

Victor Tausk's Contribution to Psychoanalysis

Paul Roazen

To cite this article: Paul Roazen (1969) Victor Tausk's Contribution to Psychoanalysis, The Psychoanalytic Quarterly, 38:3, 349-353, DOI: [10.1080/21674086.1969.11926495](https://doi.org/10.1080/21674086.1969.11926495)

To link to this article: <https://doi.org/10.1080/21674086.1969.11926495>



Published online: 29 Nov 2017.



Submit your article to this journal [↗](#)

VICTOR TAUSK'S CONTRIBUTION TO PSYCHOANALYSIS

BY PAUL ROAZEN (CAMBRIDGE, MASS.)

Because of the tragic circumstances surrounding Victor Tausk's untimely death in 1919, he has not been accorded his proper place in the history of psychoanalysis. A man of great versatility, a poet and a writer, a lawyer as well as a physician and a psychoanalyst, Tausk was one of Freud's most brilliant early pupils. When Lou Andreas-Salomé entered Freud's world in 1912, she ranked Tausk 'the most prominently outstanding' among Freud's students.¹ Freud's three-page obituary of Tausk was the lengthiest Freud ever penned. 'He is sure of an honorable memory', Freud proclaimed, 'in the history of psychoanalysis and its earliest struggles'.²

Born in Slovakia on March 12, 1879, Tausk was initially trained as a lawyer. After separating from his wife, he tried to earn his living as a journalist in Berlin. Then in the fall of 1908, Tausk went to Vienna to study medicine, already planning to become a psychoanalyst. Freud helped him from the outset, by sending him patients and lending him money. Unlike Freud and most of his medical followers, Tausk chose to become a psychiatrist. He became the first member of the Vienna Psychoanalytic Society to try to apply Freud's concepts to the understanding of the psychoses. Tausk's paper on the 'influencing machine' has become a classic in the psychological understanding of schizophrenia, and his concept of 'ego boundaries' has been developed in modern psychotherapy by Paul

I am grateful to the National Institute of Mental Health (MH14306-01) for financial assistance.

¹ *The Freud Journal of Lou Andreas-Salomé*. Translated by Stanley A. Leavy. New York: Basic Books, Inc., 1964, p. 57. (Reviewed in *This Quarterly*, XXXIV, 1965, pp. 274-276.)

² Freud: *Victor Tausk* (1919). Standard Edition, XVII, p. 275.

Federn, as well as others.³ Tausk was also responsible for introducing the term 'identity' into psychoanalytic literature.⁴

Each of the three papers by Tausk, here translated into English for the first time by Eric Mosbacher and Marius Tausk, must be read in historical context. Over half a century has passed since they were written, and the formulations of that era are bound to sound alien, and sometimes antiquated, to our ears. Tausk, however, was as talented in presenting clinical cases as in metapsychology, and each of these papers still has something to teach. In addition, for the purpose of understanding the development of Freud's own ideas it is always helpful to be familiar with the writings of the best of his circle.⁵

On the Psychology of the War Deserter

During World War I, Tausk served on the Austrian front as an army psychiatrist. He acted with genuine heroism in protecting deserters from the Imperial Austrian Army which enlisted peasants who had never understood what conscription meant. Helpless and confused young men found themselves in danger of being shot for their simple primitive desire to creep back to the shelter of their homes. Unlike psychiatrists who behaved sadistically toward all 'malingerers', Tausk went out of his way to save people, using psychiatric diagnoses for humane ends. He intervened, for example, in behalf of a young boy who was to be court-martialed for failing to help shoot a whole group of enemy prisoners. Tausk saved his life by testifying that such a boy, reared in the highest standards of civilized life, could not be expected to assist in such an execution.

³ Cf., Bertram D. Lewin's obituary of Federn in *This QUARTERLY*, XIX, 1950, p. 296.

⁴ Jacobson, Edith: *The Self and the Object World*. New York: International Universities Press, Inc., 1964, p. xi.

⁵ My own account of the relation between Freud and Tausk, *Brother Animal: The Story of Freud and Tausk*, is to be published by Alfred A. Knopf, Inc. in the fall of 1969.

This paper demonstrates Tausk's earlier legal experience, both as a lawyer and a judge, as well as his loyal exposition of Freud's theories at that time. It is one of the very first efforts to relate psychoanalysis to law. (Freud himself ventured only warily into this subject.⁶) Tausk presents us with the social drama of conscription, relating the inner dispositions of the peasantry to the external social realities of war.

