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UNCONSCIOUS FANTASY AND DISTURBANCES OF CONSCIOUS EXPERIENCE

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The role of unconscious fantasy in mental life has been recognized as of primary importance in psychoanalytic theory and clinical practice from the very beginning. Expressing the fulfillment of unconscious wishes, such fantasies were recognized by Freud as the common basis of dreams and the symptoms of hysteria (25, 28). He showed how hysterical attacks proved to be involuntary daydreams breaking in upon ordinary life. He had no doubt that such fantasies could be unconscious as well as conscious. Under favorable circumstances, it was possible to account for otherwise inexplicable disturbances of conscious experience in terms of the intrusion of an unconscious fantasy. The example he gave involved an upsurge of affect. He reported how a patient burst into tears, without apparent cause, while walking on the street. Thinking quickly, she came to realize that she had been involved in an elaborate, sad, and romantic daydream. Except for the psychotherapeutic experience in which she was involved at the time, the awareness of the fantasy and of its connection to her otherwise unaccountable outburst of emotion might have eluded her completely. Observations of this kind have since formed part of the experience of every practicing psychoanalyst.

Freud went on to demonstrate other ways in which the drives may find discharge by way of the intrusion of unconscious fantasies upon ordinary conscious experience (31). These may not only influence daily activity, as part of the psychopathology of everyday life, but they may also become part of the character. Certain hysterical persons may express their fantasies not as symptoms; they may instead consciously realize them in ac-

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tion and by doing so bring about assault, attacks, and sexual aggressions. The masochistic character, Freud noted, may represent the repetitive translation into action of a persistent, unconscious fantasy with a relatively fixed mental content, namely, the fantasy of being beaten. He said, 'People who harbour phantasies of this kind develop a special sensitiveness and irritability toward anyone whom they can include in the class of fathers. They are easily offended by a person of this kind, and in that way (to their own sorrow and cost) bring about the realization of the imagined situation of being beaten by their father' (31, p. 195). In the situation just described, the patient may be seen as operating on two levels of mental activity, i.e., he responds inappropriately to realistic events because he misconstrues them in terms of an unconscious fantasy.

Many authors have written of the intrusion of unconscious fantasy into conscious experience, apart from symptom-formation, dreams, and the psychopathology of everyday life. Anna Freud, for example, demonstrated the connection between social maladjustment, delinquency, and distorted ego functioning, on the one hand, and the effects of repressed masturbation fantasies on the other. She described cases in which the struggle against masturbation is abnormally successful and in which masturbation is totally suppressed. 'As a result, the masturbation phantasy is deprived of all bodily outlet, the libidinal and aggressive energy attached to it is completely blocked and dammed up and eventually is displaced with full force from the realm of sex life into the realm of ego activity. Masturbation phantasies are then acted out in dealing with the external world, which becomes, thereby, sexualized, distorted and maladjusted' (23). In a clinical communication (5), I described how such a process resulted in a transient change of identity and social role in a hysterical patient during adolescence. This transformation took place shortly after she had voluntarily suppressed all masturbatory activity. Her fantasies, until that time, were masochistic in nature. They were fantasies in which she imagined herself working for a harsh employer who subjected

her to many indignities, culminating in humiliating sexual relations. After she abruptly stopped masturbating, she left home, wandered through a public park, avoided being picked up by a seedy-looking man, and finally accepted a job as a domestic, assuming the name of the Negro servant who had recently been employed by her parents.

In what has been said so far, we can see how Freud first delineated the role of unconscious fantasies in symptoms, dreams, and parapraxes. There are other ways, however, in which unconscious fantasies affect mental life. My purpose in this communication is to focus on other less familiar manifestations of the influence of the unconscious fantasy.

It would seem that a concept so well founded clinically and so much a part of the body of our theory would long since have ceased to be a problem for psychoanalysts. This is not the case however. Freud called attention to some of the difficulties involved in the idea of unconscious fantasies. Methodologically, the difficulty arises from the fact that such fantasies, although unconscious, are composed of elements with fixed verbal concepts. In addition, these fantasies have an inner consistency, i.e., they are highly organized. According to the topographic theory such attributes are alien to unconscious processes. They are associated with preconscious derivatives which operate according to the laws of the secondary process. Freud stated this succinctly. 'Among the derivatives of the *Ucs.* instinctual impulses . . . there are some which unite in themselves characters of an opposite kind. On the one hand, they are highly organized, free from self-contradiction, have made use of every acquisition of the system *Cs.* and would hardly be distinguished in our judgement from the formations of that system. On the other hand, they are unconscious and are incapable of becoming conscious. Thus *qualitatively* they belong to the system *Pcs.*, but *factually* to the *Ucs.* . . . Of such a nature are those phantasies of normal people as well as of neurotics which we have recognized as preliminary stages in the formation both of

dreams and of symptoms and which, in spite of their high degree of organization, remain repressed and therefore cannot become conscious' (30, pp. 190-191). These were among the considerations which led Freud to the conclusion that accessibility to consciousness is not a reliable criterion on which to erect psychic systems. The passage cited above was indeed an adumbration of the structural hypothesis.

Within the structural hypothesis, however, many questions remain to be resolved concerning unconscious fantasies. This was brought out by Beres who wrote the most recent review of the problem. He states: 'In clinical work psychoanalysts have found the concept of unconscious fantasy to be a working tool of great value, if not indispensable. When we attempt to understand it theoretically, we are faced with difficult questions, some at present unanswerable. Paradoxically, the state of consciousness appears to be of secondary importance in the understanding of fantasy, its formation, and structure. Of greater significance are the cathectic shifts, the structure of mental content, the relation to verbalization and imagery, and the role of other ego functions—especially the synthetic or organizing function' (15, pp. 326-327). He states it is difficult to conceptualize unconscious mental content but that the unconscious fantasy is devoid of imagery or verbal concepts and that verbalization enters only during the process of making the fantasy conscious.

Thus it would appear that unconscious fantasies embarrass our methodology. The evidence is clear that such fantasies do exist but precisely where is one to place them in our conceptual frame of reference? What is their nature and in what form do they exist? Are they merely vehicles for the instinctual energies of the id or do the other components of the psyche, the ego and the superego, play a role in their formation? How high a degree of organization can we ascribe to unconscious fantasy?

A further purpose of this communication is to attempt to answer these questions from an examination of pertinent clinical material. It is my impression that a clearer understanding of the functioning of the mind may be achieved from examining

the role that certain aspects of unconscious fantasy play in mental life.

Before we proceed let me make clear how the term fantasy is used in this paper. It is used in the sense of the daydream. Our understanding of the role of the unconscious fantasy has been hindered greatly by drawing too sharply the line of distinction between unconscious and conscious. It would be more useful, in my opinion, to speak in Brenner's terms of different mental contents which are fended off with a greater or lesser measure of countercahctetic force (17). In other words, ease of accessibility of a particular mental representation to consciousness may vary. The appearance in consciousness of a fantasy or of a derivative expression of a fantasy is governed by the same rules that apply to the emergence of any repressed material, i.e., it depends upon the balance between the cathectic potential and the opposing, repressing forces. The specific way in which unconscious fantasies influence conscious experience depends on several factors: the nature of the data of perception, the level of cathectic potential, and the state of the ego's functioning. Of the ego's functioning, reality testing, defense, adaptation, and integration are most significant. How the interplay of these factors determines the mental products which finally emerge will be considered in the light of clinical examples.

Some general comments on the phenomena under consideration are in order. Instead of unconscious fantasies, it would be more appropriate to speak of unconscious fantasy function. The purpose of this variation in terminology is to emphasize a very important point, namely that fantasy activity, conscious or unconscious, is a constant feature of mental life. In one part of our minds we are daydreaming all the time, or at least all the time we are awake and a good deal of the time we are asleep.

The private world of daydreams is characteristic for each individual, representing his secret rebellion against reality and against the need to renounce instinctual gratification (27). Fantasy reflects and contains the persistent pressure emanating

from the drives (5, 10). In earlier communications (4, 5, 9, 10, 11), I have described the hierarchy of fantasy formations in the mental life of each individual. Fantasies are grouped around certain basic instinctual wishes. Each group is composed of different versions or editions of the fantasy, each version indicating how at different stages of development the ego attempted to integrate the instinctual wishes with moral considerations and with reality. The same wish may find expression in various fantasies of which some may be pathogenic by virtue of the intrapsychic conflict which they engender, while others may occasion no conflict whatsoever. Under ordinary circumstances, the more recently organized fantasy expressions are usually readily accessible to consciousness without provoking anxiety reactions. The most primitive fantasy expressions may be barred from consciousness by the defense function of the ego. Every instinctual fixation is represented at some level of mental life by a group of unconscious fantasies. The specific expressions in conscious mental life of a fixation or of a repetitive trauma may be traced to the ever-present, dynamic potentiality of the specific details of that individual's unconscious fantasy activity to intrude upon his ordinary experience and behavior.

While it is true that the world of daydreams is individual and largely idiosyncratic, there is nonetheless a certain communality of elements in the fantasy life from one individual to another. Communality is the result of similarities of biological endowment and developmental experiences. The communality of the fantasy life is more pronounced in members of the same cultural or social group or of any group of individuals whose early childhood experiences are patterned more or less in the same way and who share a common tradition. The element of communality establishes the empathic base which makes possible communication and empathy, and at a higher level of mental organization it is an indispensable aspect of such group phenomena as religious experience and the enjoyment of artistic creations (12, 13).

The concept of persistent unconscious fantasy activity may be used to elucidate certain elements of language, with regard to both general and individual usage. Sharpe wrote as follows: 'Metaphor fuses sense experience and thought in language. The artist fuses them in a material medium or in sounds with or without words. . . . When dynamic thought and emotional experiences of the forgotten past find the appropriate verbal image in the preconscious, language is as predetermined as a slip of the tongue or trick of behavior. Metaphor, then, is personal and individual even though the words and phrases are not of the speaker's coinage. The verbal imagery corresponding to the repressed ideas and emotions, sometimes found even in a single word, will yield to the investigator a wealth of knowledge' (47). In my own experience, and in some of the examples to be given, I have found the examination of metaphor to lead directly to concrete representations of an unconscious fantasy. Metaphor constitutes an outcropping into conscious expression of a fragment of an unconscious fantasy. The æsthetic effectiveness of metaphor in literature is derived, in large measure, from the ability of metaphorical expression to stimulate the affects associated with widely entertained, communally shared unconscious fantasies (40, 46).

The fact that the analysis of metaphorical expressions may lead associatively to repressed fantasy material comes as no surprise to the analyst, versed as he is in dream interpretation. It is a well-known technical rule that the words and adjectival phrases which the patient uses to describe a dream are to be considered part of the dream proper and may be used as a point of departure for eliciting associations. When patients characterize their dreams as 'vivid', 'eerie', 'consisting of X number of parts', etc., we customarily treat these elements as part of the manifest dream. The insight which we gain thereby enables us to infer unconscious mental content. Thus in metaphor, as in dreams, a single phrase or expression may be the conscious representative of unconscious fantasy activity. Later in this paper, I hope to demonstrate how the same principle may be

applied to the analysis of alterations of how one experiences the external world and even how one experiences the self. Very often the words which the patient uses to characterize such states represent, in the same way as does metaphor, a derivative of unconscious fantasy activity.

There is a mutual and reciprocal effect of the pressure of unconscious fantasy formations and sensory stimuli, especially stimuli emanating from the external world. Unconscious fantasy activity provides the 'mental set' in which sensory stimuli are perceived and integrated. External events, on the other hand, stimulate and organize the re-emergence of unconscious fantasies. In keeping with its primitive nature, the basic fantasy is cathected with a highly mobile energy, and presses for gratification of the sort which Freud characterized as tending toward an identity of perception. The pressure may affect many of the functions of the ego. Derivatives of fantasies may influence ego functions, interfering, for example, with the neutral processes of registering, apperceiving, and checking the raw data of perception. Under the pressure of these influences, the ego is oriented to scan the data of perception and to select discriminatively from the data of perception those elements that demonstrate some consonance or correspondence with the latent, preformed fantasies (42).

Situations of perceptual ambiguity facilitate the foisting of elements of the life of fantasy upon data of perception. This plays a very important role in such experimental situations as the Rorschach test and subliminal sensory stimulation (21). Kris noted the importance of ambiguity in the æsthetic experience (40). This feature is related to the fact that the lack of specificity of elements in a work of art makes it possible to stimulate a wider range of unconscious fantasy activity. In this context, sensory stimuli become significant, but not because of their indifferent or inconsequential nature, as is supposed to be the case in the day residue and the dream. On the contrary, the perceptual data which facilitate the emergence of unconscious

fantasies are effective precisely because they are not indifferent, because they contain elements which correspond to features already present in the preformed unconscious fantasies. This interplay between the inner mental set, which is determined by the fantasy life and the stimuli afforded by experience, is a complex of interactions that can be expressed at another level of conceptualization in the language of electronics, in terms of reciprocity of signal and feed-back.¹

When the cathectic potential of the fantasy activity is high, under appropriate circumstances the pressure for discharge may organize and structure the data of perception into illusions, misconceptions, and parapraxes. Thus, for example, a patient in a very angry mood, occasioned by an altercation with an authority figure and entertaining fantasies of revenge, reported the following illusion. While crossing the street on the way to the session, out of the corner of his eye he saw a sign in bold red letters which read, 'murder'. When he looked again he saw that the sign actually read, 'Maeder', the name of the proprietor of the shop. He had seen the sign many times before.

The intrusion of fantasy upon conscious experience may at times be so overpowering as to seem relatively independent of the influence of perceptual data. Hallucinations, fugue states, and certain transient confusional episodes may eventuate under these conditions, depending upon the degree of intactness of the function of reality testing. Let me cite an example which is common enough in analytic practice. This material was taken from the analysis of a patient whose transference relationship was dominated by an unconscious wish to castrate the analyst. Among the specific manifestations of this wish were attempts to deprive the therapist of time and money. On occasion, when these impulses were frustrated, the pa-

¹ A closer examination of the relationship of the day residue to the manifest dream would probably demonstrate also that the elements of daytime experience enter into the structure of the dream precisely because they are characterized by a high degree of consonance with the unconscious fantasy activity.

tient would act out by means of some drinking episode or homosexual activity, an unconscious fantasy of castrating the analyst. After a short but stormy period of protest over being charged for a session which he could not attend, the patient paid his bill. Two days later, as he entered the consultation room, entertaining a fantasy of recouping his money, the patient was overcome by a sense of confusion. Suddenly he was convinced that he had not paid the bill. This vengeful undoing of the payment in fantasy was so vivid that for the moment he could not tell whether his fantasy was real or whether his memory was fantastic. The momentary inability to distinguish which of the two sets of experiences, fantasy or memory, was the real one resulted in the state of confusion.² The confusion experienced by the patient, upon being presented the task of distinguishing between two sets of data, is comparable to the confusion which is experienced by patients with fugue states and hallucinatory hysteria. As the patients emerge from their daydreaming experience, there is a momentary, confusing inability to distinguish between fantasy and perception.

The function of reality testing may be interfered with by the fantasy life, even when the fantasy does not become conscious. Only a fragment of the unconscious fantasy may find representation in conscious experience and this fragment need not necessarily be only a derivative of an instinctual wish of the id. It may represent the effects of the defense function or other functions of the ego and of the activity of the superego. The example which follows is a temporary disturbance of the sense of reality, namely an attack of *déjà vu*. In this example, it will be possible to illustrate what has just been mentioned and to indicate, at the same time, that unconscious fantasies are highly structured and contain verbal concepts and imagery. The attack of *déjà vu* was unusual in the following respect. It occurred in surroundings with which the patient was thoroughly familiar. He had, in fact, seen the sight many times before. Thus the

² I am indebted to Dr. Peter Manjos for this example.

false judgment of *déjà vu* which seems so strange when one is in unfamiliar surroundings was all the more mystifying in this case. Clearly, the sense of unwarranted familiarity had nothing to do with the physical location in which the attack occurred.

Since I have presented this material in another communication (8), only a condensed account will be given here. Among the patient's symptoms were claustrophobia, specifically anxiety about tunnels. The anxiety was not associated with entering tunnels; it began to appear only after the patient had been in a claustrum for a while. The analytic work demonstrated that these symptoms were based upon an unconscious fantasy of a murderous encounter, inside the mother's body, with the father and/or his phallus.

The attack of *déjà vu* took place under the following circumstances: the patient had an interview with the financial officer of the institution for which he was working. This interview was in response to a letter of complaint the patient had written regarding a delay in receiving his salary. He went to the treasurer's office, where the attractive secretary told him that the treasurer was busy at the moment. She invited him to sit down and talk for a while. Her manner was reassuring. It was at this moment that the patient looked out of the window at the fields and the surrounding landscape, with which he was thoroughly familiar and felt, 'I've seen all of this before. I've been through this before.' This experience was accompanied by an unpleasant affective state, a mixture of anxiety and feelings of uncanniness.

Let us compare the objective situation with the patient's unconscious fantasy. In reality, the patient found himself with a sexually tempting woman while waiting to enter the inner office. In the office was an authority figure, an adversary, with whom he might quarrel over money. This configuration corresponded to the elements of his unconscious fantasy—namely, an encounter with the father and/or his phallus within the body of the mother. The anxiety which he experienced was appropriate to the concomitant fantasy which he was uncon-

sciously entertaining at the time. The feeling of *déjà vu*, of having been through all this before, was connected with defense against castration anxiety and was stimulated by the reassuring presence of the secretary. He felt she was on his side and in his fantasy imagined that she would side with him against her employer, even as his mother had taken his part against his father. In fantasy he had often identified himself with Jacob in the Bible story in which Rebecca helps her son deceive his father and steal the blessing. In his old Hebrew schoolbook, which he resurrected from his library at this point in the analysis, was a picture of Rebecca at the entrance of the tent reassuring Jacob as he is about to enter. When the patient was a child, his mother used to help him overcome his fears of the barber and the doctor (his father was a doctor) by telling him, 'Don't be afraid. You have been through all of this before and everything came out all right. The same will happen now.'

Thus we see that both danger and defense were part of the unconscious fantasy activity. The danger contributed to the consciously experienced feeling of anxiety and the defense became evident in the feeling of *déjà vu*, to wit, 'You have been through all of this before and you came out all right because mother was at your side. The same will happen now.' The transposition of affect in the *déjà vu* experience is similar to the transposition of affect in the typical dream of missing trains or failing an examination. The disturbing, manifest content of the dream contains the reassurance against anxiety connected with a currently experienced danger. So too, the disturbing, conscious experience of *déjà vu*, in this case, arises in response to the emerging danger of retaliation and punishment. Not all attacks of *déjà vu* necessarily convey this specific form of reassurance in fantasy. Other forms of defense connected with unconscious fantasies may be involved. This has been demonstrated by Marcovitz (43). In the *déjà vu* experience cited above, unconscious fantasy activity, in the service of defense against anxiety, intruded momentarily upon the function of reality testing.

Is it possible to demonstrate other ways in which unconscious fantasy contributes to the function of defense? Clinical practice indicates that the answer to this question is affirmative. It is not possible, however, to say that all defense mechanisms are mediated through unconscious fantasy. The use of fantasy in defense was described by Anna Freud in connection with the mechanism of denial in fantasy (22). Defensive uses of identification, undoing, and denial are readily incorporated into unconscious fantasies. One of the best known of fantasies, a fantasy which is oriented almost exclusively toward the ego function of fending off anxiety, is the unconscious conceptualization of the woman with a phallus. Although this fantasy serves as the essential condition for sexual gratification of the fetishist, the fantasy itself is primarily defensive in nature. The function of this particular fantasy is to reassure the subject against castration anxiety. It was in discussing this phenomenon that Freud described the split of the ego in the defensive process (33). He was referring to the contradiction between the accurate conscious conceptualization of the female anatomy as opposed to the unconscious concept which in fantasy endows the woman with a phallus. What the fetishist perceives in reality, he denies in fantasy. Certainly this demonstrates that unconscious fantasy may involve definite visual and verbal concepts. The fantasy of the phallic woman is a specific example of denial in unconscious fantasy and it is a common feature of many clinical entities, e.g., voyeurism, exhibitionism, transvestitism, some forms of homosexuality, and some special types of object choice in men.

A defensive use of identification with the aggressor, a mechanism described by Aichhorn (2) and Anna Freud (22), may be incorporated into an unconscious fantasy and be utilized at different times to fend off feelings of humiliation, anxiety, or reproach from the superego. In a case of depersonalization, which I have described (11, 14), the patient had grown accustomed during childhood to master feelings of humiliation by identifying herself in fantasy with her tormentors. As

a child, whenever she felt humiliated, she would fantasy that she was one of the group who were laughing at her, the unfortunate victim from whom she felt alienated. In her adult neurosis, in which the principal presenting symptom was depersonalization, the patient would unconsciously resort to this for purposes of defense: under circumstances which ordinarily would have aroused anxiety or humiliation, the patient would become depersonalized. The analysis of these attacks demonstrated the influence of a fantasy in which the patient once again defensively split her self-representation into two parts. One self-representation was an observer and retained the quality of selfness; the other self-representation was the object of observation and was seen as involved in some painful situation. From this second self-representation, the patient felt detached and alienated.

How the external situation in which a person finds himself, or how the activity in which he is engaging at the moment, may facilitate the contribution that unconscious fantasy makes to conscious experience can be observed in everyday analytic practice. From the technical point of view, the analysis of this interplay constitutes the immediate tactical approach of the therapist. In this regard, it is advantageous to note the introductory statements patients make in transmitting a communication, especially if it is the opening statement of the session or if something in the way the patient says it impresses the analyst that the statement is superfluous. One should be alert on such occasions to the possibility that superfluous comments of this nature point to the influence of unconscious fantasy. Thus when a patient states, 'While riding in a bus, I had the following thoughts . . .', what usually follows in the patient's associations is some derivative of a fantasy of being in an enclosure. Or if the patient begins with, 'On my way to the session . . .', the ensuing associations almost invariably lead to some fantasy concerning the analyst.

Let me cite a particularly illuminating example at greater

length. 'While squeezing some oranges this morning for juice', a patient began, 'I had the following thoughts'. The associations that emerged may be summarized as follows. He was thinking of nourishment, liquid in bottles, and poison. Suddenly he recalled that this was his sister's birthday. He thought of presenting her with a bottle of 3-Star Scotch, when the thought flashed through his mind of presenting her instead with 3X poison. At this moment he became aware of the hemispherical shape of the sections of the oranges which he had cut and which he had been squeezing with unusual violence. Parenthetically, this patient had been abandoned twice by his mother. The first time was when he was less than a year old; she weaned him abruptly and turned him over to the care of his grandmother so that she herself could go back to school to finish her professional training. The second time was when his younger sister was born. The sister had a congenital defect which caused the mother to be occupied with her almost exclusively.

The patient's thoughts continued. He was concerned about his mother. The doctor had reported that the cancer of the breast from which she was suffering was now in an advanced stage. Some years earlier, the patient, a physician, had given his mother injections of estrogenic hormones to control menopausal symptoms. Had these injections caused her illness? He had never forgiven his mother for abandoning him. He thought of his previous treatment with a woman analyst. He felt it had not been successful. She had a child while he was in treatment and sometimes she would sew during the analytic sessions. He was sure that she was sewing for her newborn child. The patient then began to think of the time when his grandmother used to care for him. He had been told that when his mother left him to go to professional school, he refused to take the bottle. He was so importunate in his demands for the breast that his grandmother gave him her dry breast to suckle. He grew up to become an inconsolable pessimist. Another memory came back at this point. He recalled watching his grandmother

grind meat for hamburger. The patient would stand by and eat the raw meat as it came out of the machine.

This material may be formulated in terms of the interaction of unconscious fantasy and conscious experience. Against the background of his lifelong hostility toward his mother and sister, the patient's mental set is intensified by his sister's birthday and his mother's illness. In this setting, the ordinarily routine activity of squeezing oranges becomes the activity which facilitates the emergence of derivatives of an unconscious fantasy, cannibalistic in nature, i.e., of destroying and devouring his mother's ungiving, frustrating breasts. This fantasy in turn influences the manner in which the patient perceives the shape of the oranges and the violence with which he extracts the juice. While squeezing oranges in reality, he is destroying breasts in fantasy.

To this point we have been discussing unconscious fantasies that emerge in the course of psychoanalytic treatment, but an even broader problem is involved, namely the precipitation of neurotic illness in general. In his early studies of neurosogenesis, Freud (29) traced the onset of illness primarily to a disturbance in the quantitative relationship between drive and defense. He emphasized especially those features which tended to intensify the pressure of the drives upon the mental apparatus. Later, Freud (32) demonstrated the existence of what is perhaps a more common mode of onset of neurotic illness. A neurosis may be precipitated when the individual finds himself in a realistic situation which corresponds to some earlier traumatic experience. The new experience contains in it elements that are unconsciously interpreted as a repetition of the original trauma. An addition to, or perhaps an elaboration of, the concept of how neurotic illness may be precipitated in adult life may be found in the consonance between the realistic situation and the specific, unconscious fantasy which it reactivates. That may be illustrated with material from the analysis of a patient who suffered from claustrophobia, especially while riding in subway trains. Ten years before the onset of his illness,

his twin brother, whom the patient had momentarily abandoned, collapsed in a train and subsequently died. The patient held himself responsible for his brother's death. Years later, a week before the onset of his illness, the patient was in the unhappy position of having to decide whether to take his uncle to the hospital or to risk having him treated at home. The patient decided to take the uncle to the hospital, but the latter died in the ambulance before they reached their destination. The patient grieved, but did not develop claustrophobic symptoms until several days later *when he was traveling in a subway in the company of a group of sibling figures*. The analysis demonstrated that this symptom was connected with unconscious fantasies concerning his twin brother and the interior of the body. In these fantasies, the patient would imagine himself inside the mother's body with or without his twin. On other occasions, the fantasy concerned the activities of the brother within the patient's body. The specific details of the symptoms were directly related to the behavior which he unconsciously fantasied the introject to be carrying on within the claustrum.

Returning to the point of this discussion, we can see that the uncle's death reactivated the earlier trauma of the brother's death. However, it was the precise experience of traveling in the subway with sibling figures which precipitated the neurotic symptoms. This experience corresponded to elements from a set of unconscious childhood fantasies. In these fantasies, he imagined himself and his twin engaged in various activities inside the mother's body, e.g., struggling with his twin for food, fighting over who should emerge first, and above all, destroying his sibling within the womb so that he could be born as an individual and not as one of a set of twins. It was indeed the conflicts over these childhood fantasies that had caused him, at eighteen, to respond traumatically to his brother's death. The actual death of his brother constituted an actualization of his fantasy wish to have been born without a twin. The uncle's death confirmed his guilt and finally the experience in the train—claustrum—triggered the onset of his symptoms.

Writing about neurotic reactions to the symptoms of neu-

rological disease, Beres and Brenner (16) stated that such symptoms become traumatic psychologically because of the existence of an antecedent, unconscious conflict. What is pathogenic, they add, depends upon a fixation. To extend these ideas and the concept which I have been developing, I would add the following. Since fixation is specifically expressed in a set of unconscious fantasies, the precipitation of mental illness under such circumstances is determined by how the symptoms of organic disturbance affect the fantasy life of the patient and how they facilitate the emergence of pathogenic fantasies.

Even in highly organized symptom-formations, the specific details of the symptomatology may vary from time to time. A careful examination of these variations will demonstrate how the details of the symptoms are exquisitely related to the different versions of the unconscious fantasy. In the case of the twin patient cited above, he experienced various intra-abdominal sensations, depending upon what his daydreams were at the moment about the behavior of the introject within the body. In his studies of claustrophobia, Lewin (41) showed how a patient's symptomatology reflected the patient's immature grasp of reality and of the physiology of the foetus at the time when the conflict was given expression in the form of an organized fantasy. Whenever he found himself within a claustrum, the patient could breathe only intermittently. This detail of the symptom corresponded to the patient's childhood concept of intrauterine physiology. He knew that there was fluid within the maternal enclosure and as a child became apprehensive as to how the foetus, with whom he had identified, could breathe. He solved the problem by utilizing what he knew of the operation of the flushing mechanism of a toilet. When the water level receded it left the chamber with air. The bobbing ball of the flush mechanism resembled the head of the foetus. Based on this model, the patient, as a child, had an idea which he incorporated into an unconscious fantasy that the water level within the womb receded intermittently whenever the mother urinated and that only during this interval could

the fœtus get air to breathe. This material demonstrates how an unconscious fantasy may be studied to gain insight not only into infantile sexual theories, but also into forgotten primitive concepts of reality and of the self. The fantasy which is regressively revived in neurotic illness reflects the immature state of the ego at the time of the origin of the fantasy. Unconscious fantasy represents an area which remains to be explored for the purpose of furnishing data concerning the early phases of ego development.

The quick and facile interaction between external events and the appearance of derivatives of unconscious fantasies furnishes ample proof of the hypothesis that fantasy activity is a persistent and constant function. It suggests that what Freud (25) said about the formation of dreams may be applied with equal validity to many disturbances of conscious function. Commenting on the rapid organization of a dream in response to an external stimulus experienced during sleep, Freud said that there must be preformed, readily available unconscious fantasies which can be woven instantaneously into the structure of the dream. The clinical material presented shows how the same holds true for experiences in waking life. This concept contributes to the understanding of such diverse phenomena as wit, illusion, misperception, *pseudologia phantastica* (20), imposture (1, 18, 34), and transient disturbances of identity (37).

For purposes of presentation, till now, it has been necessary to isolate the specific functions that unconscious daydreams may serve. It must be remembered, however, that in common with all other mental products, the effects of unconscious fantasy are governed by the principle of multiple function (49). Id, ego, and superego derivatives may all become manifest in a conscious experience that is determined by unconscious fantasy even though the conscious disturbance is only of minor significance.³ This may be illustrated in the following example

³ See also, Eidelberg (19).

demonstrating a disturbance of the sense of time. A woman patient entered the consultation room on a Monday and said that she felt very strange because she felt as if she had not seen me for one hundred years. She spoke at some length about this feeling of an extraordinarily extended lapse of time since the last meeting of the previous Friday. This session took place on the Monday following Father's Day. Her father was dead. The patient blamed herself for his death. For certain reasons, during adolescence, she had wilfully and stubbornly insisted that the family return home from a relative's house, although it was snowing. This house was many miles from the patient's home and the family had expected to spend the night there. Because the patient was adamant, the family reluctantly acquiesced and undertook the hazardous drive back. The car skidded and the father sustained injuries from which he died one week later.

I was struck by the patient's introductory phrase which reflected her subjective sensation of having been away from the analysis for one hundred years. Her associations to this statement ultimately led to the legend of the Sleeping Beauty. This fairy tale appealed to her as the fulfilment in fantasy of a wish to be reunited with her father, either in life or in death. For her, the Sleeping Beauty story made it possible to undo the finality of her father's death and her guilt. In the story, when Sleeping Beauty is awakened after a sleep of one hundred years, the redeeming lover represents a member of another generation. Through this magical suspension of the barrier which time interposes, it becomes possible to breach the barrier of the incest taboo. Œdipal wishes may be fulfilled and the dead father re-emerges as the resurrecting prince. Thus the subjective sensation of an unnaturally extended period of time represented in a condensed way the unconscious fantasy of Sleeping Beauty. The distortion of the sense of time expressed at the same moment the fulfilment of œdipal wishes and the warding off of superego reproaches, in a fantasy which made it possible to undo the death of her father.

Unconscious fantasy activity has a special relationship to clinical phenomena involving the psychology of the self. This is an area of psychoanalysis that deserves a much more extensive discussion than is possible at this time and in this communication. Alterations in the experience of the self are very common, especially as transient phenomena in the psychoanalytic setting. These disturbances usually fall under one or more of the following three headings: problems of identity, disturbances of the body image, and disturbances of the sense of self. Difficulties pertaining to the first two of these categories may be conscious or unconscious. The manifest dream often contains a concrete visual representation of the self. From the study of dreams, we observe how wide is the range of possible self-representations.

Let us apply what has been stated earlier about the function of fantasy to the realm of self-representation. The multiplicity of self-representations is organized into many different fantasies and fantasy systems. Self-representations in unconscious fantasy, persistently and selectively reactivated and fused with each other, help make up the individual's identity. There is a similarity between these ideas and the concept of 'pooled self-representations' (48).

From time to time, under the impact of conflict, the organized identity, built up from many different self-representations, may begin to disintegrate into its component parts. One or another self-representation comes to the foreground of consciousness, mediated by way of an unconscious fantasy in which the self-representation is expressed in concrete terms. Identical considerations apply to the self-representations involved in the body image and the concept of self. The impingement of such fantasies upon consciousness contributes to the clinically observable alterations of the experience of the self. The structure and meaning of many alterations of self-experience can be determined by reconstituting and analyzing the concomitant, unconscious fantasy.

Language furnishes many clues to the nature of the unconscious daydreaming which accompanies altered experiences of the self. Several examples have already been given; a few relatively uncomplicated ones follow. For example, unless they are unusually sophisticated, patients rarely complain that they suffer from depersonalization. Instead they describe their sensations in some form of imagery, oftentimes quite dramatic. One patient who was suffering from depersonalization, expressed her discomfiture in the statement, 'I feel like a Zombie'. The analysis subsequently revealed that she had indeed identified herself with a dead relative and that when she was depersonalized she was under the influence of an unconscious fantasy of suspended animation. Other patients say they feel empty inside, or like a passively manipulated puppet, wrapped in cotton, etc. Rangell (45) described a patient who had transient alterations of the sense of self while on the couch. The patient described this experience in terms of disappearing into the background or becoming fused with the couch. These sensations were based upon an unconscious fantasy of merging into the body of the mother. Joseph (38) reported a case in which the emergence of an unconscious self-representation intruded into conscious experience and took the form of what was, for all intents and purposes, a hallucination. This patient was one of a set of twins. In his unconscious fantasy life, he often represented himself and his brother as a sexual couple, with himself in the role of the woman. During the treatment of this borderline patient, a series of events culminated in the two brothers separating. In this state of longing for his twin, the patient experienced an upsurge of homosexual feeling. While passing a highly polished store window, the patient saw himself as a woman, reflected in the glass. Similarly, in the seminar of the Kris Study Group, Milton Horowitz presented material from a patient whose behavior constituted exquisite acting out of a very detailed unconscious fantasy of identification with his dead mother. In addition, Jacobson (37) has written of conflicts of identity within the ego as the basis of certain dis-

turbances of the self. Such conflicts between different identities are probably mediated through unconscious fantasies derived from specific experiences in the patient's life and tend to influence conscious experience simultaneously or alternately (*II*). Finally, disturbances of the body image during analytic sessions are perhaps the most common of the phenomena under discussion. The wish-fulfilling aspect of the intrusion of unconscious fantasy in such situations is too well known to require comment. The defensive and self-punitive aspects could be investigated with profit.

