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UNSOLVED PROBLEMS IN THE RESOLUTION OF THE TRANSFERENCE

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I

INTRODUCTION

Over the years I have become convinced that we need a better way of terminating any prolonged and intensive psychotherapy—whether this is psychoanalysis, *lege artis*, or analytically informed psychotherapy. I have been impressed by many observations of how transference processes which had been essential for both the exploratory and therapeutic progress of the analysis could toward the end seem to turn upon the analytic process and destroy it. This led me to ask whether the therapist who conducts the treatment is the one man who cannot terminate it, and whether the technical principles which are essential for the progress of treatment obstruct its conclusion. These possibilities lead me to consider what changes could be introduced into the formal relationship of patient and analyst that might avoid these catastrophes. Several such changes and various ways in which their effects might be tested will be discussed.

My attention was first drawn to these questions by patients whose analysts had died suddenly or who had been forced by illness or other circumstances to interrupt the analysis, sometimes suddenly and without warning, sometimes after many months of preparation. Their patients naturally felt that they

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had been abandoned, but also that they had escaped something indefinable. Some felt that the change had given them a clearer realization of what they had been going through, especially that it had given them a more emotionally charged understanding of the role of transference than they had been able to achieve while working with the initial therapist. In some instances, at least, it seemed that the substitution of one analyst for another had made it easier to resolve the tangled skein of the transference without the desperate intensification that tends so frequently to occur toward the end of treatment. In such instances the disruptions seemed to have been useful. I began to wonder whether the deliberate introduction of a second analyst at some point might lessen the danger of postanalytic acting out and also the proneness to symptomatic regressions during the approach to or after the termination of treatment. Such clinical impressions are difficult to prove by objective and well-controlled comparisons; but they must not be brushed aside merely for this reason.

The present paper essays to present, not to solve, this problem, which is of critical importance for both psychoanalytic therapy and all other types of sustained psychotherapy. Here is an area not yet investigated that challenges experienced analysts to conduct carefully controlled research.

II

SOME PRELIMINARY POSTULATES

Over the years there have been changes in our concepts of transference and of its resolution, of interpretations in general, and specifically of the role of interpretations in the resolution of transference processes. With these conceptual changes have come changing usages. To avoid misunderstanding I will offer some preliminary observations about transference and restate the ways in which I use certain terms. This paper considers only 'transference processes' in general, not that special but inevitable manifestation of them called the 'transference neurosis' in which the symptomatic and behavioral patterns of the neuroses

appear in relation to the analyst. There are several reasons for my reluctance to use the term 'transference neurosis', such as its inherent redundancies, its misleading implications, and its widespread misuses. Since to become involved in a discussion of any of these issues would not clarify my central thesis I will avoid the term.

Transference occurs spontaneously in all human relationships. It does not have to be cultivated or developed, although it will undergo many changes during the course of any relationship, and of course during analysis. It always has conscious, preconscious, and unconscious ingredients which operate concurrently in shifting combinations. I will be concerned here primarily with that aspect of transference processes that is dominated by unconscious transplants of conflicts, affective attitudes, and identifications from important earlier relationships. Whenever the determining transplants are predominantly unconscious the resulting relationships tend to be rigid and repetitive, rarely appropriate and then only by accident, and not amenable to growth or modification by ordinary corrective experiences.

By the resolution of transference processes in the analytic relationship I mean achieving flexibility by reducing the relative role of the unconscious determinants in the mixture of transplanted conscious, preconscious, and unconscious processes which together make up the relationship of patient to therapist. Since domination of any relationship by unconsciously transplanted patterns imprisons the relationship, to achieve psychological freedom in the transference is an essential step toward achieving similar freedom in all human relationships.

Obviously what is transferred or transplanted must come out of the past. 1. Some of this is consciously recalled, re-experienced, relived: John of today reminds me of Tom of yesterday. I am quite aware of this. Yet my feelings toward John are colored by my old relationship to Tom. 2. Paralleling this are other dim impressions, which are carried forward in what William James called the 'fringe of consciousness', what we to-

day speak of as subliminal or preconscious. (These concepts are overlapping but not identical.) For instance the hairline over the brow of some associate may have escaped conscious notice for weeks or months. Yet during all that period it may have stirred dim and inarticulate memories of a photograph out of childhood. Unwittingly the observer's feelings toward the possessor of that hairline will have been colored strongly by this preconscious percept. The same can be true of a smile, voice, posture, gait, or coloring. 3. Still other determinants out of the past may have become repressed and inaccessible, constituting inarticulate and unconscious links between the past and the present. It is in this way that the present is always in varying degrees a screen on which the past projects its complex images; and always with concurrent conscious, preconscious, and unconscious ingredients. The resolution of the transference requires a meaningful dissection between those attitudes that are appropriate to the present and those that are inappropriate, i.e., conscious and/or unconscious derivatives from past relationships and past experiences. The more precise and detailed are the realistic ingredients in any such mosaic, the more difficult it is to recapture and expose the unconscious, distorted, and unrealistic contributions which have been drawn from the past; and the more 'far-fetched' and unreal will seem any interpretation of past determinants.

This is the technical reason why it is important for the therapist in his relationship to the patient to be guided by three basic principles. The purpose of these principles is to sharpen the significance of interpretations of transference manifestations by protecting them from being obscured by current realities. The principles are simple and obvious; yet they must be spelled out in detail, if my meaning is not to be misunderstood. They are: (a) the assiduity with which the therapist analyzes transference manifestations throughout the analysis; (b) the scrupulosity with which he attempts to maintain and protect his own 'incognito'; and (c) the meticulousness with which he maintains a watchful eye on his own countertransferences. Few

would question that the sum of these is essential for optimal therapeutic utilization of the transference process during treatment. Analysts have tended to assume either tacitly or explicitly that the *successful resolution* of the transference also depends upon the consistency with which the analyst has adhered to these three principles of technique throughout the course of the analysis. Yet their relation to the termination and aftermath of treatment is not clear; and it is about this that we must re-examine previous assumptions, since the successful resolution of the transference may require changes in the application of these principles as we approach the termination of treatment.

A word must be added about interpretation. When I speak of the role of interpretation in the process of resolution, I am not reverting to the early, naïve notion that immediate changes can be produced merely by confronting someone with a statement that his acts, thoughts, purposes, feelings had some specific roots of which he was unconscious. The concept of interpretation has long since acquired a more sophisticated meaning. It implies the communication and acquisition of insights into processes of subtle identification that are mainly preconscious. It implies also the subsequent processes of *preconscious* assimilation, digestion, learning, unlearning, and relearning, for all of which the metaphor 'working through' is sometimes used. Without these, no interpretation can impart effective insights (5). Used in this sophisticated sense an 'interpretation' is a hypothesis which the patient and the analyst proceed together to explore, use, test, correct, and confirm. Thus it becomes a vital ingredient in the total process of analyzing and relearning.

Analysts have hoped and assumed that inappropriate, unconscious transplanted conflicts, affects, purposes, identifications, and demands on the therapist can be eliminated or at least significantly reduced by subjecting them to interpretations which acquire affective charges. Yet everyday analytical experiences show that transference interpretations are not always effective,

even when they arouse significant feelings and associations. In fact it sometimes seems as though the process of interpretation has less effect on transference phenomena than on other symptomatic manifestations of the neurotic process. This relative ineffectiveness can be studied equally well in analysis and in parallel efforts to illuminate or alter inappropriate mystical, pseudoreligious, political, or sexual infatuations, and for similar reasons. Let us grant then that although transference interpretation is an essential tool, its leverage in the resolution of transference phenomena is limited, especially when used alone.

III

PROBLEMS IN TERMINATION OF TREATMENT

Repeatedly during the course of any analysis or other psychotherapy, subtle hints reach patients that the termination of treatment may be approaching. Do these unavoidable hints gradually impair the ability of the analyst who is conducting the treatment to resolve the transference? If we are to be objective in our consideration of this question we will have to guard ourselves against the possibility that our judgment may be warped by our own unconscious countertransference needs. In guarding ourselves we will at the same time protect our patients from our own human frailties. The deepest roots of transference and countertransference processes are in the parent-child bond, which is not only the earliest but also one of the most excluding bonds of life. We are not born with a capacity to share; and the effects of this fact invade all subsequent relationships, especially in marriage and analysis, which are at least equally excluding. Therefore it is not strange that patients cling to their analysts or that analysts must struggle against a natural tendency to cling to their patients with pride and jealousy or with a deeply entrenched reluctance to expose their work to the scrutiny of their colleagues. Only if we have the humility to acknowledge openly that it is difficult to overcome these self-serving needs, will we be able to think objectively about alternative ways of conducting analyses.

In analysis the patient's unconscious goal often is to restore in perpetuity these lost relationships out of his earliest years. In fact every patient brings these preformed conscious and unconscious anticipations into his analysis. Yet no analyst, whether patient or trainee, launches into his analysis with a conscious expectation that it will last forever. Nor, on the other hand, does he consciously anticipate its termination. To what extent he experiences unconsciously an ambivalent mixture of these conflicting expectations, with hope or fear or both combined, is another question that has not been specifically explored, although the ambivalent mixture of these conflicting expectations, with hope or fear or both combined can be recognized in conflicting purposes and in confused and contradictory feelings about the analysis and the analyst.

As the analysis proceeds, these ambivalent unconscious expectations are triggered by many preconscious intimations that the analytic relationship is mortal and not immortal, and that a planned termination will ultimately occur. This touches off not only hope, fear, rage, and depression, but also secondary tendencies to extend the analysis indefinitely, sometimes by silence, sometimes by flooding it with words which are used to cling, to woo, and to screen rather than to communicate or to explore. Alternating moods of separation anxiety and of separation rage, of separation depression and of separation exaltation are also triggered by these cues. This is what gives to the termination of analysis some of the characteristics of the equally ambivalent, old-fashioned wake.

Similarly complex networks of conscious, preconscious, and unconscious identifications and misidentifications and transferred feelings color all human relationships; but because of the duration and isolation of analysis and out of the patient's deep needs, they develop in analysis a special intensity and tenacity. Moreover precisely because the analyst remains a *relatively* unreal person, hidden in varying degrees behind his analytic *incognito*, the unconsciously transferred ingredients in the patient's relationship to him are never corrected by realistic con-

siderations. Therefore they tend to become more accentuated than the realistic components in the relationship. *This is of vital importance for the successful progress of the analysis but contributes to the difficulties that arise as a patient nears the termination of an analysis or of any intensive psychotherapeutic relationship.*

As the treatment begins to move toward termination, or as it is broken off, the unconsciously transferred components in the relationship often trigger an explosion of retaliatory acting out. Or they may throw the patient back into a regressive trend, reactivating the neurosis for whose resolution the transference processes had been an invaluable tool, but invaluable only for as long as the relationship continues. These clinical observations are well known. Yet we have not allowed them to lead us to seek new devices as a preparation for the resolution of the transference before tragic setbacks over the termination of analysis can occur.

Some analysts try to dismiss this question by making an assumption that begs the whole question. They say, 'Oh, this just means that the patient is still fixed to his infantile love needs as represented in the transference'. Or they say that the analysis 'has failed *in toto*'. (I could cite many other comparable defenses.) I agree in part to each of these explanations, but always with critically important reservations. None of these critics has asked himself *why* this happens, how often it happens, and why it can happen even to the most experienced and skilful among us, why it can happen in analyses where the analyst has adhered strictly to the basic principles mentioned above, as well as in analyses in which the analyst has made no effort to protect his incognito and but little effort to uncover and interpret unconscious roots and components in the transference, and where he has paid little heed to countertransference. Furthermore why can it happen even in analyses in which far more than symptomatic changes have occurred, in which the analyst, the patient, the supervisor (in training analyses), and also other close observers feel that the alignment of the original

neurotic processes, including the neurotic transference itself and the neurosis, have been successfully analyzed? To suppose that this sort of difficulty arises only in improperly managed analyses may give the critic a comfortable feeling that it cannot happen to him in his own analytic work if only he obeys the rules. But unfortunately the rules give none of us this immunity. Nor do we illuminate the problem when we sidestep the issue by attributing such failures (for they are indeed failures) to the hypothetical and still ill-defined differences between the antique metaphor 'catharsis' and the relatively recent metaphor 'analysis'. This is misusing both concepts by pretending that they are explanatory rather than descriptive. Therefore the problem cannot be dismissed. It must be faced and explored.

It is disconcerting that analysts have not faced this issue long ago; but we should not condone or condemn their reluctance. Instead we should acknowledge it and understand it with sympathy; because if the answer should prove to be that the therapist-analyst is the one man who can only rarely help to resolve the transference of his own patients, we may find ourselves forced to consider the possibility that early or late or even repeatedly during the course of analysis some analyst other than the therapist must be brought into the picture. Such a variation in the framework of analysis would make it necessary to consider new ways of organizing the practice of analysis in general.

These are only a few of the more obvious consequences of raising this discomfiting question: can the analyst who has been the target of such intensively transferred purposes, feelings, and fantasies also be the instrument of their resolution? Or to put the question another way: is there something about the position of the analyst, especially toward the end even of an analysis that has been progressing successfully, that hampers his efforts to aid the patient toward a final resolution of the unconscious components in transference processes?

The analyst, like the patient's spouse, becomes the target of concentrated transplants out of the patient's earliest years. Consequently the more excluding the analytic process, the more

will the termination of analytic treatment threaten ties whose origins reach back not merely to the start of the analysis, but as far back as life itself. Furthermore this source of transference bonds operates on analyst as well as analysand; at the same time, because of the dominant influence of incest taboos (and other taboos as well) this early source of transplanted qualities, feelings, needs, identifications, and demands comes under a repression so powerful that it is inaccessible to simple introspection.

One word of warning is in order before we go on to consider solutions to the problem. Whenever this problem is discussed one frequently hears certain 'common-sense' maneuvers recommended casually by student and instructor alike. On further reflection, however, it becomes clear that these are not sensible. I have in mind such recommendations as 'spacing out the sessions', 'shorter sessions', or 'tapering off'. As analysts we should not allow ourselves such fallacious clichés. Man did not have to wait for psychiatry or psychoanalysis to discover that absence can make the heart grow fonder, or that there are such things as 'autistic' love affairs. All of us have heard of Peter Ibbetson and of Héloïse and Abélard. When sessions are more widely spaced, the lengthened intervals give freer rein to the patient's fantasies, with less opportunity to bring them into the open in the analysis, or to subject them to corrective interpretations. In hospital psychiatry some of the most deeply entrenched transferences are to a supervisor whose existence may be known to a patient but who may never have been seen. This is the ultimate analytic incognito, a truly blank screen on which the patient can project endlessly. The problem that confronts us cannot be solved by any such easy device.

IV

EXTRA-ANALYTIC CONTACTS BETWEEN PATIENT AND ANALYST

What variations in analytic techniques might then be tried in an effort to make termination more successful? First let us look at some maneuvers that are sometimes advocated but are often

employed with little consideration or even awareness by the therapist.

Would allowing the patient to come to know the analyst as a real person at some stage in the treatment, either early or late, be a better way to achieve a resolution of transference bonds? Or would it help to abandon the couch in favor of face-to-face confrontation? Would such realistic encounters with the therapist constitute 'a corrective experience' for the patient? To preclude any erroneous assumptions about my own opinion about this, I will say at once that the weight of evidence is against it. In all ordinary relationships people cling tenaciously to distorted transferred attitudes to their associates at work and at play, in religious and mystical sects, in politics, in sex and marriage. Human relationships would be simpler if the unconscious determinants of our attitudes to one another did not persist with such tenacity even after we have dealt with one another in real life. Free contacts, whether social, familial, or at work, never dispel those transference attitudes and illusory values which are determined by unconscious processes. Indeed it is pathognomonic of all unconsciously determined behavior that it persists in the face of reality.¹

Nevertheless we must ask ourselves whether resolution might be aided if extra-analytic contacts between analyst and patient at some point in an analysis were combined with or alternated with searching transference interpretations. In this connection we should note that it is inaccurate and misleading to assume that if an analyst is scrupulous about trying to preserve his incognito, he can remain essentially unknown to the analysand no matter how long the analysis lasts. We have hoped that if the analyst does not expound his ideas on politics, economics, religion, marriage, and social issues, or his tastes in music, painting, literature, and sports, and if he keeps to him-

¹ This is not unique for transference manifestations. A butterfly phobia is not relieved by playing with butterflies, nor a water phobia by learning to swim or play water polo. Why then should any experienced analyst expect reality to dispel unconsciously determined transference attitudes?

self the facts of his personal and family life, and especially if the therapeutic relationship is uncontaminated by non-professional associations with his patient, he will remain for the whole duration of treatment as unknown as he was at its start, so that up to the very end of treatment the patient's transference processes will continue to project their outlines, uncontaminated by reality, onto the relatively blank screen that the unknown therapist provides. Certainly at the beginning of treatment the scrupulousness of the analyst's efforts to protect his anonymity will make a great difference in his ability to recognize and interpret the role which the patient is unwittingly imposing on him. But if we examine our own experiences carefully, and also those of many of our colleagues, we will see that with the passage of time the mere repetition of sessions provides the patient with innumerable subliminal cues of voice, manner, clothing, facial expression, posture, words overheard, changes in decor, the attitudes of other people seen entering and leaving, and so forth.

All such hints and many others have meanings for patients, some of whom are more aware and more articulate about this than others. Yet all are bombarded by such preconscious cues. Therefore it is inevitable that in the course of time the patient's image of the therapist will acquire increasing roots in current realities. Gradually these will mask that part of the image of the analyst that derives from unconscious determinants transplanted out of the patient's past. It is fallacy to pretend that even strict maintenance of a remote attitude of 'benevolent curiosity' can preserve an analyst's anonymity indefinitely. (As scientists, analysts should long since have made controlled studies of the effects of the mere duration of the analytic process on the analytic incognito, no matter how scrupulously careful the analyst.)

We know of course that the influence of the unconsciously transferred components never disappears from the patient's total orientation to the therapist, even though in varying degrees it will be overlaid by reality as the patient's fantasies gradually

come to be anchored to attributes of the analyst as a real person. In prolonged training analyses this mixture often becomes recognizable as the student comes to resemble his analyst in voice, manner, and points of view, through those processes of preconscious identification by which the child comes to resemble his parents, and by which partners in marriage come to resemble each other in expression, posture, intonation, and even in handwriting. This very fact, that with the passage of time the unconscious components in the transference become increasingly blurred by reality, is one of the influences that limits the effectiveness of interpretations as instruments of transference resolution. With this comes a lessening of the therapeutic leverage of the training analysis. These are further arguments for exploring the effects of variations in analytic techniques, especially during the approach to the terminal phases of analysis.

Among the ways in which transference interpretations might be combined with various types of social contacts between analyst and patient, we must consider what the effects would be if the analyst were to hold out to the patient the expectation of informal social contact *after* the end of treatment. Here again I must warn against any naïve overoptimism, both because we have no evidence that the anticipation of such contacts will have the desired effect, and also because the promise involves certain risks.

Both consciously and unconsciously, patients tend to look forward throughout the analysis to the realization of secret fantasies of a 'real' relationship to the analyst in the future. The 'After-Analysis' is viewed as an Elysian 'After-Life', not unlike a child's dream of joining a deceased parent in the hereafter. If a postanalytic social relationship is offered to such a patient, despite any interpretations he may well feel that this is the deferred realization of his dream. As analyst merges into friend, the long frustration will seem to the patient to be over. The analyst becomes the all-powerful, all-loving, all-good, and perhaps slightly incestuous father or mother. These are alluring fantasies; and the analyst who holds out such a prospect is un-

intentionally tempting the patient to believe in an ultimate realization of a dream which is inherently unfulfillable and unrealizable. No analyst could remain in that role forever, and no analyst could become the realization of the secret fantasies of all patients. Therefore this device only postpones the rupture.

Moreover, reports about postanalytic relationships between other analysts and their patients, or between one's own analyst and others among his patients, will trickle through to those who are still in analysis. These constitute subliminal hints that a postanalytic relationship might occur. Consequent explosions of sibling rivalries are well known in every hospital. Therefore we must ask whether the mere awareness that a postanalytic social relationship might be possible may not intensify the unconscious components in the transference and their inevitable frustration, rather than lessen them.

Actually this is why the more scrupulous the analyst, the more careful will he always be to interpose a long interval between the termination of an analysis and the institution of any extra-analytic relationship with any patient. Yet this leaves us to wonder how long is long enough. Furthermore whether the interval is long or short, such postponements are often difficult to arrange in the real world, especially with analysands who are colleagues or analytic students. This problem plagues all psychoanalytic training centers, where it sometimes seems to be insoluble, since the analytic students are automatically thrown into contact with the faculty almost immediately after their own training analyses. Clearly the analyst who is considerate of what is best for his patients will always keep in mind the question of whether, and how soon, postanalytic relationships are free from danger.

Such caution is all the more necessary because the analyst will often be tempted to modify these strict rules when their observance is a source of deprivation for him as well as for the patient. The seductive influence of the patient's gratitude and of his overestimation of the analyst can be great, even when the analyst is fully aware of a patient's underlying ambivalences.

Many patients are gifted human beings of quality and worth, and while it is true that human quirks are revealed in analysis which are ordinarily hidden, this is not all that the analyst sees. He also sees high hopes and high aspirations, the courage of struggle, a unique dedication to high purposes and to truth however painful. This commands and deserves not only his compassion but also his high regard and affection.

Apart from these considerations an even graver danger arises whenever an analyst steps out from behind the protective barrier of strict analytic formality, whether during or soon after the analysis. This step makes him as vulnerable as any other human being. Even an entirely innocent informality creates an opportunity for the analyst to turn to the patient with his own needs. Unconsciously he feels, 'I have been the giver. Now it is my turn to be given.' Nothing could confuse the postanalytic period for the patient more seriously than this. I have been consulted by many colleagues and patients about difficulties which have arisen in this way, and have seen more than one magnificent analytic job destroyed by the premature invasion of an intrinsically innocent and platonic social relationship into the postanalytic period.²

² Actually this is a source of one of those illnesses which Dr. Lewin has called one of 'the occupational diseases of psychoanalysis'. (Personal communication.) This condition afflicts older analysts particularly, men of long experience and high reputation, who have done meticulously careful work for many years. During those same years, however, they have accumulated many frustrating, disappointing, and painful experiences. Some respond to this by an increase in their protective rigidity. They become unchanging, anti-experimental, dedicated to the letter of the law, so that when things go wrong they can say to themselves, 'But I did no wrong. I did everything as I should. I broke no rules. Therefore I am not to blame.' This has an essential human decency; yet it is sad for analysis, because these men do not bring an open and experimental mind to a study of failures, which would be the analytic equivalent of the clinical-pathological conference in somatic medicine. The other extreme is even more distressing: the picture of the experienced man who late in life becomes a 'wild analyst'. He breaks every analytic rule, rationalizing his conduct with the conceit that he is so experienced that he always knows what he is doing, and that consequently he can do anything he wants (quite as Freud himself did in later years). He acts as though he is above the law and as though the rules do not apply to him. All of us know individual examples of both of these ex-

Nevertheless, and in spite of all of these complex risks, we cannot turn our backs on the possibility that such risks and their undesirable effects might be mitigated by using postanalytic social contacts during an ongoing phase of postanalytic analysis as an opportunity for intensified interpretations of combined transference and reality processes. The possibility that it might help solve this critically important and unsolved problem in analysis leads me to suggest that carefully controlled trials should be made of deliberate transitions from the formal restrictions of the analysis to an informal social interchange with the addition of transference interpretations, but *that such experiments should be attempted only in research institutes and only by experienced analysts*, and with every care lest they do more harm than good.

V

THE POSSIBILITY OF CHANGING ANALYSTS

There are other and safer technical variations whose effects on the resolution of the transference process should be tested. We must first recognize and admit the fact that during the course of skilful, successful, and precisely 'correct' analytic treatment, the effectiveness of the therapist himself in resolving his own patient's transference frequently suffers a gradual diminution. It is possible that this may occur only under special circumstances; but it is important to consider the alternative possibility that it *may occur always*. Consequently at some point well along in an analysis, but before the end, the effects of a change of analyst should be tested quite regularly and systematically; sometimes to the same gender as the initial analyst, sometimes to the

tremes. To cite them would serve no purpose. It would make of this an *ad personam* argument, whereas it should focus rather on the general and very human problem, which must be cited because it is of importance to the whole future of analysis. Experienced and able unmarried analysts may be especially vulnerable to these two stresses. Certainly since my retirement from practice a considerable number have consulted me about its consequences in their lives in general, as well as in their work.

opposite. Or a second analyst might be introduced into the existing analytic relationship in such a way as to set up a temporary triangle consisting of two analysts with one patient. Sometimes this could represent both parents, as was tried by Drs. Gill and Brenman in some of their early work on hypnosis at the Menninger Clinic (3), and as I have tried both at the Yale Psychiatric Institute and at the Sheppard and Enoch Pratt Hospital (4, 6). This possibility has been considered by Flescher (1, 2) and by Rogawski (8), but it has not yet been investigated systematically. Therefore it should neither be proclaimed as a certain solution nor dismissed without careful trial.

Among many excellent general discussions of transference problems and the termination of treatment is that of Rangell (7, especially pp. 158 *et seq.*). But the literature of psychoanalysis contains only a handful of references to the influence on the analytic process (and especially on the resolution of the transference) that results from involving more than one therapist in the analysis, whether in rapid sequence or at planned intervals. We have largely shut our eyes to these issues. Notable exceptions have been the few to which I have referred. These have provoked considerable criticism but no research; and, as is the tendency of human beings the responses to criticism have varied from sweeping claims to cautious statements. What is still lacking is any consideration of how to conduct precisely controlled studies of the effects of such technical variations. My purpose here is to argue only for the imperative necessity of fair-minded investigations of these issues.

The possibility that gains may result from changes of this kind has nothing to do with the skill of the initial therapist. It has only to do with the patient's ambivalent need for and fear of the resolution of a relationship whose very intensity was essential for the progress of therapy but at the same time made the ending of it so upsetting as to threaten everything that had been gained. For it is possible that the more intense and creative the transference relationship during the treatment, the

more potentially dangerous may be its rupture at the termination of treatment.

As analysts we have overlooked some clinical experiences which make it clear that such trials are not as 'far out' as they may sound to some. In the first place, for many reasons analyses are often 'completed' by second or third analysts other than the one who had initiated the analysis. Sometimes the first analyst returns as the third or fourth. Nothing about this is found in the literature and little is said about it privately; and unfortunately the end results of such experiences have not been systematically compared.

That this may divide the transference processes is obvious. Freud was always concerned about this when in the midst of analysis such splitting occurred through a new love relationship. There is, however, no reason to assume that a deliberate splitting of the transference for the purposes we have in mind would have similarly deleterious consequences. It might on the contrary be precisely the corrective device we need.

Another maneuver to consider is the use of group analysis towards the end of an analysis as a step in the resolution of the transference. Or one might try the effects on the resolution of transference processes of interpreting transference manifestations in the presence of a second analyst. That is to say the original therapist might systematically recapitulate these interpretations in the presence of both the patient and the second analyst.

I can envisage the further possibility that such devices as switching to another analyst toward the end of an analysis, or alternatively the periodic introduction into the course of analysis of groups of sessions with two analysts, might even prove to have general value in analysis, and not merely toward its termination. In fact, when used in homeopathic doses throughout every analysis, this might constitute a vital learning process which would prepare and strengthen the patient for the ultimate separation.

Such maneuvers as these are only a few examples of the ex-

periments which should be considered and tried. Certainly none has demonstrated its value, but none has been tried systematically. Nor will they be until we acknowledge the existence of the problem itself and its role in the regressive symptomatic relapse and in the delayed, retaliative acting out which occur with such unhappy frequency either after an apparently successful analysis, or toward its termination.

One emerges from all of this wondering again whether it is possible that the transference process, essential to successful progress during an analysis, may be the very element in the analytic process as now conducted which can make the final disruption of the relationship so destructive as to undo all the good that has been achieved.

With some additional complications the same problem confronts us in any treatment center for neuroses, or in any mental hospital (6). Whenever a group of physicians, patients, aides, and nurses work together for a long time, clustered in a small community, they have many opportunities to observe one another in different moods and roles. Under such circumstances the therapist cannot protect even the limited degree of anonymity that a scrupulous analyst can maintain in his private office. At most the therapist in the hospital or treatment center can strive to protect a useful degree of anonymity by keeping his professional distance, by not participating too freely and unguardedly in the activities of the patients, and by turning over to some other member of the staff the advisory and counseling role with those patients whose treatment he is conducting. Yet in spite of all such precautions gossip about doctors flows constantly through underground channels to invade the incognito of the therapist. Furthermore the unavoidable associations of patients and staff in a hospital community make equally unavoidable a contamination of the relationships of patients with therapists almost from the first. Consequently the hospital patient's ideas, feelings, and impulses about his therapist cannot be products of that individual patient alone. They are products rather of the group, compounded of gossip, guesswork, and

rumors, all of which overlie the patient's endogenous fantasies.

Moreover hospitalized patients who receive intensive treatment usually have to accept repeated changes in therapists, both while they are still in the hospital and again when they are referred to other doctors on leaving the hospital. In fact, because patients leave hospitals as they improve, treatment is rarely carried through to completion in the hospital. As a result of these differences, to the hospital patient the implications of changing from one therapist to another cannot be the same as when the same thing occurs in the relatively strict isolation of private office practice. As he progresses through his treatment the hospital patient also experiences dim recurring anticipations of a possible change of therapist. Such moments are marked by emotional turmoil, regressive impulses, and tendencies to act out, quite as these occur in office treatment. Therefore in hospital practice as in private office practice we must consider the possible values of anticipating such difficulties by deliberately introducing an alternate therapist or parallel therapist repeatedly and well before termination. Actually this has been given sporadic preliminary trial at the Sheppard and Enoch Pratt Hospital (6). To make precise, well-controlled, objective comparative studies of the effects of such maneuvers presents many technical difficulties. These are not insurmountable, but they must not be brushed aside.

VI

CONCLUSION

No inclusive generalizations should be made as we seek answers to these questions. There may well be circumstances under which it is possible for the therapist to resolve the transference himself, and other circumstances in which it is impossible. The difference might depend upon the nature of the illness, on the history of its origin, or on the damage done by early separations and by the persistence of the effects of that damage. Or it might depend upon the technique used by the therapist during the course of treatment in handling the transplanted

components in the transference relationship—on the assiduousness with which these transplanted elements have been interpreted and their inappropriateness demonstrated. All such variables and many others may play determining roles. Experience proves, however, that we are not justified in assuming that technical precision and skill can solve the problem alone. The only right course is to face the fact that this is an unsolved and uncomfortable problem, the solution to which must be sought by careful, systematic, mature clinical trial and error. At the same time we must admit that it is embarrassing that the question has never been raised before.

Finally, behind this problem lies one with even more far-reaching and disconcerting implications. In the minds of those who are thoughtful about psychoanalytic technique and free of dogma there has always lurked an uneasy question about the ultimate influence on an illness of the prolonged, excluding relationship between a patient and his analyst. This makes it essential to explore the effects of introducing a third person or a group process into the classical bipolar analytic relationship, and to make such studies systematically and at regular or irregular intervals. (In part the move toward various versions of group analytic techniques has been a somewhat naïve expression of this uneasiness.) No one has a right to predict the outcome of such experiments, nor has anyone a right to denounce them ahead of time. That they must be carried out in research institutes by seasoned analysts and not by novices should be self-evident.

VII

SUMMARY

The termination of analysis or analytic-type psychotherapy sometimes presents obstacles that may undo the good effects already achieved. This paper considers some aspects of transference, countertransference, and interpretation that help us understand the special difficulties of termination. Several technical maneuvers that might be tested are considered. Introduc-

tion of extra-analytic contacts between doctor and patient is hazardous but deserves fuller study. Introduction of a new analyst and/or of group processes during termination might be done in several ways and should be tried under careful control and observation.

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Thunder, Blood, and the Nicknaming of God's Creatures

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THUNDER, BLOOD, AND THE NICKNAMING OF GOD'S CREATURES

BY DEREK FREEMAN, PH.D. (CANBERRA, A.C.T.)

