhelmed by the id: schizophrenic function always shows id-ego organizations or id-ego-superego organizations on a continuum of levels. To take another example: in the case of the neurotic symptom, it is not, as is sometimes said, that *the* ego enters into a compromise with *the* id when it can no longer successfully ward off an id impulse. Since it is as much a part of the ego system to implement that impulse as it is to ward it off, the compromise must be seen as one within the ego system too; i.e.,

not too much implementation and not too much defense; gratification not too direct and not too far displaced; and some adaptation and synthesis to be sacrificed for over-all stability, etc. It does not seem possible, therefore, that one could ever correctly characterize the ego system as being wholly active or passive: it is active *and* passive simultaneously, in many ways and on many levels.

The monolithic type of formulation can no longer be accepted—it never could be really; Freud was never bound by it. Rapaport's intersystemic view of activity and passivity in various clinical syndromes, which is also evident in his related discussions of ego autonomy (25, 27), essentially adheres to the totalistic conception of the psychic systems, and on that account it is clinically unconvincing. Although in other aspects of his discussion Rapaport did recognize and help conceptualize the various complexities mentioned above—for example, the whole matter of layering—he never really integrated them into his major definitions and clinical examples of activity and passivity; nor would it have been possible for him to do so. The simple version of the classical structural model is inadequate for the job. Consequently, when Rapaport (26) took up the multiple layering of psychic structure in relation to activity and passivity, he used terms fluidly and perspectives inconsistently—speaking of action one moment, phenomenology the next, wishes the next, and so forth. It is, in effect, an admission of theoretical defeat when he finally had to assert that systemic activity and passivity are relative terms. In contrast, no theoretical problem arises from noting that multiple, unintegrated, and contradictory meanings and feelings may attach to the same act or wish.

There is an additional question that shall only be mentioned here despite its importance. What is really added to psychoanalytic understanding of systemic relations by substituting the terms activity and passivity for the terms stronger and weaker? Analytic theory already has economic or quantitative terms and propositions to help account for the fact that some systemic

tendencies or functions prevail over others. In this respect it seems redundant to speak of activity and passivity between or within psychic systems.¹

It may be concluded that the terms activity and passivity, when used to characterize intersystemic and intrasystemic relations, are superfluous and undesirably simplistic rather than essential and clarifying.

Let us turn now to the third of the five contexts in which the terms activity and passivity are commonly used: *object relations*. Clinicians are accustomed to say of people that they are either generally active or passive in their relationships or typically so in certain kinds of relationships. When they say a person is passive, they usually imply dependency upon others, helplessness, a lack of initiative, predominant receptiveness, and perhaps a demanding personality. At times when they use the term passive they also imply feminine; at other times they imply orality or anality. The opposites of most of these terms are implied when they say a person is active in his relationships.

How do they judge a person's activity or passivity in this respect? I submit that they often do so on the basis of what they observe or hear reported about his external behavior. If this is so, one would again have to keep in mind the distinction emphasized earlier in the discussion of active and passive instinctual aims—namely, that between the judgments of the observer of overt actions on the one hand and the subject's wishful psychic reality on the other. It is not being implied, by the way, that overt behavior is insignificant; what is meant is that, strictly speaking, observations of overt behavior *alone* are not psychoanalytic. As Kohut (20) has put it, they are not given through the introspective-empathic method that is the hallmark of psychoanalysis. In other words, they address themselves not to psychic reality but to social or biological reality or both. Although there are crucial relations between these vari-

¹ The inappropriate use of the terms activity and passivity to make or mask moral judgments needs no discussion here, as it falls within the realm of countertransference phenomena and is not a theoretical problem.

ous realities, these relations are not clear and they become even less clear when one reality is confused with the others.

Nowhere is this problem of point of view more evident than in discussions of the infant's relation to his mother. According to many observers, the infant is passive, dependent, and helpless in this relation. The perspective from which this judgment is made is biological or social. Moreover, this judgment shares with others of its kind the property of being vulnerable to alternative judgments based on other criteria of relevance or importance. Thus, there are other, equally behavior-centered observers, who do not accept this description. They point instead, or as well, to the importance of the infant's active behavior in the mother-child interaction; for example, the infant is said to be active in crying for the breast, sucking it, stimulating maternal response, and so forth.

In contrast to these biosocial approaches, many of the psychoanalytic assumptions concerning the infant's *psychic* reality have followed Freud (10) and Ferenczi (7) in postulating an infantile sense of omnipotence—either primal naïve omnipotence or that which is maintained through identification with 'omnipotent' parents. Note what happens with the change of perspective from the biosocial to the subjective: the passive, dependent, and helpless infant has become all-powerful. Or, in another respect, the infant as active collaborator in a realistic give-and-take has become a supreme, narcissistically self-sufficient being. Proper formulation is further complicated if one also takes into account Freud's (13) emphasis on infantile psychic helplessness, Abraham's (1) references to the infant's sense of devouring and destroying the object, and Jacobson's (19) extensive articulation of the archaic infantile experience of merging with the mother or the breast.

In the light of all these considerations, is it consistent or exact to label as 'passive' the longing of later years to regress to the nursing situation when one also assumes that in his psychic reality the nursling is omnipotent, or is devouring as well as being devoured, or is blissfully merged with the object and so,

psychologically speaking, can be neither active nor passive in relation to it? The designation 'passive' hardly does justice to the wish. Let me make it clear that I am not arguing here for any single hypothesis or perspective: each has its usefulness. I am trying to show how the observer's perspective influences his characterization of the infant's relation to his mother. The same points can be equally well made by scrutinizing the use of the terms activity and passivity in descriptions of homosexual relations and experiences.

Fenichel's (6) major emphasis on the concept of passive mastery is, in the terms of the present argument, an unwitting attempt to straddle the issue: as a concept, passive mastery awkwardly combines the behavioral and analytic viewpoints.

The same issue of mixed perspective recurs in Hart's (14) suggestion that choicelessness is an essential aspect of passivity. Whose criteria of choicelessness shall be used? Is the analyst to judge the patient's total real life situation at any point in time and conclude that the patient had no choice but to act or react in a certain way? I do not think there would be general agreement that the analyst can or should try to set himself up as the judge of all possibilities. Yet, on the other hand, the analyst's deterministic point of view in general, and his genetic orientation in particular, incline him toward drawing conclusions as to what was and was not inevitable, which is to say choiceless. The methodology of clinical psychoanalysis is not altogether clear or consistent in this respect.

Moreover, whether or not the analyst sets himself up as the arbiter of choicelessness, he ordinarily does not accept his patient's judgments on that score. Patients regularly present the analyst with claims that they had no choice but to do this or that, and typically the analyst takes an analytic attitude toward such claims. By an analytic attitude in this instance is meant not only that the analyst does not accept the claims at face value, knowing that they are likely to express resistances, to rationalize acting out, and so forth. The analytic attitude also means that it is part of the analytic method not to accept

psychic choicelessness as an independent variable: the analyst is steadily interested in the autoplasmic or alloplasmic choices that were made, and in the grounds—particularly the unconscious grounds—on which they were made. The feeling of choicelessness he also regards as a choice. It is not that he is assessing the 'actual' events being described; he is assessing the motivational basis of the report he is hearing and the meaning given to events by the conflicting, always active tendencies of the patient. Fenichel (5) stressed repeatedly the analyst's search for the activity concealed within the apparent passivity. In this connection it is puzzling why Bibring (2) seemed to treat the depressive ego's feeling of helplessness as a somehow primary and objective judgment and an independent variable; his clinical examples are not persuasive at this point.

The preceding remarks are not meant to imply that feelings of choicelessness and helplessness are clinically insignificant; nor are they meant to imply that from every point of view people control or determine everything that they experience. At issue are the assumptions underlying inquiry and the way events are represented in the mind, particularly in the primary process aspects of mind. It is not overlooked that to one degree or another people do test reality and can think in terms of the secondary process. Psychic reality is not, of course, entirely wishful and unrealistic.

Nor are the preceding remarks meant to imply that ultimately all subjective experience is active. In the important, complex, and large contexts of interpersonal action, such as the relations between parent and child, sexual partners, and patient and analyst, the subject's implementing of certain aims depends in part on his capacity for inactivity, receptiveness, and passive subjective experience. Chosen passivity is not choicelessness. Kris (21) pointed this out in his studies of creative regression. On the other hand, in parent-child relations, the child derives pleasure from using his ego functions to obtain so-called passive gratifications; it makes a difference in his pleasure whether he experiences a gratification as one imposed

on him or one achieved by him. An adequate sense of reality takes into account the mutual behavioral accommodations of self and objects in typical instances of 'passive' gratification.

Finally, a distinction must be drawn between one's recognizing the limits of effective action and one's experiencing helpless passivity. For example, as the young child learns to test reality and establishes object constancy, he begins to realize how much in fact he depends on his mother and how subject to limits is his power to control her. His accepting these limits, to the extent that that is possible, is not his 'passivity'. It may be an objective perception and judgment. If his efforts to control her fail in one or more respects, as they inevitably will, he is not therefore passive and helpless except as he has become attached to such self-representation when frustrated. The recognition of defeat is not necessarily passivity or helplessness; it too may be an objective perception and judgment. In the world of adult relations there are many circumstances over which one has no control and against which one cannot prevail, but the definition of oneself in these circumstances as passive and helpless is an individual choice based on preferred forms of defense, self-consolation, self-punishment, and so forth. Rationalization, acceptance, resignation, or renewed striving are among the alternative choices available to the subject. Their availability contradicts the claim of choicelessness. Bibring (2) has illuminated significant aspects of these choices.

Thus, analytic use of the terms activity and passivity in the context of characterizing object relations tends to be ambiguous, inconsistent, and confusing, owing to the variety of perspectives and assumptions that are juxtaposed or condensed and the simplifications of experience and human relations that are entailed.

The fourth context in which the terms activity and passivity are frequently used is *subjective experience*. This context has been necessarily referred to in previous parts of this presentation; however, other theoretically significant problems of

usage and meaning arise within the context of subjective experience and should be recognized.

As a starting point, let us consider a special case of subjective experience: the introject. The term introject refers to imaginary 'felt' presences in or around the subject's bodily self—presences which may be experienced as inner voices, peculiar sensations, or semi-hallucinated or hallucinated images.²

Typically, when defining his experience of introjects, the patient reports himself to be assailed by them or gratified by them, and in either case to be passive in relation to them. These presences usually seem to be their own masters and to generate their own activity; their invectives, frowns, smiles, clutches, and bodily warmth seem to be their own. We cannot dispute the nature of this subjective experience. A problem arises, however, when the apparent activity of the introject is formulated in theoretical terms as if it were indeed the activity of an independent being. Psychoanalytic theory and clinical formulation have generally stated or implied that the introject possesses its own supply of aggressive and libidinal aims and energy as well as its own cognitive apparatus, and so may act at will.

Clearly, this cannot be correct. The patient's conscious or preconscious subjective experience cannot tell the complete story or be the basis for theoretical formulations in this regard. An introject is an idea in the patient's mind. The patient thinks (or 'feels') the introject. Seen in this light, it is the patient who is active, not the introject. I believe that the introject acquires its quality of real presence and independent activity in consequence of the fact that the idea of the object in question is experienced in an altered state of consciousness. This state is sim-

² It may be objected that the introject is a metapsychological and not a phenomenological concept, owing to its presumed derivation from the abstract concept *introjection*. The phenomena are there, however, and the term introject (or internal object) has been applied to them. Whatever the history of these terms, it is probably more useful to think of introjection as the specific process whereby introjects come into being, and to use the term internalization for purposes of abstract metapsychological discussion. A related suggestion has been made by Hartmann and Loewenstein (18). I have discussed this matter and others referred to in this portion of the paper at greater length elsewhere (29).

ilar to that which exists during dreaming. In dreaming, too, ideational presentations of objects are experienced by the dreamer as real and independently motivated and influential presences. Yet, if these dream presences assail the dreamer, analysts do not say that they are active and the dreamer is passive: they bear in mind that it is the dreamer's dream.

The same viewpoint should be maintained in conceptualizing introjects: they are the subject's creations, made out of his memories and anticipations; they do what he needs them to do; their possession and control of libido and aggression are only appearances. In fact, a special kind of partial regression has occurred that is something like dreaming while awake. Looked at from the standpoint of activity and passivity, the subjective experience of being passive in relation to introjects reveals a particular limitation of the self-representations: the self as thinker of certain ideas about objects has been denied conscious or preconscious representation, and the result is that ideational presentations of objects are experienced as real and active objects, just as they are in dreams.

One need not depend on the archaic experience of introjects to make this point. For example, analysts are quite familiar with the ways in which patients can contrive to experience their own thoughts passively. One could, by the way, equally well speak of the common passive experiencing of feelings and actions. Patients will begin their statements with 'It struck me', 'The idea suggests itself', and 'What comes to mind'. It is noteworthy, in this connection, that the analyst encourages this passive attitude whenever he asks, 'What comes to mind?' or 'What does it make you think of?' rather than 'What do you think of next?' or 'What do you associate to it?'. The patient's passive attitude toward his thoughts and feelings on the couch is an aspect of the so-called splitting of his ego into an experiencing and an observing ego. This same passive attitude, which relies on the mechanism of isolation, must, among other things, dampen the patient's anxiety and guilt by shrinking, for the time being, his preconscious sense of self and thereby of activ-

ity. Here is the parallel to the experience of introjects: in both situations there is a close association between the subjective sense of being active on the one hand and the nature and scope of the self-representations on the other. In the passive experience of thoughts, the self-as-thinker is inadequately represented in preconsciousness; conscious personal experience is restricted to observing, reporting, and perhaps reacting. The subject represses the mental notation that *he* is thinking and not just thinking about 'thoughts'.

One sees the same close association, though toward the other extreme, in the case of well-established identifications. There are two hallmarks of an identification's being well established: first, it appears regularly in the form of a self-representation, resisting regressive pulls toward the introject type of experience, diffuse and fluid mergings, or complete externalizations; and second, either consciously or preconsciously, the well-established identification has a characteristic subjective feel of intentionality, will, or activity. In this second respect, even when the context of the identification centers around behavioral passivity, the subject still asserts essentially that this is the way he intends to be.

The point toward which we have been progressing is this: a person who pervasively emphasizes passivity in his subjective experience is indicating a deficit of stable internalizations and a prevalence of archaic and fluid internalizations and projections. In *The Ego and the Id* (12), Freud laid the groundwork for recognizing the key role of stable internalization in the development of psychic organization and the higher levels of function. Hartmann (15, 17), Rapaport (24), Loewald (23), and Jacobson (19) stand out among those who have made major contributions to the theory of internalization (see also Hartmann and Loewenstein [18]). Despite differences of emphasis, each of these contributors has underscored and articulated the developmental importance of substituting internal regulations or relationships for external ones. They have also emphasized the process of 'depersonalizing' these internaliza-

tions, that is, reducing the extent to which the influence of internalizations depends on ideas about specific, concrete internal objects. This process of 'depersonalization' may progress to the point where internalizations become stable psychic structure, the original objects being then only implicit in uncluttered and unwavering self-representations. It is these far-reaching internalization processes which help establish a firm sense of self-generated impetus, that is, of intentionality. Therefore, it is only superficially paradoxical to say that clear self- and object-representations depend on substantial and stable internalizations of object relations.

Clinically, it is said that those patients whose subjective experience is dominated by introjects and fluid, archaic mergings of the self and objects have not advanced far along the road of internalization. It is just these patients to whom the whole question of being active and passive is critically important: they cannot sharply differentiate where the center of activity is; they are not sure whether the anxiety or emptiness they feel is their own or someone else's; they are not sure whether they feel guilty or are being reproached by others; they are confused about whether they did something or something was done to them. Indeed, at times it seems as if they do not differentiate activity and passivity in the sense of concretely acting upon an object or being acted upon by it: on an undifferentiated level of subjective experience there are only 'happenings'.

The following brief excerpt from an analysis illustrates the point about the link between self-representation and the sense of being active; it also illustrates how self-representation *itself* takes on dangerous libidinal and aggressive meanings.

The patient was a young man who had come to analysis with a history of severe social, sexual, and intellectual inhibition and anxiety. For present purposes I need mention only one background detail: throughout the first years of analysis his verbalizations were characterized by a marked tendency to avoid the use of the first person pronoun, *I*. He typically began his sen-

tences with 'it was', 'it is', present participles, other evasions, or combinations thereof. For example, he would say, 'Almost as if kicking and clinging at the same time', 'Hating myself for it!' and 'A dream last night'.

During a session in his fourth year of analysis he was mulling over various expressions of his self-castrating tendencies. He was soon dwelling on how he overused the passive voice in speech and writing. In high school he had once written an entire essay in the passive voice. At this point I remarked (not for the first time) on the characteristic way he expressed himself in the analysis, that is, avoiding the use of *I*, and so forth. I added that this style of expression seemed to keep him a step removed from what he was saying, as if it were protecting him against something. Following some irritable and anxious floundering, the patient turned his attention to the first person pronoun, *I*. Aloud, he tried out the words *I want*, *I do*, *I feel*, *I will*, and he reflected that it felt aggressive and too assertive to say them. He saw himself standing naked, exhibiting himself with an erection and said, 'The *I* is like an erection, it's doing things my way'. He then grew angry at his parents for having maintained a family atmosphere opposed to self-assertion, spontaneity, and anything showy. Next, he thought of himself as embracing the letter *I*, wrapping himself around it, and said, 'There's self-love in it. . . . There's something good and necessary about that.' Then he thought of what the active sense of *I* would lead to at work and in social and sexual relations: he concluded, with an affirmative tone that was unusual for him, 'It would end the anesthesia'. (He was here referring to partial, fluctuating anesthetics in his arms, legs, and penis.)

The aim of this fourth part of the discussion has been to develop two interrelated propositions concerning the subjective experience of being active and passive: first, that it is closely tied to the degree and type of internalization achieved by the subject, and, second, that it must be dealt with in terms of the development, levels, scope, and meaning of self- and object-

representation. Further discussion of these points would also have to take account of early sensorimotor experience and the phenomena of concentration and effort.

The fifth context in which analysts regularly use the terms activity and passivity is *trauma*. Only a few additional remarks should be necessary at this point in that much of what has already been said about psychic reality, helplessness, choicelessness, and the subjective experience of being passive is applicable to the psychology of trauma. The simple, analytically familiar fact is that people can and do feel responsible for—hence, active in bringing about—their shocks, afflictions, and privations. Anna Freud (8) set forth an illustrative conclusion: she emphasized that the unconscious feminine wish can be decisive in determining the castration shock or general traumatic effect of the surgical experiences of young boys. In this way, she reminds us that psychic trauma cannot really be understood simply from the outside. Other studies of trauma point in the same direction: as an observer on the outside, the analyst may know that some stimulus has unexpectedly and violently impinged on the apparently passive subject; yet, when he looks into the depths of the subject's mind, he finds it not so easy to sort out what was internal and what was external, and what was active and what was passive in the traumatic experience.

The various discussions in the first part of this paper appear to warrant the following conclusions. Psychoanalysis has not yet achieved a conceptualization of activity and passivity that is consistently psychoanalytic. It is most likely that a satisfactory conceptualization will prove to be necessary and attainable in the context of subjective experience and nowhere else, and that, accordingly, it will deal only with the terms *active* and *passive* and will abandon *activity* and *passivity*. In other words, *activity* and *passivity* will not prove to be useful terms for abstract psychological theory. Such terms as *action* and *inaction* will be used to characterize overt behavior, while *delay*, *control*, and

defense will continue to be useful to characterize intrapsychic processes. And, of course, specific wishes to love or be loved, hit or be hit, look or be looked at, eat or be eaten, etc., *stated as such*, must figure prominently in analytic formulations.

II

I now turn to some considerations concerning the so-called activity and passivity of the analyst in the analytic situation. The analyst's moderately standardized set of technical behaviors, though much discussed, is often misrepresented and misunderstood owing to partly uncertain or ambiguous uses of the terms activity and passivity. Consideration of this concrete situation should make clearer some of the referents of the abstract formulations in the first part of this paper. Aspects of the patient's position in the analytic situation will be touched on when pertinent to the topic.

There is an old story about the indignant customer at an elegant milliner's shop. She had just bought a hat that was little more than a few artfully arranged threads of material and she began protesting loudly when presented with a bill for one hundred dollars for so little hat, whereupon the French milliner drew herself up haughtily and replied, 'Madame, you are paying for *ze* restraint'. In the same way, the protesting patient pays the analyst for *his* restraint—though also for *his* artful arrangement of the threads.

A discussion of the analyst's activity and passivity must, it seems, center around the question of restraint—or, to use a term more familiar in psychoanalytic discussion, delay. Dahl (4) has suggested that 'control' might be the most suitable term. He appears to have had in mind much the same thing as is here being called 'delay'. What Calef (3) has called the analyst's 'very refusal to be overwhelmed by his own and his patient's instinctual drive', indicates the centrality of the ego function of delay in the analyst's optimal performance. Through his delay of impulse, he makes possible his own sustained

experimental action in thought which culminates in interpretation. This delay is the context of the analyst's conscious or preconscious deliberations concerning the timing and dosing of his interventions, and his pitching the interventions at the right level for a particular patient at a particular point in his analysis. The analyst's appropriate silence is, of course, another manifestation of delay in the immediate situation.

Looking at the matter from the standpoint of activity and passivity, delay can only be represented as a form of being active. It is an essential component of the analyst's intention and sense of being analytically active. It is preferable to speak of delay rather than 'active passivity'—as others have done—because 'active passivity' throws one's views of the process out of focus; 'active passivity' tends to confuse restrained action, inaction, or delay with being passive. In structural terms, delay is regarded as an ego function, if not an identifying characteristic of the ego system as a whole, and, in any case, as a special form of intentionality. In terms of subjective experience and meaning, delay normally has its corresponding active representations and feeling tones. It is, in fact, a sign of abnormal conflict when delay is confused with surrender, submission, or inhibition, and then experienced on this basis as being passive. Similarly, it is a sign of abnormal conflict when the two are confused and inhibition, for example, is represented and experienced as flexibly maintained delay. Analytic work with patients with impulse disorders on the one hand and obsessional problems on the other encounters both types of confusion. In such instances, analytic progress depends in part on the patient's becoming able and willing to make and sustain the necessary differentiations.

Delay, then, is an intensely active matter to the analyst in the analytic situation. His delay involves more than his controlling the expression of those of his impulses, feelings, and ideas that have already taken shape. It also involves his making it possible for his impulses, feelings, and ideas to have time to evolve, ramify, achieve greater density, take more definite shape,

acquire balance, and so forth. Deliberate inaction here is a precondition of meaningful and effective action.

One particular consequence of delay may be stressed in terms of passive experience: it is during the period of delay that the analyst may experience being passive in relation to a patient, and, through this experience, understand the patient's dynamic position in the resistance and transference. I have in mind such passive experiences as the analyst's feeling himself to be the object of the patient's seduction, abuse, exhibitionism, voyeurism, and so forth. Calef (3) has stressed a similar point in his discussion of activity-passivity in relation to analyzing the resistance. The analyst allows—in a sense, invites—the patient to play on his feelings, fantasies, and impulses; and can do so freely in so far as he is confident that he himself is subject to the condition of delay of expression. It is like the suspension of motility being a condition of ordinary dreaming. Thus, the analyst comes to a recognition of the patient's intentions partly through a kind of passive subjective experience in himself.

Different accounts of the analyst's intrapsychic processes in the course of his work have emphasized his regression in the service of the ego, his free-floating attention, his listening to his own unconscious, his analysis of his own countertransference and counteridentification, and his being a participant-observer. Each account implies, among other things, the analyst's opening himself up to passive experience in relation to his patient in order to gain access to enough of the right kind of material for the elaboration and communication of appropriate interventions. The entire process is guided and limited by the aim of analyzing; its passive experiential components are in the service of effective action.

All of these developments are made possible by delay, and, in turn, they establish the foundation for apt and timely analytic interventions, those that have maximum 'multiple appeal' (to use Hartmann's [16] phrase for it). Of course, the patient's internal processes usually benefit in the same way from the analyst's restraint: their development into analytically useful

material depends on their not being interrupted, especially not in their early stages.

The analyst's capacity for delay has more than just momentary significance for it is a fruit of the most intense previous and concurrent active orientation in his personal and professional development. I refer to the analyst's relation to all his past and present suffering and flight from suffering—a relation characterized by his maintaining an intention to understand, master, or regulate, so far as he can, these aspects of his existence, or, in other terms, to neutralize them. In this light, the analyst's own analysis has helped him secure his active orientation—which is not to be confused with his being an activist: meditation may be considerably more active subjectively than many interventions. Calef (3) has referred to the analyst's neutrality in connection with his pointing out that, through judicious nonintervention and the analyst's refusing to preempt the patient's ego functions, he leaves much of the analytic work to the patient. In regard to this matter of neutrality, I should like to make two points, one concerning neutrality itself, the other concerning the preempting of functions.

The analyst's neutrality has many sides. It has its background in past and present processes of neutralization in the analyst—what has just been referred to as his actively understanding and regulating his own suffering and flight from suffering, and his actively making analytic capital out of his passive experiences in the psychoanalytic process. The psychoanalyst's ongoing processes of neutralization are comparable to those described by Ernst Kris (22) in his account of the child at the easel in the nursery school: in both instances, the stimulations, temptations, and tasks inherent in the situation create conflicts that call for neutralization; and at the same time that situation offers a structure, a medium, and materials that enable processes of neutralization to take place in the analyst. The process is nowhere more evident than in the analysis of resistance. The analyst's analytic behavior in the face of resistances has relatively neutralized 'fight' and 'love'

in it, i.e., in each instance it involves an advance in the relatively neutralized libidinal and aggressive aims with which he approached his patient initially.

Another side of the analyst's neutrality is in the nature of an attitude. As an attitude, neutrality is founded on those past and present neutralization processes which depend upon a capacity for delay at the same time as they enhance such capacity as already exists. The attitude of neutrality is distinguished by its quality of not taking sides. The neutral analyst intends to remain a neutral with regard to the unconscious warring factions in the patient's personality. He will not be partial to the id, the defensive ego, or the superego. He does ally himself *in the analytic work* with the conflict-free, relatively autonomous aspects of ego function, for, in so far as these aspects have preserved their conflict-free and autonomous status, they too are not parties to the pathogenic conflicts; they too are neutral, standing for the aims of differentiation, inclusiveness, objectivity, accommodation, and synthesis, and not for victory or defeat for any one side. These functions make a therapeutic alliance possible. It is owing to the analyst's neutrality that the most representative interpretations are cast in terms of conflict.

The matter of preempting the patient's ego functions is related in two ways to that of taking sides. In one way, preempting functions take sides with the patient's regressively defensive helplessness. In this respect, it might be added, it is not just a matter of *preempting* functions: the patient is so often simultaneously attempting to bribe, seduce, or frighten the analyst into this apparent activity that he cannot be regarded as an altogether reluctant party to this type of nonanalytic transaction. In the second way, the preempted functions are not simply intact ego functions. Some or many of the patient's ego functions are, to begin with, probably aggressivized and sexualized to a high degree, and these become even more so as the transference and the resistance get organized and intensified. In other words, the functions carry id, superego, and defensive ego significances: they have taken on disturbing symbolic or

fantasy content. Consequently, in taking over these functions, the overactive analyst is implicitly allying himself with one or more of the unconscious warring factions, and in this respect he becomes a seducer, an inquisitor, and the like. In so far as he does this he can no longer be seen as neutral by the patient, and, if he goes far in this preempting direction, he is in fact not so neutral internally either.

Yet, the analyst must at times terminate his period of delay and act through speech. However neutral his intervention, it will be construed by the transference- and resistance-ridden patient as a taking of sides and a preempting of functions. There is no way of avoiding this eventuality, nor is it appropriate to hope to avoid it: one tries only to provide minimal real confirmation for this partisan construction made by the patient and goes on to analyze the misconstruction. The analyst must be free to act through speech in the face of the patient's ambivalent listening. In so far as the analyst acts on the basis of neutrality, he will be inwardly ready to analyze the non-neutral use made of his neutral intervention. Otherwise he will feel the disappointment, anger, fall in self-esteem, and so forth, that betray non-neutrality in his intervention.

Capacity for delay does not imply limitations on the capacity to act. For the analyst and the patient, it is a question of what *kind* of action and especially of how *neutral* the action is, that is, how far it is from the analyst's own archaic conflicts. This point is illustrated in many ways in Stone's (30) discussion of the psychoanalytic situation. Thus, the issue of the analyst's being active or inactive has to be assessed in terms of the degree of neutralization involved in each instance. As patients approach the end of analysis, they are better able to recognize the possibility of there being relatively neutral active and passive subjective experiences—both their own and the analyst's, and they become better able to trust, enjoy, and use adaptively the action and inaction, and active and passive experience, of each party in the analytic situation. Loewald (23) has made the same point essentially, though in another

context, in his discussions of the analytic process. It is the non-neutrality of action and inaction, whether real or imagined, that troubles both parties in the psychoanalytic situation, and not action and inaction per se. The same is true for active and passive subjective experience. The analyst's appropriate silences on the one hand and his timely confrontation of certain resistances on the other illustrate the possibility and the therapeutic potential of the analyst's neutral inaction and action; and his productive use of his passive experience of his patient is perhaps the most impressive indication that active and passive are not inherently antithetical—that, in fact, major adaptive achievements probably always depend on the integration of the two.

In this second part of the paper an attempt has been made to view the analyst as being always active in the analytic situation, though his being so may be expressed in a variety of ways—through silence (inaction) and receptiveness to passive subjective experience to be examined for clues to the patient's strivings, and through interpretation and other intervention (action). The delay and neutrality characterizing the analyst's behavior, inner attitude, and communication are expressions of a special kind of active orientation—that involved in the aim of analyzing.

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Explosives and Spirants: Primitive Sounds in Cathected Words

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EXPLOSIVES AND SPIRANTS: PRIMITIVE SOUNDS IN CATHECTED WORDS

BY MAURICE N. WALSH, M.D. (BEVERLY HILLS, CALIF.)

The importance of language as an indicator of emotion and of mood and as a vehicle for the expression of affects cannot be overestimated. Certain words are easily recognizable as heavily cathected with affect, notably, but not exclusively, obscene ones. Heavily cathected words tend to arrive at expression under situations of great stress, and certain words tend to emerge as forceful verbal expressions spoken of as 'ejaculations'.

Certain sounds which make up such words are becoming recognized as primitive sounds related to early affective experiences, and associated with condensed memory traces, being thus heavily cathected with powerful affects. Many of the sounds are associated with early human experiences which are universal, such as gastrointestinal, genitourinary, and respiratory tract operations in infancy.

Psychoanalytic experience demonstrates that the ordinal aspect of words, a function of their phonetic qualities, is related to the auditory comprehension of spoken words and is originally a function of the early developing ego in the pregenital period. It is thus related in its inception to the pregenital period and then intimately related to an early comprehension of the language of the mother, as well as to the various global sounds made by the mother expressive of her love, disapproval, anger, rejection, or aggression. The ordinal aspect of words has therefore an important relationship to the early memory traces concerning the mother, which are heavily cathected with pregenital, primitive affects. The visual aspects of words, on the other hand, are cathected with affect and memory traces concerning the late œdipal, latency, and adolescent relationships, and have to do with objects which come into the child's life later than does the object of the precœdipal mother, being pre-

dominantly influenced in most children by the observation of the postœdipal mother, and later by the father, the siblings, and other objects.

In several psychoanalytic patients with strephosymbolic reading, spelling, and writing difficulties it could be demonstrated that with regression there occurred a tendency to use predominantly ordinal—that is, phonetic—aspects of words which were cathected with defused affects, characteristic of their pre-genital nature. These defused affects, principally aggression, related to the unconscious endeavor to keep the mother and father imagoes apart, as noted by Rosen (16).

It was found in the case of a specific inhibition of the use of obscene language that there occurred a specific omission of the use of 'explosives', that is, highly cathected sounds consisting of *t*, *d*, or *p*—also known as 'stops' (17). Also present were 'nasalized stops' like *m* or *n*, and 'spirants', *ss* and *zz* sounds (7, 13). It can be demonstrated that these are primitive sounds which are important in the production of emotional language and heavily cathected with defused affects (20).