To summarize the main points of this paper: Unconscious daydreaming is a constant feature of mental life. It is an ever-present accompaniment of conscious experience. What is consciously apperceived and experienced is the result of the interaction between the data of experience and unconscious fantasizing as mediated by various functions of the ego. Fantasies are grouped together around certain basic childhood wishes and experiences. In these systems of fantasies, one edition of the fantasy wish may represent a later version or defensive distortion of an earlier fantasy. Which fantasy version of the unconscious wish will contribute to conscious experience depends upon a number of factors that have been discussed. Unconscious daydreaming is closely allied to instinctual fixations. It is this activity that supplies the mental set in which the data of perception are organized, judged, and interpreted.

The contribution that unconscious fantasy makes to conscious experience may be expressed illustratively through the use of a visual model. The idea for such a model occurred to me several years ago. It was after Thanksgiving dinner and a friend had brought a movie projector to show the children some animated cartoons. Since we did not have a regulation type movie screen, we used a translucent white window shade instead. During the showing of the cartoons, I had occasion to go outdoors. To my amusement, I noted that I could watch the animated cartoons through the window on the obverse side of

the window shade. It occurred to me that an interesting effect could be obtained if another movie projector were used to flash another set of images from the opposite side of the screen. If the second set of images were of equal intensity to the first and had a totally unrelated content, the effect of fusing the two images would, of course, be chaotic. On the other hand, however, if the material and the essential characters which were being projected from the outside and the inside were appropriately synchronized according to time and content, all sorts of final effects could be achieved, depending upon the relative intensity of the contribution from the two sources.

The concept of unconscious fantasy activity has two implications of general import for psychoanalytic theory. One concerns the theory of technique, the other methodology. One may describe the psychoanalytic situation as structured in a way that is most favorable for obtaining data indicating the influence of unconscious fantasies. One immediate technical goal of the therapist is to help the patient learn to distinguish between reality and the effects of unconscious fantasies. In order to do this, the analyst maintains a neutral position and avoids getting involved in his patient's life. Transference analysis becomes the proving ground in which one can demonstrate to the patient how he confuses the past with the present, the daydream with reality. This is how I understand Nunberg's (44) view that the transference is a projection; it represents a foisting upon the analyst of the patient's preformed, latent, unconscious fantasies. Thus analysts who minimize the role of unconscious fantasy in mental life (3) are also ready to play roles in therapy.

The point about methodology is simple but fundamental. If we are cognizant of the tendency of unconscious fantasies to influence conscious experience and behavior, then we must be very careful in evaluating data from a superficial, i.e., from a strictly phenomenological, point of view. Unless one knows the patient's unconscious fantasy, one can easily be led into a confusing dilemma as to whether a certain action represents activity or passivity, masculinity or femininity, self-punishment or

masochism, etc. Anna Freud (24) pointed this out in analyzing different types of male homosexuality. She showed how a patient, whose actual role in homosexual relations could be described as passive, receptive, masochistic, and feminine, was in fantasy unconsciously identifying himself with the so-called active, sadistic, masculine partner. His behavior was one thing, his fantasy another.

In the introduction to this paper, a number of questions were posed concerning the nature of unconscious fantasy. In the light of the material presented, we can formulate our answers to these questions. No sharp line of distinction can be made between conscious and unconscious fantasies. In the framework of the structural hypothesis, it seems more appropriate to speak of fantasies which are fended off to a greater or lesser extent, bearing in mind that the role of defense may change radically with circumstances. A very high degree of organization may be attributed to unconscious fantasy, though this need not always be the case. Fantasies are not exclusively vehicles for discharge of the instinctual energies of the id. The ego and super-ego play a part in their formation. The contribution which unconscious fantasy makes to conscious experience may be dominated by defensive, adaptive, and self-punitive trends as well.

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Fantasy, Memory, and Reality Testing

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FANTASY, MEMORY, AND REALITY TESTING

BY JACOB A. ARLOW, M.D. (NEW YORK)

Reality testing, one of the most important of the functions of the ego, is relatively easy to define but quite difficult to comprehend. It is part of a conglomerate of ego functions which include such activities as perception, memory, object relations, sense of reality, superego, and the more recently discussed concept of reality constancy (19).

As used in psychoanalysis, reality testing refers to the ability to distinguish between perceptions and ideas. It is quite different from the philosopher's concept of the nature of reality. As defined in analytic terms, emphasis is placed upon the differentiation between representations of what is external—of the object world—from representations of what is internal—of the self or of mental life. The feeling of reality is not necessarily a part of perceptual experience. It does not have the sense of immediacy that characterizes consciousness. There is nothing in the quality of the perceptual experience which makes it apparent at once whether a mental representation is external or internal, real or unreal. An additional mental function, perhaps a set of mental functions, have to be called upon in order to make this decision. This operation has to be applied to all data registered at that station of mental experience that we call awareness.

A great deal has already been learned concerning how the function of reality testing develops but much still remains to be understood. Reality testing develops gradually. The early stages of this process are particularly difficult to study. In addition to the maturation of the essential ego apparatuses, the vicissitudes of development are very important. All workers in

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the field see the development of reality testing as a gradual evolution in the child from an attitude toward the world which is self-centered, pleasure seeking, animistic, and magical, to a later capacity to differentiate between inner fantasy and objective reality (9, 12, 29).

There is yet another dimension to reality testing. According to Hartmann (20) it consists of the ability to discern subjective and objective elements in our judgment of reality. Learning to do this is an unending process. Essentially this is the principal task which the analyst poses to his patient. He helps the patient to delineate in his assessment of and response to reality the contribution made by inner, subjective pressures from the past. In this paper I hope to demonstrate that how reality is experienced depends for the most part on the interaction between the perceptions of the external world and the concomitant effect of unconscious fantasy activity.

The perceptions of reality are sensed against the background of individual experience. Memory, recording conflicts, traumas, vicissitudes of the drives and of development are organized in terms of the pleasure-unpleasure principle into groups of schemata centering around childhood wishes. These make up the contents of a continuous stream of fantasy thinking, which is a persistent concomitant of all mental activity and which exerts an unending influence on how reality is perceived and responded to.

How can one describe in functional terms the interplay of these forces? It is as if the perceptual apparatus of the ego were operating at the same time in two different directions. One part of it looks outward, responding to the sensory stimuli of the external world of objects. The other part looks inward, reacting to a constant stream of inner stimulation. The organized mental representations of this stream of inner stimulation is what I call fantasy thinking. It includes fantasies and the memory schemata related to the significant conflicts and traumatic events of the individual's life. Fantasy thinking may

be conscious or unconscious. It is a constant feature of mental life. It persists all the time that we are awake and most of the time we are asleep.

The data or contents of our fantasy thinking become known to us through the process of introspection. There is no direct antonym to the word introspection which we could conveniently juxtapose to it and then apply to the process of perception of stimuli from the external world. Etymologically extero-spection would be correct but it seems an awkward term. Traditional usage refers metaphorically to the functional separation of these two concomitant orientations of perception in terms of the inner eye and the outer eye.

How does the external perceptual apparatus of the mind function? According to Freud (16) so long as there is consciousness all external sensory stimuli are passively and indiscriminately received. He states: ' . . . cathectic innervations are sent out and withdrawn in rapid periodic impulses from within into the completely pervious system *Pcpt.-Cs.* So long as that system is cathected in this manner, it receives perceptions (which are accompanied by consciousness) and passes the excitation on to the unconscious mnemonic systems; but as soon as the cathexis is withdrawn, consciousness is extinguished and the functioning of the system comes to a standstill. It is as though the unconscious stretches out feelers, through the medium of the system *Pcpt.-Cs.*, towards the external world and hastily withdraws them as soon as they have sampled the excitations coming from it' (p. 231).¹

The data of perception are not experienced in isolation. They are experienced against the background of the individ-

¹ In another publication written in the same year as the one just quoted, Freud (17) returns to the subject but this time he states that the cathectic energy innervating the perceptual system originates in the ego. From the context of the two different quotations it would appear that in the former he was concerned with the utilization of the perceptual apparatus in the service of the pleasure-dominated unconscious wishes; in the latter he was concerned with the ego function of judgment achieving mastery over repression and at the same time achieving independence from the rule of the pleasure principle.

ual's past development and are checked against earlier perceptions and the memory traces which they have left. Stimuli are selectively perceived in terms of the mental set operative in the individual at the time. The mental set is determined both consciously and unconsciously, consciously by the nature of the task before the individual, unconsciously by the cathectic level of the dominant unconscious fantasy system. Percepts become meaningful almost immediately as they are perceived because they are compared with other data and integrated into memory schemata.

Certain aspects of the development of this process were carefully studied by Freud (17). He wrote that at the beginning the essential task of judgment, as far as reality testing is concerned, is to determine whether something which is present in the ego as an image can be rediscovered in perception (reality) as well. The process of reality testing develops this way, he says, because 'all presentations originate from perceptions and are repetitions of them. Thus originally the mere existence of a presentation was a guarantee of the reality of what was presented. The antithesis between subjective and objective does not exist from the first. It only comes into being from the fact that thinking possesses the capacity to bring before the mind once more something that has once been perceived, by reproducing it as a presentation without the external object having still to be there. The first and immediate aim, therefore, of reality testing is, not to *find* an object in real perception which corresponds to the one presented, but to *refind* such an object, to convince oneself that it is still there' (pp. 237-238).

It would seem that this would be a simple enough task for the mind; but this is far from the fact. As Freud noted, the reproduction of a perception as an image—in other words, how we recall parts of our experience—is not always a faithful one; it can be modified by omissions or by the fusion of a number of elements. The process of testing a thing's reality must then investigate the extent of these distortions. If one cannot be sure that the image (or set of images) that he is trying to rediscover

in the form of a perception (of reality) actually corresponds to the earlier perceptions which the image supposedly reflects, reality testing becomes difficult indeed.

The most powerful influence distorting the image of the past and contributing to the misperception of the present is the intrusion of unconscious fantasy thinking. During our busy wakeful life, dominated by the reality principle, we are only intermittently aware of the persistent intrusion into our conscious experience of elements of fantasy thinking. Nevertheless the stream of perceptual data from the external world which passes before the outer eye is paralleled by a stream of perceptual data from the inner world which passes before the inner eye. Although Freud wrote often about the process of exteroception (*Pctp.Cs.*) he said little about the so-called endopsychic observer. Perhaps he took it for granted that psychoanalysts, so fully involved in their own and in their patients' introspection, required little instruction in this area. His description of the process of free association as given in the Introductory Lectures is probably his most definitive statement on the subject. What the patient does while associating freely on the couch is compared to a train traveler looking out of the window and reporting as much as he is able to of the scenes flashing by his view. There is much more that he notices than he reports but he does the best he can. Free association in the analytic situation, it should be emphasized, corresponds to the reporting aspect of the experience. The really significant part of the analytic situation is the concentration of attention on the process of introspection, that is, the creation of a set of conditions that minimize the contribution of the external world and enhance the emergence of derivatives of the inner world—the world of fantasy thinking (3, 8).

Because dreams are perhaps the richest and clearest expression of fantasy thinking and because dreams are part of the experience of sleep, several authors have linked the emergence of daydreams, fantasies, and other regressive, visually experienced phenomena with alterations in the state of consciousness re-

sembling sleep. Lewin (27) says: 'Psychoanalysts are now aware that subtle signs of the sleeping state may be intermingled with thinking, particularly in free association, but in general and in "nature" also, so as to say, even when there is no conscious somnolence'. He supports his statement with a quotation from Kubie (24): 'We are never really totally awake or totally asleep. These are relative and not absolute terms. Parts of us are asleep in our waking moments and parts of us are awake in our sleeping moments, and in between lie all the gradations of states of activity and inactivity.'

One can hardly take issue with Kubie's statement; however, Lewin's formulation seems to beg the question, inasmuch as from the outset his statement defines sleep in terms of dreaming. It does not follow that because when we are asleep, we dream, that when we dream (or daydream or have other similar, related experiences), we are asleep. I emphasize this point because clinical experience demonstrates how daydreaming may intrude upon the conscious experience of the individual at all levels of wakefulness and somnolence. In a previous contribution (5) I dealt with the ubiquitous intrusion of daydreaming activity into conscious experience, under circumstances which Lewin would say corresponded to the state of 'nature'. Several clinical experiences were cited from the daily lives of patients. In some of these experiences while the patients were alert and vigorously involved in reality oriented activity, their judgment of reality and their response to it was completely distorted by the intrusion of an unconscious fantasy. Actually this kind of distortion is one of the essential features of the neurotic process and of the transference. Aphoristically we may describe the state of mind in such patients by stating that while the outer eye was perceiving quite accurately the sensory stimuli from reality, the inner eye was focused on a fantasy. The response of the patient was appropriate enough, not in terms of reality, but in terms of the inner, unconscious fantasy.

This is the approach we use all the time in connection with neurotic symptoms. We understand our patients' anxiety not

in terms of the realistic situation, but as a misperception of reality in terms which are appropriate for the contents of the unconscious fantasy. It would seem difficult to maintain that every time a neurotic patient experiences a symptom he is undergoing an alteration in the state of consciousness. In some instances alterations in the state of consciousness do occur, but they represent the effect of and not the cause for the emergence of an unconscious fantasy. I have presented material previously describing how in certain distortions of the sense of time (1), in the *déjà vu* experience (2), and in states of depersonalization (6), the state of consciousness and/or the experiencing of reality were altered in consequence of the defensive needs of the ego resulting from the pressure of an emerging fantasy. To return to Lewin's statement, it would seem that it is not the subtle signs of sleep that we perceive intermingled in our thinking, but the subtle evidence of the intrusion of fantasy thinking.

These considerations are pertinent to the initiation of the anxiety signal. When the ego becomes aware of the threatening development of the danger situation associated with the emergence of an instinctual demand, it institutes the signal of anxiety to stimulate the function of defense. How does the ego become aware of the threatening danger? What data does it use to reach such a conclusion? My answer would be: from the data of introspection, from the perception, mostly outside of consciousness, of the contents of the stream of fantasy thinking. Introspection of fantasy thinking provides the data leading to the conclusion that a danger may develop and the individual then begins to feel anxious. In this last instance, the endopsychic observer (Descartes's *res cogitans* which Lewin [26] has so brilliantly and wittily elucidated for us) acts like an internal psychoanalyst, observing the stream of fantasy thinking and making an interpretation for himself before the disturbing material appears in undisguised, panic-provoking form. The interrelation of the successive contents in the stream of unconscious fantasies under those circumstances would resemble that of cer-

tain sequences of dreams with which we are familiar. I refer to those series of dreams where each one conveys the same instinctual wish, one dream following another, the manifest content of each dream progressively less disguised and less distorted than the previous one, until the final dream appears—a dream with manifest content so distressingly close to the dangerous unconscious wish that panic develops, sleep is broken off, and the patient awakens as from a nightmare.

Free association in the psychoanalytic situation represents an artificial method for tapping samples of the constantly flowing stream of fantasy activity. There are however natural, spontaneous sources of information concerning what is contained in fantasy thought. Children daydream frequently, vividly, and often report them openly. Many retain this capacity into adult life. Freud (14) called the primitive, self-centered world of daydreams the individual's secret rebellion against reality and against the need to renounce pleasurable instinctual gratification. Masturbation fantasies are a particularly striking example of vividly experienced daydreaming associated with instinctual gratification. Creative people are particularly perceptive of their fantasy thinking. Many retain a capacity for vivid visual daydreaming to a remarkable degree.

Young children regularly intermingle their perceptions of reality with wishful fantasy thinking and sometimes find it hard to distinguish in recollection between what was real and what was imagined—between what constituted fantasy and what constituted accurate memory. The intensely visual nature of children's fantasies endows them with a quality of verisimilitude. As the individual grows older and reality increases its domain at the expense of the pleasure principle, visual daydreams and visual memories become fewer. There are notable exceptions, some of which have been referred to above.

Most adults probably have explicit, conscious fantasies many times during the day only to forget them as promptly as they do night dreams—and for the same reasons. The experience of being an analysand provides the conditions, the training, and

the motivation to take note of the fleeting fantasy thoughts and to hold them fast, long enough to examine them. The constant inner stream of fantasy thinking nevertheless produces many derivatives which present themselves, often unexpectedly, to the inner eye of introspection. In fleeting thoughts, misperceptions, illusions, metaphors of speech and action, the analyst can detect the influence of unconscious fantasy. As I have suggested, the æsthetic effectiveness of metaphor in literature is derived in large measure from the ability of metaphorical expression to stimulate affects associated with widely entertained, communally shared, unconscious fantasies (5). Róheim (31) said that the mythology of a people is an indicator of their dominant psychological conflicts. Mythology thus is a culturally organized, institutional form of communal daydreaming (3). The same is clearly true of many aspects of religious and artistic experience. A person's favorite joke or the kind of humor he generally prefers usually leads directly to the nature of his fantasy thinking inasmuch as every instinctual fixation is represented at some level of mental life in the form of a group of associated unconscious fantasies (*cf.* Ref. 34).

Evidence of the subtle intermingling of fantasy thinking with the perception of everyday reality may take the most subtle of forms and may be overlooked if one is not alert to its operation. Two examples will illustrate what I mean. In a session during which he was working through certain memories and fantasies connected with the primal scene, a patient mentioned quite in passing—or at least so it seemed—that he had seen a former professor of his, a respected and friendly father-figure. He had wanted to approach this man and greet him but, for reasons which he could not understand, felt extremely inhibited and failed to do so. The patient went on to say: 'Perhaps it was because Professor X was busy at the time putting on his galoshes. It would be an awkward time to disturb him.' Or another patient, a woman, one of a set of identical twins whose fantasy thinking was dominated by impulses of hostility and competition toward her sibling, impulses which were fought

out in the inner vision of her mind on the intrauterine battlefield. She reported: 'While I was cleaning out the closet and getting rid of a lot of junk, I remembered a dream I had the night before'. The patient went on to relate the dream which concerned an underwater struggle in a diving bell with a shark which threatened to devour her. In both patients, reality was metaphorically perceived in terms of fantasy thinking. In other words, disturbing a man putting on his galoshes was like interfering with a person having intercourse; emptying junk out of a closet in reality was in fantasy killing a rival in a claustrum.

The adventitious words describing the realistic setting in which introspective data are perceived exemplify this process in daily analytic work. Like the comments which a patient makes about the form or structure of a dream, these adventitious comments may be considered part of the inner fantasy. Thus if a patient says: 'As I stepped into the elevator, or as I entered the door of the building, I had the following thought', the analyst should be alerted to the possible intrusion of some fantasy about penetration of the body or incorporation into it. Similarly if the patient introduces some idea with a statement: 'While I was in the bus', he may be introducing thereby a fragment of a fantasy of pregnancy or of being within a claustrum.

This constant intermingling of fantasy and perception helps make it clear why memory is so unreliable, especially memories from childhood, because in childhood the process of intermingling perception and fantasy proceeds to a very high degree. Klein (22) and Joseph (21) in recent contributions have called attention to the many problems concerning the function of memory which remain to be solved. What is forgotten and what is remembered? What can and what cannot be recalled? Just where in the therapeutic process do we place the recollection or retrieval of the memory of a childhood experience? How does a patient come to have a sense of conviction, a feeling about the reality of a childhood experience which is reconstituted by way of reconstruction, reconstruction which utilizes primarily the data available from screen memories?

Both Klein and Joseph, following Hartmann (20), call attention to the need to redefine some of these problems in terms of the structural theory. Joseph in particular stresses the importance of approaching these problems from the point of view of the defense function of the ego.

In reviewing the early literature of the subject, I was struck by the fact that there were many more references to forgetting than to remembering. Sometimes the only reference to be found under memory was 'See Amnesia'. The juxtaposition of memory to amnesia was of course a major element in the topographic theory based, as it was, on the essential dichotomy of mental contents into what could and could not be remembered. This led to some interesting formulations which, superficially viewed, seem like amusing paradoxes. For example, the hysteric whose problem is amnesia suffers mainly from reminiscences. He cannot recall the important events which shaped his life, yet his recollections are characterized by a 'wonderful freshness of memory'.

The resolution of this paradox is contained, of course, in Freud's early paper on screen memories (13). Like so many of Freud's ideas, the ideas contained in that paper have to be rediscovered periodically. If we review that classic paper in the light of our present knowledge we can understand screen memories as an exquisite example of the mingling of fantasy with perception and memory, the raw material for the construction of the screen memories originating from many periods of the individual's life disguised and rearranged in keeping with the defensive needs of the ego. The same principles we understand today operate in the construction of dreams, fantasies, and in what Kris (23) has called the 'personal myth'. We can thus amend Freud's original statement to read that the recognition of *how the ego operates in the service of defense* tends to diminish the distinction between memory and fantasy. Freud goes on to say: 'It may indeed be questioned whether we have any memories at all *from* our childhood:

memories *relating* to our childhood may be all that we possess. Our childhood memories show us our earliest years not as they were but as they appeared at the later periods when the memories were aroused. In these periods of arousal . . . memories did not . . . *emerge*; they were *formed* at that time. And a number of motives, with no concern for historical accuracy, had a part in forming them, as well as in the selection of the memories themselves' (13, p. 322).

In the context of intrapsychic conflict, the ego integrates drives, defense, memory, fantasy, and superego in keeping with the principle of multiple function (33). What we think was real, or what we think really happened, is a combination or intermingling of fantasy with perception of reality. When memory and perception offer material which is in consonance with fantasy thinking, the data are selectively perceived and the memories are selectively recalled and used as material to serve as a vehicle for the unconscious fantasy. When we are able to undo the defensive distortion which the ego has imposed upon the material, we can see that the fantasy contains the kernel of what really happened. This is not the objective reality which can be observed by outsiders and validated consensually. This is almost impossible to recollect because what the child experiences is at the very moment of experience a complex intermingling of perception and fantasy. This complex intermingling is what 'really' happened as far as the individual is concerned. Only through the process of inference can the analyst sometimes elucidate from the material that part of the individual's recollection which belongs to objective history, as it were, as opposed to the patient's personal 'mythological' past.

I would like to illustrate my point by citing a reconstruction of the past based upon the interpretation of a fantasy. There is nothing particularly unusual or striking about this example. Every experienced analyst will recall many similar instances from his own practice. For purposes of discretion certain de-

tails have been changed and displaced, but the essential features of the material, namely, the relationship of the interpretation to the data, has not been altered in any significant way.

This material is taken from the case of a male adult who spent several years of his early childhood, perhaps as many as three, possibly four, in his parents' bedroom. Except for some few peripheral or tangential memories like the sounds of neighbors quarreling, the patient could remember nothing of the events in the bedroom. However, his life story, his character formation, the symptoms which he developed, the nature of the transference, and how he behaved toward his children during their œdipal phase all bore more than ample testimony of how deeply he had been affected by this early experience.

He developed into a pseudo-imbecilic 'detective'. He noticed nothing but knew everything. He was constantly looking but never seeing. What he could not remember, he kept repeating. In all sorts of 'innocent' ways he managed to stumble upon and interfere with couples engaged in private activities. A constant trend which appeared in dreams, fantasies, and sometimes in real life behavior contained the elements of disturbing a performance or a spectacle in which a father image was figuring in a prominent and successful role. His favorite joke was about a famous Shakespearean actor whose successful performance was ruined by absurd and obscene requests originating from some obscure member of the audience sitting in the back stalls of the balcony.

The privacy of the analytic twosome accordingly was highly consonant, one could say congruent, with elements in his fantasy life. As analysts we understand that external, realistic elements which are consonant with fantasy elements are selectively perceived and seem to have the capacity to intensify the cathectic pressure of unconscious fantasy. Under these circumstances the fantasies tend to come to the fore in the sense that they produce more and clearer mental derivatives or propel the individual toward some form of action. In this respect their dynamic thrust resembles the role of the day residue in dream

formation. Day residues are selected for inclusion in dreams not so much because of their neutral, inconspicuous nature as for the fact that they are congruent with or reminiscent of certain important fantasies or memory schemata. There is, accordingly, a reciprocal interplay between reality and fantasy, selective perception on one side, cathectic intensification on the other. For our pseudo-imbecilic detective therefore the analytic situation, one could say, was made to order.

During the period when we were working on the problem of oedipal rivalry as it came up in the transference and in connection with his son, the patient reported the following fantasy:

I had a fantasy that I came for my session and headed toward the couch. You were annoyed with my behavior in the analysis and decided to terminate treatment. I wanted to go to the couch but you waved me to the chair and told me that the treatment was over. I objected violently. I became very angry. I rushed to the couch, laid down and said I would not budge. You decided that if I did not move you would call the police to remove me. Your next patient was around. You told her to wait. You would go on with her as soon as you got rid of me. In the fantasy you were also frightened. You thought that I could get away from the police and come back to get you.

The key to the understanding of the fantasy came in the first associations which dealt with the theme of reversal of roles, the patient taking the analyst's role, the analyst becoming the patient. Other associations concerned the sexualization of the analytic situation, the couch as a bed, the attractive woman patient as an object of our competitive rivalry, three people in a room where only two should be, biding one's time until one gets rid of a rival, how weak and helpless people need the police in situations where their own physical force is insufficient.

By invoking the principle of dream interpretation concerning opposites, the fantasy could be explored as a reversal. With the knowledge of the previous material, of the transference situation, and of the associations, this fantasy could be inter-

preted first in terms of the transference and then much more meaningfully as a reconstruction concerning the past. At the level of transference the patient is angry and jealous. He wishes to get rid of me but I cling to my possessions. He will use greater force, throw me out, and claim my position, my office, and the attractive woman patient as a special prize. As a reconstruction of the past, the interpretation could be quite precise because of the unusually rich material. The patient in his parents' bedroom had awakened from sleep and tried in various ways, or perhaps many times, to get his father to abandon the bed, hopefully for good. But the father persisted in returning to his bed and there was very little that the weak and small Œdipus could do. If only he could call the police or perhaps some criminals. They are stronger, they would get rid of father, take him away, and the little boy could enjoy mother for himself. Of course father is strong. He could get away. He would be very angry. He could return and punish the little boy. (The patient's childhood neurosis consisted of a fear of criminals who might intrude during the night and kidnap or injure him.) The interpretation was confirmed at the next session in a dream which recapitulated all the events mentioned above and carried the reconstruction further by introducing the element of relations with the mother and giving her a child.

What can we say about this fantasy and the reconstruction built on it? What was real in the sense that it actually happened and what was unreal in the sense that it was only imagined? Distracting the father, calling him from his bed, a temper tantrum, perhaps, and the father returning and persisting in possession of his bed and his mate—these are all events which possibly could have happened and presumably did happen. The calling of the police (or the robbers) assuredly did not happen. The appreciation of the role of police or the significance of kidnapping may even date from a later period. Whether at any time the patient overtly expressed to his mother the classical Œdipal wishes is hard to say. Probably he did. Yet in the fantasy, all elements are given equal weight in a well-integrated

story that seems consistent, logical, and realistic, if not probable. The point is that the intermingling of real events, real perceptions with the elements of fantasy and wishful thinking must correspond quite closely to what the patient actually experienced as a child at the time. External perception and internal fantasy were intermingled at the time of the experience and together they formed the reality which to the patient was the record of his past. It was upon this confused fantasy thinking, which was dynamically effective in influencing so many aspects of his life, that the inner eye of the patient remained consistently focused.

This is what I think is the proper understanding of the concept 'psychic reality'. It is not a fantasy that is taken for the real truth, for an actual event, but the 'real' recollection of a psychic event with its mixture of fact and fantasy. This becomes the dynamic reality for the patient under the influence of the traumatic events which live on in his inner fantasy. Subsequent events and perceptions of reality are selectively organized into memory schema consonant with inner fantasy thinking.

To recapitulate, in keeping with the synthetic function of the ego and the principle of multiple function, the traumatic events in the individual's life and the pathogenic conflicts that grow out of them are worked over defensively by the ego and incorporated into a scheme of memories and patterns of fantasy. In one part of the mind the inner eye, as it were, remains focused on an inner stream of fantasy thought in which the traumatic memories are retained in a disguised form. Freud conjectured that the delusion owes its convincing power to the element of historical truth which it contains and which it inserts in place of the rejected reality. It would follow, he added, that what pertains to hysteria would also apply to delusions; namely, that those who are subject to them are suffering from their own recollections. What I have tried to demonstrate in this paper is that this is a general principle of mental life. The

traumatic events of the past become part of fantasy thinking and as such exert a never-ending dynamic effect, occasionally striking, sometimes less so, on our responses to and appreciation of reality.

One of the measures of the involvement of a person in the neurotic process and his traumatic past can be taken from the extent to which his mental functioning is pulled toward concentrating on the inner stream of fantasy thinking in competition with realistic daytime preoccupations. This can be clearly seen in fetishists and in some former fetishists who develop unusual responses to the perception of reality. The fetishist suffers from the memory of a traumatic perception, a confrontation with the sight of the penisless female genital at a time when he was particularly vulnerable to castration anxiety. He seems unable to get over it. Around the traumatic events he weaves a wish-fulfilling, reality-denying fantasy, the illusion of the woman with a phallus. But it does not seem to help. Before his mind's eye, even through the compensating fantasy, he continues to see, however dimly, the original perceptions of the female genital proclaiming the danger of castration. Looking at reality becomes a hazard, for at any moment he fears he may encounter a set of perceptions identical with those that precipitated the original panic.

In some individuals this leads to a peculiar relationship to reality in general (7) because they make an unconscious equation of reality with the female genital (25) and they treat the former the way the fetishist treats the latter. They refuse to face it. They cannot take a really good look at anything. This tendency influences them in the direction of impracticality and propels them into unrealistic behavior in many areas of their lives. During analytic sessions it is hard for them to look at their productions or at the analyst's interpretations. At best they give them only a fleeting glance. In presenting a problem such patients tend to seize upon some insignificant, minor detail, tangential and peripheral to the heart of the matter. Although at one level they clearly perceive the true nature, the real nature of the problem, at another level they persist in

'beating around the bush'. During the analysis they have a set of mannerisms involving their eyes. Either they keep them closed, shield them with their hands, rub them, or blink continually throughout the session. In speaking, they express themselves in the conditional voice, for example—It seems, I suppose, Perhaps, Maybe, Could it be that?, etc. Nothing is definitely asserted. The central reality has to be obscured and denied, but in the manner of the fetishist, these patients have to fasten their attention on some distracting, peripheral, reassuring perception that corresponds to the female phallus as envisaged in their inner fantasy. A variation of these trends may be seen in individuals who are petty liars, who have a compulsive need to embellish, adorn, and obscure reality.

From a study of these unusual character traits one can see how painful events are woven into fantasy thinking and how persistent focusing on these elements in the stream of fantasy thought leads the individual to scan the data of perception of reality to discover reassuring evidence of the validity of the solution which he arrived at in fantasy. Under the pressure of unconscious wishes and in keeping with the need to fend off anxiety, the perceptual apparatus of the ego is oriented and alerted to incorporate, integrate, correlate, deny, or misinterpret the data of perception.

The interplay between unconscious wishes, defense, and perception may serve as a transition to the next point concerning the psychology of moods. Growing as they do out of the vicissitudes of individual experience, the memory schemata of each person are typical and idiosyncratic. The memory patterns which are important in psychoanalytic treatment are grouped together according to the pleasure-unpleasure principle and are reactivated in the context of emerging conflicts over instinctual wishes. I referred earlier to the capacity of external perceptions to intensify the cathectic pressure of fantasy. Thus it is easy to see how moods may be evoked by perceptions of reality in the sense that real experience stimulates the emergence of specific memories and systems of fantasy.

Most often, but not always, the patient is aware of which event it was that precipitated or provoked his mood. For the duration of the mood the thoughts that come to mind are in consonance with the fantasy that gave rise to it. No other thoughts seem to present themselves to awareness. Opposing thoughts are brushed aside and the perceptions of the external world are selectively attended to and interpreted in terms of the mood.

During analytic treatment, we are in a position to correlate the mood with the fantasy whose content is appropriate to the affects, thoughts, and perceptions characteristic of that specific mood. It is the pervasive quality of the fantasy which establishes the nature of the mood and its cathectic potential perpetuates its existence. I have illustrated this point with the material from a patient who was in a depressed mood (5). His realistic perceptions—breakfast, birthday, and oranges—intensified the cathexis of a latent cannibalistic fantasy. The mood, thoughts, and activities and the response to reality were in keeping with the contents of the stream of fantasy thoughts.

But what can we say about moods whose appearance cannot be traced to any specific event or external perception? The evocation of such moods I would suggest might still be related to some perception of external reality, to some sensory stimulus which found registration *outside* of consciousness. Clinical experience and experimental studies offer abundant proof of Freud's idea that while the perceptual system is functioning it is completely pervious to external stimuli. Pötzl (30), Fisher (10, 11), and others have demonstrated conclusively that even stimuli which are subliminal in intensity may find registration outside of consciousness. It seems highly plausible that, like the day residue of a dream, percepts registered outside of awareness may dynamically affect fantasy thinking to the end that a fantasy is cathected, stimulating emergence of the mood.