Paul Schebesta (100, p. 87) has described how one night in central Malaya in a forest encampment he awoke during a violent storm to find the Semang, a nomadic Negrito people with whom he was living, terrified and in turmoil. As the thunder crashed overhead a Semang woman agitatedly stabbed at her shin with a piece of bamboo until the blood poured from it. A little of this blood, mixed with rain water, she then sprinkled on the earth; the rest she scattered toward the skies as, in a fearful voice, she pleaded with the storm to have done.

This sacrificial act, in which blood taken from the leg is offered to a thunder-god in expiation of sin, is, as Rodney Needham, a social anthropologist, has recently pointed out in a stimulating paper (89), also found among an entirely distinct nomadic people in Borneo, the Penan. Associated elements include strict taboos against the burning of leeches and the mockery of certain animals, acts which, it is said, bring down the revengeful fury of the thunder-god who in his rage uproots trees and turns the guilty into stone.

Needham's paper is dedicated to the memory of C. G. Jung and in his attempt to account for the symbolic behaviors common to the Semang and the Penan, he makes use of some Jungian concepts which are of a transempirical kind. There are certain objects, claims Needham (he instances stone, blood, fire, water, and tree), which 'make a primordial impress upon the unconscious mind of man as a natural species producing an affective response which is as natural to the organism (to its distinctive brain) as the motor language of bees or the photot-

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I am indebted to my wife, Monica, for the drawings that illustrate this paper, as for discussions with her during the course of its writing.

ropism of marigolds is natural to other realms of life' (p. 147). These objects, says Needham, are natural symbols.

I do not wish on this occasion to subject Needham's formulations to critical analysis beyond noting that they do virtually nothing to explain the meaning of the symbols and the ritual behaviors with which they are associated. In lieu of explanation we are merely presented with the assertions that some symbols are natural, primordial, and universal. This explanatory vacuousness would seem to be quite acceptable to Needham for he tells us that when we find natural symbols associated 'we are not confronted with a special problem, for by their very essence this concomitance is what we should expect, or at very least, be perfectly prepared to encounter' (p. 147). In other words, symbols are simply there, taking the forms that they do, a self-evident part of nature, and the anthropologist's task, it would seem, is no more than to record them in a superficial way. Thus, Needham's statements about natural symbols, expressed though they are in impressive language, end in mere reiteration of what is descriptively known and do nothing to explain why the bizarre ritual beliefs and practices of the Semang and the Penan should take the forms they do.

The principal shortcoming of Needham's approach is his failure to recognize that symbol formation involves the psychological process of projection; that is, in symbol formation, an object has meaning projected onto it by one or more human beings. Symbol formation thus follows a course which is the converse of that proposed by Needham. Objects, as such, do not mystically impress themselves on the human mind, rather they are there in the external world available to have meaning projected onto them by virtue of the varied properties they happen to possess.¹

¹ As Freud notes, 'a symbolic relation is a comparison of a quite special kind' (48, p. 153). Thus, it is common for a single object or phenomenon to have a multiplicity of symbolic meanings. For example, fire, one of the 'natural symbols' listed by Needham, has been used to symbolize such diverse things as: sexual passion, anger, fertility, purification, envy, spiritual energy, aggression. Cf. Footnote 16.

In this paper I propose to look upon the ritual beliefs and practices of the Semang and other peoples as parts of projective systems, and my intention will be to interpret symbols wherever this seems warranted. In so doing I shall rely on the general framework of psychoanalytic discovery and theory, but I shall also make extensive use of ethnographic data in a comparative way. This is justifiable, I would contend, when it is realized that we are dealing with projective systems. Despite the great diversity of human cultures, all humans belong to the same species and the members of different cultures all share common bodily, emotional, and interpersonal experiences. This means that much of what is projected in any culture is based on common human experience, and on this level the symbols of quite separate cultures may be fruitfully compared.

In the ritual behavior of the Semang and the Penan there is, plainly, rich material for analysis. The questions it gives rise to are many, and Needham at the end of his paper poses two of them. 'Why', he asks, 'is the blood taken from the leg?' And what, 'to stretch out this cryptic matter to a new extent', did Hamlet mean when he 'charged it to Ophelia as an offense in women that they did "nickname God's creatures"?'

These are excellently pertinent questions, for the first makes the point that explanations of symbolic behavior, if they are to be adequate, must be detailed and specific; while the second reminds us that we are dealing with what Needham calls a 'comparative issue', and that our explanations might be hoped to have some kind of general applicability to phenomena that are obviously similar. What I want to do is to try to answer these and some related questions.

Schrader has classed the thunder clash as a natural phenomenon 'which agitates most powerfully the feelings of mankind' (103, p. 33). Of this there can be no doubt. Indeed, there is comparative evidence that agitation at the thunder clash has been a reaction of members of the human species for many hundreds of thousands of years. Thus, Jane Goodall has described how wild chimpanzees in Tanganyika become highly

excited during thunderstorms, charging down slopes, hooting clamorously, slapping the ground, tearing branches off trees, and hurling themselves through the air. During one severe thunderstorm, indeed, David Greybeard (one of Miss Goodall's wild chimpanzee companions) became truculent: hooting loudly, he danced about in an agitated state, hitting trees and finally Miss Goodall herself (54, p. 301).

Miss Goodall has also described the calls of chimpanzees. 'One call', she observes, 'given in defiance of a possible predator, or when a chimpanzee, for some reason, is angry at the approach of another, can be described as a loud "*wraaaaah*". This is a single syllable, several times repeated, and is one of the most savage and spine-chilling sounds of the African forest' (54, p. 289).

The remarkable behavior of wild chimpanzees during storms requires explanation, and I would propose the ethological hypothesis that the noise of the thunder sufficiently resembles the threatening roar of the chimpanzee species as to produce a state of excitement in the animals hearing it, and to release in them fearful and aggressive responses.² This, it will be seen, is a rudimentary form of projective response, and it is likely that human projective beliefs about thunderstorms have been evolved from a similar kind of emotional response in the proto-hominids.

In ancient times, as still among some contemporary peoples, it was widely believed that thunderstorms were manifestations of the revengeful wrath of a god. When Jehovah commanded Moses to climb to the top of Mount Sinai, there were thunders and lightning on the mountain (Exodus, xx: 16); and in Psalms (Lxxviii: 48-49) and elsewhere we are told how Jehovah 'in the fierceness of his anger, wrath and indignation destroyed flocks with his hot thunderbolts', and by thundering upon them would break to pieces his adversaries (I Samuel, ii: 10). Allah, the Koran (xiii, 1:13) tells us, 'sends the thun-

² Cf. the behavior of my neighbor's Samoyed dog whose howling response is released by the distant sound of the siren of the local fire engine.

derbolts and smites with them whom he pleases'. Adad, the thunder-god of the Assyrians and Hittites, 'overwhelmed the regions of the foe, lands and houses alike, by thundering over them and making flames of fire rain down upon them' (15, p. 52). Zeus, Jupiter, Indra, Thor, and a host of other sky-gods were believed to behave in a similar way.³

Again, throughout the world, stones of various kinds (very commonly Neolithic adze-heads) were believed to be the weapons of the sky-god: the shafts or bolts which, when enraged, he hurled at his erring human children. Blinkenberg in his monograph, *The Thunderweapon in Religion and Folklore* (15), has given a historical survey of such beliefs and, from this and other evidence, it is plain that fear of the 'all-dreaded thunder-stone' as an instrument of divine wrath has been for millenia widespread in human societies.

As late as 1649, Tollius gives some drawings of ordinary stone adzes and records how the naturalists say that they are 'generated in the sky by a fulgureous exhalation conglobed in a cloud by the circumflexed humour'. We now know, from the cumulative research of many experimental scientists, that a lightning flash is a 'series of electrical processes by which charge is transferred along a channel of high ion density between electric charge centres of opposite sign' (67, p. 341), thunder being sound emitted by rapidly expanding gases along this channel.

In the light of scientific knowledge then, lightning and thunder are seen to be natural phenomena which commonly occur in the Earth's atmosphere,⁴ but *without any kind of causal connection with human affairs or intentions*. Thunderbolts, in the sense of stone or other weapons accompanying a lightning flash, are pure fantasy. From this it follows that all of the varied human beliefs attributing thunderstorms to the malefactions of supernatural beings are nothing more than emotionally based

³ Cf. Eliade: 'Thunder is a weapon of the sky-god in all mythologies' (28, p. 53).

⁴ There are about sixteen million thunderstorms annually over the surface of the Earth (58).

fantasies of wholly human origin projected on to an independently occurring natural phenomenon.

Looked at scientifically then, the complex of beliefs about the thunderstorm held by the Semang and others is, in reality, a socially shared, culturally transmitted projective system. This is a fundamentally important realization for it means that a scientific explanation of the transempirical symbolic and ritual systems of human societies necessitates the analysis not only of their structure and content, but also of the projective processes on which they are based.

It is here that our anthropological and psychoanalytic problems begin. In general, they are nothing less than the interpretation of culture for, as Freud, Abraham, Schilder, and others have realized, much cultural behavior, if it is to be understood, has to be deciphered—just like a dream.

The first question that faces us is this: if, in the light of scientific knowledge we can say with certainty that Semang religious concepts (such as that of a threatening sky-god whose voice is the thunder) lack referents in the external nonhuman universe, what precisely are the referents of these concepts?

Let us begin by glancing at Karei, the thunder-god of the Semang of Malaya. Like many another god he is a vague figure, but some of his characteristics are clear enough. He is of great stature (*100*, p. 189) and dwells in the skies. Some describe him as 'radiant like fire' so that should any man come near him he is burnt to death; others say that 'his whole body is covered with hair'. As the 'supreme judge of souls' he knows whenever mortals do wrong (*111*, p. 177); when they do he becomes angry and in his rage inflicts terrible punishment upon the guilty. His anger is particularly expressed in the violence of tropical storms when his voice is the thunder and the lightning or thunderbolt his lethal weapon.

He has a wife, Manoid, who, while she is less punishing than Karei, is still a highly threatening figure whom the guilty placate by pouring their blood in libation onto the earth where she resides.

The sin which most arouses the ire of Manoid and of Karei is that of incest. Among the Semang, marriage between blood kin, up to the second degree, is forbidden, and there are very severe taboos associated with incest. Older siblings of opposite sex must avoid one another; a father must not sleep too close to his daughter or a mother to her son; and, under the law of Karei, father-in-law and daughter-in-law or mother-in-law and son-in-law are not allowed under any circumstances to speak to, or to approach one another. Schebesta records that he once asked a Semang: 'What would you do if your mother-in-law fell into the water? Would you pull her out?' The Semang replied, 'No, never! I should let her drown, for I am not allowed to touch her' (100, p. 67).

Associated with these severe taboos against incest are those against adultery, against intercourse in the camp during the day, and against watching dogs copulating. Other sins against Karei include the mockery of certain animals (especially cats, dogs, and monkeys); and the causing of any hurt to a leech, for example, by burning it or even by laughing at it when it has been hurt. All of these sins are heavily punished by Karei, who is said to have left the earth in anger at the incestuous proclivities of mankind, and so great is his revengeful wrath that it is feared that a sinner's refusal to make atonement to Karei might result in the destruction of the whole world.

Who then are Karei and Manoid? My hypothesis is the obvious one that they are projections of parental figures. There is abundant psychoanalytic evidence for the identification of thunder and lightning with threatening aspects of the father. Wulff (126), for example, describes the case of a twenty-seven-year-old male homosexual from a *petit bourgeois* family of the south of Russia. This individual had been terribly punished by his father at seven years of age when he was discovered imitating coitus with the daughter of a neighbor. During analysis he had a dream in which he entered a room where his sister was crying because her father would not let her marry a young man whom she loved, and had beaten her. In the dream, the men-

acing figure of the father then appeared. 'The patient went into the street, where it was thundering and there was a great noise—and suddenly he was given a box on the ear, so hard that he saw stars before his eyes. At the same time he thought: that was my father.'

Again, Richard, the ten-year-old boy, a narrative of whose analysis has been published by Melanie Klein (80), identified a thunderstorm breaking over the mountains with the 'bad father who attacks and punishes'; his fear of God was based on the fantasy that God would punish with lightning and thunderstorms; and he identified the 'poisonous and flooding urine of the omnipotent father' with the rain that fell in storms.

Abraham (4) notes that in many cases the father is represented by lightning, the lightning representing the punishing or killing power of the father.

Thunder and lightning may also be identified with threatening aspects of the mother. A nice example of this is to be found in a Bushman text dating from 1875. A Bushman boy describes how at the beginning of a storm he was lying in a hut playing a musical instrument. At this his mother rebuked him but he took no notice of her and went on playing. As the storm swept over, lightning struck a stone just in front of the hut; at this the mother exclaimed, as if in pain, and told her children that it was all their fault, because they 'had not been willing to obey her when she rebuked them about a very little thing'. And the boy concludes: 'I was the one who saw that the rain had intended to kill us, on account of my doings' (14, p. 321). In this example the lightning is identified with the retaliatory aggression of the angry mother, and we are given a glimpse of the process of projective identification which lies behind the phenomena we are discussing.

A four-year-old Australian girl of British descent, whom I had under observation some years ago, evinced a violent reaction to the noise of thunder. As the storm approached she would rush hither and thither screaming with fear, and when it reached its peak, her efforts to flee having failed, she would

huddle as though petrified under a chair or whatever was at hand. Investigation showed that this response was conditioned by her relationship with her domineering mother who was described to me, very accurately, as a 'great roarer'.

The thunder in some cultures is used by one or other of the parents as a direct intimidation. For example, among the Karo Batak of northern Sumatra it is common for a mother angered at the misbehavior of her child to threaten him by shouting: 'May the thunder crush you!' [*Idumpang perkas e kal ko!*].⁵

Among the Semang the thunder-god, Karei, is also identified with parental authority. Thus, one of the commandments of the thunder-god is that the father and the mother may not be addressed in a familiar way. Again, Semang children are threatened with punishment by Karei if they misbehave. Schebesta (100, p. 96) records, for example, that one evening when the children in a camp were making more noise than usual one of the women called out to them: 'If you play like that it's a sin against Karei!'—which means, roughly, says Schebesta, 'the thunder will strike you'. Immediately the children were silenced and dispersed. Semang children, it is plain, live in great fear of the terrifyingly aggressive Karei.

In 1930, Freud (50, p. 129) remarked that the original severity of the superego does not so much represent the severity which has been experienced or anticipated from the parent, but expresses the child's own aggressiveness toward the latter. This realization was further explored a few years later by Melanie Klein (77), when she discussed what she believed to be the central problem in the whole process of superego formation. This is the problem of how it comes about that the child creates such fantastic images of his parents as terrifyingly aggressive monsters, images which are far removed from reality. The answer, says Melanie Klein, is to be found in the facts elicited in early analysis.

⁵ Personal communication from Dr. Masri Singarimbun, Australian National University.

In penetrating to the deepest layers of the child's mind and discovering those enormous quantities of anxiety—those fears of imaginary objects and those terrors of being attacked in all sorts of ways—we also lay bare a corresponding amount of repressed impulses of aggression, and can observe the causal connection which exists between the child's fear and [his] aggressive tendencies (77, p. 268).

What happens in this situation is that the child, in an intrapsychic process of defense, projects his aggressive fantasies and impulses onto external objects (his parents) so that after this externalization has been achieved, aggression seems to be directed against the child from this source. Klein continues:

This view of the matter makes it . . . less puzzling to understand why the child should form such monstrous and fantastic images of [his] parents . . . he perceives his anxiety arising from his aggressive instincts as fear of an external object, both because he has made that object their outward goal, and because he has projected them onto it so they seem to be initiated against himself from this quarter.

My hypothesis is that it is an extension of a projective process of this kind that results in gods, such as the thunder-god of the Semang, being imagined so threatening and destructive.

Lightning is a natural phenomenon which holds real dangers for humans, as it does for other animals, for if one is, by chance, struck by lightning one may suffer burns or be killed by electric shock. These, without question, are unpleasant and fearful effects, but it is instructive to compare them—the real effects of lightning—with the kinds of hurt which thunder-gods are believed to be able to inflict on erring humans. Looked at scientifically, the thunder-god becomes a kind of projective screen on which are displayed the aggressive fantasies and impulses of humans—as well as their fears. It is of great interest that the patterns displayed on this screen correspond closely with the facts of infantile and juvenile aggression (both in fantasies and actual behavior) as these have been revealed by the discoveries of psychoanalysis. This correspondence, I would remark in pass-

ing, is of considerable methodological significance for it follows that the analysis of socially-shared projective systems, such as myths and ritual beliefs, may lead to new light being thrown on aspects of the human psychic apparatus.

I now propose to deal with some selected aspects of the aggression displayed by the thunder-gods of the Semang and others, and particularly with aspects of their oral, urethral, and phallic aggression.

When I began my researches on thunder-gods, I was interested to discover that in various parts of the world the stone adze-heads said to be thunderbolts are also called the teeth of the thunder-gods. For example, the stone adze-heads found beside trophy heads or over fireplaces in Kenyah long-houses in Borneo are believed to be 'teeth dropped from the jaw of the thunder-god, Balingo' (66, p. 11). In north Borneo stone adze-heads are said by the Dusun to be the hurled teeth of thunder-spirits (34, p. 33). In Java, celts are called 'lightning teeth' (110, p. 79). Among the Beli of the Sudan, stone adze-heads are called *pamu liri*, signifying 'the teeth of the thunder' (104, p. 476). As my inquiries continued the orally aggressive and devouring characteristics of the Semang and other thunder-gods were clearly established. For example, among the Ifugao of Luzon the Thunder, when enraged, is said to strike with his teeth (12, p. 158). The Behrang Senoi of Malaya sometimes cry to the thunder: *Wok lemoin!*, which means 'Spirit of the Teeth!' (32, p. 201). One of the leaders of the *rākahasas* of Rāvana was 'the deadly Thunder-Tooth' (90, p. 83). The two goats that draw the cart of Thor are called Teeth-Grinder and Teeth-Gnasher (102, p. 53); the Tlalocs, or storm-gods of the ancient Maya, are always depicted with threatening and devouring jaws, and it was on these jaws that sacrificial blood (including blood from the genitals) was wiped (119, p. 216); and Karei, the Semang thunder-god, in the shape of an avenging tiger, tears to pieces and devours the guilty (33, p. 176).

Moreover, beyond these familiar types of oral aggression in

which the teeth and jaws are employed, there lies what I shall term sadistic sucking.

We have seen that transgression of the laws of Karei must be expiated with blood. According to Semang beliefs the sacrificial blood of humans ascends to the skies where it forms beautiful red fruits, and the more blood that is offered in sacrifice the richer is the fruit harvest. These fruits, Karei and the other gods do not eat in human fashion; instead *they suck them* (100, p. 220). This, I would suggest, is a most significant detail.

We have also seen that the giving of any hurt to a leech, or even laughing at one, is believed to bring down the wrath of Karei. In other words, laughing at a leech is equivalent to laughing at Karei himself, and this, I would suggest, is because the leech, a blood-sucking worm, is symbolically identified, unconsciously, with the blood-thirsty Karei,⁶ who sucks out sacrificial human blood from the celestial fruits⁷ where it is stored. Further, both Karei and the leech because of their blood-sucking proclivities are looked on as thoroughly bad objects.⁸

Here we are confronted with the phenomenon of sadistic sucking projected onto a threatening god. Let us then glance at some psychoanalytic assessments of sucking as a rudimentary form of aggression. In 1924, Abraham (6) drew attention to the leechlike behavior of some people which, on analysis, was revealed as a regression from the oral-sadistic to the sucking stage; the behavior of such individuals, he added, had 'an element of cruelty in it' which made them 'something like vampires to other people'.

Four years later, Melanie Klein (75) wrote of the devouring desires of the infant and of his wishes to appropriate the con-

⁶ Consciously, the leech is looked upon as the associate of Karei (33, p. 175). It is also likely that the leech symbolizes aspects of Manoid.

⁷ Fruits are commonly symbols of the mother's breasts (41), and it is against the mother's breast that an infant's aggression is first expressed (76).

⁸ It is interesting to note in the projections of Semang religion, evidence of the splitting of parental objects; thus, while Karei who demands the blood of human beings is bad, Ta Pedn (described variously as the younger brother or son of Karei) is good and cares for mankind.

tents of the mother's body. And in 1932, in the first edition of *The Psycho-Analysis of Children* (dedicated to the memory of Karl Abraham), she cited his views of 1924 and stated, on the basis of her own researches, that the child has

certain oral-sadistic fantasies of a quite definite character, seeming to form a link between the oral-sucking and the oral-biting stages, in which he gets possession of the contents of his mother's breasts by sucking and scooping it out. This desire to suck and scoop out, first directed to her breast, soon extends to the inside of her body (78, p. 185).

Melanie Klein has also stressed the importance of the oral-sadistic phase in superego development. It is significant, therefore, to find that the sucking of human blood is such a basic feature of the behavior of Karei, the severe authority figure who fiercely punishes⁹ any transgression of the traditional taboos of the Semang and especially those concerned with incestuous behavior. Melanie Klein also notes that 'the sadistic tendency most closely allied to oral sadism is urethral sadism' (78, p. 273). Interestingly our anthropological materials confirm the close connection between oral and urethral aggression.

The leech as we have seen is hated by the Semang and their antipathy is shared by others. Schebesta, the German ethnologist and a hardened traveller in central Malaya, describes the leech as a 'little monster' worse than the elephant, the tiger, and the buffalo put together; 'something sickeningly moist and slimy', an 'obscene pest'. These are strong words and there is a tinge to them which hints that there is something about the leech that is deeply threatening. This threat, I would suggest, is that the leech might enter the body through one of its orifices and consume its insides.

⁹ Karei, as we have seen, punishes the sinful by devouring them in the shape of a tiger; he also attacks them in the form of a wasp (100, p. 172). It is of interest to compare these projective identifications with those of Abraham's patient, for whom the buzzing of a wasp (striped like a tiger) represented a tiger's roar which was associated with 'the child's dread of the deep, threatening voice of his father when he was angry' (5, p. 228). Thunder, the Semang say, is caused by Karei 'making his voice resound until its fearful echoes fill the forest'.

As is often the case there is some ground for this fantasy for leeches have been known to enter the air passages, and even the sinuses, from which they cannot escape once they have fed and become distended with blood (87). The Annamese, according to Cabaton, believe that there is reason to beware of the leech for 'if put into a person's ear, it creeps into the brain, multiplies in it and devours it' (18, p. 541).

Interestingly, this action of devouring inwardly is also attributed to lightning. Thus, according to medieval beliefs, the thunderbolt was of diabolical origin and eccentric in its workings:

it would strike the sword in its sheathe, gold in the purse, and the foot in the shoe, leaving the respective coverings unharmed; it would consume a human being internally and leave the skin unscathed (122, p. 370).¹⁰

What then is it that links, in unconscious processes, the devouring of the leech (which, as we have seen, is identified with the thunder-god Karei) with that of the thunderbolt, or lightning? My hypothesis is that the linkage lies in the close connection, emphasized by Melanie Klein, between fantasies of oral and urethral aggression.

The leech, we have seen, is a sanguivorous worm. So far I have been concentrating on its bloodsucking habits, but it is also a worm. As Abraham points out, the ideas of 'snake' and 'worm' are closely connected in unconscious thought (6, p. 161). A worm is also a male sexual symbol¹¹ and a death symbol as well. Dylan Thomas, in one of his poems, writes of 'the fathering worm' (117, p. 7). And the Lucifer, who in the lowest abyss of Dante's *Inferno* ceaselessly devours the wicked, is described by Virgil, when with Dante he passes the center of the earth at the thigh of Satan, as that 'evil worm that pierces

¹⁰ Gomes, a reliable authority, identifies the leech stone (*batu lintah*) used by Sea Dayak shamans with the thunderbolt (53, p. 189). The leech stone is a charm used by shamans, in whose hands it is safe, to suck out sickness from within the body. I have not encountered this identification among the Iban.

¹¹ Cf. the Silesian folk song, quoted by Freud in *Dreams in Folklore* (46), in which the penis appears as a worm.

through the world' (23). Among the Saora of central India, the leech is referred to as a little man without any bones (30, p. 49). The Iban of Borneo¹² believe that one of the animal forms taken by an *antu buyu* or incubus, a phallic spirit which carnally assaults women, is that of the leech. Again, among the Iban, one of the meanings of dreams in which leeches attack the body is said, by the people themselves, to be spearing by an evil demon.

Melanie Klein, in her discussion of the close connection between oral and urethral sadism, remarks that in analyzing both adult patients and children she had constantly come across fantasies in which urine was regarded as 'a burning, dissolving and corrupting liquid' (79, p. 186). Here we are really dealing with, as Melanie Klein acknowledges, the symbolic identification of fire and urine to which Freud first drew attention in his analysis of Dora (43), and to which he returned over thirty years later in his fascinating essay, *The Acquisition and Control of Fire* (51).

The anthropological evidence for this symbolic identification is abundant. There are, for example, myths from India and elsewhere embodying the fantasy that urine can be used instead of oil in lamps, but our present concern is with that heavenly fire of the primitives: lightning. Here, as might be expected, the same identification is encountered and we can be sure that it is a very ancient human fantasy. An early example of it occurs in Aristophanes's play, *The Clouds* (which dates from 423 B.C.). In this play Aristophanes quite unjustly ridicules Socrates as an iconoclast and a sophist, and when Strepsiades asks, 'Whence comes then the thunderbolt pray?', Aristophanes puts into Socrates's mouth these words in reply:

When a wind that is dry, being lifted on
high, is suddenly pent onto these,
It swells up their skin, like a bladder,
within, by Necessity's changeless decrees

¹² Data on the Iban in this paper, unless otherwise stated, are from my own researches in Borneo during the years 1949-51 and 1957-58.

Till, compressed very tight, it bursts them outright, and away with an impulse so strong, That at last by the force and the swing of its course, it takes fire as it wizzes along (10).¹³



ILLUSTRATION 1.

The Winged Thunderbolt of Zeus

(Detail from a terracotta relief formerly at the Palazzo Colonna; cf. Jane E. Harrison, *Themis*, Cambridge, 1927, p. 23).

The Thonga, a Bantu people of southern Africa, believe that lightning is the urine of a monstrous sky bird.¹⁴ This bird, when a thunderstorm breaks, rushes down, tearing bark from trees,

¹³ Just as lightning is symbolically identified with urine, so thunder is identified with flatus, as has been documented by Abraham (1) and others. Jones (69) has shown that the devil's evil odor was largely associated with his capacity of making thunder.

¹⁴ Thunder and lightning are very widely associated with birds (cf. Alexander [7]). A common symbolic equation is bird=phallus, and, as Freud notes, 'the ancients represented the phallus as having wings' (45, p. 125). Cf. The Winged Thunderbolt of Zeus (Illustration 1).

burning huts and killing their inhabitants, finally to enter the ground where it deposits its urine which they say 'caused the flash of lightning' (71, p. 313). 'Congealed urine', which is probably part of a fulgurite formed by lightning when it terminates in certain kinds of dry, sandy soil, is one of the principal magical substances of the Thonga.

The Australian aborigines are even more specific in their fantasies. For example, the Wunambal tribe of northwestern Australia say that one of their gods threw the first flash of lightning by splitting his penis and letting out fire and the flash of lightning (83, p. 160). In the Aranda language, the word for lightning is *kwatja para*, or water penis (97, p. 257).

The same fantasy, though in repressed symbolic form, is to be found among the Semang, some of whom say that lightning is the fluid that Karei's dragon¹⁵ spurts into the air.

At this juncture let me note that in mythology, fire and lightning are symbolically identified not only with urine and destructiveness but also with semen and fertility. Frazer gives many examples of the kindling of fires to promote fertility. Zeus lay with Aegina in the form of a flame, and the mothers of both Romulus and Servius Tullius were impregnated by a flame. The projection of similar symbolic meaning onto lightning is also very common as, for example, in Indian mythology. Here is an example from the Muria, recorded by Elwin:

Bhimul is man, Earth is woman. When Bhimul is on heat, he tries to approach Earth. But there is no road or path, and he rushes about trying to find the way, he hurls rocks and mountains to and fro, and this makes the thunder. At last he can contain his seed no longer: it spurts out and a thunderbolt falls. From this seed man gets his food. Unless Bhimul gets on heat there is no rain or harvest (29, p. 94).

Similarly the Hindu god Indra fertilizes by lightning. Among the Sema Naga of Assam, a stone adze-head, which is believed to be a thunderbolt, is regarded as full of fertility and is kept as a

¹⁵ In early Chinese writings, a dragon was said to be the source of thunder and it was believed that a dragon's saliva might make a woman pregnant (72).

charm to make the crops grow (68, p. 257).¹⁶ Similarly, the Jibaro Indians of South America believe that lightning-stones have the effect of promoting the growth of domestic animals (73, p. 383).

The establishment of this symbolic significance of lightning permits explanation of a number of ancient ritual practices. For example, it enables us to understand, as Onians points out, the virtue of Thor's hammer (which was, of course, a thunderbolt) 'in the lap of the bride' (91, p. 156).¹⁷ Again, interpretation of Druidical rituals and beliefs about mistletoe, which were of such concern to Sir James Frazer, becomes possible. One of the questions which led to Frazer writing his famous twelve volume work was, to use his own words, 'What was the Golden Bough?'. This question Frazer was never able to answer fully, although with assiduous and brilliant scholarship he provided all of the materials necessary for analysis.

The 'golden bough' is, of course, a sprig of mistletoe (38, p. 284), and Pliny states, as recorded by Frazer, that the Druids worshipped the mistletoe and sacrificed to it because they believed it to have fallen from heaven. Now, the mistletoe that the Druids did worship was the variety, *Viscum album*, found in the oak, the tree sacred to all of the thunder-gods of the ancient world, Zeus, Jupiter, Thor, and the rest, because it was particularly prone to be struck by lightning.¹⁸

¹⁶ In contrast, among the Lhota Naga, stone adzes, which are regarded as thunderbolts and called 'axes of the gods', are feared and no Lhota cares to touch one (86, p. 163). This is an instructive example of vicissitude in symbol formation, for whereas a thunderbolt stone represents for the Sema Naga the good and creative side of the father-god, the same object symbolizes for the Lhota Naga his bad and destructive powers.

¹⁷ Schebesta states that Semang shamans, who have a submissive and favored relationship with Karei, highly value thunderbolt stones (100, p. 194), and he relates a revealing story of how when a shaman once picked up one of Karei's thunderbolts and rubbed it with his hands this 'caused it to grow larger and larger' (p. 164).

¹⁸ Observations made annually in the forests of Lippe-Detmold for seventeen years, showed that the number of lightning stricken oaks exceeds the number of stricken beeches by sixty to one.

Thus, as Frazer suggests:

the real reason why the Druids worshipped the mistletoe-bearing oak, above all the other trees in the forest, was the belief that every such oak had not only been struck by lightning but bore among its branches a visible emanation of the celestial fire (38, p. 301).

This, however, was as far as Frazer was able to go. Despite the widely known and still persisting sexual connotations of mistletoe and Pliny's report of the Druidical belief that mistletoe given in a drink would 'impart fertility to any animal that was barren' (95, xvi, pp. 249-251), Frazer was unable to discern the symbolic identification which gave to mistletoe its extraordinary magical properties. In the light of psychoanalytic understanding, the answer is plain; the mistletoe like the lightning flash from which it sprang is a symbolic representation of the generative and phallic power of the father-god in the form of semen. This interpretation accounts adequately for both the reputed fertilizing potency of mistletoe, as well as for such mythological events as Balder the Beautiful being pierced and struck dead by having a twig of mistletoe thrown at him.

We have now seen that fire and lightning may be given both urethral and phallic meanings. We have also seen that they have, in some symbolic systems, an oral significance. This is a realization which has been well expressed by Arlow in his paper, *Oral Symbolism*:

The imagery of language demonstrates how fire is unconsciously connected symbolically with oral drives. In most languages the word for burning is related to the word for devouring or consuming, and in some languages such as the Hebrew 'to burn up' is identical with 'to eat'. In the English language a fire is fed, is described as possessing tongues which lick, and flames which consume. That most notorious abode of fire, Hell, is described as yawning for its victims who must inexorably pass into its mouth or through its jaws (11, p. 69).