I have noted in another communication the importance of explosives and spirants in obscene words employed as ejaculations. These words are heavily cathected with defused affect, principally aggression, and are used frequently as word missiles hurled at others for the purpose of the expression of aggression, insult, or rejection. Stone (19) has elucidated the origins and complex derivations of the most common obscene word in English which begins with an explosive sound: the word 'fuck'. He points out the intimate association of this word with the word 'suck' which begins with a spirant, emphasizing its pre-genital affective cathexis. Sapir (17) notes that in 'explosives' the breath is completely stopped for a moment in the oral cavity, following which it is forcibly expelled; this takes place in sounds like *p*, *t*, *d*, or *f*. 'Spirants' such as *s* and *z* consist of a partial obstruction followed by an expulsion of the breath. Greenman (5) notes the origin of language as a production of an effect on a distant object similar to that of a mis-

sile hurled from the hand, this effect also being related to aggression. Freud (4) spoke of man as 'a prosthetic God', referring in part to his ability to produce effects upon distant objects through extending the functions of his organs by auxiliaries, either by the use of objects thrown from the hand or by speech thrown from the mouth.

The utterance of the explosive and spirant sounds represents discharges accompanying instinctual activities, and constitutes indicators of affect and discharges expressive in general of aggression. They involve organs such as the diaphragm, lungs, larynx, palate, tongue, lips, and mouth, and resemble sounds made by the anus and urethra in the discharge of excretory products. They are characterized by the expulsion of air, more or less forcibly. A brief consideration of words beginning with the sound *p-p* is illustrative. The sounds *p-p*, *ff*, and *b* are closely associated linguistically, all being characterized by the expulsion of air through the lips.

Bunker and Lewin (1) note that in Latin *possum* is formed from the Sanskrit *potis* signifying 'master', and 'owner', 'governor', 'lord', or 'husband'. The *pod* in the Russian *gospod* means 'lord' and the Lithuanian *patis*, meaning 'husband', is related. It appears important that in most languages a term for father is *papa*, as for example in Chinese. The English word *father* is derived from Anglo-Saxon *fader*, while in German occurs *vater*, in Latin and Greek *pater*, in Japanese *shinfu*, and in Sanskrit *feta*.

The English term for the instrument for tilling the earth, a well-known phallic symbol, is *plow*. The word for penetrating instruments of war in English are *spear*, *pistol*, *rapier*, *saber*. In Latin a word for sword is *spatha* from which is derived *spade*; in Linear I or in Nycenean Greek the word is *pacana*. The Latin word for spear is *pilum* which also means *pounder* or a *pestle*. The Latin word for the male generative organ is *penis* and the Greek word is *peos*, both also meaning a tail. The Greek verb *paio* means to strike, to smite, to hit, or wound. The word *penetrate* is derived from the Latin word *penetro*,

'to put into'. *Pain* is derived from the Latin *poena*, which signifies *punishment*, *penalty*, *expiation*. The word *pathos* is derived from the Greek *patho* which means accident, misfortune, grief, suffering, passion. The words *puppet*, *poppet*, *pupil*, and *baby* all refer to dolls, infants, or children which in the unconscious symbolize the *penis*.

The Greek verb *apollemi*, the Latin verb *perdere*, and the French verb *perdre* all signify 'to lose, to ruin or to destroy a thing or person'. Freud (4) interpreted losing things as an unconsciously motivated tendency to put the object out of the way. The word for a projectile is *bullet*; the word to express a loud noise due to the discharge of a gun is *bang*, or *pow*; the words *pierce* or *penetrate* refer to a result of an aggressive action; the words *bruise* or *blow* have to do with aggression—all seem to relate to the expression of various aspects of aggression.

Ostow (14) has described the forcible expulsion of air by depressed patients as expressing an effort to expel an ego introject cathected with hostile feelings. Charles Darwin (2) quoted Leichart to the effect that in Australian natives a feeling of contempt or disgust is accompanied by a tendency to produce sounds like *pooh* or by blowing out of the mouth. It would appear then that in addition to respiratory erotism (3) one would be justified in speaking of a respiratory aggressivism.

Urethral aggressivism is also important in the genesis of the sound *p-p*. The expulsion of urine is accompanied by a *psst* sound; in fact urine is called 'piss' or 'pee'. A female analytic patient who frequently made the sound *ppt* without awareness envied and resented males for their ability to urinate standing up and to aim the urinary stream, which she equated with aggressive sexual attack. She suffered depression in childhood when she was unable to compete with her brother in this endeavor. The feminine role to her meant passive submission to being urinated upon and degraded. Penis envy was prominent and revenge on males occupied much of her fantasy life. The *ppt* sound represented her wish to have a penis and to be strong and safe from attack and also had important aggressive oral and anal inferences.

Sapir (17) has noted that structurally speaking, there are no organs of speech; all organs used in speech are only secondarily employed in this capacity, their primary function being elsewhere. The same might be said of the neural structures subserving the functions of speech. The motor speech area in the brain actually appears to be derived from a portion of the motor area for the hand and mouth in the frontal cortex. The projectile function of speech has been stressed by Greenman (5) who hypothesized that speech was, in effect, a means of producing a distant effect similar to and derived from the throwing of projectiles from the hand for the purpose of producing an aggressive effect on a distant object.

It appears significant that the explosive sounds *p*, *b*, or *f* which can be traced to the oral and anal expulsion of air, when displaced to speech seem to express the aggressive more than the libidinal drive. The oral and anal origin of these sounds have been identified as having to do with the oral and anal aggressive component of the aggressive drive and to relate in some degree to the period of anal sphincter control. In fact it is in the anal phase that speech is being perfected and anal and urethral sphincter control is being insisted upon. These demands for anal sphincter control are naturally resisted. The expulsion of flatus at this and later periods is not unusual as part of this rebellion since the expulsion of feces is no longer permitted to take place in unauthorized places. This phenomenon can be observed in analytic patients during regressive periods of negative transference. The anal aggressive component again has its role in the later development of phallic aggression and thus relates to the aggressive component in the later genital phase.

Stone (19) in his exhaustive study of the word 'fuck' has emphasized its close association with the word 'suck'. He gained the impression from the deeper root data that the oral receptive attitude of sucking may provide the conceptual and linguistic *Anlage* that ultimately eventuates in basic words for sexual intercourse in English, this evolution in roots showing a tendency to correspond with an apparent psychic evolution through predominant oral aggression toward the active phallic sexual

attitude characteristic of the normal male role. Possible anal origins were also considered and Stone felt that the words 'fuck' and 'suck' have important unconscious relationships.

Spirants resemble the sound made by a missile in swift passage through the air, while the *ss* or *zz* sound is characteristic of the passage of gas from the anus and of urine from the urethra; these sounds being referred to by the onomatopoeic words 'shit' and 'piss' with their aggressive connotations.

Spitting out of an undesirable object is tension relieving for the infant (18) and in addition can express resentment against the object for its unpleasurable quality, or against the giver of the object. Hence in later life spitting upon or at another person is a manifestation of hostility or contempt. Significantly, the word spit contains both a sibilant and an explosive sound.

Exhalation of breath with a sibilant sound to express aggression, resentment, or contempt is employed in the form of a hiss or of ejaculations expressive of resentment, hostility, or contempt such as 'son of a bitch' or 'shit'. Inhibited aggression may be expressed by a gentler respiratory exhalation known as a sigh, frequently also expressive of frustration or sadness.

Greenson (6) described a patient who, during the analytic hour, habitually made the sound *m-m* which indicated the patient's ungratified oral needs. He related this to various features of the language and the unconscious meanings of words beginning with this sound, notably 'mama', 'mamma', etc., that appeared to have a relationship to breast feeding and its unconscious meanings and associations. As pointed out by Greenson, the utterance of the sound *m-m* represents a discharge accompanying instinctual activities and constitutes an indicator of affects and a discharge expressive of pleasure or pain. He notes that the utterance of sounds has been found to have an autoerotic component, involving organs such as diaphragm, lungs, larynx, palate, tongue, lips, teeth, and mouth to which may be added the anus and vulva, any one of which may be the site of autoerotic pleasure.

The sound *m-m* is referred to in linguistics as a nasalized stop. In pronouncing it the lips are brought together and slightly protruded, similar to the nursing position of the lips, while the tongue is slightly elevated and does not obstruct the mouth, and the teeth are slightly separated. The positions of the lips, tongue, and teeth in pronouncing the sound *m-m* are thus similar to the position of the mouth parts during nursing—an indirect evidence that this sound is typically associated with incorporation and ingestion. Therefore, it can be no accident, as Greenson suggests, that the sound *m-m* is found in the word for 'mother' while 'mama' means both mother and breast.¹

In the Indo-European language group the word mother is related to the verbal root *ma*, meaning 'to make'. The word for milk also begins with the sound *m-m* as does the word *mama*. In view of the employment of the *m* sound in the personal pronoun as well as in the words for mother which typically begin with *m*, it seems probable that there is a linguistic allusion or representation of primary narcissistic identification of the child with the mother.

If, as Spitz (18) suggests, the ingestion of food is the earliest prototype of the primitive defense of introjection, then the sound *m-m* may be considered to persist as a relic of the speech prototype of defense, the earliest model then being the ingestion of milk from the mother's breast together with the early process of primary identification. Explosives and spirants relate to projection and to a later phase of the relationship.

It is significant that an analytic patient I described elsewhere (20), whose verbal production was markedly inhibited, used no obscene language at the beginning of the analysis and, in fact, expressed little or no emotion in his language. As the

¹ Pronouns denoting the self in Indo-European languages typically begin with an *m* sound or contain this sound as a principal component; as in Greek *me*, Latin *me*, English *me*, German *mich*, Spanish *me*, *mi*, French *moi*, Celtic *me*, Albanian *me*, Armenian *im*, Persian *mana*, Sanskrit *me*.

analysis progressed and his defenses were resolved, he began to be able to express emotion in language. It was interesting to observe that the use of obscene words characterized by spirants, i.e., 'shit' returned first, followed by words characterized by explosives, such as 'fuck', and last of all words beginning with nasalized stops, *m-n*. It was mentioned that the patient had an intense interest in sounds made by both ends of the gastrointestinal tract, by automobile exhausts, by explosives and guns, and by the noise made by saxophones and horns which he described as 'squirty'. At the beginning of the analysis marked hostility toward both parents was evident. Although heavily concealed, this hostility was quickly directed toward the analyst. Affectionate feelings could be expressed only much later in the analysis though for a long time marked ambivalence characterized his attitude toward the father and mother imagoes as well as the analyst.

The sequence of emergence of primitive sounds important in the expression of language cathexis in this patient appears to parallel the degree of repression suffered by the varying cathexes of aspects of the imagoes of the father and mother and was reflected in the transference feelings toward the analyst. The mother was clearly phallic and the words by which she was designated at various stages in the analysis demonstrated a progression from her heavy aggressive cathexis as a phallic mother to the libidinal cathexis of a feminine, feeding mother.

Bunker and Lewin (1) noted that the roots *gn*, *kn*, and *cn* occur in a number of Indo-Germanic words meaning or relating to 'woman' such as the Greek *gyne*, *cunt*, as well as the word 'knee' (in Latin *genu*), and are unconsciously associated with femaleness. They also find the word *genu* significantly related to a large number of words having to do with begetting, creating, producing, such as *generation*, *genus*, *kin*, and so on. They comment that unconsciously the knee is somehow thought of as having the same generative capacities under certain circumstances as the womb.

It is significant that my patient did not begin to use the obscene word 'cunt' until approximately the time he began to re-

fer to his mother as 'mother'. This appeared to parallel his perception of her as a castrated female. The father imago also became less cathected with aggression, and positive feelings toward the analyst as a benign and friendly male figure appeared. He could then express affection toward his father and no longer spoke of him in anal terms as 'that shit', or in phallic terms, 'that prick'. Instead, he was designated as 'father', a term less cathected with aggression and, incidentally, less explosive or spirant in its linguistic aspects.

Rangell (15) has summarized the important contributions to the knowledge of early speech up to 1964 and has convincingly demonstrated the pregenital nature of many early speech elements. The patient mentioned above was considered by his mother to have been an unusually bright and happy child up to the age of three when the mother began to teach him the alphabet and numerals and to lose her temper at his resistance to learning. He was also an unusually active child, extremely curious and 'prying into everything'. He learned to read and write letters, simple words, and numerals but by the time he entered school at age five this ability seemed to disappear. According to the mother, this roughly coincided with her miscarriage. It seems clear that he, like Rosen's patient (16), suffered from a forced advance of the 'reading readiness stage' (8). The consequences were noted by Hartmann and Kris (9, 10, 11, 12) of an uneven advance in one sector of ego development in relation to others, the effect being reflected in libidinal fixation with later regression. The pregenital conflicts of oral, anal, urethral, and respiratory origin thus became associated with œdipal conflicts, as well as with the perception of the angry, enema-giving and language-forcing phallic mother who pumped the rectum full of water causing fear of bursting, and the head full of words and numbers. Both operations were accompanied by shouting and beating. The little boy retaliated by shouting obscene words at the mother and by urinating and defecating on her furniture, for which he was further shouted at and punished.

This magically effective use of words became associated with

wishes and fantasies of killing the parents through words, intestinal products, and urine. The punishment for these fantasies was mutilation and castration, exemplified by the violent amputation by the mother of the fecal column, the 'anal penis'. The magical equation of the murderous wish with the deed further heavily burdened the patient with guilt. This guilt was intensely defended against and became unconscious.

It can be observed that, in the early years, language is at first a communicator of affect rather than of meaning. In the auditory aspect of language it never loses this close connection with id processes. As the ego develops more and more intellectual meanings are communicated through this route, particularly after the ability to learn to read. In regressive states in general, the ordinal (auditory) aspects of words, which had their inception in the pregenital period, become more evident in the speech and can be observed to have in general a cathexis with primitive-type affects.

In individuals with obsessive-compulsive syndromes, there is a defensive attempt to render language devoid of affective cathexes, making it as exclusively an intellectual production as possible by employing words predominantly associated with visual memories. This experience is always frustrated since the hidden affective cathexes of words cannot be completely eliminated from language. The attempt of obsessive-compulsives to employ more exclusively visual aspects of words is related to the precocious inception of ego functioning in these patients. However, it can be observed that hidden affective cathexes inevitably contaminate the attempt.

In neurotic regressive states in general the affective cathexis associated primarily with the ordinal (auditory) aspects of words tends to return from repression to some degree. In conducting a psychoanalysis it is technically preferable to use simple language since it is to a larger degree cathected with affect than complex scientific or technical language and is more effective in mobilizing affect.

In the more severe regression characterizing manic-depressive and schizophrenic syndromes, the verbal expression is more heavily charged with primitive affect. A desperate effort may be made to inhibit and control the mobilization of such affect by either becoming mute or in excited or manic states pouring out large volumes of language in an apparent counterphobic effort to avoid the affect.

Explosives, *pp* and *ff* sounds, and spirants, *ss* sounds heavily cathected with affect, are more characteristic of the language of severely regressed patients, such as those with psychoses. The production of such language in patients undergoing psychoanalysis is a signal that regression is occurring and that the defensive operations against the expression of affect are less effective than formerly, except in the later phases of analysis when the rigid defensive processes have been eliminated and the patient can now allow himself normal expression of affect in language.

SUMMARY

The speech sounds known as explosives and spirants are demonstrated to be primitive sounds heavily cathected with aggression. They are prominent in the ordinal (auditory) aspects of words that have their inception in the pregenital period, and are less heavily cathected than the visual aspects of words that are to a greater extent the product of intellection.

In regressive states the visual aspects of words tend to become less employed than the ordinal which again come to the fore. The temporary muteness in severely regressed patients appears to represent an effort to control the expression of affect through this route, as does the use of the largely intellectual (visual) aspect of words used by obsessive-compulsive patients.

The separation of the ordinal (auditory) aspect from the visual aspect of language in strephosymbolic syndromes affords an opportunity for observation of the divergent functions of the two. Predominant use of auditory language affords an opportunity for the verbalization of sounds related to the activity

of both ends of the gastrointestinal tract, the genitourinary tract, and the respiratory tract, characteristic of speech in the pregenital period.

The primitive sounds known as explosives or stops and spirants constitute indicators of affect and are predominantly discharges of aggressive affect. Libidinal cathexes, however, are more characteristically associated with the ordinal aspect of language, although words with explosive and spirant sounds appear less associated with libidinal than with aggressive cathexes. Material is quoted from psychoanalytic cases demonstrating that explosives and spirants are associated with pregenital affect which was at first inhibited from expression. In these cases, as the defenses against the expression of affect were resolved, normal verbal expression of affect, including the use of explosive and spirant sounds in language, could take place. This was accompanied by a structural change and the ability of the patient to express libido and aggression in appropriate situations.

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A Psychoanalytic Commentary on Shakespeare's 'The Tragedie of King Richard the Second'

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A PSYCHOANALYTIC COMMENTARY ON SHAKESPEARE'S 'THE TRAGEDIE OF KING RICHARD THE SECOND'

BY MARTIN WANGH, M.D. (NEW YORK)

On June 19, 1962, The New York Times drama critic, reporting the opening of a performance of *Richard II* at the Stratford Festival, wrote:

As a literary precursor of Hamlet, its complex central character—introspective, mercurial, vain and charming—is one of Shakespeare's most intellectual and interesting. The part is also one of the most hazardous for an actor. . . . Only with the most skillful supporting cast, subtle direction and an exquisite performance in the principal role can the play hold an audience more than fitfully. . . . Richard's transformation from a regal despot to a nobly suffering monarch is a complicated thing to convey believably, and Mr. . . . is not up to it.

Three months later, on September 20, we read, again in The New York Times:

Shakespeare Festival deposes *Richard II*: The fall student program at the American Shakespeare Festival in Stratford, Connecticut, has been cancelled. It was to start on Monday with *Richard II* and continue until October 20. . . . Joseph Verner Reed, the Festival's executive producer, said that *Richard II* was a difficult play for students to understand and their teachers advised its cancellation.

Read before the New York Psychoanalytic Society, April 1964, and the Michigan Psychoanalytic Institute, March 1965.

The impetus for writing this paper was given me by a question which Gladys Vaughan asked me when she was preparing to direct *Richard II* for the New York Shakespeare Festival in 1962.

I wish to express my thanks to Beverley R. Placzek for her invaluable collaboration in the research and editing of the paper.

What are the obstacles that the stage personage, Richard II, so obviously presents to students, actors, directors, and producers alike? Why have literary critics throughout the centuries complained of the 'contradictions' in this Shakespearean character, while for centuries great actors and great directors have understood him and have moved their audiences to share their understanding? The psychoanalyst is challenged to examine these questions on what might be called 'a depth field stage'.

Ernst Kris, in his discussion of Prince Hal (19), indicates the importance of the universal theme of oedipal conflict throughout the History Plays. He shows specifically how Prince Hal deals with this conflict and demonstrates the unconscious consistency underlying the apparent inconsistency of this Shakespearean personage. In this essay on *Richard II*, I shall try to follow Kris's approach and shall attempt to uncover the specific sources of Richard's unconscious oedipal guilt. Drawing upon evidence from within the play, I shall argue that Richard's moods and actions are a consistent response to his guilt for the unconscious crimes of usurpation and parricide, and that to atone for these crimes he provokes the law of the talion against himself. The historical facts as Shakespeare knew them will be used to document this thesis, and I shall suggest that because of his own inner conflicts Shakespeare magnified the ambiguities in the character of the historical personage. Moreover, I shall propose that the lamentations of this vain and unheroic king over the loss of the crown affect the spectator so deeply because they contain, beyond the theme of narcissistic mortification, displaced grief over the loss of beloved familial objects. Finally, I shall suggest that the preoccupation with mourning and its displacement onto an abstract object may reflect Shakespeare's attempts to cope with his own grief for his only son, Hamnet.

In offering this thesis, my aim is to fathom how in the playwright's work Richard's conflict is both hidden and revealed: how the hero tries to ward off the pressure of unconscious guilt and how he is nevertheless unconsciously compelled to follow

its dictates; how recognition and confession of sinfulness do not yet bring awareness of cause, and how mourning is impeded as long as unconscious guilt prevails; and, finally, how these dynamics in the character of Richard follow genetically out of his personal experience.

The changes in Richard's behavior have baffled a great many serious students of the play.¹ For the sake of brevity, I quote here only one representative critic, Bullough (4), who writes: 'In the first two acts, he [Richard] is presented externally as maladroit, arbitrary, and foolish enough to cause most of his nobles to take Bolingbroke's side. Then comes a change in treatment. Faced with the enigma of Richard's behavior after his return to Wales, Shakespeare chose to interpret his surrender,

¹ Shakespearean scholars have approached the play from essentially three different angles: It has been regarded as a political statement, as a pageant, and as a study in human behavior and character. Thus, Coleridge writes: 'Shakespeare avails himself of every opportunity to effect the great object of the historic drama, that, namely, of . . . exciting a steady patriotism, a love of just liberty, and a respect of all those fundamental institutions of social life which bind men together . . .' (7, p. 222).

Some critics, notably L. B. Campbell, Coleridge, and Peter Ure, hold that Shakespeare favored the Pax Elizabethana and that he, like his contemporary, Samuel Daniel (1562-1619), wished to 'show the deformities of civil dissension and the miserable events of rebellion, conspiracies and bloody revengements which followed . . . upon that breach of the due course of succession by the usurpation of Henry IV' (9).

Kittredge (17), while he agrees that the intention of the play is political, suggests on the contrary that Shakespeare wished to underline the analogy between Richard II and Queen Elizabeth; the wastefulness and wilfulness of Richard's rule were meant to point to similar defects in the rule of Elizabeth, and the example of Bolingbroke's successful revolt was intended to please if not to encourage Essex. It is a fact that when Essex was tried, his fondness for the play was adduced as evidence against him, and that *Richard II* had been played at the Globe at the instance of his partisans the day before the outbreak of the rebellion.

Tillyard (25) calls *Richard II* 'of all Shakespeare's plays the most formal and ceremonial'. Bullough (4) says that Richard is 'playing with words like a poet of the fifteen-nineties and using the mirror for the little drama which Bolingbroke coolly deflates' (p. 380).

abdication, and death in terms of pathos and melancholy lyricism' (p. 378).²

Can a psychoanalytic perspective help us to see why this pompous and callous king falls so precipitously into despair, gives up his army and crown with such alacrity, and abandons himself to such overwhelming mourning?

RICHARD II: USURPER AND PARRICIDE

Let us start by scanning the changes in Richard's behavior step by step, searching always for what lies beneath the surface. At the very outset of the play the murder of a personage of royal blood is shown to be the basis of the quarrel,³ and soon thereafter Richard himself is identified as the actual murderer. Gloucester's widow makes this charge and, in an attempt to incite Gaunt to avenge her husband, she stresses the oneness of father, sons, and brothers.

Edward's seven sons, whereof thyself art one,
Were as seven vials of his sacred blood. (I, ii, 11-12)

Moreover, this argument leads us to grasp unconsciously the primary significance of the murder: the reminder that the blood of Gloucester is also the blood of Gaunt inevitably evokes

² Coleridge tries to make these changes understandable by stressing Richard's feminine characteristics: 'He is represented as a man not deficient in courage . . . still, he is weak, variable, and womanish, and possesses feelings which, amiable in a female, are misplaced in a man and altogether unfit for a king. In prosperity he is insolent and presumptuous, and in adversity, if we are to believe Dr. Johnson, he is humane and pious' (7, p. 222).

Coleridge also moralizes over Richard's 'constant flow of emotions from a total incapability of controlling them' and calls it a 'waste of that energy, which should have been reserved for actions; in the sequence is moral exhaustion, and rapid alternations of unmanly despair and ungrounded hope—every feeling being abandoned for its direct opposite upon the pressure of external accident' (8, p. 265).

³ 'Admirable is the judgment with which Shakespeare always in the first scenes prepares, yet how naturally, and with what concealment of art, for the catastrophe . . .' (Coleridge, 8, p. 257).

the association that it is also the blood of Richard's father, the Black Prince. And then we are explicitly warned:

. . . thou dost consent
In some large measure to thy father's death,
In that thou see'st thy wretched brother die. (I, ii, 25-27)

These accusations, implications, and evocations of associations interposed between the scenes of ceremonial judgment, make Richard's uncertain behavior at the joust and immediately thereafter readily understandable. In their light, his irritation with Gaunt and his fear of Bolingbroke become more meaningful. He shows his defensiveness as soon as he is no longer sustained by prescribed royal ceremony. He lashes out at the old man grieving for his son with the counteraccusation:

Thy son is banish'd upon good advice,
Whereto thy tongue a party-verdict gave:
Why at our justice seem'st thou then to lour? (I, iii, 233-235)

Nevertheless he reduces the length of Bolingbroke's exile, thus inviting an earlier return of the very man he fears, commenting to his other cousin, Aumerle:

He is our cousin's cousin; but 'tis doubt,
When time shall call him home from banishment,
Whether our kinsman come to see his friends. (I, iv, 20-22)

He even throws some light on the inner source of his fear when he describes Bolingbroke's leave-taking as that of a man who, having leased his land, will return to claim it:

As were our England in *reversion* his,⁴
And he our subjects' next degree in hope. (I, iv, 35-36)

Here for the first time we have an indication of Richard's doubt about his rightful possession of the throne: Bolingbroke is England's true landlord. These thoughts and doubts are

⁴ Author's italics. *Reversion* is the key word. According to the dictionary, it means 'the returning of property to the grantor or his heirs, after the granted estate or term therein is ended' (5).

quickly silenced—as well as underlined—by the insolent defiance and crude anger he shows at Gaunt's deathbed, and his subsequent peremptory appropriation of the Lancastrian estates. The exhortations of his surviving uncle, York, are brushed aside like the voice of the superego before the psychopathic act:

*Think what you will: we seize into our hands*⁵

His plate, his good, his money and his lands. (II, i, 209-210)

But while he thus consciously, blatantly denies the voice of the superego, he unconsciously quite as obviously invites its punishment because the seizure of the Lancastrian heritage arouses the enmity of *all* the nobles. He further hastens his own downfall by entrusting the forces which are to protect his kingdom in his absence to the very uncle whose expostulations he had rudely brushed aside a moment before.

Thereupon, until Richard's return from Ireland, a considerable interval in the play is filled with further reproachful speeches about his murderous actions and his evil intentions toward his nobles, his mismanagement of the realm, and his interference with Bolingbroke's intended marriage.⁶ When Richard does reappear, his self-deposition progresses rapidly. Indeed, he proceeds like a man 'possessed' as the dying Gaunt had called him (II, i, 108). Informed of the approach of Bolingbroke's army, he does not respond to the threat with a

⁵ Author's italics.

⁶ There are three occasions in the play when interference between a couple, married or promised, is mentioned:

1. Richard is accused of coming between Bolingbroke and his French bride (II, i, 67-68).

2. Bushy and Green are accused of having come between Richard and the Queen, Isabella (III, i, 12-13).

3. Richard accuses Northumberland (and his master, Bolingbroke) of coming between him, the crown, and Isabella:

Doubly divorc'd: Bad men, you violate

A two-fold marriage—'twixt my crown and me,

And then betwixt me and my married wife. (V, i, 71-73)

strategic disposition of his forces, but instead turns to magic conjurations. He avers that the maternal earth and the paternal power of Heaven will not permit the deposition of an 'anointed king':

This earth shall have a feeling and these stones
 Prove armed soldiers ere her native king
 Shall falter under foul rebellion's arms. (III, ii, 24-26)

and further:

For every man that Bolingbroke hath press'd
 To lift shrewd steel against our golden crown,
 God for his Richard hath in heavenly pay
 A glorious angel: (III, ii, 58-61)

His companions, Carlisle and Aumerle, decry Richard's unrealistic reaction. They see his fear-filled retreat from combat and they note his regression to thinking in magic and symbolic terms. Richard's thought disorder becomes even more pronounced at the next moment when he learns that his Welsh force is dispersed. In his despair he increases the number of the lost troops from twelve thousand to twenty thousand,⁷ and a moment afterwards he again proclaims the magic power of kingship:

I had forgot myself: am I not king?
 Awake thou coward majesty! Thou sleepest.
 Is not the king's name twenty thousand names? (III, ii, 83-85)

On hearing of the death of his supporters, Bushy, Green, and the Earl of Wiltshire, he gives up entirely, surrendering life and crown to his as yet unseen foe. Already he mourns the loss of the throne and his own death, before there has been any evidence to show that Bolingbroke will demand either. On the contrary, it is made quite explicit that the speed with which Richard relinquishes his kingship by far outpaces Bolingbroke's

⁷ Richard was probably including here the still loyal army he had brought with him from Ireland which, according to Holinshed (15), he had actually dismissed against its protests.

demands. Again and again Bolingbroke reiterates that he wants only the reinstatement of his Lancastrian heritage, yet Richard never attempts to grasp this chance of saving himself and his crown. Oscillating between boastful assertions that he is still the possessor of royal power and depressive self-degradation, he drives forward unchecked to rid himself of his crown and of his life. The reason underlying this is shown when, in his wailing, Richard unconsciously implicates himself as a regicide:

For God's sake, let us sit upon the ground
And tell sad stories of the death of kings:
How some have been deposed, some slain in war,
Some haunted by the ghosts they have deposed,
Some poison'd by their wives, some sleeping kill'd;
*All murder'd.*⁸ (III, ii, 155-160)

for in his mind royal succession comes about only through murder.⁹

There is one dramatic point when Richard begins to feel some momentary relief from the pressure of unconscious guilt. This is when he invites his adversary:

Here, cousin, seize the crown,
Here, cousin,
On this side my hand, and on that side thine. (IV, i, 180-182)

The very exchanging of the crown opens a window to sorrow:

You may my glories and my state depose,
But not my griefs; still am I king of those. (IV, i, 192-193)

But even abdication offers no lasting relief:

The cares I give, I have, though given away,
They 'tend the crown, yet still with me they stay. (IV, i, 198-199)

He must go further and seek relief by giving up all self-esteem and by disavowing his identity:

⁸ Author's italics.

⁹ Kott (18) sees the History Plays as 'Shakespeare's metaphor of the grand staircase' to power, of which 'every step upwards is marked by murder, perfidy, treachery' (pp. 7-8).

... I have no name, no title;
 No, not that name was given me at the font,
*But 'tis usurp'd.*¹⁰ (IV, i, 255-257)

Usurpation is the kernel. Thereafter follows the request for the mirror and the recognition of guilt. Gazing into the glass, he says:

Where do I see the very book indeed
 Where all my sins are writ, and that's myself. (IV, i, 274-275)

Here the human drama of Richard has angled to its apex. The breaking of the mirror is the symbolic act predicting the final self-destruction. Now, too, in a self-rending speech, the depths of his pain and grief are publicly bared and are followed by ready acceptance of punishment. A spark of defiance revives as he takes leave of Isabella, but in prison he is again engulfed by self-torturing recapitulations. In his loneliness he does not turn to memories of father or mother, or to people he had loved; instead he makes his 'soul the father' and his brain 'the female to [his] soul', to 'beget a generation of still-breeding thoughts' (V, v, 5-7), but even this attempt at creating the insulation of abstract thought does not protect him against the pangs of conscience:

... thoughts of things divine, are intermix'd
 With scruples, and do set the word itself
 Against the word. (V, v, 12-14)

Through his silence about them, Richard has essentially denied his ancestors. Instead, all object relationship and all identity seems to have been invested in the crown. By losing it, he loses both object and identity. To free himself from the pain of this loss and from what still remains of his feeling of guilt, Richard once more seeks nothingness: it alone can bring complete absence of all psychic pain:

... But whate'er I be,
 Nor I, nor any man that but man is,

¹⁰ Author's italics.