Finally, another question must be raised. What is the form of fantasy thinking? How highly structured is it? Some authors, for example, have rejected the suggestion that unconscious

fantasies may have a complicated organization or contain elements of imagery that are visually representable. My own experience and thinking have led me to the conclusion that for the most part fantasy thinking has a quasi-visual nature. It is easily transformed and transformable into visual representations. At first I thought of this relationship in terms that were uncomfortably static. In connection with an attempt to demonstrate how reality is experienced in terms of inner fantasy needs, I wrote:

There is a hierarchy in the fantasy life of each individual, a hierarchy which reflects the vicissitudes of individual experience as well as the influence of psychic differentiation and ego development.² To use a very static analogy for a highly dynamic state of affairs, we may say that unconscious fantasies have a systematic relation to each other. Fantasies are grouped around certain basic instinctual wishes, and such a group is composed of different versions or different editions of attempts to resolve the intrapsychic conflict over these wishes. Each version corresponds to a different 'psychic moment' in the history of the individual's development. It expresses the forces at play at a particular time in the person's life when the ego integrated the demands of the instinctual wishes in keeping with its growing adaptive and defensive responsibilities. To continue with a static analogy, we may conceive of the interrelationship between unconscious fantasies in terms of a series of superimposed photographic transparencies in which at different times and under different psychic conditions one or more of these organized images may be projected and brought into focus (3, p. 377).

A few years later it occurred to me that the interaction between fantasy thinking and reality could be expressed illustra-

² The expression 'hierarchy of fantasies' is meant to convey the idea that instinctual derivations operate throughout life in the form of fantasies, usually unconscious. The organization of these fantasies takes shape early in life and persists in this form with only minor variations throughout life. To borrow an analogy from literature, one could say the plot line of the fantasy remains the same although the characters and the situation may vary.

tively through the use of a visual model. I compared this aspect of the operation of the mind to the effect that could be obtained if two motion picture projectors were to flash a continuous series of images simultaneously but from opposite sides onto a translucent screen. Here I have altered the analogy in order to carry it further. There are two centers of perceptual input, introspection and exterospection, supplying data from the inner eye and data from the outer eye. It is the function of a third agency of the ego, however, to integrate, correlate, judge, and discard the competing data of perceptual experience. All of these factors influence the final judgment as to what is real and what is unreal. In addition I have tried to make room in my conceptualization for the infinite complexity of the relationship between the outer world of perception and the inner world of thought.

The predominant role of vision in the totality of human perception can hardly be overstressed. Supposedly eighty percent of learning is affected through vision. There is a vast literature of psychological studies of visual perception. In those areas which are of particular interest to psychoanalysts, namely, the development and alteration of mental functions under the impact of intrapsychic conflict, the study of visual experience has always been considered to be of special importance. Many, perhaps most, of the models of the psychic apparatus which Freud devised to illustrate his concepts of the functioning of the mind were either visually representable or based on analogies either to optical instruments or to contraptions which could somehow record experience in visual form. In most of these models he discussed perception in terms that were primarily, if not exclusively, applicable to visual perception, although it is always clear that he had no intention of treating the two as if they were identical. It is possible that this resulted from the fact that his earlier models were devised to integrate the data derived mostly from the study of the psychology of dreams and of the neuroses. In the case of the former, he was concerned with the problem of why the sleep-time hallucina-

tions which we call dreams are almost exclusively visual in nature. In the case of the neuroses, he was impressed by the etiological significance of memories and fantasies and of the vivid visual form in which they are recalled. According to Freud, the closer a thought or fantasy is to the pleasure-dominated unconscious instinctual tendencies, the greater the possibility that it will be represented mentally in a visual form (15).

The element of visual representability of fantasy thinking has an important bearing on psychoanalytic technique. In his 1966 Nunberg lecture (27), and in a number of as yet unpublished works which I have been privileged to read, Lewin refers to the pictorial nature of the individual's store of memories. In connection with the patient's response to a construction he says: 'It is as if the analysand was trying to match the construction with a picture of his own'. Each analyst has a different capacity for visual memory or fantasy representation. But following Lewin, I think it is correct to say that some form of visual thinking occurs in the analyst's mind as he thinks along with his patient's free associations. The joint search by patient and analyst for the picture of the patient's past is a reciprocal process. In a sense, we dream along with our patients, supplying at first data from our own store of images in order to objectify the patient's memory into some sort of picture. We then furnish this picture to the analysand who responds with further memories, associations, and fantasies; that is, we stimulate him to respond with a picture of his own. In this way the analyst's reconstruction comes to be composed more and more out of the materials presented by the patient until we finally get a picture that is trustworthy and in all essentials complete.

The successfully analyzed patient stands in contrast to the hero of Antonioni's poetic motion picture, *Blow Up*. The photographer hero has witnessed and recorded a traumatic event, a sadistic conceptualization of the primal scene. His life has been altered thereby but out of the vast storehouse of his (memory) pictures he can no longer retrieve the one that contains the record of the trauma. Not being able to produce the

photograph is the analogue of being unable to recall the traumatic event. Thus the hero in *Blow Up* becomes a kind of twentieth century Everyman traumatized in childhood. He has lost his connection with his past and has, in his hand, only the fragment of the experience, a fragment out of context, enlarged to the point of unreality. Is it memory or fantasy? Without confirmatory evidence he begins to doubt his own reality. Only through psychoanalysis can the picture be restored and the individual be reintegrated with his past. In this way he comes to appreciate the connection between fantasy, memory, and reality.

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Use of the Repetition Compulsion by the Ego

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USE OF THE REPETITION COMPULSION BY THE EGO

BY MILTON MALEV, M.D. (NEW YORK)

I

Psychoanalysts have been extraordinarily interested in the concept of the repetition compulsion, the insistent tendency to repeat and relive painful and unwanted situations in childhood. This tendency is, of course, regularly and readily evident in the transference, and with this manifestation of the repetition compulsion Freud introduced the subject in *Beyond the Pleasure Principle* (6). In the transference, he says, they 'revive [these painful situations] with the greatest ingenuity . . . they contrive once more to feel themselves scorned, to oblige the physician to speak severely to them and treat them coldly. . . . None of these things can have produced pleasure in the past, . . . but no lesson has been learnt from the old experience of these activities having led instead only to unpleasure. In spite of that, they are repeated, under pressure of a compulsion' (p. 21). However, even more impressive than these sharp, circumscribed, transference-bound thrusts of unpleasure-repetition are the cases in which the same contriving of specifically tailored pain, misfortune, and defeat, based on a childhood model, seem to dominate in broad, repetitive sweeps the entire course of a person's life: what we are accustomed to call the 'fate neurosis'. 'The impression they give', says Freud, 'is of being pursued by a malignant fate or possessed by some "daemonic" power . . . people all of whose human relationships have the same outcome: such as the benefactor who is abandoned in anger after a time by each of his *protégés*; . . . the man whose friendships all end in betrayal by his friend; . . . the lover each of whose love affairs with a woman passes through the same phases and reaches the same conclusion. . . . If we take into account observations such as these, based upon behaviour in the

transference and upon the life-histories of men and women, we shall find courage to assume that there really does exist in the mind a compulsion to repeat which overrides the pleasure principle' (pp. 21, 22).

It is this last assumption that has aroused the interest and frequently the opposition of analysts: that the exercise of this compulsion seems to serve no economic or dynamic end; that it does indeed seem to treat as irrelevant the seeking for gratification, whether in the purified form, the immediate peremptory attainment of gratification in disregard of reality and reality testing, or in its secondary form, the reality-oriented modification or postponement of wish, pending appropriate circumstances. It seems to serve the ends and purposes of neither id nor ego. This opposition is best stated by Kubie (9). 'This concept', he says, 'presents a more revolutionary challenge to accepted psychoanalytic premises than any which Freud, or even any dissenter, has heretofore formulated. Implicitly, by denying to the pleasure principle a central and determining position in the dynamics of human behaviour, it strikes at the very foundations of the libido theory and of our basic conceptions of the dynamics of the neuroses' (p. 390).

First, let us present the relevant details of one instance of the 'fate neurosis'.

CASE I

A thirty-three-year-old dentist came to analysis because of intolerable trouble with his second wife. He was the oldest child of a well-to-do family. When he was four, and again when he was six, new brothers arrived, and he felt neglected and abandoned by his mother in a noisy house filled with 'squalling infants'. In subsequent quarrels with his siblings when they misappropriated his toys or invaded his room, he was compelled always to yield his possessions 'because you are bigger'. He developed the habit of wandering off in resentment and was always retrieved, scolded, and fussed over. At fifteen he ran off to

a neighboring city with a high school sweetheart, the daughter of friends of the family, with the idea that somehow the two would be able to make their way. In a few days it became clear that their hope was unrealistic; they permitted themselves to be found, they were brought home, and he was forbidden contact with her and sent away to boarding school. He married while still in dental school, 'because I wanted a home and children', and had two children in rapid succession. There were immediate difficulties with crowded quarters, the presence of the children, his wife's absorption with them 'in disregard of my comfort', and the heavy expenses of the family. He became increasingly absorbed in his work, and his wife increasingly discontent. After a quarrelsome five years he walked out, and ('unexpectedly', he says) there followed a demand for divorce by his wife. After a period of anxiety and depression, he agreed to the divorce. His wife has now remarried, and he pays support for the children with great resentment and has not visited the children at all. 'They're out', he says, 'Let them stay out'.

After a year, he fell in love with a young married woman, the mother of two children. He persuaded her to divorce her husband and marry him, bringing her children. Four years later he came for analysis. There was now an additional child of two and a half, and his wife was five months pregnant. He had not wished the first child but yielded to his wife's insistence. The second was an accident and he was outraged. He believed it may have been conscious deception on her part—'she keeps piling new babies into the house against my wishes'. He resented bitterly the children's noise and ubiquitousness and his wife's preoccupation with them. He said she did not control them sufficiently: they have the run of the whole apartment, the walls are smeared, the furniture marred and scratched, and his books and records misplaced. 'I cannot live in my own house, she has handed it over with the contents—my furniture and my possessions—for them to play with and destroy. My complaints are retorted to with the statement that these are children and that's how children are. She reduces or

ignores my efforts to establish my status in the house, and undermines my authority with the children. The house is unlivable and I spend as much time as I can at the office. The only apparent solution is to walk out, or threaten to, and then perhaps she'll come to her senses.'

A number of authors have sought to understand such phenomena. I will review, in briefest form, the opinions of the best known among them. Freud (6) ascribes such behavior to '*an urge inherent in organic life to restore an earlier state of things which the living entity has been obliged to abandon under the pressure of external disturbing forces. . . . We may have come upon the track of a universal attribute of instincts and perhaps of organic life in general. . . . it is possible to specify this final goal of all organic striving. . . . we shall be compelled to say that "the aim of all life is death [because] inanimate things existed before living ones"*' (pp. 36, 38). Thus, in Freud's view, the repetition, because it applies to pleasurable and unpleasurable alike, is evidence for the death instinct and an instrument of it. Plainly this places it anterior to, and more basic than, the pleasure principle. However Freud himself recognized that this tendency may, additionally at least, serve other ends and he has listed them: it may, by converting passively experienced traumas into actively produced ones, lessen anxiety; it may, as in repeated traumatic dreams, serve to master the trauma by fractional discharges; it may be used by the ego as resistance to maintain repression. Nevertheless, he says, 'enough is left unexplained to justify the hypothesis of a compulsion to repeat—something that seems more primitive, more elementary, more instinctual than the pleasure principle which it overrides' (p. 23).

These views seldom encountered full acceptance. In 1937 French (3) stated: 'Freud has in fact laid particular emphasis upon just those extreme examples in which the repetition compulsion is in complete defiance of both pleasure and reality principles. . . . It would be a mistake, however, to think of the

repetition compulsion only in terms of its most extreme and dramatic manifestations' (p. 25). It permits learning by experience; it is a repeated effort to avoid 'painful mental contents that are pressing for recognition [in instinctual gratification and to] substitute more pleasurable contents' (p. 26). The repetition compulsion, French later stated, has another function, to test reality: 'When confronted with a new experience . . . if we are to learn to adjust to reality, we must first reactivate the old patterns and then attempt to correct them by comparing the new situation with the old one. This again is the process of reality testing' (4, p. 69).

Kubie (9), denying the existence of psychic forces wholly outside the pleasure principle, conceives of this reliving as a 'seeking to find a solution which will undo the past injury'. Hendrick (8) explains this phenomenon by positing an 'instinct to master' with repetition as a latent property of this instinct, a property which is made manifest where the ego has not adequately performed an instinctual compulsion, either because of inadequate development of maturity or when it is frustrated from without or within. Such a situation results in tension and repetition. Bibring (1), recognizing the two-sided nature of the phenomenon—its blind character and its potential use by the ego to abolish the trauma which gave rise to it and thereby to abolish the repetition—, has given names to the two aspects, respectively the 'repetitive' and 'restitutional' functions of the compulsion, and advances a theoretical formulation of how this restitution is achieved, a formulation that seems to be illustrated, as will be shown, in the first case presented. Hartmann (7) regards the repetition compulsion as one of the regulatory principles and one which overrides the pleasure principle in its origin but which 'can be used and tamed by the ego'. Schur's 1960 paper (13) views the repetition compulsion as a primitive 'instinctive behavior pattern' which becomes manifest when the executive apparatus remain in or regress to passivity in relation to instinctual drives or affects. This is phylogenetically and ontogenetically older than learned behavior, and finds its phylogenetic model in ethology. In its aim and

function, it is 'restitutive' and it attempts to restore activity.¹ Lipin (*11*), like Freud, finds that the repetition is an instinctual drive representative and that it results from deficiencies in experiences or traumatic experiences which have disrupted the orderly development of the phasic maturation of psychic structure.

What is to be noted about these investigators is that while they differ among themselves as to the origin of the urge to repeat unpleasure they all recognize that, whether or not originally it is intended to serve economic or dynamic ends, it can be seized upon by the ego and employed for such ends and, when successful, can help to abolish the repetition. It is the purpose of this paper to present instances of such employment of this compulsion by the ego. The ends the ego attempts to serve in these cases are, in the case already cited, resolution of œdipal anxiety, and in the other two, resolution of guilt.

To return now to the patient described. From the beginning, besides the theme of the distressing and ignominious circumstances in which he had to live, there appeared a parallel theme, one which might have been expected from the episode at age fifteen in which he contrived the acting out of an inevitable œdipal defeat. He began to reveal a fear and conviction of wide and deep inadequacy in himself—the product unmistakably of castration fears—which made clear the projective nature of his feelings that his wife did not respect him. He believed his penis to be too small and suspected his wife's protestations that she was experiencing satisfaction. He interpreted every sign of coolness or refusal on her part, often the product of his own hesitant and tentative approach, as evidence of her discontent with him in sexual relations. A striking example occurred when, at the height of orgasmic climax, he took trouble to notice that her eyes were closed; this to him was evidence

¹ Schur has since published a monograph (*The Id and the Regulatory Principles of Mental Functioning*. New York: International Universities Press, Inc. 1966) which deals definitively with the repetition compulsion, and his conclusions seem to lend support to some of the concepts in this paper.

that she was excluding him and that her climax was being produced in her fantasies by some bigger and more effective man, probably her first husband. Her carefulness about money and her sparing habits with her wardrobe were read as taunts at his inability to provide. When opportunities were offered for advancement to a more lucrative and responsible level in his work he hesitated and finally declined with the fear that his inadequacies would be exposed and his whole status threatened. The tendency to homosexual defense against the castration fears was quite manifest. One repeated fantasy, combining incestual gratification with homosexual defense, was of a trio—himself and an older man and woman. He would masturbate the older man to climax, thereby rendering him impotent, and he could then proceed to have relations with the woman. With his and his wife's parents, all in comfortable circumstances, he would encourage offers of financial assistance and then feel in paranoid fashion that these offers were designed to belittle him in his wife's eyes. In projected form this idea took the shape of fantasies that his wife's behavior was designed to show him up as inadequate so she could return to her wealthy father, just as his first wife, he found, had seized her liberty to find a second and wealthier husband. His wife had a special artistic talent which she utilized for a time to supplement the family income. He both resented this as a belittlement and welcomed it, but he had the fantasy that she would thereby naturally become available sexually to her employer.

Later, it became clear to him that what he had called her refusal to be controlled was actually his inability and fear of controlling her. It became the chief subject matter of the treatment to show the association between the content of the compulsion and the œdipal defeat—an association that had been made possible not only by similarity in content but by coincidence in time. It could be seen that 'control' of his wife meant control (possession) of his mother and that the advent of each sibling had been evidence of his failure in that regard.

It could be seen that his siblings had had their noxious effect not only as siblings but as children of the other and bigger man

and as evidence of his own smallness, and they had to be driven out. It was precisely this experience that he repeated in his second marriage; this marriage introduced into his home two new children fathered by the other and bigger man. It is as if he repeatedly set up the original situation in the unconscious hope, each time, that now at last he would be able to dispose of them—that now it would turn out right. Such success was, however, plainly out of the question because the same anxiety-laden sanctions as had operated against success in the original situation operated for failure in the substitutive associated ideas, in their repeated form, in his marriages. Before the repetition could be abolished, this situation, for which it was a substitute and to which it was linked, had to be resolved.

As the analysis progressed and his confidence in bedroom, office, and clinic grew, he took active steps to reverse and abolish the repetition compulsion that had brought him to treatment. He became assertive and strict with regard to the children and adjured his wife to enforce his rules. When once the children overstayed their visit to their father, he grasped the opportunity he had been waiting for always—he forbade their return. 'Let their father take care of them—my wife has been using me to spare him long enough. Now she and he both will know who is in charge and your disapproval carries no weight with me.' Thus he could control and dismiss his siblings through control of his mother and triumph over the bigger men, the first husband and, presumably, me. It became plain that it was this combination that led to repetitive efforts to reverse the sibling humiliation because, by displacement, that humiliation carried the meaning of œdipal defeat and castration. He had chosen to fight his œdipal battle on the equally distressing but less dangerous field of sibling rivalry. His progress in the one manifested itself in successful carrying through of the other.

I have gone into some detail in this case because it illustrates what is a recognized vicissitude of impulse: an impulse can become displaced onto, and then bound to, traumatic situations

in childhood; thereafter that trauma carries the banner, in the repetition, of the impulse to which it is bound; the repetition cannot be abolished until the impulse itself is freed. Freud (5) speaks of the repetition compulsion as 'the manifestation of very early linkages—linkages which it is hard to resolve—between [on the one hand] instincts and [on the other] impressions and the objects involved in those impressions. . . . [It] is only a different term . . . for what in psycho-analysis we are accustomed to call a "fixation"' (p. 272).

Bibring (1) states, 'Fixation is the established link between instinctual drive and certain impressions. The tendency of the instinctual drive to create such links, and consequently to repeat an experience, is called the repetition compulsion . . . once the tension is established it tends to repetition until the ego sets in to eliminate it. Under certain conditions, however, any correction by the ego of the fixed painful experiences is defied. This condition is repression. A case may be imagined in which a fixation of a painful impression is brought about in childhood . . . without any repression. We may assume that in this case the ego . . . would discontinue the fixation and re-establish the "normal" condition of the instinct. [Where repression does exist] this [discontinuance] happens also in psychoanalytic treatment' (pp. 504-505).

One more brief example of this 'linkage' may help to make the concept clearer.

CASE II

A clinic patient, a former Navy gunner, had spent twenty-eight hours without replacement defending his ship against waves of Japanese suicide planes. In mounting terror and exhaustion he finally fainted and was removed. He was now, eight years later, reliving this experience in all its horror each night in his dreams. A pre-existing and continuing paranoia, which had appeared at the start of his Navy life, made it seem probable that these Kamikaze assaults had for him the meaning of a homosexual attack to which he had, by fainting, finally suc-

cumbed. It may be that it was the reversal of this homosexual defeat that he sought vainly to achieve in his repetitive dream. His homosexual libido had converted a fainting into a rape; he could not permit himself to complete the dream for fear that the wished-for rape would recur—and he could not give up trying because he could not abide the previous outcome. It is likely that the relief from nightly terror that this man seeks will be unavailable to him until the linkage is dissolved between his conscious fear and its unconscious meaning. The repetition compulsion in this view is 'unfinished business' which must be brought to a successful outcome; but the business which is unfinished is not the manifest content but the latent instinctual blockage it represents. Such success is, however, ordinarily unattainable, and the repetition therefore lifelong, because the same forces that operate to ward off the unconscious impulse operate equally against its representative, the trauma.

The thesis of this paper may now be stated. It is that these severe, prolonged, apparently blind repetitions of trauma have a use and a function. They are used as substitute for and allusion to a significant aspect of underlying conflict. This allusion, repeated in dream or course of life, is made available by mechanisms that can be understood and, in analysis, can provide a guiding thread to their origins in the conflict. Those substitutions are preferred and can be tolerated, troublesome and disruptive as they are, because, like substitutive allusions in dreams, they have been passed by the ego censor as being sufficiently disguised. The circumstances that offer them are not as random or fortuitous as their counterpart in dreams, which is the day residue. The substituted repetitive content was, in the first case cited, the trauma to which the impulse was fixated in early childhood; in the second case, the sailor, it was a trauma which overthrew the uneasy balance between his homosexual impulse and his controlling id forces, making its victim frighteningly aware that his control was not impregnable. In both instances what seemed to have to be undone was the

trauma; what actually had to be undone was the continuing libidinal conflict behind it.

By contrast, where conflict is not substantially caught up and involved in current, continuing trauma, the course of the compulsion to repetition is much more benign. These are the traumatic neuroses proper. Fenichel (2) wrote: 'A person who has suffered an external trauma, let us say a motor accident, with his instincts relatively little involved, will have dreams about the accident for some time, will be unable to ride in a car, will begin to tremble at the sight of one, and so on, until the discharge [or the binding, one may add] of the quantities of excitation has been achieved. . . . But if the trauma is of such kind that it has caused the ego to make the judgment "sexual excitation" . . . mastery of the excitation can never be subsequently obtained. It is evident that mixed neuroses of this kind must, from the standpoint of therapy, be counted among the psychoneuroses, and not among the traumatic neuroses. If we contented ourselves, as in the case of the latter, with waiting for a spontaneous recovery, we would wait in vain.'

The content of the repetition may appear at times to be not a substitute for impulse but direct seeking for discharge of naked impulse. Yet even here substitution may play a part. For example one man's most pronounced screen memory is of sitting, ostensibly at age four, at his mother's feet stroking her calf, while his father glowers over the edge of his newspaper. Now, in his infrequent, anxious sexual contacts with 'nice' girls, and even with his wife, he repeatedly pictures me, or another man, lurking menacingly outside his bedroom and marring his performance. He seems dedicated tirelessly to defiant efforts to dissolve the prohibition backed by the implied threat in the memory. Yet even in this case the evidence strongly suggests that these repetitions of the childhood trauma, in apparently earnest effort to reverse it, are a maneuver toward another end—to make allowable and acceptable the real wish behind it: the wish to continue his passive dependent feminine identification; to placate me by failure; and to retain me as his omnip-

otent benevolent protector against poverty, danger, misfortune, and all other ills. With me on his side, he says, he truly will 'fear no evil' for I am 'with him' and this position he is determined not to surrender. His ego has joined the active repetition to the underlying passive wish and employs it as justification and front. Like the sailor, he cannot win; he cannot succeed in the repetition because he will lose me, and he cannot forego the repetition because he is then my dependent wife and has renounced the defiant struggle to balance that unacceptable wish for his superego.

II

In the cases cited the ego has used the repetitions to obviate by substitution one great source of psychic anxiety, the castration fear. It uses it equally to abrogate guilt. In the two cases to be cited the sweeping compulsive repetition of unpleasure equally dominates the patients' lives and the ego strives to reverse the specific outcome of a specific traumatic experience, as in the use of the dentist and of the sailor. But in the following cases, another, more specific maneuver is used to abrogate guilt: the identity of the guilty person is changed. Here the repetition is used to establish that 'It is not I that am bad, but you', or rather 'I must be right and not guilty, because you are wrong and you are guilty'.

In these two patients there is a continuing sense of guilt and the battle is, as in the other patients, displaced to different but related fields. It is in these new fields that the repetitive effort takes place to reverse the guilty verdict. In both cases the secondary field was chosen because in it *real* injustice was really done to these patients. They really were right and their mothers wrong and both patients set about to remove their guilt over the original misdeeds by winning a belated acquittal in the secondary fields. This acquittal would have to take the form of an acknowledgment by the mother to the child, 'you were good and I was bad, you were right and I was wrong'.

CASE III

A forty-two-year-old exceptionally successful lawyer came to analysis because of work difficulties and bouts of depression. Every new undertaking occasioned a sense of being greatly burdened by a monumental task that could not possibly be achieved. With the unstarted task weighing upon him he would waste day after unhappy day, unable to begin. At the last possible moment, usually by laboring day and night, he would achieve collection of the necessary data and produce the necessary brief which, while usually more than adequate, would give him no satisfaction; it was not complete, he felt, not polished, not satisfactory in the eyes of his partners or of the judges. And the next task would begin immediately to impend.

He was one of two children with a sister two-and-a-half years younger, the child of a bitter, disappointed, silent man who resented the fact that lack of education had precluded advancement. His mother, a school teacher, shared this disappointment and tried vainly to get her husband to make up this deficiency in night school. She had greater ambitions for her son's person and schooling, and the patient's memory is that he eagerly made every effort to achieve what was required, always feeling uncertain of success because what was demanded was perfection. He was required to be clean, punctual, and orderly, and above all, to produce a stool daily. He approached production of a stool with the same sense of doom as now pervades his work: that he could not, that he did not have it, that failure would be catastrophic. He cannot recall a day when he did not say, for one reason or another, 'I'm sorry, mother'.

In spite of his difficulties his professional advancement was steady and gratifying, but it was this success, this fulfilment of his mother's ambitions for him contrasted with his father's failure, that was the source of his guilt. He would now have to prove that it was not his wish, but hers. But this area of guilt was avoided by him; he spoke rather about his struggles over bowel training, about which he felt truly innocent.

His first wife was a moderately well-known actress who de-

manded little and gave little. She was frequently away on tour and he missed her only faintly. But it was concerning these absences that he first noted his tendency to scold, criticize, and sulk, a tendency he could not control and she would not tolerate; she would not even answer him. After five years she coolly left and they were divorced.

He married again two years later and though the character of this wife was totally different—she was young, virginal, originally deferential, and eager to please—the same pattern repeated itself. He found that she could do nothing right, that her housekeeping was sloppy, that she dressed badly, that her sexual response was unsatisfactory. Her reaction to these scoldings progressed from tears and bewilderment, through resentment, to a sense of outrage, and she finally demanded separation. He refused in the hope that she would 'see the light—that it was her fault' and persisted for several years longer. After nine years and two children the marriage was dissolved. It was in the midst of the divorce negotiations that he came to analysis. After an initial period of rage at her settlement demands ('she acts as if she were the good one and I the bad one') he settled down to the old pattern with me. He said little in the sessions—a bare recital of bare events—and would then demand that I give interpretations and produce the cure. He taunted me that my silences were signs of ignorance at best and perhaps of inattention and indifference. He complained of the 'low yield' and demanded that at least once in a while I produce a 'solid nugget' that he could take away with him. He refused to give me 'dreams to mess around with'. He then set out to prove that my whole rigid unyielding method was wrong, that what I wanted from him no one could give, 'daily hot material'; he would force me to admit it, and I would have to apologize. One evening he sent me by messenger a book exposing the fallacies of psychoanalysis, with an accompanying note that I must be prepared to disprove them at the next session or he would not continue.

He was irked that I seemed unshaken by his criticisms and

that I dealt with their origin rather than their content. He vowed he would make me say I was sorry, but he could not quit until he was sure he was right. He acquired a girl friend who served these unconscious ends admirably. She was given to pathological jealousy, and with her he set out to prove, which was not difficult, his innocence and the injustice of her accusations. Her charges continued and he reveled in the sureness of his rectitude. Once, after she had made an egregiously unjust charge, she acknowledged her error and apologized. The next day he terminated the treatment. He had won his acquittal in the field in which he had sought it, but the link to the true underlying guilt remained unanalyzed and therefore unaffected. And so, as might have been expected, after a period he returned. He could not be sure that he was right: 'I know she is wrong, but I feel unreasonably that I'm wrong. I do notice attractive women and I feel guilty over my disloyalty. If I could be sure I'm clean and make her see it I could quit her and be happy. Until that time I'll keep noticing that she's too old and a bad housekeeper and that her hair is unbecoming and I'll keep telling her so, but I can't quit her or you because I have nowhere else to go. I'm going to keep hanging in there with you and with her, doing what's required. Some day you will admit that you are exploitative and she will admit that she is unjust.'

In the eight months of meager and abortive analysis, and the ensuing four months of therapy once a week, it was clear that he felt guilty about his partially successful efforts to outstrip his father in the ways that mattered to his mother most; that there was a reactive hypertrophy of the negative side of his ambivalence toward her, and that this hostility created fear of loss of love and an easy regression to a defensive anality which was then used both to gratify and to frustrate her. It is indeed a fact that the unremitting demand for a daily stool was really unjust, rigid, and impossible of attainment and on this injustice he took his stand with me. His life has been dedicated to repetitive fruitless efforts to win denial of his guilt from his super-

ego, a guilt that led him to blame his wives, his girl friend, and me. The mechanism that would bring him relief was to win from me the admission that I was a bad analyst, not he a bad patient; and this would carry for him the meaning that his mother was bad, not he, that it was not he who had wanted her, but she who had seduced him.

CASE IV

A woman of fifty-three came to treatment because of social uneasiness, a tendency to overeat and drink, and depressive spells. It turned out that I was her fifth analyst and that she had been in treatment for most of the past twenty years.

She was brought up in wealthy surroundings with a father who was an ineffectual alcoholic and a mother who was just the opposite, a brisk, no-nonsense woman, sure, opinionated, ascetic, knowing with certainty right from wrong, proper from improper, safe from unsafe. She had sure remedies for all ailments and scorned physicians except in surgical emergencies. Well into adulthood, the patient considered her mother to be perfect. A younger sister was born when the patient was three, and at that same period the patient had a series of painful mastoid operations requiring repeated hospitalizations. These were handled by the mother in her efficient, no-nonsense way. Tears and fright were forbidden as useless and disturbing. The patient felt unworthy because she could not control demonstrations of either. The enormity and injustice of this prohibition, and her failure to conform to it, coming in the setting in which it did, was the trauma that formed the content of her repetition, in transference and in life. In a screen memory, obviously distorted, she was being placed in an ambulance while her sister, holding her mother's hand, watched her leave.

By contrast to her sister, who was bright, active, talented, and pretty, the patient was slow, heavy, untalented, and unhappy, and her fumbling unconfident efforts toward approval went awry or unrecognized. Her childhood was marked by envy and hatred of her sister and guilt for these feelings made

her despair of ever being able to please her mother. Like the lawyer patient, she recalls that the most frequent form of address to her mother was apology, rejected by the mother unless accompanied by tears and 'groveling'. She did badly at school and did not complete college. She too married an ineffectual alcoholic and upon him she projected her own idleness and lack of confidence.

Her first analyst (when the patient was thirty-two) was a cheerful, chatty, friendly woman with whom she was on a first-name basis. She enjoyed the chats and finally left after three years because nothing was achieved—she felt good in the sessions and miserable everywhere else. The next two analysts were both nationally recognized men and with each of them, for two-and-a-half years and four years, respectively, she attended regularly and talked dutifully, but she claims not to remember the content of one sentence, good or bad, that either spoke. 'I continued patiently and doggedly because they were the greatest analysts in America and they could not be wrong. Writings with their names on them are on the shelf behind you but for me they did nothing.' These two treatments ended differently: she left the first sadly and with a sense of defeat ('I am wrong and unworthy to have so great a man to bother with me'); the second she left puzzled and baffled ('Even if he is distinguished and renowned, and even if I am stupid, he still owes me something'). This progression toward the reversal of guilt from 'I am wrong' to 'my mother is wrong' continued for four years with her fourth analyst. As she tells it, it seems that she began with him that criticism of office, personality, method, and interpretation that later flowered in her sessions with me. She improved in spirits and in self-esteem, and when she had to move away she chose to continue treatment; she had not yet won.

Now with me, almost immediately, the storm broke. Her sessions were characterized by tears, tantrums, and prolonged, reproachful reports of painful or annoying physical symptoms. She repeatedly told me that I was wrong and did not under-

stand, challenged every interpretation and altered, even if only by a change of wording, all that I said. ('It was wrong the way you put it. This way it seems right.') At the same time, she was much afraid that what she was saying might indeed be true, that I might indeed be incompetent, and then who would help her or care for her and what would become of her? This fear hampered her in her effort to rid herself of guilt by making me guilty. In other facets of her life, however, she used this mode of behavior incessantly, with tradespeople, her husband, her children, and her friends. Everywhere the formula was the same. 'I do right and they do wrong', and she wanted them to apologize abjectly and to grovel.

Here the real guilt appears to have been due to her inability to control her aggression against her new sister, whereas what she said made her guilty was the unjust and impossible demand, made during the years when her sister was young, for stoicism in the face of painful and terrifying hospitalizations. One day she said, 'What I want is to have you say in plain words that I am good and not bad even if I say and show everything I feel, and that you are interested in having me come; and I want once to see for sure that when I disagree with you, you also could be wrong. You and my mother are always so God-damned righteous.'

In 1954 Kubie and Israel (10) reported, under the title, *Say You're Sorry*, the case of a five-year-old child who had undergone sudden deep catatonic regression after a spanking by her father. It turned out in subsequent therapy that she had tended to regard herself as worthless and guilty because of castration feelings and certain anal erotic tendencies. On the occasion of her sudden illness and hospitalization, when she was wheeled into the examining room, though several days before she had been active and normally playful, she now sat in the middle of her crib rigid, touching nothing, saying nothing, and unresponsive to voice or touch. Following up a hint given him by a nurse who had overheard the child mumbling to herself, 'Say you're

sorry', Dr. Kubie approached the crib and said solemnly, 'I am sorry, I am very, very sorry'. The child thereupon turned to another doctor and said clearly, 'Say you're sorry', which he did, and then she asked the same of everyone present. She then asked everyone his name, and when asked her own name gave it with a smile. 'One week later', the report continues, 'the child was again shown in conference. This time she came running into the room, climbed up on the examiner's knee, and talked to him freely'. After a year of therapy, the report says, 'When furious at a mistake she had made she still would say, "It's all your fault", and then would quickly add, "Say you're sorry".'