These remarks of Arlow's are fully substantiated by historical evidence, for in most medieval depictions of Hell, although

fire is almost always present, the emphasis is commonly on some form of oral devouring, a typical example being the Hell depicted in Lucas Van Leyden's painting, *Het Laaste Oordeel*, now in De Lakenhal at Leiden.

And here, I would also like to draw attention to a depiction of a markedly phallic devil at the Campo Santo in Pisa (Illustration 2). The feature of interest for the present analysis is that not only are sinners being devoured in the devil's jaws and through his navel; they are also being devoured by a fire blazing in the position of his genitals.¹⁹

Here then we have a graphic condensation of oral and phallic aggression,²⁰ and in the light of this and the other evidence I have presented, it will be seen that it is understandable that the Semang god of thunder and lightning should be identified with a devouring worm.

There is one further aspect of the leech that deserves mention. Among the Iban of Borneo, leech dreams are quite common, especially among men, and significantly the part of the body usually attacked is the leg. Such dreams are looked on as very bad, and cause great anxiety. Daga, for example, in a dream experienced one morning pulled a leech off his ankle and much blood spurted from the hole left by the leech; at this point Daga, a man then of about thirty-two years of age, cried

¹⁹ Note also the devouring serpents coiled about the arms of the Campo Santo Devil. Needham records that among the Eastern Penan of Borneo certain snakes may not be laughed at for fear of the retribution of the thunder-god, Baléi Liwen (89, p. 139). Similarly, it is a sin against Karei to laugh at the snake *ular talong* (100, p. 223). The snake is one of the symbolic forms commonly taken by thunder-gods; for example, the Tatars believed the lightning to be 'a fiery snake falling down from heaven' (65, p. 445), and Seth, the ancient Egyptian thunder-god, was once described as 'an obscene snake' (88, p. 109).

²⁰ MacLean has discussed the neurophysiological and behavioral evidence which supports 'psychiatric findings that the acts of mastering, devouring and procreating seem to be inextricably tied to one another' (84, p. 16). Especially significant is the evidence, based on electrical stimulation of the brains of primates and other animals, which relates this convergence of sexual, oral, and dominance behavior to the proximity and interaction of the amygdala and septum in the limbic system of the brain.



ILLUSTRATION 2.

The Devil Consuming Sinners
Campo Santo, Pisa

(From J. C. Wall, *Devils*, London, 1904, p. 73).

out in his dream and awoke in terror. This I would interpret as a castration dream and it is significant that in other mythologies the leech has a comparable symbolic meaning. For example, one myth from a central Indian people called the Juang says that women first got their genitals when the creation god pulled away the flesh from between their legs. This flesh the god threw into a stream where it became a leech (29, p. 265). Again, there are a number of myths tracing the origin of leeches to menstrual blood (29, p. 175).

Equally, the lightning, the weapon of the thunder-god, has a castrating aspect. This is seen in the Semang belief that the thunder-god, Karei, when unappeased by the shedding of a sinner's blood, uproots trees²¹ in his anger, this being preliminary to an attack on the sinner's body. A similar belief is held by the Eastern Penan of Borneo (89, p. 144), and among the Ngaju, also of Borneo, a man who offends the thunder-god Nyaro, particularly by incestuous behavior, is attacked by the vengeful godhead and 'dies like a tall tree in the forest cracked by the storm' (99, p. 99).

The projection of envious retaliation onto the father-god is also seen in a famous passage from Herodotus in which Artabanus, the advisor of the Persian monarch Xerxes, describes how the Deity loves to truncate with his thunderbolt all those things that rise too high, for he permits none but himself to entertain grand ideas.

I have not the space to discuss the other modes of aggression characteristic of Karei. However, enough evidence has, I think, been presented to show that the father-god of the Semang is a threatening and terrifyingly aggressive superego figure.

Let us now consider how the Semang, and others like them, mediate with their severe superegos, especially in times of great

²¹ The symbolic equation, tearing out of a tree=castration has been well established by psychoanalytic research (cf., Freud [48]). The uprooting of trees will have the same unconscious significance in Borneo and other lands where the tree is a phallic symbol; cf., for example, the phrase: *batang pinang, pun balut lumut* (Areca palm trunk, with its base wrapped around with moss), which is overtly symbolic of the penis among the Iban.

threat (as during a thunderstorm) when they are impelled to perform the most primitive of all sacrificial acts: the redirection of aggression onto the self.

In approaching this subject especial attention needs to be given to the ambivalence of the Semang toward Karei. But the ambivalence in question is not so much the ambivalence between love and hate as that between fear and aggression. This ambivalence between the impulse to attack (and overcome) and the impulse to flee (or submit) is one of the most fundamental in animal nature for it is basic to all dominance relationships, whether within the family or within other social groups.

To the Semang, Karei is a predominantly bad object. At the same time he is an extremely aggressive figure, and this fact, as we have seen, once its projective nature is realized, can be taken as an indication of the kind of aggression which Semang infants and children feel (and entertain in fantasy) toward the parents who frustrate and dominate them.²² But this impulsive aggression is also accompanied by impulsive fear. Schebesta has described how the Semang, during a thunderstorm, cower in their forest shelters, mute and with lowered heads, in states of abject fear. In other words, they are 'scared stiff', and I would suppose that the belief that the thunder-god turns the guilty into stone is, in part, a projection of the catatonoid fear reaction which some Semang must occasionally experience.²³

Let us now examine the ways in which aggressive and fearful impulses determine the behavior of the Semang when they find themselves threatened by a thunderstorm, which is the wrath of their hated and feared father-god, Karei, and of his spouse,

²² Schebesta, in fact, describes the 'defiance and contrariness' with which children react to parental domination and scolding. He also records the responses of two small boys to being teased (i.e., by Schebesta himself). One, with blazing eyes, tried to hit him with a piece of wood and then to pinch him on the arm before running away, while the other, 'pushing his head forward like a maddened bull', dashed at Schebesta, shouting: 'I'll punch you!' (100, p. 214).

²³ Cf. Stern, who has described as part of the catatonoid reaction the feeling of 'becoming rigid like stone' (115).

Manoid. The reactions of the Semang can be divided into two distinct phases. 1. When the thunder (the voice of Karei) is first heard, but in the distance, they become annoyed and behave toward it with a slight but definite show of aggression. Thus, women will blow through their teeth at the storm with a hissing sound, or shout angrily to it to abate, while others burn evil-smelling rubbish or climb down from their houses and strike their working knives into the earth, where Manoid dwells (32, p. 201). 2. If the storm continues to approach, however, these aggressive responses toward Karei and his wife are rapidly superseded by fear and when, as often happens,²⁴ the thunder detonates directly overhead while the lightning flashes and rain and wind lash the forest, the Semang, in terror, stab at their legs and, throwing their blood to Manoid and Karei, confess their guilt and plead for deliverance.

In this behavior there is a strong element of placation, but the notion of placation does not entirely account for the form the behavior takes. A fuller explanation is available, I would suggest, when recognition is given to the process in which aggression felt against a hated, bad object (i.e., Karei) is, when in conflict with the even greater fear felt toward this object, re-directed onto the self. This, I would emphasize, is a process of fundamental significance for the understanding of some forms of human behavior.²⁵ The basic ingredients—dominance, aggression, and fear—are very old phylogenetically, and the redirection of aggression onto the self may be freely observed in infrahuman primates in situations of stress, as, for example, among the caged macaques and baboons which I studied, during 1963-1964, in the collection of the Zoological Society of London (Illustration 3).

In many of these species there is a marked sexual dimorphism, and in the caged state the male often comes to assert an inordinate dominance over the female. When this dominance is

²⁴In Malaya there are thunderstorms on an average of about two hundred days a year (123, p. 46).

²⁵Cf. Albert C. Cain's paper, The Presuperego 'Turning Inward' of Aggression (19).

exercised, the female, in many cases, reacts by biting her own limbs and contorting her body in a stereotyped way. In so doing she is redirecting onto herself an attack which has the dominant male as its true object but which is thwarted and redirected out of fear of reprisal. This interpretation can be substantiated by the experimental procedure of raising the female's frustration until her attack-drive becomes so activated that her fear is superseded and she suddenly unleashes an all-out attack on the male.²⁶

I am not, let me add, suggesting that the Semang when they let their own blood are always acting impulsively in states of intense emotion, for the evidence indicates that in general their self-sacrificial behavior has become ritualized (i.e., as a cultural response). At the same time there can be no doubting the genuineness of their emotions toward Karei in extreme situations,²⁷ and my hypothesis is that their ritualized response has arisen from the redirection of aggression onto the self that occurs in extreme situations, whether in fact or in fantasy.

The letting of blood from one of the limbs of the body is not the only type of self-sacrificial response when believers are confronted with the wrath of their thunder-god (Illustration 4). Needham has described how, among the Eastern Penan of Borneo, hair taken from the head is burnt and then offered to Baléi Liwen (89, p. 138). Similar forms of behavior have been reported for the Sakai and the Senoi of Malaya among whom head hair, which has been burnt or beaten with a knife, is proffered in hope of averting violent thunderstorms (32, p. 202).

In preliminary interpretation of these behaviors it can be said that we are dealing with a supplicatory act²⁸ in which a

²⁶ Such manic attacks also occur in humans, but much more frequently the aggression felt toward external objects is contained intrapsychically and directed against the self, as in depressive and melancholic states and in suicide. (Cf. Denis Hill's paper, *Aggression and Mental Illness* [64]).

²⁷ Evans records the case of a Sakai headman who, in making a blood offering during a violent thunderstorm, 'wounded himself so badly that he had to be carried home by his companions' (32, p. 200).

²⁸ Robertson Smith notes that the Syriac word *ethkashshaph*, 'to make supplication', means literally, 'to cut oneself' (112, p. 321).



ILLUSTRATION 3.

A female *Macaca nemestrina* reacting to domination of a male (of the same species) by redirecting aggression on to her own leg.

(Drawing based on a photograph taken in London on 7th, May, 1964).



ILLUSTRATION 4.

A Semang Cutting his Leg for the Blood Sacrifice.

(After a photograph by Paul Schebesta, *Among the Forest Dwarfs of Malaya*, London, 1929, p. 209).

valued part of the self is cut off and offered to a feared father-figure. This, however, leaves unexplained why it is that hair should be so offered. An answer that would satisfy some is that the hair is a convenient part of the body that can easily be sacrificed without hurt. This we may admit is part of the answer, but it is not an answer that deals in any way with the possible symbolic significance of the act. To interpret this aspect of the behaviors in question, we must concern ourselves with the symbolic significance of hair and especially the hair that grows on the head. On this subject there is much comparative as well as psychoanalytic evidence.²⁹

Onians, in his scholarly book, *The Origins of European Thought* (91), has shown that in the ancient world the head was looked upon as a source of generation, as carrying the seed, a portion of the cerebrospinal fluid, which was the very stuff of life. Directly related to this belief is the notion that the hair which issues from the head is connected with its generative power and, in symbolic terms, is an extension or an outcrop of the seed that it contains. Thus Aristotle writes: 'The head seems to be the fountain-head of liquid, wherefore also its growth of hair on account of its abundant liquid' (9).

In the Jewish Kabbalah, where the liquid in the divine head is the vehicle of life, 'each hair is said to be the breaking of the hidden fountains issuing from the concealed brain' (91, p. 234). In the ancient world, as Onians notes, 'Hairy men were believed to have the strongest sexual bent,³⁰ and loss of hair, baldness, was believed to be dependent on the loss of seed' (91, p. 232).

These notions are apparent, for example, in Aristotle's pon-

²⁹ Much of what follows will be more than familiar to the psychoanalytically informed; I would ask them to realize that I am also addressing anthropologists and other readers in whom I can assume no conversance with the psychoanalytic evidence on the topics under discussion.

³⁰ Karei, the thunder-god of the Semang, is said by some to be extremely hairy (100, p. 188).

derings over why it is that eunuchs do not become bald: 'is it because they have a large amount of brain matter? Now this is the result of their not having sexual intercourse with women; for the semen passes from the brain through the spine. For this reason two bulls which have been castrated appear to have large horns after castration' (9, p. 25).

From such symbolic identifications, conscious or unconscious, has arisen the widespread fantasy, as in the case of Samson, that strength and potency reside in the hair. As Karsten remarks, the idea that the 'vital power of a person is concentrated in his head, and particularly in his hair, seems to be common to all the lower peoples in the whole world and gives the explanation not only of a number of peculiar hair customs but first of all of the practice existing among some savage tribes of taking the scalps of slain enemies or preparing their heads as "trophies"' (74, p. 87). For example, the trophy heads (*antu pala*) prized by the Iban are believed to procure fertility and, in ritual invocations, such heads are described as being full of seed and the hair from them is highly valued.

Given these identifications it becomes possible to interpret one of the common meanings of having the hair cut off, especially at the behest of, or to placate, dominant authority. Onians notes that the Nazarite's offering of his hair to Jehovah may perhaps be explained as an offering of the life substance from within the head (91, p. 234). In psychoanalytic terms the making of such an offering is a form of symbolic castration. There is much clinical evidence that the cutting off of hair may have this unconscious meaning. Simmel, for example, has described the case of his son, aged three and a half, who was playfully threatened with castration with scissors by the surgeon who had circumcised him. The child, who had stood the operation without apparent alarm, became terrified at this playful threat. A year later he related his visit to the surgeon in great detail, but substituted 'haircut' for the castration threat (109, p. 454).

Again, one of Berg's patients is recorded to have said: 'Short hair is in the nature of a castration. It is part of discipline. In

the army hair is cut short, and the same in prisons. Monks used to shave their hair completely' (13, p. 11).³¹

Needham records how sacrificial hair is described in Penan invocations as being applied to the genitals of Baléi Liwen, the thunder-god. Thus part of the invocation that accompanies the cutting, burning, and offering of hair, runs:

Here is hair (of the head) that we give
to you, Baléi Liwen,
Apply it to the genitals.

That the thunder-god is required to apply the sacrificial hair to his genitals is evidence of decisive importance, for it is an expression of the symbolic identification of the hair with those parts, from which it follows that one of the unconscious meanings of cutting off hair is castrative. Such sacrificial acts are performed because the feared father-figure, of which the god is a projection, is experienced as demanding them, and they are offered to forestall any attack on his part. It follows, I would argue, that what is unconsciously feared is a comparable kind of attack.³²

We now come to Needham's question: Why—when the Semang and Penan sacrifice to their thunder-gods—is blood taken from the leg?³³ To find an answer to this specific question we must, obviously, concern ourselves with the symbolic significance of the leg.

³¹ For additional examples, see Menninger (85) and Eder (27).

³² An interesting confirmation of this interpretation is to be found in a report of Evans on the Sakai; should anyone break off the tail of a lizard, each person present cuts off a piece of his hair, burns it in a fire, and offers the ashes to the thunder-god with the words: 'Don't any more!' (32, p. 202). Here the unconscious basis of the two symbolic behaviors is clear.

³³ Needham also asks why it is that 'only the Semang and Penan' practice blood sacrifice to a thunder-god (89, p. 148). An adequate answer to this question would involve discussion of vicissitudes in symbol formation and ritualized acting out (cf., footnote 16). But it may be noted that several other peoples in the same region—e.g., the Sakai, the Senoi, and the Malays—follow the same practice (32, 33). Again, comparable sacrificial behavior toward thunder-gods has been reported from other parts of the world; for example, in ancient Greece (39, p. 45), in the central provinces of India (22, p. 75), and among the ancient Maya (119, p. 211).

Let me approach this problem by reporting the case of Brian, a five-year-old boy of Canberra, Australia, whose behavior I observed some years ago. As we were sitting together, Brian spontaneously remarked to me in a matter-of-fact tone of voice, as he pointed to a nearby eucalyptus: 'There's a crocodile up in that tree'. Looking up to where he was pointing, I replied: 'Is there? What's he going to do?' 'He's going to bite me', said Brian, with some anxiety. 'Oh, is he?', I replied, 'Whereabouts?' 'Here', answered Brian, and for a moment his hand hovered over his genitals, before coming to rest on the inner part of his right thigh.

Here we have a clear example of redirection behavior, and the anxiety which Brian felt was, in psychoanalytic terms, castration anxiety. For our present purposes, the significant aspect of Brian's behavior is that the fantasied attack was redirected from his genitals onto his leg. From this we are able to derive the symbolic equation: leg=genitals. Abraham has discussed a comparable case in which a nine-year-old girl had the fantasy of a snake (representing her father) trying to bite her on the leg; and, having investigated the case, Abraham made the interpretation that she 'named her leg in place of her genitals, in the same way as a stork is said to bite a woman's leg' (4).

The equation leg=genitals has been well established by other psychoanalytic research.⁸⁴ Anna Freud, for example, has recorded the case of a ten-year-old boy in whose fantasies the foot was equated with the penis (40, p. 106), and Melitta Sperling, in her account of the analysis of a case of recurrent ulcer of the leg, has written: 'The choice of the leg as a representation of the penis in the unconscious is a rather common phenomenon in neurotic women, especially those with exhibitionistic tendencies' (113, p. 405). Freud cites several cases in which a young man's foot 'symbolized the penis' (47, p. 200). And Abraham describes the case of a twenty-two-year-old student in whose dreams 'the foot replaced the penis' (2).

The same symbolic equation is also to be found in various

⁸⁴ Cf. also such independent researches as those of Block and Ventur (16).

mythological and linguistic sources for, as Freud notes, the foot is 'an age-old sexual symbol' (44, p. 155). In ancient Egypt, the annual inundation was believed to come from the thigh of Osiris and relics of his thigh were kept in several temples (21, p. 129). In Hindu mythology, the sacred Ganges is represented as a flowing from the toe of Vishnu (25, p. 108).³⁵ Dionysus was born from the thigh of Zeus. The ancient Hebrews spoke of the thighs as sources of procreation (91, p. 183). Euripides refers to the 'knees' as 'generative members' and for the Assyrians and Babylonians—of race and language quite unrelated to the Greeks and the Romans—the word *birku* signified either the knee or the male organ of generation (91, p. 176). Among the Iban of Borneo, castration dreams may take the form of injury to the thigh or lower part of the leg.³⁶

The symbolic equation leg=genitals is also manifested in the belief of the Penan that the thunder-god, Baléi Liwen, applies human blood, drawn from the leg, to his genitals (89, p. 144). In other words, as in the case of sacrificial hair, this substance and the part of the body from which it has come (the leg) are identified with the genitals. We may thus attribute to the behavior of letting blood from the leg, when threatened by the wrath of Baléi Liwen, the same general symbolic significance as the offering of hair taken from the head. It would also be my hypothesis that the same conclusions are likely to hold for the comparable behaviors of the Semang toward Karei who, as we have seen, is a punishing god with castrative aspects to his attacks on mankind, whose onslaughts are chiefly directed against improper sexual behavior, especially of an incestuous kind.³⁷

³⁵ Cf. Onians: 'it is clear that rivers were regarded as generative powers and givers of seed' (91, p. 230).

³⁶ Cf. the medieval belief that lightning, which was diabolical in its origin, would destroy the foot in its shoe (122, p. 370).

³⁷ These conclusions hold, I would argue, even though the self-sacrificial letting of blood from the leg is also performed by Semang women. Cf. ancient Greece where menstruous rags were used to drive away thunderstorms (39, p. 45). Also relevant is Klein's comment: 'The girl being more subordinated to her introjected father is more at the mercy of his powers for good or evil than is the boy in relation to his superego' (78, p. 244).

As a final illustration of leg symbolism let me cite a revealing story, based on comparable unconscious identifications, recently reported as being current in Djakarta (81). It concerns the occasion when President Sukarno, the 'father' of the Indonesian people, appeared on the porch of one of his palaces for a press conference, dressed in an impeccably cut, sky-blue marshal's uniform. When a correspondent finally summoned up the nerve to ask about the lack of footgear, Sukarno stared haughtily for a moment and then said: 'I am discharging electricity!'. And with that, he pointed to the sky, whereupon an enormous bolt of lightning split the firmament.⁸⁸

I now turn to the topics of mockery and the nicknaming of God's creatures. We have already seen that the wrath of Karei is aroused by the mockery of certain animals and that among the taboos he imposes is that against watching dogs copulating. These actions, it is believed, will bring calamity not only to the individual but to the community as a whole. Here, it will be noted, we are still in the realm of interdicted sexuality but what is remarkable is the great severity of the punishment which the father-god inflicts for what, in themselves, are innocuous enough acts. Indeed, the punishment is on a par with that inflicted for incestuous behavior or filial disrespect, and it is reasonable to ask if the animals concerned may not be symbolic of the parents, especially in their sexual aspects. This then is my hypothesis.

When the myths of the Malaysian peoples having these taboos against the mockery of animals are examined, the incidents believed to have resulted in disaster divide into two classes: 1. In the first class the animals laughed at are either symbolically phallic (for example, snakes, leeches, lizards, frogs, or jumping fish),⁸⁹ or they are animals, such as the cat,

⁸⁸ Haddon records that among the Sebob of Borneo, a stone adze-head or thunderbolt was said to be the toenail of Balingo, the thunder-god (57, p. 368).

⁸⁹ See St. John (98, p. 229), Schebesta (100, p. 223), Evans (34, p. 146), and Gomes (53, p. 206). An Iban term for the penis is *anak remaung*, or little frog. Among the Sema Naga, stone adze-heads or lightning stones are called toad axes (68, p. 256).

dog, or monkey, looked upon as lecherous because of their overt sexuality, which have been ironically dressed in finery and either equipped with a sword or have a burning brand or something similar tied to their tails.⁴⁰ 2. In the second class, the animals (again cats, dogs, or monkeys) are joined in mock-marriage or made to fight with one another.⁴¹

The first class of actions I would interpret as being symbolically equivalent to mockery of the parental genital, and the second as mockery of the envied sexual behavior of the parents. Mockery, it is important to realize, is a highly aggressive act, and therefore dangerous inasmuch as it is likely to provoke retaliation. This is seen in the dictum of Guazzo (1574) that 'it is a perilous thing to mock and scoffe at others, and, as the saying is, to anger a waspe' (56). Again, in Proverbs (xxx:17), the young are warned that 'the eye that mocketh at his father and despiseth his mother, the ravens of the valley shall pick it out and the young eagles shall eat it'.

In these severe taboos against mockery we are given a glimpse of the repressed aggression of children against their parents, and I would also argue that behind this aggression lies envy, for when humans mock at the fine possessions or superior capabilities of others, they are also revealing an envious wish to take those possessions and capabilities for themselves.

This brings us to the second of Needham's questions: What did Hamlet mean when he charged it to Ophelia as an offense in women that they do nickname God's creatures?⁴²

⁴⁰ See Evans (32, p. 203) and Gomes (53, p. 205). Also, cf. Freud: 'a tail . . . is one of the most familiar symbols and substitutive expressions for the male organ' (45, p. 85), and his references to sword symbolism (42, p. 197).

⁴¹ Fighting is a common symbolic equivalent for the act of coition; cf. Freud (48, p. 318).

⁴² It is fitting that at the conclusion of a paper devoted to 'the investigation of problems posed by a practice common to the Semang of Malaya and the Penan of Borneo', Needham should have instanced the behavior of Hamlet. Cf. Hazlitt's words: 'Hamlet is a name; his speeches and sayings but the idle coinage of the poet's brain. What then are they not real? They are as real as our own thoughts' (60).

First, let me note that nicknaming, like mockery, is essentially aggressive. 'A nickname', says Hazlitt, 'is the hardest stone that the devil can throw at a man' (61). And he relates that he once knew an admiral who had got the name 'Dirty Dick' among the sailors and who, on being congratulated on obtaining some desperate victory, said only: 'I hope they'll call me Dirty Dick no more' (62).

In my interpretation of the interdicted mockery of the Semang, I identified as prominent among the mocked at objects, symbolic representations of the paternal genital, and argued that this mockery was basically associated with envy. I would now like to direct attention to another mode of mockery of the male genital, namely, mockery by females, which is associated with penis envy.

This is a well-known phenomenon to psychoanalysts. Fenichel, for example, has described the case of a woman with acute penis envy 'whose whole life stood under the rule of the castration complex and who made men the objects of her scorn. . . . But not only men; the penis in particular too. She found it grotesque and she had to laugh at it when she saw it, and when she thought that men were proud of *that!*' (35, 156).

Penis envy is a widespread phenomenon ethnographically, a notable instance being the socially shared belief in the *inyoka* or snake said to inhabit the genitals of women among the South-Eastern Cape Bantu, which Laubscher has interpreted as a 'compensating reaction for penis envy' (82, p. 24). Again, Elwin has recorded from Middle India the myth of Bodrahin, the daughter of the Raja of Chandagarh, whose umbilical stump, measuring seven and a quarter cubits in length, is used both to split open the heads of hated males and to impregnate her handmaidens (29, p. 395). As a further example, I shall briefly describe some of the manifestations of penis envy among the Iban of Borneo.

It is a not uncommon thing to see an Iban mother fondling, in an admiring way, the penis of her infant son. This is erotically stimulating to the child but it is also, I would suggest,

threatening, for to look on an object not one's own with intense longing is also, in most cases, to envy its possessor. This is seen when a mother and young son quarrel, as they often do. Then, the boy, enraged, will shout at his mother (as in a case I observed): 'Your vulva! Your vulva!'. And the mother, also angry but partly in mockery, will retort: 'Your stiff penis! Your testicles!'. Or, to give another example which I also observed: A small boy, having quarreled with his mother, is lying in the gallery of the long-house, with an electric torch in his hands and is crying. His mother brings out some rice beer for a visitor and, as she passes her son, she bends down and tweaks his penis. Enraged, the child flings the torch with all his might and hits his mother full in the back. A more regressive reaction was observed in Dengo, a five-year-old boy, who, after being teased in public by his mother with repeated pullings of his penis, suddenly broke down and, flinging himself on her lap, impulsively bit at her skirt immediately over her genitals.

Adult women in Iban society are, virtually without exception, envious of males and mockery of males, and particularly the male genital, is one of their favorite pastimes. One of the forms which this mockery takes is for two women to share a nickname (*emprian*) which they regularly use in addressing one another in a bantering tone of voice. It is always a nickname directed at males, and usually at the male genital. For example:

ribok tangan batang: damaged tree trunk (a jeering reference to a male organ with a *palang* or penis pin, a phallic ornament affected by Iban braves)

kring enda lama: stiff but not for long

ringat enda makai: enraged if it does not eat

udun bepala lasu: bald-headed fish

enda tau di tegu: that which must not be touched

Again, during head-hunting rituals which are occasions for the celebration of the preoccupations and the narcissism of men, bands of women as comically dressed transvestites com-



ILLUSTRATION 5.

An Iban female transvestite during the course of a head-hunting ritual.

(Photograph taken at Rumah Kuleh, Sungai Amang, Third Division, Sarawak, Borneo on 1st. July, 1949).

plete with grotesquely ornamented phalli, for hours on end chant songs in which they mock male pretensions and denigrate the male genital (Illustration 5). For example:

Bald-headed fish,
Fish with one tail,
Throttle and beat this thing
Which, like a child,
Takes out its father
For nocturnal walks.

Needless to say, the men do not find the jests of their women-folk amusing; they are joking about far too serious a matter, and the experience too closely resembles the events of their childhood. Threatened and anxious, the men become incensed and retaliate by bellowing out chants critical of women which lack wit and leave nothing to the imagination.⁴³

With this brief glance at a relevant aspect of the psychodynamics of sexual nicknaming, let us turn to Hamlet and Ophelia. Shakespeare's play, as Ernest Jones has shown, is basically concerned with the psychology of the œdipus situation. A principal feature of this is Hamlet's emotional reaction to the Queen's adultery and incest. 'The underlying theme', Jones writes, 'relates ultimately to the splitting of the mother image, which the infantile unconscious effects, into two opposite pictures: one of a virginal Madonna, an inaccessible saint toward whom all sensual approaches are unthinkable, and the other of a sensual creature accessible to everyone' (70, p. 86).

There is also in the play evidence of Hamlet's repressed aggressive impulses toward his mother. For example, in Act III, when he decides to go to his mother's bed-chamber, Hamlet utters the words:

⁴³ On one occasion, at Rumah Rabong in the Kapit District, when a woman at the height of these festivities cut her foot on a ceremonial sword which had fallen from the scabbard she was wearing, this was interpreted by some of the men present as a retaliatory gesture by the familiar spirit of a renowned head-hunter, Temenggong Koh, who was among the guests; his familiar spirit, a serpent (*antu nabau*), had become, they said, incensed at the mockery of women—a nice example of symbolic displacement.

O heart, lose not thy nature, let not ever
 The soul of Nero enter this firm bosom:
 Let me be cruel, not unnatural.
 I will speak daggers to her, but use none (III, ii, 397).

Here the reference is to the fact that Nero is reputed both to have slept with his mother, Agrippina, and later to have murdered her.⁴⁴ In other words, the soul of Nero, by which Hamlet for an awful moment is tempted, is that of the incestuous matricide.

Hamlet in the early part of the play manages to contain his revulsion and anger at his mother's rank sexuality, but only at the expense of displacing this revulsion and anger onto the fair Ophelia.⁴⁵ Thus, from Act II onwards, Hamlet treats Ophelia as though she were a harlot; her prattling old father, Polonius, he calls a 'fishmonger', which in the language of the Elizabethans means a pander or bawd. And in Act III, distraught, he lashes her with the words it is our concern to try to interpret:

Hamlet: ' . . . get thee to a nunnery, go, farewell . . . (*he paces to and fro*) Or if thou wilt needs marry, marry a fool, for wise men know well enough what monsters you make of them: to a nunnery, go, and quickly too, farewell.'

Ophelia: 'O heavenly powers, restore him!'

Hamlet: (*once more returning*) 'I have heard of your paintings too, well enough. God hath given you one face and you make yourselves another, you jig, you amble, and you lisp, you nickname God's creatures, and make your wantonness your ignorance; go to, I'll no more on't, it hath made me mad. I say we will have no more marriage—those that are married already, all but one, shall live, the rest shall keep as they are: to a nunnery, go' (III, i, 141).

⁴⁴ Cf. King John: 'You bloody Neroes, ripping up the womb/ Of your dear mother England . . .' (V, ii, 152).

⁴⁵ Hamlet's words to Ophelia: 'I did love you once' (III, i, 115) may be interpreted as referring to the time before his mother incestuously married his uncle, Claudius.

With some of these words there is no difficulty. The 'monsters' that women like Ophelia make of men are horned monsters or cuckolds, and the 'nunnery' to which Hamlet tells her to go is, in the cant language of Shakespeare's day, a brothel⁴⁶ (106, p. 193). Again, the paintings mentioned by Hamlet are not Ophelia's water colors but the lascivious embellishment of her face.⁴⁷

These allusions establish very plainly Hamlet's intentions: he is attacking the wanton sexuality of women, and especially his mother,⁴⁸ in the shape of Ophelia. His next words are: 'you jig, you amble, and you lisp'. Jigging, which means dancing, and ambling, which is a form of riding, have obvious sexual connotations;⁴⁹ and it is significant that in the bad quarto of 1603, Hamlet is made to say to Ophelia: 'you fig, you amble, and you lisp', fig being a common Elizabethan obscenity meaning to fornicate, derived from the Italian *fico* (92, p. 112).

Finally, we come to the words 'you nickname God's creatures', which have puzzled Needham as they have many Shakespearean scholars. Clearly, the words are a reproach against the behavior of women, including Hamlet's mother, and, from the context, of a sexual kind. The great Shakespearean scholar, Dover Wilson, has put forward the view that Hamlet was alluding to indecent names given to fruit and vegetables (124, p. 194), and he cites, following Dowden (24), this passage from *Romeo and Juliet*:

Now will he sit under a medlar tree,
And wish his mistress were that kind of fruit
As maids call medlars when they laugh alone (II, i, 34).

⁴⁶ For example, in an early German version of *Hamlet*, there is a reference to 'a nunnery where two pairs of slippers lie at the bedside' (52, p. 121). Cf. also John Fletcher's *The Mad Lover*: 'There's an old Nunnerie at hand. What's that? A bawdy-house.'

⁴⁷ Cf. *Hamlet*, the words of Claudius: 'The harlot's cheek, beautified with plast'ring art' (III, i, 51).