With nothing shall be pleas'd, till he be eas'd
 With being nothing. (V, v, 38-41)

Now he hears the sound of music. Its rhythms lead him to ruminate on the meaning of 'time'. The wish to be nothing evolves into the thought that his 'time is broke':

I wasted time, and now doth time waste me;
 For now hath time made me his numb'ring clock;
 My thoughts are minutes, and with sighs they jar
 Their watches on unto mine eyes, the outward watch,
 Whereto my finger, like a dial's point,
 Is pointing still, in cleansing them from tears.
 Now sir, the sound that tells what hour it is
 Are clamorous groans, that strike upon my heart,
 Which is the bell: so sighs and tears and groans
 Show minutes, times, and hours; but my time
 Runs posting on in Bolingbroke's proud joy,
 While I stand fooling here, his Jack o' the clock. (V, v, 49-60)

A timepiece is a symbol of the paternal phallus. The struggle for its possession, for the control of time, —or aggression against it, in the form of wastage—is evocative of guilt. Arlow (*r*) writes: 'Unused time evokes reproach from the superego' and 'an appointment with death is an appointment with the emissary of Father Time'. Richard finally solves his inner conflict by complete submission, declaring himself through the imagery of regressive concretization to be one with time: 'time's numb'-ring clock'. He is fused with the paternal symbol and thus becomes guiltless, and through reunion in death he is freed from all pain.¹¹ With his self-abandonment, Richard concedes to Bolingbroke the status of the favorite son to whom 'time posts', and meekly submits to him as his 'Jack o' the clock'.

¹¹ 'The goal of the suicide is a search for timelessness, i.e., the fulfilment of the wishes of Lewin's oral triad; a wish for satiety, for freedom from displeasure and the frustrations meted out by the œdipal father—but also a happy reunion with the mother who bore him is sought after in the final hour—i.e., a reunion with the Horae as the fates were called' (*r*).

The groom's report that Richard's Barbary horse has defected to Bolingbroke continues this theme.¹² The message of the groom, brought in kindness, is a bitter one. For Richard it confirms the painful knowledge that paternal love belongs not to him but to his brother, represented by Bolingbroke. Recovery of this lost love comes only when he is dying at the hands of Bolingbroke's henchmen. Purified at last, he can rejoice with full assurance:

Mount, mount, my soul! thy seat is up on high.¹³ (V, v, 111)

Free of guilt, he can become one with the paternal divinity, and thus end all pain of loss. The burden of regicidal and fratricidal guilt has now shifted to Bolingbroke who, despite his attempt to assign Cain's fate to his instrument, Exton, confesses:

I'll make a voyage to the Holy Land,
To wash this blood off from my guilty hand. (V, vi, 49-50)

RICHARD'S OEDIPAL GUILT: MORE EVIDENCE FROM WITHIN THE PLAY

We shall now point up in a more detailed fashion how we are led to perceive this play as an expression of oedipal conflict. First, we are strongly inclined against Richard by the fact that the uncles, the murdered Gloucester, the dying Gaunt, and the surviving York, are represented—particularly in the first act—as most valiant, honorable, and venerable men. Earlier, referring to the scene between Gaunt and Gloucester's widow, I showed that the spectator through the symbol of blood is made to connect father, uncles, and sons. This interchangeability is expressed even more directly when the dying Gaunt fuses Edward, Richard's grandfather, with Edward, Richard's father:

¹² Horses and other large animals have long been recognized by psychoanalysts as unconscious representations of the ambivalently loved father. Cf., Freud (13).

¹³ Note that Richard had earlier assigned his *soul* to be the *father* to his thought (V, v, 7).

O, spare me not, my brother Edward's son,
 For that I was his father Edward's son;
 That blood already, like the pelican,
 Hast thou tapp'd out and drunkenly carous'd:
 My brother Gloucester, . . .

.

May be a precedent and witness good
 That thou respect'st not spilling Edward's blood. (II, i, 124-131)

The conflict and ambivalence between father and son is set forth in *Richard II* in at least three different relationships: in that of Gaunt to his son, Bolingbroke; in that of York to his son, Aumerle (*cf.* 24, p. 53); and in that of Bolingbroke to his son, Prince Hal. Firstly, Gaunt shared in the vote that exiled Bolingbroke:

You urged me as a judge; but I had rather
 You would have bid me argue like a father.

.

Alas, I look'd when some of you should say
 I was too strict to make mine own away. (I, iii, 237, ff.)

Secondly, York goes even further in the condemnation of his son: he rushes to the new-made king, Henry, to proclaim his son a traitor, and, rejecting the king's clemency, even demands his son's death:

Thou kill'st me in his life—giving him breath,
 The traitor lives, the true man's put to death. (V, iii, 70-71)

Thirdly, inserted into the midst of the scenes of clamor about Aumerle's treachery, we find Bolingbroke complaining about his son, Prince Hal:

Can no man tell me of my unthrifty son?
 'Tis full three months since I did see him last.
 If any plague hang over us, 'tis he. (V, iii, 1-3)

In the immediate sequel to these scenes, Extton overhears Bolingbroke, now Henry IV, remark:

Have I no friend will rid me of this living fear? (V, iv, 2)

Exton interprets this as an exhortation to kill the deposed Richard. Thus regicide becomes the ultimate solution of the oedipal conflict.

Let us now return to our main personage, Richard. What of his relationship to his father? Are we given any inkling of it in the play? All we are told of the Black Prince comes from others: Gloucester's widow, Gaunt, and York. Any direct mention of his father by Richard himself is conspicuous by its absence. In fact he refers to him only twice, and then by indirection: once when he states his cousinship to Bolingbroke, '... he is but my father's brother's son' (I, i, 117), and once when he addresses the dying Gaunt as 'brother to great Edward's son' (II, i, 21). His grandfather, this same 'great Edward', to whom Richard owed his throne, fares no better; the above reference is Richard's only mention of him. While Edward III is glorified by many, and while York praises the Black Prince's valor and rectitude—'His hands were guilty of no kindred blood,/ But bloody were the enemies of his kin' (II, i, 182-183)—, Richard himself reveals scarcely any pride in his progenitors. It is truly remarkable that he never once affirms his right to the crown by calling on his lineage and ancestry, and that he refers to mother and father essentially only in their symbolic representations and in indirect modes of speech. For instance, only when he greets the earth of England on his return from Ireland and compares himself to 'a long-parted mother with her child' (III, ii, 8), does the idea of 'mother' come to his mind,—and then only by identification. And in the context of familial relationships he must use isolation, referring to himself only in the third person:

This earth shall have a feeling. . . .

. . . ere *her native king*¹⁴

Shall falter . . . (III, ii, 24-26)

and

God for *his Richard* hath in heavenly pay¹⁵

A glorious angel: (III, ii, 60-61)

^{14, 15} Author's italics.

How sharply this contrasts with the direct language used by Bolingbroke on taking leave of England:¹⁶

Then, England's ground, farewell; sweet soil, adieu,
 My mother and *my* nurse that bears *me* yet!
 Where'er *I* wander *boast* of this *I* can,
 Though banish'd, yet a *trueborn Englishman*.¹⁷ (I, iii, 306-309)

I have already pointed to the doubt in Richard's mind as to the legitimacy of his kingship, when he says that Bolingbroke will return to England as the rightful landlord; and I have cited how Richard cries out that even his name was obtained by usurpation. Still another line, spoken at the very moment of his surrender, reflects this state of mind. As he is about to descend into the lower court of Flint Castle to meet Bolingbroke, he exclaims:

Down, down I come, like glist'ring Phaethon,
 Wanting the manage of unruly jades. (III, iii, 178-179)

Phaethon, as Richard well knew, had reason to doubt his paternity. Wanting to prove that he was indeed fathered by Helios, he insisted on driving the sun chariot. He failed to manage the heavenly horses and was cast down to his death. By comparing himself to Phaethon at this decisive moment, Richard once more reveals his unconscious doubt about his own paternity.

To see in Richard's preoccupation with the divine derivation of the crown, in his comparison of himself to the betrayed Christ, and in his impersonal mode of thinking, a schizophrenic illness, as does James McPeck (21), is I think a misdiagnosis. While it is true that Richard resorts to regressive, magic imagery and is highly narcissistic in many moments of crisis, this is a defensive mask which is ripped away most painfully at the moment of abdication:

¹⁶ Cf. also the excellent differentiation drawn between the characters of Richard and Bolingbroke by Derek Traversi (26).

¹⁷ Author's italics.

The shadow of my sorrow? Hal let's see:
 'Tis very true, my grief lies all within;
 And these external manners of laments
 Are merely shadows to the unseen grief
 That swells with silence in the tortur'd soul;
 There lies the substance: (IV, i, 294-299)

This, it seems to me, is the most emotional, profound, and sincere passage of the whole play. Nowhere does Richard express the oneness with his grief more clearly, more directly, less defensively than in this passage. He had succeeded, at first entirely, later sporadically, in warding off awareness of anxiety, guilt, mourning, and grief by effrontery, isolation, regression to magic imprecation, impersonal generalization, and self-dramatization. But at this moment all these defenses have fallen away and he experiences the whole depth and pain of his grief. He even feels grateful to Bolingbroke that he can at last truly mourn:

And I thank thee, king,
 For thy great bounty, that not only giv'st
 Me cause to wail, *but teachest me the way*¹⁸
 How to lament the cause. (IV, i, 299-302)

Gazing into the mirror Richard has confronted his sins, has declared himself guilty, and has unlocked the fullness of his grief.¹⁹ Yet, though the narcissistic mask is shattered and the punishment accepted, he remains—and this is important—in the dark about the fundamental source of his guilt.

¹⁸ Author's italics.

¹⁹ By facing the mirror, by shattering his own false image, by confronting his deep grief and accepting his punishment, Richard approaches the dimensions of a tragic hero. Lesser (20) defines tragedy as follows: 'In tragedy, the ego—the conscious ego of the protagonist—acknowledges its vulnerability: it does not attempt to deprecate either the suffering it is already experiencing or that which lies ahead; it unshrinkingly accepts the prospect of its own annihilation. It acknowledges its transgressions in all their seriousness and the justice of the punishment it is being called upon to bear. But it rejects the solace it could obtain by repenting these transgressions, by suing for peace with conscience or with secular or divine authority. The tragic hero appeals to no one. Simply by confronting his misfortunes and the mistakes or weaknesses responsible for them, by refusing to be intimidated, by facing the things from which at other times he might shy away, he gains ascendancy over them' (p. 282).

Up to this point I have spoken of the unconscious feelings of guilt that propel Richard's fear-driven, ruthless behavior, and his self-destructive actions. I shall now call attention to the depth and extent of his grief, which overwhelms the spectator by its flood of eloquence and poetic imagery. At what moment in the play does Richard first reach this depth of feeling, achieve this eloquence? When he hears of the death of his supporters, Bushy, Green, and the Earl of Wiltshire, he has already in his mind yielded his kingdom (III, ii, 95). At this moment, anxious agitation and magic imprecations suddenly give way to mourning. In this quasi-ceremonial mourning for the kings who preceded him, Richard reveals that the loss of his friends unconsciously represents for him the loss of ancestral figures; the loss of the crown also represents the loss of self-esteem. Later his 'grief' is even louder and more profound; his 'cares' and 'sorrows' know no end; the pain of mourning rends him apart. If the unconscious guilt that propelled Richard to abdicate had to be demonstrated through inferences, not so his grief. Beyond his feelings of guilt, it is the wish for relief from the pain of this grief that makes him seek death, i.e., nothingness.

As we know, mourning is often repressed or avoided when the ego is threatened by its force or when it is commingled with unbearable feelings, such as guilt. The presence of extensive unconscious guilt feelings makes the very process of mourning a danger. So it is in Richard's case: only to the degree that the weight of his unconscious guilt for usurpation and regicide shifts to Bolingbroke is Richard's full grief released. However, even at its flood, the basic cause of this grief does not become conscious—he can never speak directly of any close family relation, brother, mother, or father. This very silence commands our curiosity. Can what it hides be discovered in the historical data available to Shakespeare?

SHAKESPEARE'S HISTORICAL SOURCE MATERIAL

There is some difference of opinion among scholars about the extent of Shakespeare's acquaintance with the historical descriptions of the life of Richard the Second. All agree that he

had read Holinshed's Chronicle; some are less certain that he had studied Froissart or the *Traïson Chronicle*. Most feel that there is a strong probability that he knew the long poem about Richard II and the Wars of the Roses, written by his contemporary and fellow Londoner, Daniel, who, in turn, knew and used both these latter sources.

Peter Ure, editor of the Arden edition of *Richard II*, cautions that 'it is difficult to establish beyond doubt that Shakespeare read and remembered a particular book, and that it affected in decisive ways his handling of the subject . . . especially when firmer links (such as unmistakable verbal echoes) are missing' (27, p. xxx). But he admits that 'at least a hierarchy of certainty can be established'. Rossiter thinks that the 'cumulative effect of [the] evidence is to compel us . . . to consider that Shakespeare worked like an historical scholar. There is no way of escaping from this conclusion, despite Black's demonstration of how little actual time Shakespeare would have needed to spend upon his task of gathering the material' (22, p. 1). I will content myself here with Ure's 'hierarchy of certainty', and will proceed to the question which is my main concern: why did Shakespeare choose to make use of or neglect historical facts he knew, which of them did he select, consciously or unconsciously, which did he modify, which did he omit?

Earlier, entirely from evidence within the play itself, I deduced the thesis that Richard felt unconsciously guilty of usurpation and parricide; that in order to become free of the pressure of this unconscious guilt he provoked the law of the talion against himself, and that the consequent act of abdication released in him a long-repressed mourning. Will the study of Shakespeare's source material support or contradict this thesis? What light will a comparison between these sources and the use Shakespeare made of them shed both on the created character and on the frame of mind of the creator?

The barest facts about the life and death of Richard the Second that Shakespeare must have known are: Richard was

the second son of Edward of Woodstock, later known as the Black Prince. He was born in Bordeaux on January 6, 1367. His older brother, Edward of Angoulême, died when Richard was four years old. Richard's father died in 1376, when Richard was nine, and Richard became King of England in 1377, in direct succession to his grandfather, Edward III. After reigning for twenty-two years, Richard abdicated in 1399. His death followed in 1400.

Thus Shakespeare knew that Richard, as a boy of nine, lost his father and that only a year later, upon losing his grandfather, he succeeded the 'great Edward' on the throne. Holinshed's Chronicle—an absolutely certain source—records all this clearly.

King Edward, after the decease of his sonne prince Edward, created Lord Richard, sonne to the said prince, as heire to him, prince of Wales, and gave him the earledomes of Chester and Cornwall. . . . Moreover, because the king waxed feeble and sicklie through languors (as some suppose) concerned for the death of his sonne, he appointed the rule of the realme to his sonne the duke of Lancaster, ordaining him as governour under him, and so he continued during his father's life. . . . All the nobles of the realme were caused to sweare that after the king's decease they should admit and mainteine Richard prince of Wales for their King and souerreigne lord. And upon Christmasse Day, the king caused him to sit at his table above all his owne children, in high estate as representing the personage of the heire appearant to the crowne (15, p. 704).

When a playwright limns the characters in his work, he does so through empathy with them. In his mind's eye, he pictures their development and makes their motivations plausible to himself. Shakespeare, in working over what he knew of Richard, could hardly have failed to grasp and react to the psychological dilemma entailed for a prepubertal boy in ascending the throne through the death of his father, particularly when for long years all expectation had been that this father, who was a hero to boot, would become king. Nor could he have failed

to envision the fears and feelings of guilt that must have possessed this boy when he was made first heir apparent and then king, ahead of uncles whose fame as warriors was scarcely less than that of his father. But this was not all that Shakespeare knew. He knew, too, that even before this, Richard had experienced a similar guilt-bearing triumph: when he was four years old his only elder brother died; and it was said that this boy had been the father's favorite.²⁰

Shakespeare also knew of Richard's attachment to his mother, whom he protected and who in turn protected him. So, for instance, at the age of fourteen when a London mob rebelled against the Lancastrian regency and was about to storm the palace, the boy-king bravely faced the leader of the rebels and thereby presumably saved his mother's life (15, pp. 739-740). In turn, it is told that his mother 'arose from her sicklie bed' to bring about a reconciliation between Richard and his uncles.

Why does Shakespeare present these uncles in so favorable a light when he knew that they had been almost continuously involved in open and secret maneuverings against the king? The conclusion seems inescapable that by altering the historical facts, Shakespeare meant to blacken Richard. It is as though Shakespeare, responding to the unconscious guilt of this boy who three times had triumphed over his oedipal rivals, displayed it by this dramatic contrast. Richard's unconscious guilt, and hence his uncertainty over the rightfulness of his possession of the crown, could moreover have been re-enforced in Shakespeare's mind by the rumor that Richard was not even the son of the Black Prince, but that his mother had conceived him by one of the handsome young priests who abounded at her court in Aquitaine. Shakespeare probably knew this story from Froissart, according to whose account, Bolingbroke reproached Richard with his bastardy after he had taken him prisoner

²⁰ Hutchison (16) mentions this preference but does not cite his source, although Froissart (14) comments that 'they were exceedingly grieved at this event, and not without reason'.

(14, p. 155). The *Traïson Chronicle* also reports Richard's alleged illegitimate origin.²¹ The doubt about Richard's blood-right to the crown can be seen emerging through certain passages in the play, notwithstanding Shakespeare's apparent intention of presenting Richard as the fully legitimate successor to the throne. We recall, for instance, how affirmative Bolingbroke's statement that he is 'a true-born Englishman' (I, iii, 307) sounds as against Richard's assertion that England's earth will rise up to defend 'her native king' (III, ii, 25); how Richard himself sees Bolingbroke's behavior as that of a rightful landlord; and how at the decisive moment, as though to explain and justify his surrender, he compares himself to Phaethon. All this—and perhaps most strongly, '... I have no name, no title;/ No, not that name was given me at the font,/ But 'tis usurp'd' (IV, i, 255-257)—reveals this doubt.

Shakespeare's conception of the undue haste with which Richard abandons his royal position to the invading Bolingbroke is one for which his sources furnish ample indications. By pointing to Bolingbroke's daring, Froissart underscores Richard's paralysis of will: 'Consider the great risk and anger the earl of Derby [Bolingbroke] ran, for they could as easily have slain him when in the castle and his companions as birds in a cage. He never thought of the peril he was in, but went straight forward and was conducted to the king' (14, pp. 138-139). Holinshed, too, is explicit: 'The souldiers being well bent to fight in his [Richard's] defense, besought him to be of good cheere . . . but this could not incourage him so . . . he stole from his armie' (15, p. 855).

Let us now touch upon the origins of the fraternal quality of the relationship between Richard and Bolingbroke. Earlier we quoted Holinshed as the source for Shakespeare's knowledge that Richard had an older brother, and we are led to believe that this brother was the favorite of their father (16, p. 22, n).

²¹ Though it is uncertain whether Shakespeare was directly acquainted with this text, it is probable that he knew of its contents from the work of his contemporary, Daniel.

In the play this better loved brother seems to return in the person of Bolingbroke. Richard's appropriation of Bolingbroke's inheritance appears as a latter-day renewal of the erstwhile replacement of the elder brother. Shakespeare conveys symbolically that the paternal affection is transferred to the 'true-born' brother, to Bolingbroke, in his description of the way in which Richard's Roan Barbary carried Bolingbroke 'so proudly as though he disdained the ground' (V, v, 83).²²

What remains to be examined in this comparison between Shakespeare's sources and the text of the play is any material that may throw light upon the depth of Richard's grief. Earlier, I pointed out how striking it is that Shakespeare's Richard reveals no warm attachment to anyone. All feelings of affection and of loss are focused either on an abstraction, such as the maternal soil or the divine crown, or are expressed with regard to his own person. When, as in the scene of his leave-taking

²² Shakespeare probably bases this on the Froissart story, though in the play the greyhound of that story is enlarged to a horse: 'King Richard had a greyhound called Math, beautiful beyond measure, who would not notice nor follow any one but the king. Whenever the king rode abroad, the greyhound was loosed by the person who had him in charge, and ran instantly to caress him, by placing his two fore-feet on his shoulders. It fell out, that as the king and the duke of Lancaster were conversing in the court of the castle, their horses being ready for them to mount, the greyhound was untied but, instead of running as usual to the king, he left him and leaped to the duke of Lancaster's shoulders, paying him every court, and caressing him as he was formerly used to caress the king. The duke, not acquainted with this greyhound, asked the king the meaning of his fondness, saying "What does this mean?" "Cousin", replied the king, "that greyhound fondles and pays his court to you this day as king of England, which you will surely be, and I shall be deposed, for the natural instinct of the dog shews it to him. Keep him therefore by your side, for he will now leave me, and follow you"' (14, pp. 141-142).

In the discussion of this paper at the meeting of the New York Psychoanalytic Society in 1964, Dr. Jacob Arlow made the following ingenious suggestions: The Richard of the play sees in Bolingbroke a representative of his older brother. Bolingbroke's banishment recapitulates this brother's death, and the death of Gaunt that of Richard's father, the Black Prince. Richard's appropriation of the Lancastrian estates equals his inheriting of the throne which passed to him in lieu of his father or brother. Shakespeare indicates that the resulting guilt can be solved in two ways: 1, a murder for a murder, i.e., Richard's fate, or 2, forgiveness by a brother, i.e., Aumerle's fate.

from Isabella, he does express sentiments toward a specific person, his language is strangely lacking in the very passion which characterized it in the preceding scene. Historically, Isabella was Richard's second wife. She was the daughter of the king of France. At the time of which the play treats, she was a mere child of ten. Richard had married her two years earlier for reasons of state, hoping thus to insure permanent peace with France. 'No wonder', one might say, 'that Shakespeare could not fill so disparate a relationship with the true passion a long-married couple would have shown at such a tragic moment in their lives'. But why should the poet, in this instance, have been so inhibited by authenticity? Surely Shakespeare could not have failed to be impressed by the accounts of Holinshed and others of Richard's deep love for his first wife, Anne of Bohemia.²³ They had been married in 1382, when he was fifteen and she was sixteen years old. She had died of the plague twelve years later and the king's mourning had been of such violence that it is mentioned by all the chroniclers. Holinshed, for instance, writes that 'the king took such a conceit with the

²³ Dr. Alexander Grinstein, in a discussion of this paper before the Michigan Psychoanalytic Institute, in 1965, made the following comment: 'Curiously enough in the *Dramatis Personae* in the original Quarto, the Queen's name does not appear—she is listed only as "Queen to Richard II". The fact that she is Isabella is made clear however from the context of the play about her returning to France where she was finally allowed to go, but only after much difficulty. Richard in the parting scene says: "Doubly divorc'd: Bad men, you violate/ A two-fold marriage—'twixt my crown and me,/ And then betwixt me and my married wife." Is this perhaps a clue to what is involved? The marriage to Isabella was never consummated nor was she a mature woman. May we suppose that Shakespeare presents the audience with a combined or composite figure—a queen who in part refers to Isabella but also in other respects deliberately alludes to King Richard's first wife, Anne, from whom he was parted by her tragic death? His loss of the crown did in fact produce a "double divorce" or another separation. It meant a renewed loss—and one which triggered the memory of Anne's death. From a psychoanalytic standpoint we frequently see how a loss or a severe trauma rekindles a whole host of others that have not properly been dealt with in the past. The loss of Richard's crown brought about the renewal of his mourning the loss of his wife, Anne. We can all sympathize with such human feelings, even in a king who was not liked.'

house of Shene, where she departed this life, that he caused the buildings to be thrown down and defaced' (15, p. 823). It is also told that at the funeral itself Richard smote the Earl of Arundel who asked to be excused, 'so excessive [was] Richard's grief' (10, 784-785). Many additional instances in Richard's history illustrate how strong were his affectionate attachments. We read of his feeling for his mother, for his old tutor, and for friends. Indeed, of his friend the Duke of Ireland who, after an unsuccessful attempt to free Richard from the domination of his uncles, had had to flee for his life, it was said that Richard 'loved him with his whole heart' (14).²⁴

To summarize: on the basis of evidence drawn from the play itself, I have tried to show that unconsciously Shakespeare perceived Richard the Second as a parricide and usurper; that he let this stage character evolve as though propelled by the need to defend himself against and to atone for unconscious guilt; and that once the atoning self-destruction was initiated, another equally compelling affect—that of grief—appeared, the deeper origins of which also remain unconscious. For these interpretations, support can be found through a comparison of the play and Shakespeare's sources. Holinshed and others tell how the boy, Richard, superseded his brother, father, and uncles; they transmit the rumors about Richard's illegitimacy and comment on his overhasty abdication of power. They also give vivid descriptions of his capacity for passionate personal attachments. Shakespeare, wittingly or unwittingly, slants this information to make Richard appear more villainous and his uncles more virtuous. He underlines mainly the narcissistic quality of Richard's affects and gives hints of his illegitimacy.

BIOGRAPHICAL SPECULATIONS

Before concluding this psychological commentary on *The Tragedie of King Richard the Second*, I should like to consider the state of mind of the poet himself at the time of writ-

²⁴ Cf. also Holinshed's account of the funeral Richard gave his friend (15, p. 830).

ing. In approaching this subject, I am pursuing a suggestion made by the Shakespeare scholar, Ivor Brown (3) in connection with *King John*. In that play there is a most powerful scene in which Constance expresses her grief over the loss of her son, Arthur. Brown holds that this scene was inspired by the death of Shakespeare's own son, Hamnet. In this context, three dates are pertinent: Hamnet Shakespeare died in August 1596, at the age of eleven; the winter of 1596-1597 is not unlikely as the date for the writing of *King John* (3, p. 135); the play *Richard II*, while possibly conceived much earlier, was first published on the 29th of August, 1597 (6, Vol. XX, p. 440-b). All Shakespearean scholars place the writing of *King John*, *Richard II*, *Henry IV*, Parts 1 and 2, and *Henry V* close together in time, and group the latter four as a tetralogy.²⁵ *King John* and *Richard II* are not only contiguous as to time of creation,²⁶ and not only is the theme of usurpation common to both, but the two plays are also closely linked by the fact that each is centered around an overwhelming grief. In one, the grief is for the loss of a child; in the other, for the loss of the crown. The prominence given to grief in both plays is, I believe, a personal contribution that has little to do with the demands of historical representation. What re-enforces such a view is that Shakespeare made Prince Arthur, for whom Constance weeps in *King John*, into a child, while the historical Arthur was a man of twenty at the head of an army when he was captured and murdered by his uncle, King John (12, Vol. II, p. 459).

I therefore suggest that one way for Shakespeare to cope with his own grief over the death of his son was to give it poetic ex-

²⁵ Cf. Tillyard (25): 'However large the apparent difference in style between *Richard II* and *Henry IV*, these plays are connected with a network of cross-references. . . . Shakespeare conceived his second great tetralogy as one great unit' (p. 23). Derek Traversi (26) calls the four plays 'this closely integrated series' (p. 2).

²⁶ Kittredge (17) writes that 'style and blank verse put *Richard the Second* close to the time of *King John*. Which came first is doubtful but *King John* is probably the elder.'

pression in Constance's lament in *King John*, while in *Richard II* a further defensive and sublimatory step was to shift the mourning from a human object to a symbolic one, the crown.²⁷

Caroline Spurgeon (23) who, by an ingenious method of counting and categorizing Shakespeare's poetic imagery, proved the identity of the writer, William Shakespeare, may also unwittingly have made a characterological discovery. She notes that 'personifications'—i.e., the ascription of human attributes to inanimate objects or to abstractions—are present in extremely high numbers in *King John* and also, to a lesser degree, in *Richard II* and *Romeo and Juliet*, both published in the year 1597.²⁸ In all three of these plays grief and mourning are

²⁷ It is noteworthy, as Ivor Brown points out, that Shakespeare's mourning over the loss of his only son never ceased. 'Shakespeare carried a long sorrow for his son' (3, p. 257). He ardently wished that his daughter, Susanna, should bear a male child, and in his will he made special provisions for a grandson (3, p. 255). However, in this he was to be disappointed both during his lifetime and, so to say, posthumously. Susanna never had a son, and though his daughter, Judith, who married only a short time before Shakespeare's death, had three male children they all died young.

In addition to the juxtaposition of Shakespeare's own grief with that in the plays *King John* and *Richard II*, there is also a striking inverse parallel to be made. Richard becomes king, as Holinshed says (15, p. 711), as 'a child of the age of eleven years', surviving his father and succeeding his grandfather, while Hamnet Shakespeare dies at the age of eleven, survived by both his father and his grandfather. We can only speculate about the unconscious feelings of triumph and consequent guilt that the prepubertal death of his son might have aroused in Shakespeare. On the one hand, Shakespeare left Stratford probably shortly after the birth of the twins, Judith and Hamnet, thereby ceding the oedipal field to his son, Hamnet; and on the other, his interest in his family's well-being became greatly heightened right after the boy's death. It was then that his financial contributions to the family in Stratford reached documentable proportions, and it was then that his father, John, made successful application for a coat-of-arms. In mentioning this last, Ernst Kris (19) expresses the belief that the choice of the motto, '*non sanz droict*', showed Shakespeare's need to demonstrate the rightfulness of his personal succession, just as he is involved with this theme in the tetralogy, from *Richard II* to *Henry V*.

²⁸ *Romeo and Juliet* once more contains mourning for two young people—Juliet is not yet fourteen. And here again, Arlow made a relevant point: Shakespeare expressed in this work not only his own mourning but, by empathy, also that of his daughter, Judith, for the loss of her twin brother, Hamnet.

of major importance. The psychological inference becomes plausible, then, that Shakespeare worked through the traumatic impact of his grief over his child in his dramatic creations, expressing his emotions through them and distributing the overflow onto inanimate objects and abstractions.

Though psychoanalysts are well aware of the pitfalls of speculation on the nature of the sublimatory process in a specific artist (2), such caution should not stifle the impulse to try our tools on these investigations. Of course, any deeper penetration into the poet's mind would have to take into account not only the events of his adult life, but also those of his infantile experience.²⁹ It is to be hoped that the foregoing psychoanalytic investigation of *The Tragedie of King Richard the Second* and my speculation about the playwright himself may facilitate the understanding of the play and suggest new direction for scholarly and biographical research.

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²⁹ K. R. Eissler in his major work on Goethe (II) has tried to do just this. He has, for instance, made inferences about the effect of the death of several siblings in his infancy on Goethe and his work.

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PSYCHOANALYSIS OF A CASE OF PSYCHOGENIC MUSCULAR DYSTONIA

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Interest in the manifold and devious ways in which intrapsychic and extrapsychic stresses can initiate, complicate, and intensify states of somatic disease, or psychosomatic medicine as it is now designated, is a subject which only recently has come to be a major focus of psychoanalytic attention. With the exception of Groddeck (8) and Stekel (11), few of the early psychoanalytic pioneers concerned themselves with this subject. Freud, too, except for his cases on conversion hysteria, gave it scant attention. And general medicine and psychiatry have hardly done better. The English psychiatrists, Tuke (13) and Maudsley (10), as early as 1870 discussed the remarkable way somatic changes could be affected by psychic stimulation but other than the work of Dejerine and Gauckler (3) in 1913, almost no further advances were made in this area until Cannon's epic work in 1923 (1).

More recently a whole generation of psychoanalysts have made the psychosomatic diseases their special field of study: Jelliffe, Alexander and his associates, and Felix Deutsch, to mention a few. This area of inquiry has afforded an unparalleled opportunity for physicians of diverse specialties and psychoanalysts to work together, and today several journals are devoted exclusively to reporting research in this field.

In all this burgeoning interest, it is a remarkable paradox, however, that the most common psychosomatic condition that exists remains with but scanty mention and little study by both physicians and psychoanalysts. I refer to psychogenic skeletal muscle hypertension, or, as I propose to call it hereafter, *psychogenic muscular dystonia*. Although it is the most common of all psychosomatic problems, I do not recall it being men-

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tioned once in the years of my medical education. Yet, the most common word in our language to express emotional disquietude, *tense*, refers to the proneness of skeletal muscles to involuntarily contract when the subject experiences certain kinds of painful, affective states and intrapsychic conflicts. Do we not say, also, to a person who is emotionally overwrought, 'Relax!', as though we were speaking to his musculoskeletal system alone? And the plethora of 'relaxation therapies' for neurosis which had so great a vogue in the thirties and forties are indicative of the generality of the symptom of skeletal muscular hypertonia in association with psychic stress. Of interest too is that psychogenic muscular dystonia is the earliest physical tension pattern to be described in literature. In a Sumerian story (7), circa 5500 B.C. and antedating the Gilgamesh epoch by a thousand years, the hero is described as about to do battle with a fearful monster; as he felt fear, 'sweat runs down his face, he quivers in every joint, and his back bone seems nigh to snap'.