From today's perspective, Tausk's lucid presentation of psychoanalytic ideas during World War I helps highlight some of the concepts missing in the early days of Freudian theory. For example, childhood feelings are contrasted with those of adulthood without mention of the intervening developmental stage of adolescence. Adolescence as a phase had yet to be emphasized by Siegfried Bernfeld and Wilhelm Reich. Moreover, the ego as a mechanism of control or as a means of adaptation had yet to be incorporated into the psychoanalytic framework.

Diagnostic Considerations Concerning the Symptomatology of the So-Called War Psychoses

Despite Tausk's continuing renown for his work on schizophrenia, his essay on melancholia has been quite forgotten. Yet in fact this paper appeared before Freud's own *Mourning and Melancholia*. Tausk's citation of verbal comments by Freud indicates the degree to which Tausk, along with Karl Abraham, was working in the forefront in this area. According to Ernest Jones, Freud had 'expounded the views expressed [later in *Mourning and Melancholia*] . . . at the Vienna Society on December 30, 1914, on the occasion of a paper Tausk read on melancholia'.⁷

Here is an early effort to deal with psychoses that fall be-

⁶ *The Expert Opinion in the Halsmann Case*, Standard Edition, XXI, pp. 251-253. Cf., also, *Psychoanalysis and the Establishment of the Facts in Legal Proceedings*, Standard Edition, IX, pp. 103-114.

⁷ Jones, Ernest: *The Life and Work of Sigmund Freud, Vol. II*. New York: Basic Books, Inc., 1955, p. 328.

tween Kraepelin's entities—paranoid states and manic-depressive insanity. What does one do if the patient is both depressed and paranoid? Tausk proposed to explain these two psychological processes in relation to each other, the working up of heterosexual libido in depression and of homosexual libido in paranoia. While this particular formula might well be contested, his paper is important for the rich clinical material presented in relation to the social milieu and for Tausk's pioneering attempt to help psychiatry absorb the insights of psychoanalysis. For, in addition to trying to make an original contribution to psychoanalysis, Tausk was trying to demonstrate the limitations of the formalism of classical psychiatry.

The modern reader will be struck by the absence here of the concepts of the ego ideal or of the superego. Perceiving the central role of loss in depression, Tausk attempts to cope with the problem of melancholia in terms of libido theory, so important to Freud and his followers at this early time.

On the Psychology of the Alcoholic Occupation Delirium

Tausk's great ambition was to use psychoanalysis to understand the psychoses. This paper was written about a symptom in a very common psychiatric syndrome in Tausk's time, the alcoholic psychosis. Before World War I, an entire ward was set apart in Wagner-Jauregg's clinic in Vienna for cases of male alcoholic psychosis. Although in America today such cases would be seen much more rarely, and usually in special hospitals, in Viennese psychiatric practice of that time they played a prominent role. (The alcoholic psychoses of that time antedated our current concern with the effects of hallucinogenic drug psychoses.)

To study the psychoses clinically at all was remarkable for a psychoanalyst of that time. In addition, Tausk was interested in the psychology of alcoholics as he wanted to extend the scope of psychoanalytic treatment. Nevertheless, here again the contemporary reader will be struck by a World War I psychoanalyst's lack of interest in adolescence. Much of the clinical

material in this paper concerns an extended interpretation of the dream of a twenty-three-year-old student. Tausk was writing at a time when many of these ideas were uncharted subjects. The occupational activities he describes are interpreted in terms of sexual excitement in patients rendered impotent. From today's point of view, it is striking that Tausk does not see this delirium as an outlet of aggressiveness, or as a defense against primitive brutality. A delirium can in fact serve about as many purposes as a dream.

In those days the psychoses were psychologically almost unknown, and Tausk was one of the pioneers in trying to understand them along psychoanalytic principles. Freud held himself at some distance from such clinical material. It was not until the later development of ego psychology (and here again Tausk was ahead of others) that the distinction between neurosis and psychosis, clinically as well as theoretically, assumed the form we know it today.