⁴⁸ Cf. *Hamlet's* feelings about marriage (i.e., the incestuous marriage of his mother), as expressed toward the end of his outburst against Ophelia.

⁴⁹ Freud notes that rhythmical activities such as dancing and riding are symbolic of sexual intercourse (48), and this is confirmed in Partridge (93).

Now, as Partridge documents, the term *medlar*, in Shakespeare, means the female pudenda (92, p. 153).⁵⁰ So, if Dover Wilson is to be believed, Hamlet is holding it an offense in women that they mock their own genitals.

This is a most interesting defensive denial and the exact reverse of the truth. What really concerns Hamlet, as it concerns Iban sons and 'princes', is that women, including mothers, are wont to nickname and jeer at not their own genitals but those of the males whom they envy.

Confirmation of this interpretation is to be found in another of Shakespeare's plays, written at about the same time as Hamlet—the comedy, *As You Like It*. The passage in question occurs in Act IV, at the point where the sardonic Jaques encounters a party of lords returning from a deer hunt which has ended in a kill. They are elated at their success, and Jaques, delighting as ever to foster human folly, eggs them on to the top of their bent. In this he succeeds, and the slayer of the stag, wearing its pelt and horns as the insignia of victory, and riding on the shoulders of his companions, is borne in triumph, like a Roman conqueror, to the Duke's presence. It is a droll scene of masculine vanity, and as the elated hunters go on their way, they sing, at Jaque's urging, these vainglorious words:

Take thou no scorn to wear the horn,
It was a crest ere thou was't born,
Thy father's father wore it,
And thy father bore it,
The horn, the horn, the lusty horn,
Is not a thing to laugh, to scorn (IV, ii, 14).

I have but one word to add. The word scorn comes from the Old French *escorner* which means: 'To deprive of horns, hence to despoil, hence to mock . . .' (94, p. 595). With this our search is at an end, as also is this paper.

⁵⁰ As Partridge notes, there is probably here a pun on 'meddle' (92, p. 153). Cf. *Coriolanus*: 'Ay, 'tis an honest service than to meddle with thy mistress' (IV, v, 43).

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Notes on a Theory of Depression

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NOTES ON A THEORY OF DEPRESSION

BY DAVID L. RUBINFINE, M.D. (NEW YORK)

The origins of my interest in depression lie in Freud's final conception of anxiety as a signal utilized by the ego. In *Inhibitions, Symptoms and Anxiety* (3), Freud wrote:

Anxiety is an affective state and as such can only . . . be felt by the ego . . . (p. 140). [It] should not be explained from an economic point of view, . . . is not newly created in repression; it is reproduced as an affective state . . . (p. 93). A danger situation is a recognized, remembered, expected situation of helplessness. Anxiety is the original reaction to helplessness in trauma and is reproduced later in the danger-situation as a signal for help. The ego, which experienced the trauma passively, now repeats it actively in a weakened version, in the hope of being able itself to direct its course (pp. 166-167).

The mastery of anxiety which reduces it to a signal of danger accompanies the unfolding of a genetic series of danger situations, each corresponding to an ego state of an increasing complexity of organization. In archaic or uncontrolled states of anxiety there has been a regressive revival of pre-existing structures; i.e., archaic ego states with their own danger situations as well as a limited repertoire of primitive defenses. The threat of helplessness and a revival of the traumatic situation is thus imminent.

It now seems like a simple, logical extension of this structural theory of anxiety to inquire whether depression, another basic affective state of the ego, cannot be similarly conceptualized. Yet it required the genius of Edward Bibring to make this step. In his fundamental paper, *The Mechanism of Depression* (1), he wrote:

Presented in a modified version at the Tenth Anniversary Celebration of The Mental Health Consultation Center, Spring 1966, in New York City.

To clarify the status of depression still further, it may be helpful at this point to compare depression with the feeling of anxiety, particularly since the latter has been brought in close connection with the feeling of helplessness (Freud). . . . Both are frequent—probably equally frequent—ego reactions, scaling from the mildest, practically insignificant forms to the most intensive pathological structures. Since they cannot be reduced any further, it may be justified to call them basic ego reactions. . . . anxiety and depression represent diametrically opposed basic ego responses. Anxiety as a reaction to (external or internal) danger indicates the ego's desire to survive. The ego, challenged by danger, mobilizes the signal of anxiety and prepares for flight or fight. In depression, the opposite takes place, the ego is paralyzed because it finds itself incapable to meet the 'danger'. In extreme situations the wish to live is replaced by the wish to die.

Bibring went on to discredit the belief that a predisposition to depression is primarily a result of oral fixation or is created by narcissistic injuries to an orally oriented ego.

Frequent frustration of the infant's oral needs may mobilize at first anxiety and anger. If frustration is continued however, in disregard of the 'signals' produced by the infant, the anger will be replaced by feelings of exhaustion, of helplessness and depression. This early self-experience of the infantile ego's helplessness, of its lack of power to provide the vital supplies, is probably the most frequent factor predisposing to depression. I should like to stress the point that the emphasis is not on oral frustration and subsequent oral fixation but on the infant's or little child's shocklike experience of and fixation to the feeling of helplessness.

Thus regression in depression is a regression of the ego to a primal state of helplessness. This can also be expressed in Erikson's terms as a state resulting from a breakdown of 'mutuality' (2). The emphasis is on: 1, Lack of narcissistic supplies or inadequate stimulus nutriment or absence of the object. (These are interchangeable but I think ultimately they are represented structurally in the psyche as absence of the object.) 2, A too early self-experience of the infantile ego's helplessness.

Let us now summarize what Bibring's theory of depression is and what it does: 1, It is an affective state of the ego. 2, It is the result of fixation to an infantile state of shocklike helplessness. 3, Revival of this ego state occurs when there is a blow to the self-esteem of the ego. 4, This fall in self-esteem results in depression only if there are concomitant persistent and strongly maintained narcissistic aspirations or aims; the depression is the result of the tension between highly charged narcissistic aspirations and the ego's acute awareness of its weakness, helplessness, and incapacity to achieve them.

This is a brilliant effort toward an ego-psychological theory of depression. It is artistic in its parsimoniousness and yet, paradoxically enough, it is this very parsimoniousness that is its flaw. For although it promises to provide us with the means for understanding depression in all of its forms, it succeeds only in describing the conditions responsible for it. It does not answer the vital question of why certain people achieve a mastery of depressive affect while others succumb to depressive illness.

Certainly all human beings experience the tension between highly charged narcissistic aspirations and the perception of the ego's helplessness and incapacity to achieve them. Why then is it possible for some to accept the limitations of their ego and either relinquish their aims as hopeless or reduce them to the realm of pleasurable fantasy, while others continue, in the face of the same perceived limitation and absence of hope for achievement, to maintain their narcissistic aims just as intensely?

As we examine Bibring's theory we realize that it is not so much that he has failed to answer this question as that he has failed to raise it. It has, in effect, no place in the structure of his theory. We must, therefore, conclude that there is an omission in Bibring's construction, which if present, would make such a question inevitable. Let us begin to search for what is missing by first examining what is there.

In the abstract, a purely ego-psychological theory of depression should not derive explanatory power from drive theory and Bibring has specifically indicated that the primary causal

agents of depression are neither libidinal nor aggressive drive disturbances. However, upon closer scrutiny we see that drive theory has not been omitted. A place has been found for the role of libidinal drives as expressed in the importance of narcissistic aspirations and the concept of self-esteem. On this basis we must ask if there is a corresponding role for aggression since it is inconsistent to offer theoretical explanations based on one drive and omit the other. However, that is exactly what has happened in this instance. Let us then re-examine the concept of the aggressive drive to see if it offers the necessary explanation to our earlier questions: why do some achieve mastery over depressive affect while others succumb to it; what is the reason for the apparently illogical maintenance of narcissistic aspirations without hope that leads inevitably to depression?

We know that the mutual adaptedness of the infant and his average expectable environment (mother) is always to some extent inadequate. There is always some experience of frustration; some delay in response to the infant's signals of need tension. We also know that as delay is prolonged and tension rises all the somatic discharges of anxiety occur: restlessness, crying, increased heartbeat, etc. If there is still no response, it is possible to observe the earliest differentiation of aggressive drive expression: the infant's rage. What is noteworthy here is that this rage invariably precedes the signs we usually associate with depressive withdrawal: loss of muscle tone, immobility, sagging of the facial musculature, and gradual transition to a state of sleep; in other words, a state of helplessness. Thus, we must assume that the events that give rise to the earliest experience of depression are always associated with differentiation of aggression. In fact, although it may not be clinically observable that aggression invariably precedes depression in the infant, it is observable that depression or those signs by which we recognize depression seem always to follow discharge of rage. We may, therefore, infer that rage goes hand in hand with the experience of prolonged frustration, and that this rage when it fails to elicit response, that is, to alter the environment, results

in exhaustion and feelings of helplessness. Here then is the earliest experience of loss which results in the model for the genesis of depressive affect. For it is this experience of helplessness that leads to the earliest awareness of separateness from the object. By definition, the experience of helplessness implies a dawning awareness of dependency on an external environment always *after* it has failed to meet a need.

In summing up we may say that helplessness leads to narcissistic disillusionment and that this disillusionment, this disruption of narcissistic unity, results in the investment of the external environment with aggressive drive.

Since the experiences of which we speak—delay, helplessness, and the knowledge of separateness—are universal developmental experiences, we are still left with the question: what makes them pathogenic for some and, even more important, what decides the costumes in which the pathology will emerge? Aggression, in itself, does not provide an answer for this question. Let us therefore, add to it the two primary factors of sequence and timing and the modifying principle of degree: in other words, the order, the era, and the amount of frustration encountered, and see if this will shed any light on the question of how choice of illness is determined.

If, for example, the primary factor in the pathology is one of sequence, i.e., where experiences of frustration, delay, or intractable pain predominate in the earliest months of life, can we predict the resulting predisposition? Yes, for it will almost certainly be to some form of childhood psychosis. We may even go further and predict that if these predominantly painful experiences are not global, and involve only certain functions and not others, they will result in psychosomatic disorders. In either instance, it is the sequence that is fateful to the pathology and makes it predictable. Later experiences of gratification may conceal such pathology but will not cure it. The same is true of pathology that results from disturbance in timing. For here too, we can predict that if the earliest experiences have been predominantly the normal ones of need satisfaction and there

is a premature and too abrupt reversal of climate into one of pain, frustration, and delay, the result will be a predisposition to depression.

I am saying, in effect, that those illnesses, the predisposition to which is determined in the first year of life, fall into three groups which are determined by the two factors of sequence and timing: psychosis, psychosomatic disorder, and depression. As to where the illness we call psychotic depression fits into this pathogenic scheme, from my own experience it is more closely related to the sequence type of disturbance and is always characterized by evidences of dedifferentiation, such as severe disturbances of reality testing, thought disorders, and fragmentation of ego and object representations. I must then categorize it as a psychosis which in its phenomenology resembles depression but in its structure is identical with the schizophrenias.

With these concepts of sequence and timing in mind, the role that aggression plays in the genesis of these disorders becomes obvious. If the earliest experiences are predominantly those of prolonged tension resulting from a failure of the environment, it is inevitable that a much too early distinction between self and object will be made (5), and that this distinction will be made in a climate where there is a preponderance of aggression, leading eventually to the formation of 'bad' object- and self-representations. In such situations, where the aggressive drive differentiates first, the danger is always the threatened destruction of object and self. The infant can only meet this threat with his limited repertoire of defenses which consist of denial and regression to the undifferentiated phase. The most extreme outcome of this reaction is infantile autism.

In disturbances of timing, the impact of aggression plays a different role. Initial experiences here are those of need satisfaction and the libidinal drive differentiates first, investing the mother-child unity with what we could appropriately call narcissistic feeling. In this climate, when sudden and shocklike experiences of prolonged tension initiate a flood of aggressive drive, it results not in the threatened destruction of self and

object but in the disruption of narcissistic unity. Here too, the infant's available defense is one of regression, but it is a regression to the narcissistic phase and the mechanism of denial is used in this instance to block out percepts of the object in order to preserve it, rather than, as in the case of the schizophrenic child, to delete it from experience.

Thus, where the depressive is concerned primarily with restoring past pleasure, the autistic child is concerned with preventing future pain. For the depressive there is always hope connected with the object. For the psychotic there is only danger. Is it any wonder, then, that the narcissistic aims of the depressive are so intensely maintained and so impossible to renounce? They are the last outpost, a defensive position taken to ward off investment of the object with aggressive drive and thereby lose it forever. It is interesting to note in this context that where there is a predisposition to depressive illness it is always accompanied by a severe intolerance of aggressive impulses and an incapacity to bear depressive feelings. It is also interesting to note that though we speak loosely of depression as caused by hopelessness, the very basis for depression is hope.

Unlike the schizophrenic who has no early libidinal position to which to regress and must find and cling to later libidinally invested self- and object-representations to cover the early defect, the depressive must strive always to keep the early libidinal state intact by warding off those experiences that might alter or disrupt it. In other words, he is an individual whose sole hope lies in maintaining his dream and whose only dream is that there is still hope. There is no way for him to renounce his narcissistic aims for in pathological depression the end of the era of narcissistic unity is marked by pain and loss without the recompense of love and at a stage of development where the ego cannot yet conceive of future possibilities of satisfaction.¹

It is extraordinary when one considers the fragility of the in-

¹ In a recent paper Mahler has contributed to the understanding of the genesis of depressive moods (4). Her findings converge in many ways on ideas that I have attempted to advance in this paper.

fant's ego and the vicissitudes of the environment not that so many succumb to depressive illness but that so many do not. Even if in the oral developmental phase, the child's narcissistic needs to be loved, to be taken care of, and to experience consistent need satisfaction are insured, does not the discovery of the self as separate from the object always cause pain and hence release a flood of aggression? For is it not always imposed on the infant by a failure of the external environment with resulting disillusionment and loss of narcissistic unity? If this is the case, is there not always a reversal of climate, a withdrawal at some point on the part of the mother which results in the sudden shocklike experience of frustration and delay? Otherwise, how else would the awareness of separateness dawn on the infant? He does not as yet have the capacity to conceptualize. He is not able to get the idea from the small experiences of frustration and delay that he inevitably must tolerate, that there might be something more to come. The thought 'what if someone doesn't come when I *really* need them' is impossible for him since as yet there is no 'someone' and there is no 'I', let alone the capacity for thought as such. Therefore, we must, if we follow this logic, conclude that the theory that gradual and deliberate introduction of experience of delay and frustration will promote the building of psychic structure in the infant and ultimately lead to the distinction between self and nonself in an optimal way is more fanciful than factual. It would imply that the infant by experiencing these small and graduated amounts of tension masters the concept of separateness in thought rather than experiencing it as a trauma. In other words, it is like saying, 'If I do it a little bit at a time maybe he'll put two and two together by himself and then he won't be mad at me when he finds out'.

This obviously is impossible. For if the distinction between self and object is the direct result of a failure of the environment, that failure must always be traumatic. In other words, there must always be an actual reversal of climate and withdrawal by the object. And this leads us to one of two conclusions. First, that every mother of a child who successfully

achieves an awareness of separateness has at some point done an about-face and abruptly withdrawn from the infant because of some genetic determinant that assures adaptation, or, second, that all incidents of withdrawal by the mother, including a bad mood or minor illness, are possible instigators of a traumatic perception of separateness.

The first is not observable and the second would mean that normal development is dependent on sheer chance. The truth is that normal development allows for very little chance while the genesis of psychopathology contains in it a large element of accident. Logic demands, therefore, that we take for granted that traumatic experiences involving frustration and delay are not the sole or even primary determinants of the achievement of individuation in normal development, but that such experiences as waiting and delay become important in development when the maturation of the apparatuses of consciousness, perception, memory, cognition, thought, etc., make finer discrimination inevitable. The infant begins to note that he cannot by merely wishing bring about the sequence of events that culminates in need satisfaction, nor can he wish away painful stimuli arising from within as he can with many external stimuli by turning away. Thus, the refinement of his perceptual and cognitive apparatuses in the course of maturation sets the stage for the recognition of the distinction between himself and the external world.

Normally these maturational events create the structural condition which must be in readiness to respond to the impact of frustration and delay with the recognition that mother and self are separate. It is, therefore, a necessary inference that whenever the awareness of separateness is imposed by trauma it is always a pathogenic event.

When individuation occurs in normal development there is no sudden reversal, no abrupt withdrawal of love which gives rise to pathogenic amounts of aggression. Although the discovery that the mother is a separate being over whom one does not have omnipotent control is invariably accompanied by some

depressive experience, there is continued confidence in the loving characteristics of the object which makes it possible to continue to invest the object with positive good feeling in its absence. For there is a recompense: the recompense provided by the pleasure of the mother when the child recognizes her as not only separate but special. It is a recognition to which she usually responds by giving even more. There can be no doubt that this is the case, for the mother's pride and excitement on that occasion when it becomes clear that she is perceived as separate and recognized as mother is a well-known and observable phenomenon. Phone calls are made, neighbors are called in, and the die is cast. The mother has rewarded the recognition of love and a new relationship has begun. A developmental step rather than a regressive one has been taken. There is no need for the child to cling so intensely to the narcissistic unity since another pathway to gratification has been perceived.

This is the era when the building of the 'whole' object-representation is begun; an object-representation which has both 'good' or need-satisfying, and 'bad' or frustrating qualities. This is the era also in which the beginning is made of what later will be the capacity to maintain object-relationships that need not be ideal or idealized, i.e., narcissistically invested. As a result of the predominantly 'good' experiences with objects, the child himself feels 'good', his narcissism does not need bolstering, his self-esteem is intact, and therefore he need not aggrandize himself by way of narcissistic union with idealized objects.

If this earliest period is negotiated successfully—if the inevitable conflicts over experiences of delay and frustration are resolved through the formation of a predominantly 'good' whole object and hence a 'good' self-representation—severe depression is unlikely later in life. However, where there is traumatic experience and fixation to the state of narcissistic unity, regression to this state will tend to take place throughout development whenever experiences of pain, delay, or frustration occur at the hands of the love object since, as in all defensive

positions based on denial of reality, this narcissistic state is extremely fragile and difficult to maintain. The environment constantly conspires to disrupt it.

For example, the experience of weaning, the demands for sphincter control, starting school, going to camp, and the rebuff of incestuous œdipal wishes, are all disruptive events which confront the ego with its weakness and incapacity to achieve its narcissistic aspirations. Thus, any event of this nature results in depression. Paradoxically, demands for narcissistic union with and gratification from the object may themselves arouse resentment in the object and lead to its withdrawal, precipitating the same sequence of events culminating in depression.

Let us examine the operation of this mechanism more closely in a number of universal developmental events and contrast it with normal development during which conditions have been created by the environment which foster the mastery of depressive affect, make it possible to tolerate the experience of depression, and indeed to respond to the experience with developmental achievement and structure formation.

In the earliest anal phase the experience of narcissistic pleasure in the process of excretion and in the product itself requires a corresponding experience of pleasure and gratification in the mother, both in the infant's act and product. If the work of handling, cleaning, and making the infant comfortable (mothering the infant) is not pleasurable there will be a premature and rigid demand for cleanliness, compliance, and sphincter control either by actual demand or by attitude. When the pleasurable instinctual discharges encounter such attitudes or demands in the infant who is already fixated to the narcissistic state, the demand will be experienced as a disappointment in love and will mobilize aggressive impulses to be defiant, dirty, and hostile. Such impulses are part of the normal anal developmental scene and produce in normal children that kind of battle so typical of the toilet training period. However, in narcissistically fixated children such combat is too dangerous

since there is the ever-present threat of object loss. The child accordingly defends himself against this threat by sharing the aims to be 'good, clean, and compliant' in an attempt to restore narcissistic unity and thus control the object. However, maturational inadequacies, as well as continuing struggle with aggression, result in 'accidents'.

The failures and the mother's hostility and withdrawal confront the ego with its incapacity to control drive impulses and to control the love object, and depression ensues. Since the depressively predisposed child cannot tolerate confrontation with 'bad' qualities in the object he must deny these qualities and ward off his rage. Since the perceptual apparatus at this stage of development is sufficiently mature so that the actual behavior of the mother cannot be completely denied, the child must then justify it. This is often accomplished by attributing the 'bad' qualities to the self. The child identifies himself with his own feces which are despised and rejected by the mother as dirty with the unconscious reasoning 'if I weren't so dirty and fecal my mother would like me'. Nor can this reasoning on the part of the child be mistaken for a practical solution to a reality situation. For the depressively predisposed child has already suffered the consequences of the withdrawal of the mother at a time when it could not be related to his behavior or the qualities of his person. If such a withdrawal had not been denied, it would have to have been perceived as a total rejection from which there was no possibility of appeal. Thus, the rejection that occurs at the anal phase can be, for such a child, a relief. It is only a partial rejection and one that permits hope of change because the child is able to make it into a promise of love if he improves himself. If he fails to improve himself, there is still hope. For if he suffers enough in the effort to improve there is the possibility of recognition and forgiveness. If there is no recognition and forgiveness for his suffering, there is *still* hope, for he can suffer even more. This is always the story of the depressive. By making himself 'bad' and keeping the object 'good' he maintains hope. In this hope there is the possibility for achiev-

ing some degree of future self-esteem. This is the dream that cannot be renounced for it sustains life.

Although it is beyond the scope of this paper it should be noted that this struggle is the nuclear struggle of the delinquent child, who acts out the fantasy of being bad so he can preserve the illusion and hope that his mother would love him if he could only be good. Delinquency is more often than not a defense against severe depression.

In children who enter the anal phase without a burden of narcissistic fixation the period of toilet training may be handled well or badly by the mother. If handled badly there will be fixations to this stage of development which eventually will find expression in symptoms or character, but since such a child has already formed whole object-representations with both 'good' and 'bad' qualities, the 'bad' aspects of the mother do not threaten object loss nor does the child's aggression directed at the 'bad' aspects of the mother threaten such loss. The 'good' aspects of both object and self are sufficient to preserve both the object and self-esteem. In this climate the desire to maintain loving relations and retain approval ultimately enable the child to renounce the instinctual and narcissistic goals which create conflict with the mother. This successful taming of the instincts in the service of the object results in an increase of self-esteem and is an important step in ego development.

It can be seen in the vicissitudes of the wish for a penis in depressive women. When there is fixation to a narcissistic position, the possession of the penis may be regarded as the key to winning the mother's love. Perception of the unattainability or hopelessness of this wish threatens such a woman with depression. A common defense against the depressive state takes the form of strongly phallic, competitive behavior with men. Depression results in this instance when the woman is forced to see herself as weaker than or inferior to men, or when she is confronted by evidence of her 'castrated' state, e.g., during menstruation. Incidentally, certain cases of kleptomania in women are understandable as a complex defense against depression.

What I am describing here, of course, is the phallic phase—with its extreme cathexis of exhibitionistic and sadistic competitive aspirations. The narcissistic needs in this phase are clearly those of being admired—to be in the limelight, center stage—and to be powerful and victorious. If indeed the child has no experience of being loved for his phallic qualities, i.e., the mother's love specifically excludes his genitals, he may respond with the development of aggressive and vengeful impulses toward women, or suffer later from impotence, but he will not as a result suffer from depressive illness unless he has a narcissistic fixation. In this case he will respond to the mobilization of powerful aggressive impulses directed at the mother by the regressive revival, for instance, of anal narcissistic aims shared with her. He thus may become self-effacing, modest, inconspicuous, submissive and passive, and compliant. Should defeat, ridicule, and withdrawal of love occur in spite of these defenses a depressive reaction will result.

Narcissistic fixation produces the same kind of regression in the resolution of the oedipal situation. A boy of five and one half with the type of early history described above, perceiving that the aim of winning his mother as a sexual object was unattainable, experienced this as a severe and shocklike frustration which threatened to mobilize intense aggressive impulses toward her. Instead, it became apparent that he had made a regressive narcissistic identification with her, becoming deeply interested in shopping with her for clothing, helping her select her wardrobe, style her hair, etc. A period of blissful intimacy ensued, including a bathroom community. In this situation denial of, regression to, and identification with the object proved a successful formula. However, all good things must come to an end and as the boy reached adolescence, the mother became increasingly uncomfortable with the intimacy she had previously encouraged and abruptly withdrew from it. The boy responded with an acute depression, the first of many episodes in his life. Normally, of course, the awareness of the unattainability of the aim of winning the desired parent as a sexual object

brings about a mild depressive reaction which leads to the renunciation of the wish. The aggression mobilized by the mother's rebuff often expresses itself in a devaluation of her, which the boy can tolerate since there is no danger of object loss. However, in the case of the depressively predisposed adolescent no such renunciation was possible. The mother's withdrawal disrupted his denial of the difference between them. In this instance the narcissistic unity had been maintained by a far-reaching identification with the mother and although the closeness was no longer possible the longing remained.

The question might be raised here as to whether the boy's depression was not a response to the awareness of the hopelessness of re-establishing the narcissistic union with his mother. His subsequent history demonstrated that this hope had never been abandoned. He became a beautician and developed a considerable clientele of older women with whom he managed to re-enact his postœdipal situation with his mother. His subsequent depressions were triggered by the occasional loss of treasured clients to rival hair stylists.

I wish to emphasize that, although depressive affect wears the disguise of hopelessness, it is never a manifestation of hopelessness. It is, in my opinion, always designed to touch the object even when the object is no longer present. Representatives of this style of winning love are apparent also in normal development: for the lover who threatens suicide, the friend who confesses with the preface, 'You're going to hate me for this', the child who begins with, 'I've done something terrible', and then proceeds to sob so bitterly that the deed and the punishment are forgotten in an attempt to comfort him, and, indeed, even the runaway who goes off into the night leaving only a note, are all based on the same principle: 'If I suffer enough he will take pity on me and love me again'. Even in instances of actual suicide the act is not one of hopelessness but contains the fantasy 'this will make her realize how much I love her and she will love only me again'. This fantasy is apparent in the very thinly disguised contents of suicide notes, in the public nature of those suicides in which the subject waits, sometimes for hours, for the

appearance of a particular rescuer who may no longer even exist, and in analytic studies of those who have made unsuccessful suicide attempts. In the instance of suicide we see very clearly the strength of the need to protect the object against aggressive impulses.

It would be possible to multiply examples of the outbreak of depressive illness associated with every conceivable variety of developmental crisis through life in those persons with fixations to a state of narcissistic unity.

Since normal depression is a signal that brings about renunciation of an aim or an object and leads to a raising or preservation of self-esteem, we may question what the difference is between the genetics of depressive affects and the genetics of guilt feeling. Guilt also becomes eventually a signal experienced by the ego which acts as a guide for action and behavior leading to a renunciation of an aim or an object and to a feeling of being good, worth while, and lovable—in other words, to a preservation or raising of self-esteem.

I believe depressive affect and its control and mastery (reduction to signal) does converge with and perhaps at one stage of development operates in such a way as to seem indistinguishable from guilt. However, there is a significant difference. Guilt signals are in response to the threat of eruption of instinctual drive impulses that are experienced as a danger because they could lead to real, achievable, but forbidden satisfaction. Depressive affect, on the other hand, is a signal that an aim or aspiration is dangerous not because it is forbidden but because it is unattainable. Thus, guilt signals occur only when there is a possibility of success, while depressive affect signals occur only when there is a certainty of failure. Guilt may appear predominantly as a feature of very severe depression but it is secondary to the enormous charge of aggressive drive which cathects the frustrating object representation.

CONCLUSION

The theory of depression advanced in this paper is based on the premise that the predisposition originates in fixation to a

state of narcissistic unity with the mother. The primary cause of this fixation has been formulated as a premature and abrupt reversal of climate from one of need satisfaction to one of frustration, prolonged tension states and extreme delay of satisfaction—i.e., the onset of a sustained state of pain and helplessness. The consequences of such a state are twofold. First, there is a premature awareness of the object as separate from the child. Second, there is a premature differentiation of aggressive drive which cathects the mother-child unity and disrupts it. To ward off the danger of the formation of a 'bad' object-representation there is a regression to the state of narcissistic unity accompanied by a denial of the perceived frustrating and hateful characteristics of the object. This sequence occurs on every occasion when experiences with the love object are painful or disappointing. The depressive person obviously suffers from a failure to achieve object constancy. If, as Shakespeare has pointed out, 'Love is not love which alters when it alteration finds', we must say that the depressive does not love, for alteration in the object, imagined or otherwise, brings about a flood of aggression. Should narcissistic aims prove to be unattainable because of incapacity or helplessness of the ego, the result is a depressive illness. This established pattern of reaction interferes with the normal taming of depressive affect into a signal which heralds the danger of pursuing a narcissistic aim or goal which is unattainable, or too costly. To such a signal the intact ego responds by renouncing such a goal before it has become too heavily invested.

Such an anticipatory experience, a taste, as it were, of hopelessness in tiny quantities followed by withdrawal of interest in a particular aim or object, is the hallmark of mastery of reality relations, i.e., the acceptance of limitations. It is clear that much hard work goes into such achievement, comparable indeed to the work of grief and mourning.

Our theory also provides, in a way parallel to the ego's mastery of anxiety signals, for an increasing capacity to tolerate the signal of depression and even to make a decision to ignore the

signal in pursuit of a particular narcissistically invested aim—to take a gamble. Otherwise, we would be left with an ego that must always renounce all uncertain aspirations and devote itself to avoiding or defending itself against depression. I am in agreement here with Zetzel (6) that the capacity to bear depression and anxiety represents an important measure of ego strength. Such capacity is directly related to the normal development of reality testing and reality relations.

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ON THE ROLE OF COENESTHETIC STIMULATION IN THE DEVELOPMENT OF PSYCHIC STRUCTURE¹

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I

Over the past twenty months we have had the opportunity to observe two youngsters who were reared by their psychotic mother in virtually total isolation from one another as well as the rest of the world. The data appears both to supplement and complement that obtained from the study of infants reared in institutions (1, 2, 3, 5, 7, 8, 15, 21, 22, 27, 29) and observations made on congenitally blind youngsters (10, 14, 20). Similar cases in the literature tend to be considered together with another distinct, albeit related, set of problems—that of the so-called feral or wolf child. Common to both groups are experiences in the mother-infant dyad which, to say the least, are outside the range of the average and expectable. It seems to us that consideration of the striking qualitative differences in their respective experiences in conjunction with the subsequent life histories of the individuals is of theoretical interest.

II

CASE ONE

Anne is the second child of parents of Eastern European stock who reside in a semirural community. There is no known his-

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¹ According to Spitz (24, 25) during the first six months of life and, to some extent beyond this period, sensory experience is in the coenesthetic mode. Unlike diacritic sensation which predominates later, this is poorly localized and diffuse rather than discrete. The signs and signals to which the infant responds belong to the following categories: equilibrium, tension (muscular or otherwise), posture, temperature, vibration, skin and body contact, rhythm, tempo, duration, pitch, tone, resonance, clang, and probably a number of others of which the adult is hardly aware.

tory of inheritable physical or mental illness in either of the large extended families from which the parents derive. They are of average stature and physical development. We have no evidence of significant behavioral disturbance in either of them prior to marriage. Both completed high school. After their marriage they are said to have withdrawn from contact with family and friends, although the father continued to be gainfully employed.

During her first pregnancy the mother expressed the conviction that her baby would be born defective. However, the delusion did not affect her handling of the child to the extent that it did his siblings when it reappeared in her subsequent pregnancies: Anne's older brother has negotiated the usual developmental stages more or less adequately and is now in the third grade of school. Because after Anne's birth the mother continued to be convinced that this baby was defective, she felt it necessary to keep her isolated. Aside from occasional visits to a physician, Anne was confined to home and was out of sight of all visitors until she was six years old. At that time, a relative who refused to be put off any longer by the excuse that Anne and her younger brother were asleep, managed to see them. What she saw led her to initiate the legal proceedings which ultimately brought the children to our attention.

Social workers who investigated the situation found that Anne, then age six, shared a room with her older brother. While he was able to come and go pretty much as he pleased and was attending school, she was confined to the room. He had a bed but she slept on a straw pallet on the floor. She was unable to feed herself or talk meaningfully although she did repeat some words and sentences in echolalic fashion. She displayed no affective reaction to either her mother or the strangers who came to investigate. Subsequently when she was removed from the home she showed no response either to leaving or to the new environment and handling. The social worker commented that when Anne was picked up she offered no resistance. Her body, however, remained unresponsive in that she did not mold in response to the worker's handling.