The mechanism here appears to be identical and to contain in brief all the same elements as in the last two patients cited. This child, precariously poised to begin with, was subjected to a real injustice, the spanking. ('Her father had come home more tired than ordinarily, and in a sudden explosion of anger had spanked the child.') The spanking may have brought an immediate sense of exposure and punishment for 'badness'; it was more than she could bear. But the unreasonableness of the spanking enabled her to use it unconsciously to prove that her father—and, later in her life, others—was guilty and not she. With her substitutive figures she could demand to hear 'I'm sorry' as the lawyer and the lady could with me, and, with the same unconscious objective, the lifting of other guilt.

SUMMARY

Four cases (one analyzed) are adduced in support and illustration of the theory, previously proposed by several authors, that the repetition compulsion, although it seemingly may be operating in disregard of the pleasure principle, can be employed by the ego for its own dynamic and economic ends, *within* the pleasure principle. Conflict is displaced to an associated and more 'tolerable' idea, which then becomes the content of the repetition. The substituted idea is chosen in various ways. In one case, where there was œdipal failure in consequence of

anxiety, there was fixation of impulse upon a trauma; in a second, where there was guilt in consequence of œdipal success, there was regression to anality; in a third, where there was guilt over sibling aggression, guilt was displaced to loss of approval on other grounds, during the childhood of a hated sister. It is suggested that the displaced, repetitive pattern can be abolished only by abolition of the original conflict; by abolition, that is, of its latent rather than its manifest content.

Hartmann (7) has stated that 'under certain conditions the ego can put the repetition compulsion to its own use'. This paper illustrates some of these 'certain conditions' as well as some of the ego's motivations and modes of operation.

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Bisexuality and Body as Phallus

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BISEXUALITY AND BODY AS PHALLUS

BY DANIEL B. SCHUSTER, M.D. (ROCHESTER, N. Y.)

In *The Body as Phallus* (4), Lewin elaborated on two equations: body equals phallus, and mouth equals urethra. He described a variety of ways in which the whole body may symbolize the penis, in dreams, symptoms, and bodily sensations, among others. He gave examples also of how in such instances the mouth symbolizes the urethra, and referred to Abraham's explanation that through incorporation a fantasy of biting off the penis of another results in the person becoming the penis—it becomes one with the eater. Lewin used this point to elaborate the passive feminine aspects of such an identification, stating that the sexual aim of a person who has in fantasy eaten the penis and therefore has become the penis is to *be* eaten. In place of active penetration, the individual is swallowed. The fear of being eaten by father represents the oral regressive expression of the castration fear and also gratification of a passive homosexual wish. In summary, he stated three propositions:

1. The fantasy [of the body being the penis] is a passive counterpart of the fantasy of eating the penis and represents an identification of the body with the penis.

2. The dominant sexual aim of the organization represented by the fantasy is to be eaten up, and this idea is an equivalent of the castration fantasy.

3. Other subordinate aims are analogous to fore-pleasure. These are urethral, anal, muscular, cutaneous, phallic, etc.

Elsewhere in his paper, Lewin mentions that the penis referred to in such fantasies is not one's own but a parent's phallus, usually that of the father.

More recently other authors have commented on this topic. Keiser (3) described the phenomenon of orality displaced to

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the urethra. Sandler (6) described a patient whose fear of erection was symptomatically resolved through the fantasy that his body posture when lying in bed assumed the role of the erect penis; bisexuality and the phallic mother played important parts in his problem. Conrad (2) has examined the body-phallus equation in obesity. Bunker (1) discussed the etymology of the word 'body' and found an equivalence with penis in some of the early Gaelic roots and concluded that there is 'the possibility that the unique word *body* contains within itself a reference to the penis'.

The analysis of a young physicist illustrates some of Lewin's concepts. When he started treatment he was twenty-nine years old, married, and the father of two children. He complained of depression and anxiety going back several years to his senior year in college. There had been a sharp outbreak of anxiety with phobic tendencies about a year before he started analysis, when he had been chosen to work on a special project. At this time it had been necessary for him to stay away from work for several weeks. An important aspect of his clinical state was that the fluctuating depression and anxiety interfered with creative thought: he felt that he was operating at only ten per cent of his potential at such times and this was distressing to a talented man who took pride in his capacity for abstract thinking. He regarded his sexual adjustments as 'extremely good' and initially denied any sexual symptoms.

During his first session he expressed anxiety about the analytic situation: he was afraid of revealing himself, of opening Pandora's box. This fear culminated in a fantasy that occurred after the first week of analysis. He thought about 'opening up' to me, being cured and being grateful to me. Then he thought of getting well to please me, but disliked this thought and gradually became more anxious about the process of 'opening up'. Suddenly a thought of sexual intercourse flashed through his mind: he had an image of a woman's legs apart as though ready for intercourse. Somehow this image was connected with

the idea of lying on the couch. His anxiety increased markedly during this fantasy.

The patient's pre-adolescence and early adolescence had been marked by considerable homosexual activity with boys his age or a year or two older. During adolescence he was strongly attracted to girls but was inhibited toward them. Late in college he became seriously interested in the girl he eventually married. He had sexual relations with her and at one point thought he had impregnated her. This led to an upsurge of anxiety and depression. Later during a prolonged separation from his fiancée and after sexual activity with prostitutes, he became phobically concerned about venereal disease and had a burning sensation in his penis.

His father had been alcoholic and some things about him vaguely suggested homosexuality to the patient. He had always felt physically and sexually inferior to his father. The patient's interests tended to be intellectual; his father's were physical—athletics, fishing, and hunting. The mother was a dominant and emotional woman to whom the patient had been closely attached. He felt he should help her and defend her against his father in their many conflicts.

During a session in which he had been talking about his young daughter having gone to a birthday party and his asking her about it, he recalled that as a child he had felt restraint when he was asked by his parents what went on at birthday parties he attended. At this point he said that while he had been discussing this, the 'penis-biting fantasy' had popped into his mind. This was a fantasy that had come to mind during the previous few weeks and had first occurred when he was with one of his superiors, who later in the analysis became clearly identified with his father. In the fantasy he aggressively bit off the head of the penis of the other man and immediately expelled it from his mouth so that it would not touch his lips or the inside of his mouth. The fantasy recurred frequently throughout his analysis and became almost a trade-mark of certain of his conflicts.

In association to this appearance of the penis-biting fantasy, he said: 'In some vague way this thought represents punishment for sexual thoughts like the image of getting my genitals cut off in my table saw', and he wondered if it had to do with sexual thoughts for his daughter. He then said: 'Just a moment ago I experienced a feeling of spatial contraction—of being large in respect to the room. I'm getting larger. . . . I can remember experiencing this feeling as a child when in bed and drifting off, when I was seven, eight, or nine.' He went on to say that something about this reminded him 'of an erect penis—growing larger'. He referred to the feeling of 'restraint' he had mentioned when his parents inquired about the activities at birthday parties he attended as a child, and said he was aware occasionally in recent times of sexual thoughts and images similar to the one of biting a penis. He found this alarming because it implied a perverse side to his character. In the following hour he emphasized again the 'restraining process' he was exercising over his thoughts in recent weeks since the penis-biting image had appeared, so that perverse sexual thoughts would not emerge. He added that this was all alarming because it meant that for some reason he must doubt his own sexual feelings. He said that since about age ten he had felt sexually inferior to his father.

During the preceding two months, he had touched on a number of relevant phallic themes. On a plane flight with one of his superiors, a man with whom he was very competitive and felt at disadvantage as he had with his father, he experienced severe anxiety; he felt that his penis was smaller than that of the other man. There followed a number of references to snakes which have big white teeth and bite and terrify him. He had an image of a man who took a picture off a wall and beat himself on the head with it in a rhythmic way. He spoke of his young son who was a 'head-beater'. These two things made him think of sexual intercourse. A dream of a child's head which was severed from the body led to his associating to 'little head—my penis cut off'. The head was alive and vom-

ited; 'I held it while it vomited'. Further associations to the dream touched on his earlier concern that he had impregnated his fiancée. Two days after this dream, over the weekend, he cut his thumb in a power saw. His associations to this injury were the theme of decapitation, the previous dream of the child's head, fencing during which someone was sliced up, and a fantasy of having his genitals caught in the saw with which he had injured his thumb.

It should be recalled that the feeling that his body was growing larger occurred in conjunction with the penis-biting fantasy which, in turn, he connected 'in some vague way [with] punishment for sexual thoughts'. In time it became clear that a great deal was condensed in this comment and fantasy. Any incestuous impulse was quickly followed by an image or association that represented a homosexual assault by his father; his father was thrusting his penis aggressively into the patient's mouth. The thought that his father would punish him in this manner for any sexual interest in his mother became a familiar one and was linked to a dream he recalled from childhood when he was about seven in which his father assaulted him orally. The dream was a nightmare from which he awoke in terror.

It should be stressed that in the penis-biting fantasy the patient was disgusted by the biting and took care to expel the penis quickly and without its touching his lips or the inside of his mouth. It became apparent that this was a defense against his passive wishes and an attempt to avoid the pleasure of this act. It should also be noted that the biting off and expelling of the penis as a defense against homosexual attack is different from incorporating the penis. The concurrent phenomenon of his body becoming a penis suggests that the mouth may represent in this case not the urethra but the vagina—the *vagina dentata*, which became a prominent theme in subsequent months. This was associated with his mother's dominant and intense personality, and with the fantasy that there is a penis inside the female genitals.

This man became nauseated during the early stages of his

wife's pregnancy and had a number of gastrointestinal symptoms similar to her symptoms: an indication that he equated mouth and vagina and revealed his passive-feminine identification. On one occasion he imagined that snakes with big jaws had devoured him or had bitten him on the penis. This led him to think that there must be a connection between this and a woman's genitals. He mentioned the mouth of a snake, and the feeling during intercourse of wanting to be consumed, 'somehow swallowed up', but at the same time of being aware of the menace of teeth and poison fangs that lurked in the cavity, the mouth-vagina.

He had a horror of becoming nauseated for fear he would vomit. This was traced back to two surgical procedures at ages four and six. The first was repair of a hernia and minor surgery on his penis (the nature of which he was not certain); the second was another herniorrhaphy. He recalled the panic when the anesthesia mask was placed over his mouth; his rage, his feeling that he had been betrayed by his father, and his subsequent plotting to push the doctor who had administered the anesthetic off the roof of the hospital. These surgical procedures were not only castration threats; primarily they were a homosexual assault by the brutal, violent father who was shoving his penis down the patient's throat. The patient was the passive-feminine recipient, as his mother had been; his mouth was her vagina. The pleasure experienced was successfully hidden by rage and the vengeful desire to retaliate through biting off the penis. Later in analysis it was evident that many encounters with men, particularly competitive men, were modeled on this relation with his father. For example, he became phobic about eating with a group of men: the sandwich he was eating became the assaulting penis that got stuck in his throat and caused panic, or the thought of a meeting with several superiors evoked an image of all these men attacking him and shoving their penises down his throat.

Many references to experience of the primal scene emphasized the commotion and violence that went on behind closed

doors and his consternation about what was going on. He thought of his father as a drunken brute who did violence to his mother. Although he tended to sympathize with her, he also was wary of her intensity and dangerous incorporative tendencies. His identifications tended to oscillate between father and mother in their sexual encounter; at times he was the attacker, at other times he was the attacked.

In an earlier paper (7), I pointed out the shifting identification with the two sexual partners (mother and father) that occurs in the child observing parental sexual activity and the resulting confusion as to who has the penis and who is the aggressor—who the violator and who the violated. I described a woman patient who resolved the problem of castration by identification with the aggressor. The patient described in the present paper attributed the penis to his mother and thus explained her dangerous tendencies.

Lewin stressed the oral aspect of the body-penis equation as a regressive and passive expression of castration, and in a later work, *The Psychoanalysis of Elation* (5), described the oral triad: the active wish to devour, the passive wish to be devoured, and the wish to sleep. The bodily sensations my patient experienced on the couch were similar to those he had had when he lay in bed, drifting off to sleep, as a child. His experience of panic when the anesthesia mask was placed over his mouth, the consequent rage which was displaced to his father and the doctor, and the connection between this panic and the horror of nausea and vomiting, also relate to the wish to sleep and conflicts over orality.¹

In the case presented there are other phallic and bisexual aspects that deserve consideration. My patient's phallic organization was strongly influenced by passive-feminine identification. Incestuous strivings for his mother characteristically evoked

¹ I am grateful to Dr. Bertram D. Lewin for pointing out in a personal communication the references in my clinical material to the concept of the oral triad.

homosexual themes of both passive and active nature. The concurrent bodily sensation reminiscent of penile erection and the penis-biting fantasy is a condensation of several themes: fear of the father's homosexual oral assault as an angry retaliation for the patient's incestuous wishes toward his mother; his defense against attack and simultaneous revenge by biting off his father's penis; and a deeper, passive identification with his mother whereby his mouth receives the penis as did his mother's vagina. His body becomes a penis through identification and incorporation of his father's penis, but at the same time his mouth is a *vagina dentata*. Added to this is his shifting identification with mother and father in the primal scene and his feelings that within mother's vagina there is a penis which, like the snake, has dangerous teeth. The penis-biting fantasy itself attests to an active, attacking orality rather than a passive, swallowing incorporation.

The mouth as urethra is illustrated by his fear of vomiting (ejaculation) and the dream of the child's head vomiting, but the mouth as the female genital is a more prominent feature. The female sex organ is dangerous because it contains teeth and a lurking penis. This supports Lewin's suggestion that the penis in this phenomenon is a parent's phallus, usually father's. The bisexual aspect of the phallic phase of development is also illustrated here: the period when the child, boy or girl, believes the mother to have a penis as does the father. In my patient, the phallic mother is represented as well as the phallic father in the 'body as phallus' phenomenon. Although the body becomes the penis, the bisexual identification is revealed through the role of the mouth (urethra and vagina). In turn the mouth (vagina) is more than a receptive organ; it is also a dangerous weapon, having teeth. The penis-biting fantasy carries out this dual identification also in that the penis is taken into the mouth in a passive, feminine manner but injured and ejected in a sadistic, masculine manner.

It is suggested that phenomena such as Lewin described represent, beyond the oral implications, bisexual phallic con-

flicts. The body represents both male and female genitals and the phallus may be both the father's and the mother's as a consequence of shifting identifications derived from confusion over the primal scene, castration anxiety, and the inherent bisexuality of man.

SUMMARY

Analysis of a man who experienced bodily sensations and concurrent fantasies illustrates Lewin's theory of the body as phallus, as well as his later concept of the oral triad. The equation of body and phallus includes bisexual elements. Confusion of identity in the child witnessing the primal scene contributes to the fantasy that the body represents both male and female genitals.

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Precedipal Factors in Superego Development

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PRECEDIPAL FACTORS IN SUPEREGO DEVELOPMENT

THE INFLUENCE OF MULTIPLE MOTHERS

BY C. GLENN CAMBOR, M.D. (PITTSBURGH)

The history of the development of psychoanalytic concepts of superego development has been reviewed by numerous authors, including Beres (1), Hammerman (5), Hartmann and Loewenstein (6), and Sandler (11). Their studies have considered the period beginning with the early *Anlage* of the superego concept evident in Freud's Project for a Scientific Psychology (2), his remarks on the connection between the superego and the aggressive instinct (3), and his comments in the New Introductory Lectures in which he referred to the superego as conscience and as participating in self-observation (4). These and other authors have stressed the importance of preëdipal factors in relation to superego development.

The occurrence of a particular family constellation in several analytic patients, as well as a number of patients in psychotherapy, led me to a detailed investigation of preëdipal factors in relation to superego development. I found a lack of maturity and impaired integration of superego functions in these individuals who shared a preëdipal history of having perceived their biologic mother as being relatively rejecting but were intensely involved with a maternal surrogate, such as a maid, a relative, or friend of the family, who was perceived as being relatively accepting.

CLINICAL EXAMPLE

A thirty-one-year-old mother of two small children, the wife of a highly competent and successful research scientist, entered analysis because of phobias of being alone at night and of traveling by car, especially on limited access highways. These symptoms were particularly distressing because her husband's career

increasingly involved prolonged trips out of town for meetings and lectures.

Symptoms of anxiety first occurred during her sophomore year in a women's college where she was one of a group of four students who, with a female professor as their confidante, banded together as 'rebel outcasts' against the social, sexual, and intellectual standards of the 'conformist majority'. This group provided the patient her first opportunity in some years to discuss her personal problems as this was sanctioned in the group. Her best friend in the group became depressed, confused, and was unable to function; she 'vanished' for a period of weeks and then dropped out of school. Another member of the group planned to leave college the following year and the professor developed a serious chronic illness. The patient became increasingly anxious and began to spend an inordinate amount of time in the college chapel where she undertook 'free thinking' in an attempt to sort out her thoughts and find some relief from anxiety. On one occasion the thought occurred to her that something terrible would happen to her if she did not get to a church at least once a week. She feared that if she did not fulfil this obligation 'God will spank me, God will turn away from me'.

She transferred to a college nearer her home, hoping to find the support formerly provided by her group of friends. But that summer her father was abroad and her best friend of her childhood and adolescence was planning to marry. She developed acute anxiety bordering on 'hysterical panic'; she was preoccupied with and confused about her own identity. Intense feelings of bitterness toward her childhood friend reached major and inappropriate proportions, and lasted several years.

On graduating from college she married and shortly thereafter left this country for two years abroad where her husband completed his graduate work. She continued to attend church once a week in accordance with her 'agreement with God', but became increasingly upset as she realized that she could not depend on her husband; aside from his scientific work he was

totally dependent on her for all arrangements, management of finances, and care of the home. She developed extreme jealousy and rage toward her husband's sister who had become pregnant. Although she was aware of the illogical and inappropriate nature of her rage, she was convinced that the only way to win the approval of her new in-laws was to present them with their first grandchild. Her frustration in this resulted in 'fantastic tirades' against her husband, his parents, and his sister. Shortly thereafter she gave up her graduate studies, complaining that she was unable to obtain sufficient guidance and encouragement from her supervisors. Nor could she find direction within herself.

The patient's father managed the family's considerable assets but was never employed otherwise. She felt that he thrived on the helplessness and dependency of others. She described her mother as perfectionistic, authoritarian, and intolerant of people who could not control themselves although she had trouble controlling herself and displayed marked emotional instability in her dealings with others. The mother also was demanding, constantly nagged, and had periods of disorganization.

During her early life the patient's care was primarily the responsibility of first one and then another Negro nurse. When the patient was about two years old, a third Negro woman, B, was hired as a maid and governess and remained until the patient was twelve. Subsequently the patient learned that her mother was extremely upset, frightened, and insecure during the patient's early childhood. During the first two or three years of her life, before the third maid became a permanent stabilizing and loving factor, the patient suffered considerable emotional deprivation.

She was described by her parents as a model child who performed well and never complained, but in reality she withheld her feelings from her parents and revealed them only to the maid, B, by whom she felt loved and understood. Later, when she was about ten, there were continual arguments between the mother and B over areas of control and responsibil-

ity in the home; the patient refused to take sides. At age twelve she was shocked by B's sudden departure from the family and although there was no conscious memory of mourning the loss of the maid, she was extremely angry that no one had prepared her for the fact that she would have to turn to her mother for mothering. One of the mother's periods of 'disorganization' occurred shortly after the maid left; she was unable to care for the family, prepare meals, or manage the house.

The patient found a partial substitute for the maid in her relationship with a friend who became her confidante. She always attempted to have at least one close friend who functioned as a confidante, a source of comfort, and a stabilizing influence.

The early phase of the analysis revealed great fears of dependency on the analyst and vigorous attempts to avoid this. Her dreams suggested hostile, negative transference feelings with deeper underlying erotic feelings, both of which she feared. At one level she regarded the analyst as a medieval god. She spoke of her 'medieval conscience' which was overly harsh, critical, and demanding, and indicated that she had a long-standing interest in the medieval period, her favorite period in history, and that her concept of God was that of the threatening, punitive God of medieval times.

Identification with the aggressor appeared to be a major defense mechanism. Typically she presented herself at the beginning of an hour in a state of confusion, talked of her complicated life which she was unable to handle, stressed her inability to collect her thoughts or to present herself in a reasonable, well-integrated fashion. Her behavior represented an identification with her mother who used a similar technique to manipulate and control the father and to avoid responsibility.

A two-month interruption in the analysis due to the analyst's illness precipitated an acute awareness of transference feelings and the externalization of superego functions. 'There is something wrong with me. I can't take care of and trust myself.' She realized that she acquired confidence in and approval of

herself primarily through external objects. She had regressed to a symbiotic closeness to her children whom she described as 'the only ones I can grab onto'. When analysis was resumed interpretations were centered around the early abandonment by her mother and the later abandonment by the maid. She arrived quite excited for one session.

At one-thirty last night a lot of stuff away down inside of me started coming up—what triggered it was the children [she would be separated from her children while she went with her husband who was looking for another job]. The wish to escape from myself, from my children, from my fears. . . . This is why I don't want to be alone. Last night the children got on my mind in relation to the trip coming up. All day long I'm a good mother to those kids, and then at night while they are asleep I revert to another form. I don't care about them; I want to desert them. My husband is going on a trip and I'm a baby and feel I have to go with him, but then I desert them [the children] and have this conflict. All day long I'm a mother of one type, and at night I'm another. I was raised by two mothers. I'm like one kind during the day, like B—high expectations, sensible, calm, level-headed, firm but loving [here the patient sobbed uncontrollably]. However, at night I'm like my mother, for myself and myself alone—I'm nervous and I can't sleep.

The patient became increasingly aware of the split identification with the maid and her mother, a split in the maternal introject in the superego. 'I don't know what standards to live by and therefore I always fall back on mother's.' Yet at times of family crisis or illness the patient was like the maid—efficient, helpful, loving, in general all the things her mother could not be. On other occasions she became more like her mother with her phobic symptoms, anxieties, and pathological dependency on her husband. She also became aware of her repressed feelings of resentment toward the maid who demanded complete obedience and perfection at all times.

B wrapped me up in a cotton ball; she never punished me and never lost her temper. Both mother and B tried in some way to help me grow up. B did everything, laid out clothes for me, etc., whereas mother wanted me to do it. I don't know which voice inside to respond to. . . . How is a person supposed to grow up? I seem to be surrounded by people who are spoiled—my mother, father, and husband. In one way my fear of being alone at night is just being spoiled. Why is it I'm doing things differently toward my own children and teaching them things I was never taught? Where did I learn? I'm a spoiled brat and I need a good spanking but I never got it from B. She protected me and cared for me, but it wasn't what I needed. . . . B wrote poetry, cooked magnificently, read tea leaves, and interpreted dreams. She was a strange person—very proud of me—and I always seemed to run to her. The things I talk about are 'unpleasant' because mother calls them 'unpleasant'. . . . Perhaps I would have been better off if B hadn't been there. But apparently when we were small children mother was unable to cope with things and was still trying to find her identity. . . . With B it was all happiness—I never knew if B even had a birthday. I never did anything for her, but I was never sick when she was around, and I was often sick after she left. I never needed friends when she was there, but there was no range of feelings—no being very happy or very sad. . . . Now I don't know what I need or if I've spanked myself enough. B always expected me to be perfect, to be neat, mannered, stand straight, get straight A's, and always see the 'right thing'. . . . What kind of a composite character am I that instead of growing up I want to be wrapped in a cotton ball. . . . If I ever call you up in a panic I want you to give me a verbal spanking and say, 'You can take care of yourself'.

She then uncovered an old, recurrent fantasy relating to the maid's death which likened it to the reward Scrooge was to receive in Dickens' *A Christmas Carol* for 'Christmas to come'. This fantasy revealed her tremendous hostility toward the maid and her guilt about this hostility. She pictured the maid dying under lonely and deprived circumstances. The patient used

this fantasy as a model to understand something about herself and her parents in terms of her basic unwillingness to love another person. This also led to her perception and acceptance of the maid as a 'total person', a 'good and bad' mother with whom she could identify more realistically. There was an associated increasing realization that her identification with feminine figures was split between her 'bad' mother and her 'good' maid, with great conflicts over the issue of loyalty to each. Still many of the patient's strengths were obviously derived from her identification with the maid, and this was particularly true of introjects within the superego system.

Thus she began to conceptualize the instability of her superego functions as oscillations between these two sets of identifications which could not be more permanently internalized because of her conflicts in terms of loyalty, love, and trust, as well as the underlying narcissistic fantasy that in some way her mother would fulfil the patient's idealized expectations of her. The ability to realistically appraise, understand, and accept the 'good' and 'bad' qualities of each of her mothers led to a resolution of many underlying feelings of guilt connected with her anger toward each, and a subsequent shift toward stabilization of her superego system in general. She began to see how the maid's dominance both infantilized her mother and stimulated reactive authoritarian attitudes on the mother's part. Both of these factors tended to interfere with the internalization processes of normal superego development, leaving the patient vulnerable to and dependent on external objects for the functioning of her superego system.

After approximately eight months of analysis, the patient revealed that she had made a pact with herself never to discuss sex with the analyst if at all possible. However a strong erotic transference was developing and after another four months she had the following dream.

It was at R's wedding [a close friend and contemporary, an acknowledged mother-surrogate, who had recently married].

It was very weird and it deeply disturbed me. They never got to the ceremony as the guests never seemed to arrive. Some dancers came to do chancel dances, and this bothered me since it was so wild and woolly. At first I thought they were beautiful dances, but there was something wrong. In the dream it tended to be too fast, bouncy, jumpy, jerky—too free and loose.

In her associations to the dream she spoke of chancel dances as having to do with the liturgy, sin, and Biblical themes dealing with morality. She recalled how in high school she used to draw and design clothes and other things to the accompaniment of and integrated with music. On one occasion she designed a certain set of costumes to the accompaniment of Ravel's *Bolero*, and these were the same costumes used by the dancers in the dream. She remembered liking the feeling of the colors in association with the music. She went on:

I did quite a bit of this then, but it would never dawn on me to do anything creative now. I don't permit myself to do anything. I feel I must be very strict with myself and not do anything. In the living room we have a bright red rug and orange chairs and lots of brass and I love it now. It shocks people but they love it too. I don't follow any typical strict, well-brought-up, old-fashioned character. It's mainly my choice, and look at me. I'm not the same kind of character. I tend not to be flamboyant. I find it too hard to live up to this sort of thing—you have to be doubly careful to hold onto the respect of people. . . . The *Bolero* suggests a lot of free movement, it's wild, and I don't permit myself to do it now, but this is the kind of thing I'd do by myself when I was younger. I'd dance, sing, play the piano, but when somebody came around I couldn't do it. . . . I have a lot of anger about all of the ridiculous laws of the church. God would love it if they played the *Bolero* there, but it would bother ninety percent of the members, and it might release all kinds of emotions—probably sexual ones because it's very sensual.

The dream represented among other things the wish to ex-

press her sexuality within a context which would be acceptable to the superego. The erotic dances were performed in a church which also represented the analytic situation. She seemed to be expressing fears of functioning like a child who was not sure her superego could take over. The difficulty in maintaining her ego-superego boundary was apparent in her need for strong external superego representatives as well as an overly rigid, harsh, demanding attitude toward herself. She had indulged in a rich adolescent fantasy life, but vowed on her wedding day to abstain from such indulgences from then on, fearing these would interfere with her marriage and would not be 'proper'. Occasionally she would permit herself to indulge in brief periods of erotic fantasy, but she always felt extremely guilty afterwards. The loss of B represented the loss of an important external superego representative, but she was never without someone who functioned in this capacity for her. Within the transference at this time the analyst represented another powerful external superego representative.

She decided that her intellectual and emotional growth and maturation were interrupted early in her marriage because of her inordinate need for, and her inability to obtain, sufficient approval and guidance from her husband and her professors, and because of her guilt and conflicts about her own sexuality. The ten-year period of stagnation that followed was a masochistic attempt to handle her anger toward parental surrogates through inactivity and a stifling of her intellectual and emotional development. There was increasing awareness of her tendency at times to infantilize her husband in the same way the maid and her father had infantilized her mother; at other times she was aware of her tendency to submit to the unrealistic authoritarian attitudes of her husband, just as she had to her mother.

The analysis was terminated prematurely because of her husband's appointment to a new position in another city, but the final five months of treatment involved an extremely intense, relatively successful effort on the patient's part to accomplish

as much as possible during this time. The modification in the severity of her superego system, the greater degree of fusion and integration of superego components, and the increasing tendency toward internalization of superego functions became evident as she worked toward a resolution of the transference neurosis which had developed once she was able to adopt a counterphobic attitude toward her fear of staying alone at night. The subsequent sudden lifting of the repression of her sexual impulses and her ability to work on various aspects of the erotic transference also indicated significant changes in the superego system.

DISCUSSION

This paper is concerned with the problem of the child's perception of a significant emotional loss occurring early in the child's development in relation to the primary, biologic mother, coupled with the child's concurrent involvement with a maternal surrogate who is perceived as being relatively accepting and loving. An analogous situation has been described by Lillian Smith in *Killers of the Dream* (12). She refers to the widespread custom in the southern United States of families providing a Negro nurse for the children. The role of such women is involved, complicated, and extremely variable, often including the function of being a wet nurse as well. Mrs. Smith states that 'this dual relationship which so many white southerners have had with two mothers, one white and one colored and each of a different culture that centered in different human values, makes the œdipus complex seem by comparison almost a simple adjustment'. She indicates that at a time of relative ego weakness, when the child is just beginning to form object relationships, he develops feelings of love for both mother and nurse, but is often uncertain which he loves better. His infantile needs for closeness, comfort, and protection are more completely satisfied by the Negro mother as the white mother abandons her mothering function in this respect in accordance with cultural tradition. However, the child also per-

ceives the white mother as having authority over the Negro mother, as well as the ultimate authority for punishment and discipline. Mrs. Smith feels that as the child's conscience develops it maintains allegiance to the white mother and the authority of the white culture, whereas his pleasure feelings remain attached to the permissive Negro mother.

Certain hypotheses about superego development may be drawn regarding the influence of two mothers. To begin with, the situation for the child is more complex than if he has only one mother figure. The establishment of the three earliest primordial of the superego as described by Spitz (13) tends to be more difficult, prolonged, and possibly altered so as to distort subsequent superego formation. Spitz describes the child's acts as being infinitely variable during the period from six to eighteen months, whereas the adult's prohibitions have an invariant quality. The presence of two mothers introduces a variable, and the components of the love object's frustrating action would thus not be an invariant. This results in a greater degree of complexity in the mother-child symbiosis. According to Mahler the infant gradually alters his behavior in a manner determined both by the mother's selective responses and his own innate characteristics (9). Hammerman states 'the peculiarities of the particular mother-child symbiosis control the timing and degree of internalization of interactions between self-representations and object representations' (5). It follows that this type of family constellation has a potential for asynchronous unfolding of maturation and development. There is also a greater tendency for a delay in the establishment of stable object representations, and this delay may be re-enforced by interference with the process of fusion of good and bad maternal object representations. This interferes both with the process of separation-individuation and the progressive maturation of identification processes, and encourages the regressive wish for fusion with the idealized good mother only. There is a prolongation of the period during which more primitive identification prevails through the process of refusion of self- and object-images. In-

ternalizations take place over a period of time once the child is capable of differentiating between self and object representations, and there is an accumulating of introjects which represent self and object representations that can be conceptualized as existing in a series of hierarchical levels that are determined by the increasing degree of differentiation between internal and external objects.

The altered conditions described in the preœdipal situation involving two mothers may lead to a greater predominance of the more archaic identifications. This affects the subsequent structure of the superego and ego ideal because of the diminished capacity to differentiate between self and object-images, the continued relatively greater dependency on the mechanisms of introjection and projection, and the fact that these primitive identifications are less effective in neutralizing aggression. 'Enduring selective identifications' (8) are less likely to occur.

Another aspect of the situation involving two mothers is related to the disappointment the child may experience in relation to both the original mother and the maternal surrogate. The child is prematurely forced to experience disillusionment in his biologic mother to the extent that she fails to care for him. At the same time he is forced to relate to a maternal surrogate who may provide more maternal gratifications but who he realizes is not his biologic mother, nor does she have the same status or authority. Jacobson (7) believes that the young child who suffers early disillusionment cannot use this for the purpose of ego development because his ego is prematurely forced to deal with the collapse of his magical world. She emphasizes the manner in which the early loss of the optimistic illusion of the omnipotent good and evil mother results in hostile feelings toward the maternal object with a revision of the concept of the object, possibly a devaluation of the object, and a resultant withdrawal of libido from the object. This produces profound effect on the child's ego development and the parent, or parents, who in a magical way had represented

the main source of the child's narcissistic support, now, because of their devaluation and destruction in the child's eyes, produce an identical reaction in the child—self-deflation and self-destruction. Furthermore, Jacobson observes that if there is severe disillusionment with the mother during the early years, the infantile ego is 'crushed' and may start superego formation prematurely. This results in the superego becoming invested with the archaic omnipotence of the early parental images. As a consequence, the superego is overpowerful in relation to the damaged ego which develops a 'pseudo-strength and pseudo-independence' while actually retaining a preœdipal dependence on the omnipotent mother. There is an increase in narcissistic cathexis and a decrease in object libido. The narcissistic cathexis is displaced onto the superego at the expense of the ego.

Ego ideal formation is also vulnerable to the conflictual situation involving two mothers. Reich (*10*) has described the development of certain early identifications which persist as archaic elements in the superego. These are reflected by 'unstable ego boundaries, confusion between ego and object, between wish and reality', as well as by inadequate integration manifested by continual vacillation of self-esteem. Hammerman has noted that any tendency for refusion of self and object representations will have a strong bearing on future superego development.

Identification subsequent to the earliest ego identifications occurring during the preœdipal period, as well as the later so-called superego identifications, also may lead to conflicts related to the child's loyalty to his biologic mother versus the maternal surrogate. Continuing conflict and divided loyalty as well as the particular nature of the preœdipal precursors interfere with the superego becoming a discrete psychic structure. This is described by Hammerman as 'the fusion of the more mature ego ideal and the preœdipal precursors of the superego. These ultimately fuse with precipitates in the ego of those secondary identifications representing interactions between the

self-representations and œdipal object representations that occur with the resolution of the œdipal conflict' (5). Because of divided loyalty there is a tendency to perpetuate the external relationship with the œdipal objects rather than to accomplish internalization of these relationships through introjection. Such a superego system is highly vulnerable to regressive de-structuralization with re-externalization of superego elements and dedifferentiation of structural components.