It should not be surprising, therefore, that psychogenic muscular dystonia is an extremely common, if variable and protean, condition. It may be experienced as a generalized muscular tension, unresponsive to any areas of conscious relaxation; and since work is done and fatigue is produced, so-called neurasthenia may be a frequent sequela. Rheumatoid arthritis is hypothesized to result not only from corticosterone fatigue secondary to chronic, unmitigated anxiety, but also to the extra pressure produced on the joint surfaces in consequence of generalized muscle hypertonia. Muscular contraction also consumes circulating blood sugar and psychogenically produced hypoglycemia with its train of well-known symptoms may eventuate. The feeling of muscular constriction of the throat and chest when unconsciously resisted may result in a hyperventilation syndrome through subliminal overbreathing. Apropos of this, the concept of the nightmare owes its origin to a personification of muscle spasm. When one is asleep, one is 'frozen with terror' and respiration is impelled against the muscular spasm and contraction. This physical sensation was essentially

personified in dreams by the concept of the witch, hag, or succubus sitting on the chest, preventing inspiration. Indeed, the prototype of all fearful dreams is the familiar instance of being in danger yet finding oneself rooted to the spot, or of attempting to flee but finding that the limbs can barely move as though 'one is walking in molasses', as one patient described it.

While all the muscles contract during the stimulus of psychic stress, generalized muscular hypertonia is, however, the exception rather than the rule since for adventitious, anamnestic, and symbolic reasons one part of the musculature is usually 'chosen' as a special focus for sustained involuntary spasm. The 'low back' syndrome, paracervical muscular dystonias, so-called intercostal neuralgia, 'fibrositis', or 'myositis' are examples of this type of focusing. Numerous idiomatic expressions attest to the interaction of stress and muscle responses; for instance, 'oh, my aching back', 'get off my back', 'he is a pain in the neck', and 'heavy hearted'. And we say 'we are burdened and laden by cares', 'troubles weigh upon us', etc. These expressions are legion and are found not only in English but in many languages. The words 'pain' and 'hurt' do dual service for psychic and physical states of dolor, as does the word 'disease' which needs only to be syllabified to illustrate its earlier referent of uneasiness and disquietude—a meaning now obscured by its more usual physical application.

CASE HISTORY

A thirty-one-year-old married woman was referred by a psychoanalytic colleague and an orthopedist for diagnosis and treatment. She had been experiencing intense, aching, lancinating pains in the back and the left side of her neck which had become increasingly severe for approximately two and a half years prior to my initial contact with her. For the preceding three years, she had been slowly recovering from a bout of hepatitis that had not only been severe but also terrifying to her. There had been much difficulty and indecision in diagnosing this illness, which had greatly contributed to her grow-

ing feelings of panic. She had seen more than twelve physicians, each of whom diagnosed the condition differently and each of whom prescribed different treatment and medication. One had called the condition 'scalenus anticus syndrome' and had incised the sternocleidomastoid muscle on the left side and surgically removed the left scalenus; neither procedure reduced the pain. As the pain and spasm became more constant and intolerable, she had taken a wide variety of drugs, including anodynes, muscle relaxants, sedatives, as well as increasing quantities of whiskey. (At the time of consultation, her monthly bill for drugs was over seventy-five dollars.)

As the symptoms intensified and remained unremitting, an orthopedist had hospitalized the patient and placed her in traction. This precipitated a panic attack and resulted in an increase in both the severity and intensity of her symptoms. When I first saw her, this formerly active woman was almost wholly bedridden, was continually applying hot packs to her spastic neck, had a *status medicamentosa* resulting from the indiscriminate overmedication, and was in severe and almost constant pain. As can be well imagined, she was reduced to an extremity of despair, hopelessness, and fright. Although she anticipated little gain or benefit and felt that the recommendation to seek psychiatric help had been made by her physicians primarily 'to get rid' of her, she reluctantly and with much humiliation agreed to see a psychiatrist.

My first impression of this patient was of an individual who was obviously experiencing intense physical pain and whose self-engrossment and depression hardly permitted her either to tell her story or relate to me. She appeared older than her stated age, was short in stature, and had an expressive and intelligent face which was deeply pitted by the scars of an adolescent acne. Despite her discomfort, initially she was quite self-conscious about seeing a psychiatrist, but this soon changed as she began to describe in detail her intricate and lengthy medical history. There were frequent pauses as she hesitated to see if I would disagree with her when she reiterated again and again

the evidence of the organic basis of her illness. When I did not disagree, she soon exhausted this topic and began to pour out the facts of her past and present life. During this initial session, which lasted an hour and a half, her posture began to straighten, her left hand left her neck, and she appeared to feel more comfortable. At the end of the session, I diagnosed her condition as psychogenic muscular dystonia with concomitant *status medicamentosus*. I described how tenseness could produce the symptoms from which she suffered and proposed an extended consultation to enable us to determine if she had a condition that would benefit from 'psychotherapy'. She readily consented and arrangements were made to see her for the next two weeks on a four-times-a-week basis.

I shall briefly outline her history as it unfolded during the next few weeks. The patient was married to an engineer somewhat older than herself and was the mother of two boys, aged twelve and four. Born in a small midwest town, she was the fifth youngest of six children of a first-generation Russian Jew and his wife. Although her father had never learned to read or write, even before the patient's birth he had developed his business into a company worth over two million dollars. During her girlhood, the family lived in a large, colonial mansion, the show place of their area. There were numerous but frequent changes of servants. As their home was situated some distance from the town, the patient and her siblings grew up in relative isolation; also, the parents took particular pains to restrict contact of the children with any other than the five or six Jewish families in the area, none of whom were as affluent as the patient's father and with whom the family were not particularly intimate. Although the children were thrown on their own resources much of the time, they were not particularly close. The four girls were somewhat alienated from the two boys (who occupied second and sixth places in the sibling hierarchy) as the parents manifestly favored the sons over the daughters. The patient's closest relationship was with her next oldest sister. She was involved with the care of her younger

brother but often resented him in consequence. The mother worked at the company offices where she held a position of considerable power and influence. The patient had little contact with her and felt rejected and misunderstood by her mother.

While the patient and her favored sister were ostensibly quite close, in actuality there was considerable rivalry between them. This sister was beautiful, outgoing, and the favorite among the girls of the father; the older brother was the mother's favorite. However, the patient was the most intelligent of the children and got the best grades in school. She was just emerging from her shy ways when she developed a severe case of pitting *acne vulgaris*. As it was not the family's custom to make much of illness, her acne was left untreated and her face became quite disfigured. She was extremely bitter and self-conscious about her disfigurement and as a result again became absorbed in herself, devoted even more time to her studies, never dated, and had only a few girl acquaintances during high school years.

The patient idolized her father. She described him as a man who had really wanted to be warm to her if only her mother had permitted him to be so. He doted on his children, but collectively rather than individually. He had enormous pride in the family name and in his own accomplishments. Initially the patient described him as a bluff, healthy, self-confident man who was warm to his friends, implacable to his enemies, and devoted to his wife who reciprocated his affection. 'They always came first with each other, and we were somewhere down the line.' While her father was overidolized into something more than human—as she once said, 'until I was six, I thought it was my father who made the sun come out after a rain'—, she described her mother as having neither time nor affection for any of her daughters. Although money was always available, 'especially if she felt that getting us well dressed would get us married more quickly', such free time as she had from business and from 'doting on the boys' was spent playing bridge. The family was too *nouveau riche* to have old family retainers as parental surrogates and the relationship to an especially

chosen sibling was a compensation device used by all of her brothers and sisters. But, as can be imagined, the relationships in so competitive a household were highly ambivalent ones.

The father had indicated that all of his family were special and that nothing but the best would be accepted from any of them. Achievement and popularity and the necessity of being well liked was always stressed and from her earliest years had been major areas of anxiety and concern for the patient.

At first the patient recalled little of her non-family past; she barely mentioned school and friends. She remembered vividly periods of illness when her mother would be somewhat more attentive. She recalled her father's satisfaction in her good grades and her pleasure in 'beating' her siblings scholastically. The whole period of the acne, however, was only dimly recalled. An interesting exception to this early anamnestic blocking, and one that proved significant later in therapy, was the early memory that she had always felt her neck to be weak and during sleep had always kept her left hand on it 'to protect it'.

Acute anxiety occurred for the first time when she went away to college. Although she could have had her pick of colleges, she chose to go to a regional university. After three weeks, she left because of an acute anxiety panic; she felt lonely, out of place, friendless, ugly, and 'terrified of the big city Jews'. When she returned home her father was furious with her; he indicated that no one in their family ever failed and refused to see her. She remembered with tears his severe expostulations toward her. Apparently the anxiety changed to a moderately severe depression. After a few weeks she entered a small, local girls' school, where she paralleled her high school experience of getting good grades but making few friends. She continued to be anxious, however, and developed a stress disease typically characterized by a long period of antecedent anxiety: hyperthyroidism. A subtotal thyroidectomy was done and after recovery from surgery, she returned for another half year at the girls' school. Then, feeling much better and more confident, she elected to go to a state university where for the first time

she began to feel adequate and optimistic. She did not attempt to join a sorority but instead lived in a boarding house where she was popular, a popularity she attributed to the fact that she had a car and an ample allowance. She decided to become an engineer as she had always been good in mathematics and as she liked being the only girl in a class of men who treated her somewhat like a class mascot. At this time she began to have dates, had several successful social relationships with boys, and then met the man whom she later married, also an engineering student.

He was four years her senior and fell in love with her for what she later called her 'defenses'. At that time she was 'a bit brassy', exuded a feeling of self-confidence, and seemed oblivious of her severe acne scarring. They married after a six-month courtship despite the opposition of both families—hers because they thought he was a fortune hunter, his because they were repelled by her acne scars. She dropped out of school half way through her graduate program in engineering; her husband completed his M.S.

The husband was persuaded to work in her family's business and they went to live in a nearby state where the family had a branch office. Their first child was born but both of them were unhappy. The patient was not accepted in the small town and they had few friends; the husband was under the managerial thumb of her younger brother. Having to choose between loyalty to her family and to her husband, she chose him and he accepted a position in an electronics firm in California.

The marriage developed into a relationship of strength and advantage for both. The patient's husband loved her deeply, an experience she had never before known; their sexual relationship was fully consummated and gratifying from the beginning. As the patient said, 'I didn't let him out of bed for the first year, and we both loved it'. He was somewhat shy and unsure of himself in business, although he had an excellent academic record, but his wife's growing social *éclat* and good-natured pushing of him professionally vastly increased his

confidence and capacity. Their major problem, though not formidable, centered about the children. The oldest child was somewhat rejected by both of them but was liked least by the father. My patient rather resented motherhood and found domestic duties tiring and confining. Nevertheless, she fulfilled her duties as a mother and grew to like her older son more as he grew older and could communicate with her. He developed severe acne at about the same age as the patient and she almost overwhelmed him with professional attention; no scarring resulted.

The patient's major difficulty was with her younger son. He was an active, extremely precocious, and outgoing boy with a high I.Q. By the time of his birth, she had become active in a national women's organization and had risen to a position of political and personal influence; she had become a highly regarded public speaker. Since she was initially ill at ease in groups and became tense and frightened when she spoke in public, all this was accomplished at considerable cost. However, she viewed it as a signal achievement and bitterly resented the intrusion and demands which a new child made on her life. It brought back all her bitter rebellion at having to take care of her little brother and often she would call her son by his name in parapraxis. On the other hand, she was very conscious of the responsibility of rearing this *Wunderkind* whom she loved and she experienced great pleasure from the many compliments she would get as his mother. She also, however, felt envy at his being a boy and described a feeling of being outnumbered by the three men in the house, a situation very different from the band of sisters who allied themselves against the male world and against their brothers in her girlhood.

It was at this period of her life that she developed hepatitis which she unconsciously felt, as was later determined, to be a death knell because of her repressed infanticidal and fratricidal wishes. It was subsequent to this that the severe spasms of her neck developed, extending to the incapacitating degree that has been described.

PSYCHOANALYSIS

The initial fifty hours of the analysis of this patient were characterized by the development of strong positive feelings toward both the analytic work and the analyst. She worked rapidly and well, was never late for her session, and, like many patients who begin analysis after the age of thirty and who are motivated by acute symptomatology, the material came bursting forth like water through a floodgate. There was little resistance. The first confrontations were designed to point out the similarity of the occasions when she had experienced stress and subsequent neck pain. They occurred quite regularly in temporal contiguity with situations of anxiety relating to: 1, adequacy of performance; 2, success when competing with others; and, 3, episodes of potential rejection, ridicule, or failure. The relationship of these experiences to her childhood competition with siblings and her persistent need for parental approval was quite evident and was interpreted to her. In response, the patient produced an abundance of illustrative and confirmatory material spontaneously. By the twenty-fifth hour her physical symptoms almost ceased to exist. She was elated and impressed. She compared herself to other women in analysis, as was her favored sister; needless to say, the comparison was to their detriment. Her analyst was the best, the most knowledgeable, the most brilliant, and she was the ideal patient.

Almost from the beginning she developed strong sexual feelings toward the analyst, but they were of adolescent rather than of a primary erotic sort. They appeared to be in counterpoise to the feelings of ugliness, unlovableness, and depression she had felt in her isolated adolescence. Now she was well, happy, and eminently worthy of love; she felt buoyantly euphoric, freed from the pain of her incapacitating illness, and full of self-confidence. This mood was also noted by her family and friends as it was in such marked contrast to her long, chronic bedridden state. This added to her pleasure and self-esteem.

As might be expected in this patient, œdipal material and its transference expression made an early appearance. The patient

described her neck pain as 'straining' to obtain the affection, regard, and sexual interest of her father. It was evident that she wanted his love, his attention, and also a child-penis from him which would enable her to be as good as her brothers and better than her sisters and mother. Her first three dreams, reported in the eleventh hour, clearly demonstrated this theme.

1. I was competing with some woman to do the most for you. I offered you whiskey from a bottle marked 'Engle'. The other woman was ugly, Semitic, and bad-tempered. I realized that I could win over her.

The day residue of this dream was a call that had come to me the preceding day. Prior to her hour, the patient had overheard my secretary say, 'X (a woman's first name) is calling'. She wondered if this woman were my wife, or perhaps a sister or girl friend, and had felt jealous. Her association to 'Engle' was to a former senator of that name, whom she had met in the course of her work. She had been impressed by him and was pleased that he had noticed her. She added, 'You are famous, too. I have heard from Z (a psychiatrist friend) that you have contributed to four books. I would like to read them.' Her association to whiskey was that before beginning analysis it had been the most effective remedy for her neck pain. The association to the woman—ugly, Semitic, bad-tempered—was: 'she was like mother'. Another dream occurred the same night.

2. I was waiting outside trying to get into an exhibit for Israel. There was a comic book there. I found my picture in it. I was wearing a beautiful coat. My second oldest sister came there dressed in somewhat mannish clothes. They didn't let her in.

Her association to Israel was that her father was soon going there on a trip. Her association to the fur coat was: 'Father has just given mother a very good and valuable one'. The second oldest sister had been father's second favorite among the girls.

The third dream of this series was:

3. I was pregnant and had on a beautiful maternity dress.

After reporting it, she said, 'In reality, I don't want another child'.

Typically dreams of the same night deal with the same or similar themes. This patient's first and second dreams depict the equation father-analyst and the wish to best the female competition in both instances. The underlying theme is that to be the best beloved of father-analyst is not only to successfully compete in the œdipal struggle with mother and sisters but to get from father the child-penis which would make her a man. Her awe of and interest in prominent male political celebrities can be interpreted as: 'If you can't beat them, you can at least join them'.

The patient continued to do well. She accepted speaking engagements, something that had always frightened her, and performed with increasing ease and effectiveness. She became more warm toward her husband and children, and closer to two women friends—one the wife of a psychiatrist whom she had previously felt as a rival.

After about five months of analysis, she suddenly developed moderately severe bronchitis which precipitated the first bout of severe neck pain that she had had since early in analysis. This produced some illuminating material. When the patient was about sixteen, she had almost died of pneumonia. No one, and least of all her mother, would believe that she was ill until finally she became quite toxic and cyanotic. She was taken to the hospital where she was put in an oxygen tent. She recalled vividly the anger and depression she had felt at that time. She bitterly resented that 'mother almost let me die' but also enjoyed the implied reproach to her mother that the illness had been. In speaking of this, she said, 'I was really a pain in the neck to my mother. I really made her squirm.' She remembered too that she had once seen her mother kill a chicken by wringing its neck and that a favorite expression of mother's when exasperated was, 'I could wring your neck'.¹ She then recalled

¹ Fenichel describes a similar incident in a patient with neck pain in *The Psychoanalytic Theory of Neurosis* (4, p. 248).

other bouts of neck pain in relation to threats of illness and death. The equation of illness as punishment by having her neck wrung was interpreted as a talionic consequence of death wishes toward mother because of her œdipally competitive and matricidal wishes which seemed to represent a longing for mother's care and concern. Her response to this interpretation was a prompt and dramatic cessation of symptoms, and on subsequent occasions of physical illness, there was no further concomitant development of paracervical spasm.

As the patient's symptoms decreased and so many areas of her life began to go well, there was a slowing of the intensity of the work. Analysis now focused more on her past life and interpretation of the characterological matrix of the disorder.

She had had particular problems with 'necking' as an adolescent and an illuminating aspect of her excessive guilt over this activity was not only the incestuous and heavily forbidden character of premarital sexuality, but also the fact that she harbored a deep wish to be a boy and to have a penis of her own. On this level her neck pain represented the ramrod stiffness of her introjected and superiorly displaced penis. The wish to get a penis from me or from a child was a theme that began to appear with increasing frequency in dreams, and associations and day residues clearly related this wish as a transfer from her father and oldest brother. A typical dream of this period was:

You were making love to me and told me that your penis would cure me; but each time you did it, there was a little cut produced that had to be sutured up. I noticed that your penis had seventeen stitches in it from curing other people. I was jealous of them.

Her associations showed that this was not only a competitive dream with her sisters but also a resistance dream indicating the wish for a quick and enjoyable cure without the painful detail of analytic work. It was also indicative of her early fantasies of castration. As a child the fimbriae of the *labia minora* had seemed to her to be the stitches where the wound of her ex-

cised penis had been sutured. It became possible at this point to elucidate the reason for her sleeping posture which, ever since she could remember, had been with her hand resting on her neck. This was seen to be the protective posture of the little boy who sleeps with his hands on his penis so that nothing can happen to it while he is asleep. The patient's excessive awe of intellectual men and great prizing of intellectual prowess was also seen to represent a penile wish displaced to the head—the phallic to the cephalic. She equated her strong attraction to intellectual men to phallic virility. She could not determine whether or not I was Jewish; I always knew the Yiddish expressions she used but did not appear to her to be Semitic. She fantasied that if she were really beautiful she could marry a 'Shagetz' or an assimilated 'all-right-nik'. Among other things this was interpreted as a recoil from the incestuous attraction to father and the vestiges of an early anti-Semitism which were explored and worked through.

The patient produced many dreams throughout her analysis; my notes reveal one hundred thirty-five dreams. They illustrated the closer approximation of the manifest and latent content and the decreasing use of displacement in the dream work as she improved. They indicated the rate and character of the therapeutic changes as well as integration of the interpretations. As she entered a new phase of the transference or began to deal with a new problem or characterological defense, the dreams would again become more imperfectly recalled, more abstruse and cryptic, and the associations would become less rich.

The next major area of analysis dealt with her ambivalent feelings toward her children, particularly the younger son, and with motherhood and wifehood in general. The patient would have occasional twinges of severe neck pain when it developed that she had a wish to 'strangle' her younger child; when this was interpreted to her, frank death-wish dreams toward him began to emerge. She found the interpretations upsetting and difficult to accept but they brought forth a flood of confirmatory associations. These related to her deep resentment at having to

take care of her little brother, and she recalled the intense anger she felt toward her parents and siblings because they favored the youngest child. She recaptured a wholly repressed memory of seeing him almost strangle when he was seven years old, and her secret wish that he had done so. Like the brother, her son was precocious, winsome, and extremely demanding. The overprotection and overindulgence which she showed him was a reaction-formation to her repressed, unconscious death wishes. It was also clear that she reacted to her children as though they were her siblings and displaced onto them the sibling rivalry that she had never resolved.

At this time a wish dream of ill health was found to be a compromise between her ego-alien and repressed wishes to fulfil her needs of dependency and her conflicting feelings of maternal responsibility. If she were ill, she could not 'run away', 'run around', nor could anyone 'turn her head'. Instead, by paying the price of illness, she could 'fail with honor' and take over the role of the child, being pandered to as mother was able to do for her only when she was ill. Moreover, she could lie abed like Sieglinde and wait for the Prince to come and rescue her from the drabness of her '*Hausfrau* existence'.

The work of this period made it possible for the patient to bring a new series of more appropriate responses to her roles of wife and mother. She became an expert cook and a superior household manager and hostess. She developed a surer intuitive sense as a mother and could discipline the children without feeling that this would have a lethal effect. In turn, the children responded to her new warmth and consistent discipline with a decreased anxiety of their own. In addition she grew warmer and closer to her husband. There were fewer fantasies of marrying the 'Shagetz' or of leaving her husband and marrying the analyst. She learned that her unconscious expectations of marriage represented an attempt to replace her parents, by implication a maximal gratification of all of her frustrated childhood dependency longings, and also that she was secretly blaming her husband for having dependency needs of his own.

The last phase of the analysis prior to termination involved the working through of the core conflict in this patient: namely, her preœdipal wish to be loved, cherished, and forgiven by her mother. As is so frequently seen in hysterics where the œdipal material is massive and complex, the desire to possess the father and to get a penis from him rarely proves to be central; the deepest repression has to do with preœdipal wishes. The early fantasies and experiences of maternal longing proved to be the root of my patient's depressive position and the conflict engendered by this could be stated as: 'Mother has to love me if I am to love myself or to survive. I have to be a boy, something I am not, to win Mother's love.' Fortunately during this phase of the work, the patient found it necessary to visit her parents and family because of the death of a sister-in-law. The visit produced material on this theme as well as the problems of her death wishes and sibling rivalry. While there, she related appropriately to her family and got through what was a difficult period without recrudescence of symptoms. On her return I decided that it was appropriate to begin termination of her analysis.

This phase covered a period of approximately four months. During this time, despite what I thought had been a careful preparation for termination, the symptoms returned with almost their original force. Although the patient was aware that symptoms, particularly of a psychosomatic nature, often recrudescence in the terminal phases of treatment, she reacted with fright and panic. She wondered if all she had accomplished had been a sham—whether she was really a person of no worth and if psychoanalysis was no more than a 'Latter-Day faith healing cult' and any relief it afforded was at the price of a perpetual dependency on the analyst.

As the last-ditch defensive character of her dependency needs were interpreted, she began to see how she had unconsciously conceived termination not as graduation but as parental rejection. She again worked through her disappointment at leaving without being given a penis by me—or being taken to bed,

as proof of her true womanliness and worth. Her symptoms yielded to the interpretations. As is so frequently the case, this last phase dealt with existential questions. What was she to do with this good function now that she had it? What was the meaning and purpose of human existence? What is death and what is it not? She realized that she had always equated growing up not with maturation but with growing old and dying; hence, to remain perpetually a child was to be immortal. She learned that her pattern of safety was to find a strong man like her father and never let him go, and that the earlier failure to fully work through this need in the transference had evoked the pain as a kind of symbolic cry in the night for help. Also, the guilt at leaving her father was conceived as a kind of leaving him to die, which was paralleled in the transference relationship. Two dreams especially illuminated this area of conflict.

After another month or so, during which the patient worked rapidly, the analysis was concluded. She had been seen for a total of three-hundred-eighty-six hours.

A three-year follow-up shows that this patient has maintained her gains and is continuing to grow. She occasionally has twinges of neck pain during periods of stress but they are slight, limited in time, yield to her own retrospective analysis, and do not evoke the panic, hopelessness, and dejection she formerly experienced.

DISCUSSION AND CONCLUSIONS

Emotionally the muscles of the neck are not only the vehicle for speech and expressive gesture but they also mirror, as do all skeletal musculature, the whole gamut of emotional attitudes. Fear, aggression, sexual excitement, depression, and evasion all have their general and specific patterns of muscular response, as Darwin (2) first pointed out. In the Bible we find: 'They stiffen their necks that they may not harken unto the words of the Lord' (Jeremiah, xix:15) and, 'He that being often reproved, hardeneth his neck, shall be utterly condemned' (II Chronicles, xxxvi:13). Jones (9) states that Freud spoke enthusiastically

of science being 'a mighty power to stiffen one's neck in adversity' (p. 297). Tegness (12) remarks: 'Rigid, unbending religious principles may develop similarly unbending spines and muscles'. Indeed, behaviorally there is no form of movement, posture, or communication that does not rely on muscle for its manifestation. Describing a wide variety of conflict mechanisms which can be expressed through the modality of a skeletal musculature, Fenichel (4) wrote:

When persons with localized or general muscular spasms that hinder their motility try to relax their spastic muscles, they are either totally unable to do so or they may fall into emotional states, as patients in a psychocathartic treatment do if their thoughts approach their complexes. This shows that the spasm was a means of keeping the repressed in repression. . . . A patient in psychoanalysis who can no longer avoid seeing that an interpretation is correct, but nevertheless tries to, frequently shows a cramping of his entire muscular system or of certain parts of it. It is as if he wanted to counterpoise an external muscular pressure to the internal pressure of the repressed impulses seeking an outlet in motility (pp. 246-247).

Ferenczi (5) also noted that many patients, particularly while showing resistance, display 'an exaggerated stiffness in all limbs. . . . With the progress of the analysis, the physical tensions may disappear along with the solution of the mental ones.'

The import of these statements is that muscle tension occurs during an acute struggle over repression. This may also appear as not only a concomitant sign of anxiety but as anxiety equivalents without the conscious affect being present.

In Freud's classification of somatic neurosis (6), he describes conversion hysteria as the neurosis which speaks a body language. The symptom of conversion hysteria serves either to defend against the patient's repressed impulse by shutting it out, or in a distorted way it allows the impulse to express itself. Some conversion symptoms appear to be closely related to the nature of the repressed; for example, the convulsive states

which resemble coitus. On the other hand, the anesthetics, blindness, fugues, and paralyses often seem, in part, a defense against unacceptable impulses. Some certainly have both meanings. Conversion hysteria differs from other somatic vegetative neuroses in several important ways: 1, its symptoms are not those usually associated with disturbing emotion; 2, its symptoms involve for the most part the sensory-motor rather than the vegetative system; 3, there is an associated *belle indifférence* to the symptom; and, 4, the symptoms express symbolically, in what has been called 'body language', a repressed wish, a defense against such a wish, or both. Ferenczi (5) called them 'hysterical manifestations of fantasy'.

With these criteria in mind, it would appear that psychogenic muscular dystonia is neither a conversion hysteria nor a clear example of a vegetative neurosis. Dystonia and intensity of repression, as Fenichel says, are not necessarily proportionate to each other. Muscle tension and spasm are concomitants of painful affect itself and are greater and more persistent if this affect is blocked; it is, therefore, a general and vegetative concomitant of affect. However, the case described demonstrates that psychology as well as physiology influences the focus and course of the disease and the symptom progression. Constitutional, environmental, personal, and anamnestic experiences, as well as idiosyncratic conceptions of disease, are influences which are collectively operative in determining the type, location, and severity of the disorder (14, 15). Also, unlike a conversion hysteria, this patient never experienced *belle indifférence* and had an excellent genital sexual relationship throughout her adult life.

In short, this patient's condition, psychogenic muscular dystonia, partakes of both vegetative and conversion features as well as what Fenichel calls an 'affect equivalent'. I agree with Fenichel that this condition contradicts Alexander's view that all disturbances in muscle function are conversions. This disease offers another illustration of the limits of our nosology when diagnostic categories are too rigidly and simplistically

applied. It also affords a clear example that psychoneurotic symptoms, particularly psychosomatic ones, are the result of successive stratifications of unconscious learning. As the analysis of my patient proceeded, it became clear that the painful symptom of cervical muscle spasm, even though limited in area, was complexly motivated and concomitantly subserved many symbolic ends for which the symptom offered vicarious expression, gratification, or punishment. These were projections of the wish to be big, a person of stature, to have her father's penis-child and so be a boy; and talion fears of having her neck wrung, as she had seen her mother do to a chicken and as she had fantasied doing to her little brother.

It is instructive to describe the types of learning evident in this patient. Obviously there was a component of identification learning as shown by parents who had similar problems in character and environment. Conditioned learning played a part, as can be inferred from the history of organic and/or psychological difficulty in the shock organ or area. Simple Hullian learning—the practice effect of rewarded symptom patterns—undoubtedly also played a role in the intensification and fixation of symptoms. And most importantly, symbolic learning, expressed through paleological devices, unacceptable wishes and defenses against them, or inexpressible ego-alien concepts, was also abundantly manifest in this clinical picture.

In addition to these four types of learning, two other factors limit and guide symptom choice. First, the fact that all conceptualization is based on the foundation of the body's innate physiological and biochemical responses to stress; second, the phenomenon of constitutional difference. Though the latter has been invoked to account for many knotty problems, it is inconceivable that it does not play a part, however small and indefinable, in the broad spectrum of individual variation.

In my opinion, the sum of all these factors can be discerned in most psychosomatic diseases. And the elucidation of all the factors that account for symptom 'choice' constitutes, in my view, the greatest challenge to the present generation of psy-

chiatrists. Our ignorance in this area is a major blank on the map of our knowledge; it should constitute the primary effort of our investigative endeavor. No other information, except perhaps the way in which rationality develops, would be of greater service to us.

The case described in this paper was especially illustrative of the necessary conditions for 'cure' of the patient as contrasted with a remission of symptoms, which occurred early in the analysis. To be sustained, recovery is dependent upon three factors. First, elucidating and interpreting *all* of the infantile repressions (affects and concepts) which underlie the symptom complex; second, thoroughly working through this material in all phases of the transference; and third, overseeing and guiding the making of new instrumental practice responses in the larger arena of life. Nothing less is likely to be effective with a patient whose symptoms are as well entrenched, as massive, and as deeply embedded in the characterological matrix as was true in this case. This kind of relearning can only take place in the climate of the therapeutic transference—a good-parent imago identification which, in essence, is a regressive re-experiencing of the repressed early relationships and attitudes toward the primary parental figures.

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Private Disorder and the Public Order A Proposal for Collaboration Between Psychoanalysts and Political Scientists

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PRIVATE DISORDER AND THE PUBLIC ORDER

A PROPOSAL FOR COLLABORATION BETWEEN PSYCHOANALYSTS AND POLITICAL SCIENTISTS

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In 1938 Lasswell wrote an article entitled *What Psychiatrists and Political Scientists Can Learn From One Another* (10). It is noteworthy that he was able to state his theme in the form of a declarative sentence rather than a question. The intellectual atmosphere of the 1930's and 1940's seems to have been more congenial than the present age of specialization to suggestions that psychiatrists might find it fruitful to exchange views and collaborate with investigators in the various social sciences. To take one example, the volumes of *Psychiatry* for those years are liberally sprinkled with contributions not only by Lasswell but also by such scholars as Edward Sapir, Talcott Parsons, and Ruth Benedict. And many of the articles from within the psychiatric guild were also directed to social issues, including politics. But not long ago Rogow examined the thirty-five most recent issues of four leading psychiatric journals and found very little indeed in the way of interdisciplinary bridging with the social sciences—of a total of two hundred sixty-two articles in the four journals 'only seven were concerned with the social sciences however broadly defined' (12).

This paper suggests a research strategy through which one variety of social scientist—the political scientist—might profitably collaborate with one variety of psychiatrist—the psychoanalyst. My proposal is for a continuing, systematic effort to use the distinctive vantage point of psychoanalytic therapy in order

Delivered at the symposium on symbolism jointly sponsored by the Academy of Psychoanalysis and the American Political Science Association, at the American Association for the Advancement of Science meeting, Washington, D. C., December 29, 1966.

to clarify the familiar hypothesis that people's reactions to the public order and its symbols are influenced by the private order and disorder of their psyches and, particularly, by the ways they have earlier learned to respond to the private authorities of their childhoods. In other words, that, in Lasswell's famous formula, 'private motives' become displaced on public objects and 'rationalized in the public interest' (9).