Chronological List of Victor Tausk's Major Psychoanalytic Papers

- 1912—*On Masturbation*. (In: *The Psychoanalytic Study of the Child*, Vol. VI, 1951, pp. 61-79.)
- 1913—*Compensation as a Means of Discounting the Motive of Repression*. (Int. J. Ps., V, 1924, pp. 130-140.)
- 1913—*A Contribution to the Psychology of Child Sexuality*. (Int. J. Ps., V, 1924, pp. 343-357.)
- 1914—*Psychoanalysis of Philosophy and Psychoanalytic Philosophy*. (Jahrb. f. psa. Forschungen, VI, 1914, pp. 405-412.)
- 1915—*On the Psychology of the Alcoholic Occupation Delirium*. (Int. Ztschr. f. ärztliche Ps., III, 1915, pp. 204-226.)
- 1916—*Diagnostic Considerations Concerning the Symptomatology of the So-Called War Psychoses*. (Wiener Medizinische Wochenschrift, 1916, 37 & 38.)
- 1916—*On the Psychology of the War Deserter*. (Int. Ztschr. f. ärztliche Ps., IV 1916, pp. 193-204, 229-240.)
- 1916—*Some Remarks Concerning Abraham's Paper 'On Ejaculatio Praecox'*. (Int. Ztschr. f. ärztliche Ps., IV, 1916, pp. 315-327.)
- 1919—*On the Origin of the 'Influencing Machine' in Schizophrenia*. (This QUARTERLY, II, 1933, pp. 519-556.)
- n.d.—*Ibsen, the Druggist*. (This QUARTERLY, III, 1934, pp. 137-141.)

On the Psychology of the War Deserter

Victor Tausk.

To cite this article: Victor Tausk. (1969) On the Psychology of the War Deserter, The Psychoanalytic Quarterly, 38:3, 354-381, DOI: [10.1080/21674086.1969.11926496](https://doi.org/10.1080/21674086.1969.11926496)

To link to this article: <https://doi.org/10.1080/21674086.1969.11926496>



Published online: 29 Nov 2017.



Submit your article to this journal [↗](#)



Article views: 2

ON THE PSYCHOLOGY OF THE WAR DESERTER

BY VICTOR TAUSK, M.D.

I

What I have to say on this subject is bound to be restricted in some respects by the circumstance that this is not a suitable time for discussing military institutions or political conditions. The military view of the deserter differs from the psychologist's, who is not concerned with whether or not the consequences that follow from his investigations harmonize with the requirements of the army, or the political situation.

As I know from firsthand experience, the attitude of patriotism in arms to the crime of desertion is pretty candidly based on the theory of deterrence. It follows from this practical principle that when deserters are tried in court psychological considerations will be taken into account only in exceptional cases, that is, when the judge has an overwhelming impression that the accused is mentally ill. The extent to which this impression will depend on the personal qualities of the judge, who will rarely have had psychiatric training, is easy to foresee. For the same reason it is impossible to count on all the mentally ill and only these being sent for psychiatric examination. Also I found plenty of confirmation for my supposition that men not submitted for psychiatric examination were sentenced after being declared fit to stand trial on the same shaky grounds as those on which others were sent to the psychiatrist as being mentally ill, or suspected of being mentally ill. It is, however, to this indiscrimination, often accompanied by the best of intentions, that I am indebted for the great variety of cases sent me for examination, and I can face with

Zur Psychologie des Deserteurs. Delivered at the Ninth Medical Officers Seminar, Belgrade, March 3, 1917.

Translated by Eric Mosbacher and Marius Tausk under the editorship of Paul Roazen.

the greatest equanimity the criticism that my observations were restricted to pathological cases and therefore biased.

To the best of my belief, my subject has no scientific history. I am not aware that any previous work has been done on the psychology of the deserter, either in former wars or in the present one. I regret this, since it puts my work at a disadvantage. For, though I can be certain that for my own approach to the subject, i.e., the psychoanalytic, no information or support is to be expected from earlier workers in the field, I should have preferred it if other observers had at least left a description or classification of actual motives for desertion, no matter from what standpoint. That would have provided a broader base for my observations, made sounder judgment possible on the extent to which all the possible or at least all the typical cases have been included in my observations, and I should be less exposed to criticisms of my classification's being prejudiced or arbitrary. However, I have reasons other than that for renouncing in advance any claim to have investigated the subject completely. My only purpose is to make my audience acquainted with a topical and very tragic subject and with an interesting method of psychological approach.

This method has been called psychoanalysis by its founder, Professor Freud of the University of Vienna. His theory, to which the Vienna neurologist Dr. Josef Breuer made important contributions in the initial stages, has met with more—though not better—enemies than friends. A substantial literature is available which will enable you to inform yourselves about the full range of this science. I shall acquaint you with only a few aspects of the theory directly connected with my subject.