In the clinical example presented, the preœdipal factors appeared to be involved in the development of impaired superego functioning. The patient's early symptoms of anxiety and fear that God would punish her, the subsequent hysterical panic and irrational rage toward her girl friend who planned to marry, her uncontrolled rage toward her husband's sister, her depression and inability to continue graduate studies, and the eventual development of phobic symptoms were all precipitated by the loss of parental surrogates. In each of these situations there was evidence of an impaired superego system with externalization of superego functions and extreme vulnerability to these superego representations.

Her first two years of life, characterized by instability and abandonment by several maternal figures, were followed by an intense relationship with the maid who provided love, stability, and security at the price of overprotection and excessive dependence on a strong, external authority. This interfered with the progressive development of autonomy of ego and superego functions, the establishment of stable object representations, and the process of fusion of good and bad maternal object representations.

Also important was the patient's disillusionment in the parents coupled with her perception of the 'more than adequate' maid from the age of two years. This resulted in difficulties in the establishment of healthy ego and superego identifications and a split in the identifications pertaining to the maternal object representatives. It interfered with her ability to establish and maintain realistic object relations. Her superego revealed

evidence of a harshness and archaic strength, as well as a lack of fusion and integration. There was a strong tendency to rely unrealistically on the structure provided by external objects.

During her adolescence the patient felt a great need for the presence of the maid as a figure she could rebel against and use as a stabilizing object in her attempt to accomplish further separation-individuation. But whatever degree of superego maturation and development that might have been accomplished during that period of time was seriously interfered with by the maid's departure. The patient was fixated at a point of rebellion against parental surrogates. She was repetitively 'testing' to see if they would abandon her. It would seem that further modification and integration of various superego components were not possible at that time. She was convinced that for her there were no stable object representations that she could depend on and use for internalization. This concealed an underlying wish for the return of the maid and a refusal to accept her loss. She had an unresolved need for external superego representatives.

During analysis partial resolution of her conflicts involving the two mothers was associated with a diminution of manifestations of fixation at the separation-individuation phase, an increasing sense of stability in her own identity, and a marked change in the transference with an intensification of both the positive and negative oedipal conflicts. With the partial resolution of these conflicts she was able to work more constructively in analysis.

SUMMARY

An attempt has been made to show how the presence of mother and maternal surrogate in early childhood may drastically affect the earliest primordia of the superego and distort subsequent superego formation. Material from an analytic case and references from the literature support this hypothesis.

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The Depersonalizing Process

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THE DEPERSONALIZING PROCESS

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Several authors (15, 25, 26) have recently expressed dissatisfaction with our purely dynamic formulations of the processes active in depersonalization and mania. It has been felt that a more organically oriented viewpoint, including especially the consideration of the neurological changes consonant with altered states of consciousness, might account more fully for the range of symptoms in these syndromes. With regard to depersonalization, such a viewpoint would help relate the symptomatology of this syndrome to that of certain epileptic auras, temporal lobe epilepsy, and experimental electrical stimulation of the cerebral cortex, in all three of which conditions some symptoms of depersonalization occasionally can be found. Mania, as is well known, is a common sequel of various organic conditions including those produced by electroconvulsive therapy, frontal lobe lesions, and, of course, many drugs.

In several previous articles (14, 15, 16) this author has discussed a depersonalizing process that occurs during dreams and that in certain instances may lead to clinical depersonalization or mania. This depersonalizing process is related to increased depths of sleep within the dreaming state in response to traumatic content. Because of the increased depth of sleep, the ever-present stimuli from the sensory terminals of the body to the body image are decreased even further than in ordinary dreaming so that the body image becomes a more or less pure ideational representation with diminished access to the sources of affect and sensory stimulation from within the body itself. I hypothesized that the continuation into waking life of a certain degree of this state of relative lack of reverberation between the body and the body image constitutes clinical depersonalization. It was demonstrated how this sustained condition of a relatively bodiless ego may account for the main symptom of depersonalization, including the splitting of the sense of

self into an observing and a participating portion, the change in quality of percepts toward the unreal and meaningless, and the sense of alienation of body parts. Also, more regression into yet deeper sleep, with its narcissistic implications, may set the stage for mania which appears to constitute an escape from the dangerous passive aspects of the regression.

The regressive phenomena in the dreaming process that lead to diminished sources of stimuli from the body are of course mediated by changes in the perceptual functions of the ego. These regressive alterations vary and may subsequently include frank loss of perceptual capabilities, as is evident in a dream to be presented. (In this dream the depersonalization phenomena of waking life reflect subjective aspects of an early phase of the regressive movement.) Regressive phenomena of the depersonalizing process are the necessary precursors of what we know as the dream work: substitution, condensation, and distortion. The dream which follows has considerable heuristic potential in that these phenomena can be seen *in statu nascendi* rather than as a finished product, as in most dreams. Detailed study of these phenomena should lead us to a greater understanding of the dreaming process itself as well as of the clinical syndrome of depersonalization and mania deriving from it.

The dreamer was a cultured and articulate twenty-six-year-old artist who had been in intensive psychotherapy for several years for treatment of depression, depersonalization, and homosexuality. The dream dealt with the most important issue in her life, the very painful possibility of disappointment again in a homosexual love affair.

We were in the lobby of F's [her lover's] apartment building en route to the party she was giving. The mood was festive. Bright color abounded everywhere, especially in the elevator in which mirrors hung on all four walls, making the actual dimensions seem much greater than they were. There were potted plants of a large brilliant tropical kind in the corners of the elevator and by reflection suspended in that extra dis-

tance created by the mirrors. My companions could also be seen in the mirrors as well as next to me. They were in very high spirits, tumultuously happy, carefree, and crazy. One zany piece of nonsense followed another as I searched for the correct elevator button. All the buttons were clearly marked except for the one for the eighth floor, our destination. I puzzled over these buttons for a long moment. Someone then reached out, found the right button without looking, and got the car started.

We arrived at the door of the apartment. I remembered that door. Someone rang the bell. F opened the door and greeted us charmingly, then ushered us inside. No emotional difficulties were experienced throughout the initial phase of this encounter. I felt the *happy puppy wriggling feeling* about to begin. In making an effort *to cut this short*, I moved away from the convivial exclamations behind me and started to canvass the apartment to see who else was there and see how large a party it was. As I began this tour, the dream *lost its color content and switched suddenly to strict black and white* and was then accompanied by a *feeling of melancholy weariness and lifelessness* [her usual mixture of symptoms of depersonalization and depression]. The other people at the party, all seen for the first time at this moment in black and white, were lined up against the walls of the different rooms, some standing and some sitting either on cushions or the rug. They spoke rather animatedly. Their gestures were angular and sharp. If one took a few pieces of charcoal and slashed out *irregular triangles and rectangles* on white papers and then shook the whole thing up, the resulting composition would have resembled this group. The *feeling of strangeness* was increased by the fact that the *volume of sound from all this activity scarcely reached me*.

I was about to return to my friends to report on this strange state of affairs and was just crossing the room when the light faded out and the dream ended. Color was never restored, but, while the black and white part lasted, I *retained my color*. I could see the arms of my coat, a green color.

She awakened with the same feeling of melancholy weariness and lifelessness described in the middle portion of the dream. These feelings of depersonalization and slight depression con-

trast sharply with the somewhat manic feeling of the first part. However, upon awakening, her perceptual functions seemed more intact as she could see color and hear normally, indicating that the regressive movement in the dream had been at least partially reversed.

A careful reading of the dream indicates that the depersonalizing phenomena, including loss of color, loss of sound, and dissolution of full perceptual form into geometric shapes, occurred following what she called the 'happy puppy wriggling feeling'. This feeling, though it sounds pleasant, was in the past actually a source of terrific pain to her due to disappointment in real life. She realized this and said she tried in the dream to 'cut it short'. Though she wished to have some voluntary control over her feelings and expressed this wish in the dream, it is my opinion that the phenomena of depersonalization that followed were the result of the automatic mechanism involving increasing depth of sleep in response to painful affect. The earlier happy portion of the dream also served to deny the anticipated pain. Of course, the depersonalizing process on which the happy portion of the dream depends may fluctuate upwards and downwards several times within the same dream.

The contents of the dream as they are affected within the various modalities by the depersonalizing process will now be considered. The order of loss of function may have significance as regards the rates of regression of the various functions.

First, the patient reported the interesting phenomenon of loss of color. Color in dreams has been discussed in the literature (2, 21) primarily from a dynamic point of view which may or may not be relevant; whether or not color appears in a dream is a variable of the depth of sleep within the dream. Its absence has also been discussed as a concomitant of lack of affect in the dream, which again may or may not be relevant except in the secondary sense that excessive painful affect sets in motion the depersonalizing process which, in turn, removes the color as well as the affect. In my patient's dream color suddenly disappeared from the manifest content.

Roth (23) presented a dream in which color suddenly appeared in the manifest content, suggesting that release from the depersonalizing process may also occur within the dream. Lately, Kahn and his associates (12) noted that the incidence of reporting color in dreams is much higher in immediately recalled dreams: their figure is 82.7 per cent as compared with 25.3 per cent reported after spontaneous awakening. They state that dreaming should be considered a phenomenon in color rather than in black and white and suggest that it is the absence of color in dreams rather than its presence that requires explanation. Perhaps the wide difference in the figures reported can be explained by the depersonalizing effects of the longer period of sleep, including possibly stages II, III, and IV, which must be passed through prior to spontaneous awakening. This explanation is also relevant to the general forgetting of dreams after spontaneous awakening.

In the dream reported it is difficult to explain the retention of color on the patient's own person while color on all other objects is lost. However, this sequence suggests that aspects of the self-representation in dreams are more resistant to the depersonalizing process than are the object-representations. In other words, derealization may precede depersonalization in dreams, and possibly in the clinical state as well. This seems plausible since derealization would involve for the most part a blocking of the sensory impulses from perceptual organs such as eyes and ears while total depersonalization would include blocking of impulses from the exteroceptive, proprioceptive, and interoceptive terminals as well.

Since the various perceptual modalities (form, color, sound, etc.) are closely interrelated it would be expected that the fully structured percepts would retain color while the geometric shapes or stick figures would not. Needless to say, those centers of perceptual function in dreams that rely on impulses from the ears, and especially the eyes, are actually closed to stimuli in sleep, have less sensory support than centers connected with the exteroceptive, proprioceptive, and interoceptive terminals that continue to be subject to external stimuli even in sleep.

Investigators of sensory deprivation have also noted loss of color vision capability after deprivation but, because of the nature of their tests which involved individual perceptual tasks, they were not able to relate the various losses of function to one another (25).

The sudden transformation of fully perceived objects into geometric shapes comprised of triangles and rectangles opens many important questions. This phenomenon seems to be an example of the dissolution of a hallucination into its components. Workers studying sensory deprivation have noted a reverse phenomenon after a certain period of isolation (10). In some subjects a hallucination is gradually formed, beginning with geometric shapes such as triangles and rectangles. This combination of findings tends to confirm Hebb's (8) view of all perceptions being originally formed from geometric shapes. Fisher's (5) data on preconscious perceptions suggest that the geometric shapes of persons and things in the tachistoscopically exposed picture are preconsciously retained and enlarged upon by the subject to form the fully elaborated objects appearing in his manifest dream. It is well known of course that children's early drawings are made of stick figures.

This kind of regression by way of deeper sleep to simpler forms without color and without sound seems to comprise a stage in the annihilation of percepts and is probably closely allied to the processes of repression and denial. In previous examples of the depersonalizing process in dreams (15, 16), I included several in which the affects were removed but no instance was found in which perceptual content was also altered, although reference was made to the possibility that such a loss would ultimately lead to a blank dream or pure dream screen. Because of the peculiar arrest of the process in midstage its actual method of operation can be observed. Some process akin to this must also occur in every hallucination or even in every perception when the picture changes.

Nunberg (22) and Federn (4) have both discussed, in slightly different terms, the possibility that a momentary de-

personalization must precede each neurotic fantasy. Schilder (24) too noted that feelings of depersonalization coincided with an absence of visual imagery. In any case, before reality can be distorted it must be dissolved by a negative hallucination. Further, once a full figure has been reduced to a simple geometric form it is relatively easy to imagine how distortion, substitution, and condensation can occur. In *The Psychopathology of Everyday Life*, Freud stated: 'Repression makes use of condensation and produces a confusion with other cases' (6). Here we have an opportunity to observe the dissolution of form preceding the condensation which precedes repression. The progress toward the negative hallucination under conditions of deeper sleep also helps us understand Linn's observations regarding the facilitation of processes of denial in altered states of consciousness (21). Cortical damage which facilitates denial and therefore mania, as mentioned earlier, probably plays its part in this way. In post-electroconvulsive therapy, Weinstein and his associates (27) found that the clearest mental condition with the least alteration of brain function coincided with depression, while the most confused mental condition with most alteration of brain function coincided with mania.

Likewise artists dissolve the veridical reality before reconstituting it in their own terms. In a case I reported in 1967, a trend to cubism was noted in a patient's painting. Cezanne, who may have suffered from clinical depersonalization, stated: 'All nature is composed of cubes and rectangles'. Perhaps a phenomenon such as *déjà vu*, which occasionally accompanies depersonalization and has often been reported in epileptic states, may be related to the return to more archaic images, already described and which indeed have been seen before. Freud discussed this possibility in dynamic rather than cognitive terms as a return to the breast (and womb).

The almost complete but recognizable loss of sound in my patient's dream is another example of sensory blocking as the depersonalizing process advances. Knapp compared dreams to

'silent pictures in black and white' (13), and conceptualized the changes leading to the over-all lifelessness of dreams as defensive aspects of the dream work. As mentioned, study of the details of the process of depersonalization as described here may aid us in dissecting the mechanisms of the dream work.

Earlier I noted that the newly acquired data on the functioning of the reticular activating system would help clarify how the various perceptual functions are altered in sleep. It is known that as part of its role in the transition from sleep to wakefulness and in maintaining drive-motivational states, the reticular activating system facilitates sensory input to the cortex. This facilitation is somewhat diminished or at least altered in the dreaming state as compared to the ordinary waking condition in which external stimulation plays a larger part. However, when the reticular activating system is further inhibited by corticofugal impulses (9), as we suppose may occur in response to strong emotion in a dream, the facilitation of the cortical receiving areas is further diminished. There is then a change in the manner of elaboration of the sensory stimuli received, and eventually in the nature of the images perceived. There is some evidence (8) that inhibition of the reticular activating system brings about change in the images by altering the rate of elaboration of fresh aspects of the image rather than by direct erasure of the image already present, which tends to disappear anyway if not renewed.

Stimuli that supply the background for the body image can be affected by even slight changes in perceptual function which, in the early stages of the depersonalizing process, may include such factors as rate of transmission or elaboration of sensory impulses, and so forth. More frank alteration of the perceptual function, such as total blocking, occurs only as the process advances preparatory to another and deeper level of sleep. Further, since it has been determined that particular neuronal areas of the reticular activating system respond selectively to the various modalities and therefore facilitate particular sensory receiving areas, the inhibition by way of corticoreticular

impulses of those particular neurons and thus their connecting cortical area can account for the differential and even sequential loss of perceptual function. This pattern of loss of function as well as the many gradations between levels of function in the reticular activating system may allow for the diversity of symptoms in depersonalization.

The sudden deepening of sleep I described in the dream life of a case of depersonalization in 1967 (15) and of a case of mania in 1968 (16) might now be more accurately termed sudden inhibition of the reticular activating system. An opposite instance is the case of an unstable type of sleep culminating in a 'traumatic dream' reported in 1965 (14). Though the reticular activating system seems to be relatively more stable in the waking as compared to the dreaming state, certain types of stimuli such as strong emotion, startle, or bright light can effect the dream state in a similar way and can produce depersonalization in susceptible persons. The conceptualization of the role of deeper sleep in depersonalization and mania directly implicates the reticular activating system in the production of their characteristic symptoms. In a general discussion in 1952, Linn (19) also suggested the role of reticular activating system inhibition in depersonalization.

In 1968 I stated that repetitive dreaming of a particular type may lead to ever-increasing depth of sleep or rather, as I would put it now, to ever-increasing inhibition of the neurons of the reticular activating system. This process may then culminate in a blank dream followed by a daytime mania after a phase of dreaming characteristic of depersonalization has been passed through. The dream type corresponding to the deepest sleep and thus to the deepest level of regression and the utmost narcissism is the blank dream, as described by Lewin (17). The type of dream presented here, with loss of color, sound, and perceptual form would represent a stage in the development of the blank dream. However, according to the theory discussed above, a certain degree of inhibition of the reticular activating system would have to be achieved before a blank dream could

appear. In other words, the blank dream may be the concomitant of a state of deeper sleep that is itself the result of progressive deactivation of the reticular activating system.

The persistence of the deactivation of the reticular activating system, as in depersonalization or mania, would require what Lindsley (18) has called a setting of the reticular activating system 'thermostat' at a lower level. A problem in the etiology of these conditions is to determine why certain persons have nervous systems, and in particular reticular systems, that are capable of such prolonged deactivation. By the same token we must explain why the reticular systems of depersonalized patients (for instance, the artist reported in my 1967 paper) paradoxically react to trauma in dreams by inhibition rather than facilitation and awakening as is usually the case. It is easier to understand how electrical or epileptic activity in the temporal cortex can be transmitted to the reticular system and cause inhibition of particular neurons which, in turn, reduce facilitation of certain cortical receiving areas.

Now I would like to approach the inhibition of the reticular activating system in depersonalization and mania from the opposite point of view: that is, the possibility of noninhibition or even hyperactivity of the reticular activating system in states of depression.¹ Beck (1) has shown a very high percentage of traumatic dreams in depressed patients which may indicate a failure of the depersonalizing mechanism. Other investigators (28, 29) have found heightened arousal tonus in depressed subjects in both sleeping and waking states which they view as a measure of a hyperactive reticular activating system. Other investigators (3, 7) agree that the sleep of depressed patients prior to treatment is deficient in the deepest or stage IV type of sleep, thereby conforming to the well-known clinical finding of frequent awakenings in depressed patients. My data, arrived at by clinical means, may indicate what protective mechanisms are not available to depressed patients.

The deeper the sleep in which a dream occurs, the earlier

¹ Cf. also Ref. 27.

might be the memory appearing in the manifest content, and vice versa. The blank dream of course would be the earliest memory. If the inhibition of the reticular activating system is responsible for the level of sleep in which this memory can appear, then, in the same fashion, it may account for the particular chronology of other early memories appearing in dreams. Both Isakower (11) and Lewin (17) feel that various sleep phenomena take the form of memories which are derivatives of the infant's first states of consciousness. Can this idea be extended to include other later states of consciousness and later memories? Details of the control of memories by this process are obscure however. My impression is that rather than acting directly on the memory system, the fluctuating reticular activating system level, through its control of perception, activates a partial body ego that may also be a particular chronological body ego and that carries with it particular memories, possibly screen memories from the same era.

SUMMARY

A dream specimen is presented in which regression of the various perceptual functions of the ego in response to strong emotion can be observed in mid-process. The loss by regression into deeper sleep of the capabilities for perception of color, sound, and form is related to a depersonalizing process that occurs regularly in dreams as a precursor of the dream work. In certain instances which involve more regression and deeper sleep than usual this process may lead to clinical depersonalization and mania. Regression into deeper sleep in certain dreams is conceptualized in terms of deactivation of the reticular activating system and an attempt is made to relate this persistent deactivation to clinical syndromes. Evidence from the literature is presented indicating that in the sleep of depressed patients the reticular activating system is less inhibited than normally. Thus, before either a partially blank dream and its derivative, depersonalization, or a totally blank dream and its derivative, mania, can occur, a certain persistent degree of deactivation of

the reticular activating system must be achieved. Finally, a hypothesis is offered, utilizing the same data on control of depth of sleep and its effect on the body ego, to suggest that the reticular activating system might be responsible for the particular chronology of memories in dreams.

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Creative Fantasies and Beyond the Reality Principle

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CREATIVE FANTASIES AND BEYOND THE REALITY PRINCIPLE

BY PHILIP WEISSMAN, M.D. (NEW YORK)

I

In this study I hope to show that the fantasies of creative people are prone to a unique modification through which they become more hallucinatory or delusional in quality than the usual fantasies. The unique elaboration of the artist's fantasies for creative purposes is brought about by a form of mental functioning which operates in a manner that will be here considered as beyond the reality principle. It is possible to study the genetic origins of these hallucinatory and delusional fantasies and the nature of mental functioning designated as beyond the reality principle. I also suggest that creative activity is more in the service of the ego ideal than in the service of the ego.

Freud first described the psychoanalytical aspects of the artist's creative process according to his two main principles of mental functioning. He suggested that the artist is capable of establishing a reconciliation between the pleasure principle and the reality principle in his creative work (3). Nevertheless, Freud later maintained that psychoanalysis must lay down its arms in its attempt to comprehend totally either the creative artist or the creative process (5).

The two fundamental principles of mental functioning also proved to be insufficient to clarify the operation of some mental phenomena other than creative functioning. In order to comprehend more clearly the psychological nature of the repetition compulsion and the traumatic neuroses, Freud postulated a

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This is an extension of previous studies in which the creative person's ego and its functions (9), as well as his object relationships and his character traits (10), have been investigated.

variant principle of mental functioning which he designated as beyond the pleasure principle (4). This formulation was additionally employed to elaborate his theories on the death instinct.

This triad of principles of mental functioning—the pleasure-unpleasure principle, beyond the pleasure principle, and the reality principle—have served well to explain a wide range of both normal and pathological mental phenomena. To encompass the psychological nature of the creative process (which seems to be neither normal nor pathological) I will attempt to show that the creative process is governed by an accessory principle of mental functioning—namely, beyond the reality principle.

I do not suggest that beyond the pleasure principle and beyond the reality principle are similar, except in one way: each is an exception to its corresponding principle of mental functioning. By beyond the pleasure principle Freud demonstrated instinctual motivation unrelated to pleasure, such as the death drive and the repetition compulsion. Beyond the reality principle implies that an adaptive mature mental functioning in the service of the ego ideal may be applied to an unreal world of fantasy. In general, psychoanalysts contend that the creative artist's fantasies are not qualitatively modified but are only differently elaborated by the artist's talent and skill. In the present study it will be demonstrated that the artist's world of fantasy undergoes a clear qualitative alteration; the fantasies attain hallucinatory or delusional qualities. Like hallucinations and delusions, the artist's fantasies are less subject to topographical confinement and are as readily accessible to the conscious as they are to the preconscious or the unconscious. This is in sharp contrast to the usual fantasy which is topographically allocated to a conscious, a preconscious, or an unconscious existence.

Freud did not elaborate any specific qualitative differences between the fantasies of the creative and the noncreative, but he did emphasize some differences between them in their re-

lationship to the world of reality and to the reality principle. The mental functioning of creative writers, according to Freud, is similar to the mental activity of children's play (2).¹ He viewed the fantasies in both children's play and creative writing as openly linked and seriously interwoven with reality. This is in contrast to adults' fantasies which tend to be secretive and avoid reality. He added: 'Every child at play behaves like a creative writer in that he creates a world of his own; or rather, rearranges the things of his world in a new way which pleases him. It would be wrong to think he does not take the world seriously.'

Freud here characterized the fantasies in both creative writing and children's play in terms of their syntonic relationship with the reality principle. In a subsequent study of the two principles of mental functioning, he pointed out that mental functioning in art from the dynamic point of view represents a reconciliation between the pleasure and reality principles (3).²

The fusion of pleasure principle and reality principle in

¹ It is of interest to note that Freud used the play of a one-and-a-half-year-old child to understand the mental functioning he considered to be beyond the pleasure principle. It is self-evident that play at this early age occurs when the pleasure principle has as yet not been surpassed by the reality principle. The children whose play Freud equated with creative writing must (although he does not say so) have been older children who have already experienced the full sway of the reality principle. In all probability the development of early play from toddler to late childhood encompasses the full metamorphosis from pleasure principle to beyond the pleasure principle, then to the reality principle, and eventually to beyond the reality principle.

² A precise description of the interplay between the reality and pleasure principles in creative functioning should not be expected. There are wide variations in the nature of the different arts and artists. This fact nullifies the possibility that a single or major type of fusion of the reality and pleasure principles can be expected in different creative arts. Another factor which complicates the nature of the interplay between the reality and the pleasure principles is due to the ever-changing status of reality in any given era of civilization. Modern art, for example, flourishes in the current world of reality which includes a scientific knowledge of man's unconscious. Modern art must now extend itself to create beyond today's reality. In spite of these obstacles to a specific description of the interplay between the reality and pleasure principles, it seems certain that the mental functioning in creativity represents a coöperative co-existence of the reality and pleasure principles.

creative functioning encompasses one feature of what will here be considered as mental functioning beyond the reality principle. Whereas reality principle mental functioning is mostly harnessed in the service of the ego, beyond the reality principle mental functioning, as designated here, will be shown to be more in the service of the ego ideal. Some development of 'beyond the reality principle' functioning may be seen in non-creative as well as in creative people.

One example of a noncreative use of mental functioning beyond the reality principle has already been cited—the mental activity in children's play.³ The note of seriousness that attends the elaboration of the fantasies of both the child's play and the artist's creation has different structural and dynamic origins for each. As for the fantasies in child's play, the gratified wish to be grown up is 'reality oriented' to, and syntonic with, his ego (2). The creative artist's fantasies are ego-syntonic and seriously intense because their hallucinatory and delusional properties are received and treated as perceptions.

It is important to review the developmental and structural vicissitudes of hallucinatory wishes so that we can more clearly trace and elaborate the hallucinatory origins of the creative artist's fantasies. Hallucinations originally occur during the early stage of development when the self and objects are still one, as unreal re-creations of the unavailable object. These re-creations gratify needs or wishes. Hallucinations may appear early in life as reflections of the pleasure principle era when the wishes for drive and need gratifications are not subject to reality testing. Such hallucinations are received by the psyche as perceptions.

³ In spite of this similarity to creative activity there are several reasons why it does not fall into the category of a truly creative activity. As Freud discerned, the significant feature of children's play is the opportunity to extend their universal wishes to be grown up beyond their immediate reality. The elaboration of this wish in their play falls short of an original æsthetic contribution to an adult audience which is already too familiar with the reality of their own adult world.

In his discourses on the reality principle, Freud considered fantasies to be the exclusive heir of the suppressed pleasure principle during waking life. It is to be remembered that hallucinatory wishes for unreal objects are also present in the era of the ruling pleasure principle whenever the real object is unavailable or unattainable. I believe that the creative artist's fantasies retain the features of the hallucinatory residue of the original wishes for unreal objects.

II

The propensity for hallucinatory or delusional gratification in different types of creative patients is readily demonstrable, especially in their sexual fantasies. The masturbatory fantasies of a male patient, a musician, were always stimulated by magazine photographs of female nudes whom he made real enough to be seductively touched, embraced, and talked to during the act of masturbation. His masturbatory acts occurred when he was at home alone or had to travel for professional engagements. He unconsciously reacted to such situations as signifying that he was unloved, unwanted, and deserted. The prospect of being alone partly pleased him, and he would excitedly purchase new magazines as if he were to have an extramarital rendezvous with his masturbatory objects who were to provide him with a highly gratifying live sexual experience.

He was regarded as highly gifted in sketching in his latency period and when left alone at home—occasions to which he looked forward with pleasure—he drew female nude figures which he caressed and touched as 'real' love objects in his masturbation. Later in life, similar intense hallucinatory and delusional fantasies preoccupied him during his concert performances. He would then fantasy with intense realistic conviction that some female whom he selected from the audience loved and worshiped him and was ready to gratify any sexual desire he might have. He attempted to bring such events to pass. Once when he was giving a first performance of an old work of an obscure composer, he fantasied with an almost un-

shakable conviction that the composer had written it just for him and the current occasion. He knew that the composer had actually written the score years before they met and was delighted to find someone who was finally willing to perform it.

A young actress often fantasied that she was being watched by a well-known director in the street or alley or at home from a closet or through a window. These fantasies occurred while she was window-shopping or working at her household chores. In the fantasy the director was studying her with professional interest so that he might make her a star. The fantasy had such strong hallucinatory and delusional intensity that she moved about as she might when auditioning for or acting a role in a play. She often had dreams with similar content.

An actor who often played romantic leads repeatedly acted out in real life his last dramatic role with the very actress with whom he had actually played it. This led to his first marriage to a somewhat older actress. In his next role he was a man in love with a still older leading lady, and he separated from his wife. His next theatrical role terminated this alliance and he became involved with the next leading actress who this time was considerably younger than he. In his next theatrical engagement, he once more fell in love with the newest leading lady, whom he eventually married. In each courtship, his romantic behavior adhered closely to the corresponding dramatic role and script of the play. It is of interest that the four actresses with whom he was intensely involved professionally and personally had the same hallucinatory and delusional capacity as he had to transform the unreal created role into a real role.

A young painter would often believe momentarily while painting that he was creating a masterpiece equal to one by some world-renowned painter. The fantasy always felt intensely real; it would persist obsessively through long hours of work at his easel. In the intense grip of such hallucinatory and delusional fantasies he produced his best work. Like the musician, he responded to the unreal objects of his masturbatory fantasies

with greater intensity and more realistic behavior than he did to the real sexual objects in his life.

Analysts have found that it is not uncommon for painters to use consciously or unconsciously some figures or elements that have appeared in their dreams for creative elaboration on their canvasses.

III

In the examples cited, the fantasies were either conscious to begin with or readily became so. The unreal objects of these fantasies were much more gratifying than real objects. Greenacre (6) suggested that a 'fantasy of special quality is the stuff of which creative products are made'. The fantasies I have described showed varying degrees of hallucinatory and delusional contents, as well as topographical flexibility. Whenever they were unconscious to begin with, they could readily become conscious. Psychoanalysis has usually contended that any unconscious fantasy may erupt into consciousness (by a regression in the service of the ego) and may then be elaborated into a creative product (7).

I suggest that the creative person's fantasies, like hallucinations, are relatively unconfined to a definitive conscious, pre-conscious, or unconscious status. It is well known that inspirational creative fantasies are directly available from dream states or any form of waking state. Artists are wont to draw directly upon dreams or daydreams for their creations. An artist's creative fantasy is dwelt upon and elaborated by him chiefly as it is useful for artistic creation. He may also act out his creative fantasy for personal gratification or he may dissociate himself from it and 'live it out' in an artistic creation. Shaw and his *Pygmalion* (Mrs. Patrick Campbell) exemplified both the acting out of an artist's fantasy in a personal gratification and giving it 'life' in a creative elaboration (8).

The activated fantasy appears in the creator's psyche with the intensity of a hallucinatory or delusional perception which in some degree accounts for the affective intensity of the in-

spirational experience. The fact that the artist's fantasy appears to him as a perceivable reality in itself enhances its elaboration into a permanent existence by a mental functioning which is related to the reality principle but extends beyond it. In contrast, a noncreative person's unconscious fantasy, unadorned with hallucinatory properties, either remains in the unconscious because of repression or evaporates after its conscious discharge. The creative person uses his fantasies to retain his early developed hallucinatory perceptions of the world (10). He struggles against subordinating his hallucinatory fantasies to his realistic perceptions of the world, the existence and supremacy of which he does acknowledge. He may well have a highly developed sense of reality which expands his capacity for attention to perception and cognition of the real world. During creative activity, he uses these developed capacities with the aid of the desynthesizing and synthesizing functions of his ego (9) to elaborate his creative world of fantasies (hallucinatory, illusionary, or delusional in quality) into newly created reflections and perspectives of the world of reality. The dissociative function, by its capacity to suspend temporarily his established sense of reality, enables the artist to elaborate fully his quasi-hallucinatory fantasies into creative products via his skill and talent. It could be said that the creative person focuses his most developed mental capacities upon his world of unreality as he indifferently acknowledges his world of reality.

Freud originally described the artist's solution to the conflict between the existing world of reality and his created world of reality in somewhat simpler terms: 'An artist is originally a man who turns away from reality because he cannot come to terms with the renunciation of instinctual satisfaction which it at first demands and who allows his erotic and ambitious wishes full play in the life of phantasy. He finds his way back to reality, however, from the world of phantasy by making use of his special gifts to mould his phantasies into truths of a new kind, which are valued by men as precious reflections of reality' (3).

As has been noted, Freud's concept of the artist's 'world of

phantasy' implied little distinction from the non-artist's fantasies. He did not attempt to make explicit the differences between the fantasies of the creative and the noncreative. Nor, as I have stated earlier, did he juxtapose the similarities and the differences between hallucinations and fantasies in any one formulation.

Freud, in accordance with the development of his own theories at that time, emphasized that the artist turns away from reality because he cannot renounce his 'instinctual satisfaction'. To whatever degree this may be true, a more modern explanation of the artist's turning away from reality would have to consider not only his inability to relinquish instinctual pleasure but also his fixation in the other aspects of his early development. The artist-to-be finds it difficult to relinquish his narcissism and omnipotence, which allow for a self-created world and one that is equated with self. Expressed in terms of the ego psychology we are discussing, it may be viewed as the artist's inherent resistance to developing a separation between object and self. The artist's struggle against the object world may further explain Greenacre's theory that the artist's object relationships are diffused by collective alternates and his love affair with the world.

When Freud describes the artist as 'turning away from reality', he implies that the reality principle has become dominant in the artist's mental development. In order to turn away from reality, he must temporarily desynthesize this established stage of development. His subsequent integration of pleasure principle functioning and reality principle functioning constitutes an adaptive progressive position of the ego rather than a regressive one. The artist's progressive fusion of the pleasure and reality principles is not to be equated with the turbulent pathological regressive fusion of the two principles of mental functioning. The co-existence of the two principles in creative activity may be caricatured as a meeting of two minds, in which reality presides and governs ingeniously over the business of a rich program of seriously considered imaginative unrealities pre-

sented by the pleasure principle. A pathological co-existence of the reality and pleasure principles may be seen as another meeting at which the pressure of urges and demands can no longer be contained or regulated by a weakening and faltering executive.⁴ The artist's capacity to dissociate himself from his established development of reality functioning and to innovate and integrate harmonious original use of his pleasure principle and reality principle constitute an adaptive form of mental functioning here designated as 'beyond the reality principle'.