I shall confine much of my discussion to a single of the many research problems that might be investigated in a collaborative effort by political scientists and psychoanalysts to study the private symbolism of public objects: the problem of how various members of the public orient themselves toward the American Chief Executive. The way the public is disposed to respond to the President—its propensity to follow him, reject him, or ignore him—is of obvious interest to political scientists. It also has been of occasional interest to psychoanalysts. As a preface to my proposal I shall indicate the respect in which the existing social science literature on citizens' orientations to the President is puzzling and then I shall summarize the scattered psychoanalytic evidence on the topic, indicating both why that evidence is highly relevant to solving the puzzle in the social science literature and why, as a result of existing conventions for reporting psychoanalytic case materials, the evidence is frustratingly incomplete for that purpose.

THE PRESIDENT AS A SYMBOL: SOCIAL SCIENCE RESEARCH

There is an interesting closeness of fit between what seems to be missing in the partially completed mosaic of political science data on public orientations toward the President and the observations in the scattered psychoanalytic case reports on the topic. It is a commonplace of political science literature on the presidency that one aspect of the Chief Executive's role is his status as a symbolic personification of the nation (13). In this capacity, the literature points out, he is a nonpartisan figure, above the political fray. The specific manifestations of this symbolic aspect of his role range from decorous ceremonies like

the lighting of the White House Christmas tree through such grim occasions as President Roosevelt's 'day of infamy' speech on December 8, 1941. A skilful president must excel at the intricate task of balancing the demands for dignified neutrality connected with his symbolic Head of State status and the more partisan, combative demands imposed by the exigencies of winning support for his program. Mishandling of either side of the role can impede the President in the other; by the same token, success in either may be additive.

But to what degree *is* the President a meaningful symbol for most Americans? From the standpoint of one set of research findings that have been accumulating over the years, we might well conclude that the President's importance as a symbol has been grossly overrated. It has frequently been shown that the great bulk of the American electorate (like the electorates of other nations) is extraordinarily inattentive to the sphere in which the President exercises leadership. Public opinion polls have shown again and again that most citizens on most occasions are far more interested in day-to-day happenings in their immediate environment than in the remote political happenings to which they are exposed through mass communications media. For example, less than a majority of the electorate can even name their Congressman or Senator, or the leading Cabinet officials such as the Secretary of State, much less indicate what these individuals have been doing. Many of the rudimentary facts that must be known if a citizen is to follow national events with anything of the acuteness that baseball fans follow the great American sport are unknown to most citizens; for example, the length of Congressmen's terms, the composition of the Supreme Court, the provisions of the Bill of Rights (5).

Occasionally, however, the President is the object of widespread and profoundly emotional responses that suggest he has an extremely important symbolic value for citizens. The most striking of these occasions is when an incumbent President dies. Beginning with the death of Lincoln, through the assassinations of Garfield and McKinley, and continuing through the

deaths by natural causes of Harding and Roosevelt, and the assassination of Kennedy—the historical record suggests that in each instance the death of the President has occasioned widespread public grief and mourning. No comparable responses are produced by the deaths of other public officials, or of ex-Presidents, or of celebrities out of political life (except in very limited segments of the population). While some of the responses to the most recent presidential death in office certainly were related to the horror of assassination and to the youth of President Kennedy, the public response seems to have been much the same in the two modern instances of natural deaths of Presidents in office—Roosevelt and Harding. This makes it clear that the reactions are not merely to the man or to the mode of his death but rather are to the fact that *the President* has died (6).

How do we reconcile the seeming inconsistency between widespread indifference to the sphere of activity in which the President is a leader and profound emotional response to his death? What explains this manifestation on a mass scale of a phenomenon that psychoanalysts encounter among individual patients—*an emotional reaction that seems to be far out of proportion to our prior impression of the individual's emotional investment in the object?*

Let us consider a variety of empirical observations in political literature (6) that seem relevant to resolving this paradox. 1. Although public information on politics and political figures may be low, 'the President is by far the best known figure on the American political scene'. 2. 'The status of President is accorded great respect in American society.' 3. 'The President ordinarily is the first public official to come to the attention of young children.' 4. 'Even before they are substantively informed about the President's functions, children believe that he is exceptionally important—and that he is benign.' 5. Adults also 'normally have a favorable view of the President's performance (although not so automatically positive a view, as that held by children)'. 6. 'There is a significant tendency for citizens to

rally to the support of the President, particularly when he acts in times of international crisis.' 7. 'Citizens seem to perceive and evaluate the President as a person, rather than in terms of his policy commitments or his skills in the specialized tasks of leadership.'

These fragments take us a part of the way toward resolution of the paradox. In effect, they soften the impression that the President is not a widespread object of public awareness, interest, and sympathy; compared with other actors in the political system, he is. But something of the puzzle remains. Why should citizens be so disturbed at the death of a distant figure—someone they have never even met? The National Opinion Research Center survey of reactions to President Kennedy's death found, for example, that forty-three per cent of a national sample of adults experienced loss of appetite during the four days following the assassination; forty-eight per cent reported insomnia; twenty-five per cent headaches. Anxiety symptoms such as rapid heart beats and perspiring were reported by many respondents. Interestingly, at the time of what would seem to have been a particularly tense and grim event in the distant environment (the Cuban missile crisis) comparable research showed no increase in these somatic symptoms (2). During this crisis the nation seemed to be at the edge of the abyss, whereas on November 22, 1963 a single public official had died and his successor was installed within the day. Why then should the latter event be by far the more disturbing?

It is here that the fragments of psychoanalytic and other psychiatric data assume an interest. If it can be shown that at an unconscious level people are in fact deeply emotionally attached to the President, this will contribute to an explanation of their 'disproportionate' grief at his death. In effect, we can conclude that the grief was not disproportionate to the 'true' feelings of citizens toward the President. And we may also have obtained a 'handle' for understanding certain less remarkable, but still puzzling, aspects of public behavior toward the Chief Executive. For example, why is it that the level of public sup-

port for the President usually goes up when he takes some decisive action in the international arena, even if the action is one, like the Bay of Pigs invasion, which would seem to have been a fiasco?

PSYCHOANALYTIC EVIDENCE ON THE PRESIDENT'S SYMBOLIC MEANING

There was no question in Freud's mind that a variety of public authority figures—kings, generals, religious leaders—can serve important unconscious functions. He returned to this topic at various stages in his career—in *Totem and Taboo* (1912), *Group Psychology and the Analysis of the Ego* (1921), and shortly before his death in *Moses and Monotheism* (1939). In the latter he succinctly explains why the great man should rise to significance. 'We know that in the mass of mankind there is a powerful need for an authority who can be admired, before whom one bows down, by whom one is ruled and perhaps even ill-treated. We have learnt from the psychology of individual men what the origin is of this need of the masses. It is a longing for the father felt by everyone from his childhood onwards, for the same father whom the hero of legend boasts he has overcome. And now it may begin to dawn on us that all the characteristics with which we equipped the great man are paternal characteristics, and that the essence of great men for which we vainly searched lies in this conformity' (4).

Freud relied largely upon historical, ethnographic, and literary materials for his observations about the private, unconscious influences on individuals' orientations toward public authority, and he did not comment on the particular authority figure we are concerned with here, the American President. A political scientist, interested in what psychoanalysis can contribute to resolving the seeming inconsistency between rather scant day-to-day reactions to the President and massive reactions to his death, is likely to insist on direct observational data. Can such evidence be adduced, drawing on the observational vantage that is distinctive to psychoanalysis—the psychoanalytic interview?

Let us look narrowly at evidence of adult psychoanalytic patients' reactions to presidential death, rather than canvass the literature for fugitive references to patients' responses to Presidents and other authority figures. There have been only three published reports of patients' reactions under these circumstances, although I have been assured that many other analysts found similar evidence. In each case the report indicates that the analyst found material emerging in the sessions after the President's death that clearly pointed to an unconscious symbolic linkage of the President to the patient's childhood authority figures.

The earliest of these published papers was by a political scientist, Sebastian de Grazia (3). It summarizes the reactions of thirty patients of two psychoanalysts (Blitzsten and Emch) to the death of President Roosevelt. For the moment I shall simply quote those statements in de Grazia's sparse report which refer to ways in which the patients' responses to the President's death bore on their orientations toward childhood authority figures.

'All persons made explicit linkages of the President with the father figure. Some said, "I felt like I did when my father died". More persons, however, said, "I felt worse than I did when my father [or mother] died". All persons in pursuing associations further made linkages with an original sexless mother imago. In this latter context, many persons mentioned the President's paralytic incapacity. . . .

'All analysands became aware that over the past years the President had unconsciously substituted for the parental imagos and in this manner had affected their attitudes and manner toward him. . . .

'Living parents were discussed by those few patients who had a mother or father alive. At least temporarily there seemed to be less hostility expressed toward . . . living . . . parents.'

The second of the three reports is by Sterba (14) and also deals with reactions to President Roosevelt's death, in this case by five patients, all of them male and liberal Democrats. While

no indication is given of the patients' ages, they probably were younger than those de Grazia reported on, since four out of five had living parents.

Sterba gives only a single datum on each patient—the reports they gave of dreams on the night of the President's death or the following night. Each patient reported a dream in which there was no manifest reference to the late President. Common symbolic elements ran through the dreams. In every case the dream involved augmentation of the patient's masculinity and independence of authority. Male authority figures were overcome (one patient breaks the sword of an attacking older male adversary; a delinquent boy is accused of dismembering a policeman), or the patient was suddenly free to express sexuality. Sterba's patients, unlike those reported in de Grazia's paper, evidently did not perceive the unconscious symbolic connection of President-parent. Or if they made such a connection it was not in relation to their dream reports and therefore not discussed in the paper. 'The patients did not spontaneously link up their dreams with the President because the resistance against recognition of the negative feeling towards the father figure of the late President was too strong, and thus the connection had to be demonstrated to them.'

The single report I have seen of adult psychoanalytic patients' reactions to President Kennedy's death is by Kirschner, who reports on the behavior in therapy of eight women (7).¹ 'These eight women, while in therapy for a variety of reasons . . . could be described as a rather homogeneous group in many respects. They might all be considered "good" neurotic patients: they were all between thirty to fifty-five years of age, middle- to upper-middle-class, above average in intelligence, motivated, well-intact, introspective individuals. Politically, they were all liberal Democrats, and had all voted for JFK. . . . Each had lost one or both parents (in six cases, the father); and

¹ For reports on the reactions of children in therapy see: WOLFENSTEIN, MARTHA and KLIMAN, GILBERT, Editors: *Children and the Death of a President* (15).

unresolved hostility and ambivalence toward the deceased parent(s) figured importantly in their respective therapies.'

Kirschner observed that: 'Almost without exception, the eight female patients in the present study described their initial reaction to the news of the assassination as "exactly the same" as their response when first told of a parent's death . . . '.

In addition, at least two of his patients contrasted their highly idealized favorable views of Kennedy with unsympathetic accounts of their fathers. In the first example it is not clear whether the contrast was made explicitly by the patient, or whether it is the analyst who has made the juxtaposition. 'One woman who in therapy could only describe her father in the blackest terms . . . related the death of JFK to the "loss of a heroic figure—a shiney knight on a white charger". Another woman, who had perceived her father as a passive, dull, non-entity, discussed her feelings about JFK as follows: "He represented to me the things I always wanted my own father to be—a great intellect, forceful; a person of dignity who commanded the respect and esteem of others".

'Almost without exception, these patients noted that they were able to express more grief and tears for President Kennedy than for their own parents. Typical comments were as follows: "I had the luxury of grief I couldn't express for my own father"; "I told my husband I released more tears for President Kennedy than when Poppa died. The tears were for my father. I buried Poppa again. . . ."

EVIDENCE AND INFERENCE IN THE THREE REPORTS

The brief summary of these three case reports shows why the possible contribution of psychoanalysis to resolving the enigma of public orientations to the President has been less than completely realized. Let us suppose that the psychoanalytic reports on reactions to the presidential deaths, rather than being serendipitous observations reported by unconnected investigators, had been part of a planned, coordinated effort by psychoanalysts, and their colleagues in other relevant fields, to compile

week-to-week observations of their patients, for a continuing survey of the private meanings of individuals' reactions to the wider environment. Such a suggestion was made by Lasswell: 'Psychiatrists do not, as a rule, record the role of secondary symbols [such as political attitudes] in relation to the personality structure which they observe. Once they understand the nature of the problem to which these data are precious, they may take care to preserve, rather than to ignore or to discard, material . . . so fully exposed by their special procedure' (10).

Such a collective investigation, particularly if it had the partial aim of communicating with sympathetic investigators outside of the specialized area of psychoanalysis, might help to remedy a number of deficiencies which make the three sets of case histories on reactions to presidential deaths less than fully satisfactory as sources of evidence on the unconscious significance of the President as a parent surrogate. Six deficiencies that might be remedied are:

1. *Sample size.* Although the case studies are exceptionally suggestive, they are based on a small number of individuals; a total of forty-three, eight of them the patients of a single therapist at the time of Kennedy's assassination, thirty-five the patients of three therapists at the time of Roosevelt's death.

2. *Sample representativeness.* As any specialist in sampling will confirm, the absolute size of a sample is less important than its representativeness. The latter is best assured by the use of impersonal statistical techniques through which the cases are selected at random, but, if necessary, certain compromises are possible; for example, purposive, stratified sampling. The cases summarized here are conspicuously unrepresentative—so much so that even comparisons among the three reports are perilous in the extreme. Apart from the obvious observation that patients in any psychiatric situation (much less psychoanalytic patients) are 'unrepresentative', these patients probably were not even an accurate microcosm of the psychoanalytic analysand population. No information is given about the background of the thirty patients reported on by de Grazia. Sterba's

five patients were probably young men and liberal Democrats. Kirschner's eight patients were middle-aged women and liberal Democrats.

3. *Uniformity of reporting.* Sterba reports exclusively on the dreams of five patients, giving his interpretations of the dreams and alluding briefly to the fact that he met with resistances from the patients in presenting interpretations to them. There is no reference to dreaming in the thirty patients de Grazia reports on; rather, he refers to their spontaneous references in the therapy hours to the President's death and alludes to their further associations without presenting details. Kirschner presents some of both kinds of material. We do not know whether Sterba or Kirschner had other patients who showed different behavior; we do not know if any of the thirty patients of Blitzsten and Emch reported dreams. An observer interested in systematizing this material would need to know more in a more fully comparable fashion about the reactions at various levels of all of the four therapists' patients, as well as the patients of other therapists and, ideally, of nonpatient populations.

4. *Full accounts of variability of reaction.* Small sample case reports of the sort discussed here tend to emphasize the uniformities in the subjects' responses, at the expense of an account of types of variation. The number of respondents is so small that those variations that are reported appear as individual idiosyncracies rather than as subpatterns of response which might be of interest to explain. This greatly reduces the usefulness of the reports as sources of hypotheses that might be tested by appropriately designed and controlled experimental research. The experimental psychologist is typically interested in variables rather than uniformities. He wants to test hypotheses which take the form: if the variable X is present, then the outcome Y will (is more likely to) occur.

The lack of emphasis on variation is particularly noticeable in de Grazia's report, which frequently refers to responses of 'all' the analysands, sometimes with respect to behavior that we would expect to be at least somewhat variable in a group of

thirty patients. 'All analysands spontaneously began their hour talking about the events . . . ; all persons made explicit linkages of the President with the father figure . . . ; Analysts were immediately asked by all analysands, "Have you heard the news?" and then, "How do you feel about it?". Upon being told that the analyst felt grieved, the analysands invariably demonstrated a sense of relief . . . ; The President's wife was referred to by all persons . . . ; All persons expressed great incredulity that the event had actually occurred . . .' (3, pp. 267-68).

Attention to variability should enable us to go beyond such simple formulations as 'the President serves as a father (or more generally parent) figure' to hypotheses raising more specific questions. Under what circumstances? To what degree? For what individuals? In what manner? Not only are there probably differences in the degree to which Presidents serve as unconscious parent surrogates from individual to individual and from President to President but, as Lasswell once pointed out, there are probably quite different ways in which the generalization of early orientations toward authority can occur. Depending upon other contingencies, individuals may differ in the degree to which conscious and unconscious hostility and affection is experienced toward their own parents, and the patterns of orientations toward the parents may either be directly generalized to remote authorities such as the President, or the generalization may take a compensatory form involving either idealization of the President or unconsciously motivated hostility toward him (8).

5. *Distinguishing observations based on the patient's spontaneous responses from therapeutic communication and from interpretations of the observational material of the psychoanalytic interview.* No doubt there is much truth to the assertion often made by psychoanalysts that the understanding of psychoanalytic theory and case reports by laymen, including academic social scientists, is inevitably limited by processes of resistance. Resistance certainly is a partial cause of much of the lay scepticism toward psychoanalytic explanation. In addition,

there are tendencies on the part of at least some laymen toward excessive credulity—willingness to accept virtually any psychoanalytic explanation on faith. The conventions according to which psychoanalytic material is reported also contribute to restricting the amount of effective interchange between psychoanalysis and the various social science disciplines, all of which have been in a continuing process of perfecting their procedures for gathering and assessing data.

Much of what is reported in psychoanalytic journals seems to the outside observer, even to the observer with far more than usual sympathetic interest in psychoanalysis, to be arbitrary and unconvincing. There are two problems faced by the outsider who wishes to draw upon psychoanalytic reports, but does not want to have to take the interpretations made in these reports on faith (if only so that he can more effectively transmit the psychoanalytic findings and hypotheses to other of his professional colleagues who are more typical in their scepticism toward psychoanalysis).

First, the case reports too rarely distinguish between the spontaneous emanations of the patient and material that emerges from the interaction between patient and therapist. One would assume that special caution is necessary in accepting the latter as evidence: for example, it must occasionally be true that an analyst offers an incorrect interpretation, which the patient compliantly accepts. I suspect that some of the most convincing evidence in support of certain of the more controversial psychoanalytic hypotheses—such as the hypotheses connecting Presidents and fathers—arises in therapy contexts which, if carefully reported, would reveal that suggestion by the therapist could not possibly be responsible for the finding (unsolicited free associations, patients' own interpretations of their dreams, slips of the tongue, etc.).

Second, and more generally, the elliptical mode of presentation of the typical case report too often fails to lay before the reader the precise phenomenology of the psychoanalytic interview and to indicate precisely what evidence from the inter-

view is leading to what interpretations. Thus, I am unable to determine from de Grazia's report the full pattern of patient associations that led to the assertion that 'linkage' was made with an 'original sexless mother imago'. Another example: the interpretations in psychoanalytic case reports of statements of denial by patients as negations—as assertions concealing a meaning opposite that of their manifest content—are one of the more common sources of derisive criticism from outside the psychoanalytic fraternity. Yet I am sure that partially implicit and partially explicit criteria underlie such inferences, and that when analysts interpret a denial as negation they do so on the basis of observational evidence that distinguishes one negative statement by a patient from another (e.g., the intensity and nature of the affect expressed in making the denial). By failing to make both the observational data and the inferential steps more explicit, psychoanalysts not only reduce the credibility of their reports; they also probably fail to engage in sufficiently stringent examination of their own methodology. For social science, the main consequence is an unwarranted scepticism toward psychoanalytic interpretations and findings which contributes to the failure to incorporate psychodynamic notions in research to which they may be relevant.

THE PROPOSAL

I propose a continuing, systematic inventory of ways in which psychoanalytic patients of varying characteristics and in varying treatment situations respond to the events of the secondary environment. From the standpoint of the tack taken in this paper such a continuing investigation would emphasize responses to political authority figures and particularly the President. But it clearly would be possible to study patients' reactions to all of the events that impinge upon citizens through mass media and also the inner significance of their personal political experience.

It would be enormously interesting to have a progressively expanding catalogue of psychodynamic insights into public re-

sponse to phenomena such as war, civil defense, international politics, electoral contests, racial conflict in the cities, etc. Let me indicate in a very general way some of the possible desiderata of a study aimed at assembling such an inventory. My purpose, in effect, is to suggest how we might collect material of the sort presented in the three case studies on reaction to presidential deaths in a fashion that avoids the shortcomings of uncoordinated case study reports.

1. The sample of subjects would be fairly sizable. Sample size would be determined, apart from restrictions imposed by the number of analysts participating in the investigation and their patient loads, by the number of cases needed for a minimally satisfactory statistical treatment of the data. The study of male homosexuals sponsored by the Society of Medical Psychoanalysis and reported by Bieber and associates, which serves as my model in many of the suggestions that follow, reported on two hundred six patients, the data being contributed by seventy-seven psychoanalysts (1).

2. Sample representativeness is as important as sample size. It certainly would not be feasible, and probably not desirable, to attempt to stratify the sample population along the lines of a cross-section of the American population. A preferable strategy would be to select cases with a view to building up sufficiently large comparison groups to test hypotheses about the effects of varying social and psychological characteristics on the various connections between personality and political behavior to be studied. However, it is desirable to estimate the degree to which the sample is representative of various nonpatient populations, by careful comparison of the sample with census and other demographic statistics. This, incidentally, would probably have the side effect of generating a more satisfactory account than presently is available of who is receiving psychoanalytic treatment.

3. A main point of departure from the technique of the Bieber study is that this investigation would, in effect, be a continuing panel study. In other words, rather than depending

upon a single interview schedule at one point in time, data would be reported periodically on the same group of subjects. The occasions for collecting new data would be when events occurred in the wider environment that are likely to impinge upon the patients' emotional lives. One can only guess at the valuable insights into reactions to President Kennedy's assassination—and therefore more generally into the psychology of leader-follower relations—that might have been gained if such a data-gathering enterprise had been underway in 1963. It also would be important, of course, to establish the kinds of events that do *not* have emotional effects. As in all panel surveys, attrition of respondents would pose difficulties, but various ways of compensating partially for this difficulty are possible: initial selection of a large sample; emphasis on detailed analysis of the early data-gathering waves; adding similar cases to match the lost respondents and reporting both the reconstructed sample and the residual original respondents.

4. A second point of difference from the Bieber study would be a greater emphasis on reporting the phenomenology of the psychoanalytic interview in detail, so that a careful distinction is made between the three classes of statements referred to above: spontaneous patient reactions, reactions elicited as a part of the interaction with the therapist, and interpretations. This will make it possible to exhibit the findings along a sliding scale ranging from data that should be of interest to any student of the phenomenon being reported on, to data that will be more credible to psychoanalysts and others committed to psychoanalytic modes of analysis. Even social scientists who are not particularly committed to psychoanalysis should find it necessary to take account of behavior in the psychoanalytic interview itself as observational material of some interest and in need of explanation.

5. Such a project would of course call for central facilities for planning and coordinating the research. I would assume that the core investigators would be a team of psychoanalysts and social scientists; that after the initial planning stages it would

be important to delegate decisions about what information to request from the contributing therapists to a small steering committee that was in a position to deliberate rapidly and communicate requests for data swiftly. It also would be important to report back to the contributing therapists regularly, since the added information about one's patients' comparative 'standing' in the larger patient population would be one of the important incentives for taking part in such an endeavor. A useful base from which such a study could be directed might be some university facility, such as the Inter-University Consortium for Political Research in Ann Arbor, the National Opinion Research Center in Chicago, or the Yale Office for Advanced Political Studies in New Haven.

6. A final suggestion involves developing techniques to estimate the degree to which the responses reported are a consequence of the selective factors that lead patients into therapy. An obvious possibility is use of physicians in training analyses as control groups. It would also be possible to use control groups of respondents drawn by survey techniques from the general nonpatient population, matching on a variety of social and psychological characteristics, and then administering standard survey questionnaires to both the patient and nonpatient samples. As a side effect, this could lead to a particularly worthwhile contribution to research technology: by comparing patients' questionnaire responses with their responses in therapy it might be possible to determine where and under what circumstances the survey technique fails to elicit responses reflecting the deeper meanings of the secondary environment.

AN OBJECTION AND ITS IMPLICATIONS

There are many practical obstacles standing in the way of such a proposal for interdisciplinary coöperation. However, even a modest effort, fulfilling only a part of the proposal, would take us far ahead of the present state of knowledge. One reason for being dubious about the likely results of any such enterprise is

the objection I most often encounter in suggesting such a proposal to psychoanalysts.

The reasons for scepticism are summed up in the comment of one analyst, 'I would not know that the political world existed if I did not read the newspapers'. In other words, one may well be sceptical less about the practicality of my proposal than about the possibility that it will turn up findings of any interest. There evidently are wide variations in the degree to which political events impinge upon regular proceedings of psychoanalytic treatment. At the other extreme from the analyst who never 'sees' politics in the treatment situation is the published report of Renneker that among a total of forty-two patients in treatment with him during the 1948, 1952, and 1956 elections not only was politics invariably evident in the course of treatment, but also 'there was *always* some sort of meaningful relationship between the voting history of the patient and the *dominant* parent' (11). A middle ground is struck by analysts who comment that they rarely deal explicitly with political material, but that public happenings sometimes are evident at some symbolic level. One analyst commented that he regularly was able to observe current news events appearing in disguised form in dream reports, although this level of the patients' output did not normally enter into the treatment.

It appears that this variability in the degree to which the different analysts' patients are likely to respond to public events in private terms results from factors related to the analysts themselves—their own assumptions about whether such hidden meanings are to be expected and are of interest and of relevance to treatment. The same reference to the President might be considered interesting and therapeutically constructive by one analyst and time-wasting resistance by another. This would affect both the analyst's memory of what had occurred in the session and whatever cues he inevitably provided to the patient about the appropriate lines of association to dwell upon in therapy. If this is the case, the differences in the degree to which secondary environment symbols appear in the associa-

tions of different analysts' patients might in itself be of interest to study: in effect the analyst would be one of the variables of the investigation, just as the experimenter is increasingly being thought of as the 'hidden variable' in experimental research on small groups.

In addition, if the effects of wider environment events on patients and on the content of the psychoanalytic interview are as indirect as the comments of the third analyst quoted above indicates, we will need to do more than simply observe explicit political material that emerges during therapy. It may be that the effects of the wider environment will manifest themselves in complexly disguised forms. Consider, for example, the possibility of providing some central collection agency of the sort I have been proposing with the dream reports and fantasies produced by a large patient population on the days prior to and just after some event such as Khrushchev's deposal, a presidential inauguration, or one of the recent episodes of racial violence. Is it not likely that some systematic, if disguised, effects of these happenings would be evident?

SUMMARY AND CONCLUSIONS

There has been a decline in recent years of interdisciplinary efforts to apply psychiatric insights and findings to the explanation of social—and especially political—phenomena. After reviewing the puzzling pattern of social science data on the symbolic meaning of the American President to citizens, I have suggested why scattered psychoanalytic evidence on this topic, if systematically expanded and validated, might provide a missing link in our explanatory account of how the public orients itself toward the President. However, the several existing psychoanalytic case reports on public orientations toward the President (as shown by reactions to the death of a President in office) fall short of adequacy in terms of evidence and inference. A systematic, continuing program for accumulating understanding about the symbolic values to citizens of events in the wider environment (including the persons and activities of

the President)—a program of the sort proposed here—would do much to eliminate the methodological inadequacies.

The great discoveries of Freud, while in one sense pervasively influential in both modern society and modern social science, in another sense have had far too little impact. In particular, the social sciences have had little benefit from the central procedures of psychoanalysis: the prolonged one-to-one relationship of therapist to patient, which continues to be the deepest and longest of the interviewing techniques; free association; the meticulous examination of overt and covert mental life. For a student of politics some of the earliest, most old-fashioned pre-ego psychology innovations of psychoanalysis may still be among the most interesting (which is not to deprecate more recent advances). Conscious attitudes and beliefs are studied very well, and with rewarding findings, with existing techniques at the disposal of the political scientist, anthropologist, sociologist, and academic psychologist.

However, we frequently encounter knots that do not unravel at the bidding of interviewers at the doorstep with questionnaires in hand. Among these knots are the circumstances in which we encounter 'disproportionately' emotional behavior: for example, deep grief and profound mourning at the death of a public figure one has never met and may have voted against; or murderously violent impulses toward an individual of another skin pigmentation. The hope that we will find the sources of these seemingly inexplicable reactions—and that from this knowledge, will eventually come the possibility of accomplishing on a much larger scale what psychoanalysis attempts to accomplish with Sisyphean effort, patient by patient—seems to justify proposals to foster closer and more fruitful coöperation between psychoanalysts and other students of mankind.

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Robert Waelder 1900–1967

Edward Kronold

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ROBERT WAELDER

1900-1967

In Robert Waelder we have lost one of the outstanding teachers in the field of psychoanalysis.

Although he had had no formal training in medicine and psychiatry—his specialty had been physical chemistry—his first presentation to the Vienna Psychoanalytic Society in 1924, *The Psychoses: Their Mechanisms and Accessibility to Influence*, gave evidence of his mastery of psychoanalytic concepts and the brilliance of his argumentation. It was natural, with his vivid grasp of the then prevailing currents in our science, that he should have been regarded by the group of young psychoanalysts in Vienna as a guide through the complexities of psychoanalytic theory, then evolving and changing. His contributions to the Society and his discussions were distinguished by the lucidity of his methodical reasoning. He frequently uncovered and brought into focus, sometimes in a surprising way, aspects of theory that had hitherto been latent. When taking part in a symposium he often gave an unexpected turn to the proceedings by introducing some highly constructive point of view, one that became the pivot of the discussion.

Dr. Waelder was an accomplished and fascinating speaker. These qualities made him an ideal teacher and he devoted a great deal of his time and energy to teaching students, at psychoanalytic institutes and as professor of psychoanalysis at a medical college.

His scientific writings cover a wide range of subjects. Whether he was elaborating on psychoanalytic concepts or retracing their history and development, his presentation was always methodical and precise. We see him best at work in his characteristic way in *The Principle of Multiple Function: Observations on Over-Determination*, and in *Basic Theory of Psychoanalysis*. His 1936 paper, *The Problem of the Genesis of Psychical Conflict in Earliest Infancy*, is a brilliant attempt at clarifying some issues then paramount in psychoanalysis. Much of his writing was devoted to the application of psychoanalysis to problems of social and political science, culminating in his last book, *Progress and Revolution*.

EDWARD KRONOLD, M.D.

On Character and Libido Development. Six Essays by Karl Abraham. Edited by Bertram D. Lewin, M.D. Translated by Douglas Bryan and Alix Strachey. New York: W. W. Norton & Co., Inc., 1966. 206 pp.

George Gero

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BOOK REVIEWS

ON CHARACTER AND LIBIDO DEVELOPMENT. Six Essays by Karl Abraham.

Edited by Bertram D. Lewin, M.D. Translated by Douglas Bryan and Alix Strachey. New York: W. W. Norton & Co., Inc., 1966. 206 pp.

The history of the development of psychoanalytic literature has not been written yet, but when it is the contributions of Karl Abraham will occupy an outstanding place. Bertram D. Lewin, in his excellent Introduction, gives valid reasons for the republication of Abraham's most representative papers. Though we are all familiar with them, rereading them is still valuable, not only because one always finds details, ideas which seem to be new, but because it is always refreshing to witness the vigorous spirit of the early days of an expanding science. To state the difference in conceptualization, terminology, and emphasis between Abraham's theoretical framework and the present-day approach in psychoanalysis would not be justified. Clinical experience accumulated since Abraham's publications and new theoretical models developed since then could not have been anticipated by him. Much more astonishing is how many of his findings remain valid.

This book is so full of gems of clinical observation that it is hard to select samples. Just to mention a few: the beautiful illustrations of the introjective mechanism now so familiar to every student of depressive states; or the observation about the roots of castration anxiety in the male melancholic patient which, according to Abraham, were more centered around the mother figure, thus reversing the typical œdipal form. Lewin, in his Introduction, quotes Hanns Sachs that Abraham's work contains a wealth of suggestions and hints, the possibilities of which remain unexhausted. The observation regarding castration anxiety is a good example of this unlimited potential.

It must be difficult for the young generation of psychoanalysts to realize what courage was necessary to undertake psychoanalytic treatment of severe depressives or manic depressives in Abraham's day. The climate in Germany at that time was utterly hostile and incredulous toward such an endeavor. According to the prevailing psychiatric attitude, manic depressive psychoses were considered

'endogenous'. This diagnosis resulted in therapeutic nihilism. The expectation was that the depressive patient, if he did not commit suicide, would recover or his depression would be replaced by elation. Unless there were obvious gross tragedies which brought about a depression (the so-called 'reactive depression'), the more hidden sources of conflict and suffering would remain undiscovered. In this hostile climate Abraham had the courage to state, based upon his conviction of the validity of Freud's discoveries, that a purely psychological treatment had the power to cure such severely sick patients.