On admission to a hospital her height was noted to be forty-two and a half inches and her weight thirty pounds. By both criteria she ranked below the third percentile in physical development. She was incontinent of urine and feces and indifferent to the overtures of the staff. Much of her time she spent sitting in bed rocking. She was able to stand and walk without assistance. During the relatively brief hospitalization of eight weeks, she is said to have become continent, learned to feed herself, learned to call some objects by name, and at times seemed to display affectional responses to members of the staff. She was returned to her family for another nine months before the slowly moving legal process eventuated in placement in a foster home.

The description from the foster mother indicates that the gains made during her hospitalization were short-lived. Although she was able to pass objects from hand to hand and to her mouth, this seven-year-old child could neither handle eating utensils nor feed herself by hand. At home her only food is said to have been a moderately thick gruel served in a nursing bottle. She was described as extremely obedient and it was noted that when told she would sit literally for hours in one position. She exhibited no interest in either her environment or her body. At no time was she observed to engage in masturbatory activity. On the Vineland Social Maturity Scale, she scored at the ten-month level.

Anne and her younger brother were in foster care for eighteen months. The foster family, of the same religious and economic background as the parents, included five children. It provided a warm, well-structured environment, with a judicious balance between permissive indulgence and expectation.

By the criteria of the intelligence tests and social conformity Anne developed over this period into a child in many respects similar to a four-year-old; she is now eight. In height she continues close to the third percentile for her age. She has, however, gained considerably in weight during the past six months. Although growth and development have been continuous, they

have not been adequate to narrow the gap which was noted at the time of her hospitalization. She gives the appearance of a robust youngster, but one roughly half her chronological age. She very quickly learned such basic skills as eating and toileting. Unlike her younger brother she has consistently shown evidence of awareness of and concern for the response of adults in her immediate environment. Her foster parents describe her as timid because she never takes food or water or plays with objects without obtaining permission. We assume that this characteristic must reflect her long experience of confinement with her older brother whose spontaneous coming and going she could watch but was not permitted to emulate.

She now responds more or less in kind to the affectionate overtures of adults. The quality of her response is, however, distinctive. She continues unable to mold her body to another person. In this respect, as she is held, one is reminded of Mahler's characterization of the autistic as opposed to the symbiotic child (16). To the casual observer she appears to be a friendly, affectionate little girl. On closer inspection, however, her outgoing qualities prove more apparent than real. She makes no discriminations among people and goes willingly to anyone, friend or stranger. Five months after she came to foster care she and her brother were presented to a large conference. One of the authors who, at the time, had only seen them through a one-way screen picked up the children and carried them into the room. Not only were they unaffected by his handling of them, but also they showed no concern during the demonstration. Their response to their teachers who were present was not noticeably different from their response to the total strangers.

Anne continues to show this lack of concern. She will go without question or hesitation to and with anyone who wishes to take her. She shows nothing to suggest that her awareness of, or attachment to, any one person, place, or object is sufficient to have led her to concern herself with the strange as opposed to the familiar, or the dangerous as opposed to the safe and secure. Recently, the children have been adopted; neither Anne

nor her brother, who will be described below, has shown any evidence of concern over this change in their circumstances. Despite some eighteen months in a warm and loving environment they showed no signs of grief or loss, and have made no inquiry concerning the foster family. The adoptive parents, who at once became 'mother' and 'daddy', have elected to change the children's given names. The new names have been accepted as though the old ones never existed.

When Anne is engaged in play these characteristics persist. The examiners are of little interest to her. She is most concerned with part objects such as pieces of anatomy like nose, mouth, ear, etc., or articles of dress. It is not possible to involve her in games which require spontaneity and mutual interchange.

Anne's speech has progressed from the monotonous repetition of a few words to a considerable vocabulary. She now uses some abstract concepts. However, she continues to articulate poorly and much echolalia persists. Her responses to verbal stimuli seem best described as reflexive in character. Thus to the question, 'What do we say at the table?', she replies, 'Don't talk with food in your mouth'. When the question is restated and emphasis placed on sitting down, she makes the sign of the cross and rattles off grace. She began to use the first person pronoun only in the last six to eight months.

Nearly two years after coming into foster care her differentiation of herself from the environment is incomplete. The following episode is illustrative. She was asked to show the ear of a doll which she was holding. At once, she reached for her own ear, hesitated, and then touched the doll's. The question, 'Where is the other ear?', evoked reaching again for the same ear. Further questions made it clear that the concept of 'other', as well as of 'two', like the image of the ear as something both she and the doll possess, remains extremely tenuous in the eight-year-old girl. A psychological report from roughly the same time noted it was frequently difficult to determine whether she was referring to the examiner or herself.

Motor coördination has improved remarkably since our observation began. Her attempts to perform relatively skilled acts, however, remain rudimentary. Her use of a pencil continues at the two-year level.

CASE TWO

Albert, unlike Anne, was isolated virtually *in toto*. We do not have certain information but he very probably was kept from birth up to age four in a room approximately eight by ten feet in size. When he was first seen by the public officials he was confined to a crib. The only other furniture in the room was a chamber pot. The wall next to the crib was marred by deep grooves evidently made by his fingers. The only window was covered by burlap sacking. Scraps of paper and the remnants of a doll were the only evidence of playthings.

Like Anne, he was fed exclusively by bottle. His diet also consisted of a thin gruel which would pass through an enlarged nipple hole. We have reason to believe that his mother only entered the room to feed and diaper him. In his later years we know that it was her wont to place him on the potty where he would, on command, sit for long hours. But he never learned the intended connection between the potty and excretion.

When he was hospitalized at age four he was thirty-seven inches in height and weighed twenty-three pounds. Like his sister, he was well below the third percentile in both height and weight. He walked with a peculiar waddling gait and was incapable of even the most elementary use of his hands. Neither the manipulation of objects nor hand-to-mouth activity was present; he was unable to masticate, was incontinent of urine and feces, and totally devoid of articulate speech. He made some grunting sounds and at times he screamed. The latter were interpreted by the nurses in attendance as a fear response. During the hospitalization locomotion improved and he became able to hold his cup and to clutch toys. He was never observed to play with objects or people. The nurses' notes indicate that he showed glee while smearing feces.

Nine months later, when admitted to foster care, he had lost most of these paltry advances. As was true of his sister, he would sit long hours almost immobile. He was unable to handle objects or to feed himself. Head banging and rocking were chronic. The latter, a side-to-side motion, with arms extended before him, had originally occupied all his time in bed. As he improved in foster care this decreased progressively in amount. At this writing, it occurs only when he is asleep; nightly, both the foster and adoptive mothers have found him engaged in this movement.

A striking observation, the credibility of which is much enhanced by similar observations by both Itard (13) and Zingg (30), was a total lack of pain sensibility when he was first observed. The foster mother offered the information that during the first several months he would fall and cut or bruise himself, get up, and continue what he was doing. Only after some evidence of affectional attachment to her had developed did he also show evidence, in the forms of tears and the seeking of comfort from her, that he had been hurt. As was the case with his sister, for many months after placement he showed no concern with his perineum. More recently there has been some evidence of genital interest. We surmise that visceral sensation also was defective from the fact that for the first year in the foster home he would eat anything he was offered, and as much as he could reach. The only effective method of restricting his food intake was to remove him bodily from the source of supply.

Albert's physical development has continued, as has his sister's, but at a pace which leaves him in the retarded range. Intellectual development also has continued at a constant but retarded pace. While skills have improved considerably, his gait is not out of keeping with what would be expected of a child of his size and apparent age—i.e., between two and three years. He is markedly hyperkinetic and tends to engage in relatively violent activity which often results in the destruction of the object he is using.

His speech has progressed from guttural noises, to the use of

jargon comprehensible only to his sister, to the use of single words in a discriminating fashion. Four months after placement he was echolalic. Three months later he was first heard to use 'I', and in the next three months he began to make queries and to speak in short sentences. Four months after placement, when he was five and a half, he understood well enough that he was in the office of a doctor who had previously given him an injection and he began to cry. He was first noted to laugh and to exhibit anger two months after coming to foster care. About this time he also evoked and reciprocated in affectional behavior with the foster mother.

At the present time he continues to show the same indifference concerning strangers as does his sister. While he seems able to handle objects more efficiently than she, his awareness of the environment is even less well developed. It is not possible for him, for example, to engage even in the limited kind of give and take which allowed us to infer the uncertainty of Anne's body ego boundaries.

III

Zingg (30) has noted that reports of so-called feral man generally include two distinct groups of cases, those who have suffered severe maternal deprivation and those who have had highly distorted experiences in their early maternal relations. Our subjects and Kingsley Davis' (7, 8) patient belong to the group that experienced extreme isolation and virtually total lack of maternal care. These youngsters, like those reared in institutions and those congenitally blind individuals who become deviant, have suffered a degree of neglect which jeopardized even the possibility of survival (1).

Furthermore, the neglect began so shortly after birth that there has been a massive lack of experience in that period of life when the coenesthetic mode of perception predominates. The consequence has been, in Spitz's terms (26), that their sensoria as well as external objects were never cathected and the primordial stimulus barrier has, to a large extent, remained in-

tact. We have already indicated there is no evidence that our patients ever differentiated the presumptive mothering figure let alone developed affectional attachments to her. On the contrary, we know that they displayed absolutely no concern when at ages four and six and again at ages five and seven they were abruptly separated from their mother and the milieu in which they had spent their entire lives. Even after spending a year and a half in an environment which provided ample supplies of affectionate concern and attention, they accepted both a new home and new names with a degree of insouciance that indicated a total lack of prior libidinal attachments.

We feel that their poorly differentiated ego boundaries, their inability to maintain a sustained interest in either people or objects, their tendency to be involved with easily encompassed parts of objects, and their propensity for undelayed motor discharge must be associated with their inability to form primary affectional attachments. While they have acquired considerable vocabularies they continue to be predominately echolalic and to use their verbal resources otherwise only in a highly concrete fashion. It is impossible, for instance, to engage these children in any form of verbal play. They are incapable of comprehending even the simplest stories. Their motor skills remain fragmented and 'out of context', in the sense that they engage in little purposeful activity.

IV

It is with some trepidation that we now turn to a consideration of the published accounts of wolf children. Even if our data were not second hand, the possibility that such children might exist would seem very remote. Yet, Linnaeus was sufficiently persuaded of the authenticity of the reports he heard to establish the category of feral man in the tenth edition of the *Systema Naturae* (1758), and to ascribe to it the characteristics of mutism, four-footedness, and hirsutism. In the intervening years there has been a sufficient number of accounts by reliable reporters (11, 23, 28, 30) to make it seem probable that human

infants have been reared by wolves—more accurately by night-roaming animals more akin to the jackal than the North American timber wolf—as well as by other mammals.²

The best documented cases have been reported from India. Linnaeus' cases, whose verisimilitude is admittedly much enhanced by the more nearly contemporaneous and better documented Indian cases, were described during the seventeenth and eighteenth century and even earlier from Central Europe (23). Poland in particular was the source of many accounts. Of his three criteria, two, mutism and four-footedness, have characterized all the recent cases. We will now summarize the available data concerning the best known wolf children, Kamala and Amala.

The Reverend Singh, an Anglo-Indian priest who was present at the 'rescue' of these children, had them under observation until their deaths one and a half and seven years later. From external evidences (e. g., dentition) their ages when they were encountered were estimated to be eighteen months and eight years. How long they had lived with the wolves could not be determined. Apparently, however, in the region of India around Midnapore it is not at all uncommon for wolves to carry off neonates. It happens occasionally that a lactating female will adopt such a youngster and rear it with her own cubs.

Singh was one of a group that sought to track down two human 'ghosts' which had been seen in the neighborhood of a re-

² The conclusion that wolf children may exist is by no means universally held. Bettelheim (4), for instance, considers the reported children to be autistic—a conclusion which at best begs the question but at the same time does not seem to fit the clinical description of two children, Kamala and Amala, reported by the Reverend J. A. L. Singh (23). Ogburn (18, 19), in his search for evidence from eye witnesses, seems to have regarded as creditable those individuals who offered alternative explanations concerning the children's early rearing. He has no doubt that the children as described were observed, but prefers to believe some other explanation must account for their behavior. Another possible explanation has been offered by Dr. C. V. Ramana who, in a personal communication, tells us that youngsters abandoned in very early childhood often join the troops of monkeys which live in the neighborhood of temples in the north-eastern section of India. These children take on many of the behavioral characteristics of the monkey, including quadrupedal locomotion.

mote village. They were traced to an abandoned termite nest in the jungle. When this was uncapped it proved to be occupied by an adult female wolf and a huddled mass of cubs. As these latter took flight they were found to include, in addition to three immature wolves, the two human children. They were brought to the orphanage of which he was the director. His observations fall naturally into three temporal divisions: 1, the period from capture up to Amala's death; 2, Kamala's period of mourning; and 3, the subsequent seven-year period.

1. When they were first observed, the children were huddled together with their cubmates. In the mass exodus from the invaded den they ran on all fours—i.e., the palms of their hands and soles of their feet—and this remained their principle mode of locomotion. They were described as extremely agile and able to outrun a human adult. They were unable to extend fully either their hip or knee joints. Some hyperextensibility of their jaws, so that maxilla and mandible appeared to separate completely when they chewed, was observed. While they used their hands to some extent as prehensile organs, they ate crouched over their dishes like dogs. They drank by lapping with their tongues. Like our case, Albert, they would eat voraciously. Unlike him, they had very definite preferences and would refuse food they disliked. They sought out and ate carrion but never hunted to kill.

Their vision was noted to be poor during the daylight hours but excellent in the dusk and dark when, it was also observed, 'their eyes glowed'. The senses of smell, hearing, and touch (at least touch by other individuals in the institution) were extremely acute. On the other hand, they seemed to be indifferent to extremes of temperature and would remain in the same naked state whatever the season. No comment is made concerning pain.

In the confines of the orphanage, they would spend long hours—as many as four or five at a stretch—huddled together facing a corner. They ignored, brushed aside, or responded with bared teeth to all human efforts to make contact with them.

However, when they could escape into the field, they ran about agilely and played with the animals kept at the orphanage. There was no evidence of concern with perineal function. They were incontinent and seemed indifferent to both the excretory process and its products. They displayed no interest in their genitalia.

To quote the Reverend Singh, 'Kamala had a smiling face but the emotion of joy was far from it'. Their pleasures were, as he put it, 'animal pleasures'—i.e., eating and running. When they were excited their ears would change color and tremble, their nostrils would dilate, and their lips would tremble. They would insist on being together at night and always slept curled up around one another.

When they were first observed, the children would on two or three occasions each night emit loud howling noises. Amala would also occasionally make a sound approximately like 'bhoa-bhoa'. These vocalizations aside, they were mute. Communication came only in association with eating and followed a pattern strongly reminiscent of Helen Keller's recollection of her efforts to express wishes during the period prior to her contact with Miss Sullivan (6). That is, they would behave in a manner which suggested they were hallucinating gratification. When hungry they would go to the place where they were usually fed and sniff. If they were not fed, they would leave and then come back. This routine would be repeated until they received food. When Kamala was thirsty, she would lick her lips until she was given water. Some four months after their capture they began to come to Mrs. Singh, the person who gave them food, and remain beside her until fed. In other words, they apparently shifted from the site of the feeding to the feeding person as the object associated with their wishes.

Food was the first medium through which attempts were made to approach them. After ten months, they would take crackers from Mrs. Singh's hand. Otherwise, they remained on the periphery of the group of children. It was noted, however, that they showed evidence of interest when the word 'cracker' was mentioned as in the course of story telling.

2. This state of affairs continued unchanged until eighteen months after their capture, when Amala died. The Reverend Singh reported Kamala's reaction as follows:

. . . she watched Amala for some time and thought she was sleeping; she came to Amala several times and tried to wake her up by touching her hand and even trying to drag her out of bed. She touched her face, opened the lids of her eyes and parted her lips. . . . When Kamala found Amala did not get up and did not even move, she left her side and moved away to her own bed. This she repeated the whole day till Amala was removed for burial. . . . She stuck to the place where the dead body was until Amala was placed in her coffin. Two tear drops were observed to fall from her eyes.

For approximately seven days after Amala's death, Kamala remained by herself in a corner. Subsequently, she would come for food but did so much less frequently than she had previously. About three weeks later, she was found smelling the places Amala used to frequent. She roamed about and cried out constantly in a peculiar voice and seemed to be returning to her 'old ferocious ways'. About a month later she began again to play with some kids which were kept at the orphanage. She would pass her hands over them lovingly and prattle like a baby to them. Over the next several months her interest gradually extended to include other animals—cats and a hyena cub. During this period, she avoided all humans including Mrs. Singh.

In addition to attempting to engage the children through feeding, Mrs. Singh, shortly before Amala's fatal illness, had attempted to establish contact with them through increasing body contact. To this end she instituted a regular program of body massage. During what we refer to as Kamala's period of mourning she redoubled her efforts in this regard. Approximately two months after Amala's death when Mrs. Singh approached her bed, Kamala moved over slightly to make room for her. This was the first overt indication of a libidinal tie. What progress she made in the next six years in developing human qualities followed this event.

3. To summarize her achievements briefly: She coöperated actively in a series of exercises and games which eventuated in her learning to stand and to walk erect. Affectional relations with other children in the orphanage were developed and included, in addition to pleasure in somesthetic stimulation, ability to play with and be protective toward younger children. She became concerned with receiving marks of approval first from Mrs. Singh and subsequently from the Reverend Singh; no doubt as a result of this she became concerned with body exposure and insisted on wearing a dress at all times. Before Amala died, loincloths literally had to be sewn on the children and they tore off all other clothes. Kamala learned to turn to the parent surrogates in times of stress—including occasions when she seemed to have felt unjustly treated by other children. A vocabulary was gradually acquired and at the time of her death she had forty-five words she was able to use in short sentences.

V

It seems clear that the wolf children did not suffer deprivations similar to those experienced by our subjects. We suggest that the difference is most succinctly stated in terms of minimal experience and its sequelae as opposed to highly distorted experience and its sequelae. For both groups atypical conditions began in earliest infancy and continued through what in usual circumstances would be the entire preëdipal period. The evidence indicates, however, that the feral children were provided with a rich supply of somesthetic, labyrinthine, oral, and visual nutriment—i.e., of the nonspecific coenesthetic stimulation characteristic of the primal cavity (24, 26).

That this was from sources remote from that which is average and expectable for humans goes without saying and provides the basis for their consideration in the present report. For, however distorted their experiences may have been in terms of what is normative, these feral children were provided

with an experiential substrate which enabled them to differentiate self from environment, to cathect and introject external objects and to form strong libidinal attachments. Ego apparatuses effective in handling the environment in which they lived were evolved. When we compare them with our patients we can say that the latter failed to differentiate more than the rudiments of psychic structure whereas the feral children developed structures which were highly distorted as to content but in which nonetheless both drive organization and ego elements can be distinguished.

Whether we can also attribute to them anything analogous to the primary superego functions is an open question. Certainly it is difficult to detect behavioral evidence of what we can call superego or its precursors in Kamala's and Amala's early days in the orphanage. Yet, the extent to which the processes of identification and introjection may have led to the development of regulators of behavior analogous to the primordial superego could not be assessed in the context of the change in their living circumstances once they came into human care.

Particularly impressive from the standpoint of this thesis is the description of Kamala's response to Amala's death. As would be anticipated from a youngster with a more typical early life, she passed through a period characterized by evidence of profound grief and desolation. This was then followed by the seeking out of new objects. Only after Kamala, in the course of this search, cathected Mrs. Singh did she become concerned with acquiring qualities which we can consider human. In this regard we would underscore the use of body massage by Mrs. Singh in her effort to establish an affectional relation with the child. This nonspecific coenesthetic mode of stimulation appears to have been the medium through which their attachment to one another was evolved. It is no doubt more than happenstance that one hundred years earlier, the nurse whom Itard provided for Victor, the Wild Boy of Aveyron (13), hit upon precisely the same device in her efforts to establish an affectional relation with him. The progress this child made seems

also to have followed the establishment through this medium of what we propose to call a coenesthetic bond.

Another extraordinary case in the psychological literature seems to underscore the importance of adequate nonspecific coenesthetic experience for subsequent structural development. In 1942, Mason reported her experience with a girl born illegitimately to an aphasic mother (17). The mother was totally uneducated; she could neither read nor write and communicated with her family by gestures. From the time the pregnancy was discovered she, and subsequently her child, was kept in a locked room behind drawn shades. Six and a half years later, carrying her child, the mother made her escape and the child came to the attention of public authorities. Mason saw the child when she was admitted to a children's hospital. The first two days the child spent in tears. Mason's overtures were greeted by a gesture of repulsion from, to quote her, 'the wan-looking child whose face bore marks of grief and fear'. Sensing that no direct approach was possible, Mason attempted to involve her by playing dolls with another little girl while ostensibly ignoring her. By this method, one which would have been entirely inapplicable to either the apathetic children we report or the aggressively negative wolf children, she was able to engage the child's interest and establish a mutual relation with her. Within a year and a half she had acquired a vocabulary of between fifteen hundred and two thousand words, could count to one hundred, identify coins, and perform arithmetic computations to ten. Mason describes her at eight and a half as having an excellent sense of humor, being an inveterate tease, and an imaginative, affectionate, and loving child. In less than two years she made the transition from a world of silence, fear, and isolation to an excellent adjustment in the average expectable social world of childhood.

As we attempt to account for the striking difference between her response and that of our own cases, Kingsley Davis' patient, and the wolf children, one overriding fact emerges: this child was isolated with her mother. Despite the paucity of all

other modes of stimulation we can infer that she received ample nutriment in the coenesthetic mode as well as other nonverbal communication.

We know of two other instances in which an analogous set of circumstances has been recorded—i.e., one in which a child has had considerable and gratifying experience in the coenesthetic mode either accompanied or followed by marked sensory deprivation. Helen Keller, whose history has been studied from a psychoanalytic standpoint by Dahl (6), is one. She was a healthy active eighteen-month-old when she was stricken by meningitis. That she was able ultimately to respond to the efforts of her teacher, Miss Sullivan, may well have been contingent on this earlier experience. Still another case in point is that of the legendary Kaspar Hauser (9). This young man, apparently the heir to the duchy of Baden, was a victim of post-Napoleonic dynastic intrigues. He was kidnaped in early infancy and left in the care of a nursemaid until he was three. From his third to his seventeenth year he was confined to a narrow dungeon. During this period he was never allowed to see or communicate verbally with another human being. When he appeared in Nuremberg in 1828 he could hardly walk and his vocabulary was limited to a few stereotyped incomprehensible repetitive phrases. His demeanor is described as in keeping with that of a child of scarcely two or three years. During the two and a half years between his appearance and his assassination he became a somewhat limited but warm, friendly, articulate young man. Indeed, it was widely believed at the time that concern over what he might reveal, having learned to talk, led to his murder.

While the anecdotal nature of these latter cases cannot be discounted, neither, we feel, can the trend of the material they contain. From the standpoint of early exposure in the coenesthetic mode, the cases we have reviewed may be characterized as follows: The wolf children had had rich but highly distorted experiences. For them, or rather Kamala, to develop ego apparatuses compatible with the demands of the average expect-

able human environment, it was necessary to go through a process of decathexis, of unlearning. It is impressive that she was able to do this only after Amala's death and a period of mourning. During the critical early period, our patients had a bare minimum of experience in this sphere. These youngsters came to foster care virtually devoid of evidence of structural differentiation. Nearly two years later they have made considerable advances in development, yet they continue to show very poorly differentiated ego boundaries and little or no capacity to enter into mutual affectional relations with another person. Finally, there are individuals like the three last described who, having had adequate experience in the coenesthetic experience mode, were able very rapidly, later in life, to make up for marked deprivation.

On the basis of this conceptualization it may be possible to account for certain discrepancies in the literature concerning the prognosis of individuals who have suffered significant maternal deprivation. Most authors have agreed with Spitz (27) that the consequences of hospitalism are irreversible. Certainly much of Harlow's experimental work with primates also points to this conclusion. Yet, Harlow has expressed the opinion that many of the deleterious effects of maternal deprivation in monkeys are avoided if the infant animal is provided with sensory nutriment from a sibling instead of an adult (12). Beres and Obers (3) have also provided evidence to indicate that the dismal outcome we associate with this syndrome is not inevitable. They studied a group of thirty-eight adolescents who had been institutionalized at various ages from two weeks to twenty-one months. The children remained in the institution for varying periods up to four years. Nine of their group (twenty-three per cent) were found in adolescence to be either satisfactorily adjusted or to have evolved sufficient psychic structure to present a neurotic conflict. The brief clinical vignettes these authors present, as well as their discussion, indicate that the remaining twenty-nine showed many of the characteristics of our patients—e.g., inability to tolerate frustration,

a demand for immediate instinctual gratification, absence of evidence of shame or guilt, and inability to form more than transient object relations. These characteristics seem to have persisted even in youngsters who made considerable intellectual advances. They cite, for example, one girl whose I. Q. at age five was 59 and at age eighteen was 105, but who showed nonetheless all the evidences of ego deficiency we enumerate.

The observations of Beres and Ober, and the data we present, suggest the importance of differentiating those factors in early experience that are central to the differentiation of self from those which are relevant to the development of such specialized ego apparatuses as intellectual capacity. Thus, a strong well-defined ego structure such as characterized the wolf children may actually interfere with the possibility of making significant intellectual achievements. Our patients and some of the patients reported by Beres and Obers may in this sense be considered to have an advantage. They have little or nothing to unlearn. What they acquire, however, seems to remain unstructured, inchoate, and without the evidences of relation to a central unifying concept of self. This unifying concept of self, we propose, has as a prerequisite for its development adequate nutriment in the coenesthetic sphere.³

³ Since this manuscript was completed, the authors have learned of two, as yet unpublished, studies which they feel provide significant support to their central thesis. Gouin-Decarie in a study of the mental and emotional development of the thalidomide child observes that there is no direct correlation between the severity of the skeletal abnormalities and the affective and cognitive development of her twenty-two subjects. The presence or absence of 'normal behavior' patterns seemed to be dependent on the quality of the human attachments the subjects were able to achieve. In a recent report to the Society for Research on Child Development, W. A. Mason reported that it is possible to prevent the development of Harlow's maternal deprivation syndrome in monkeys by having the surrogate mother on which his animals are reared so suspended that it moves freely and unpredictably in space. In addition to providing labyrinthine stimulation, this preparation demanded of the infant monkey that it be constantly aware of the whereabouts of the surrogate.

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The Hampstead Psychoanalytic Index. A Study of the Psychoanalytic Case Materials of a Two-Year-Old Child. By John Bolland, M.D. and Joseph Sandler, Ph.D. New York: International Universities Press, Inc., 1965. 203 pp.

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BOOK REVIEWS

THE HAMPSTEAD PSYCHOANALYTIC INDEX. A Study of the Psychoanalytic Case Materials of a Two-Year-Old Child. By John Bolland, M.D. and Joseph Sandler, Ph.D. New York: International Universities Press, Inc., 1965. 203 pp.

This is the first of the monograph series of The Psychoanalytic Study of the Child and consists of two parts: weekly reports of the analysis of a two-and-a-half-year-old child, and the indexing of this psychoanalytic material according to the present framework of the by now renowned Hampstead Index. A complete picture of a case and the indexing procedure has been long awaited, and psychoanalysts will welcome this model for the organization and presentation of psychoanalytic material.

As noted in the introduction, the impetus for the research project that brought forth the Index was the one known so well to clinical research teams, namely what to do with the records and how to make the keeping of detailed records meaningful for therapists. The resultant Index is much more than might be the suggested analogy to the index of a book. The clinical material is organized in outline form with topics and subtopics. The source of these headings comes from psychoanalytic clinical description and psychoanalytic clinical theory most relevant to the practicing therapist; i.e., fantasies, symptoms, instinctual derivatives, defenses, treatment situation and technique, etc. Each topic heading is given a very precise definition. For example: 'Denial is regarded as the refusal to acknowledge unpleasant reality, external or internal. Denial is distinguished from repression in that what is predominant is a withdrawal of attention cathexis from the unpleasant reality while in repression this is reinforced by anti-cathexis.' Refinements in the delineation of certain less well-known defense mechanisms, such as reversal of roles and reversal of affect, the latter with such prestiges as denigrating the love object and in permanent form becoming reaction-formation, are very useful. As pointed out by Anna Freud, a general acceptance of this outline could well result in a 'collective analytic memory' which would allow for the comparison of clinical material from many sources that has not been possible in the past.

Reading the first part of the book—the detailed process case history—one encounters the usual difficulties; in contrast to the reporting of a case that has been composed to illustrate a theoretical formulation, the material is disjointed, with only a few themes that can be followed and then not with the sense of a composite picture either of the dynamics and genetics of the symptoms or the interrelations with the characteristic defensive structure. However, this publication is meant primarily to illustrate the Index, and here, in addition to the classification of the material, an integrated clinical view is preserved by extensive cross-references; for example, between the ego heading 'Wish for Knowledge', and the instinctual heading of 'Scotophilia', as well as the symptoms that are considered to be intimately related to these, such as secretiveness, learning disturbances, and tics. These cross-references may well turn out to be an unusually rich source for comparative investigations, as for example the relationship between symptom and sublimation. Also since the Index remains a clinical work rather than a content analysis, it is up to the therapist to locate the various specific examples and thereby he inevitably provides his own emphasis to the material.

In contrast to the predominant form of psychoanalytic research and reporting in the past—that is, the experience and thought of a single investigator—the Index holds out the prospect for the pooling of information from a large number of cases from many investigators. All analysts will look forward to the outcome of this type of research; as is already apparent from other publications of the Hampstead Clinic, important clarifications and recommendations for more precise usage of psychoanalytic concepts have emerged and will further aid the sharing of clinical experience. Whether new and original insights will occur in this process, as compared to individual research, will be of uncommon interest.

MANUEL FURER (NEW YORK)

MOTIVES AND THOUGHT. Psychoanalytic Essays in Honor of David Rapaport. Edited by Robert R. Holt. Psychological Issues, Vol. V, No. 2-3. Monograph 18/19. New York: International Universities Press, Inc., 1967. 413 pp.

In his introduction to this volume, the editor envisions its task as follows: to ' . . . discover the gaps and bits of paste among the

Freudian gems and begin the task of fashioning conceptually satisfactory inserts for the places where they are needed'.

The bits of paste the editor alludes to seem to be, in order of significance: 1, the concept of psychic energy and the economic viewpoint; 2, the concept of a 'psychic unconscious'; 3, drive theory. Thus the volume opens with an extremely difficult paper by Benjamin Rubinstein which the editor regards as the keynote article of the volume. In this paper, in which an attempt is made to derive a theory of motivation conceptualized purely in 'structural' terms and unencumbered by drive and dynamic considerations, the 'gems' Dr. Rubinstein offers us in exchange for this 'Freudian paste' are 'protoneurophysiological' concepts and information theory as a substitute for the concept of displacement of psychic energy. Dr. Rubinstein is hampered in doing away completely with the concept of psychic energy because he is forced to assume 'infinitesimal amounts of energy used in transmitting information'. Since a crucial consequence of Freud's structural hypothesis is that as structure is formed the amounts of energy utilized in mental operations become tiny, one wonders how Dr. Rubinstein will explain the reappearance of energy in his theory. However, he seems to feel no need to explain it or even mention it, which, considering the hypothesis he has undertaken to sell, seems relatively prudent.

In a different section of his paper titled, *The Nonexistential and the Existential Interpretations of Metapsychological Theoretical Terms and Hypotheses*, the author informs us in no uncertain terms that the conception of psychoanalytic theory as a purely psychological theory has never been carried through consistently. Then he adds in italics '*nor can it be!*'. The reason it can not be, it turns out, is because it then would not take the body and especially the brain into account. This is the one point in Rubinstein's paper with which I cannot argue. Psychoanalytic theory does indeed not take the body and brain into account except as mental representations, conscious and unconscious. Thus it is not primarily concerned, as Dr. Rubinstein is, with the question of how 'psychic energy' crosses the chasm between the mind and the brain and has no need, as Dr. Rubinstein does, to dismiss psychic energy and postulate 'protoneurophysiological' theories in which simple structures act upon each other without energetic transfers. This is not to say that each structure does not have its own stored energy; but it is physiochemical energy and is replenished via the bloodstream. Dr.