Is it only the artist (and the scientist, too) who has this capacity for mental functioning beyond the reality principle? Not at all. It has already been demonstrated that the play of most children gives evidence of mental functioning that combines the pleasure principle and the reality principle in a 'beyond the reality principle' fashion. With the advent of adulthood in any individual, one notes occasional phenomena that bespeak a mental functioning beyond the reality principle.

Such phenomena as new successful adventures in work, marriage, and migration call forth in some instances mental functioning beyond the reality principle; this is so when the abandoned job, mate, home, or country could still provide some realistic gratifications that might have justified their not being abandoned.⁵ Such new adventures differ from creative activity in that they are enactments of fantasies or ideas regarding newly idealized real (nonhallucinatory) objects or situations. Common to both the creative act and the new adventure is the search for a solution by means that are beyond the reality principle. They part company by the nature of their intent and content. The creative act is not only imaginary in content but

⁴ The difference between adaptive ego functioning in the artist and regressive ego functioning in the mentally ill is well illustrated in a comment by Jung to James Joyce in response to Joyce's statement that there was essentially no difference between the contents of his writings and the verbal utterances of his psychotic daughter. Jung remarked that Joyce and his daughter were like two people going toward the bottom of a river, one diving and the other falling (1).

⁵ To devise and carry out such adventures, the desynthesizing and synthesizing functions of the ego must be employed (9).

also is original and of universal interest. The new adventure is oriented to reality and is newly gratifying, but only to the individual.

Since all men share the capacity to function beyond the reality principle, what factors besides artistic talent account for the rarity of persons directed toward the creative life?

In an earlier study I suggested that the artist-to-be child lived through the era of domination of the pleasure principle in which the hallucinated objects were perhaps more heavily cathected than the available real objects (10). Put figuratively but schematically, the artist-to-be infant equipped with 'more than usual sensorial sensitivity' (6) has cathected an imagined (hallucinated) breast more acutely than the real breast. To the advent of an increasing sense of reality he brings his established state of intense attachment to hallucinated objects and their representations. In adult life he retains his relative indifference to real objects. It is this more unusual capacity to hypercathect imaginary objects that early in life characterizes and designates the future creative person. If this is true, then Freud might more accurately have stated that the artist cannot renounce his imaginary objects from which he derives the *hallucinatory* satisfactions of his erotic and ambitious wishes. It is my impression that the more intense cathexis of hallucinatory object in the early developmental era of pleasure principle domination is only secondarily due to environmental factors (such as an absent mother or 'bad' mother). One might incorrectly expect that only absence or unavailability of objects would stimulate increased cathexis of unreal objects. A stronger influence for cathexis of hallucinated objects is the individual's greater-than-usual sensitivity to sensory stimuli from objects. Such sensitivity as well as other attributes have been postulated by Greenacre as the prerequisite endowment in the childhood of the artist (6). Accordingly, one would expect that the intensification of cathexis of imaginary (hallucinated) objects developed early in life would be perpetuated into later development under the reality principle and beyond it, so that hallucinatory gratifica-

tion would be subsequently extended onto fantasied objects.

Until now, no special emphasis has been placed on the specific fantasies used during the act of creativity. We have mainly examined the general qualities of the artist's fantasy life. It is assumed that creative people use and elaborate their own fantasies toward creative ends. It is clinically difficult and therapeutically unwise, and often contraindicated, to deal in an analysis with an ongoing transformation of the patient's fantasies into a creative work. Creative patients in alliance with reliable therapists generally avoid the material pertaining to the fantasies and mental functioning specifically involved in a current creative effort. The allotted area of investigation in analysis of the creative process is usually restricted to those factors that disturb or inhibit creative functioning.

The creative process is a totally integrated activity in actuality, yet there is little doubt that its components may be dissected into the two main phases of inspiration and elaboration. Current ego psychology maintains the position that inspiration has a primary process content that resides in the unconscious. Through a regression in the service of the ego it becomes available to consciousness in the form of a fantasy (7). Current ego psychology further contends that the mental processes of elaboration in creative activity constitute the mental processes of ordinary work (7). In a previous study (9) I have taken issue with these formulations and have suggested alternatives. In brief, I suggested that use of the desynthesizing and integrative functions of the ego is a more precise assessment of the ego's activity in both inspiration and elaboration. My present study suggests some further clarifications of the nature of mental functioning in creative inspiration and elaboration.

The more hallucinatory and delusional quality of the creative artist's fantasy and its topographical freedom have been demonstrated. These special characteristics of the artist's fantasy re-enforce the position that regression in the service of the ego is unessential to the conscious availability of inspirational content. No temporal regression of the ego is required for its

availability, as it is for pathological hallucinations or delusions. As for the nature of elaboration in creative work, it has been previously noted that artists will work incessantly at their creations and may remain rather indifferent to realistic tasks and considerations. Ordinary work is shaped by a sense of reality and morality. Creative work does not promise a direct personal gratification in the realistic world. Creative elaboration is mental functioning beyond the reality principle and is more in the service of the ego ideal; ordinary work operates within the reality principle and is mostly in the service of the ego. Creative work, as Freud suggested, offers the artist the possibility 'to mould his phantasies into a reality of a new kind'. Such efforts are far afield from ordinary work, which serves ego needs under the reality principle. Creative elaboration can be better understood as extraordinary work that extends beyond the reality principle in the fulfilment of the ego ideal.

It is of course true that successful creative efforts may pay the highest rewards that also lie beyond the reality principle. As Freud pointed out, the artist may 'actually become the hero, the king, the creator or the favourite he desired to be without following the long roundabout path of making real alterations in the external world'. Thus the artist's creativity is the summation of his hallucinatory fantasies, elaborated by his special gifts with extraordinary efforts which transcend his reality principle and ego needs.

The creative state may be viewed as a transient hallucinatory or delusional psychosis without ego regression but re-enforced and maintained by the coördinated activities of the dissociative and integrative functions of the ego. The duration of the 'creative psychosis' is limited to the period of time during which the artist is involved with the given act of creation. The 'creative psychosis' of the creative artist is independent of his usual mental state which may be normal, neurotic, or psychotic.

Marc Chagall has aptly and simply summed up his creative life in a casual remark which fits our concept of creativity as

the transcendence of reality via the elaboration of a hallucinatory fantasy in the service of the ego ideal. 'Life', he said, 'is but a dream and I paint the dream'.

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New Archival Findings Concerning Sigmund Freud's Childhood in Pribor

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NEW ARCHIVAL FINDINGS CONCERNING SIGMUND FREUD'S CHILDHOOD IN PRIBOR*

ABSTRACTED BY GEORGE H. WIEDEMAN, M.D.

The authors, Prof. R. Gicklhornova of Vienna, Mr. F. Kalivoda, a Czechoslovak architect, and Dr. J. Sajner, a Czechoslovak medical historian on the staff of the Medical School in Brno, Czechoslovakia, reproduce for the first time a facsimile of Freud's birth certificate. A copy of this document was preserved in the office of the Catholic vicarage in Příboř that kept birth records of members of all religious denominations. The records kept by the Rabbi's office disappeared during the Nazi occupation of Czechoslovakia. The article also contains other illustrations related to Freud's early life in Příboř. The house where Freud was born is preserved virtually unchanged since the time of Freud's birth.

In his biography of Freud, Ernest Jones mentions the Czech nursemaid as a 'Nannie, old and ugly' to whom Freud refers as 'that prehistoric old woman'. She allegedly was dismissed and even jailed for theft when Freud was two and a half years old. This Nannie used to take young Sigmund to the local Catholic Church, whose main altar contains a sculpture of the Holy Virgin, flanked by two large baroque paintings representing Saint Isidor and Saint Vendelin. The authors have discovered the name and identity of the 'prehistoric old woman'. She was Monika Zajícova, a member of the family Zajíc, from whom the Freud family rented part of their home at 117 Zámečnická Street (Schlossergasse). The house has been the property of the family Zajíc, traditionally locksmiths, for four generations. The present owner of the house, Mrs. Vitezslava Balcárková, born Zajicova, reported that her father, Jan Zajíc (1850-1924) remembered Freud as a small child.

The Archives contain information on the occupation of Freud's father: he traded as a middleman in tallow, hemp, honey, woollens, and other goods. Official permits to trade and to sojourn in the

* *Nové archivní nálezy o dětství Sigmunda Freuda v Příboře (Freiberg)*, by R. Gicklhornova, F. Kalivoda, J. Sajner. Published in *Československá psychiatrie*, Vol. LXIII, 1967, pp. 131-136.

The QUARTERLY expresses thanks to Dr. Weideman for this interesting historical note. [Ed.]

community were granted by the authorities for short periods only and had to be renewed at frequent intervals. This, in the opinion of the abstractor, might have contributed to a general state of insecurity of the Freud family during their stay in Příboř.

When Czechoslovakia was occupied by the Nazis in 1939, Mrs. Balcárková (then Miss Zajíc) removed the Freud memorial plaque, erected in 1931, and hid it in the basement of the house. The disappearance of the plaque was investigated by the Nazi occupiers and Mrs. Balcárková had to give it up to the Nazis, who punished her by evicting her from the family home within twenty-four hours. After World War II the house was returned to the rightful owner. The plaque was found in Oranienburg, Germany, together with the bell of the church Freud used to visit with his Nannie. The bell was returned but the plaque was lost in transit from Germany to Czechoslovakia. Another commemorative plaque was attached to the house in 1956.

The authors plan to publish further data on Freud's early years in Příboř and to collect memorabilia related to Freud to be exhibited in the local museum. 'Such exhibit will contribute to the recognition and fame of the town of Příboř that has become known to the world as the birthplace of S. Freud.'

Sigmund Freud: Briefe 1873-1939. Second, revised edition. Selected and edited by Ernst and Lucie Freud. Frankfurt am Main: S. Fischer Verlag, 1968. 538 pp.

Hans A. Illing

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BOOK REVIEWS

SIGMUND FREUD: BRIEFE 1873-1939. Second, revised edition. Selected and edited by Ernst and Lucie Freud. Frankfurt am Main: S. Fischer Verlag, 1968. 538 pp.

Since the first edition of this volume has been extensively reviewed,¹ it seems appropriate to mention only the revised portions of the second edition in this review.

The main feature of the second edition is the addition of seventeen previously unpublished letters: seven addressed to Carl Koller, one each to Eduard Silberstein, Rosa Freud, Minna Bernays, N. N., Max Halberstadt, Lytton Strachey, Alexander Hérenger, Lou Andreas-Salomé, Richard Beer-Hofmann, and Marie Bonaparte. As Freud was one of the last literary letter-writers of Continental Europe of this century, one can speculate that further riches will be forthcoming in further editions.

Freud's literary inclination may be seen in his brief congratulatory letter to Beer-Hofmann on the occasion of the latter's seventieth birthday. In this letter Freud emphasizes the fact that both have lived in Vienna for many years without ever having met although, of course, each had known of the other. The same observation could be made of other literary figures, notably Arthur Schnitzler where the time-span of Schnitzler and Freud living in the same city amounted to over forty years.

An unpublished letter of Freud's to his famous pupil, Lou Andreas-Salomé, is most welcome. He mentions the seizure (*Beschlagnahme*) of the tear sheets of the eighth edition of *The Interpretation of Dreams*. In this letter the very cordial and emotional relationship between the two is evident. The chronologically last letter that has been added to the collection is addressed to his savior, Marie Bonaparte, on January 27, 1938, prior to his emigration to England. Freud writes of his hope that the Princess will tell him when they meet that he looks fine and that he may return this compliment. He tells her that he has just undergone another operation in which a carcinoma, an 'Antherom', was removed; therefore, he hopes that he will appear to her as more handsome (*verschoent*).

¹ Cf., This QUARTERLY, XXX, 1961, pp. 265-271.

Not only the analyst but the general reader will welcome this second edition. The letters added reaffirm what other letters have told the reader: the writer was the same person no matter what his mood, his inclination, or his inspiration.

We are grateful to the publisher and the editors who are correct in their belief that 'just' seventeen new letters would whet the appetite of anyone interested in Freud.

HANS A. ILLING (LOS ANGELES)

PSYCHOANALYSIS: THE FIRST TEN YEARS, 1888-1898. By Walter A. Stewart, M.D. New York: The Macmillan Co., 1967. 224 pp.

The value of the application of the genetic point of view to analytic history is again evident in this new scholarly review. Stewart has based his work primarily on fifteen papers, one book, ninety-seven letters, and fourteen drafts of articles written by Freud between 1888 and 1898. He presents at the outset a brief outline of Freud's life during this period and some of his speculations about personal relationships seem apt; for instance, a correction of Jones's view of Freud's relationship with Fliess. Apparently, in addition to using him as a transference figure, Freud hoped that Fliess would supply the missing physiological substrate from the latter's biological knowledge. Also, Stewart proves by examining the order of writing that Freud did not 'progress' out of physiological concerns and into psychological ones, but that the two supplemented each other. Thus, the anxiety papers (physiological) alternate chronologically with the defense neuropsychosis papers (psychological).

The crisp style of most of the book is marred, especially in the early chapters, by what seems to be a dualism of intention: to present an account that will simultaneously interest the layman and satisfy the needs of psychoanalytic scholars. It is hard to reconcile the patently didactic description of such topics as the seduction theory, the first anxiety theory, and the actual neuroses—'The erroneous formulation was the result of Freud's lack of awareness at this time of the existence of unconscious mental processes and of infantile sexuality' (p. 43)—with the enlightening and comprehensive discussion of the theoretical bases for the actual neuroses set forth in the third chapter.

However, the author's own enthusiasm in accurately exploring

dimly lit passages of psychoanalytic theory makes the book come alive. For example, in discussing the early theory of melancholia, Stewart points out in a most clarifying exposition that the stimulation of the model toward orgasmic discharge can occur from three independent sources: tension in the terminal organ, memories of voluptuous feelings, and stimulation by a sexual object. If the sum from all three sources is insufficient, the result is melancholia. The author succinctly outlines a series of steps: low level of tension in the terminal organ gives rise to inadequate charge of the psychical-sexual group of ideas, which may lead to ease of inhibition. The awareness that the desire will fade away ungratified causes the organism to draw off physical libido from adjacent neurones, and this withdrawal causes 'pain'. There is a moment of discovery as Mourning and Melancholia and other later writings seem to emerge, like recognized friends, from the shadows of their origins.

Chapter Four is a detailed discussion of the defense neuro-psychoses. This section, too, is replete with concepts that have been revived after a period of latency. Stewart rightly notes that the hypnoid state (Breuer), though replaced by the concepts of the unconscious and the defense of repression, contains the idea of the split in consciousness that can be compared with Freud's much later formulation of the split in the ego.

Even before the 1897 revisions, Freud's conclusions, as detailed by Stewart, concerning the results of traumatic infantile seductions are astonishingly accurate when one considers the relatively primitive techniques that elicited the clinical material. For example, a sexual experience at an early stage, when recalled, produces 'a surplus of sexuality, inhibiting thought, . . . making it impossible to tame or inhibit the memory. Sexual experiences during stage one, between the ages of zero and four, occur at the preverbal stage of development and lay the groundwork for later conversion and somatic discharge (primary defense).' In addition to the complex manifest significance of this passage, one finds here embryonic ideas about neutralization, resexualization, resomatization, and the effects of overstimulation on particular ego functions.

In a chapter entitled *The Economic Formulations*, Stewart discusses and differentiates the assumptions of the mechanical model and the field theory approach in Freud's energy formulations. The vicissitudes of the role of the constancy principle through the early

period are traced. The limitations of literal quantitative applications of the principle are outlined and the necessity for the conservation (of energy) principle to the economic point of view as well as the discharge hypothesis is clarified. Stewart says of these relationships, 'The implication is that it is not the energy which runs the model, but that the energy makes it necessary for the model to run'. As he became more cognizant of internal sources of stimulation, Freud increasingly related economic views to dynamic considerations. Stewart's discussion of the advantages and disadvantages of the discharge theory, the constancy principle, and the evolution of the concepts of the economic functions of the psychic apparatus resolves many of the ambiguities that have plagued students of *The Project*. The fundamental definition worked out by Stewart is that the constancy principle states that 'the neuronic apparatus, because of the need to delay, manages to maintain a constant level of drive discharge tension by its binding capacity'.

Central to the chapter on affects are some proposals Stewart himself makes, recommending a unitary theory of anxiety which abandons the concept of fresh release of unpleasure in automatic anxiety. The change toward controlled signal anxiety should be viewed, he feels, as a consequence of the ego's development; it is the response to the signal that changes. He agrees with Schur who regards the 'danger' as the threatened reappearance of primary-process functioning, and sees anxiety *following* the perception of danger rather than *signaling* the existence of a danger situation. Stewart does not agree with the discharge hypothesis of affects. The sole function of the affects 'is to make possible the conscious representation of economic shifts within the organism'.

In the final chapter the elucidation of the basic formulations of *The Project* is the most thorough that I have encountered and clarifies the relationship between early and later theory. It should make the reading of *The Project* an even more stimulating experience for the student than it has been until now.

This reviewer feels that Dr. Stewart has presented an excellent and accurate study of early theory which could have been improved only if the author had allowed himself to offer us even more of his own cogent personal ideas about this always fascinating material.

SHELLEY ORGEL (NORWALK, CONN.)

DISCUSSIONS OF THE VIENNA PSYCHOANALYTIC SOCIETY, 1910—ON SUICIDE. With Particular Reference to Suicide Among Young Students. Edited by Paul Friedman, M.D. New York: International Universities Press, Inc., 1967. 141 pp.

This book, a translation of a symposium on suicide held by the Vienna Psychoanalytic Society in 1910, was originally published, according to Alfred Adler who wrote the preface, in order to 'insure that psychological problems of interest to the community may be discussed before a wider circle of medical men, psycho'ogists, and educators, from the standpoint of psychoanalytic method'. The discussion took place because there had been an increase of suicide among secondary school students, which had received wide publicity. The harshness of the schools at the time was pointed to as the primary cause.

In his Foreword to this translation, Dr. Friedman briefly reviews eighteenth and nineteenth century ideas about suicide. He points out that the most impressive psychoanalytic contribution to the symposium was made by Stekel who emphasized the role of intrapsychic conflict in reference to guilt, self-punishment, and the talion principle: 'no one kills himself who has never wanted to kill another, or at least wished the death of another'.

The value of the book to those interested in the history of psychoanalysis as well as to social historians is as a source of primary data about sociological and psychoanalytical thinking in 1910. Many interesting comments are made by the discussants that do not refer particularly to suicide. For example, in explaining the psychoanalytic method, Adler stated: 'The accuracy of the results can invariably be checked because the presumed pathogenic situation of childhood is always in accordance with the real situation which is gradually recalled in its entirety'. Freud, commenting on Professor Oppenheim's paper, emphasized the fact that the school 'must never forget that it has to deal with immature individuals who cannot be denied a right to linger at certain states of development and even at certain disagreeable ones', and must support these adolescents during the time when they must 'relax their ties with their parental home and their family'. But to do this, Freud insisted that the school 'must not take on itself the inexorable character of life: it must not seek to be more than a game of life'. Trenchant social commentary

was made by Dr. Karl Molitor who pointed out that the school makes even greater demands on the student than on the adult because 'our educational system is only secondarily educational; it is primarily an institution for the attainment of privileges', that is, as a 'feeding trough' into the social hierarchy, a situation not conducive to the dedicated teacher.

Most of the psychoanalytic views expressed are dominated by Freud's toxicological theory of anxiety and specifically focus on the pathogenic effects of the suppression of masturbation. On the other hand interesting clinical observations are made. For example, Sadger points to the disillusionment with parents and then with teachers as a source of depression, although he concludes that it is the unrequited love of the pupils by the teachers which is the decisive factor. As mentioned, Stekel's contributions are the most impressive and seem more in keeping with modern psychoanalytic concepts: 'It is difficult to draw the line between sickness and health. . . . The suicide is a punishment imposed on himself by the person who takes his life.' He also points out that masturbation itself can be a punishment and penance as well as a sexual discharge, and he repeatedly emphasizes the role of unconscious incestuous fantasies.

Adler makes a curiously muddled statement about his theory of organ inferiority and the role of the masculine protest: 'All forms of early sexuality and auto-eroticism come from this vehement striving', he says, and yet he also talks of a constitutional factor, the strength of the aggressive drive. The pathogenic conflicts he mentions, however, do not seem to be related to a drive theory but to overcompensation (the masculine protest) and to the feeling of inferiority that is based upon some actual physical impairment. On the other hand, he discusses the narcissistic mortification that results from the failure of infantile omnipotence in the face of reality. His focus seems to be upon the childishness in suicide and neurosis, with a lack of awareness of the role of aggression and self-punishment that is so prominent in the comments by Stekel.

This reviewer suggests that it would be worthwhile from the standpoint of the intellectual history of psychoanalysis to do detailed studies of periods within the development of psychoanalysis—for example, one between 1905 and 1917, considering the steps from the theory of sexuality and the dynamics of the unconscious to the greater complexity of the metapsychological papers and, directly

relevant to this book, the paper on Mourning and Melancholia. What influence, if any, Freud's association with other psychoanalysts in this period may have had upon his thinking would seem to deserve study. Whether, for example, the ideas presented by Stekel in this symposium, which seven years later are part of Freud's definitive theory of depression, had come from Freud in previous discussions with his colleagues.

MANUEL FURER (NEW YORK)

PSYCHIC TRAUMA. Edited by Sidney S. Furst, M.D. New York: Basic Books, Inc., 1967. 252 pp.

This volume, the first in a projected monograph series sponsored by the Psychoanalytic Research and Development Fund, considers the important topic, psychic trauma. The papers are contributed by a distinguished group of psychoanalysts who met in discussion for three days. The result is a comprehensive survey of the topic both as regards its past history and its future development. Many questions are raised and answers are tentative. But a trend appears that indicates a basic agreement on fundamentals with disagreement, for the most part, only on secondary issues.

Dr. Furst introduces the volume with an exhaustive historical survey and bibliography. The value of his chapter is enhanced by his approach, which places the various writings in perspective, giving the reader a critique, not merely a summary. He discusses the concept of the stimulus barrier but adds the later theories of danger situations and sense of helplessness as factors in trauma. To define trauma as a breach in the stimulus barrier is a tautology. The development of ego psychology and the structural hypothesis have made it clear that economic consideration of a psychic activity is only one part of an explanation. In his later writings, Freud went beyond his 1916 statement that 'Indeed, the term "traumatic" has no other sense than an economic one'.

The scope of the book may be best indicated by listing the chapter headings: The Metapsychology of Psychic Trauma (Rangell); Trauma and Psychopathology (Neubauer); The Influence of Infantile Trauma on Genetic Patterns (Greenacre); Trauma, Strain, and Development (Sandler); Trauma and Infantile Experiences: A Longitudinal Perspective (Solnit and Marianne Kris); Trauma and

the Variety of Extraordinary Challenges (Waelder); and Comments on Trauma (Anna Freud). Recurrent questions are: What is a traumatic experience? Is it the dramatic 'shock' experience or the 'stress' experience, such as a disturbed mother-child relationship, perhaps unrecognized? What is the relation of the shock and the stress experiences? Shall we call a shock experience traumatic if the individual, child or adult, copes with it adequately?

It is banal to note the ubiquity of conflict in normal development. That certain experiences have a cumulative effect which are recognized only in retrospect as the basis of disturbed function or symptom-formation, thus deserving the label of trauma, was described by Freud and is discussed by the contributors to this book. The most direct clinical evidence is offered by Solnit and Kris, who report the case of a child studied at the Child Study Center of Yale from birth, with a follow-up at age fourteen. The authors demonstrate the interaction of a disturbed mother-child relationship, the 'stress' trauma, and an acute traumatic experience, the 'shock' trauma, at the age of three and a half, and bring into focus the effect on later character development. This study raises the question: does an isolated shock experience produce lasting effects on later symptom or character development if there is no pre-existing stress situation with unconscious fantasies that sensitize the individual? Solnit and Kris state: 'Longitudinal observations reduce the tendency to view traumatic events as single, acute, shocklike experiences, since the more one knows about the child's inner and outer life the more related significant events and conflicts are discernible around the projecting trauma'.

Neubauer emphasizes the role of early object relations as traumatic factors, especially the significance of separation and helplessness. Greenacre, too, concludes that 'the undermining of the firmness of mental development in the earliest months after birth is probably the most important factor in increasing the reaction to trauma in the remaining preœdipal years'. Anna Freud supports Greenacre in the opinion that 'no truly traumatic event is ever wholly digested, that increased vulnerability is left inevitably, and that the individual concerned is prone to break down at some later date even if this hazard may be restricted to those occasions where he is faced not only with a quantitative but also a qualitative repetition or near repetition of the original injury'. On the contrary, Sandler main-

tains that 'there is strong evidence that many children recover from truly traumatic experiences with little or no residual damage to their personalities'. This, however, is a circular argument as it does not define 'truly traumatic', although definition becomes secondary if one keeps in mind that psychic behavior and development in all instances involve the interaction of external experience and innate capacities.

Solnit and Kris describe the phenomenological criteria for recognizing shock trauma. The question of the individual's ability to cope with such experience is considered by Waelder and Sandler. Waelder brings out the importance of paths of discharge, 'the availability or nonavailability of exit' in dealing with potentially traumatic situations. Sandler, whose contribution is based on research studies at the Hampstead Clinic, emphasizes not the immediate experience of helplessness but 'the post-traumatic condition of the child'. He states: '... we only consider traumas to be of importance in our analytic work if they have resulted in a significant change or impediment to development in the child, or if it is thought they may do so in the future'. He observes 'that in the vast majority of cases of the death of a parent ... a trauma in the strict sense of the definition does not occur'. It would appear that Sandler argues against himself. First of all, there is no strict definition of trauma and it is doubtful that the death of a parent leaves no aftermath of disturbance in the further development of a child. Sandler does not support his conclusion with clinical evidence. Nor can I agree with Furst's acceptance of several clinical reports that children exposed to sexual relations with adults, including incestuous relations, show 'little evidence of fear, anxiety, guilt or psychic trauma' and that 'pubertal and prepubertal girls who have been involved in sexual relations with their fathers rarely experience guilt and show little evidence of psychologic disturbance'. My own experience with such cases indicates severe disturbance, especially in superego development.

The question of the relation of fantasy and actual experience is widely discussed, especially by Greenacre. She points out the tendency to underestimate the importance of actual experiences. The developmental phase in which the traumatic experience occurs is of central importance in this connection. Greenacre focuses on 'the role of actual infantile trauma as it combines variously with concurrent fantasies in contributing to preœdipal disturbance of ego

development and orderly libidinal phase progression'. This she finds important in the etiology of perversions, certain character disorders, and very severe neuroses. She adds that consideration of precædipal factors does not undermine the significance of the œdipus complex, which 'speaks decisively and eternally for itself'.

The metapsychological approach to the problem of psychic trauma is presented by Leo Rangell. This affords a useful theoretical view of the subject but it presents the danger of reification which Dr. Rangell does not altogether avoid. Thus the statement that 'a stimulus can occur *in initio* from the direction of the ego, such as, for example, by the exercise of a strong ego judgment or by a critical decrease in self-esteem' may be questioned if we recognize that 'ego' is an abstraction to denote a group of functions that operate in relation to other functions in turn denoted as id and super-ego, and to external factors. On this point Anna Freud questions 'whether inner events as such can cause trauma without the upset being triggered off by external happenings'. Rangell provides a sequential description of trauma from the precipitating stimulus to the traumatic process (formulated in terms of rupture of the stimulus barrier), to the traumatic effect, which includes painful and unpleasant affect.

This is an important book, clearly the most definitive statement on the subject available. One aspect of the problem of trauma is, however, missing. I raise the question whether we do not as a result of our cultural background regard certain experiences as traumatic to the child which, in other cultures, do not lead to symptom-formation or other pathology, though they probably do affect character formation which, for the specific culture, may be both reality-syntonic and ego-syntonic. Further studies of the effects of primal scene exposure, early exposure to the anatomical differences of the sexes, and exposure to violence and bloodshed in different cultures remain to be carried out with psychoanalytic insight.

DAVID BERES (NEW YORK)

THE BIOLOGY OF DREAMING. By Ernest Hartmann, M.D. Springfield, Ill.: Charles C Thomas, 1967. 206 pp.

This is undoubtedly the best book that has so far appeared on the recent research on sleep and dreaming, based on the utilization of the EEG-REM (rapid eye movement) method. It considers a great

part of the literature up to 1966 and has a bibliography of over six hundred titles. Although since 1966 the literature in this field has continued to accumulate at an ever-increasing rate, Hartmann's book summarizes the principal findings and discoveries, most of which were made by that date.

The author accepts the dual sleep theory which emphasizes that dreaming is associated with a unique biological sleep state, a state in many ways as different from ordinary sleep as it is from waking. This biological state, called by Hartmann the D-state, has been found to occur in mammalian species as well as in man. The term 'D-state' emphasizes the qualitative differences from waking and ordinary sleep, the 'D' stressing the important concomitant psychological experience of dreaming. Hartmann's term has the advantage over others, such as REM state or Emergent Stage 1, in that it includes reference to dreaming while all other terms stress the physiological.

Hartmann discusses, among other topics, the phylogeny and ontogeny of the D-state, its peripheral physiology and neurophysiology, the D-deprivation phenomenon, the chemistry of the D-state, the relation of the D-state to mental, physical, and psychosomatic illness, and finally its functions. The author himself has made important contributions in many of these areas. He belongs to a small but growing number of young analysts who have been working in the area of dream-sleep research, an area of special importance because of its implications for the mind-body problem. As Hartmann suggests, there are few places in present research where the gap between physiology and psychology seems smaller. The biology of dreaming is a truly interdisciplinary field involving workers in physiology, neurophysiology, biochemistry, psychoanalysis, psychiatry, psychology, information theory, among others.

Hartmann indicates that we do not know what the function of the D-state is but that its ubiquity, regular periodic occurrence, and the large portion of the organism's life spent in it, especially in infancy, suggests that it must have some adaptive function. The experiments on D-deprivation indicate a need for the D-state, something which the organism must regain after loss in an almost quantitative fashion and something whose loss produces measurable changes in the organism. The D-deprivation experiments appear to point to a simple hydraulic build-up and discharge or a need for D,

probably involving certain neurochemical substances, especially the monoamines. These findings are compatible with a hydraulic model of build-up and discharge of instinctual drives in relation to dreaming. But caution should be exercised at the too facile acceptance of this analogy as the findings are open to other interpretation.

It has become clear that the D-state probably has functions that transcend the psychology of the dream. It seems probable that we are dealing with multiple functions depending upon developmental stage and level of integration, e.g., molecular neurochemical, neurophysiological, psychological, etc. Numerous functions of the D-state have been suggested and, as Hartmann remarks, these proposals inhabit very different planes. Many of the competing hypotheses are in actual fact mutually compatible. Most theorists tend to stress the purely biological and neglect the psychology of dreaming, an oversight not made by Hartmann.

Of the various theories proposed, Hartmann is in agreement with the idea that the basic mechanism underlying the D-state involves the metabolism of some chemical substance. He is also in agreement with the suggestion that the D-state provides an endogenous source of stimulation to the developing cortex of the infant or the foetus *in utero*. He favors the suggestion that the D-state is involved in the mechanisms of human memory, that it specifically serves a function with respect to memory storage. It has been demonstrated that the D-state persists and can be shown to be needed by the organism even when there is no possibility of dreaming, e.g., in the decorticate animal or man. Hartmann indicates, however, that this does not imply that the psychological process of dreaming is without function and does not contradict the psychoanalytic theory of hallucinatory wish-fulfilment and the role of dreaming in discharging instinctual drives.

He concludes by indicating that probably the most basic role of the D-state has to do with neurochemical homeostasis of the central nervous system, but it also plays a part in the growth and physical adaptation of the nervous system, the adaptation of the individual to his physical and social environment, the survival of the individual and the species.

The book is written with great lucidity and economy, a great deal being compressed into its few pages. It is noteworthy for its precision and objectivity. Each area is examined critically and Hartmann

suggests areas both for future research and specific experiments. Numerous charts, diagrams, and tables add to the clarity of the presentation. The book cannot be recommended too highly.

CHARLES FISHER (NEW YORK)

INDICATIONS FOR PSYCHOANALYSIS; THE PLACE OF THE DREAM IN CLINICAL PSYCHOANALYSIS. (Monograph II of the Kris Study Group of the New York Psychoanalytic Institute). Reported by Herbert F. Waldhorn, M.D. Edited by Edward D. Joseph, M.D. New York: International Universities Press, Inc., 1967. 106 pp.

The report, *Indications for Psychoanalysis*, contains the remains of a section of the Kris Study Group that expired in 1958. The personal report by Herbert F. Waldhorn derived from the same study is shorter but more alive.¹

Three cases are presented illustrating problems concerned with the selection of patients for psychoanalysis. Discussion of the cases serves as a stimulus for a systematized approach. Using the structural point of view, a list of functions considered pertinent in assessing analyzability is presented. These functions are divided into four categories: from the side of the ego, from the side of the superego, from the side of the id, and from the environment. In theory this approach has advantages over the use of diagnostic criteria such as Glover advocated. Operationally, however, the difficulties in quantifying functions, assessing their relative importance, and assigning values to the way they interrelate lead to insoluble difficulties in application. The approach is worthwhile only so long as it is regarded as a way of acquiring data rather than the tool for making the decision itself.

Leo Stone criticizes the group's tendency to fragmentize the problem of patient evaluation, preferring an assessment based on the patient's total life functions. Among his criteria he includes 'the ordinary capacities exhibited in the course of meeting life situations', such as the capacities for object relations, work, and sexual gratification. Perhaps because of the brevity of the report the assessment of analyzability and the goals of analysis do not seem clearly differentiated. Problems in the areas of object relations,

¹ *Assessment of Analyzability: Technical and Theoretical Observations*. This QUARTERLY, XXIX, 1960, pp. 478-506.

work, and sexual gratification are commonly part of the neurotic process and, following Freud, the achievement of such capacities is generally regarded as the goal of psychoanalysis rather than a prerequisite for it. I am similarly perplexed by some of the group's statements. A reader of the report might conclude that the ideal patient for psychoanalysis is one who has no need for it, although I suppose it intends to say that the prospective patient must not be *too* far from the goal.