Abraham correctly formulated the therapeutic principle that the regressive trends in the patient must be reversed; conflicts which force falling back to early ambivalent attitudes must be freed and inhibitions which interfere with a more active and self-reliant orientation must be lifted. It would be educational and encouraging for the younger generation of psychoanalysts and psychiatrists to read Abraham's careful account of the possibilities of psychoanalytical treatment of severe depressive states, since in our time the much advertised success of drug therapy presents a great temptation for patients and therapists. However, while drugs can change the depressive mood, they obviously cannot alter the roots of the depressive conflict; therefore, their success can be at best only a temporary one.

Abraham was the first author to attempt a systematic psychoanalytic characterology. Although his approach was different from present-day psychoanalytic investigation of character formation, it is still interesting to attempt to evaluate the merits as well as the limitations of his essay on the subject. The basic idea of his characterology is that drive organization of the developmental state determines the attitude toward the objects. The developmental stages of the drive organization, as Abraham saw it, are in turn dependent upon the maturational sequences of physical growth. The study of ego functions followed Abraham's time. Thus, in his formulation, the child's attitudes and responses to his environment seem to be rigidly predetermined by the predestined steps of libidinal development. Of course, Abraham was aware of the human superstructure which is imposed on the biological matrix and his clinical examples show it clearly.

In the volume's final chapter, *Character Formation on the Geni-*

tal Level of the Libido Development, Abraham presents a kind of psychoanalytic ethic. His thesis is that the achievement of the genital stage of psychosexual development is the prerequisite for the social adjustment of the individual. Of course, achievement of the genital level is a complex psychological process. It presupposes overcoming castration anxiety in the male, giving up penis envy in the female. The study of the complex nature of the superego had just begun when Abraham wrote his basic papers. Today the problems of character development would have to consider superego functions in great detail. If the internalized aggression is not sufficiently neutralized, harmonious social relationships are not possible. A superego in which aggressive impulses are not sufficiently neutralized creates, on the broader social level, political systems advocating that ends justify the means and sanctioning the sacrifice of human life. My interpretation of Abraham's psychoanalytic ethic is this: a person who is able to love in both the sexual and emotional sense will have spontaneous warm feelings, sympathy and empathy toward his fellow human beings, whereas moral principles which are maintained only by commands of the superego are not of great value for better human relationships. Of course, Abraham was aware that his concept of genitality is an 'ideal type' (Max Weber) which in actuality is only approximately realized.

A question of psychoanalytical epistemology occurred to me while rereading Abraham's basic works. What special endowment enabled Abraham to understand so deeply the workings of unconscious processes? As far as I know, he did not have the advantage of didactic analysis. Of course, he learned not only from the writings but also from personal contact with Freud. To characterize his talent as intuition for the unconscious is too vague. He must have had not only the ability but also the courage to recognize in himself the remnants of the ancient layers of the mind, an inner freedom which most people can achieve only through analysis. Abraham was a natural—he could understand spontaneously the symbolic process expressed in body language. The fact that he also had the benefit of a clear, critical, and creative mind enabled him to add invaluable contributions to the science of psychoanalysis.

GEORGE CERO (NEW YORK)

A DEVELOPMENTAL APPROACH TO PROBLEMS OF ACTING OUT. A Symposium. Edited by Eveoleen N. Rexford. Monographs of the Journal of the American Academy of Child Psychiatry, No. 1. New York: International Universities Press, Inc., 1966. 223 pp.

Anna Freud was referring in particular to acting out when she discussed the fate of psychoanalytic concepts at the Twenty-Fifth Congress of the International Psychoanalytical Association in July 1967. Over the years certain concepts have been altered by their usage. As new clinical data are adduced, recognition of similarities results in the addition of seemingly related phenomena to those included in the original concept. Exquisitely precise and useful concepts, secure within the psychoanalytic setting from which they were derived, become overused, are split into subcategories, and are carried over into other fields and applied to other uses than those originally intended. Finally dilution and confusion reach such a point that the need for more precise definition is evident.

Definition, however, is not easy, and it is perhaps too much to expect that confusion will be eliminated. In this dilemma the developmental approach, the conceptual framework for the papers published in the monograph reviewed here, provides at least a helpful integration of the various behavioral manifestations usually included in the concept of acting out. To the papers of the symposium, first published in the January 1963 issue of the *Journal of Child Psychiatry*, the editor, Eveoleen Rexford, has added an extensive, though selective, summary of the important writings on the subject. This valuable review traces the repeated amplifications and revisions in the acting out concept from the time of Freud's first publications.

The development of every child, Rexford says, presents a case history of the evolution of impulse controls, the gradual mastery over direct instinctual expression under the influence of object relationships, maturing ego functions, and an increasing grasp of reality. So-called acting out behavior may occur transiently during one specific developmental phase, never to reappear, or may occur repetitively in response to specific life situations and unique interpersonal relationships. In children it is often related to some highly traumatic experience. The acting out may represent an attempt to master actively what was experienced passively—though

Blos disagrees, believing that by its nature the usual acting out has forfeited the capacity of mastery and turned it into an act of avoidance—or may express instinctual wishes or the defenses or affects connected with the drives. Rexford concludes that study of children who act out offers the opportunity to investigate the development of the acting out pattern from both vantage points, that of the child at different ages and of the parent-child relationship.

Another paper by Charles Malone focuses on the developmental delay in the transition to secondary process thinking, the capacity for stable internalization, and the dominant use of action rather than words related to gross disturbances in the mother-child relationship in a group of highly pathologic families in a skid-row slum area. Though not yet aggressive or destructive, the preschool children in these families showed characteristics which were thought to predispose them to later chronic acting out and impulse disorder. A paper by David Reiser deals with a group of children who were already hyperactive, impulsive, aggressive, and destructive to an extreme degree by the time they were referred between the ages of three-and-a-half and five. Their parents, although law-abiding themselves, were incapable of imposing instinctual deprivation appropriate to the children's ages, often vacillating between overindulgence or too harsh restriction. Reiser believes that the commonly observed aggressive behavior of 'normal' children is more often put to adaptive purposes than that of this group of predelinquent children. A follow-up study showed that such early 'dissocial' behavior did lead to later delinquency in a third of the cases in contrast to none in a control group of neurotic children.

Van Amerongen describes the role parental attitudes played in the emergence and maintenance of antisocial behavior in children, mostly boys, between six and ten, in whose history ostensibly there had been no life experiences generally regarded as especially detrimental to healthy character formation. She found that the parents seemed united, each for his own reason, in permitting, promoting, or provoking the child's antisocial activity. In some of these families acting out was a familial mode of instinct gratification, tension, relief, and rebellious self-assertion. For other parents action and activity were signs of independence and health and represented their own defenses against passivity, dependency, and depression. In still others, the boys' behavior reactivated parental conflicts over

instinct gratification, frustration, and control and prevented them from helping the children to find age-appropriate ways of managing impulses.

In these papers acting out is insufficiently differentiated from action. Impulsive, aggressive, destructive, antisocial, or delinquent behavior at whatever age is referred to as acting out. There is no question about the pathology of the action described and its relationship to early traumata and parent-child interaction, but many analysts, like Elizabeth Makkay in discussing van Amerongen's paper, question this broad application of the acting out concept. Although Peter Blos makes a strong case in his contribution for considering acting out a phase-specific mechanism of the adolescent process, he does so with criteria which are consistent with the classical concept. He assumes, for example, that acting out indicates the operation of an organized mechanism, not merely impulsive discharge of instinctual needs. It repeats an early object relation and its gratificatory modality by displacement; represents the activation of a fantasy and its articulation on the environment, constituting an autoerotic equivalent; and seeks to restore the sense of reality by affirming memories in action which were denied, forbidden, or distorted by the environment during childhood. In addition to discussing the predisposing, manifest, and functional aspects of acting out, Blos presents clinical cases to support the idea that in adolescence acting out may occur in the service of the ego, aiding the synthetic function by establishing a temporal continuity.

Phyllis Greenacre's paper, *Problems of Acting Out in the Transference*, adds significantly to her already extensive contributions to the literature on this subject. Defining acting out as memory expressed in active behavior without the usual recall in verbal or visual imagery, she reviews those general developmental factors which determine the predisposition to action and discusses specific genetic situations which found expression in her cases of massive acting out in relationship to the transference. Whether the activity takes place inside or outside the analytic hour, the analyst is the prime target. There is always an effort to seduce the analyst or a substitute into some sort of reality involvement. A repetition of incidents of childhood may take place in some of the episodes, and attacks are precipitated often by situations which stir up the castration complex or by separation, which is felt as a hostile aggression or counteraggression.

sion. Her paper provides useful observations about the phenomenology of acting out attacks, the patient's way of experiencing and reporting them, and the circumstances which may determine the effectiveness of analytic interpretation.

Rexford aptly concludes that 'we have not yet achieved a general psychoanalytic theory of such behavior which encompasses all the various phenomena so characterized. The area most clearly defined thus far remains that of acting out in the course of psychoanalytic treatment.' Nevertheless, this well-balanced symposium is an important effort toward integrating the influence of developmental crises in our understanding of the genetic bases for acting out behavior.

BURNES E. MOORE (NEW YORK)

THE PSYCHOANALYSIS OF DREAMS. By Angel Garma. Introduction by Bertram D. Lewin. Chicago: Quadrangle Books, Inc., 1966. 224 pp.

It is nearly forty years since the author of this volume, a native Spaniard, began his analytic training in Germany. He returned to Spain on the completion of training to practice analysis in virtual isolation until the Spanish revolution led to his emigration to Paris. Here he remained for less than three years before the rise of the Nazis caused him to leave continental Europe. Since 1939 he has been a leading psychoanalyst in the now flourishing Argentine Society.

During all these changes Garma 'remembered and put to good use Freud's maxim that "dreams are the royal road to the unconscious"'. From this road, happily, he was not parted or deflected by the external changes which give this volume a truly international background. Although some of Dr. Garma's ideas are controversial, he has consistently maintained this central analytic proposition. His discussion is illustrated by vivid clinical examples, including many drawings produced by his patients.

The first five chapters of this book reproduce in essence a volume first published in Spanish in 1940. Dr. Garma wrote his thesis on dream interpretation to qualify in Buenos Aires. This was the first textbook on this subject to appear in Spanish. It is a clear and

readable presentation of dream interpretation in clinical practice. It may still be read profitably by students and the lay public.

All but two of the last five chapters have previously been published. This part of the volume contains a review of certain deviations from freudian interpretation, with particular reference to the work of Stekel, Jung, and Adler. Garma's discussion of these authors is not unfamiliar. His remarks, for example, on functional symbolism closely resemble Jones' classical contribution to this subject. Dr. Garma's discussion of the dream screen and the Isakower phenomena is enriched by references to specific dream material very much in accordance with Lewin's contribution.

The most controversial part of this volume is indicated by the title of the last chapter, *Reversing Freud's Theory*. It is Dr. Garma's thesis that the dream does not basically represent a wish-fulfilment. Although wishfulfilling devices are commonly utilized, the dream according to Garma is determined by a traumatic situation. His definition of a traumatic situation is, however, not altogether consistent. On the one hand he includes Freud's classic definition; on the other, there is much to suggest that many of the situations he describes as traumatic include narcissistic injuries of a relatively minor nature.

In order to explain his approach from a theoretical point of view, Dr. Garma develops an explanation which concerns the nature of reality testing. According to his thesis Freud was incorrect in his opinion that it is easier to defend against external than internal reality. His major argument is based on Freud's statements in the *Metapsychological Supplement to The Interpretation of Dreams*. He does not refer to Freud's later discussion of this complex problem in *Inhibitions, Symptoms, and Anxiety*. His argument, moreover, does not take into account recent approaches which question the ability of the young infant to distinguish between external and internal reality in the period preceding differentiation of self and object. Nor has he included many of the more recent works on perception, memory, and dream deprivation. His theory cannot therefore be regarded as entirely in keeping with contemporary understanding of early development in respect to either dreams or the perception of reality.

Despite certain drawbacks of this theoretical discussion, Dr. Garma's book has many assets. It provides vivid and interesting

clinical material for anyone interested in dreams and/or symbolism. Dr. Garma's emphasis on trauma, although not acceptable in its entirety, does point to an area of increasing interest to many contemporary analysts. This concerns the important after-effects of early exposure to excessive stimuli during the early years of childhood development. That this can amount to a serious trauma is not without confirmation in the analytic experience of many contemporary analysts.

ELIZABETH R. ZETZEL (CAMBRIDGE, MASS.)

NEW PERSPECTIVES IN PSYCHOANALYSIS; CONTRIBUTIONS TO KAREN HORNEY'S HOLISTIC APPROACH. Edited by Harold Kelman. New York: W. W. Norton & Co., Inc., 1965. 249 pp.

This book is a companion volume to *Advances in Psychoanalysis* which dealt almost entirely with theory. It is a collection of papers by Horney and ten of her colleagues who emphasize their clinical approach, quite properly reflecting Horney's theoretical formulations which reject the libido theory, castration anxiety, the œdipal conflict, penis envy, and put less emphasis on unraveling the past, and more emphasis on the future via a cultural and interpersonal approach. The authors in this volume have ventured into this area to illustrate something of how Horney taught therapy. Some of the papers are quite brief, and since we recognize how difficult it is to teach therapy, to convey and handle the subtle determinants in clinical approach, one can anticipate that the presentations might have a quality of oversimplification, and this is true for this collection.

The best of the papers are interesting common-sense illustrations of how to understand neurotic patients and, hopefully, to influence them to change their ways. Outstanding is Horney's *The Value of Vindictiveness*, which she summarizes aptly as 'an exquisitely compulsive phenomenon'. In her characteristically vivid, lucid style, she describes the neurotic character trait of retaliation, with suggestions as to its component sources and functions. She also calls attention to the overuse and application of the term 'sadism' which indeed has all but eliminated 'vindictiveness', 'meanness', 'tyranny', 'humiliation', and 'exploitation' from the vocabulary of residents, social workers, and many psychiatrists. Unfortunately she goes too far. Although conceding some sexual element might

be present, she concludes 'that for all so-called sadistic trends vindictive needs are the *crucial motivating force*' (p. 29—my italics). Nevertheless, it is a paper worth reading, and she does validate her final remarks: 'Every vindictiveness damages the core of the whole being. Repressing it makes it worse. Not "liberating vindictive aggression" but overcoming it is our therapeutic goal.'

The collection as a whole suffers from the authors' irresistible urge to set up straw men in order to distort and deprecate freudian theory and technique, ignoring all the literature on ego psychology and the mechanisms of defense. Freudian principles are ridiculed as though no progress or modifications were made since 1924. 'He [Freud] saw neurosis as a result of too much morality' (Weiss, p. 69). Weiss then states that Freud's concepts of man's sexual and aggressive instincts are identical with Hobbes' '*homo homini lupus*', that man must *ergo* be a wicked animal and therefore Freud 'makes morality a *negative* repressive force' (p. 79—my italics). Gershman reduces Freud's concept of bisexuality to a 'notion', and offers instead a presumably original conception of homosexuality as determined by psychological obstruction to maturity in an anxiety-producing unhealthy environment.

Actually, much of the case material is very similar to freudian formulation and technique as derived from the vast literature on ego psychology which is as integral to freudian psychoanalysis as is the libido theory. It is the active rejection of the latter which sets apart these authors from classical psychoanalysts.

Harold Kelman's *The Use of the Analytic Couch* is an interesting, comprehensive review of the importance of body position and location as related to various states of mind and communication. He discusses carefully the value of face-to-face vs. the couch position, and emphasizes the importance of selection of patients and timing before prescribing the couch. Yet in this interesting paper, which is one of the longest in the book, there is no clear statement, and certainly no elaboration, of perhaps the most important value of the couch position: that it promotes fantasy and projection in the patient onto the analyst—i.e., the transference—around which the whole analytic process revolves.

Norman Kelman's *Clinical Aspects of Externalized Living* supplements Horney's paper *The Value of Vindictiveness* and is essentially a summary of her paper *On Feeling Abused*. He lists three

determinants for patients' being unaware of feelings of being abused: a fear of experiencing resentment, a pride in invulnerability, and a pride in endurance. They do not experience their 'pride' and self-accusations as an inner process but as an aspect of a whole way of life that Horney called 'externalized living'. Although he lists and describes in some detail six characteristics of the analysis of such patients, his conclusions sound rather pat.

The last three papers by Cantor, Slater, and Azorin were compiled by them from lectures on psychoanalytic technique given by Horney at the American Institute for Psychoanalysis between 1946 and 1952. The Initial Interview, Interpretations, and The Analyst's Personal Equation do serve their intended purpose: to introduce students in their first year of study to important clinical problems.

In summary, this latest published collection restates the general orientation of the Horney school as it has been presented and understood for the past thirty years.

PAUL H. BRAUER (NEW YORK)

JOSEPH CONRAD. A PSYCHOANALYTIC BIOGRAPHY. By Bernard C. Meyer, M.D. Princeton, N. J.: Princeton University Press, 1967. 396 pp.

Psychoanalytic biographies have not fared well this past year. The present book should prove an exception since it is based on a thorough knowledge of both psychoanalytic theory and the personality under consideration, Joseph Conrad. Dr. Meyer has studied the published and unpublished works of Conrad as well as many scholarly sources which are quoted extensively. All of this evidence is carefully marshalled and documented so that his conclusions flow naturally from the information presented. He is modest in his final formulations, often more so than necessary, and he does not hesitate to label as conjecture anything he so considers rather than make an unsupported statement. This book presents an engrossing study of an important enigmatic literary figure, written in a highly literate style by an informed student of psychoanalysis. It is a contribution to both literary studies and psychoanalytic biographies.

The transformation of Polish-born Józef Teodor Konrad Korzeniowski into English-speaking and -writing Joseph Conrad has

excited the interest of many who have read his masterpieces. Dr. Meyer has traced the course of his life, and offers an explanation of the transformations that led from Poland to the sea to the literary giant who wrote such works as *Lord Jim*, *Nigger of a Narcissus*, *Heart of Darkness*. It is a study in the successive integration and threatening disintegration of a character able to survive partly through the use of a latent talent which did not show itself until the end of the third decade of Conrad's life.

The bare details of Conrad's life are sufficient to arouse the interest of a psychoanalyst. His mother died before he was four, after his family had been sent into exile for the revolutionary activity of his Polish father. His father, who was not only the hero of the Polish revolutionary movement but a writer and translator in his own right, died before Conrad was eleven. He was thus early exposed to illness and death, and he himself barely survived an acute infection while the family was on its way into exile. Once orphaned, members of his mother's family looked after him. Much to their surprise and consternation, at the age of eighteen Conrad turned to the sea as an arena of activity, a choice both unusual and unexpected for anyone coming from landlocked Poland. His maritime career, under French auspices, continued another fifteen years before he gave it up to devote himself exclusively to writing. While at sea, he rose from a common sailor to the holder of a master's certificate. From the evidence that Dr. Meyer presents, the more successful Conrad was, the more subject he was to vague illnesses and 'misfortunes'. His years at sea, of course, provided him with the material out of which he fashioned many of his early stories, just as a disastrous trip to the Congo provided the background for *Heart of Darkness*. His entrance into a literary career began haphazardly, at least as Conrad described it, and almost failed. His later literary efforts were accompanied by periods of depression and ennui, with Conrad constantly complaining of both his inability to produce and of the countless misfortunes which befell him in a variety of ways. His family life, described in Conrad's own terms, seemed to leave much to be desired, and to the end of his life he continued to be plagued by physical ailments and *psychological dispositions*.

Out of this raw material, Dr. Meyer shows a continuing fluctuation between polarities of activity and passivity, of depression and

elation, of hyperactivity and collapse. In addition, as Dr. Meyer shows, each of these changes can be correlated with fluctuations of relationships with strong figures, both male and female, with whom Conrad attempted to link himself. These individuals appeared throughout his life, and the final of these relationships, that with Ford Maddox Ford, coincided with the years in which Conrad wrote some of his greatest works. Meyer has uncovered evidences that point to the falsifications of memory in an imaginary past that Conrad used to strengthen the union so that a common fantasy could be established between himself and Ford. Following the failure of this relationship came a psychosis, well-supported by the clinical evidence that Meyer uncovered, and after his recovery, a period of literary decline coupled, ironically, with popular success.

Many other threads of Conrad's life are examined carefully in the course of this intensive study, so that even the choice of England and the English language as the tongue in which he wrote can be understood in the light of the inner drives that motivated Conrad. New evidence presented by Meyer's research suggests certain fetishistic qualities in Conrad's personality. Other evidences uncovered by Meyer show Conrad's difficulties in accepting his role as a husband and father, as well as the repetitive tendency for Conrad to achieve a given role, only to fall prey to a misfortune which Conrad felt 'fate dealt him'.

Meyer adopts an interesting style of presentation, linking the events of Conrad's external and internal life with the work produced within a given period. He intertwines excerpts from literary works both before and after a given epoch, to show the continuous threads which run through Conrad's themes, characters, and plots—all derived from various aspects of the interaction of his eventful life with the internal needs and drives motivating him. The concluding chapter of this extensive work ties all of these elements together in a unifying basic fantasy of a family romance nature, the ramifications of which are then carefully traced and connected with Conrad's life and the themes of his various works.

In his foreword, Dr. Meyer is careful to point out that attempts to understand the personality of the creator and the interrelationship between the creator and his work, in no way detracts from either the literary value or the significance or meaning of the

various themes considered. Rather, as Meyer emphasizes, such an approach lends an added dimension to the understanding of an artistic work. Meyer successfully achieves the goal that he sets for himself, for he throws psychological illumination on both the creator, Joseph Conrad, and the work he created without in any way detracting; rather he adds to the literary value of Conrad's productions.

This book can be highly recommended to the student of psychoanalytic biography and to the student of the life and work of Joseph Conrad. Meyer has set an admirable model for all to follow in his careful use of literary and psychoanalytic research. Moreover, he provides an extremely readable style. All in all, he has made a contribution to the field of applied psychoanalysis.

EDWARD D. JOSEPH (NEW YORK)

THE EMPTY FORTRESS. INFANTILE AUTISM AND THE BIRTH OF THE SELF.

By Bruno Bettelheim. New York: The Free Press, 1967. 484 pp.

Bettelheim's *The Empty Fortress* has been widely hailed by many reviewers as an exciting and stimulating account of heroic and competent work in a neglected and controversial field: the treatment of autistic children within the context of psychoanalytic understanding. I am not sure now whether I am reading the author's mind, so to speak, or whether I am merely reading into his mind a few reflections of my own. This conquest of the empty fortress—the discovery that the mind of the autistic child is not empty, albeit primitive and without a fully developed core—is attempted today by but a few individuals in isolated places. How many can claim to have remained long enough in these seemingly endless treatment situations? Few centers such as the Orthogenic School exist, and few of them develop a staff permanent enough to go beyond the first few steps of such conquests to the creation of secure and constant staff attitudes. This book, as well as earlier studies of Bettelheim, provides us with insightful and compassionate accounts of sick children. It reports significant successes along with honest accounts of sometimes insurmountable difficulties, but the treatment philosophy described has not yet fully reached a stage where one should also speak of treatment techniques. Treatment is described primarily in generic terms of treatment environment, and few hints

are given concerning formal analytic therapy. I would hope that Bettelheim in future communications develops his notions concerning training beyond the creation of an atmosphere—the new institutional reality we need for the autistic child so that treatment attitudes can be developed into teachable techniques and selection procedures of personnel. The admiration for the heroism and creativeness of the author and his staff often covers up the doubt of the reader and the professional community, ready now to admit that some have that ‘special gift’ but unready as yet to integrate these beginnings into generally accepted programs. Bettelheim might then think of his own place—his personal place in the clinical field as well as the institution he heads—as an embattled fortress, or an isolated island, if you please, tied to a unique personality and his positive and negative charismatic qualities. Being occupied for many years with concerns similar to Bettelheim’s, I have wondered how these great gains in the treatment of psychotic children can make their way into the professional and scientific community, and how a treatment philosophy inspired by a great pioneer can become accepted, supported, and a teachable treatment technique.

RUDOLF EKSTEIN (LOS ANGELES)

BRIEF SEPARATIONS. By Christoph M. Heinicke and Ilse J. Westheimer. New York: International Universities Press, Inc., 1965. 355 pp.

This book is a detailed, well-written, and well-documented account of a short-term longitudinal study of the reactions of ten thirteen to twenty-four-months old children who were separated from their families for varying lengths of time (twelve to one hundred forty-eight days). The study was carefully planned and executed. Ten nonseparated children of comparable age were used as a control group. In addition to family background, past history, and an assessment of the mother-child relationship obtained before and during the time of contact, systematic data (coded observations of the child in either an everyday or doll-play setting) and clinical descriptions were made on the children at the time of actual separation, during the time of separation, and up to the twentieth week following reunion.

To my knowledge this is the most systematic and reliable study of how children in their second and third years respond to brief separations. It also adds importantly to our understanding of the child's psychological development, particularly the nature and significance of object relations during this age span.

The book is organized so that those readers who are not concerned with the details of the methodology or the findings can choose to read a clinical account of the reactions of two of the children, or can choose only to read a summary and a psychoanalytic interpretation of the findings. Most helpful in the latter is an excellent comparison of the findings of this study with the findings of other studies on children separated at an earlier, at the same, or at a later age. However, a careful study of the entire book is recommended for anyone interested in child development.

The findings confirmed and significantly added to those of other studies. In this work it was once again stressed that the essential trauma of the separation experience was the loss of the specific relationship to the parents. Most interesting was the considerable difference in the response during and after separation of those children who were separated for less than two weeks and those whose separation was longer, in which case the reaction was much more severe. The findings were interpreted to indicate that the child's adaptation during the first few days stressed recapturing the love object, from three to roughly twelve days focused on regressively retrieving a relationship with the love object, and thereafter focused on the problem of shielding the love object from intense aggression. The child's attempt throughout was to maintain the cathexis of the inner representation of the parents and to retain as much secondary narcissism as possible. These interpretations are at odds with other interpretations which stress mourning and detachment of libido from the intrapsychic representation of the mother. The presence of a sibling was of help to the separated child, making the experience less traumatic.

Although it will be time-consuming and difficult methodologically, the next logical step will be to study separated children with specific hypotheses and predictions over a much longer period of time in order to assess the ultimate effect of separation on personality development.

JOHN B. MC DEVITT (NEW YORK)

APPROACHES TO SEMIOTICS: TRANSACTIONS OF THE INDIANA UNIVERSITY CONFERENCE ON PARALINGUISTICS AND KINESICS. Edited by Thomas A. Sebeok, Alfred S. Hayes, and Mary Catherine Bateson. The Hague: Mouton & Co., 1964. 294 pp.

PRAGMATICS OF HUMAN COMMUNICATION. A STUDY OF INTERACTIONAL PATTERNS, PATHOLOGIES, AND PARADOXES. By Paul Watzlawick, Ph.D., Janet Helmick Beavin, A. B., and Don D. Jackson, M.D. New York: W. W. Norton & Company, Inc., 1967. 296 pp.

These two books are both about communication but approach the subject in very different ways. *Semiotics* deals primarily with language and associated forms of symboling activity. *Pragmatics* concerns itself with certain broad types of human interaction, bypassing consideration of the symbolic (mainly linguistic) vehicle of that interaction.

Approaches to Semiotics is a transcript of the Indiana University Conference on Paralinguistics and Kinesics (1962). It encompasses exploratory material from a number of different disciplines (medicine, anthropology, psychology, linguistics, and education). The contributions are noteworthy for their thoroughness as well as for the caution and modesty of their conclusions. Throughout the conference the study of language serves as the point of departure for the examination of simultaneous or alternative communication modalities. No fuzzy sentimentality about 'nonverbal communications' appears in these pages. A progressive clarification of the concepts of paralinguage and kinesics emerges from the excellent discussions.

The emphasis of the conference, it seems, was on those aspects of communication which are peripheral to or superimposed upon the distinctive features of the vocal-auditory language code. These 'extralinguistic' phenomena are subsumed under the headings *paralanguage* (referring to sound) and *kinesics* (referring to body movement). Sixty scholars participated in the discussions, including psychiatrists and other physicians (Lawrence Z. Freedman, Paul J. Moses, Robert E. Pittenger, W. Clifford M. Scott), linguists (Norman A. McQuown, Thomas A. Sebeok), anthropologists (Margaret Mead, Weston La Barre), psychologists, educators, and social scientists. The single strictly linguistics paper (contributed by Edward Stankiewicz) is noteworthy for its insistence on those formal

aspects of the vocal-auditory language code that serve to communicate affect. By focusing on the *emotive* (as distinct from *emotional*) plane of language—a plane which is rendered through ‘situationally independent arbitrary symbols’—Stankiewicz demonstrates how extraordinarily rich those formal resources are. ‘Linguistics’, he affirms, ‘is the spearhead and most advanced branch of semiotics’. He points out that practically every word can be endowed with emotive connotations, if it is placed in an appropriate social situation or verbal context. Words so used Stankiewicz calls *contextually expressive variants*. It is not surprising that the positive or negative affective coloring of a given word may be exquisitely sensitive to the social or linguistic context. He offers a brilliant example from Ford Maddox Ford’s *The Good Soldier* in which Maisie complains of her lover: ‘And I heard Edward call me a poor little rat to the American lady. He always called me a little rat in private, and I did not mind. But if he called me it to her, I think he does not love me any more.’ Such effects are achieved not only through the metaphoric use of lexical items (here, ‘rat’), but also through switches of gender, of verbal category or even switching to another language. Emotive coloring may adhere even to the purely distinctive units of language: the phonemes (certain sounds, such as *fl* in *flip*, *flap*, *flop* ‘illustrate meaning more immediately than do ordinary speech sounds’). Throughout his presentation Stankiewicz emphasizes the ‘multiple function of the sounds of language’.

Among the many phonological devices which he discusses in scholarly detail is the familiar rhyming repetition with belittling intent (as in *œdipus-schmœdipus*). This particular device has an impressive linguistic history, having passed into English, of course, from the Yiddish. Yiddish, however, got it from Russian, and Russian borrowed it from Turkic. It is in fact demonstrable that this device is found in all the language areas of Europe up to the limits of Turkish penetration. (Incidentally, the Turkish advance as far as Vienna is probably responsible also for the couch in the analyst’s office.) Other expressive resources described by Stankiewicz include *expressive derivation* (for example, in the formation of diminutives) and the borrowing of distinctive features of one language for expressive use in another (see the Russian soft ‘n’ in Yiddish *knyaker* [‘big-shot’]).

Ostwald's paper presents the effects of illness (mainly psychic illness) on the voice and speech, but he also discusses bodily manifestations, from physiological states through systematic, specifically communicative bodily movements (*kinesics*). Physiological states *per se* do not, strictly speaking, qualify as communication, for in order to do so they would have to carry conscious or unconscious communicative *intent*. In this sense, the original medical meaning of the term *semiotic* is superseded. Among the Greeks, semiotic was the science of diagnosis and prognosis by interpretation of signs and symptoms. Semiotic was one of the three principal branches of medicine. It was among the leading concerns of the Indiana conference, however, to distinguish motivated bodily communications from signs and symptoms. The term *semiotics* (now in the plural) is here used to designate the study of the modalities of motivated communication.¹

Such modalities include more than the denotative devices (distinctive features) of the vocal-auditory language code. Trager's *paralinguistics* was one of the principal inspirations of the conference, where discussion focused frequently around his explorations of voice qualities and of extraverbal and supravocal vocalizations (such as sighing, yawning, overloud, oversoft, drawl, or clipping). George Trager and Ray Birdwhistell stand out as pioneers in the areas of systematic communication that radiate out from the linguistic core, though Trager was not present and Birdwhistell took part as a discussant only. An unexpected bonus (see Hayes' paper, from p. 158 on) is a concise presentation, not elsewhere available in print, of Birdwhistell's system of *kinesics*,² his effort to establish communicative movements on a structural foundation analogous to the linguistic description of the acoustical code of language.

Mahl and Schulze exhaustively survey the psychological literature in the extralinguistic area, taking note of the small number of references in this field. 'Most of the studies', they point out, 'have involved adults, relatively few have investigated children', and there has been 'virtually no longitudinal research on the developmental

¹ It should be noted that the term *semiotic* had had a similar application in philosophy, beginning with the Stoics, and enters our current vocabulary by way of C. S. Peirce and Charles Morris.