Rubinstein does not go so far as to say that psychic structures are energized via the bloodstream. He first puts them out of the picture by stating that simple psychological structures can be subdivided into more elemental neurophysiological structures and it is these neurophysiological structures that the bloodstream energizes. This statement is not set forth as a hypothesis, incidentally, but as a fact. There is no argument to support it and, apparently, no question in Dr. Rubinstein's mind that it might be disputed by other psychoanalysts. I might add that it is this kind of astonishing scientific bravura that characterizes the greater part of Dr. Rubinstein's paper.

Having reduced simple psychological structures to their 'protoneurophysiological' parts he then goes on to speculate that 'when a simple psychological structure is "quiescent" its constituent non-psychological elements may be randomly active'. At this point, according to Dr. Rubinstein, 'the psychological structure would then be merely potential'. When an information signal reaches this randomly firing assembly of neurophysiological units they organize into 'a specific pattern of activity' which apparently creates the simple psychological structure. In other words Dr. Rubinstein believes that out of the shapeless dough of neurophysiological units the cookie cutter of information can shape a psychological structure. This means that all simple psychological structures are created anew every time they appear, an inference which does not seem to disturb Dr. Rubinstein in the slightest.

It seems niggling in the face of this kind of innovation to point out to the author that he has thereby destroyed the common definition of a structure as a quasi-stable mental configuration that persists in time. Nor does Dr. Rubinstein have any place for the unconscious in his theory or at least he does not mention it.

Dr. Holt goes Dr. Rubinstein one better by explicitly stating in a footnote that the 'embarrassingly mentalistic quality, unconscious' can be handily dispensed with in favor of an 'encoded protoneurophysiological entity' known simply as 'plan'. This is the brain child of such eminent psychoanalytic theorists as Pribram, Galanter, and Miller. And, as Dr. Holt says proudly, all this 'without giving up an inch of Freud's clinical discoveries'.

Somewhere near the end of Dr. Rubinstein's paper he cautions us that the substitution of protoneurophysiological terms for the

terms 'psychic energy' and 'unconscious' must allow us to deduce clinical hypotheses that were deducible before the substitution. I read on with a certain excitement eager to see how Dr. Rubinstein carried out his own dictum thereby demonstrating that his theory was at least as useful as the theory of psychic energy. The author met this challenge head on with the statement, 'assume that such substitution is possible'. I do not know how to respond to such a direct proposal except by saying 'No thank you'.

Continuing on through this series of gems we find that Luborsky in a study of momentary forgetting has 'discovered' that forgetting may be motivated by a kind of cognitive dissonance between self-representations ' . . . but often of a less obvious kind . . .'. Holt evaluates Luborsky's discovery by explaining in the introduction that ' . . . present perceived self differs from past self in ways constituting an approach to ideals'. Put into everyday, scientific language this means that Luborsky and Holt have once again discovered that forgetting is the result of conflict leading to repression and that the conflict may derive from the past.

On page 117, Dr. Holt in yet another footnote is uplifted by the possibility of conceptualizing repetition compulsion without reference to the death instinct. He seems innocent of the fact that the theory of the death instinct is a second order theory which should never be adduced in a clinical context under any circumstances. Nor does he seem aware that the concept repetition compulsion is actually two theories—the first a clinical theory providing for the observed tendency toward abreaction and the second a biological theory dealing with the homeostatic tendency of living organisms to approximate steady states and hence to reduce tension.

Dr. George Klein has written a paper on motivation which, shorn of its trimmings, returns to Freud's earliest theories of neurogenesis. As Freud did in 1893-1895, Klein attributes the formation of neurotic symptoms to repression of a painful memory. Like Freud in 1893-1895, Klein's theory omits drive or rather equates drive with a nonspecific quantity of excitation which is attached to traumatic memories or ideas, and was regarded by Freud as responsible for the intensity and pathogenicity of these memories. Hence abreaction of this excitation and its distribution over the associative network led to cure of the symptoms.

What is disarming is that Klein points this out himself. However,

in his eulogy of this early freudian position he deletes the considerations which forced Freud to abandon his early view and led to his discovery of the drives—i.e., the realization that his patient's recollections of infantile and childhood seductions by parental figures were fantasies rather than memories of actual events. The discovery of the drives inevitably led to the recognition of infantile sexuality. There is something touching about Dr. Klein's effort to relieve us of these embarrassing concepts. Furthermore behind the rather sophisticated concepts of 'primary imbalance', 'feedback', and 'switch-off' one can detect the early freudian notions of damming up excitation. Klein has not resuscitated the theory of abreaction to account for the process of cure, however; presumably we are left with the notion of 'switch-off' to account for that phenomenon.

Dr. Holt's paper, which is the final one in the volume, reformulates the concept of primary process in structural terms, thereby once again eliminating economic and energetic concepts. Dr. Holt starts with the premise that the undifferentiated phase implies an undifferentiated form of cognitive functioning which is neither primary nor secondary process because 'primary process is a defining criterion of the id'. Because of this he infers that primary and secondary process must develop independently and not sequentially, just as ego and id differentiate out of a common matrix. He includes as primary process structures condensation, displacement, and symbolization (which he describes as a special variety of displacement). Secondary process describes the 'reality relations' of the ego which are characterized, according to Rapaport, by delay of discharge and detours of thought. I must use Rapaport's description of the reality relations of the ego here because Dr. Holt fails to give one.

The problem with this theory is that it fails to distinguish between primary process, which is a concept that describes the tendency toward immediate, peremptory discharge, and the primarily autonomous, cognitive structures that mediate discharge, i.e., displacement and condensation. Displacement and condensation are inborn cognitive structures as are thresholds. They are *not id*. Later in development they become substructures of the ego subserving not only defense but also thinking, learning, etc. Their operations on drive impulse striving for discharge already introduce delay and detour of discharge which places them in the area of secondary process as we usually conceive it.

This failure to understand the distinction between primary process and primarily autonomous structures results in such gross errors as equating the dream work with primary process and such gaucheries as the expressed notion that primary process is some kind of defense mechanism—e.g., ‘. . . the disguising effect of primary process on thought’, and the belief that censorship is primary process in character. It is permissible to speak of ‘primary process structures’ only if one understands that this shorthand means that the tendency to discharge is modified from the beginning of life by pre-existing structures such as thresholds and not that these structures themselves are primary process.

The artificiality and restriction imposed by the goal of eliminating the economic viewpoint, and with it drive theory and infantile sexuality, is nowhere as apparent as in Holt’s inferences about the role of hallucinatory wish-fulfilment based on observations of his own eight-week-old son. Reasoning that drive tension (all drive tension mind you) has been eliminated by a large meal and opportunity for nonnutritive sucking, Holt concludes that the appearance of REM states accompanied by sucking patterns were not motivated by the build-up of accumulated drive energy or tension. This leaves us with the idea that the infant’s dream activity is concerned in some way with assimilation of experienced stimuli to cognitive schemata, presumably in stage one of sensory motor development.

The possibility apparently has not occurred to Holt that there are other drives in the infant beside hunger and nonnutritive sucking, and that these other drives have a limited means of discharge in the early oral phase of development, that indeed the precise meaning of the concept ‘oral phase’ is that all drive tensions tend to be discharged by the oral mode and via oral apparatuses. This is what analysts mean when they use the term ‘oral primacy’. But a real familiarity with the concepts of psychosexual development might interfere with structural theorizing.

I must apologize to Drs. Shafer, Paul, Wolff, and Gill for giving no space to their contributions in this volume. These papers are original and stimulating, most notably Shafer’s contribution to a study of ideals and the one by Paul on remembering, but they so clearly had nothing to do with the stated intent of eliminating drive theory and the economic viewpoint that I was compelled to review this book on its own terms.

There are always those ‘friends’ of psychoanalysis who wish to

make it more 'scientific' by eliminating some of the old paste and the old paste they want to eliminate always turns out to be the spine of psychoanalytic theory. David Rapaport fortunately did not have this ambition.

DAVID L. RUBINFINE (NEW YORK)

SEXUAL PROBLEMS: DIAGNOSIS AND TREATMENT IN MEDICAL PRACTICE.

Edited by Charles William Wahl, M. D. New York: The Free Press, 1967. 300 pp.

This book originated from a postgraduate course intended to bring together authoritative views of 'sexual life that clinical experience had shown to be frequently problematical' and of special value to the practice of the nonpsychiatrically trained physician. Of the eighteen contributors, five are psychoanalysts, nine are psychiatrists; the others are a gynecologist, a urologist, a psychologist, and a medical educator.

Among the papers three deal with problems in taking a sexual history; two with sexual problems masked by other medical complaints; two with the nature and management of full-blown sexual perversions, e.g., homosexuality and fetishism. Most timely and valuable is Ralph R. Greenson's *Masculinity and Femininity in Our Time*, which gives an over-all view of sexual behavior together with the numerous cultural factors making for alterations in these concepts and the external pressures affecting satisfaction in sexual life. He sets the proper context in which the general practitioner as well as psychoanalysts and psychiatrists should look at sexual problems which confront him in clinical practice. He states:

Our ignorance and prejudice about masculinity and femininity have led to many injustices, hardships, and waste. It is our task to learn more about this and related problems. We must broaden our range as to what we consider to be male and female attributes. Further, we should permit and encourage our patients to develop their entire personalities and not stultify certain valuable traits because they do not conform to old-fashioned and rigid standards of gender behavior. This will only be possible when we can recognize and overcome some of the unconscious hatred and fear that exists between the sexes. If we succeed, then we will be able to enjoy the exciting differences between men and women without contempt or envy, but with gratitude.

Arieti's paper, *Sexual Conflict in Psychotic Disorders*, summarizes sexual conflicts common to individuals with psychotic disorders,

the causes of which are not specific and may, of course, occur in the nonpsychotic. The most important conflicts are: 1, difficulties in identifying with either sex; 2, homosexuality both in its latent and overt forms; 3, the feeling of inadequacy as a sexual partner in prepsychotic and psychotic individuals. These conflicts become so devastating that they light up an underlying schizophrenic disorder and certainly complicate recovery. Arieti expertly describes the tortured motivational state of the female about to develop involuntional melancholia. She 'has reached an age that requires reappraisal of one's past and future life. What the patient experienced previously seems to her of little importance, not significant enough to confer a sense of security. . . . Her life is approaching the last part with the feeling that most was lost, possibilities were wasted and cannot be retrieved. . . . A sense of loss, irreparable loss, which perhaps reactivates a sense of loss experienced in early life, triggers a feeling of deep melancholia.'

Pumpian-Mindlin's article, *Contributions of Psychoanalytic Theory to the Understanding of Sexual Development and Behavior*, emphasizes that without the information derived from psychoanalysis the understanding of problems of sexual behavior would always remain at a rudimentary stage.

This reviewer seriously questions the theoretical hypotheses advanced by several contributors as regards the development of sexual identity. Considerable attention is currently being given to this problem under the heading of 'gender identity' and these papers arise from such investigations. The findings are highly conjectural and the conclusions in direct conflict with psychoanalytic theory. For example, the use of the term 'gender identity' is frequently misleading. The word 'gender' is an anatomical designation which means that one is born either male or female or is a product of faulty embryological development, e.g., a pseudo-hermaphrodite. Gender, determined at birth, can during the life span be decided only by the presence in the individual of testes or ovaries as found by external examination or by exploratory surgery when there is embryologic incompleteness. The word 'identity' is a psychological term which refers to one's psychological conception of oneself. In the context of gender identity research it would be wise that this term be preceded by a qualifying adjective such as 'appropriate gender identity' or 'faulty gender identity'. These authors make no mention of Mahler's separation-individuation phase of develop-

ment—a phase crucial to the formation of one's appropriate sexual identity. They rightly recognize that sexual identity problems may exist before the age of three. This early origin erroneously leads them to search for organic or innate factors (e.g., chromatin studies) as the explanation for this early profound disturbance. The problem of sexual identity is a psychological one whose etiology originates in the failure of the child to pass successfully through the separation-individuation phase of human development.

CHARLES W. SOCARIDES (NEW YORK)

FRIENDSHIP AND FRATRICIDE. An Analysis of Whittaker Chambers and Alger Hiss. By Meyer A. Zeligs, M. D. New York: The Viking Press, Inc. 476 pp.

To the enlarging gallery of psychoanalytic portraits of creative and historical personages Dr. Zeligs' study of Alger Hiss and Whittaker Chambers presents an important and a bold addition: important in that it represents a conscientious and a serious attempt to apply the tools of psychoanalysis to a memorable chapter in history; bold in its endeavor—despite the author's disclaimer—to establish such crucial issues as truth and falsehood, guilt and innocence in this passionate drama of our times. Clearly the product of a prodigious expenditure of earnest labor and painstaking thought, *Friendship and Fratricide* evokes both admiration and respect. As a tightly written chronicle of that drama and of the strange liaison between its two principal characters it commands the fixed and attentive fascination of the reader throughout its four hundred fifty closely written pages. In its attempted inquiry into the subsurface forces that motivate human action it serves as an eloquent reminder that history is fashioned by men whose behavior is often determined by factors far more complex and subtle than simple conscious resolve and brightly illumined reason. How successful Zeligs has been in emphasizing this truth is problematical.

It is hardly surprising in light of its subject, and of the intense and passionate partisanship aroused by it, that Zeligs' book has evoked widespread and varied criticism, ranging from angry and

petulant denunciation to enthusiastic approval and praise. It is not the intention of the present reviewer to offer a précis of the book, nor to argue the accuracy of its historical content, but rather to discuss the work from the point of view of its validity as an example of applied psychoanalysis.

At the outset, in accordance with the accepted demands of our profession, Dr. Zeligs asserts his intention of maintaining an attitude of psychoanalytic neutrality toward his two subjects, and of establishing a 'proper equidistance' in his investigation and analysis of them. Despite this declaration, however, the reader soon has doubts whether Zeligs has indeed been able to do anything of the sort. For, far from sitting as a passive juror impartially weighing evidence, Dr. Zeligs, like many of his readers, is possessed of certain prejudices concerning the Hiss-Chambers conflict. He has lived through the era of the great American witch-hunt, he has heard the craven croonings of certain 'reformed' ex-Communists, and he has witnessed the caustic defamation of innumerable loyal citizens during the McCarthy nightmare. Although he asserts it was not his intention to 'confirm the guilt or establish the innocence of Hiss', he makes little secret of his private opinion—an opinion shared by many men of good will—that Hiss was indeed innocent of treason and that Chambers was a rogue. He might have done better, it would seem, to have started from that point and then proceed to prove it.

A more serious objection to Zeligs' work concerns the grossly imbalanced use of his material. The work suffers from what might be termed a methodological diplopia, resulting in the projection of two unfused images viewed through markedly dissimilar optical instruments: the picture of Chambers is seen through the illumined magnification of the psychoanalytic microscope; that of Hiss through the dimly lit medium of the naked eye. Zeligs appears to regret the fact that he was never able to interview Chambers whereas he spent many hours with Hiss 'in discussion of his life'. Yet paradoxically it is the uncoöperative Chambers, long since deceased, who emerges from Zeligs' study as a person of flesh and blood and of three-dimensional credibility, while Hiss, his living subject with whom he established a personal contact, appears as a silhouette crayoned on cardboard. Nor is this discrepancy surprising, for in fashioning his two portraits Zeligs utilized two

distinct sets of data. As a literary person Chambers furnished his analytic biographer with a rich legacy of creative work, laden with hints and clues of those latent thoughts and fantasies which are indispensable for any biography written in 'depth'. Utilizing the methods and the tools of psychoanalysis Zeligs has been able to gain insights into and to formulate interpretations of Chambers' poetry, the autobiographical *Witness*, the revealing translation of Werfel's *Class Reunion*, and other works. In a persuasive manner he has shown how these threads of the creative imagination were woven into the crazy tapestry of Chambers' character and actions. No less impressive is the documentation of the latter's recurring destructive behavior toward others, notably as set forth in the chapter titled, *Varieties of Revenge*, for here in particular it is possible to discern an inexorable consistency that confers upon his relationship with Hiss the renewed configuration of an already established pattern.

Neither an avowed poet nor artist, Hiss supplied his biographer with no such materials for analytic scrutiny. Indeed the main data available to Zeligs for his portrait of Hiss were supplied through the medium of their 'discussions', and the treatment of these, it would seem, has been restricted largely to an examination of their manifest content. For this limitation Dr. Zeligs cannot be too severely blamed, for how is it possible for a reputable analyst to publicize psychologically significant material supplied by an identifiable living subject? At the same time one cannot escape the uneasy feeling that Zeligs set down much of what he heard from Hiss as if it required no further pondering or extrapolation. Often the author quotes Hiss as if the boundaries between manifest and latent content did not exist and as if the former could be safely taken at face value. It is somewhat startling, for example, in a work which deals so pointedly with sibling relationships and rivalries, to encounter Zeligs' apparently uncritical attitude in quoting Hiss's characterization of his feelings toward his brothers Bosley and Donald: 'At times I felt a little overlooked (not neglected)', Hiss declared, 'but didn't resent Bosley's status and didn't envy Donald's niche, which I considered babyish'. If Zeligs entertained any misgivings about the psychological adequacy of this patently glib pronouncement he surely gives no hint of it. Yet he had ample reasons for doing so for he was well aware of the fact that hardly

more than three months after Donald's birth Hiss's father had committed suicide, a sequence of events that might well have strongly colored Hiss's feelings toward his 'babyish' brother. By the same token Zeligs does not appear to be seriously troubled by the remarkable paucity of data concerning Hiss's relationship to his stepson and his son, individuals, one might suppose, whose presence and advent in Hiss's life might be expected to recapitulate certain aspects of earlier interaction with siblings. It is indeed remarkable that this weighty volume, containing chapters titled *Search for a Father*, *Hidden Brotherhood*, *Death and Rebirth*, includes no mention of the birth of Tony Hiss, no account of Hiss's reaction to the event, and gives but five brief and passing references to the child throughout the book.

No less striking is the absence of any suggestion of an analyst's perplexity or scepticism concerning the vicissitudes of Hiss's marital life. What significance, if any, might another analyst be tempted to attach to the circumstance that Hiss's marriage became an imminent prospect at the very moment when his future wife was about to be hospitalized for an unspecified major operation? Was it professional tact or a countertransference scotoma that prompted Zeligs' failure to allude here to possible castration anxiety and rescue fantasies? No more satisfactory than his treatment of Hiss's domestic relationships is Zeligs' account of the origins and development of Hiss's response to Chambers' friendly overtures. Not only does the author confine himself to relatively superficial explanations for this strange friendship, but he is apparently untroubled by rather gross inconsistencies among the explanations themselves. Thus while at one point Hiss told Zeligs that Chambers 'really had no more attraction for me than literally hundreds of acquaintances I have known', elsewhere he is quoted as discovering a number of attractive attributes of his idolized deceased brother Bosley in Chambers. Indeed since Chambers was known to Hiss as Crosley, Zeligs cites the assonance between the two names as an added determinant in Chambers' appeal. Even more perplexing to the reader, who has been following thus far the steady ascent of Hiss in the hierarchy of public office, is his assertion that Chambers, an erratic journalist with an 'unkempt, harried, and poverty-stricken appearance' flattered him, made 'me seem more important to myself'.

Something, to be sure, drew Hiss to Chambers, but in all the conversational backing and filling in a morass of manifest content dealing with Hiss's optimism and altruism, there is no hint that either he or Zelig suspected a morbid element, notably the self-destructive attraction of a willing victim to his potential destroyer.

In sum, the data on Alger Hiss are not analytic data, nor could they conceivably be; hence they do not lend themselves to analytic interpretation. It is regrettable therefore that Zelig sought to focus his analytic lens on Hiss altogether, and that he did not limit his field of vision to the one subject who was appropriate for such a study. Structured in this manner, and undiluted by the inclusion of unanalyzable elements, Dr. Zelig's book would have emerged as a work of unity and persuasiveness, and as an unqualified contribution both to psychoanalysis and recorded history.

BERNARD C. MEYER (NEW YORK)

PSYCHOTHERAPY AND THE PSYCHOLOGY OF BEHAVIOR CHANGE. By Arnold P. Goldstein, Kenneth Heller, and Lee B. Sechrest. New York: John Wiley & Sons, Inc., 1966. 472 pp.

THE INVESTIGATION OF PSYCHOTHERAPY: COMMENTARIES AND READINGS. By Arnold P. Goldstein and Sanford J. Dean. New York: John Wiley & Sons, Inc. 1966. 443 pp.

PSYCHIATRIC RESEARCH AND THE ASSESSMENT OF CHANGE. Report No. 63. New York: Group for the Advancement of Psychiatry, 1963. 129 pp.

The elementary schism between clinical and research practice is the issue of rules of evidence. What the clinician accepts as justifiable inference may strike the investigator as indulgent fantasy. Conversely, the investigator may choose to address a problem, the solution of which is regarded by the sophisticated clinician as irrelevant, or worse, obvious. Psychotherapy and the Psychology of Behavior Change contributes little to a rapprochement. Lamenting the fact that research findings have had so little effect upon the practice of psychotherapy, the authors embark upon a reckless course of reductionism. Dispensing with the skilled clinical therapist-observer, the relevance of intrapsychic conflict or concern with the psychotherapeutic process, the authors convene at the council of

pure psychotherapeutic pragmatism: does it work? While it is surely respectable to call for comparative outcome studies, this book summarily reduces all psychotherapy to exercises in interpersonal manipulation. The contribution to the psychology of behavior change which is promised in the title consists of a series of superficial descriptive generalizations derived from behavior therapy. Needless to say, the book attacks psychoanalysis and also borrows freely from nonclinical research.

The *Investigation of Psychotherapy* is a collection of sixty-three articles by authors of various interests and persuasions loosely relevant to the central question of whether or not psychotherapy helps patients. Despite the preponderance of papers on behavior therapy, the diversity of the collection makes for occasional interest. Carl Rogers' brief and modest report of his many years' research reflects rich clinical and research expertise. Helen Sargent's paper on follow-up studies is a fine sample of work from the Menninger study. Edward Glover's 1952 paper criticizing the inadequate state of research in psychoanalysis is included in this volume not to stimulate psychoanalytic research, but to undermine the scientific status of psychoanalysis in order to advocate the more superficial and manipulative psychotherapies.

By welcome contrast, *Psychiatric Research and the Assessment of Change* is a compact, sophisticated, and thorough presentation. Beyond the book's wealth of formal research information, the analytic reader will appreciate the pervasive emphasis upon the 'personal equation' in research. Much of the book is devoted to an explication of the hidden assumptions which influence the conception, execution, and interpretation of research and are likely to be obscured from the view of the investigator because they are part of the territory in which he lives. Personal value orientations, theoretical persuasion, and the range of personal considerations within the investigator will inevitably shape the research enterprise, but are likely to be conceptualized and rationalized in terms of the externals of the research problem. The authors believe that awareness of these many and complex considerations will not forestall psychiatric research, but will help make it 'more humble on the one hand and more sophisticated on the other'. The authors throughout emphasize the clinician and the clinical phenomena, but point the way in which refinements and generalizability of findings must ulti-

mately proceed from hunches to hypothesis, refinement, prediction, verification, and extensions of the hypothesis.

The faults of *Psychiatric Research and the Assessment of Change* are literary. Multiply authored, the book owns something of the character of a mechanic's checklist in order to assist the investigator to locate the possible flaws in his research effort. The terse utilitarian comprehensiveness of the book reminded this reviewer of the aphorism that a camel is a horse designed by a committee. However, on the still arid desert of psychiatric research, camels are precious. Creative encounters are necessary in clinical research and by providing explicit and precise considerations regarding the variety of factors involved in assessing change, this volume has significantly enhanced the opportunities favoring such encounters.

JUSTIN SIMON (BROOKLYN, N. Y.)

OUT-PATIENT TREATMENT OF ALCOHOLISM. A Study of Outcome and Its Determinants. By Donald L. Gerard, M. D. and Gerhart Saenger, Ph.D. Toronto: University of Toronto Press, 1966. 249 pp.

The authors provide a detailed psychosocial analysis of their research into the results of therapy in the out-patient treatment of alcoholics. It is a perceptive multidisciplinary approach written within the framework of psychoanalytic awareness, and points to the discouraging and minimal rewards accruing from any treatment program for alcoholics, as well as for addiction problems in general. They verify the fact that only a minority of well-motivated and selected alcoholics may benefit from psychoanalytic psychotherapy.

The authors make a number of suggestions for the implementation of a treatment program seeking limited goals. If followed these should enhance the value of any comprehensive therapeutic procedure.

Drs. Gerard, Saenger, and their associates are to be commended for their efforts in this thankless task. Their conclusions are worthy of review by anyone engaged in treating addiction disorders.

ROBERT A. SAVITT (NEW YORK)

MAN IN ESTRANGEMENT: A Comparison of the Thought of Paul Tillich and Erich Fromm. By Guyton B. Hammond. Nashville, Tenn: Vanderbilt University Press, 1965. 194 pp.

With the decline and near demise of the title *alienist* as a synonym for a psychiatrist, the term alienation has come to have more and more of a general meaning not necessarily reserved for the insane. The newer sets of definitions have included aspects of internal and external separation, or isolation of men from one another, from the natural world around them, from inner thought and feelings that have been held in discontinuity, and from unresolved contradiction or conflict. Moreover the term has also begun to serve as a bridge concept between psychiatry, philosophy, and religion. This latter usage seems to have stemmed from phenomenological and existential trends in philosophical anthropology, philosophy of religion, and psychotherapy.

Historically the vicissitudes and fate of the alienated have seemed to be dictated largely by a social definition. In Huxley's *The Devils of Loudun* and in Foucault's *Histoire de la Folie*, among numerous other sources, one may trace the changing popular and official attitudes toward madness. But Tillich, Camus, Fromm, and Heidigger seem less interested in the certifiably insane than in man's estrangement from himself, his neighbor, and the complex one might call nature—the universe—God.

In Hammond's ambitious (and usually successful) volume, he traces and clarifies the philosophical problem of varieties of estrangement and of the inevitable consequent dilemmas in their clarification and differentiation. He shows how Fromm was influenced in his anthropology by both Marx and Freud. He poses the axiological question as to whether healthy-mindedness is a sufficient or even necessary prerequisite for virtue. In so doing, the process of therapy is scrutinized for the presence of latent or overt ethical (if not spiritual) influence and effect (whether or not intended or recognized either by patient or therapist). Moving on to an overview of Tillich's ontology, anthropology, and soteriology, the author points out similarities, pseudo-similarities, and genuine differences between each of the two protagonists, Tillich and Fromm. Curiously, the victor, who is rarely on stage or directly invoked, is Freud. For in a sense, it is he and his psychoanalytic

anthropology by which and through which the ideas of the others seem to be defined and measured. To readers wholly unfamiliar with Freud (or for that matter with Dostoievski and/or Kierkegaard) this latent presence (or these presences) might not be sensed behind the scenes. On the other hand, the author is writing to an audience for which his assumption of familiarity seems to be generally justifiable. Personally, however, I sense the latent hazard of Fromm's position being simplistically conveyed as if it were Freud's. For the readers of *This QUARTERLY* this fear seems to be groundless.

Once into the author's style, one gains valuable landmarks in locating the burgeoning schools of 'existential psychiatry' and of deciding for himself wherein they may disclose a new dimension, blur older and truer formulations, or simply substitute new jargon for already recognized concepts. In my judgment they do all three. Hammond's book may help us decide for ourselves which is which.

EARL A. LOOMIS, JR. (NEW YORK)

CRIMINAL RESPONSIBILITY AND MENTAL DISEASE. By C. R. Jeffery. Springfield, Ill.: Charles C Thomas, Publisher, 1967. 324 pp.

In the Foreword to this book Professor Henry H. Foster, Jr., Director of the Law-Psychiatry project at New York University Law School, states: 'One need not accept the conclusions of this book nor the opinions of its author. If one disagrees, however, he may find it extremely difficult to formulate a convincing rebuttal.'

Dr. Jeffery is a sociologist with formal training in law, and extensive experience in the field of criminology. The subject of his book—clearly stated in the title—refers primarily to the 'Durham Rule'. In 1954 the United States Court of Appeals for the District of Columbia handed down its decision in a case 'U.S. vs Durham'. Jeffery states: 'What would otherwise have been a routine criminal case . . . now stands out in criminal law as a twentieth century landmark in the legal definition of crime and insanity'.

The book, divided into two parts, is a scholarly presentation of the author's objections to the 'Durham Rule', 'Mental Disease', and the insanity defense. He presents a number of actual court cases,

some in detail; the 'Kent Case' is selected ' . . . because it provides examples of most of the problems involved in the insanity defense'. The defense offered testimony of a total of eleven experts, psychiatrists, and clinical psychologists, while the government presented two. The extensive psychiatric material affords the author, and the reader, an opportunity to explore the basic problems.

The layman—judge, lawyer, or juror—finds it difficult rather than helpful to hear several experts give differing opinions about the mental state of the same individual. The author is especially dissatisfied that physicians and clinical psychologists are called upon for testimony in the courtroom, while the sociologist and experimental psychologist (whom he calls 'behavioral scientists') are prominent by their absence from our courtrooms. What also disturbs him is the allegation that the Freudian concept of human behavior dominates courtroom testimony: 'The only theory of behavior studied by lawyers is the Freudian theory. The Durham decision reflects the influence of Freudian psychology upon the law.' This bias is contradicted by the fact that the number of psychoanalysts heard in the courtroom is small and the theories of behavior and crime studied by lawyers are not limited to the 'Freudian theory'.

This book is challenging, provocative, and instructive. Many readers will take issue with some of Dr. Jeffery's conclusions. But the book should prove useful and helpful to all who are interested in forensic psychiatry.

LEO L. ORENSTEIN (NEW YORK)

THEORIES OF PSYCHOPATHOLOGY. Essays and Critiques. Edited by Theodore Millon, Ph.D. Philadelphia: W. B. Saunders Co., 1967. 444 pp.

PSYCHOPATHOLOGY. By Arnold H. Buss, Ph.D. New York: John Wiley & Sons, Inc., 1966. 483 pp.

After reading these two books, I found myself thinking of Eissler's comment in *Medical Orthodoxy and the Future of Analysis* that the period required for the acceptance of Freud's theories and discoveries may take longer than a century.

Both authors have the aim of presenting the various theories of psychopathology to graduate students in the behavioral and social sciences. Millon's book consists of a large series of original papers of uneven value, preceded by very brief introductory comments. Freud is presented as one of approximately thirty theorists who have made contributions to the study of the abnormal personality on a par with Bleuler, Meehl, Sheldon, Skinner, Eysenck, Rogers, May, and many others. Millon tells us that 'until a psychological Newton or Einstein comes along, a multiplicity of viewpoints must prevail'. Buss, however, has used a standard textbook format.

Millon divides the subject into biophysical, intrapsychic, behavioral, and phenomenological theories. Buss uses a similar approach describing biological, psychoanalytic, learning, interpersonal, and regression models. The authors are obviously well-read psychologists and are familiar with the literature, but both fail to produce a meaningful, worth-while text because they are not able to synthesize or evaluate the material they present. This is a common problem in many of the books that appear on the teaching scene. Neither author understands the analytic metapsychological approach. Psychoanalysis as an evolving basic science and a research tool of prime import is not appreciated; no clinical data is presented. In fact, Buss specifically states that 'accounts of patients' lives are interesting to read, but tend to distract the reader from the rich and complex issues of abnormal psychology'.

From Freud's writings, Millon presents the 1915 papers, *Instincts And Their Vicissitudes*, *Repression*, and *The Unconscious*, without any statement to the reader about the place of these papers in the history of the theory and practice of psychoanalysis. These are followed by *Psychoanalysis as a Scientific Theory* by Heinz Hartmann. From Lewis R. Wolberg's book, the chapter *Technique Of Reconstructive Therapy* is presented. There are also papers by Erikson, Horney, Sullivan, Fromm, and Jung. The criticism of analysis includes papers by B. F. Skinner, *Critique of Psychoanalytic Concepts And Theories*, and by N. S. Lehrman, *Precision in Psychoanalysis*.