Granting that this study is a useful teaching exercise, psychoanalysts may still be accused of disregarding human needs unless their literature, teaching, and practices encompass a broader philosophy of treatment. The position of the report is reminiscent of that of the surgeon looking for a body suitable for a heart transplant. It suggests that psychoanalysts seek the proper patient for the treatment rather than the proper treatment for the patient. Psychoanalysis as a general psychology is in a better position than any other discipline to construct a theoretically based system for tailoring the psychotherapy to the patient, whether it is psychoanalysis, psychoanalysis with parameters, nonanalytic therapies based on psychoanalytic principles, or one of the group therapies. Yet the literature and, I suspect, the teaching of psychoanalysis tend to avoid a systematic study of psychotherapies. Even if the analyst wishes to restrict his own practice to more or less classic techniques, a broader view of therapy will help bring psychoanalysis out of its relative isolation in the therapeutic community and discourage the deluge of fringe therapies, most of them based on charisma and faith, that are so eagerly sought by the dispossessed of psychoanalysis. It will also help to nullify the attitude of some psychoanalysts, expressed in this report, who feel that they must 'accept' or 'reject' a person who comes for help.

The second report in the monograph, *The Place of the Dream in Clinical Psychoanalysis*, begins with clinical illustrations, examines dreams from the structural point of view, reviews experimental work on REM dreams, and discusses dreams on the couch. This conglomerate is understandable in the context of a seminar but tends to lack focus in print.

The chief value of the report is in its attempt to substitute the structural hypothesis for the topographic. It points out that the structural point of view permits the assignment of various parts of

the dream to id, ego, or superego and considers psychic functions in terms of gradation of consciousness rather than restricting them to one of the topographic systems. This point of view greatly broadens our ability to comprehend the dream.

Some members of the group regard the dream as a unique psychoanalytic communication that should be given special priority in treatment. The dream, they assert, is qualitatively different from other analytic material because the discharge outlets of the waking state are not available for the expression of intrapsychic conflicts. A divergent group claims that the structural approach has reduced dream analysis to equal status among a variety of psychoanalytic techniques. In effect, the dream is no longer the royal road because the unconscious is no longer the sole goal.

The phrase, 'This is a dream', interjected into a dream represents self-observation, a function of the preconscious in topographic terms and of the ego in structural terms. The claim is made that the topographic hypothesis is inapplicable to this kind of dream event because it states that the dream work is derived entirely from the unconscious. The structural approach, however, is readily adapted to such events because it postulates selective and variable regression of the function of all three psychic structures in the dream. This argument, however, is tenuous. As Gill has pointed out, Freud came to recognize that the dream work does not originate solely in the unconscious but 'to put it more accurately, *between* two separate psychical systems like the conscious and unconscious'. Sometimes the report appears inconsistent in its application of the structural hypothesis; for instance, it claims that no interpretation would ordinarily be made if the patient, early in analysis, reported a dream in which the doctor attacked him. It seems to me that the structural point of view and its offshoot, the principle of multiple function, lead to the conclusion that an interpretation of any dream is possible at any stage of the analysis providing sufficient information is available.

Charles Fisher presented to the group a succinct, interesting review of the experimental work on REM sleep and its relation to dreams, but most members felt that this work, so far, has added little to the clinical understanding of dreams.

The Kris Study Group can rightfully point with pride to the contributions of members of the New York Psychoanalytic Society to this subject. The report itself refers to the work of Arlow, Brenner,

Fisher, Isakower, and Lewin. The suspicion of big town provincialism is raised, however, by reason of the Study Group's neglect of the work of others outside its precincts, notably Erikson's *The Dream Specimen of Psychoanalysis*.

ALBERT J. LUBIN (WOODSIDE, CALIF.)

HOMOSEXUAL BEHAVIOR AMONG MALES. A Cross-Cultural and Cross-Species Investigation. By Wainright Churchill, M.D. New York: Hawthorn Books, Inc., 1967. 349 pp.

This book is described as the 'only comprehensive and objective study of male homosexual relations which approaches the subject as a fact of life rather than as a sin, crime or disease'. Animal studies and the study of cultures other than our own support the thesis that homosexual activity is frequent and not necessarily evidence per se of serious pathology. The author offers a scale, varying from exclusively heterosexual to exclusively homosexual, and points out that most of the population falls between these extremes. From this he concludes that any view of homosexuality as a pathological disarrangement of development is false.

Churchill also points out that heterosexual activity can be maintained by neurotic fears just as homosexuality can. The bias that heterosexuality is 'normal' he feels derives from the belief that it is 'instinctual in nature'; therefore the sexual drive is innately directed toward heterosexual aims and objects and monogamy. He describes this as the psychoanalytic view and sees it as a value judgment, culturally approved but without scientific justification. This line of reasoning is typical of the book, which sets up strawmen and then knocks them down.

In his argument it seems likely that Churchill is quarreling with an early but valuable formulation of Freud's—genital primacy. This concept suggests that in an average expectable environment, given fortunate constitutional endowment, heterosexual genital union will be in most instances the likely outcome of sexual development. The goal of reproduction is guaranteed by the greater potential pleasure inherent in the fulfilment of the 'grand biological design'. This does not 'judge' homosexual activity, which is seen as a frequent variant. The concept is a general biological view, supported by observation. Even this early formulation, in essence a generalization at the biological and developmental level, would not include expectations of

monogamy. The author clearly misunderstands and overextends the concept, then attacks it, ignorant of the meaning and historical development of Freud's views. To students of these views, the concept of genital primacy was recognized as incomplete since it did not allow for the complex vicissitudes of object relations or of ego function. Taking these variables into account, the symptom of homosexuality could be viewed in its more subtle ramifications.

In this book not only are metapsychological formulations inadequate or absent; even the clinical approach leaves much to be desired. The author deals with the fact of homosexual behavior as if it could be understood without reference to the widely different diagnostic classifications in which it appears as a symptom. He seems unaware of Freud's comment that it is probably as easy to change heterosexual behavior to homosexuality as it is to do the reverse, or even that the object is the most variable aspect of the sexual drive. Churchill's description of the concept of bisexuality shows this type of confusion. The analytic concept of bisexuality is equated with manifest sexual behavior, and since fifty-four per cent of the male population is exclusively either heterosexual or homosexual, they are described as monosexual. The author's knowledge of the drive concept of psychoanalysis is similarly misunderstood. He equates drives with animal instincts in which 'learning plays little or no part'. Feeling that he has disposed of the psychoanalytic view, he goes on to say that experience both of pleasure and pain can in fact influence the sexual behavior pattern.

Although further examples are hardly needed, perhaps one more is illustrative. The view that homosexuality occurs when heterosexuality is feared is dismissed with the observation that bisexuals perform both homosexually and heterosexually and therefore do not employ homosexuality to avoid heterosexuality. This statement ignores the dynamic motivations which underlie, and help us understand, the oscillation between the two forms of sexual activity. The author argues that homosexuality need be of no concern because of its presence in animals and frequent occurrence in humans. The deprivation and suffering with which it is usually associated is entirely blamed on social mores, religious convictions, and the narrow-mindedness of old-fashioned psychiatrists. This simplistic view betrays not only the reader but the subject matter as well.

The book does have the virtue of underlining the wide range of different cultural attitudes toward homosexuality, as well as other

variants in sexual behavior. The author correctly, but repetitiously, inveighs against the narrow attitudes of religion and society. He also correctly states that frequently these same narrow attitudes support the view that all variant sexual behavior is by definition disease and requires change. He fails to recognize that the term 'perversion' may be used in a nonpejorative or nonjudgmental sense in order to describe persons whose development has been derailed. However, the book serves to underline what we as analysts are likely to overlook; namely, that our patient sample is certainly highly selected and the understanding derived from that source alone is therefore not universally applicable.

Finally, this book, like so many others which are critical of psychoanalytic findings, serves to raise a serious question in our minds. We should ask ourselves why we cannot make the results of our analytic discoveries more understandable to others, even including, as in this case, a serious student and an active colleague.

WALTER A. STEWART (NEW YORK)

THE TWO FACES OF MEDICINE. By Carl Binger, M.D. New York: W. W. Norton & Co., Inc., 1967. 208 pp.

For several decades Carl Binger has been a consistent spokesman for liberalism in medicine, psychiatry, politics, and human affairs. This small volume of essays written between 1945 and 1966 illuminates his views on the relationship of psychiatry and social science to medicine and stresses his vision of a new, more humanistic medicine, informed by psychoanalysis and social awareness. 'The unprocessed reality of our work is no longer the sick patient only but the human animal in his environment.' The essays are addressed to the layman and the 'non-psychiatrist' physician, and they are an excellent introduction to the kind of progressive thinking in medicine that is increasingly influential today.

The author argues forcefully for the central role of psychoanalytically oriented psychiatry in medicine. 'I believe that the principal contribution of psychiatry to medicine lies in its humanizing influence.' It is the duty of psychiatry to reform medicine: 'it is the humanistic dimension that is most important even if it sometimes brings us into conflict with the rest of medicine or perhaps just because it does As psychiatry and the art of medicine have matured, the doctor is beginning to accept the total responsibility

again in treating illness, not only of curing the physical and mental illness of his patient but of helping him to return to the community as a useful member of society.'

Dr. Binger also believes that the time has come for psychiatry to set its own house in order: 'psychiatry appears at the moment to be in the process of transition and transformation. From a medical specialty it is gradually becoming a part of humanism and as such is concerned with all disciplines that treat of human thought, human feeling and human conduct.'

In his essay, *Freud and Medicine*, the author makes an impassioned plea for the establishment of endowed research institutes in behavioral sciences where full-time research in psychoanalysis and other disciplines could proceed under conditions similar to those that succeeded so brilliantly for medicine at institutes such as the Rockefeller Institute. He feels the time is ripe for building anew upon the foundations laid down by Freud. 'Hypotheses will survive as they withstand the annealing flame of proof. Such proof in science has always required the invention of new methods and the invention of new methods is a special province of young men who will preside over the period of "tooling up". Their training will be catholic, they will be better educated than we, they will be at home in the present as well as in our rich Mediterranean past, they will be inspired as we have been by the heroic figure of Freud.' Not the least charm of this book is the sense of the author's vigor and contagious optimism that emerges from every page.

Other essays deal with such diverse topics as the taking of a medical history, women in medicine, the nature of mental health, what is wrong with psychiatry, psychoanalysis, etc. While the psychoanalyst will find few of the essays intellectually challenging, there are interesting ideas throughout the book, the sentiments are always correct, and the lucid, engaging style is refreshing.

ARNOLD M. COOPER (NEW YORK)

THE MOTHER, ANXIETY, AND DEATH. THE CATASTROPHIC DEATH COMPLEX. By Joseph C. Rheingold, M.D. Boston: Little, Brown and Co., Inc., 1967. 271 pp.

This book is a scholarly and erudite psychological elaboration of the myth of the evil mother, be it Eve, Lilith, Ishtar, Pandora, Anath,

or others, who has brought death and sorrow into this world. The myth paraphrases the universal and innate destructiveness of the mother toward her offspring¹ which, according to Dr. Rheingold, is responsible for what he calls man's 'catastrophic death complex'.

The mother's destructiveness includes a general filicidal impulse —'to destroy brutally the infant'—, and a mutilation impulse—a more specific impulse directed toward the infant's genital organs. 'While the mother's filicidal impulse engenders fear of death, her mutilation impulse engenders mutilation fear and the mutilation complex (castration).' Dr. Rheingold believes that already in the womb both filicidal and mutilating impulses of the mother are conveyed to the infant through empathy. The ego of the newborn 'is able to perceive external danger and its own helplessness'. He 'knows' about the mother's unconscious impulses and responds to them with 'terror that is beyond imagination'. Even the foetus possesses an ego that is able to evaluate external danger and may even be 'neurotic'.

Anxiety is the re-experiencing of organismic disturbance produced in the infant by the catastrophic threat of the maternal destructiveness. This is modifiable only to a degree by later experiences. Anxiety does not repeat, as Freud thought, the response of the infant to the inevitable postnatal deprivations caused by the delay of need gratification. The latter gets meaning only through the impact of the infant's realistic appraisal of the threat deriving from the maternal destructive impulses. 'Fear of separation', 'maternal deprivation', and 'yearning for mother' are one-sided formulations that do not consider the influence of 'maternal savagery'.

The catastrophic death complex therefore comprises 'basic anxiety, castration anxiety, and fear of death'. Thus the mother is the ultimate source of all danger. 'The mother's destructiveness is a constant of the rearing in infancy . . . All but the fears of physical destruction and mutilation by the mother are derived fears. What we fear is catastrophic death from her—all else is phobia.' The mother's destructiveness is basically a response to her own catastrophic death complex which, in turn, is derived from the destructiveness of her own mother.

Dr. Rheingold rejects the role of instinctual impulse and conflict in the dynamics of psychopathology. The child's anxiety dreams and

¹ Cf., review of Rheingold, Joseph C.: *The Fear of Being a Woman: A Theory of Maternal Destructiveness*, This QUARTERLY, XXXVII, 1968, pp. 617-620.

nightmares are not the effect of instinctual overstimulation; they are manifestations of his terror of mother's destructiveness. Psychosomatic diseases are the effect of the mother's unconscious destructive wishes toward the infant: of her demands to become sick, to which the child reacts with unconscious obedience. The superego is not an internalization of the instinct-controlling parent and as such a repository of cultural values, but is an agent of maternal destructiveness. The instinct theory is to Dr. Rheingold a form of avoidance of the taboo of recognition of maternal destructiveness. Because of their own catastrophic death complex, investigators hesitate to recognize the universal significance of maternal destructiveness.

'The fundamental dilemma of human existence is that the maternal influence also abets death. Even the threat of the violent annihilation of the human species that now hangs over us is finally traceable to the maternal destructive influence.' Thus Dr. Rheingold maintains, with Goethe's Mephisto, that 'the whole pain and sorrow of mankind can be cured from one point'.

The merit of this book is in its stress on the impact of man's universal innate destructiveness on child rearing (*cf.*, Hartmann and Lorenz). While this undoubtedly deserves to be more thoroughly investigated as one of many factors influencing mental development, serious shortcomings make a discussion of Dr. Rheingold's thesis very difficult: in the first place the almost grotesque exaggeration of its scope with the exclusion of all generally accepted findings in psychoanalysis (Dr. Rheingold by-passes what child observation—analytical and nonanalytical—has taught us about infant development); and second the complete absence of clinical material. There is no attempt to demonstrate the superiority of his concept over the generally known ones.

The catastrophic death complex seems to the reviewer an extension of Sullivan's concept that anxiety is the reflection of the infant's empathy with the mother's anxiety, a communication which according to Sullivan is biological and not mediated through sensory channels. Dr. Rheingold's remark that his thesis evolved from the connection he made between the universal fear and hatred for one's mother and her actual observable character, reveals the motivating force for his over-evaluation of one single factor to the exclusion of all others.

There is a very valuable, extensive, and concise survey of the literature relevant to his thesis.

MAX M. STERN (NEW YORK)

RECLAIMING THE DELINQUENT BY PARA-ANALYTIC GROUP PSYCHOTHERAPY AND THE INVERSION TECHNIQUE. By S. R. Slavson, M.D. New York: The Free Press, 1965. 766 pp.

This volume reports a six-year study carried out at Children's Village, a residential center for neglected and delinquent boys, in order to evaluate the applicability of group therapy in such a residential setting. One of the analytic groups that lasted two years provided the data for a study in depth of its members and constitutes the central focus of the report. This group of seven boys aged thirteen to fifteen were an average sample of the resident population and met weekly for one and a half hours with a group therapist. They were selected primarily because they had not been amenable to any type of individual counselling. Slavson, the author, directed the over-all study and supervised the group therapists.

The first section of the book provides an overview and theoretic formulation in psychoanalytic and group dynamic terms of the entire study. The second section presents the clinical data in rich detail: the seven case histories, the protocols of the seventy-five sessions of the group, and periodic progress reports on the individual boys. The third section sets forth conclusions and recommendations.

The task of the study was twofold: to define the unconscious determinants for the deviant values and behavior of the delinquent and to test a method by which these unconscious factors could be used to reclaim such boys for a constructive life. This type of delinquent does not experience conscious guilt or anxiety because of his socially deviant behavior. Typically he uses projection, externalization, and aggressive action to block all awareness of his inner life—which poses a major resistance to treatment. Traditional analytic techniques are ineffective and require modifications or parameters; these modifications are termed 'para-analytic'. Slavson believes that such attitudes are best tackled in a group where confrontation is by peers and not by the therapist. Resistances as such are gradually overcome, the group's interest shifts from the externals to their own inner lives; this shift is termed 'inversion'. As the group

acquired psychologic literacy they explored their inner conflicts. The major areas of conflict were: 1, feelings of self-alienation—worthlessness, helplessness, and a sense of doom; 2, rage and guilt about parents; 3, sexual conflicts; and 4, control of aggressive impulses. The attitudes and reactions of residential staff, parents, and group therapists are reviewed. Evidence for the many formulations is provided by the clinical protocols which are rich and detailed.

A two-year follow-up was done on each of the boys. Therapeutic benefits were striking, not only during the treatment itself but also in their lives after discharge from the residential center. Significant improvement occurred in self-identity, ethical values, ego strength, and general maturity. Slavson concluded that such para-analytic group treatment is suitable, with certain limitations, for most delinquents. The implications for penology are many.

MORTIMER J. BLUMENTHAL (NEW YORK)

CHILD DEVELOPMENT: READINGS IN EXPERIMENTAL ANALYSIS. Edited by Sidney W. Bijou and Donald M. Baer. New York: Appleton-Century-Crofts, 1967. 408 pp.

The psychoanalyst who approaches this volume in the hope of enlarging his grasp of child development studies within a familiar context will, at the very least, be surprised and a bit disoriented. He will find himself immersed in the jargon of behaviorist psychology and reviewing a collection of reports, not so much of child development as of experiments in operant conditioning and their applications to clinical and educational problems.

It is necessary at the outset for the reviewer to confess a personal bias against work of this kind. Much of it appears dry and deanimated, with many references to 'Ss' and 'Es', profusions of tables and statistics, and a total absence of consideration of motivation, affect, or any mental operation intervening between stimulus and behavioral response. The experiments, many of them ingenious and disarming in their simplicity, are not so much inhuman as dehumanized. A comparison, say, between *Method for Studying Exploratory Behavior in Infants* by Rheingold, et al., and Peter Wolff's monograph on neonatal behavior exposes the aridity of the behaviorist approach and the richness and heuristic potential of psychoanalytically informed observational research. One might also

contrast the lengthy discussion by Bijou of research in 'mental (developmental) retardation' with the recent GAP report on Mild Mental Retardation for another version of the distinction between mechanistic and holistic approaches.

One is struck, too, by the old-fashioned and covertly moralistic tone of some of the applied studies. Thus a paper on self-destructive behavior in autistic children concludes, in essence, that it is simply attention-seeking and should be dealt with by ignoring it. Fortunately, the very next paper deals with such behavior in the context of stimulus deprivation, thus bringing it somewhat closer to ground on which the psychoanalyst, too, can stand.

Despite all, there are some valuable items in the collection. Certainly the two papers by Skinner, the father of the movement, on teaching machines will be of great interest to those who are concerned with new developments in education and their relevance to child development. An overview of the use of operant methods by the editors in the concluding paper will serve as a useful introduction to this area of research which, however psychoanalytically oriented investigators may feel about it, is growing in scope and is having significant impact on clinical practice in child guidance and therapy as well as in the laboratory. For those who want to learn what is going on in the field of behavior research and therapy with children, the book can be recommended.

AARON H. ESMAN (NEW YORK)

CURRENT PSYCHIATRIC THERAPIES. Vol. VII. Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., 1967. 251 pp.

This is an interesting and worthwhile book for those who wish to be informed about some of the special clinical techniques now being used in general psychiatry. It does not concern itself directly with any aspect of psychoanalysis, although it is significant that at least some of the methods and approaches rest on concepts derived from psychoanalysis. It is unfortunately also true that occasionally there is misuse or misunderstanding of analytic terms and theory. In terms of the over-all picture of modern eclectic psychiatry which emerges from the annual sampling of specialized techniques, the most outstanding features are: 1, the diversity of

methods and viewpoints, 2, the increasing collaboration of psychiatrists with ancillary and paramedical personnel, and 3, the presence of members of the 'psychiatric team' as participant-observers.

A book which is divided into seven sections with thirty-one articles by different authors presents an almost impossible problem in a short review. One can only offer several general comments and point out a few highlights. The seven subdivisions are: Child and Adolescent Psychiatry, Individual Psychotherapy, Marital Therapy, Drugs and Addiction, Group Techniques, Institution and Community, and a Review.

In a thoughtful introduction, Henry Brosin, President of the American Psychiatric Association, underscores an important dilemma for psychiatry (and psychoanalysis) today: how to deal with the massive social pressure for amelioration of the suffering caused by mental and emotional illnesses while developing the hard data on which to make decisions and offer constructive alternatives. He feels that the merit of the book's contribution lies in this area, offering a wealth of new concepts.

While the specific papers in this volume do not offer any significant advances in Brosin's terms, since they do not deal with broad or major new concepts, occasional articles do suggest projects or practical innovations which are of interest. Among these are Clifford Bracken's outline of an Elementary School Program for Disturbed Children and John Langdell's description of Finchden Manor: A Unique English Therapeutic Community for Adolescents. There is an excellent paper on the meaning of Support in Psychotherapy by Levitt, Thurrel, and Geocariss with the thesis that support is characteristic of all psychotherapies, including psychoanalysis.

Interesting contributions in specialized areas are John Rainer's Genetic Counseling in a Psychiatric Setting, Margaret Naumberg's Dynamically Oriented Art Therapy, and Paul Hain's Techniques of Social Rehabilitation. An interesting review article on Community Psychiatry is offered by Wilfred Blomberg. These papers, as well as others of some interest, are intermixed with articles of lesser import and quality.

The volume ends on a rather unfortunate and jarring note. The editor, in pursuit of an apparently endless personal 'crusade',

concludes with an article on The Timeless Therapeutic Trinity. Much of this is clouded and distorted by Masserman's invective against psychoanalysis, most clearly indicated by his 'playing the role of a pre-henbane Socrates' in which he proposes the outrageous postulate, '. . . electroshock therapy and psychoanalysis are essentially more alike than different in their basic therapeutic actions and effects'. After an exercise in tortured logic, the proposal is 'proven'.

Nevertheless, the book does offer a sampling of diverse and interesting approaches using psychiatric techniques, sometimes based on psychoanalytic concepts, to a wide area of social and psychological problems. It can provide an interesting evening's reading and a worthwhile view of eclectic psychiatric research projects and therapeutic activities. The book offers a refreshing view of the widening scope of psychiatric practice.

BERNARD D. FINE (NEW YORK)

PSYCHIATRY IN THE GENERAL HOSPITAL. Edited by Bernard Bandler, M.D. Boston: Little, Brown & Co., 1966. 275 pp.

This volume describes the experience of the Division of Psychiatry in the University Hospital, the major teaching hospital of Boston University School of Medicine and the Boston University Medical Center. It presents a lucid account of the growth and development of the psychiatric services in a general hospital. Although the chapters are written by different authors, the book is unusually well integrated, comprehensive in its scope, and a delight to read. One is impressed that only considerable administrative thought, constant re-evaluation of the department's functioning, and a readiness to change with the evolving experiences made it possible to achieve so high a degree of proficiency in service, training, and research. This reviewer received the impression too that the department of psychiatry at the University Hospital is peopled by individuals who are intellectually curious, personally concerned, and committed to being life-long students of human personality.

A chapter by Dr. James Mann on training of residents in itself is worth the cost of the book. Discussing the theoretical and clinical orientation of the faculty, he states that eclecticism should come with experience and not be the training goal of the faculty. Un-

fortunately, many training programs ignore this truism. When eclecticism is the goal the trainee is taught a little bit of everything; the resident ends his training not an eclectic, but a psychiatrist who knows nothing about everything. Dr. Mann discusses the reasons why it is important that the faculty share a common clinical and theoretical viewpoint.

The general hospital is in a unique position to teach psychiatry as an integrated part of medicine and to assume the responsibility for the health of a geographical community. The unique position of this book is its clarity of exposition and the logic of its thought.

MORRIS W. BRODY (PHILADELPHIA)

AMERICAN HANDBOOK OF PSYCHIATRY, VOL. III. Edited by Silvano Arieti, M.D. New York: Basic Books, Inc., 1966. 778 pp.

This comprehensive presentation of psychiatric thought, accumulated since the publication of Volumes I and II in 1959, promises to stimulate the same enthusiasm as the previous volumes. This third volume not only includes new material but brings up-to-date the material presented in the first two volumes.

There are forty-nine contributors, each an acknowledged authority in his field. Every paper is of high quality and is followed by an extensive bibliography. As the editor points out in the preface, the most recent contributions are found in the latter part of the volume, which is divided into six parts: Clinical Studies, Aspects of Psychotherapy and Psychoanalysis, Biological Studies and Artificial Syndromes, Biochemical Psychiatry, Psychiatry and the Community, and Conceptual Psychiatry.

Biochemical Psychiatry deals with the newer developments in drug therapy. The section on psychiatry and the community concerns itself with all aspects of the relation between the mentally ill and society. Part Six emphasizes the conceptual life of the organism as a dynamic force.

This reference book, which includes a name and subject index, is a worthy addition to the library of every psychiatrist and should be of inestimable value to the psychiatric student.

MORRIS W. BRODY (PHILADELPHIA)

REFLECTIONS ON THE NUDE. By Adrian Stokes. London: Tavistock Publications, 1967. 64 pp.

Psychoanalysis sees art as an activity intended to allay ungratified wishes in the artist himself and subsequently in his audience. The artist's aim is to set himself free and offer freedom to others who suffer from similar arrested desires. He represents his personal wishful fantasies as fulfilled; but to make them a work of art, he must transform and soften what is offensive in them, conceal their personal origin, and by their beauty bribe other people with a bonus of pleasure.

In this small but stimulating book Stokes has pointed out the potent and latent sources which are hidden in instinctual liberation. He deals with the impressions of the artist's childhood in his life history and how his work is a reaction to those impressions. Stokes sees the problems of artistic creation and appreciation in the light of psychoanalytic knowledge. Art is an acceptable reality in which the artist by his artistic illusion, symbols, and substitutes is able to provoke real emotions. In this wish-fulfilling world, Stokes sees art as a region halfway between reality which frustrates wishes, and the wish-fulfilling world of imagination—a region where men's strivings for omnipotence are still in full force.

In his title essay he describes how the human infant's first relationships with the mother are with part-objects, such as the breast, which he comes to assume as part of himself. This symbiotic relationship persists until in his later evolution the establishment of whole objects occurs through independence and separation from the mother, thus gaining a realization of the outside world of objects.

Through the nude, Stokes provides us with an imaginative translation of the regressive whole-object-prototype (the mother) and permits us to retain our respect for the naked body and thus for other human beings. Through art, society is provided with whole objects for contemplation. The world of objects becomes the setting for our projective, introjective, and splitting processes.

In a chapter, Art and Embodiment, Stokes sees, in the present tendency of submitting to effects of chance and interest in natural phenomena, a portending of an end to art as we know it in our quest for the involvement of the spectator. He believes that art and life

are so intimately connected that improvement in the way most of us live may make art, as we have previously known it, redundant.

These worthwhile essays are enhanced and made more relevant by the author's use of psychoanalytic theory which helps to elucidate the origins of the emotions experienced by the artist and spectator.

SAMUEL Z. ORGEL (NEW YORK)

SCIENTIFIC PSYCHOLOGY: PRINCIPLES AND APPROACHES. Edited by Benjamin B. Wolman and Ernest Nagel. New York: Basic Books, Inc., 1965. 620 pp.

Under a title which might lead the reader to expect a survey of psychology as a science, or a widened grasp of scientific psychology, the authors have collected some thirty essays, each relevant in some way to their conviction that the continued healthy growth of the science of psychology requires a *rapprochement* with the philosophy of science. Through philosophical analysis of psychology's methods and theory formation, the logic of its operations, and the structure of its language they hope for the same salutary results gained by this approach to the physical sciences in decades past.

While psychology gained enormously when it broke away from speculative philosophy, the editors believe that present-day psychologists are deficient in their knowledge of the philosophy of science as it applies to psychology, in particular in the logic of theory construction. Similarly, even those philosophers who concern themselves with the philosophy of science have, in the main, dealt with issues raised by the development of the physical sciences. Few have confronted the knotty issues in the sciences concerned with human behavior. Hence the goal is to make psychologists more philosophically knowledgeable and to encourage philosophers to take into account more of the findings of psychology and the special characteristics of psychology as a science.

The essays are organized into three groups under the headings Principles, Systems, and Issues, but this organization seems *post hoc*. One feels that the editor strained to categorize the essays. There are gaps in the volume with respect to issues currently alive in psychology while the Systems section is heavily weighted toward learning theories and includes articles on Pavlov, Alfred Adler, and George H. Mead. Many of the articles seem to reflect the special concerns

of the authors; most address the philosophical issues in their fields. While some of the articles will hardly be understandable to those not intimately acquainted with the intricacies of the fields under discussion, a number will repay the reader who has a general interest and background in these areas. Several articles offer a reasonably concise overview of some important philosophical issues in psychological science—the nature of psychological propositions, the idea of measurement, the characteristics of the experimental approach to psychological problems, among others.

Several of the chapters are of particular interest to those concerned with psychoanalysis as a scientific psychology. Some who may have envied the apparent precision of the experimental psychology of learning and wished that psychoanalysis might generate equally precise and operationally testable hypotheses may be cheered or perhaps dismayed by Benbow Ritchie's chapter, *Concerning an Incurable Vagueness in Psychological Theories*. Ritchie demonstrates that because of the logical impossibility of defining key terms, the basic hypotheses of these learning theories cannot be refuted and, since they are untestable, have no logical meaning. An article by Morton Deutsch, *Some Psychological Aspects of Social Interaction*, makes a case for what he terms 'loose theory', the kind prevalent in the social sciences, as reflecting the genuine need of relatively immature sciences. He takes his own theory as a case in point.

Lawrence Kubie's article, *The Scientific Problems of Psychoanalysis*, restates and updates some ideas that have appeared elsewhere. Kubie describes the inevitable ill effects on psychoanalysis as a science of its beginning as a therapy. But he sees, with Freud, that its probable eventual significance will be measured by its value as a method of psychological investigation and a theory of human psychology. He deals with some of the problems in testing and validating psychoanalytic propositions by means of the psychoanalytic method and insists that the dependency on auditory data of free association requires electronic recording. But Kubie ignores that such recording captures only a portion of the data, omitting for instance what goes on in the analyst's mind as he listens, decides to intervene, or more usually decides to refrain from intervening for the time being. Kubie hopes that experimental psychology and neurophysiology will provide better methods of differentiating the contributions of

consciousness, preconscious thinking, and the unconscious process to behavior from moment to moment.

An interesting contrast is between Kubie's dismissing as primitive those psychoanalytic concepts that refer to energy, which employ the figurative language of nineteenth century physics, and Karl Pribram's highly respectful treatment of the neurological model that Freud first proposed in *The Project*. Pribram, an eminent neuro-psycho-physiologist, traces the neurological foundations of Freud's ideas not of drive but of defense.

Despite its failure to come up to its lofty goal, this book contains a number of articles that have not appeared elsewhere and will repay careful reading. An additional bonus is a brief but useful annotated seventy-one item reading list of many of the most important works in psychological theory, philosophy of science, methodology of research, and theory formation.

HERBERT J. SCHLESINGER (TOPEKA)

International Journal of Psychoanalysis. XLVIII, 1967.

Eugene Nininger

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ABSTRACTS

International Journal of Psychoanalysis. XLVIII, 1967.

On the Therapeutic Redirection of Energy and Affects. Marie Coleman Nelson. Pp. 1-15.

Treatment, to be effective, must raise the energy potential of the patient who lacks force and vigor, and equip the overly energetic patient to become more contemplative. The use of paradigms appears to be a therapeutic encounter that frequently bypasses the conscious ego and effects precisely such shifts of energy. The various special techniques and maneuvers of paradigmatic therapy predispose to an approach straining the confines of classical psychoanalytic theory and the concept of neutralized energy. It draws upon newer views such as Glover's theory of nuclear ego formation, Kaywin's emphasis on clustering of self-representations about the pleasure-unpleasure polarities, Spontitz's theory of schizophrenic insulation, and processes of imprinting and conditioning.

Reflections on the Relationship of Introspection and Psycho-Analysis. William I. Grossman. Pp. 16-31.

The earliest self-observing function probably operates only in conjunction with self-criticism. Direct observation of children would presumably show they are incapable of observing thoughts and feelings without labeling them good or bad. Introspection in the broadest sense would appear to go beyond the conception of 'mature' or 'integrative' self-regulation described by Jacobson, Kramer, and others, and beyond the purely cognitive model of internal observation implied in nineteenth century views. It would appear to include the internalization by the psychic apparatus of regulations performed by environmental objects for the purposes of regulation from within, with some of these internalizations remaining as 'inner voices'. The superego most obviously, but not exclusively, has this character.

Testing an Interpretation within a Session. J. O. Wisdom. Pp. 44-52.

An interpretation may be considered true if the patient's response to it carries the same content but a different defense than he was using before the interpretation, and if it can be confirmed that the change of defense is not the result of suggestion early in treatment.

Adolescent Depression. Sandor Lorand. Pp. 53-60.

Clinical observations in adolescent depression indicate that very early disturbances in the identification process and ego ideal development cause pathology in the superego in these cases. The therapeutic aim is to encourage an awareness of the good qualities in the superego, enable the patient to be receptive to a new type of ego ideal and superego, and change the infantile conception of the frustrating objects.

The Frozen Introject. Peter L. Giovacchini. Pp. 61-67.

Two patients are considered, each of whom, following his mother's death, elaborated an introject of the lost object that was 'frozen'—neither dead nor alive. This conception defended against mourning, which was regarded unconsciously as overwhelmingly destructive. These cases appear untreatable, but understanding that their lack of involvement is a character defense against disruptive, nonadaptive object relationship and that this is being re-enacted in the transference enables improvement to occur.