² Birdwhistell's *Introduction to Kinesics* (Washington, D. C.: Department of State, Foreign Service Institute, 1952) has long been unavailable.

aspects of the extralinguistic phenomena'. They note further that psychologists have investigated extralinguistic phenomena as particular aspects of behavior of the individual, whereas linguists emphasize culturally patterned behavior.

La Barre contributes a masterful compendium of gestures in various cultures, including a summary of Efron's comparative study of hand gestures among Eastern European Jewish and Southern Italian immigrants. Like the linguists, La Barre stresses the symbolic focus of human behavior. He cautions against facile extrapolation from animal behavior and notes that 'with the very long delayed maturation of the human infant, a change of phase has occurred between humans and infrahumans, so that man is primarily a learning animal. Man has certainly very little of the species-specific motor acts such as we observe in the courting and fight-or-flight reactions of sticklebacks, birds, and some quadrupeds.'

Margaret Mead, who is responsible for the term 'semiotics' as it is used here to cover 'patterned communication in all modalities', adds a brilliant concluding essay. She introduces a valuable perspective by contrasting the vocal-auditory and kinesic aspects of communication with written language, which has (as we are presently too apt to forget) valuable characteristics of its own, including the power to obliterate time and space and to organize human endeavor on an enormous scale. She notes that the historical mastery of highly coded material (written language) which in itself has very little sensory appeal 'encouraged levels of abstract thought which were independent of the immediate context. . . . From this long history of artificial coding of human experience has come man's ability to build conceptual systems, create great civilizations, and achieve his high level of understanding and control of the natural world.' She notes that there has been a shift in the methods of language teaching away from reading, writing, and the analysis of structure and toward replication through the immediate experience of native teachers, tapes, and films. Replications, she observes, 'involve great redundancy and less use of systems that are artificial, rigorous, and remote. And, as we seek to involve children, educationally, with replication instead of abstract codings of man's experience and knowledge, they are having greater and greater difficulty with reading and mathematics. At the same time, the tools which are employed in replication—film and tape—re-

quire an increasingly refined mastery of abstract coding procedures.' She takes due note also of the continuing shift in the *goals* of language teaching. Humanistic concerns, such as the production of trained minds, the fostering of diplomacy and the facilitation of travel, are giving way to pragmatic abilities useful to the military for the administration of newly occupied countries. For this purpose the student must be able 'to act, move, feel, think, dream, argue, persuade, offend, make love and deal with enemies in the new language'. The culture-hero of the Defense Department is a kind of multilingual James Bond.

Examined against the background of the semiotics conference, the authors of *Pragmatics of Human Communication* appear severely handicapped. By isolating nonlinguistic communication from its linguistic matrix, they automatically cut off understanding of some of the more significant roots of human behavior. Instead of evolving postulates for a theory of communication (as they claim to do), they in fact elaborate a form of neobehaviorism, using the language of general systems theory and communications engineering. Man is envisaged as an analogue computer (affective man) superimposed upon a digital computer (rational man). General systems theory is represented in the idea that this double computer does not exist in isolation but in a social environment (composed of other computers?). This astonishingly mechanistic conception of man finds its counterpart in the existential moan of the last chapter: 'The loss or the absence of a meaning in life is perhaps the most [sic] common denominator of all forms of emotional distress; it is especially the much-commented-on "modern" illness'.

The authors fail altogether to take into account the specific development of the human individual. They seek the roots of pathology in the form of the present-day message. Their leading idea is that messages are hierarchically structured and that pathology results from a failure to keep distinct the various levels (language and metalanguage) of the message structure. The outcome of such confusion is a 'pragmatic paradox', a kind of being hopelessly caught in a maze.

They describe a number of pathogenic interaction patterns, including symmetrical escalation and Bateson's concept of the double bind. Though the descriptive formulations are often stimu-

lating, the impact is spoiled by a proselytizing bias for group and family therapy.

The latter half of the book consists of an excellent but largely irrelevant discussion of logical paradoxes. A number of frequently cited exemplary paradoxes are described and clearly explicated (for example, the paradox of the barber who shaves every man who does not shave himself, the paradoxes of the liar, the headmaster, and the innkeeper, and the problem known as 'The Prisoners' Dilemma'). However, the proposed applicability of these logical problems to therapeutics is not convincing.

Measured against the professionalism of the semiotics conferees, the authors of *Pragmatics* fail to qualify. As a devoted amateur linguist of some years standing, I cast my ballot for the pros. *Approaches to Semiotics* effectively organizes a new field. It should remain a major source of reference for many years to come.

HENRY EDELHEIT (NEW YORK)

PSYCHOTHERAPY: MYTH AND METHOD; AN INTEGRATIVE APPROACH. By Jan Ehrenwald. New York: Grune and Stratton, Inc., 1966. 212 pp.

This thoughtful volume by a psychiatrist, friendly to psychoanalytic thinking, consists of an attempt to separate aspects of myth and scientific rationale in order to arrive at a more fully integrated approach. Behind the historic tracing of mental healing, originally based entirely on magic and, later, on mythical or semirational deliberations, one senses the author's attempt to integrate the many psychotherapeutic influences impinging in today's world on every practitioner and to come to a point of view beyond the doctrines of different schools. He deals with effective myths of the past, with Mesmer, parapsychology, existentialism, and the different schools that stress differing aspects of psychoanalytic thinking. He offers a variety of case illustrations, trying to show behind different schools of psychotherapy the common denominator of the myth, but questions whether this ingredient which he sees in all schools of psychotherapy can be considered an effective therapeutic agent.

It is true as Freud suggests that at the base of each science, as well as in analysis, is a 'kind of mythology'; but I think that the notion

of myth in science must be understood as different from that of religious myth. The scientific myth, possibly a premature selection of what is supposed to be basic for establishing a workable technique, remains open to correction; the religious dogma is defined as closed. The author's contribution reminds us of the never-ending task of increasing the realm of testable rationales and decreasing the field of rationalization. Sometimes I wonder with him whether this expectation itself might not be considered a kind of myth. Can *that* myth be tamed and turned into a rationale?

RUDOLF EKSTEIN (LOS ANGELES)

PSYCHOTHERAPY AND THE BEHAVIORAL SCIENCES. By Lewis R. Wolberg, M.D. New York: Grune and Stratton, Inc., 1966. 198 pp.

This book consists of about a dozen sketchy and grossly inadequate reviews of the biological, psychological, social, and philosophic fields purportedly relevant to psychotherapeutic theory and progress. They are, by and large, presented without the critical and synthesizing insights needed to help the reader avoid the 'uncritical syncretism' the author deplors. The author seems not to have heeded his own injunctions against an eclecticism which consists of '... a disordered conglomeration of disparate devices thrown together into an expedient potpourri'.

The principal injunction seems to be to renounce doctrinaire theory and to rely on an interdisciplinary probing of knowledge and skills, with parity for contributions from all fields. To this end the author parades a superficially impressive array of data which ranges from fundamental biochemistry, genetics, and neurophysiology, to cybernetics, religion, and ecology, to cite a few examples. Pharmacotherapy, role manipulation, deconditioning, and inculcation of new moral values (presumably by exhortation and example) are linked to observations or theorized relationships in these various fields, and are supposed thereby to merit a place in modern psychotherapeutic practice.

The implication is that this rationale for psychotherapy is more appropriate and more flexible than a therapeutic system rooted in an (inevitably) dogmatic theory. Accordingly, the twenty-two page summary of psychoanalytic theory (subdivided into Freudian, Ego-

analytic, and Neo-Freudian[!]), is inaccurate and also moderately condescending. Moreover, the place of psychoanalytic insights within the variously-phrased psychotherapeutic interventions and 'theories' cited is either not understood or not acknowledged.

The lengthiest section of the book deals with philosophy, religion, and the problem of values. It is terse to the point of destroying real comprehension, and is frequently naïve and misleading. Its only virtue is that it seems to touch all bases, from Socrates, through the Bible, to Zen and beyond.

It is not certain for whom this book is intended. It might appeal to someone not aware of what is generally included under the term 'behavioral sciences', who may wish to read a sketchy review of our knowledge and concerns in these areas. It is problematic whether the presentation leads toward or away from the danger of 'unprincipled and even counterfeit opportunism' which sometimes masquerades under the name of eclecticism.

HERBERT F. WALDHORN (NEW YORK)

A GUIDE TO PSYCHOTHERAPY. By Saul I. Harrison, M.D. and Donald J. Carek, M.D. Boston: Little, Brown and Company, 1966. 263 pp.

In this book, written explicitly for beginning psychotherapists, the authors state their intention to 'present certain concepts, principally psychoanalytic ones, that we consider to be basic to the comprehension of the process involved in *all* psychotherapeutic endeavors, not just psychoanalytic therapy'. With such an orientation, the most challenging question becomes the selection of what material is appropriately included and how much theoretical and clinical background one can assume the beginner to have. Another difficulty is to avoid too heavy reliance on the technique of formal psychoanalysis as the therapeutic model for the beginning psychiatrist. From these points of view, the book is distinctly uneven in reaching its avowed goals.

In the first chapter the authors present a panoramic view of the different forms of psychotherapy, and their intention to consider the various forms of therapeutic intervention from the standpoint of psychoanalytic theory and principles. However, throughout much of the rest of the book, they lean heavily on the model of

classical psychoanalytic technique. Their chapter on Relevant Psychoanalytic Theory is extremely spotty and so highly condensed and stereotyped as to be of very little value. The sections on prognosis, clinical assessment, and the initial contact with patients are likewise incomplete and do not do justice to these important areas. The same is true for their discussion of termination. In contrast, the chapter, *Being Helpful in the Initial Contact*, will have considerably greater value for the beginning therapist.

Probably the best chapters are the ones on transference and countertransference. The technical variations by which transference is managed in varying kinds of psychotherapy and the distinctions between the transference neurosis and other forms of transference reactions are clearly dealt with and will be of help to the beginner. The authors also offer the beginning therapist a number of practical signs, indicators, and suggestions on considering his own countertransference reactions.

In the final chapter the authors offer a definition and description of the various available psychotherapies. However, each of the descriptions is so brief that it serves little function other than to identify the different schools of thought, and no effort has been made to apply any unifying psychoanalytic concepts to explain their similarities and differences.

There are brief highly idiosyncratic and incomplete references at the end of some of the chapters which cannot serve as basic bibliography for the beginning therapist.

In summary, the book promises more than it supplies and would perhaps have been a more effective guide if the authors had focused on the applications of psychoanalytic theory to the techniques of psychotherapy more appropriate to the beginner.

PAUL A. DEWALD (ST. LOUIS)

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Eugene Nininger

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ABSTRACTS

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Obsessional Neurosis: A Summary of Psycho-Analytic Views as Presented at the Congress. Anna Freud. Pp. 116-122.

In Miss Freud's view, obsessional neurosis varies from mild to bordering on the schizophrenic. The id impulses are from the anal-sadistic stage. The ego devices are repression, regression, reaction-formation, isolation, undoing, magical thinking, doubting, indecision, intellectualization, and rationalization—all except regression operating strictly within the area of thought processes. Preconditions for the neurosis are: the ego's maturing more rapidly than the drives, id but not ego and superego regression, constitutional increase in the anal-sadistic impulses, failure of fusion within the id of love-hate, passivity-activity and femininity-masculinity, and, finally, varying factors such as prominence of either anal or sadistic tendencies, excessive use of some defenses, prominence of mother or father in the child's death wishes, and interactions between inter- and intrasystemic conflicts.

Topics of discussions by members of the Congress were outlined. 1. Matrix of the Neurosis: Much interest was concentrated on the first year of life; however, distinction was not made between specific and nonspecific causes. 2. Instinctual Background: Some rejected warding-off anal-sadistic impulses in favor of oral incorporation of the object, voyeurism, or even purely ego mechanisms as the source of symptomatology. 3. Link between Matrix and Anal-Sadism: Miss Freud reported a boy in his anal phase (two to three years) who persistently soiled himself until it was learned he had suffered traumatic separations from his mother in his first year. His libido had withdrawn from the object world and turned to body products. 4. The Ego: According to current trends, the contributions here were numerous and left few areas unexplored. A concept of ego style attempting to embrace conflict as well as conflict-free functioning was elaborated by a number of authors and claimed to be more relevant to the obsessional neurosis than various defenses in the usual sense. No new defense mechanisms were described. 5. Influences between Id and Ego: Several ideas offered were that the ego uses defenses according to level of development, that ego and instinctual levels and degrees of regression do not always coincide, that each instinctual trend evokes a defense specific to it and that structural regression in the ego—that is, lowering of standards—must be distinguished from functional regression or return to primary process thinking. 6. Obsessional Neurosis versus Phobic: Suggested differences were that from phobia to obsession is an ego maturational advance from defense by motor action and body language to defense by thought manipulation; that in the phobic danger may be compressed into a single object or situation while spread of symptom occurs in the obsessional; that in adult analysis of obsessions, phobias slowly reappear, while in child analysis the obsessional defense is soon replaced by impulsive behavior. 7. Harmful and Beneficial Effects: Beneficial effects of the obsessional defense are its safeguarding against impulsive and schizophrenic be-

havior, preventing regression below the anal stage. Harmful effects are its constricting of ego activity and distortion of the personality as a whole.

1965: Additional Notes upon a Case of Obsessional Neurosis: Freud 1909. Elizabeth R. Zetzel. Pp. 123-129.

The Rat Man might not have developed a serious neurosis as an adult following the death of his father if he had not sustained the significant loss of his older sister in childhood. After the birth of a younger sibling he appears to have turned to the sister as a mother surrogate. Some of his feelings for his father were positive and resembled those for his sister.

Correlation of a Childhood and Adult Neurosis: Based on the Adult Analysis of a Reported Childhood Case. Samuel Ritvo. Pp. 130-131.

An adult with obsessional neurosis had been successfully analyzed as a child for a phobic neurosis. The adult analysis revealed that the shift from one to the other was related to normal developmental change facilitated by the child analysis. His more highly developed reality testing could no longer permit his unreasonable fears of being abandoned and the projection of his impulses.

The Interrelationship of Phobia and Obsessional Neurosis. S. Nacht. Pp. 136-138.

If we wish to reverse the path of illness in which the phobic gives way to the obsessional defense, we may, after allowing the patient time to find support in the 'ritual' of the analytic situation, withdraw this support abruptly; for instance, by inviting the patient to sit face-to-face or fixing sessions at irregular intervals or even refraining from giving interpretations. The patient will then show phobic fear, allowing the analyst to intervene actively and directly and establish a useful relationship that the mechanism of isolation previously prevented. This relationship must contain a deep inner attitude on the part of the analyst, a nonverbal background necessary to the development of confidence and trust that enables the patient to make peace with others and himself.

Rhythm and Organization in Obsessive-Compulsive Development. Judith S. Kestenberg. Pp. 151-159.

Motor patterns can be observed in obsessive patients corresponding to rhythms of tension and release and of withdrawal and approach characteristic for the anal phases of infancy. But rhythms for oral-sadistic and urethral activities may vie with the anal and phallic rhythms of obsessive patients. Cause lies in innate predisposition plus premature and too intense maternal interference in the anal stage. The superego is rhythmic rather than stable in these cases.

Some Reflections on the Rat Man. Bela Grunberger. Pp. 160-168.

In the Rat Man, Freud did not directly stress the narcissistic factor. However, the importance of narcissistic injury in the Rat Man is indirectly emphasized by Freud in his reference to the Rat Man's disappointment in a

friend who had previously 'raised his self-esteem to an extraordinary degree', as 'the first great blow in his life'. The author describes a case where he believes lack of narcissistic investment in the mother, who was stern and pedantic, led the woman patient to an obsessional defense, while investment in an early erotic closeness to her father resulted in a perversion. He sees the ego as decathected narcissistically in obsessional neurosis and caught between a sadistic superego and archaic impulses. Increasingly overwhelmed, it suffers exclusion and carries out orders compulsively, experiencing them as a foreign body.

Factors and Features of Early Compulsive Formation. Ishak Ramzy. Pp. 169-178.

The successful analysis of a child of four with compulsive withholding of feces is described in detail. Besides assumed constitutional factors, cause for his neurosis was found to lie in traumas from both the oral and anal phase. The root of compulsion is thought to be a combination of excessive pregenital concerns and strong inclination for fantasy, all occurring before the child has sufficient reality testing to enable him to see himself and his world in proper perspective.

The Relationship Between Obsessive Mechanisms and a State of Self-Disturbance: Depersonalization. León Grinberg. Pp. 177-183.

Omnipotent control of psychotic states must be distinguished from adaptation control which, unlike the former, cathects objects. Loss of the latter leads to depersonalization. This is due to 'loss of control of the projected aspects of the self into the object' and results in regression to the psychotic type.

Persecutory Anxiety in a Four-Year-Old Boy. Betty Joseph. Pp. 184-188.

The early months of the Kleinian analysis of a four-year-old child show in some detail his development from a paranoid to an obsessional organization. The movement is from the diffuse projection of violent parts of the self onto his objects with resulting extreme persecutory anxiety, through gradual focusing of the projections onto the inside of the mother's body (essentially the analyst), to beginning of an ability to introject. The parents were coöperative in the treatment but their behavior is not seen as playing any significant role in causation, nor is change in their behavior seen as contributing to the child's improvement.

Obsessive Compulsive Façade in Schizophrenia. Gustav Bychowski. Pp. 188-197.

Severe obsessive compulsive symptomatology may mask underlying schizophrenia. Clinical observation indicates the process begins with ego crippling and distortion from invasion by the id. This results in destructive and self-destructive compulsions which represent the id taking over some of the ego functions. They express both drive and defense. The disturbed functioning may be due to a split in the ego, to the amount of cathexis spent in maintaining the psychotic ego nuclei and their introjects, and to the counter-cathexis needed to maintain isolation.

Psychodynamic Aspects of Defense with Comments on Technique in the Treatment of Obsessional Neurosis. F. Morgenthaler. Pp. 203-209.

Obsessional neurosis regularly shows a tendency toward confusion and toward involving the analyst in the confusion. The tendency is both a partial ego regression, an isolated 'defense psychosis', and an appearance in consciousness of the primary process. When it is interpreted to the patient as a resistance, the way is opened for analysis of the transference neurosis and the œdipal conflict. This is illustrated in Freud's treatment of the Rat Man and in a case of the author.

Criteria for Interpretation in Patients with Obsessive Traits. David Liberman. Pp. 212-217.

The obsessive patient fights doubt by the reaction-formation of heightened angry words of certainty. These, however, bring a turn of new doubt, which requires additional certainty. When the doubt threatens to invade the reaction-formation, the latter is replaced by the mechanism of undoing the angry, dogmatic speech by way of a quieter, more amenable attitude. At this point arises the best opportunity for acceptance of interpretation by the patient. The decreased auditory impact from his own words, which have magical power for him, enables him to listen to himself and his analyst and thus connect the internal parts of himself previously dissociated. It is important that the communication of the analyst not be impersonal.

Anxiety, Socialization, and Ego Formation in Infancy. Sylvia Brody and Sidney Axelrad. Pp. 218-229.

From the direct observation of infants it is proposed that the infant's need to deal with unavoidable quantities of physiological anxiety is nuclear to the development of the ego. If this can be verified, it implies that infantile experiences are of far-reaching significance for the affective and intellectual destinies of the individual.

Structural Derivatives of Object Relationships. Otto Kernberg. Pp. 236-253.

Splitting is a normal mechanism of the first stages of the ego, arising initially from inability to integrate the first introjections of early object relationships, and then used to keep the introjections that are good individually from conflict with one another. Later the identification systems synthesize into higher organizations such as the self and representational world and neutralize aggression. Excessive splitting interferes with the differentiation of primary and secondary autonomy, and weakens the capacity for repression and higher defensive operations. Clinical observations are supplied as the basis for these conclusions.

Differences in Individual Development Within a Pair of Identical Twins. Sanford Gifford; Benjamin J. Murawski; T. Berry Brazelton; and Grace C. Young. Pp. 261-273.

The direct observation of identical twin girls from birth through the fourth year is reported in detail. One girl, smaller from birth and slower in developing motor coördination, showed greater and more enduring social responsiveness

than the other who showed more perseverance and self-sufficiency. The personality differences appeared to arise from physical differences and these in turn from differences in intrauterine environment rather than from later influences. If this is so, then such theoretical concepts as Freud's 'congenital ego variations' and Hartmann's innate maturational tendencies require revision so as to include the influence of antenatal experience.

A Re-evaluation of Acting Out in Relation to Working Through. A. Limen-tani. Pp. 274-285.

Clinical material is used to support the view that acting out is not only an inevitable and necessary part of working through. It can also be turned into a useful therapeutic tool for indicating the level of affective insight of the patient and the state of transference and countertransference.

The Role of the Superego in Certain Forms of Acting Out. James Naiman. Pp. 286-292.

Two orally-fixated patients whose acting out showed considerable unconscious pressure of the superego and the need for punishment are presented. The self-punishment made use of id impulses according to a mechanism described by Loewenstein in 1945.

Life Decisions During Analysis. H. A. van der Sterren. Pp. 295-298.

The special risk attached to decisions during treatment must be pointed out to the patient if he has not discovered it for himself. Any further responsibility rests with the patient and we are left with analyzing especially the acting out as best we can. In general the patient knows better than we what is good for him, and it is not for us to influence him in his practical decisions.

On the Psycho-Analytic Concept of Identity. D. J. de Levita. Pp. 299-305.

Identity is the way in which an individual chooses constancies and predictabilities under the protection of which he dares to accept changes and unpredictabilities. In turn identity is able to change, since it is layered in structure, with constancy in the deeper strata supporting change in those nearer the surface.

Role of Phobic and Counterphobic Mechanisms and Separation Anxiety in Schizoid Character Formation. M. Masud R. Khan. Pp. 306-313.

Three patients are described who were capable of superficial social adjustment but feared surrender to serious object relationship; they would withdraw and become inertly self-absorbed when the prospect of such a relationship appeared. On the other hand they also feared, during the inert phase, surrender to the internal object which combined an ideal self and ideal mother. To avoid the internal surrender they would institute counterphobic flight away from the internal object and back toward social relationships. All three patients had suffered sudden loss of the mother in infancy followed by good care from surrogates who treated them well but without understanding their reaction to object loss. The author concludes that reconstruction of this specific disturbance

in the early mother-child relationship is the most important feature in the treatment of the schizoid character.

Pregnancy Envy in the Male. Kato van Leeuwen. Pp. 319-324.

Woman-envy by males may have been neglected by Freud because he saw sexuality in the woman as wholly masculine until her puberty. The author describes a male patient who reacted to pregnancy of the analyst by oscillating between the two defensive positions of incorporating and being incorporated by the analyst. On a spurious genital level he impregnated both his estranged wife and his girl friend. The abortions that followed meant revenge on the analyst whose role he envied, and an attempt to eliminate evidence of incest.

Fathers and Daughters. The Significance of 'Fathering' in the Psychosexual Development of the Girl. Marjorie R. Leonard. Pp. 325-334.

Following the œdipal conflict, the daughter must establish a desexualized relationship to her father. This enables her to accept the feminine role without guilt or anxiety and to give her love to a young man of her peer group. Crucial to this achievement is whether her father is available as a love object and able to offer her affection without being seduced by her fantasies or seducing her with his own. If he does not participate in the family situation, she will either seek an idealized father surrogate or persist in the preœdipal narcissistic attitude of desiring a mother and seek a man who will 'mother' her. If the father exhibits defensive hostility, she may seek a man opposite to her father. If a reciprocal attachment persists, it may prove almost as emotionally crippling as a symbiotic attachment to the mother.

The Relation of Anal Masturbation to Projective Identification. Donald Meltzer. Pp. 335-342.

A typical sequence reconstructed from Kleinian analysis is presented. After feeding and while hostilely equating mother's breasts with her buttocks as she walks away, the infant begins to explore his own buttocks and is soon penetrating the anus along with elaborating a fantasy of penetrating the mother's anus and robbing her of idealized feces she is presumed to be withholding to feed daddy and the inside babies. In consequence the rectum becomes idealized as a source of food and projective identification with the internal mother occurs that erases the differentiation between child and adult as far as capacities and prerogatives are concerned. Bimanual masturbation of anus and genital tends to ensue and produces a sadomasochistic coital fantasy. As adults these pseudo-mature individuals adjust superficially to academic and social life but are inwardly lonely, entertain secret perverse fantasies, and try to compensate by way of smugness and snobbery that accompany their projective identifications.

Transference and A-Transference Phenomena. Emilio Rodrigue. Pp. 343-348.

After a highly charged transference experience in which a new insight is made and self and object are felt to fuse, a brief lapse of 'a-transference' follows in which the preceding experience of union is dealt with as though it had been a trauma that must be repressed and followed by partial amnesia.

The Internalization of External Conflict. A. C. Woodmansey. Pp. 349-355.

When the punitive superego arises by splitting of the ego during early interpersonal conflicts, it is the result of direct anger to the self for maintaining the situation of dangerous opposition to the parents; and since this process extricates the child from the external danger, it persists as a specific defense mechanism. This concept is believed distinct from one in which the superego forms from identification with parental figures, from that in which aggression is turned against the self, and, finally, from the Kleinian theory of persecuting internal objects. It is seen as making a clear distinction between repression and superego function, and as accounting for the prevalence of both anal traits and sexual inhibition in obsessional patients. In analyzing the superego it is important to distinguish between the patient's putting the analyst in the role of his superego and then alternating this with taking the role of the superego himself and putting the analyst in the role of the child.

The Intrapsychic and Communicative Aspects of the Dream. Their Role in Psycho-Analysis and Psychotherapy. Martin S. Bergmann. Pp. 356-363.

The first dream in analysis is an attempt to communicate the whole psychic conflict in code rather than a naïve revelation of the conflict before learning to disguise dreams. Dreams during transference crisis have a similar significance. Finally, impending termination is often communicated by a dream. It is an indication of continuing inner conflict but also a sign the therapeutic alliance is still operative.

The Adaptive Use of Regression. E. C. M. Frijling-Schreuder. Pp. 364-369.

The concepts of neutralization and of collective alternates (substitute or transitional objects widely and varyingly used to symbolize the primary object) are helpful in understanding artistic processes and normal regression in other forms. Regression is used adaptively in the analytic situation to relive and resolve infantile conflicts and in such matters as, for instance, using an optimal tone of voice during interpretations. Regressive processes should be judged by the criteria of adaptiveness, reversibility, and extent of personality involvement.

Psychodynamic Factors in Acute Myocardial Infarction. H. Kits van Heijningen and N. Treurniet. Pp. 370-374.

Dreams, fantasies, and therapeutic data of these patients suggest the simultaneous operation of the two opposite primitive impulses of aggression and passively wishing to be loved, both of which, along with their physiological correlates of fight and flight, are strongly repressed. One patient recovering from a serious infarction suffered no pain on climbing a series of stairs but suffered severe pain later the same day while lying down and waiting to be examined by a doctor he feared and hated.

On Weeping. L. Börje Löfgren. Pp. 375-381.

Weeping enables aggression to be dissipated in harmless, autoplasmic, secretory behavior. Tears are a guarantee the weeper will not engage in interpersonal aggression, and they are by inference the cleanest of human secretions.

The Mother's Contribution to Infantile Transvestic Behavior. Robert J. Stoller. Pp. 384-395.

Analysis of the mother of a very feminized boy revealed she wished this in him and that he had complied without struggle even in the first year. The condition of the son did not appear to arise from defenses against infantile depression or castration anxiety.

A Transvestite Boy and a Hypothesis. Ralph R. Greenson. Pp. 396-403.

The first fourteen months of successful treatment of the five-and-one-half-year-old boy referred to in the preceding abstract is described in detail. The boy, in attempting individuation from his mother, could establish self-representation but no gender identity. Some of his transvestite behavior appeared to mean that in imitating mother he would become her. Overgratification by the mother kept him fixated on oral pleasures and obscured their respective boundaries. Lack of a loving father also interfered with his identity formation. The therapy was succeeding because the analyst presented himself as a male who liked the patient and liked being male. Since respected and liked by the mother, the analyst was a figure worthy of identification both on a positive and a rivalry basis. Teaching the boy things that were pleasurable and security-giving also encouraged identification with the analyst and with the father who, as the son's and mother's therapies progressed, achieved a more respected place in the family.

The First Born Child, Male. Vicissitudes of Preöedipal Problems. Hilda S. Rollman-Branch. Pp. 404-415.

From clinical and biographical data the first-born male is seen as having special trouble resolving preöedipal ambivalence to the mother. As the previously privileged child he is displaced by the next sibling without an older sibling as auxiliary object. Alternating identification with the mother and the new infant may leave him severely frustrated, envious of the mother's reproductive capacity, and seriously impaired in his later ability to love and work. Under favorable circumstances his creativity may be enhanced and his love relations with women become satisfactory.

Psycho-Analysis and Nosology. J. H. Thiel. Pp. 416-421.

Nosology in psychoanalysis is developing from a system of disease entities to an operational classification of pathological forms of behavior. Since neurosis has come to be seen as but quantitatively different from normality, the need for differentiation has apparently been reduced; but the ability to classify becomes dependent upon the ability to measure the quantity of underlying forces. We have need for a nosology all-embracing as to phenomenology, etiology, and of course as to a goal that has some practical value. This is harmless if we remind ourselves that giving a name does not make a thing more real, that a cause is one among many, that a disease need not be fate, and that a doctor's role is to cure rather than be fatalistic.

Transference Outside the Psycho-Analytic Situation. L. Haas. Pp. 422-426.

The conceptions of Freud and Bion imply that it is justifiable to interpret interpersonal relations outside the psychoanalytic situation from the viewpoint of the transference. This acquires special importance in cases where the transference to the analyst remains superficial. A case of this type is reported.

Development of Psycho-Analysis in India. T. C. Sinha. Pp. 427-439.

The history of psychoanalysis in India began in 1912 when Dr. Girindrasekhar Bose started treating mental patients along psychological lines. Biographical data of Dr. Bose reveal a courageous and dedicated man. Correspondence with Freud is included.

EUGENE NININGER

Psychoanalytic Review. LIII, No. 4, 1966-1967.

Some Dynamics of Suffering. Effect of the Wish for Infanticide in a Case of Schizophrenia. Dorothy Bloch. Pp. 31-54.

The author describes the development of the idea of masochism in Freud's thinking, its relationship to depression, and the schism in his followers. Those, such as Abraham, described depression as originating in the child's excessive demands, while Ferenczi emphasized that the hostile parent had inflicted real cruelty on the child. As Freud used the term *oedipus complex*, he omitted the first part of the *oedipal myth* with its attempted infanticide. Bloch argues that such a restricted definition should not be called the nucleus of neurosis.

Jung's Image of Psychological Man. Maurice Friedman. Pp. 95-108.

Jung goes to the extreme of stating that the only ultimate reality is psychic reality, thus leaving no room for the rational. Friedman accuses him of myth-mongering and of psychologism, i.e., that the self, located in the unconscious, is the center and goal of any therapeutic attempt. Everything, including flying saucers, can be explained, and even God can be psychoanalyzed. According to Jung the therapist risks himself as a participant in a process of mutual development with the patient. The therapist gives up authority and the desire to influence, and acts as one human being to another.

The Truth as a Resistance to Free Association. Harold R. Stern. Pp. 142-146.

Some patients insist on telling only the 'truth' instead of yielding free associations. The author says it is easy and rewarding to command these patients to tell what they consider to be lies. He thinks this makes them free, for the first time, from that forbidding parent who insisted on hearing only what conformed to his wishes, the truth.

The Unconscious. Agency of the Occult. Charles Ansell. Pp. 164-172.

Six parapsychological episodes from psychoanalytic clinical practice are reported. This is done in the interest of furthering investigations into human be-

havior and with an attitude of being 'strictly impartial'. (Cf. Freud on Dreams and Telepathy.) There is no mention of Jung's and Freud's discussions on telepathy.

STEWART R. SMITH

International Journal of Psychiatry. III, 1967.

Psychoanalysis and Developmental Psychology. W. Godfrey Cobliner. Pp. 82-116.

This entire issue is devoted to a lengthy paper which originally appeared as the final chapter in Spitz's 1965 book, *The First Year of Life*. The author pays tribute to Piaget's exposition of human cognitive development as the only attempt at explaining the structure and function of the psychological apparatus which is comparable in scope to freudian analytic psychology. He feels analysts have too long neglected Piaget and endeavors to draw some useful comparisons and contrasts between the two explanatory systems.