Buss presents a concrete, naïve approach to therapy as derived from the various theories. In essence, he states that if a 'client' has a sudden hysterical symptom following a repressed traumatic event, analysis is the treatment of choice. If there is a specific complaint,

especially a phobia, learning therapy should be used. When the presenting problem concerns identity, the best approach appears to be Rogerian client-centered therapy.

Millon states that 'there is considerable confusion in psychopathological theory today. A dazzling array of doctrinaire concepts, propositions, and theories vie to catch the eye of the beginning student. They do not illuminate his pathway; rather, this profusion of disconnected and contradictory thought only confounds him.' If this is so, these two texts will not appreciably alter the problem.

STANLEY S. WEISS (NEW YORK)

A TEXTBOOK OF PHYSIOLOGICAL PSYCHOLOGY. By Sebastian Peter Grossman. New York: John Wiley and Sons, Inc., 1967. 932 pp.

This massive volume was designed by the author for use both 'as a textbook for graduate and undergraduate students in biopsychology, neurophysiology, and neuroanatomy', and as 'a useful reference for research workers in these and allied fields'. The author defines the somewhat hybrid field of physiological psychology as the study of 'the physiological and chemical processes (and their anatomical substrates) that intervene between the arrival of sensory signals in the central nervous system and the elaboration of appropriate responses to them'.

The book consists of four parts, Part I being a quite thorough review of those aspects of neuroanatomy and neurophysiology necessary for understanding the subsequent text. Part II consists of a detailed examination of one sensory system (vision), the classical motor systems, and reticular mechanisms. The author has confined himself to the visual system as an example of perceptual processes since, as he states, this field has become so complex as to be beyond the scope of this volume. Part III discusses motivational mechanisms, including hunger, thirst, sexual behavior, and rewarding and aversive effects of central stimulation. Part IV covers the areas of learning, recall, and forgetting.

Dr. Grossman has produced a scholarly work with meticulous amassing of data and source references. His style, however, is rather uneven, and at times the masses of experimental data seem to interfere with any conceptual integration or organization of the material, in spite of summaries which are often appended. The author

obviously espouses the behaviorist position, regarding introspective data as highly unreliable and unsuitable for scientific research, although he disavows the more extreme view that 'mentalistic' concepts, such as emotions, consciousness, etc., are not within the realm of scientific inquiry at all. This behaviorist orientation may be correlated with some of the curious gaps in the content of the book, but cannot account for all. That there is no mention of Freud or psychoanalysis anywhere in the book might be understandable, in view of the stated definition of the subject matter. However, the complete omission of any discussion of the state of sleep and of dreaming, with all of the recent research on their neurophysiological correlates (REM sleep, etc.) is less understandable. Moreover, the section on sexual behavior exhaustively describes varieties of species specific sexual behavior in various animals (including the fascinating fact that 'male frogs . . . attempt copulation only with fat animals which do not croak'), but omits any mention of the extensive physiological research of Masters and Johnson on the human sexual response. The section on sexual behavior also contains the remarkable statement that 'sexual activity depletes the organism's energy stores; the sex drive is sated only when fatigue and exhaustion *override* it [author's italics], and it recurs when the body has replenished its energy stores'. No mention is made of the physiological (as well as psychic) phenomenon of orgasm. A paragraph is devoted to 'bisexual behavior' in man, wherein Dr. Grossman states, 'in view of the apparent dependence of such behavior on hormonal mechanisms in lower species, it is tempting to conclude that bisexuality in man may be primarily caused by hormonal factors'.

On motivation, in regard to rewarding and aversive effects of central stimulation, the author has the following to say:

Historically, motivation has always been subsumed under the hedonistic principle that the organism responds to its environment in order to maximize pleasure and minimize pain. With the rise of behaviorism, subjective explanatory concepts such as pleasure and pain became unacceptable. The hedonistic theory was largely replaced by the more parsimonious and objective hypothesis that motivation is based on a general tendency of the organism to minimize all types of stimulation. Such a notion is implied in most recent theories of motivation. . . .

Dr. Grossman is apparently unaware of, or chooses not to credit to Freud and psychoanalysis, the exposition of both the pleasure-pain

principle and the Nirvana principle. What is more important, and wryly amusing, is that amidst his appropriation of Freud's almost fifty-year-old hypothesis under the banner of modernity, he omits all recent evidence from neuropsychological work (for example, sensory deprivation studies) which, in the eyes of many psychoanalysts, threaten the tenability of either hypothesis, as so simply stated.

In the section on learning, there is a thorough discussion of electroencephalographic correlates, including orienting response, habituation, and the role of the reticular activating system, all of which are most pertinent to any analysts attempting to integrate psychoanalytic theory with current neurophysiology. However, the behavioristic bias is present here, as well, in the expressed hope that somehow experiments could be devised which would study the learning process itself, free of such distracting variables as emotionality and motivation. There is no mention of the unique symbolizing capacity of man, nor any discussion of deficits in this capacity, as seen in aphasias and agnosias.

Dr. Grossman's attempt to combine in a single book both a text and a reference source for workers in his and allied fields has resulted (perhaps of necessity) in a volume which does full justice to neither goal. As a text for students, it is too detailed and cluttered with data reported in the style of a review of the literature, and seems inferior for teaching purposes to the dominant text in the field, *Physiological Psychology* by Clifford Morgan. As a reference source, it is incomplete and biased.

ALLAN D. ROSENBLATT (SAN DIEGO, CALIF.)

PHILOSOPHY AND THE SCIENCE OF BEHAVIOR. By Merle B. Turner.
New York: Appleton-Century-Crofts, 1967. 539 pp.

The author undertakes a careful and detailed evaluation of the philosophical antecedents of behavioristic psychology. He demonstrates the integral and necessary relationship between the collection of scientific data and the development of theory. The discussion of the nature, structure, logic, and use of theories and models is pertinent to psychoanalytic theory although limited by his behavioristic frame of reference. Turner would not deny consciousness but can 'ignore consciousness and its raw data [as] private. . . . No psychologically feasible method exists for learning a strictly

mental language. Nor is it clear of what use it would be, if we did in fact have one.' These data are 'not a subject matter for science'. It is convenient to discard such data since the author argues that 'all explanations of behavior can in principle be reduced to the language of neurophysiology'—a particularly difficult task with introspective data.

Unfortunately, Turner is neither well-informed nor careful in the few passing references he makes to classical psychoanalytic theory which he discards as allowing one 'to generate any hypotheses you please'. Among the examples of philosophically or logically unacceptable psychoanalytic statements quoted are: 'the superego is the agent of anxiety', 'the superego stands as a kind of mediator or filter through which certain responses are processed while others are blocked'.

The author's bias against the 'data of consciousness' seems an exercise of the 'arbitrary option' he criticizes as improper in a scientist.

JOAN B. ERLE (NEW YORK)

International Journal of Psychoanalysis, XLVII, 1966.

Eugene Nininger

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ABSTRACTS

International Journal of Psychoanalysis, XLVII, 1966.

On Ego Psychology: A Critique of the Structural Approach to Psycho-Analytic Theory. Bernard Apfelbaum. Pp. 451-475.

The concept of a reasonable autonomous ego functioning independently of the primitive, unchanging drives and of the rest of the personality partakes of Freud's earlier idea of an ego patterned after the conception of self-preservative instincts. This by-passes later views in which he saw the id and ego as a unit in the healthy personality. Although it denies doing so, in practice ego psychology elaborates the concept of structure that is typical of the obsessive personality rather than the normal. The consequence of reliance on organ analogy to supply the causal principle behind ego control has meant neglect of the internal object relationship between ego and superego, and of the relationship between patient and analyst. The views have led to a depersonalized approach to treatment, to neglect of unconscious fantasy, and to ego bolstering and symptom relief rather than true personality change. An extensive bibliography accompanies the detailed discussion.

Transference in Borderline States. Margaret Little. Pp. 476-485.

In psychosis and borderline states annihilation has occurred, ego nuclei are functioning but separate, id and ego have not fused, distinction between self and not-self is absent. To analyze these areas means to go back to a not-yet-personalized state and experientially go through annihilation and death, then come back again, but differently. Classical analysis is appropriate whenever it is practical. When it is not, parameters are appropriate. Success depends on how far we, despite our anxiety, can live by the very things we are trying to get our patients to accept: that everything has ambivalency, that normal and pathological come from the same place, that psychic reality is as important as factual reality.

The Counterphobic State and Its Objects. Philip Weissman. Pp. 486-491.

A case is described in which the patient's wife and mistress were crucial counterphobic objects representing a regression to and fusion with loved and magically endowed objects of infancy. Counterphobia resembles fetishism in that the fetishistic object, like a counterphobia, counteracts the ego's limitations and makes genital functioning possible. Explored but unresolved is why only some phobias transform into counterphobias.

The Sense of Reality and Values of the Analyst as a Necessary Factor in Psycho-Analysis. Samuel Novey. Pp. 492-501.

While many analysts take issue with the view that they use their own reality sense and value judgments in their work, investigation shows they employ these faculties in their actual work with patients. With the psychoses this is clearly shown. An analyst uses his own reality when he decides the voices a

patient is hearing are hallucinations. Yet psychoses only vary in degree from other conditions. In less severe conditions such judgments, as, for instance, the degree of external reality in the patient's data, determine interventions by the analyst. The analyst uses his judgment as to the presence or absence of neurosis, the distortions and economics of the various mental institutions, and the state of the patient's environment compared with the 'average expectable' one.

Body Ego and Reality. Gilbert J. Rose. Pp. 502-509.

Reality is colored by representations of the bodily self through a wide gamut of behavior. The self may be viewed as a phallus, anal product, breast or mouth, and the world may be similarly viewed. These fantasies must, of course, be analyzed. Sometimes they reflect deformations of the body ego and failure of individuation from the mother. They are narcissistic identity disorders rather than psychoses or borderline states, and their successful treatment requires studying the 'reality testing function of symptoms'. Compulsions and acting out may represent defense against symbiosis with the mother. In creative imagination the body ego impresses itself on surrounding reality and tests, constructs, and expands it.

Psycho-Somatic Illness in Its Positive and Negative Aspects. D. W. Winnicott. Pp. 510-516.

Splitting of the psyche from the soma—the equivalent of repression in more sophisticated organization—is a retrogression employing archaic residues in setting up its defense organization. By contrast, psychosomatic integration is part of forward movement in development. If this is so, then psychosomatic illness may be classified according to two main developmental ideas: as a primary unintegrated state and as a later psychosomatic integration or 'indwelling' of the psyche in the soma. The latter achievement depends on the mother's adaptive capacity to re-enforce the infant's ego by supplying a 'reality in dependence'. In treatment we must take a unified view of the patient without going ahead of his capacity for integration. This includes the patient's need for separation of physical doctors and analyst, with the former preferably not too rigid in their application of medical theory. Two cases moving favorably in treatment—a case of anorexia nervosa and one of colitis doing less well—are reported.

Secrecy and Identity. Gerald J. Margolis. Pp. 517-522.

While psychoanalytic therapy and theory deal with secrets, secrecy as a concept has not been elucidated. Secrecy in relation to self, individuality, and identity are discussed. Patients with a poor identity sense become more disturbed than others when their secrets are explored in therapy.

On Being Taken Out of Oneself. Adrian Stokes. Pp. 523-530.

Being taken out of oneself can occur in such experiences as immersion in one's work, identification with society or with any wider cause, and in the contemplation of vistas of nature. The relief and pleasure at contemplating

the vastness of the universe on a starry night and one's nothingness in relation to it would appear to require the theory of a death instinct in its explanation. There is relief from envy of things and persons in the reflection that nothing is of any importance when viewed against endless space and time, but there also appears to be a libidinal effect to which the death instinct serves as booster.

The Antecedents of the Negative Œdipus Complex. L. Hornstra. Pp. 531-538.

The postœdipal negative œdipus complex derives in the child from the preœdipal wish to undergo anal coitus with the father and receive from him the great gift of feces with which, by conversion into a penis, he can win the world (mother). This anal phase extends from the primeval to the œdipal situation. The first critical point is in transition from breast to penis or one-with-mother to trinity-with-mother-and-father. Here power is delegated by father but threatened by mother. The second critical point is in the œdipal phase with the castration threat from father. This is defended against by resort to preœdipal patterns for postœdipal behavior.

An Attempt to Differentiate a Typical Form of Transference in Neurotic Depression. A Description of Three Stages. John Klauber. Pp. 539-545.

Cases of neurotic depression with a history of isolation and much family trauma in childhood show three phases of treatment however carefully the analyst explores anxieties, permits mourning, and does not interpret aggression prematurely. In the first phase the patient's emphasis on hopelessness and failure, with its invitation to the analyst to become the omnipotent savior, must be met by interpretation of the patient's ambivalence, emphasis being on his positive feelings and his suppression of anger at his parents for their mistreatment of him. In the middle phase demands may become too primitive for the ego to mediate and modification of standard technique is usually necessary. (In one case perennial lateness was met by change of the treatment hour to a time when the patient could come late and stay overtime.) In a final phase, liberation of aggression in a context of love results in diminution of the distance between self and objects. Termination should include so far as possible the patient's bringing out weaknesses he detects in the analyst and reservations he has felt about the treatment.

Toward a Classification of External Factors Capable of Inducing Psychological Stress. Sidney Levin. Pp. 546-551.

States of psychological stress are characterized by a defusion of libido and aggression. External factors capable of evoking defusion are loss, attack, restraint, and threats. When not intense, defusion promotes redistribution of libido and fosters development and adaptation.

EUGENE NININGER

Journal of the American Psychoanalytic Association, XIII, 1965.

Psychoanalytic Notes on the History of Morality. David Beres. Pp. 3-37.

This is a most stimulating paper dealing with the history of morality, especially the origin and evolution of moral values and their relation to psychoanaly-

sis. The psychoanalytic contribution is twofold: 1, to describe the mechanisms which result in man's specific beliefs and ideals, and 2, to indicate the methods by which stability of moral functioning is achieved, i.e., through the development of the autonomy of the superego.

The author believes that the psychic apparatus of man has not changed through the ages. Therefore, each child must develop his moral attitudes and behavior by identification and internalization. Beginning with some intriguing speculations on the meaning of the animal figures in the Lascaux cave, Beres reviews the conflicts of primitive man—namely those dealing with his instinctual impulses such as incest, parricide, etc. He describes how totemism with its accompanying taboos provided primitive man with an institutionalized control over his impulses. As civilization became more complex it was necessary to devise new ways for controlling these instinctual drives. Brief mention is made of various cultures and how laws evolved, e.g., the codes of Hammurabi, Moses, and of ancient Egypt. In Greece the transition was made from the worship of a deity established by the earlier codex to loyalty to the city-state. The impact of Jewish and Christian ethics and morality on the development of the superego is also mentioned. Whenever moral values are based too much on external sanctions and fear of punishment, regressive forms of behavior are frequent concomitants. Lutherism and Calvinism imposed authority from without and encouraged severe reaction-formations. Since the development of superego autonomy is dependent on internalization, the outward dependence on external controls into adulthood may impede the tendency toward development of internalization.

Another significant issue is raised by the author. Is there evidence of difference in the degree of internalization of moral function in different historical periods? He suggests that the increased importance and dignity of the individual has indicated a tendency toward an increase of individual responsibility. Attempts must be made to understand regression of the masses such as occurred under Nazi Germany. He concludes that religion and morality do not necessarily run parallel courses; during periods of intense religious activity there have been excesses of amoral behavior.

Notes on Countertransference. Otto Kernberg. Pp. 38-56.

The distinction is made between the classical concept of countertransference and the so-called totalistic one. The former is defined as the unconscious reaction of the therapist to the patient's transference, the latter as the emotional reaction of the analyst to the patient in the treatment situation. It is stressed that various emotional reactions of the analyst, conscious and unconscious, conflict-ridden or based more on reality, can be employed constructively in the therapeutic situation. Mention is made of Sullivan's totalistic approach as part of his stress on the interpersonal reaction between patient and therapist.

Countertransference can be employed as an important diagnostic tool to assess the degree of regression in the patient. The more severe countertransference problems occur with those patients who are pregenitally rooted and stir up counteridentification problems in the analyst. Concern on the part of the analyst may have different unconscious meanings. It can be helpful in limiting regression in the analyst, in exploring his limitations in the therapeutic

situation, and encouraging consultation with a colleague rather than a precipitous reaction to the countertransference by termination of therapy.

Working Through and Termination of Analysis. Rudolf Ekstein. Pp. 57-78.

In this important paper emphasis is placed on our increasing scepticism about termination of analysis in terms of an ideal ending point, stressing that the earlier aims of analysis, the disappearance of all symptoms, the structural changes, and the perfectly integrated personality, are rarely achieved. Regarding termination, the author uses the analogy of the ending of a play in which the main themes of the play are revived and worked through. The ending process is considered one in which the patient has further opportunity to gain insight and resolution of his transference neurosis. Recollection and reconstruction during the ending phase seem a preparation for future tasks.

Problems of termination in child analysis and training analysis are also discussed. In child analysis it may be more appropriate to consider it an interruption of analysis with re-analysis occurring at a point when the child manifests appropriate maturation and development. In addition to the therapeutic task, the educational task of the child analyst is discussed. In training analysis, it is suggested that criteria for ending and resolution of the transference may not be thought of along usual classical analytic lines in view of the ongoing professional and social relationships between analyst and candidate.

Loss of Identity and Acting Out. Klaus Angel. Pp. 79-84.

The author presents a clinical vignette of a borderline patient who acts out by having a love affair in order to preserve her identity. His thesis is that one factor in acting out is to serve as a defense against loss of identity. Both loss of identity and acting out may have an origin in the separation-individuation phase in infancy. The acting out may express the child's original attempt to separate from mother by moving away from her in addition to the gratification afforded in mastering the task of motility. The patient described feared losing her identity by being devoured and fused with her husband (mother), a narcissistic submission to her husband based on earlier childhood masochistic and identity conflicts. By having an affair, she was able to actively defend herself against the fear of her incorporative fantasies.

Ambiguity and Human Imperfection. Sidney Tarachow. Pp. 85-101.

The ego's use of ambiguity is discussed in relation to comedy and art. The ambiguity of language provides each word with a cluster of meanings. The difference between the comic process and the obsessive state is described, emphasizing that wit and comedy are techniques that enable the individual to express both sides of his ambivalence so quickly that guilt is avoided. If ambivalence is not expressed the basis for comedy is eliminated. In comedy there is less anxiety about object loss and less isolation from objects than in obsessions. Comedy allows escape from the superego by regression. It is creative and analytic in that it exposes our ambivalence and increases our self-knowledge. Comedy is essential 'to preserve the paradoxes of maturity side by side with childishness, socialization side by side with aggression and rebelliousness, orderliness along with ambivalence'.

We need art and literature to tap the wide range of ambiguous feeling which may be lost as a result of the civilizing process. Various acts of creativity that provide needed relief from such ego functions as synthesis and fusion of ambivalent tendencies are reviewed. Creative art is discussed in terms of the wide range of ambiguous feelings it may express. The very ambiguity of art permits its survival. Art enlarges the ego because it is related to unconscious infantile and ambivalent tendencies which are exposed in art form. Comedy, too, serves a similar function by 'helping us re-experience the paradoxes of childishness and rebellion alongside of maturity'.

On Time and Timelessness. Shelley Orgel. Pp. 102-121.

A case study is presented to illustrate the various meanings of time to a young woman who was always late. Analysis revealed its pregenital roots and relationship to her voracious, manipulating, and inconsistent mother. The patient's behavior is understood as a defense against the manipulating mother as well as a struggle against identification with the mother-image. Her isolation and repression of interpretations in analysis followed the model of her earlier childhood bodily activities of holding food in her mouth and then spitting it out instead of swallowing it. The various psychosexual levels are analyzed in relation to their contribution to the patient's difficulty in relation to time. By denying the reality of time she was able regressively to revive early oral, omnipotent, and fusion fantasies with mother. Resulting ego distortions and their impact on object relationships are also discussed.

Loneliness and Compulsion. Vivian Jarvis. Pp. 122-158.

The author's main thesis is that there is a close connection between loneliness and compulsions, and that compulsions serve as a defense against the sadness and loss provoked by certain patterns of 'withdrawn mothering'. Very often the child's compulsive loneliness reactivates the mother's unconscious infantile fantasies equated with her damaged phallus. Many interesting clinical vignettes are provided to illustrate the development of sadness in the child within a peculiar mother-child relationship in which mother deprives the child of attention in diverse ways. The child reacts to the emotionally withdrawn mother by developing compulsive manifestations. The compulsive activity symbolizes the wished-for possession of mother and also defends against loneliness. This type of defense and gratification is most prominent in the individuation-separation period. In part the mother's chronic withdrawal is explained on the basis of her equating the child with her fantasied infantile phallus damaged by masturbation. The withdrawal is seen as the mother's struggle against masturbation. Intolerant of the child's phallic activity, the mother functions more comfortably with him on an anal-sadistic level and hence re-enforces the child's anal fixation.

Psychoanalytic Implications of Recent Research on Sleep and Dreaming. Part I: Empirical Findings. Charles Fisher. Pp. 197-270.

In this excellent paper the dream-sleep cycle is defined and described; REM sleep is distinguished from NREM sleep, and the relationship between REM sleep and dreaming is elaborated. A number of significant subjects pertaining

to the neurophysiology and psychology of dreaming and sleep are discussed: cardiovascular and respiratory changes in REM and NREM sleep; changes in muscle tone during the dream-sleep cycle; body movement during sleep; skin resistance and cerebral blood flow; cycles of penile erection associated with dreaming; research findings on the relationship of dreaming to REMs; the NREM psychic content and the relation to the dream process; the interrelatedness of dreams of the same night; the relationship between REMs and dream content; and research on the depth of sleep, auditory arousal thresholds, and cognitive discrimination, including experimental work on animals.

Psychoanalytic Implications of Recent Research on Sleep and Dreaming. Part II: Implications for Psychoanalytic Theory. Charles Fisher. Pp. 271-303.

In the second part of his paper, the author discusses the relationship between the psychological concept of instinctual drives and physiological processes in the light of the new knowledge of the physiology and psychology of dreaming. A brief discussion is developed on current structural hypotheses in analysis and the relationship between dreaming and development of psychic structure. The author concludes that dreaming as a psychic event can only occur after psychic structure formation advances 'to the point of memory traces . . . so that traces of past events can be aroused to hallucinatory intensity during dreaming sleep'.

He proposes that during periods of regular or NREM sleep in the neonate, there is a build-up of energy; whereas during REM sleep, when various motor discharge patterns such as erections, smiling and sucking movements are more prevalent, the accumulated 'neural' energy is discharged. After psychic structure has developed in the infant, physiological drive discharge is in part replaced by psychological drive discharges accomplished through the process of dreaming. Many other significant aspects of drive discharge are discussed in relation to the dream-sleep cycle, including the erection periods during sleep and comments on the 'need' to dream. The author concludes that REM sleep and dreaming can only be understood from a holistic approach, from both an organismic and psychological frame of reference. There is also the very likely possibility that a biochemical substance is involved in triggering and sustaining the REMs and 'that when the latter are suppressed it accumulates and is instrumental in producing psychotic-like states'.

Other significant aspects of dreaming and sleeping are discussed: the temporal spacing of dreams; Proposed Modifications of the Concept of the 'Dream as the Guardian of Sleep' (here the author suggests that the dreams can only be the guardian of REM sleep); the effect of anxiety on dreaming; the effect of fatigue, dream deprivation, drugs, etc., on sleeping and dreaming; fluctuations in the dream cycle in functional psychoses. It is concluded that total dream time on any given night is the result of the balance between drive and defense.

Dream Interpretation and the Psychology of Dreaming. Richard M. Jones. Pp. 304-319.

The psychoanalytic theory of dream interpretation is distinguished from the psychoanalytic theory of dreaming. Lack of clarity about this differentiation results in a reification of latent dream content, an overgeneralization of the

interpretive principle of dream-distortion, and the misapplication of the wish-fulfilment hypothesis in dream interpretation. The author points out that dream interpretation does not usually express the repressed infantile wish even though the latter motivates the process of dreaming.

Conceptions of Superego Development. Steven Hammerman. Pp. 320-355.

This is a thorough review of the precursors and other aspects leading to the full development of the superego. After defining ego ideal and superego, the author discusses the vicissitudes of early object relationships including pre-œdipal object ties, the delineation of self-representation from object-representation, the evolution of the superego, and the constant interreaction between ego and superego elements furthering the growth of both psychic structures in latency and adolescence. The concepts of fusion and defusion, and neutralization of drive energies are also briefly dealt with. Clinical vignettes are added to provide examples of pathological superego states and illustrations of superego lacunae.

Finally, the superego is conceived as the outcome of the integration among the mature ego ideal, various superego precursors, and secondary identifications within the ego which develop as a result of relinquishing œdipal ties. A distinction is made between shame and guilt and attention is given to certain regressive potentials within the superego as well as the capacity for growth and alteration of the superego during latency, adolescence, and adulthood.

The Defensive Function of an Altered State of Consciousness. A Hypnoid State. Robert Dickes. Pp. 356-403.

The author describes sleep-like states that commonly occur in many cultures and that constitute an altered state of consciousness or a hypnoid state. In the analytic situation this invariably represents a defensive function against aggressive or sexual impulses and may lead to a formidable resistance unless analyzed. He emphasizes that 'there is no real gratification for the patient in the hypnoid state . . . that the intent is to conceal and prevent the development of affect and insight'. This state may also represent a defense against the threat of aggression from without. Such states strongly impede progress in analysis until worked through. In actuality the hypnoid state must be distinguished from normal sleep.

It is suggested that those who experience this syndrome to a marked degree have suffered unusual seductions and beatings in childhood which forced them to such refuge in stupor. Examples of hypnoid states are culled from the literature. A distinction is made between the dynamics of hypnoid and hypnotic states on one hand and true sleep on the other. The adult hypnoid state is a repetition of a childhood hypnoid state which represented a means of warding off intolerable feelings due to excessive stimulation or abuse. The analyst may experience the same state as a countertransference phenomenon.

Man As Machine. Reflections on Certain Cybernetic Implications of Freud's Psychoanalytic Theories with Special Consideration of the Evolutionary Association of Love and Understanding (Knowing). Robert L. Marcus. Pp. 404-421.

The author attempts to demonstrate that freudian psychoanalytic concepts can also be understood within the framework of cybernetic processes. Man's behavior

like cybernetics deals with regulatory and control processes that have developed as a result of natural selection. Love, 'the precipitate of biological evolution', is presented as an example of regulatory and control processes based on natural selection which follows the freudian and cybernetic model. Repression is given as another illustration of the 'cybernetic implications of psychoanalytic theory'.

Sensory Determinants of the Symbol Three. Jules Glenn. Pp. 422-434.

Vignettes of analytic case material are presented to illustrate and corroborate the author's thesis that in the genesis of the symbol three, which connotes the penis and testicles, visceral and kinesthetic sensations developing at the time of sexual excitement are of unique importance in the development of body representations. Further, these sensations are then projected to the outside and along with visual sensations, cultural and intellectual influences (the development of intelligence and capacity for counting), aid in the formations of the final gestalt of the symbol three.

JULIAN STAMM

Psychoanalytic Review. LIV, No. 1, 1967.

The Problem of Form in the Psychoanalytic Theory of Art. Marshall Bush. Pp. 5-35.

Using the familiar springboard of form versus content, the author attempts to reconcile the views of the literary critic, such as Fry, with the views of more than a dozen psychoanalysts who have discussed art theory. He points out the difficulty in arriving at a definition of such a concept as form. He summarizes Freud's views on art as well as other analysts' views, and in doing so makes clear once again the tremendous difference between the thinking and the language of the analyst compared with the art critic.

Culture and Unconscious Fantasy: Observations on Courtly Love. Richard A. Koenigsberg. Pp. 36-50.

Courtly love as a very real medieval social institution is described in the *Treatise on Love* by Andreas Capellanus in which the French Court life of the late twelfth century is depicted. The author shows how Freud, in referring to a special type of object choice made by certain men, described exactly the same conditions necessary to these men as were present in the social reality portrayed by Capellanus: the woman must belong to another man, and jealousy must be present to inflame the sexual passion of the male rescuer. The author points out that courtly love is useful despite its overridealization of the lady and masochistic submission by the man. It prevents less desirable solutions to the oedipal problem, such as attitudes that women are dangerous or degraded, leading to homosexuality or sadomasochistic asceticism. Courtly love permitted men to fall in love without shame.

The Couch. Richard C. Robertiello. Pp. 69-71.

The author, a member of the Academy of Psychoanalysis, recommends that the couch be abandoned since it is a ridiculous anachronism that only serves to keep

the therapist comfortable by keeping him uninvolved with the patient. He thinks that with the couch transference is not real, and that transference interpretations are intellectualized evasions of a real emotional interchange.

The Couch?—Or the Man? Arno Gruen. Pp. 72-80.

The author answers Robertiello with respect and documents his answer. He extends the answers to the question of conformity in analytic training institutes which, he infers, turn out brainwashed candidates who are unable to think as freely or boldly as Robertiello. The reason for rebellious assertions that would abandon the couch, the author feels, lies not with Freud nor a particular prop such as the couch, but in our training procedures that demand extreme conformity of the candidate.

Crisis in the Therapist. Kenneth A. Fisher. Pp. 81-98.

Let the reader be prepared for some strong reactions to this article. This is Death of a Salesman applied to the psychoanalyst. Written with broad and penetrating vision, it could have come only from the author's intimate knowledge of psychoanalysts as human beings and possibly will be best received by those who have had some personal disappointing experience with the crisis of middle age. The younger analyst will probably defend himself by saying that 'this will not happen to me'. The author emphasizes that a pessimistic attitude develops in midlife that some would deny or think of as less of a threat. He does not mention physical illness or the suicide of a patient as specific things that happen and can enter into the crisis of middle age. He could have cited other warning signs that should alert the middle-aged analyst that his problems are accumulating. One of the things that analysts can constructively do is to have a second analysis.

An Historical Analysis of the Freudian Conception of the Superego. Elliot Turiell. Pp. 118-140.

This is a useful and clearly written account of the historical development of Freud's thinking in a major area of psychoanalytic theory. In quoting Freud's remarks about Dostoevsky the author might well have indicated that Freud was working from the rather limited studies available to him at the time.

STEWART R. SMITH

Psychoanalytic Review. LIV, No. 2, 1967.

Historical Consequences of Father-Son Hostility. Wolfgang Lederer. Pp. 52-80.

Hostility between generations does exist, particularly between father and son and this can have either a constructive or destructive effect. The author cites examples from mythology. In some myths the father eats the son; twenty-three heroes are listed who escaped the father's murderous intent. From earliest biblical times through republican Rome the father had the right to kill the son. The various devices evolved to avoid this included matrilineal descent, hiding the infant, denying the paternity, and even declaring the infant to be of virgin birth. Other devices have been made into legislation by society.

Today with the threat of unlimited wars we might expect or hope for a

reaction in which earthly joys are belittled and some Nirvana is sought, as was the case some three thousand years ago in the era which culminated in Buddha.

Œdipus, Beyond Complex. Mario Carlisky. Pp. 100-106.

The crucial parts of the Œdipus legend are examined in reverse order. The finish of the legend in death is only the beginning of the return to the mother (Earth). Various parts of the story recount adventures with mother substitutes, good and bad, all of which attempt to deal with the traumatic separations from the mother at various times during development. The author compares and contrasts the Œdipus story with the myths of Orestes and Tantalus in a way that seems oversimplified. If the Œdipus story deals mainly with the threat of expulsion at birth, then the Orestes story represents the trauma of the primal scene which is an exclusion or an attenuated expulsion, and the Tantalus story is a representation of weaning.

General Custer and the Battle of the Little Big Horn. Charles K. Hofling. Pp. 107-132.

Forces were operating within General Custer that made his army's slaughter to the last man necessary. These forces included the actual humiliations in his life and his guilt. The guilt was related to his unnecessary abandonment during the Washita Campaign of his subordinate, Major Elliot, who, with nineteen troopers, was slaughtered. Custer as a poker player was accustomed to doubling the stakes and the author states that Custer might have hoped that the fatal Battle of the Little Big Horn would again put him at the pinnacle of success. Hofling describes Custer's childhood as essentially motherless, and he had marked ambivalence toward his father.