The Hypothesis of a Deglutitive (Prenatal) Stage in Libidinal Development. Ivan Milakovic. Pp. 76-82.

The fetus is not an isolated, flourishing laboratory sample that starts living at birth, but is in the later months a being with a psychical organization and instinctive safety apparatus striving to maintain a homeostasis that includes a fluid balance with its environment through the deglutitive (swallowing) apparatus. This deglutitive phase precedes orality, appears in later phases, and may emerge in regression. Disturbances in this phase have a share in the genesis of stammering, swallowing, tics, anorexia, depression, and they contribute to a basic lack of satisfaction with tendencies toward resignation, homeostatic quiescence, and abandonment of an extravertive attitude. The tendencies may be transformed into various masochistic, conversion, and other phenomena and culminate in suicidal fantasies. Sudden eruption of the deglutitive phase occurs in states of collapse and shock.

Object Relations in the Psychiatric Hospital. Michael A. Woodbury. Pp. 83-87.

As a ward administrator the author noticed the regularity with which schizophrenic patients brought a pair of doctors or other personnel to disagreement through splitting them into a purely good and purely bad object. The mothers of these patients were prone to do the same, and a history could regularly be traced of the mother's encouraging pure love for herself from the patient while projecting their mutual hatred onto a third object such as the father. In treatment it was concluded that the patient must project these split feelings on at least two persons who, if they pass the test and refuse to be split from one another, start a healing process eventually internalized and followed by healing of object and self-representation.

Psycho-Analytic Training and Psycho-Analytic Values. Norman E. Zinberg. Pp. 88-96.

Any professional group reflects the value systems of its members and its surrounding culture. Psychoanalytic education especially must take into account the values of its candidates in the pre-training years and how values implicit in psychoanalytic technique may affect training.

Primary Process Phenomena in the Case of a Borderline Psychotic Child. Augusta Bonnard. Pp. 221-236.

Psychotic incomprehension in borderline children stems from an initial dysfunction between their perceptual-cognitive activations and the emotions by

which these should be complemented. The emotions themselves normally subserve an informative purpose for the psyche paralleling the purpose kinesthetic and proprioceptive faculties afford to the body. This purpose is lost in these cases. The author sees her therapeutic function as one of orienting the child at all cognitive and sensory levels so that his emotional arousals may become increasingly congruent with actual, current experiences. Five months of sensitive treatment of a boy of eight years is described in some detail. The boy retained his improvement with another therapist and a follow-up three years later revealed he was functioning well and entering a belated latency at age eleven.

Maturational Aspects of the Transitional Phenomenon. Henry P. Coppolillo. Pp. 237-246.

Transitional objects and experiences (Winnicott) are necessary to progressive neutralization, compromise formation, secondary autonomy, and increasingly mature forms of object relatedness. Cultural expressions—such as the story, Jack and the Beanstalk, for mastering oedipal aggression toward the father—are excellent transitional objects, many of them put aside at one stage of development and taken out again temporarily at another. Parents may create pathology by overintrusiveness into the child's life, never leaving him alone to have transitional experiences of his own choosing. The successful analysis of a twenty-six-year-old male suffering from excessive intrusiveness of the mother is described. In the transference the patient experienced, at first in chaotic fashion, all the elements of his relationship to his mother. He used the analyst as a transitional object toward whom he could experience id impulses, have these met and buffered by the stability and predictability of the analyst, and use all of this to master his own impulses.

On the Persistence of Transitional Phenomena into Adult Life. Merton J. Kahne. Pp. 247-258.

Analyses of three women showed the persistence or re-appearance of the use of transitional objects and behavior from childhood, such as sheet twisting, having to carry about a special object, or compulsive eating when sexually excited. The mothers of all three showed various disturbances. In two of the cases, the unrelieved dread that the analyst would eventually tire of them and 'kick them out' was traced to the conviction that their mothers, who showed extraordinary devotion and concern, had failed to permit them development as individuals. In all three the terminal phase was exceptionally stress-producing. In one, transitory regression to psychosis occurred, but the patient's discovery of the therapist's undeniable affection for her enabled her to evolve an exceptionally promising social recovery and, after therapy, marry and bear a child.

Some Relationships of Infantile Self-Boundary Development to Depression. Irene Fast. Pp. 259-266.

Initially all 'good' experience is regarded as within the self-boundary and all 'bad' experience outside of it. At the point of successful resolution in the second six months of life, both positive and negative self-representations must be within the self-boundary, but the self-boundary also excludes both positive and negative representations of other persons. Depressive symptoms are related to: 1, inap-

propriate continuation of the good-bad boundary of the first phase; 2, inadequate establishment of self-other boundaries; 3, faulty development of the sense of self, of the ego-alien, and of separate-but-related; 4, unstable internal structuring of self, others, and the world; 5, an experience of helpless dependence on another for one's functioning.

Some Metapsychological Considerations on the Differentiation Between Shame and Guilt. Sidney Levin. Pp. 267-276.

Shame is a basic component of normal homeostatic mechanisms regulating the libido. It performs an essential function in the control of impulses and the management of object relations. It is evoked by self-exposure followed by rejection, or by anticipation of this outcome. Guilt, on the other hand, arises only when defusion of libido and aggression occurs. The resulting deneutralized aggression is channeled into the superego and directed against the self.

Some Developmental Aspects of the Superego. Manuel Furer. Pp. 277-280.

A child of fourteen to eighteen months may be observed to show an 'I am sorry' reaction after attempting to hurt the mother and seeing her register pain. This reaction is a forerunner of the benign superego. It requires a firmly established differentiation of self and object. It involves identification with the mother as consoler, an identification that supplies one of the sources of libidinal energy available to the later superego. At age five the reaction is more complex and may more appropriately be termed identification with the comforter because of an added component of giving strength. Here the reaction, expressed for instance in tenderness toward a younger sibling the mother has scolded, is a displacement and acting out of the child's own wish to be comforted by the mother. It is also an expression of his guilt feelings which have become intensified through his capacity for empathy with the sibling he himself has mistreated at another time.

Dream Form and Strength of Impulse in Dreams of Falling and Other Dreams of Descent. Leon J. Saul and George C. Curtis. Pp. 281-287.

An analytic study of dreams of falling shows they are based on a wish to give up effort or flee from responsibility combined with spite and hostility directed against the self. For instance, a man who got into rages and had a wish to abandon his family developed anxiety dreams of falling. In milder cases, such as patients who are merely overworked and not threatened with serious regression or excessive rage, dreams of shorter falls or gentle descents are more typical. Thus the qualitative form of the manifest content varies with the quantitative balance between the id and ego-superego forces. Height in the dream may be symbolic of status or success because these qualities are associated with the height of the parents in contrast to the lowness of the child.

On the Need To Be Pregnant. Burton Lerner, Raymond Raskin, and Elizabeth B. David. Pp. 288-297.

A woman who had had six real pregnancies reacted with temporary rage and asthma when confronted in treatment with the awareness of a seventh spurious

pregnancy. Subsequent sessions brought out early feelings of deprivation as a child and her yearning to get what was denied her. Feeling abandoned by her own and a foster mother through their deaths, she had early turned away from objects and looked to herself for emotional satisfaction. Pregnancy enabled her to overcome recurrent depressions and avoid a schizophrenic level of integration. Spurious pregnancy occurred after she attempted to re-integrate from an acute psychotic state. Pertinent literature is reviewed and other clinical material is presented.

On Self-Analysis. Gertrude R. Ticho. Pp. 308-318.

Some patients, especially those who only want relief of symptoms, forget nearly everything about their analyses and yet may never get into serious difficulties again. Others obtain increasing mastery of their lives by keeping unconscious interferences at a minimum. Some may even obtain new insights. There are times when no self-analysis occurs: during periods of tranquility or of overwhelming conflict. In the latter case the loss of capacity may be temporary or permanent. For the analyst, continuing self-analysis is necessary and usually welcome because of the increase in personal growth it affords. An indication for re-analysis is seen where the analyst's impairment in ability for self-analysis leads to lack of interest in analytic work and the analytic literature.

An Unknown Review by Freud. Pp. 319-320.

Translated for the first time is a review by Freud unearthed by Professor Saul Rosenzweig of Washington University, St. Louis, Missouri. It was originally published in the *Journal für Psychologie und Neurologie* (1904, Leipzig: J. A. Barth) and is mainly a summary of some of the points of Freud's 1895 paper, *Reply to Criticisms of My Paper on Anxiety Neurosis*, which dealt with objections raised by Leopold Löwenfeld. The discovery was made too late for the review to be included in the Standard Edition.

EUGENE NININGER

Psychoanalytic Review. LIV, No. 3, 1967.

The Phallic Phase and Debasement in the Sphere of Love. Michel Radomisli. Pp. 5-20.

A young man with hypospadias came to analysis because of work inhibition. He considered women with whom he had intercourse as degraded. Contrary to Freud's formulation, there were women with whom he could be friendly who were not sexual objects, but he did not deny that they were sexual with other men. The author is interested in split object choice and compares this case with the esteemed woman whose sexuality has to be denied by the man. In an interesting discussion of fetishism, the author postulates that instead of a denial of the mother's penis there is displacement to some other aspect of the mother, such as hair. This substitutes for the phallus, saves the fetishist from becoming homosexual, and makes women tolerable as sexual objects.

Suicide and the 'Ajax' of Sophocles. M. D. Faber. Pp. 49-60.

Suicide was a theme that Sophocles dramatized in Ajax. Drama being the mirror of life, we may use it to understand suicide better. In the magical act of suicide there is a split between one's self estimate and one's reputation; i.e., what others, especially the father, think of one after death. Quotations from Ajax are submitted for comparison with this formulation and the formulations of other authors such as Freud, Hendin, and Meerloo.

Psychoanalysis and Social Reality: Opening Remarks. Paul Cornyetz. Pp. 61-65.

Freud's concern was primarily with intrapsychic processes. He turned his attention back to reality factors because of various technical problems which forced him to reformulate his theories. To avoid various philosophical ways of defining reality the author prefers to work with Erikson's terms of actuality.

Some Remarks on Erik H. Erikson's 'Reality and Actuality'. Otto Spranger. Pp. 77-82.

Philosophers find that reality is impossible to define objectively. Waelder pointed out that ego psychology is not a shift of ground but an extension of interest from the unconscious id to the unconscious responses which it elicits. Ego psychology is not a turning away from reality to the intrapsychic. Erikson's term of actuality is more in the 'here and now' participation that is free from defensive acting out. Actuality includes the wish for fidelity, hope, strength, and care. An analyst must recognize the actualities of life. From this point in the article the author does some shifting himself into questions of selectivity of candidates for psychoanalytic training, stressing that this cannot be done just by academic standards.

Prometheus Reconsidered: Sublimation and Vicissitudes of the Symbolic Ego. Ned N. Marcus. Pp. 83-106.

In a lengthy and involved paper the author applies Freud's structural hypothesis to the Prometheus legend with Prometheus being the ego. He invites attention to details of the legend such as the fire being carried within the phallic stalk of the fennel as well as Prometheus being bound naked to a pillar.

Narcissism and the Sense of Self. Lawrence R. Ephron. Pp. 107-117.

From studies of narcissism and particularly the phenomenon of depersonalization, the author proceeds to the conclusions of Grace Stuart and Ferenczi that narcissism, especially in what the author calls schizophrenia, is self-hatred rather than self-love.

New Research Results in Practical Dream Interpretation. Samuel Lowy. Pp. 118-134.

This is an interesting and clinically useful paper on various types of dreams and their interpretations with a guide on when not to interpret. There is no REM reference as might have been expected from the title. The author likes to think of dreams as being not too different from free associations and he criticizes much current dream interpretation as unsupportable.

On Masochism: A Re-Evaluation. Shirley Panken. Pp. 135-149.

With an abundance of clear clinical material the author attempts to answer specific questions that define degrees and kinds of masochism as compared with other clinical states that might be thought to be similar. There is a comparison with the findings of other authors, notably Freud. The type of family interaction from which the masochist emerges is portrayed.

STEWART R. SMITH

Psychoanalytic Review. LIV, No. 4, 1967.**Masochism Revisited.** Ruth-Jean Eisenbud. Pp. 5-26.

The author describes in detail different types of masochism—oral, sexual, and moral—with vivid case examples of children and adults. She distinguishes between the thinking of Freud and Esther Menaker on masochism, and adds the contributions of R. W. White.

Fidelity and Jealousy: Socio-Cultural Considerations. Robert Seidenberg. Pp. 27-52.

This paper is a pleasure to read. The author presents tragicomic case examples and quotes from classical literature. In referring to jealousy as 'a breakdown of belief in another human being', he could also have mentioned that it represents a regression to early superego formation with the use of projection, if the intrapsychic is included.

From Hero to Robot: Masculinity in America—Stereotype and Reality. Ralph A. Luce, Jr. Pp. 53-74.

We must keep up with the effects of recent revolutionary technical changes in our society if we are to account for the threats to intrapsychic identity, particularly the threat to masculinity in men. The author cites McLuhan repeatedly as the writer who has related in the most effective way the social changes that are being brought about with bewildering speed by technology. An interesting list of six American stereotypes of masculinity is presented. Among them is the 'playboy' stereotype who 'treats his woman like a thing'.

On the Present-Day Use of References in Psychoanalytic Literature. Richard F. Sterba. Pp. 75-82.

The author is concerned about the effect of collective regimentation on psychoanalytic training that threatens to turn out compulsive, conforming analysts and implies that this would doom psychoanalysis. He emphasizes the stultifying effect on the young author who is compelled to append enormous and meaningless 'bibliographies' to his article to prove his membership in the collective.

Progression of Play Activity in Psychotherapy with a Schizophrenic Child. Peter D. King and Rudolf Ekstein. Pp. 83-92.

An excellent clinical description of intensive work with a psychotic child is presented, with thoughtful discussion by Eleanor Pavenstedt. Recommended reading for all therapists.

Some Psychoanalytic Considerations Regarding Crisis Therapy. Gerald F. Jacobson. Pp. 93-98.

To appreciate this article one must have already been converted to the use of short-term psychotherapy and be impressed by big names and big statistics. Six hours of therapy and three thousand patients are the magical numbers used. There is some question as to why it seems so essential to the author that this particular kind of therapy (or non-therapy) be done under the ægis of psychoanalysis to which it seems so diametrically opposed. One wonders if a single patient from the three thousand was later referred for psychoanalysis. The phrase, 'the reality of the time limit', referring to the six hours imposed on the patient, sounds like unreality for many patients.

Albert Camus: Another Will for Death. Richard Geha, Jr. Pp. 106-122.

The four plays written by Albert Camus were unsuccessful but they reveal the preoccupation of Camus with destiny, sadism, and death in the face of unpleasant reality (termed absurdity by Camus). The plots of the plays are compared to a brief biographical account. The absent father becomes a sadistic God against whom the son must revolt only to commit suicide lest the son be a murderer; i. e., he must not succeed to the father's position as tyrant over the primal horde. The frustration of the son in attempting an incestuous relationship with the mother parallels the real life of Camus whose mother was a silent, unthinking, and undemonstrative woman.

Anthropocentric Aspects of Religion. Carlos J. Dalmau. Pp. 123-131.

The author is concerned with religion and mythology, suggesting that over the millenia any given society shifts its mythology with alternation of matriarchal and patriarchal trends. Most of the statements are applied to Christianity and Judaism. The author states that the anthropocentric parts of a religion carry the seeds of its own destruction. He tells the myth of Tiresias and how the Furies make psychotic those who murder the parent.

The Ethical Basis of Psychoanalysis. Martin D. Capell. Pp. 132-140.

This disciple of Thomas Szasz points up the ethical value of autonomy (the freedom to choose) in the contract between analyst and patient. This is said to differ from the medical model of treatment which, in the mind of the author, has a much lower value than those methods which claim autonomy, democracy, and nondirective approaches. He states that the purpose of therapy is to give patients greater freedom in their personal conduct and reiterates that the analyst is not to persuade or coerce the patients to change their ways. (This exhortation for doctors sounds like what every second-year social work student knows.) The author dismisses the fundamental rule and states that the only rule is that the patient should pay!

STEWART R. SMITH

American Imago. XXIV, 1967.

Emily Dickinson's Vesuvian Face. John Cody. Pp. 161-180.

In her early thirties Emily Dickinson wrote the enigmatic *My Life Had Stood—a Loaded Gun*, a poem which has defied attempts at interpretation by literary scholars. Cody, in a convincing verse by verse analysis, contends the poem describes the breakthrough and acceptance of phallic sadistic and aggressive drive derivatives which previously had been stifled. He relates the poem to a psychotic episode and recovery therefrom experienced by the poet in her late twenties.

Identity, Culture, and Psychosexual Development. Charles N. Sarlin. Pp. 181-247.

Sarlin investigated the effects of patterns of mothering on psychosexual development and character formation. Three cultures (Arapesh, Balinese, and Southern Chinese) were studied in which character was primarily oral and two (Yurok and Alorese) in which character was primarily anal. In each of these 'prephallic cultures' the outstanding characteristics of the mothers were their narcissistic attitudes toward their offspring, and the prephallic nature of their libidinal orientation. In the one culture (aboriginal Sioux) where phallic primacy was achieved, the nursing was affectionate, generous, and prolonged.

F. Scott Fitzgerald: Literature and the Work of Mourning. Richard A. Koenigsberg. Pp. 248-270.

The principal theme of Fitzgerald's novels and short stories is the destruction of a blissful situation, a theme derived from the loss of the earliest mother-child relationship. The repetitive reworking of this theme is seen as an attempt at mastery (mourning) over this traumatic loss. Biographical material reveals that Fitzgerald's mother, who had lost two previous children in infancy, was overprotective and overindulgent with him.

Psychoanalysis as the Nucleus of a Future Dialectical-materialistic Psychology. Otto Fenichel. Pp. 290-311.

An editor's note reveals that it is not known when Fenichel wrote this paper nor if he ever submitted it for publication. Its present form is based on a translation by Olga Barsis, Hanns Sach's sister, and was edited by Suzette H. Annin and Dr. Hanna Fenichel.

Psychoanalysis is consistent with dialectical-materialism in that it studies the interaction of biological man with the environment on an empirical basis avoiding value judgment; spiritual and mystical beliefs are conceived as derivatives of the man-environment interaction rather than as prime phenomena. Knowledge of the human mental apparatus is of special importance to Marxists in their attempt to bring about social change; rejection of psychoanalytic knowledge, based on spurious understanding, constitutes a serious handicap to their cause.

Blank Hallucinations in the Fiction of Poe and Hemingway. Raymond Tarbox. Pp. 312-343.

Tarbox reviews the Isakower phenomenon and Lewin's concept of the dream screen; in this review he uses Spitz's 1955 paper, *The Primal Cavity*, as principal source and authority. He understands the Isakower phenomenon as a regression reaching memory traces occurring between the third and sixth months of life. The approaching large object or mass is understood to represent the breast with its promise of food or the mother's face, or a composite of the two. These phenomena can be experienced as good (tension reducing and blissfully satisfying) or bad (painful and terrifying). The dream screen is understood to pertain to a slightly later period in life and to represent the wish to relax and be devoured into a happy sleep. The dream screen may function to deny in manic fashion the psychic pain of an Isakower experience. Having established this theoretical background, Tarbox convincingly demonstrates these phenomena in Poe's *MS. Found in a Bottle* and *The Narrative of A. Gordon Pym*, and in Hemingway's *The Snows of Kilimanjaro*.

Nabokov's *Lolita*: A 'Freudian' Cryptic Crossword. L. R. Hiatt. Pp. 360-370.

Nabokov has indicated in numerous places a belief that psychoanalytic theory is mistaken and distasteful. In *Lolita*, Humbert finds 'an endless source of robust enjoyment in trifling with psychiatrists: cunningly leading them on; never letting them see that you know all the tricks of the trade; inventing for them elaborate dreams . . . and never allowing them the slightest glimpse of one's real sexual predicament'. Hiatt believes Nabokov, who also invents chess problems, deliberately constructed the novel as a puzzle in which Humbert's oedipus complex is hidden from the 'Viennese delegation'. If so, Nabokov failed, for Hiatt is able to explicate Humbert's dynamics.

JOSEPH WILLIAM SLAP

Archives of General Psychiatry. XIV, 1966.

Treatment of Childhood Schizophrenia. William Goldfarb, Nathan Goldfarb, and Ruth C. Pollack. Pp. 119-128.

A comparison was made between the results obtained in the day and residential treatment programs of the Henry Ittleson Center. Schizophrenic children who, on admission, were unscorable on the WISC and had the most gross ego impairments showed no significant improvement in either treatment setting. Those schizophrenic children with recognizable organic brain damage showed similar lack of progress in both settings. Finally, the non-organic children in residence showed greater improvement over those in day treatment. Implications and possible explanations for the findings are discussed.

Multiple Transfer of Psychotherapy Patients. Charles Keith. Pp. 185-189.

Psychiatric residency training requires a number of administratively dictated transfers of cases in psychotherapy. The 'transfer syndrome' as a specific loss reaction is identified and discussed in both transference and countertransference terms. Manifestations of this syndrome at various developmental levels of patients are described as well as some common defensive reactions of residents. It is

suggested that supervisors could make use of these inevitable interruptions in order to help make this a constructive experience both for the patient and for the resident.

Social Psychiatry. Norman Bell and John P. Spiegel. Pp. 337-345.

This is an interesting survey of the meaning and the use of the term 'social psychiatry'. The term and its vicissitudes are traced from its inception in 1917 when Dr. Southard wrote about this 'new and promising specialty' until the present time when it is often used as a broad call for action. It is of interest to note that Dr. C. P. McCord wrote on the subject in 1925 and was concerned with the same community mental health ideas as we are today.

Social psychiatry is not a new idea; it reflects an old form of dichotomous thinking. More comprehensive models of behavior have been developed, such as general systems theory, which imply a conceptual revolution. It is now thought that physical, biological, psychological, social, and cultural phenomena are all interrelated and are sections of one field of behavior. None can come before, cause, or be more real than the other. As a term, social psychiatry should be more strictly defined and not used as an umbrella under which various professions unite to work on community mental health problems.

Psychotherapy with Schizophrenics. Hilde Bruch. Pp. 346-351.

A concept of human development is offered as a scheme to help understand the schizophrenic pathology and the therapist's role in treatment. The new concept offered is that the human infant is not utterly helpless but rather gives clues about his inner needs as well as being responsive to outer stimuli. Deficient experience in both modalities or inappropriate responses by the environment to inner needs will cause great difficulty in separating inside from outside, self from nonself. Although this concept is neither new nor different from classical psychoanalysis, as the author claims, the paper does elucidate with warmth many aspects of psychotherapy with schizophrenics. The author's obvious conviction is that work with schizophrenic patients is a rewarding experience for both patient and doctor.

PETER BLOS, JR.

Meetings of the New York Psychoanalytic Society

David Milrod & Ernest Kafka

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

October 10, 1967. THE ANALYSIS OF CHARACTER. Martin H. Stein, M.D.

At a special meeting to celebrate the seventieth birthday of Dr. Edith Jacobson, Dr. Stein spoke of the understanding of character in the analytic setting, following Waelder's principle of multiple function. He traced the historical development of our understanding of character from the classification based on predominant drives (Abraham, Freud) to the emphasis on defense and resistance (W. Reich), and then, finally, to Fenichel's encyclopedic approach based on intersystemic conflict and the libidinal phase. Dr. Stein postulates that character traits and neurotic symptoms are antithetical, although he recognizes that they do influence one another and even merge. Character includes a wide range of stable patterns of thought, affect, and behavior which are the 'mark' of the individual; neurotic symptoms usually do not acquire stability. Character traits are rarely a matter for complaint; symptoms generally are. Symptoms are always pathological but whether a character trait is pathological or healthy is more difficult to determine. In the analytic situation the symptom may be treated as if it occurs in a closed system within the personality of the patient; external forces of environment and culture are temporarily attenuated. A unique contribution of analysis is the studying of the source of the symptom and its connection with the individual's character.

With the development of the structural theory, the functions of the ego included elements reacting to and upon the external world. Waelder conceived of multiple forces acting in an open system, taking into account the ego's relation to reality as well as to the id and superego. This concept of drives, ego, and superego interacting with external reality is more sophisticated than the earlier model of conflict and compromise. However, the need to know about the patient's external reality has led some analysts astray by modifying the analytic situation; the understanding of psychic reality has been sacrificed for knowledge of external reality, which has been rendered useless as the transference became unanalyzable.

Dr. Stein demonstrated that in analysis we can and do study character by studying units of behavior which can be combined to constitute a behavior pattern. The two sources of data are the patient's behavior in the analysis, including the transference, and the analysis of behavior outside the analysis reported by the patient. Analysis of a single incident of acting out in a patient yielded a great deal of information about her character structure, which was confirmed by analysis of other units of behavior and by transference manifestations. Dr. Stein stated that in this case 'acting out may be taken as the prototype, the concentrated unit of character in that it brings together fantasy and action in a setting of external reality [and] like any manifestation of character, it is neither normal nor pathological in itself'.

DAVID MILLROD

October 31, 1967. ON AN EARLY GENITAL PHASE, WITH AN ADDENDUM ON GENESIS.
Herman Roiphe, M.D.

After summarizing certain views of sexual development, the author stated: 'The most generally accepted theory of the development of sexuality is that the two sexes develop in much the same way until the onset of the phallic phase at about three years, at which time children of both sexes would seem to be little boys. The child's observation of the anatomic differences between the sexes and the consequent castration complex in the context of the oedipal triangle have a fateful impact on the by now divergent lines of male and female sexual development.' Freud observed that the early attachment to the mother continued into the phallic phase and in some cases was never relinquished. Other investigators have reported evidence of genital sensations in little girls in the second year of life which are associated with oral and anal phase development. Anna Freud has reported penis envy in girls between eighteen and twenty-four months. Greenacre has described the possibility of 'early vague awareness of the vagina' influenced by oral stimulation and frustration resulting in 'distortions of the regular sequence of preoedipal development'. The author suggests that these observations are contrary to our present developmental concepts and that there is a regularly occurring normal genital phase that appears between eighteen and twenty-four months of age. He said: 'The specific dynamic content of this phase concerns itself with questions of self and object representation and is free of any oedipal resonance'. He then reported clinical data from the treatment of a three-and-a-half-year-old pseudo-autistic psychotic girl.

Roiphe thinks that a variety of severe neuroses in women can be understood in terms of the child's reactions to the observation of genital differences. Many such patients have major disturbances in the early mother-child relationship in the first year and a half. 'With the onset of the early genital phase, there is a complementary instability in the initial genital schematization. The trauma which these women experience in the phallic phase results in an overly strong castration reaction since there is an underlying resonance of earlier . . . fears and instability in the genital outline of the body.'

DISCUSSION: Dr John McDavitt questioned the universality of an early genital phase. In his experience the age of sexual awareness and arousal seems to vary, but castration reactions usually occur later than eighteen to twenty-four months. He agreed that the factors leading to an early and intense castration reaction, and the reaction itself, tend to have an impact on the later phallic oedipal phase and that such reactions are experienced as narcissistic injuries leading to a lower self-esteem and disturbance in body image and self-representation, especially in girls.

Dr. Edith Jacobson stated that while many observers confirm Dr. Roiphe's thesis that there is an early genital phase in normal children, she disagreed with him that this early phase has oedipal resonance. She noted that the difference in the development of boys and girls needs more investigation. She regarded as significant the author's emphasis on the undermining of the body image and self-representations by too early and hence traumatic observation of the genital differences, which have an especially dangerous effect on women.

Dr. Margaret S. Mahler felt we need much more material to prove a theory of a general early genital phase, and cautioned about generalizing from psychotic to normal children. In Dr. Roiphe's case, Dr. Mahler guessed that an early and violent castration reaction occurred.

Dr. Charles Fisher suggested that genital development is not a precipitate of sphincter control; it has a more complicated genesis. He noted that genital excitation is present from birth. Dr. Manuel Furer said that one should not necessarily conclude that a child's maturation in treatment is the equivalent of what would have occurred in a normal family developmental situation. Maturation changes are released by treatment and result in the appearance of libidinal phases the child may not have previously experienced.

ERNEST KAFKA

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

October 16, 1967. TRANSFERENCE AND STRUCTURE. Harold Blum, M.D.

Dr Blum defines transference as a repetition that depends on an archaic regressive state of both structure and function, in which there is a utilization of the primary process and projection. Early descriptions of positive or negative transference in terms of drive investment were oversimplifications; later structural studies revealed complexities in affective states. While analysis does not create transference, it permits its observation and promotes its concentration on the person of the analyst; there is a new neurotic function in which the analyst takes the place of the original objects in the patient's emotional life.

In contrast to the spontaneous appearance of transference phenomena, and as differentiated from the floating or initial transference, the development of the transference neurosis is partially dependent on the analysis of initial resistances and defenses. But, depending on structural aspects, there are limits to the transformation of transference phenomena into a transference neurosis. A positive transference involving basic trust is essential for the formation of both a therapeutic alliance and a manageable transference neurosis. Structural considerations are paramount (Hartmann, Kris) as in the participation of the autonomous ego in the controlled regression of an analyzable transference neurosis.

Waelder noted three views of transference in the history of analysis: 1, obstacle to treatment; 2, most important vehicle of treatment; 3, opportunity for direct influence. There is a difference between resistance to awareness of transference and its infantile source, and transference purely as resistance. The latter concept was replaced by analysis of resistance and content within the transference—the focus of analysis rather than the hindrance. The resulting affective conviction then furthers the mastery of resistance through insight. Blum noted that the transference neurosis is not entirely spontaneous and endogenous but is influenced by the psychoanalytic situation and the current external reality of the patient. Further, not all aspects of transference can be conceptualized in terms of object representations, e.g., projections of forbidden id impulses or aspects of self-representation.

Freud's original idea of a narcissistic neurosis as opposed to a transference neurosis has been modified in the sense that psychotic narcissism is not absolute and psychotic transference is recognized. With interpretation the neurotic patient can recognize the difference between the real analyst and his fantasy, between the object and the self. In the erotized or instinctualized transference, the patient clamors for direct erotic gratification, insists on the reality of transference fantasy, and attempts to seduce the therapist into mutual acting out. The important structural considerations of erotized transference include the effect of real childhood seduction, the altered reality state of masturbation, defense against hostile transference, and fantasied restitution of a lost love object.

DISCUSSION: Dr. Nathaniel Ross felt that Dr. Blum included too much in transference in making it more than an object relations phenomenon. He commented that as the essence of transference is the infantile core, we try to resolve it as much as possible. Dr. Ross differentiated a true resistance to transference from a defect in the ego's capacity to form transferences: the former implies the ability to form transferences; the latter, a failure in ego development with a defect in the ability to symbolize.

Dr. Peter Neubauer stated that while Dr. Blum widened the structural aspects in reference to the occurrence of transference, he also wished to maintain a narrower definition. Careful exploration of which areas of the ego are involved in the regressive pull and which sustain the capacity for object and self-observation and insight, might add useful information as to the structural aspects of transference.

LEONARD BARKIN

November 20, 1967. **TRICHOTILLOMANIA, TRICHOPHAGY, AND CYCLIC VOMITING: A CONTRIBUTION TO THE PSYCHOPATHOLOGY OF FEMALE SEXUALITY.** Mellitta Sperling, M.D.

In this paper, Dr. Sperling presents those fragments from the analysis of a young woman directly related to her symptoms of hair pulling, hair eating, and cyclic vomiting. All of the symptoms began in infancy but the vomiting ceased at age four and did not recur until thirteen. Rich dream and fantasy material related both to the symptoms and to her psychosexual development. She fantasied a large 'stomach bag' which contained her undigested food, babies, and a ball of hair, and that her menses emanated from the 'stomach bag'. During analysis it became clear that she had displaced her anxiety on being confronted with the male genital and its functions from the penis to the pubic hair, and from the genital to the oral zones. As in conversion hysteria, unconscious fantasies were translated into somatic expressions; there was intractable pernicious vomiting and anorexia nervosa during each menstrual period. The hair pulling and hair eating were explored as fetishistic behavior. All of the symptoms proved amenable to psychoanalysis.

DISCUSSION: Dr. Abram Blau noted that hair pulling and hair eating are symptoms which are probably not as uncommon as is generally thought. He wondered whether the good therapeutic result in Dr. Sperling's case was due pri-

marily to the direct analysis of the symptoms or whether much of the improvement was due to the constructive development of the ego and personality arising from a good anaclitic relation with the analyst and release from primitive infantile ideas and fixations.

Dr. Lawrence Deutsch discussed the need to find parallels between patients suffering from psychosomatic illnesses and those suffering from other psychological illnesses. He felt that one of the valuable aspects of Dr. Sperling's paper was that by stressing the dynamic structure of psychosomatic symptoms, she encouraged analysts not only to treat such patients but also not to ignore specific psychosomatic symptoms that arise during the analysis of neurotic or characterological conditions. Dr. Deutsch also discussed the psychic structure underlying the somatic syndrome, which he feels to be that of phobia in many of these patients.

Dr. Max Schur questioned the specificity of psychoanalysis as the curative factor in the case presented, but added that there was no further need for defense of analysis as a treatment for psychosomatic disorders since it has been used for years. He agreed that Dr. Sperling's patient resembled the conversion hysteria cases treated by Freud; for instance, Emma experienced vomiting, epistaxis, etc. In commenting on Dr. Sperling's remarks about a connection between hair pulling and addiction, such as alcoholism, Dr. Schur recalled a letter from Freud to Fliess (1897), in which Freud stated that masturbation is the primary addiction and that all other addictions, including the tobacco addiction, fall into the same category.

MARVIN H. LIPKOWITZ

The 1969 Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held May 2-4, at the Deauville Hotel, Miami Beach, Florida.

The Third PAN-AMERICAN CONGRESS FOR PSYCHOANALYSIS will be held February 23-27, 1969, at the Waldorf-Astoria Hotel, New York City.

The 1969 Annual Meeting of the AMERICAN ORTHOPSYCHIATRIC ASSOCIATION will be held March 30-April 2, at the New York Hilton and Americana Hotels, New York City.

The AMERICAN GROUP PSYCHOTHERAPY ASSOCIATION is holding its Annual Institute and Conference on February 5-8, 1969, at the Statler Hilton Hotel, New York City.