The first part of the paper briefly describes a number of Piagetian concepts such as rhythm, regulation, grouping, ontogenetic stages, accommodation, assimilation, and schema. Parallels with analytic theory are suggested in some cases. The second portion of the paper is devoted primarily to a comparison between the formation of 'permanent objects' in genetic psychology, and that of 'libidinal' objects, based largely on Spitz's work. The author points out that Piaget's attention is not directed to conflict, but rather to cognition, and that regression from attained levels is difficult to account for in his terms, so that his system does not lend itself to the problems of explaining psychopathologic development.

Substantial critiques by E. James Anthony, Peter Wolff, and Jakob Rutschmann are included and the first two in particular raise a number of questions about Cobliner's assumptions and interpretations. On the whole, the presentation of Piaget's theories in capsule form is too condensed and perhaps too arbitrary for the purpose of thorough comparative study. Nor can it be said that this paper convincingly demonstrates the usefulness to analysts of such comparisons.

SANDER M. ABEND

Archives of General Psychiatry. XIII, 1965.

Periodic Outbursts of Antisocial Behavior. Paul Fine and Daniel Offer. Pp. 240-254.

An interesting social process study of periodic outbursts of antisocial behavior among adolescents in a psychiatric hospital is presented. Group antisocial behavior was found to depend on a complex mixture of individual and social dynamics. The three general reasons cited for individual antisocial behavior are intrapsychic conflicts, inexperienced and inappropriate attempts at developing relationships with others, and severe early fixation or psychosis. Epidemics of antisocial behavior among adolescents in a hospital setting are not inevitable but reflect an interaction between inner dynamics and outer milieu settings.

The authors have demonstrated a reproducible method for the study of antisocial behavior in a hospital setting. From this study they have made

constructive changes in the milieu and a decrease in the frequency of anti-social behavior resulted.

Munchausen's Syndrome. Ben Bursten. Pp. 261-268.

A case is presented which demonstrates the lurid medical history, the dramatic but shifting symptoms, the wandering life in search of hospital admission, and the painful procedures typical of this syndrome. The thesis is presented that such patients have the psychology of the impostor—that is, the intense anxiety about feelings of inferiority and genital defects which is defended against by assuming another identity. But in these particular patients this psychology takes a masochistic form in which the feared inadequacies are felt to be genuinely present. Some evidence of additional reversal is presented in the patient's wish to be the physician. Because of the unreliability of these patients' histories, genetic data contributes little to this psychological formulation.

Some Factors in the Choice of Psychiatry as a Career. Paul Nemetz and Herbert Weiner. Pp. 299-303.

The factors investigated here pertain to the life styles and academic experiences of the subjects as studied in two classes of a medical school. Idiosyncratic or unconscious motivation was not studied. The students who subsequently entered psychiatric residency training fell into two distinct groups. Group I found in psychiatry a continuation of their philosophical, psychological, and humanitarian intellectual ideals which they felt was absent in their other pre-clinical studies. Often they found preclinical medicine boring or distasteful. But even in their clinical psychiatric experience they were more interested in intellectual psychology than in the therapeutic goals. Group II had a much more pragmatic and broadly humanitarian outlook. Their ideal was the treating and healing physician, and half of this group found its way to other fields of medicine. In a medical school where general practice is out of fashion, many turn to psychiatry. Their interest is more therapeutic and they will probably be more eclectic in their approach.

The Adolescent Murderer. Sidney Smith. Pp. 310-319.

A study of eight murderers between the ages of fourteen and twenty-one years with three case vignettes is presented. Menninger's and Mayman's concept of 'episodic discontrol' served as a general framework for the development of a psychodynamic thesis. None of these murderers was diagnosed as psychotic or schizophrenic although there were varying degrees of amnesia surrounding the actual impulsive acts. In each instance the object of the attack was a parent or a parent symbol who was provocative in a depreciatory way and thus triggered the impulses of rage.

The life history of each adolescent was full of deprivation and failures. Each suffered from early oral deprivation which was evident in the history as well as the psychological tests. Since many people have such histories and do not murder, the hypothesis is presented that there is a unique relationship to the mother wherein the original infantile ambivalence and expectation of wish fulfilment is kept alive by repetitive stimulation. As a result, the ego

autonomy is undermined with a consequent tenuousness of self and object differentiation. This differentiation and the poor reality boundaries are lost in the attack of rage which results in the loss of all control over primitive impulses. Suggestions for treatment based on this hypothesis are presented.

Early Infantile Autism and Receptive Processes. Eric Schopler. Pp. 327-335.

The adaptational problems of the autistic child are reviewed in relation to the ontogenetic development of sensory receptors. In infancy there is a primacy of the near receptors, touch, taste, and pain, with a gradual shift over the years to visual and auditory or distance receptor prominence. The effect of near-receptor stimulation on infant development is discussed with reference to Berlyne's arousal theory in which strong and weak stimuli have an adverse affect, while moderate stimuli have an adaptational affect.

The author then reviews the well-known low arousal level of the autistic infant and suggests that there may be a dysfunction of the internal stimulation, that is, the reticular formation. Hebb has suggested that without this arousal system, sensory impulses only reach the sensory cortex and learning, memory, and response are lost.

It is hypothesized that there must be two necessary conditions for infantile autism to occur: 1, a constitutional defect in the neurophysiological arousal system; 2, a mother tending to understimulation. Implications for treatment are discussed.

Transcultural Psychiatry. E. D. Wittkower and Hsien Rin. Pp. 387-394.

Cultural psychiatry has grown as a branch of social psychiatry and now we have transcultural psychiatry. It concerns itself with the cultural aspects of etiology and the nature of mental illness as seen in more than one cultural unit. Some basic concepts are discussed and two major approaches are delineated. These are focused on quantitative and qualitative differences of mental disorders in contrasting cultures. In this survey article, some examples are given as they pertain to psychoneurosis, psychosis, and culture-bound psychiatric disorders. Unfortunately, psychoanalytic theory does not seem to have been used as a tool in understanding some of these reported phenomena.

Social Class and Mental Illness in Children. Saul I. Harrison; John F. McDermott; Paul T. Wilson; and Jules Schragar. Pp. 411-417.

This statistical analysis shows that treatment recommendations for children are related to parental occupational status. The child of an executive or professional will have a treatment recommendation of intensive psychotherapy twice as frequently as the child of a blue-collar worker. This corresponds with some of the work of Hollingshead and Redlich. The authors stress that this should not be misinterpreted to mean that lower class patients are not amenable to psychotherapy. Rather, they say we should be devising modifications of technique to reach these people for whom the customary model of 'the good psychotherapeutic candidate' is not suitable. It occurs to me that by the same token we may be offering the middle-class child who is accepted for psychotherapy the wrong prescription. Does in fact our prescription for the

type of treatment an upper-class child requires have a class determinant which is detrimental also? Is there a hierarchy of value judgments regarding types of therapy which influences our therapeutic recommendations? These too are questions for investigation.

Efficacy of Tranquilizing and Anti-Depressant Drugs. John M. Davis. Pp. 552-572.

This article on psychiatric drugs is based on studies which have been carefully controlled, particularly by the double-blind method. It is not a compendium of pharmacological information or instructions on clinical management. Rather, it is a study of the comparative efficacy and the side-effects of psychiatric drugs. It is an informative, thoughtful review.

PETER BLOS, JR.

Cuadernos de Psicoanálisis. III, 1967.

Psychoanalytic Notes about Secrecy. Alfredo Namnum. Pp. 107-128.

Secrecy has multiple meanings: it may represent one, several, or all the pre-genital objects; an effort to become independent from the part object; and frequently is the outcome of strong ambivalence. Secrecy binds the instinct to the object and eventually to some of the ego elements. Among the latter are the passive and active ego manifestations. The ego can utilize secrecy for its own ends, independent of drive demand, in any of the following ways: to preserve a sense of identity; to put emphasis on the external barrier; to prevent an undue invasion of privacy; to control a particular drive, especially during periods of drive increment, such as adolescence; to compensate for a basic ego deficiency; and, finally, as a means of *avoiding a sense of futility, uselessness, inferiority, and lack of self-esteem.*

If there is a functional relationship between autonomous areas of the ego and superego with the milieu, then the ego can cope with any stimulus. This means an ego mature enough to handle drives from within and the encroachment of reality. Such ego functioning gives the impression of productive adaptation with minimal conflict and waste of energy. There is no incompatibility between duty and love, and play and work are both gratifying and constructive.

GABRIEL DE LA VEGA

Meetings of the New York Psychoanalytic Society

Herman Roiphe

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

April 11, 1967. *BISEXUALITY AND IMMORTALITY IN THE DIONYSOS MYTH* (Freud Anniversary Lecture). Helene Deutsch, M.D.

The Interpretation of Dreams made it possible for the first time to comprehend the psychological forces responsible for the genesis and subsequent vicissitudes of myths, and in *The Psychopathology of Everyday Life*, Freud pointed to analogies between individual childhood memories and the recollections of nations, as embodied in their sagas and myths. Of the myths of Ancient Greece, Dr. Deutsch believes none is more in need of interpretation than that of Dionysos, and she selects two ruling forces in the development of this mythological personality: bisexuality and the struggle for immortality, and these twin themes are so closely interwoven that they may be considered as one. Applying the same methods used in the psychoanalysis of patients, Dr. Deutsch demonstrates how the mythological data can be made to yield its meanings.

The course of Dionysos' struggle for immortality begins with the mythical history of his multiple births, and is followed by the relationship to his mortal mother, his separation from her, and his final reunion with her. In different accounts, he is referred to as twice-mothered and thrice-mothered; in all of them Zeus is his father. The mother of his first birth is Persephone, the goddess; the mother of his second birth is Semele, daughter of the King of Thebes. The Dionysos of both these versions suffers at the hands of a jealous and vindictive Hera. In the first, when still a growing child, he is destroyed by the Titans at Hera's instigation, but Zeus swallows the still beating heart; in the second, while still an embryo in Semele's womb, through Hera's cunning Zeus unwittingly reduces the mother of the unborn child to ashes and the gestation is completed within the body of Zeus himself. (As appears so often in analytic work with patients, men apparently have always been envious of the division of penis-uterus.)

It is Dionysos' birth from his mortal mother, Semele, that sets the stage for the dramatic course in his pursuit of immortality. The law of Olympus decreed that only one born of two immortals could attain immortality and dwell on Olympus. As various possible alternatives leading to assured immortality are rejected in the myths, Dr. Deutsch suspects that this expresses Dionysos' desire to have been conceived by Semele, carried in her mortal womb, and born of her mortal body; he chose the mortal mother and pursued until his death the final reunification with her, to be fulfilled only by her simultaneous deification: the immortal son of an immortal mother.

Dr. Deutsch traces the relevant events of Dionysos' infancy and childhood, his nurture and care, at first by 'herds' of nurses both celestial and earthly and then by Hermes into whose hands he is consigned by Zeus. His attempts to gain divine status succeed in winning him increasing numbers of believers and adherents. He sets himself the task of destroying the mortal part of his mother by destroying that world of which she was a part. And so he appears

as the first feminist revolutionary, bidding women to free themselves of their slavish bonds to home, husband, and children, and to follow him. They become the wild and frenzied Maenads, utterly devoted to him and marching with him across Greece and all of Asia Minor. Later they are joined by the milder, more rational Bacchantes, and this entourage in mystic community with him, a God, become themselves immortal. Throughout these events, Dionysos' parallel struggle against femininity is always in evidence; his duality of man-woman is completely conquered only when he becomes the God of fertility.

In restricting herself to only one sector of the Dionysos myth, Dr. Deutsch acknowledges that she has omitted from her account much material regarding Dionysos' relationship with his father and his struggle for identification with Zeus. But these aspects of the myth are not at the core of his striving for immortality.

In the last part of the myth, Dionysos' goal is finally achieved: he appears in Thebes, his mother's home and his birthplace. The final act of the drama is recounted in Euripides' *Bacchae*, a poetic achievement of such depth and subtlety that it could stand as a psychoanalytic history done many centuries later. Thus, Dionysos arrives in Thebes as the young, effeminate Bacchus-Bromius, but after arriving it is as Zeus that he acts. He has come to vindicate his mortal mother against the slanders perpetrated by her sisters. After devising a horrible revenge that culminates with Agave killing and dismembering her own son in a Dionysiac frenzy, Dionysos' task now is to repeat, and by repeating to undo, that powerful act by which his father had unwittingly destroyed his mother. He sets aflame the tomb of Semele and reduces to ashes her mortal world and kingdom. Dionysos has conquered.

The triumphant epilogue to the myth confirms Dr. Deutsch's thesis, for in it one can discern and trace the pathways of Dionysos' victory over his femininity which was necessary for the unification of mother and son, as husband and wife, as God and Goddess. Semele becomes Thyone and Dionysos brings her as his wife to dwell on Olympus.

Dr. Deutsch concludes that the need for immortality is a law of human existence. Freud, too, had his dreams of immortality. In 1886, the year he was to marry her, he wrote to Martha Bernays: 'There was a time . . . when day after day I felt aggrieved that nature had not . . . stamped my face with that mark of genius which now and again she bestows on men. . . . I have often felt as though I had inherited all the defiance and all the passions with which our ancestors defended their Temple, and could gladly sacrifice my life for one great moment in history.' His works represent far more than 'one great moment in history', and Freud fulfilled his dreams of immortality, not as Dionysos did, but rather as Hercules did, by prodigious achievements far beyond the scope of all but a handful of mortals.

JOHN DONADEO

May 9, 1967. THE CONFRONTATION WITH DEATH. E. de Wind, M.D.

The author presents a theory of the psychology of the concentration camp inmate and the problems of readaptation to the outside world for the few

who managed to survive. The newcomer to the camp was confronted with the certainty that this was to be his end. Unlike most other life experiences, however terrible, that of the concentration camp did not correspond to any inner expectation, not even the worst. According to Dr. de Wind a state of panic ensued in which reality was denied both cognitively and affectively by means of a regression to more primitive ego function and archaic defense methods as the knowledge of being wholly without a future was unacceptable. After this first stage, adaptation to a level at which the individual could continue to live was effected by means of an extreme restriction to the 'here and now' and an attempted avoidance of all association between what is actually happening at the moment and the future. The world was fragmented and primary process functioning played an important role. The relationship between actual happenings and the world outside the camp became vague. In this way, however, the gas chamber could be a reality and yet be experienced as having no relationship to the 'here and now'. Sometimes the process of regression went too far and there remained only a rudimentary psychomotor ego. Many necessary reactions were lost and death soon followed if this state prevailed: for instance, a Dutch doctor was accidentally kicked in the heel, developed a slight inflammation, put himself to bed, and died after four days without showing any signs of illness. In the camp, death became a consolation such as mother's womb, father's glory, ideas of martyrdom, and of the even greater suffering the Germans would ultimately undergo. Various forms of religious and delusional fantasies about death were substituted for death as absolute nothingness.

After the war the survivors came back into a world in which they could no longer live in passive dependence in an absolute 'here and now'. While in normal life everything is related both to the past and the future and 'normal' man can experience the future without having to face the image of his death, this was not possible for them. Death had become such an obtrusive reality that it could no longer be repressed. This is why these individuals often escaped into an isolated existence in the 'here and now'. They often fell prey to overwhelming fear when compelled to think of or to work for the future. It is possible that the compulsive thinking about the concentration camp, which appears as a sort of repetition compulsion, and the anxiety dreams about it have an essentially consolatory function. The former prisoner cannot think about the future without thinking about death but, when he remembers what he endured in the camp, he also has the feeling that in spite of it he did not die. Thus the memory of his horrible camp experiences has a comforting function.

DISCUSSION: Dr. William Niederland, on the basis of his own extensive experience with concentration camp survivors, also emphasized the narrow range of defensive responses available. Like the author, he found an initial denial, acute panic, and confusion, followed by an automatization of the ego and concomitant ego regression. When ego regression was too extensive, apathy and withdrawal were found and inevitably resulted in death; this stage is similar to infantile marasmus and the anaclitic depression of Spitz. With respect to the time span be-

tween liberation and the emergence of overt psychopathology, Dr. Niederland took a different view from that of the author. He believes that as long as the survivors could maintain the magically tinged belief that missing family members might still reappear, they remained relatively free of symptoms and self-punishing tendencies. When they eventually had to recognize that there was no hope of a return of the lost love objects, they broke down and developed clinical symptomatology.

Dr. Martin Wangh raised the question whether the starvation that brought about a decrease of all vital functions could, paradoxically, have been an aid to continued existence. Starvation reduced the energy behind the impulse to vent rage, to show moral indignation, to react openly to the insults received, any of which would have provoked the oppressor to murderous action. This view suggests that it was not necessarily an active masochistic drive that impelled the prisoner to passive submission but that total devaluation played a decisive role in this submission.

HERMAN ROIPHE

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

February 20, 1967. WORKSHOP ON DR. EDITH JACOBSON'S BOOK, 'THE SELF AND THE OBJECT WORLD'. Max Schur, M.D., Moderator.

Dr. Max M. Stern opened the discussion by reviewing Dr. Jacobson's definition of the self, following Hartmann, as 'the whole person of an individual, including his body and body parts as well as his psychic organization and its parts', differentiating the primal psychophysiological self from its psychic representation: the self-representation. (Dr. Jacobson clarified this by stating that she did not equate primal psychophysiological self and self.) Dr. Stern then spoke of Dr. Jacobson's view that in contradistinction to the adult who discharges toward inside and outside, in the infant there is primarily 'silent physiological discharge toward the inside, the primal self'. He wondered whether physiological discharge does not include innervation of inner organs as well as motility, pointing out that we find in the newborn tremendous motor discharge in crying, kicking, and sucking. He thinks that the precursors of affect states are the affectomotor discharges and questions whether there are no signs of destructive drive discharge in the neonate. He asked whether the concept of an undifferentiated energy in the postnatal phase might not be based on the concept of the infant's predominantly silent physiological discharge into the self. He questioned the concept of undifferentiated energy.

Dr. Jacobson felt that Dr. Stern confused ego, self, and person. Her concept of self-representation is based on Freud's concept of object-representation. She stated that the term 'self' is used only descriptively and stressed that she had never said that the self was the primary psychophysiological self. She also pointed out that she had also spoken of motor discharge: 'As the embryonal movements show, even before birth, the embryo is able to discharge drive energy also through motor channels'. Regarding destructive processes and drive

theory, while she does not follow the death instinct theory, she does follow the freudian drive theory. The idea of thinking of differentiation of drives only after birth is based on observations of newborns; in the newborn it is very difficult to distinguish affect qualities. Differentiation into libidinal and aggressive drives only occurs gradually, under the influence of the environment.

Dr. Max Schur emphasized the distinction between psychological and biological (physiological) formulations. Freud's formulation of the instinctual drives as the mental representations of stimuli originating from within the organism is a psychological formulation. Dr. Jacobson accepts the concept of an undifferentiated phase preceding the development of the id and ego. We must then assume a gradual transition from the 'physiological' to the 'psychological'. A mental representation is based on memory traces of some percepts; instinctual drives are therefore also the result of development. This is the basis of Dr. Jacobson's assumption of an undifferentiated drive energy in the earliest phases of development.

Dr. Mark Kanzer inquired about the relationship between self-representation and the system, ego. We use the terms 'perceiving ego' and 'experiencing ego'; how can we take self-representation into account? Ego is often used synonymously with 'self'.

Dr. Jacobson feels that this usage is incorrect: the ego is the observer and what is observed is the self. In observation of the self, the ego does not necessarily observe the self-images. Replying to Dr. Kanzer's question about the functions of self-representations as identifications, Dr. Jacobson said we have to consider what we mean by identifications; they are processes and the results of processes; they are activating forces. There are various levels of identifications: they result in the development of various ego functions; any change in the ego results also in a change in self-representation. We must differentiate between wishful self-images and objective self-images.

Dr. Schur noted that there is a constant interplay of ego functions and changes in the ego. Only a normal process of identification and ego formation leads to more or less constant differentiation between self- and object-representations. This raises the problem of another much abused term, 'ego identity', its place in the ego, and its relation to self-representation.

Dr. Louis Kaywin, after commenting on self-representation and the ego, asked what is meant by perception. Dr. Schur pointed out the frequent confusion between physiological aspects of perception and the psychological concept: perception. Dr. Kaywin wondered how Dr. Jacobson differentiated between energy and drive. Dr. Jacobson noted that there is a gap from the physiological to the psychological that is ambiguous. Commenting that she cannot be completely precise, partly for semantic reasons, Dr. Jacobson stated that she adheres to the concept of undifferentiated energy.

Dr. Roy Lilleskov commented on primary narcissism as a psychological concept. Dr. Merl Jackel spoke about the role of identification with the analyst, which Dr. Jacobson feels is unavoidable and may have a beneficial influence of filling a void of important identifications the patient was unable to make with his parents.

March 20, 1967. ANALYSIS OF THE ISAKOWER PHENOMENON. Geraldine Fink, M.D.

After reviewing Isakower's formulation of the phenomenon that bears his name, Dr. Fink described ten possible features that may combine to produce an Isakower phenomenon. Isakower explained the phenomenon as a regressive solution of the conflict between an incestuous fantasy and the superego by substituting an earlier gratification for the disturbing genital instinctual wish, to which screen memories contribute. Dr. Fink makes more specific the source of the screen memories and the disturbing genital stimulation with associated prohibition. She hypothesizes that the Isakower phenomenon is a regressive phenomenon: the re-creation of solace at the mother's breast, brought on solely or chiefly as a defense against the memory of the primal scene and particularly the view of the female genitals.

Dr. Fink then presented a clinical example of a man in his early thirties who was born with severe keratoconus. He suffered from impotence and had many character problems. Following development of an intense, highly libidinalized transference, he made a good symptomatic and characterological recovery. The key memory in treatment was seeing his mother sitting on the toilet. This turned out to be a masturbatory fantasy, a screen memory, and a transference fantasy. In his last year of analysis, in twelve sessions he recalled or experienced the Isakower phenomenon. After describing it in some detail, he began to refer to the experience as the 'checkerboard fantasy'. The visual component was to him its most essential feature, which no doubt had to do with visual sensitization due to his congenital impairment. It was also accompanied by disturbances of equilibrium and with noises, and he reported blurring of boundaries between his body and the external world. It occurred five times in the analytic sessions. Dr. Fink then described his associations to the Isakower phenomenon and presented two typical instances of the occurrence of the phenomenon.

In summary, Dr. Fink stated that her patient demonstrated twelve instances of the Isakower phenomenon, which were analyzed for psychoanalytic significance, form, and content. The hypothesis is presented that the experience of the primal scene and the sight of the female genital is the psychological event which alone underlies and is essential to the experience of this phenomenon: it represents a regression from the primal scene experience. Her patient's data fit this hypothesis.

DISCUSSION: Dr. Richard Yazmajian acknowledged the interrelatedness of the Isakower phenomenon and the primal scene but felt that the phenomenon comprised a broad range of experience referable to libidinal and ego regression, determined genetically by all phases of development and characterized by poor differentiation of self and object; such experiences are encountered in virtually every analysis where deep regressions occur. The Isakower phenomenon can not only be related to the primal scene but also to overwhelming masturbatory stimuli arising independently of the primal scene. Various screen memories where smell is the central element he has found to be derivatives of memory traces of early oral phases with incomplete differentiation of self and object.

Dr. Renato Almansi felt that Dr. Fink's patient's symptomatic manifestations bore a close kinship to, but did not quite conform to the classical picture of the Isakower phenomenon. Her material confirms that very early life experiences play a role in its production, but he thought that many typical features associated with the Isakower phenomenon were lacking. Also, the patient's associations, in addition to the oral motifs and early childhood events associated with the Isakower phenomenon, indicated an admixture of material pertaining to genital, anal, and aggressive factors. Dr. Almansi referred to the work of Lewin, Sperling, Stern, and Heilbrunn to show that the substitution of regular geometric patterns for amorphous and irregular patterns is a familiar one. He questioned that the Isakower phenomenon is brought on solely or chiefly as a defense against the primal scene. He noted that as the phenomenon occurred frequently during the last year of analysis in Dr. Fink's patient, one might suspect that separation anxiety was a dynamic factor.

Dr. William Niederland cited the dream screen of an analytic patient which confirms Dr. Fink's observations. Dr. Otto Sperling pointed out that the Isakower phenomenon may be explained by conflict over sucking on a blanket; from the blanket is derived the impression of a large mass approaching and the sensation of crumpled dryness in the mouth. Such memories can be recovered from infantile amnesia and pinpoint the second and third year, not the first year, as the origin of these phenomena.

In conclusion, Dr. Fink stated that she was not re-examining a clinical phenomenon but testing a hypothesis concerning Isakower phenomena. She feels that more cases are needed to confirm or disprove her findings.

HERBERT URBACH

MEETING OF THE WESTCHESTER PSYCHOANALYTIC SOCIETY

May 8, 1967. DYSAUTOMATIZATION: A DISORDER OF PRECONSCIOUS EGO FUNCTIONING.

I. Peter Glauber, M.D.¹

Some functions such as perception, though usually operating preconsciously, may under special circumstances of learning or of defensive alertness take on increased cathexis, leading to conscious cathexis of the functioning. This is especially true for the monitoring or feedback component of so complex a change in cathexis. We may call such functioning facultative, in contrast to another group of functions that are always in health *obligatorily* *preconscious*. Clinical experience with this latter group, the so-called ego automatisms, particularly the function of speech and its disturbances, stimulated this paper and contributed the major part of its clinical data. Characteristic of dysautomatization is difficulty in the smooth transition from preconscious automatic to conscious functioning, and occasionally a combination of the two. An example of the latter is the clumsiness of some stutterers in shifting from extemporaneous speaking without notes to speaking from notes or to reading, and vice versa.

¹ This paper, not completed at the time of Dr. Glauber's death in December 1966, was read by Dr. Peter Laderman.

Ordinarily there is a smooth-flowing stream of action between conscious, preconscious, and unconscious areas with modifying barriers between these areas affording varying amounts of difficulty in transition. Interruption of this automatic flow, or dysautomatization, results in a staccato product—stuttering. During the early phases of speech, while automaticity is not yet fully established, interruptions (such as danger or new learning) may occur which demand cathectic withdrawal or shift, resulting in a conscious monitoring of the event. The essence of the pathology is the repetitive intrusion of some attempts at conscious monitoring in a process that has already developed to a more efficient phase of automatic functioning, and which still persists in so functioning. Coupled with this are intrusions of sounds from the earliest id level. The fundamental etiology is trauma, notably separation anxiety.

As with all developing states of such ego masteries as walking, nursing, talking, or memory retention, the child is most vulnerable to narcissistic cathectic shift in the mother. The vulnerable mother responds in a like fashion to any new ego mastery in the child, becoming anxious with each new threat to her symbiotic control of the child. Thus the child begins to regard each new ego mastery as dangerous and we see a staccato effect rather than a smooth progression to automatization. This occurs not only in speech, but in almost every ego sphere: motility, perception, learning, and thinking.

Because of the focus on a dangerous situation, there is an increase of activity in attention, perception, and performance. Though ordinarily this would be helpful in an area that does not depend on automatized behavior, in speech and other repetitive complex motor acts it results in a loss of function with the emergence of earlier infantile (pre-automatic) patterns. The earlier imitative speech and occasionally infantile lalling may appear. The speech emerges in a spastic fashion. Phobic elements in the symptom appear, also evidence of decathexis of speech; on the mental side momentary amnesias, on the physical side ineffectual iterations. Reiteration often impresses one as a counterphobic mechanism.

As the dysautomaticity becomes chronic, there ensue major characterologic and symptomatic consequences. Splitting of self-representations and drive energies are major consequences. The self becomes polarized into a denigrated self-representation, heavily endowed with aggressive energy, and a heroic Demosthenes-like image, which is highly libidinated. The aggressively endowed portion must be hidden from an idealized listener who is also the projective recipient of the unconscious sadism of the speaker, the speaker being masochistically submissive. Speech now becomes a vehicle for symptoms and characterological pathology with distorted representations of the act of verbalization and its participants. The paranoid quality of the distortion is a reflection of defective self-differentiation.

Initially the traumatic interruption is sensed preconsciously as a separation and danger. Reactive hostility of the oral and anal modalities are liberated and then repressed. Unconscious hostility is merged with the stream of verbalization, *a condensation of speech with anal and oral aggression*. Both the unconscious hostility and conscious anxiety seeking discharge increase the cathexis of speech, and lead to flight or decathexis. Thus speech and its con-

comitant social environment are inexorably aggressivized, and the speech is unconsciously represented as being damaged by the aggression. The libidinization of the injured function by cathexis with narcissistic libido, restitutionally overvaluing the function, leads to the emergence of passive wishes for further libidinal investment by objects. Clinically, besides the speech disturbance, other dysnergic symptoms appear in the motor sphere (for example in eating, bowel function, and coitus), as well as in the synthetic and integrative ego functions.

The remote result of the trauma on the further development of the symptom differs from the classic psychoneurotic picture. In psychoneurosis, the symptom generally does not emerge during latency but is delayed until adolescence. Clinically, the stutter as a prototype starts around the third or fourth year. A peak time is the fifth or sixth year when speech is advanced, at the height of the oedipal phase. At this time stutter is one of the most spontaneously resolvable of all symptoms. If it is not resolved at this time, it continues its development and becomes rooted as speech with the characteristic concomitants right through latency and adolescence.

Unlike psychoneurosis, the speech disturbance in the adult is most refractory. Classical psychoanalysis may lessen the severity of the symptom but seldom if ever effects a complete resolution. The dysautomatization syndrome operates on two levels which can be distinguished in analysis. Much in the character structure that is of neurotic type can be influenced by psychoanalysis. That portion of the symptom that reflects the neurotic character is resolved with the latter. However, that portion of the symptom related to the nuclear fixation on the original trauma and its defense is isolated from the neurotic character and cannot be influenced by classic analytic technique.

The patient is not always conscious of the symptom and offers resistance to the therapist's efforts to make him so. To make the stutter ego dystonic by analyzing its analogs in other areas, to make conscious again its archaic and now outlived usefulness requires considerable focusing on the symptom, with much more than customary activity by the analyst. When the stutterer reaches a plateau of predominant positive transference, it becomes possible to work through the 'gains' as well as the price he pays characterologically (in his total adaptation) for these 'gains'. This work is essential for the motivation in therapy. Approximation of the original normal milieu of speech learning is required. A consistent, warm, playful unambivalence fosters a re-cathexis of an unwatched preconscious automatism which may now evolve and take the place of the pathological one.

The severity of the character deviation resulting from dysautomatization depends on quantitative factors and duration of the symptom complex. There is an extension of the increased watchfulness and an inhibiting heightened self-consciousness. The self cannot experience and react to life spontaneously because of the anxiety and aggression. Speech and social situations involving speech become perverted into sadomasochistic experiences. The hesitation in action is due to ambivalence, and oscillation between flight and approach is as marked in the character as disturbed fluency is in the 'symptom'.

Other dysfluencies appear in these individuals in writing, walking, driving, and playing musical instruments. Parallel disturbances in the partial automa-

tisms of mental functioning are reflected in transient amnesias and perceptual deficiencies.

To restate the thesis: Stuttering per se and as the prototype of dysautomatized functioning has two aspects. 1. The primary disturbance is a symptom in the sense of a psychosomatic fixation derived from early trauma. 2. Secondarily later neurotic conflicts are engrafted upon and utilize the symptom. Moreover the fixation determines the development of a character disorder which in general reflects the structure of the fixation. Classical psychoanalytic technique is indicated for the neurotic elements; the treatment of the primary traumatic fixation requires re-education techniques.

H. ROBERT BLANK

THE AMERICAN ACADEMY OF PSYCHOANALYSIS will hold its Annual Meeting in Boston, Massachusetts, May 10, 11, and 12, 1968. The theme of the meeting will be Psychoanalysis and Childhood.

Hans H. Strupp, Ph.D. delivered the third FRANZ ALEXANDER MEMORIAL LECTURE in March 1968. The lectureship was established by Cedars-Sinai Medical Center and the Southern California Psychoanalytic Institute and Society to commemorate Dr. Franz Alexander.

ERRATUM: In Notes, Volume XXXVII, 1968, page 168, line 22, please read: 'Dr. Gerda Gerstel, of Mt. Sinai Hospital, . . .'.