Character Structure and Its Functions. Bernard R. Green. Pp. 133-158.

The author uses the terms 'character' and 'ego style' interchangeably. Ego patterns and habitual behavior are also synonymous. Wilhelm Reich thought of character in terms of its functions as defense and resistance; Alexander used 'neurotic character' as a diagnosis pertaining to asymptomatic patients whose behavior acted as a resistance to analysis; Abraham and Freud described the anal origin of the obsessional character. It is emphasized that in addition to the defensive functions of ego style, there are positive, expressive functions that strive to fulfil ideal images of the self. If this fails, there are feelings of worthlessness and inadequacy. Each stage of development has its various anatomical correlates expressed as ego ideal. A further correlation is the author's attempt to use Erikson's eight stages of development with their polarized sets of attitudes to trace the construction of character or ego style.

The Death of Apsyrtus. Leo Schneiderman. Pp. 159-176.

This is a distinguished article by an expert on Greek mythology and the origins of religions. He makes some very interesting applications to modern thinking. His article, in spite of the title, has more to do with Medea than with her half-brother, Apsyrtus (the swept-down one), whom she had had Jason

murder and dismember so they might make good their escape from her father after stealing the golden fleece. Medea possessed the dæmonic powers of dark places and strange animals such as the serpent. She represents the transition from totemism to a worship of deities in the form of human beings, sometimes disguised as animals. The substitution of animal for human sacrifice was not for kindness or ethical reasons, but to allow the victim to escape rebirth and a frightful confrontation with an ancestral god. In the modern world the profane actions are performed with a religious intensity. The modern ideologies (unnamed) are not based on rational ideas but on the old physical Adam. As formal religions are shrinking, the expanding domain of the profane discloses the old totem in its heart. The more radical Oriental philosophies make much of inaction. They know that action leads to pollution, i.e., regression to totemism.

STEWART R. SMITH

American Imago, XXIV, Nos. 1-2, 1967.

Clinical Aspects of Creativity. William G. Niederland. Pp. 6-34.

Niederland has observed common features in seven creative patients treated over several years. These patients suffered a permanent injury to their infantile narcissism deriving from either a congenital (usually hidden) body defect or a physical malformation resulting from serious illness in early childhood. Unconscious restorative strivings permeated their fantasies, dreams, and aspirations, and tended to convert the original stigma into a mark of excellence. The permanency of the narcissistic injury accounts for the painter's feeling his product is never finished and can always be improved.

Drawing on the literature in addition to his clinical experiences, the author cites early object loss with restorative strivings, increased bisexuality, and heightened body sensitivity as contributing factors to creative activity. He is not certain however whether heightened body sensitivity is a constitutional factor (Greenacre) or is secondary to preoccupation with the body as a consequence of physical defect.

Psychopathology and Creativity. K. R. Eissler. Pp. 35-81.

In this provocative article a distinction is made between psychopathologic episodes which lead to creative activity and ordinary psychopathology. Both types occurred in the life of Goethe. Eissler deems an adolescent crisis Goethe experienced a necessary phase in the creation of the form of poetry which immediately ensued; in the same way a period of suicidal preoccupation preceded the novel, *Werther*. On the other hand in his forties Goethe suffered a 'partial psychosis' of a paranoid nature which was a hindrance to the creative process.

Psychopathology leading to creativity involves a regressive dissolution of old structure indispensable to setting free or generating functions for activities of unusual originality and quality. Rejecting a popular view which questions the validity of applied psychoanalysis, Eissler contends it meets the scientific yardstick of objective validation more than clinical work because the record is accessible to any interested person.

JOSEPH WILLIAM SLAP

International Journal of Psychiatry. III, No. 5, 1967.

Mourning: A Critique of the Literature. Lorraine D. Siggins. Pp. 418-432.

This article is doubtless familiar to many psychoanalysts from its original publication in the *International Journal of Psychoanalysis* in 1966. A description of mourning processes from literature, as well as scientific writings, is followed by a brief discussion of introjection and identification in relation to object loss. Other components of mourning reactions, such as anger, relief, anxiety, helplessness, and somatic symptoms are listed. Siggins describes pathological mourning reactions and closes with a discussion of mourning at various stages of life.

Dr. Edith Jacobson in her discussion takes exception to certain of Dr. Siggins' points, particularly emphasizing the lack of clarity in the summary of identification and introjection in normal and pathological mourning. Dr. C. Murray Parkes calls attention to Dr. Bowlby's contributions, which incorporate some recent work in the field of ethology, and corrects what he feels is Dr. Siggins' misunderstanding of Klein's and Bowlby's views on mourning in childhood. A valuable classification of the literature on mourning is appended by Dr. Siggins.

SANDER M. ABEND

International Journal of Psychiatry. IV, No. 1, 1967.

A Critique of Freud's Theory of Infantile Sexuality. Paul Chodoff. Pp. 35-48.

This is a reprint of Dr. Chodoff's article which was printed originally in *The American Journal of Psychiatry* in 1966. In 're-examining' the theory of infantile sexuality, the author suggests that Freud's convictions about sexuality were imposed upon his clinical material, and he doubts the objectivity of psychoanalytically trained child observers or clinicians, whom he implies will find only what they already believe to be true in the data of observation. In support of this cautionary note about objectivity, the author quotes out of context a passage from Hartmann, Kris, and Loewenstein which comes from an article (*The Function of Theory in Psychoanalysis*, 1953) whose thesis is diametrically opposed to Chodoff's views. He also suggests that infantile amnesia may be no more than a reflection of the immaturity of the child's mental apparatus. Recent biological research is quoted to cast doubt upon the constitutional basis of sexual development, but the later papers on female sexual development, for example, where Freud's theoretical formulations are based upon clinical psychological grounds, are not mentioned at all. Taken *in toto*, the article will present to analysts of Freudian persuasion only a rehashing of familiar but unconvincing objections, while it will be greeted with more enthusiasm by those whose convictions are such that any challenge to classical concepts seems welcome and refreshing.

SANDER M. ABEND

Psychiatric Quarterly. XL, 1966.

Transference and Psychotherapy. Merl M. Jackel. Pp. 43-58.

A patient in psychotherapy has an optimum level of regression in the transference which enables him to use the therapeutic experience to the greatest

advantage. It is this optimum which must be considered along with the patient's propensity and tolerance for regression in order to determine the type of psychotherapy and the modifications of technique in any individual case. Classical psychoanalysis differs from psychotherapy in aiming to develop a unique type of transference, the transference neurosis, which ultimately is resolved by interpretation.

Neurosis and Schizophrenia: I. Historical Review, II. Modern Perspectives, III. Clinical Considerations. Alan Parkin. Pp. 203-216, 217-235, 405-428.

In these papers the author traces the history of the concept of schizophrenia and secondarily, of neurosis, from Hippocrates to contemporary writers. His concern is focused on whether schizophrenia is a disease entity which may have neurotic symptoms as secondary or accessory phenomena, as held by Bleuler, or whether hysteria and obsessional neuroses are symptom complexes capable of transformation into schizophrenic states. In reviewing twenty-five carefully detailed cases from the literature and the records of Maudsley Hospital, the author concludes that transformation from neurosis to psychosis does occur and the processes of change can be observed. Thus, we are dealing with reaction sets rather than disease processes.

On the Nature of Crying and Weeping. Robert L. Sadoff. Pp. 490-503.

The vocal component of crying is present in many higher forms of life, and has adaptive value in communicating distress. The shedding of tears is peculiarly human, however, and is linked to the development of internalized objects and expression of affect relating to grief or separation from these objects. A relationship exists between the expression of these affects and secretions from lacrimal glands, skin, and the respiratory tract.

Depersonalization Phenomena in 214 Adult Psychiatric Inpatients. P. Waverly Davidson, III. Pp. 702-722.

A questionnaire, tested for validity and reliability, was developed to determine the frequency and degree of depersonalization and related phenomena among an inpatient population. These data were correlated with standard psychological tests, clinical data from the treating psychiatrists, and EEG records. Results suggested that although these phenomena are present in all patients to some degree, they occur more frequently and intensely in psychotic syndromes. The commonest depersonalization experience was that of desomatization. There was no correlation with the EEG.

NORMAN S. GOTTFREICH

International Journal of Group Psychotherapy. XVI, 1966.

Interaction and Reconstruction in Group Psychotherapy. S. R. Slavson. Pp. 3-12.

The therapist should discriminate between real change in the intrapsychic organization of his patients and apparent behavioral improvement. The narcissist finds in the therapy groups a stage for his exhibitionism. If he exploits

the group, he should be transferred to individual treatment. He is likely to display enthusiastic volubility in interviews, and the source of this and its effect on other patients should be perceived.

The interaction that occurs is therapeutic because it provides tangible reality, serves as a mirror, limits ego boundaries, facilitates relatedness, and stimulates enactment of past affectladen experiences, which leads to unearthing of traumatic events. Group interviews cannot respect individual sensitivities. Interaction, to be productive, must be reviewed so that the past is recalled and its connections with present conflicts clarified. Such interaction is the nexus of therapy and not its essence.

Treatment of Male Homosexuals in Groups. Samuel B. Hadden. Pp. 13-21.

Ten years' experience with groups of four to eight male homosexuals, under fifty and of better than average intelligence, is reported. They had sought treatment because of involvement with the law, family disapproval, anxiety precipitated by fear of exposure, quarrels, depression, and suicide attempts.

Dynamically oriented sessions stressed parent-child and parent-parent relationships and the problems of the homosexual way of life. The group tended to break down the rationalizations of its members that they were content to be homosexual, was supportive during ensuing anxiety, urged the entering members to relinquish 'gay' mannerisms, and helped them to accept the facts of maladjustment and that their conditions could be changed.

GERALDINE PEDERSON-KRAG

Meetings of the New York Psychoanalytic Society

William A. Frosch

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

March 28, 1967. DENIAL AND SCREENING OF OBJECT-IMAGES. Alfred J. Siegman, M.D.

The author suggested that the insights of Dr. Edith Jacobson into the problem of differentiating denial from repression and the use of denial against internal perceptions may be extended by examining the nature of the denied percepts, and thus lead to understanding of inflexible transference images encountered in cases with predominantly pregenital pathology. Stereotyped, rigid transference images (screen images) are maintained at the expense of other transference images and their id derivatives and affects. This prevents linking the transference to past and current material.

The transference in a forty-year-old woman consisted of tenacious negativism associated with the fused images of a castrated, ineffectual, depreciated mother and an absent, uncaring father. Her negativism and concomitant object images were defensive. Emergence of a positive transference image threatened her with the awareness of her need to satisfy libidinal longings for definite object-images that had previously been denied. The sexual masochistic impulses could not be analyzed as long as the analyst was endowed with a negative image. A second case illustrated the difficulty of detecting a denied object-image in a nonpsychotic, in whom the substituted image was less crude, stereotyped, or one-sided.

Dr. Siegman postulates that denial is the dominant defense against memories that resist recovery; repression appears to be the major defense when memories are easily recovered. While object-images may be denied and replaced by shifting of regressive self- and object-images, we may also observe the use of genetically later images or more realistic images to screen and deny earlier, more threatening ones. Within the reciprocal interplay of drive and object, the role of the object is of greater importance in early infancy than later when the object can be actively sought and controlled. Although traditionally we designate regression in terms of the drive involved, the process may originate in denial of the corresponding object-image and a turning to an earlier image associated with less threatening id impulses, disrupting or preventing fusion of object-images and development of object constancy. Accordingly, conscious id derivatives associated with the denied object-image cannot be handled by patients with pregenital pathology; analysis of the transference must take precedence in order to undo the denial of object-images. This promotes fusion of previously split-off and denied object-images and the development of object constancy.

DISCUSSION: Dr. Charles Hesselbach, after reviewing Freud's use of the term denial, suggested that Dr. Siegman used the term in its dictionary rather than psychoanalytic sense. He questioned the assertion that the archaic ego has deficient repressive capacity and suggested that denial and projection are used in the service of repression by the archaic ego because of deficient reality testing.

Dr. Edith Jacobson agreed that it was clinically true that pregenitally fixated patients tenaciously maintained rigid stereotyped transference images while

other images and their id derivatives and affects could not be integrated into the therapeutic work of the transference. She noted that Dr. Siegman emphasized the denial of the cathexis of certain object-images associated with threatening id impulses and the hypercathexis of less threatening images of this object with little reference to the role and quality of the drives. She suggested that when a patient hypercathects an unloving parental image, aggression is used in defense against the libidinous, passive, and therefore more dangerous strivings. As a result of the defective defense organization in psychotics, we may observe the use of opposing drives in defense against each other: libidinous against aggressive, heterosexual against homosexual, etc. Denial of a dangerous object-image and its replacement by a less threatening hypercathected screen image results from more complex defensive processes as well as projective mechanisms.

Dr. William G. Niederland wondered if the emphasis on fixed and stereotyped images was not more reminiscent of the formulations of Kraepelinian psychiatry than of dynamic metapsychology. It seemed to him that the emergence of these images in the transference and their interpretation along classical lines paved the way toward working through aggressive and libidinal impulses and fantasies.

Dr. Merl Jackel suggested that in each case there is an interaction between repression and denial in which each supports the other according to the needs of the individual. He felt that the term denial should be restricted to the concept of denial of external perception.

In conclusion, Dr. Siegman agreed with Dr. Jacobson that the role of aggression in countertransference is important. He also concurred that we must always keep in mind that we are dealing with multiple defenses.

WILLIAM A. FROSCHE

May 16, 1967. AN OBSTACLE TO CURE IN PSYCHOANALYSIS: A DISCUSSION OF FREUD'S 'ANALYSIS TERMINABLE AND INTERMINABLE'. Jeanne Lampl-de Groot, M.D.

In the course of examining the obstacles to the achievement of psychoanalytic cure, Freud discussed the following factors: 1, a negative therapeutic reaction based on a strong need for punishment; 2, an inability to 'tame' the drives; 3, modifications of the ego stemming from irregular development of its functions; 4, a clash between active and passive tendencies with rejection of femininity. The author examines these factors.

Dr. Lampl-de Groot outlined the developments in psychoanalysis leading to the recognition of the importance of the preœdipal period and of aggression, the distinction between the defensive and autonomous functions of the ego, and the crucial influence of the early mother-child relationship on physical and mental development. In her opinion, these increases in knowledge have not added decisively to the frequency of success in treatment. However, there has been an expansion in the range of disturbances treated by analysis, as well as extension of the goals of treatment to include character change. As character traits are shaped in the first years of life, factors influential in the archaic developmental phases must be considered. Patients with a strong need for punishment and a negative therapeutic reaction often show an initial improvement with the uncovering of their adherence to severe parental demands. As the severity of the

superego depends largely on the turning inward of aggression, a regressive clinging to feelings of inferiority and guilt-laden worthlessness may follow. Unravelling the preœdipal precursors of the superego discloses an overwhelming fear of aggressive impulses which, in the child's magic world, mean destruction of the beloved object. A vicious cycle ensues when re-enforced grandeur fantasies are invoked to meet the danger to narcissism which this conflict presents. Unable to accept a realistic powerlessness, or to confront the anxiety aroused by primitive aggression, some individuals retain their fantasies of omnipotence and suffering of self-punishment.

The 'taming' of the drives refers not to their suppression, repression, or warding-off, but to the transformation of the modes of gratification. The restriction of direct discharge depends on the relative strength of developing ego functions; at first relatively weak, the ego functions require maternal support. The countermeasures against aggression may owe their strength either to some inherent inflexibility and difficulty of neutralization of the drive, or to the dangers residing in aggressive discharge.

To illuminate the impediment to treatment which is attributable to irregular ego development, the author turned to psychoanalytically oriented infant observations. Adopting Spitz's point of view, she described the development from the coenesthetic to the diacritic mode of organizing experience. The 'dialogue' between the child and his mother is decisive for the fate of these developments, while innate factors will determine the special needs of the child. Harmonious balance between the coenesthetic and diacritic organizations is a feature of healthy functioning. However, certain circumstances require the capacity to revive the coenesthetic mode of experience. Creative activity requires such a regression, as does being a mother, a psychoanalyst, or an analytic patient. In order to understand the preœdipal phases revived in analysis, the analyst must be able to tolerate the revival of his own coenesthetic organization. The primitive receptive mode is one of the deepest layers of empathy and serves in nonverbal communication with the patient's archaic personality residue. For this reason, Spitz recommends that the capacity for reviving the coenesthetic mode should be a prerequisite for acceptance to psychoanalytic training. The author doubts that it would be feasible to evaluate this attribute. She observes that the analysis of rigid personalities at times revives an empathic faculty, while the ostensibly intuitive and understanding candidate may cling tenaciously to passive attitudes.

Activity and passivity are modes of functioning found in all human beings throughout life. They are, therefore, not to be equated with masculinity and femininity which refer to the sexual life and its derivatives. From this distinction, it follows that the 'rejection of femininity' need not imply the rejection of passivity. The author states: 'The biological foundation for the strong female penis envy and the overwhelming castration fear we observe regularly in so many patients and little children has therefore to be looked for in the genetic endowment and not in the anatomy'. However, since the observation of sex may be the trigger of conflict, the roots of unconquerable penis envy and castration fear are to be sought in the preœdipal period. In some cases, fear of losing the mother and the dangers posed by wishes to merge with her may

be disclosed. Such passive wishes, sexualized in the phallic phase, acquire the meaning of acceptance of castration. In closing, the author notes that working through these primitive anxieties may permit the conquest of castration fear, but she stresses again that our greater knowledge of early development does not always bring with it greater therapeutic success.

DISCUSSION: Dr. Heinz Hartmann emphasized the importance of the problems discussed by Freud in *Analysis Terminable and Interminable* and further examined here by Dr. Lampl-de Groot. He disagrees with Strachey's introduction to Freud's paper; Strachey neglects the novelty of ideas presented by Freud, as well as their theoretical importance. While observing that the concepts of the coenesthetic and diacritic organizations have yet to be defined in psychoanalytic terms, Dr. Hartmann agreed that the inability of the analyst to empathize with the early developmental phases could become an obstacle. He noted that we have much to learn about aggression and early conflict.

Dr. Kenneth Calder asked whether Dr. Lampl-de Groot thought that despite the difficulty of evaluating the ability to regress in the service of the ego, one might evaluate the capacity or incapacity for change. Are there clues early in evaluation as to what is and is not modifiable?

Dr. Joachim Flescher observed that the revival of the deepest layers of the patient's personality brings with it fear of the analyst who is viewed as a destructive and all-powerful figure. Fear of retaliation prevents the patient from expressing certain feelings in the one-to-one relationship. Dual therapy combines the advantages of analysis and group therapy in supplying the patient with a third person for protection, particularly from the countertransference of the analyst.

In conclusion, Dr. Lampl-de Groot expressed her appreciation of Dr. Hartmann's suggestion that we need to study the development of aggression. In reply to Dr. Calder, she said that it is the interactions of the genetic givens with the maternal influence that are subject to modification; if the analyst can understand the infant-mother dyad, he may free some repressed possibilities. With respect to Dr. Flescher's comments, Dr. Lampl-de Groot stressed the difference between group therapy and analysis. While some patients might find it easier to express certain feelings in the group, the aim of psychoanalysis is personality change.

WILLIAM I. GROSSMAN

June 6, 1967. THE PSYCHOGENETIC FACTOR IN THE RECURRENCE OF WAR. Martin Wangh, M.D.

While the recurrence of wars is usually explained on political and economic grounds, Dr. Wangh argues that, in addition, psychogenetic factors are of great importance. Wars and revolutions occur with a fairly regular periodicity, approximately once in each generation. Some generations seem to escape the war cycle, but at times experience a major civil conflagration which has a significance similar to war (e. g., the turmoil in France, characterized by the Dreyfus affair, between the Franco-Prussian War and World War I).

Dr. Wangh's major thesis is that wartime traumatization is a source of the recurrence of wars; a significant number of people are left with a permanent vulnerability. Subjected to crisis later in life, they aim—under the force of the repetition compulsion—to renew the traumatic situation. Their consequent re-enactment of the trauma may take the form of war or civil strife.

Children reared during wartime often develop a lowered tolerance to tension, because their mothers who are suffering severe privations, do not furnish adequate protective shields to stimuli. If these children incorporate the reality of war into their oedipal fantasy, they are prone to reify aspects of their experiences in adult life. This reification contains elements of sadomasochistic fantasies around revenge, exculpation, and restitution. Adults also show the permanent effects of stressful experiences, as demonstrated in studies of war veterans, victims of brainwashing, and concentration camp survivors. In modern wars, no one—child or adult—entirely escapes sadomasochistic stimulations and a measure of regression. The anxiety caused by the communal threat fosters regression and an intensified sadomasochistic fantasy which, intrapsychically, is necessarily directed toward the primary love objects. This process heightens anxiety, which is warded off by splitting and projection—defenses that are then made use of and solidified by war propaganda. Moral scruples and the sense of reality are undermined by government agencies advocating war.

Individuals have various autoplasmic and alloplasmic means whereby they attempt to cope with traumatization, but, from the social standpoint, the most significant and potentially harmful is the active re-enactment of what had previously been experienced passively. In some persons the distortions of id, ego, and superego resulting from their war experiences emerge in ego-syntonic form, as in political activity: they are most likely to be influential in promulgating war.

The older generation often undergoes a revival of the wartime traumatic experience when the younger generation is at the threshold of manhood—i. e., when the children are at about the same age as were their parents when traumatized by war. The adults then need to cope with the emergence of their war experience. Some seek to aid repression by advocating that all be forgiven and forgotten, and some are fired by militant pacifism; others, significantly, seem to wish to tempt the world into a renewal of war. The parents manifest the repetition compulsion because of overdetermined unconscious wishes directed toward their children approaching adulthood. The children, under the sway of the oedipus complex, tend to identify with soldier fathers.

Turning to the control of aggression, Dr. Wangh expressed the hope that more profound insights and methods of education may reduce the ego and superego distortions encountered in both children and adults exposed to war. Better comprehension of the part played by the repetition compulsion in the recurrence of war may add an element of control. An expansion of the ego's capacity to master the environment may reduce anxiety and frustration; and an increase in the sense of reality and the ability to test reality may lessen the need for regression to fantasies of magical omnipotence and belligerent behavior.

The author emphasized that psychoanalytic investigations of historical events

are not intended to replace other approaches but rather to complement them. He urged the intimate collaboration of historians, sociologists, and analysts to augment the scope of our comprehension. Only through vastly increased self-understanding and education, culminating in self-control, can man hope to redirect those forces that drive him toward self-destruction.

DISCUSSION: Dr. Jacob Arlow stated that Dr. Wangh had performed a service in pointing out that historians have neglected psychoanalytic insights. Though agreeing that each generation is profoundly influenced by war, he noted that whether an event is traumatic depends not only on the nature of the event but also on the vicissitudes of development of each individual. Human experience is too varied to assume a common traumatic experience for a whole generation. Furthermore, the experience of a community is more than the aggregate of the reactions of its individuals. Dr. Arlow postulated the role of mythopoeisis in the education of a population for war. Historical events are revised and elaborated by a nation according to its particular needs—playing a role similar to that of a shared unconscious fantasy.

Dr. Samuel Atkin questioned the usefulness of approaching social and political phenomena solely in terms of individual psychology. The behavioral phenomena of war should first be defined by social psychologists, historians, and political scientists and then studied by individual psychologists. Following Freud and Aron, he posited that in domestic strife the aggression of the individual and of political groups is opposed by the authority of the state; in international affairs, on the other hand, nations do not recognize one center of authority. They 'accept the plurality of centers of armed force' and of 'autonomous centers of decision . . . with the implicit risk of war' (Aron).

Dr. Henry Lowenfeld stated that Dr. Wangh's thesis of specific traumatic experiences as a cause of war cannot be proved or disproved by analytic methods. Only collaborative study with a historian could substantiate such a proposition. Although it is convincing from the analytic standpoint that the impact of traumatic events increases a propensity for violence, it is an incomplete explanation. It fails to explain, for example, the difference in behavior of the Germans and the English subsequent to the First World War. Political, ideological, and economic developments as well as the need of the defeated nation for revenge, must also be taken into account. Moreover, Dr. Lowenfeld questioned whether it is necessary to assume a special traumatization to explain man's readiness for violence. One must consider man's aggressive drives and the 'primary hostility of men against each other' (Freud).

Dr. Kurt Eissler suggested that war may be caused by the revenge of the father-generation toward the son-generation. The older generation, denying its own oedipus complex, has a paranoid fear of the younger generation, fearing that the sons will do to them what they wanted to do to their own fathers.

Dr. Rudolph Loewenstein challenged Dr. Wangh's comparison of the traumatization of soldiers in warfare with the experiences of victims of concentration camps and brainwashing. He held that these are totally different situations.

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

April 17, 1967. LANGUAGE, VERBALIZATION, AND SUPEREGO: SOME THOUGHTS ON THE DEVELOPMENT OF THE SENSE OF RULES. Charlotte Balkanyi.

Dr. Balkanyi discussed the interaction of the 'individual's verbal and superego development on the one hand and the influence of the superego on the young child by the instrumentality of language on the other'. She describes language as a mass psychological product. Applying Winnicott's views to early language development, the use of language is a transitional phenomenon. But words differ from other toys in being shared by the whole environment. The child adopts the tools of language quickly, identifying with the mother's ego and introjecting traits of the mother's superego. As he acquires language, he creates by putting his own thoughts into the language form acquired from without, thus integrating himself with a group.

The treatment of a ten-year-old stammerer was described to illustrate the relationship of a dysfunction in verbalization to 'a delay in conforming to the convention of language'. The boy's difficulties were the sequelae of his verbal dysfunction. The unstable binding of energy by means of verbalization was considered to be the cause of his ego and superego weakness; the meaning of words was not safeguarded by a deeply accepted convention, a superego formation.

The author emphasized the importance of 'air-symbolism' in the psychopathology of stammerers. Three factors are always present in these cases: anxiety production, anal significance, and introjective-projective identificatory mechanisms. The abstractive process of verbalization removes us from tangible reality and contributes to the ability to think about ourselves with that distance Waelder considered the superego's fundamental attribute. The word brings a new style, 'the style of reflective man'. The linguistic system enables us to relate to things in a reality-adapted way.

DISCUSSION: Dr. Victor Rosen referred to the process of verbalization in this and in Dr. Balkanyi's earlier paper, *On Verbalization*. Her use of the term to represent the central psychic phenomenon of transition from thought to speech as distinct from the process of speaking itself is an important contribution. Using the author's distinction between nonverbal thought, verbalization of inner speech, and communicative language, Dr. Rosen described schizophrenia as a paradigm of a disorder of the thought process with secondary effects upon the function of language, stuttering as a paradigm of a verbalizing disturbance with secondary effects on thought and language, and aphasia as a paradigm of a disorder of the language function.

Dr. Maurice Friend summarized Dr. Balkanyi's work on verbalization, stressing her differentiation of speech and verbalization. Verbalization is decisive in ego and superego formation and has a dual function of inhibiting affectivity and ensuring meaning. Dr. Friend spoke of Ekstein's work on echolalia and Piaget's work showing the dependence of causal thinking on the evolution of the mental apparatus. Speech disturbances are multidetermined and respond poorly to analytic treatment.

Dr. Max Schur questioned the formulation that the impulsive actions are sequelae to defects in verbalization. Patients with similar histories, even stammerers, do not always show extensive abnormality of verbalization. He asked whether they should not be considered parallel processes involving disturbances of various ego functions. The developmental lag in the speech function may be the result of developmental or congenital disturbances. This might be compared to problems in reading disturbances where, in addition to disturbances of ego functions, perceptual difficulties of an innate nature have been demonstrated.

In conclusion, Dr. Balkanyi stated that although not all stammerers are impulsive, she felt they all showed peculiarities in their discharge systems. Diagnostically, stammerers might be classified as between neurotics and normals, though sometimes psychotic or delinquent phenomena are seen.

ROY LILLESKOV

May 15, 1967. PSYCHIC DETERMINISM: FREUD'S SPECIFIC PROPOSITIONS. Freud Anniversary Lecture. Mark Kanzer, M.D.

Although psychic determinism is an indispensable assumption in psychoanalysis, different constructions prevail as to its meaning. There is an apparent paradox in Freud's references to the 'illusion of free will' on the one hand and to his assertion elsewhere that changes in the external world produced by conscious intention are representative of the highest function of the ego.

Dr. Kanzer examined Freud's contributions to the subject in the perspective of the evolution of scientific thought. Theocratic determinism denied free will and created deities who predetermined all events. The Greeks subordinated their gods to the still higher laws of an inexorable destiny. In more modern times, Newton contrived a physical world that rigidly excluded the human will, although he found it necessary to introduce a god whose powers were not limited by the world of physics and who was himself the ultimate source of physical energy. John Locke established a mechanistic psychology but, like Newton, found science reconcilable with the will of an inscrutable deity. Marx defined man's will in terms of economics, Darwin in terms of biology. William James, though believing in God, rejected free will and indeterminism. Nevertheless his vision of psychology, like that of Freud's own teachers, was limited to the prediction of physiological explanations for mental acts.

Although psychophysiological determinism remained for Freud a basic tenet, his more immediate views of psychic determinism were shaped by two factors: the empirical observation of evolving psychoanalysis and his subjective reactions as elucidated through self-analysis. Responding empathically to patients who rejected hypnosis, Freud permitted them to take the lead in the relationship through free association and thus to assert their own wills. While there was no certainty that the resulting sequences reflected basic mental laws, experience and a self-acknowledged element of 'faith' permitted the discovery of the unconscious determinants of mental functioning. Moreover, he included among the determinants of psychic phenomena the participation of the observer.

The core of Freud's observations was provided by the discovery that no association was trivial, arbitrary, or haphazard, and this constituted the clinical

basis of his concept of psychic determinism. In *The Psychopathology of Everyday Life*, he broke through the analytic situation and appealed to each 'normal' person to discover the unconscious determinants of his will in a real life setting. The circle of determinants broadened beyond the analytic and social settings to 'the organic foundations of character on which the mental structure is only afterwards erected', and 'the chemical processes which might ultimately produce a truly causal theory of the neuroses'. Within these wide boundaries, he saw psychic determinism as operating in relation to goals and objects rather than as sources of the instincts and illuminating the area of activity between a person's external experience and his reactions.

The traditional dilemma in reconciling empirical free will and scientific determinism Freud explained as a consequence of multideterminism and the elusive mysteries of consciousness. The paradox of psychoanalytic therapy consists in its achievements of greater freedom of the will for the patient in the very process of discovering the laws that confine the will. By bringing the repressed will to consciousness, it is granted a place in man's conscious strivings rather than being an unconscious determinant of these strivings. It is the domination by the unconscious that makes 'free will' an illusion. 'Freedom of choice' obtains a meaning of unprecedented reality when understood in this sense; the recovery and full use of the integrated will is an ultimate measure of the success of analytic therapy. Although Freud declined to draw consequences in the sphere of ethics, increased knowledge and control over the will brings with it increased responsibility and dispenses with unconscious guilt. This is one of the most powerful contributions of psychoanalysis to the spheres of individual and social psychology.

MELVIN SCHARFMAN

At the 1968 Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY the following officers were elected: Thomas H. Holmes, M.D., President; John W. Mason, M.D., President-Elect; Herbert Weiner, M.D., Secretary-Treasurer. The next Annual Meeting of the Society will be held March 28-30, 1969, in Cincinnati.

LE PRIX MAURICE BOUVET for the year 1968 has been awarded to Dr. Julien Rouart for his paper, *Agir et processus psychanalytique*.

The Second INTERNATIONAL CONGRESS OF SOCIAL PSYCHIATRY will be held in London, August 4-9, 1969. Inquiries concerning attendance and reading of papers should be addressed to the Congress Bureau, 7, Hollycroft Avenue, London, N.W. 3.

The AMERICAN PSYCHOANALYTIC ASSOCIATION announces the publication of *A Glossary of Psychoanalytic Terms and Concepts*, edited by Burness E. Moore, M.D. and Bernard D. Fine, M.D. Copies may be obtained from The American Psychoanalytic Association, 1 East 57th Street, New York City 10022.