I shall not be able to go beyond presenting the problem as it emerges from the facts and my approach to these facts. Apart from the military and political situation to which I have already referred, any attempt to find a solution, and in particular to apply it to the administration of justice during this war, is limited by existing legislation, which cannot be

expected to be changed soon and lays down lines from which the judge dealing with the crime of desertion cannot depart. But if the courts are again to be faced with the sad necessity of deciding the fate of individuals whose duty it is to participate in the destruction of human beings and human values, it is my hope that what I have to say may reach the ear of future legislators.

You will long since have realized that I am going to subject the psychological principles imposed on the courts in dealing with the crime of desertion to not very benevolent criticism. I can understand that all of you, apart from feeling that deterring men from committing this crime is a practical necessity, also have a sense of idealism which leaves little room for sympathy with the deserter. The deserter tries to escape from duties and ordeals imposed on all his comrades, he is interested only in saving his own skin in the dreadful devastation that has come over the world, and you indignantly ask what right he has to think only of his own safety and leave his comrades in the lurch. You believe the deserter to be selfish and cowardly, and I do not deny you your right to that opinion. In the course of what I have to say I shall even show that there is a sense in which it is in perfect harmony with his psychological situation. Nevertheless I shall try to persuade you to replace your opinion, which is equivalent to a condemnation, by an insight inherent in which are a great many universal human values which could be of greater value to the country than the killing off of a few deserters.

Practically every week for nearly a year and a half in the capacity of expert on mental and nervous diseases I had to report to the court on deserters' fitness or unfitness to plead, and I have therefore seen a great many cases.

I feel I must account to you for my attitude in the matter, just as I had to account for it to myself.

I began this work with the greatest aversion. I had already escaped once from the professional necessity of sitting in judgment on others, and I now found myself in the position of

being compelled to take part in the judicial process in the capacity of physician. Perhaps some of the judges here present are conscious of the fact that to many the apparently impersonal application of the law involves insoluble personal conflict, while to others it is a pretext for giving rein to appetites for power of various kinds, and that if only the just sat in judgment there would not be enough judges to go round. I admit, however, that there is also an unhealthy or, shall we say, sentimental, side to this attitude toward the office of judge which should play no part. There are certainly judges—and it is a good thing that they exist—who are able to carry out their duties without being hampered by the thought of how many psychological and educational potentialities they are sentencing to death when they deliver their verdict. I also admit that the judge must set aside his scruples about pronouncing judgment in the safety of a courtroom about a man's duty to stand up to an artillery barrage.

There was another factor that diminished my pleasure in the work, this one unconnected with the relationship between the judge and the criminal and his crime, and thus free of personal and therefore insoluble problems. Instead, it was connected with the objective relationship between the law and the crime of desertion, which makes it a less insidious and more productive subject of discussion. Laws do not change as quickly as men's views and ways of living, and many social or personal values are given legal sanction which later, so it seems to us, it would be better to remove from public regulation, with the result that legal compulsion in the matter is felt to be an anachronism and an unjustified restriction. This applies in particular to certain aspects of sex life, and also to a number of factors that originated in superseded forms of power structure and social status. Also we cannot fail to observe that newly emerged values of human society and personal life are not given legal protection quickly or extensively enough, with the result that legal powers seem sometimes too wide and sometimes too narrow. I must remind you that our penal code

dates from the beginning of the nineteenth century, so that, when you compare social conditions now and then, even those of you who are not lawyers will be able to draw logical conclusions about its appropriateness.

There are also problems and doubts connected with the historical attitude toward desertion. When military service was entered into on a contractual basis, as it was in the days of mercenary armies, the psychology and moral evaluation of the crime was different from that of an age in which a certain category of men, i.e., the able-bodied, fit to bear arms, are liable to conscription; and in considering this matter of conscription the historical phases of popular habituation to that institution must be taken into account. The great mass of the less fit or unfit who have been conscripted in this war had long since accustomed themselves to the idea that they had a right to exemption from it, and in view of that were not able to adapt themselves smoothly to the present surprising extension of conscription. Our legislation could not of course anticipate the form taken by this war, but insistence on the letter of the law imposes an obligation on the individual that he was not brought up to fulfil.

Those were more or less the thoughts with which I approached the task that devolved upon me, until I realized that it was limited to deciding whether or not the deserters whom I should have to examine were responsible for their actions and therefore punishable according to law.

This reflection, however, promptly involved me in a new conflict, which arose when I noted the few psychological considerations which have a place in our more than century-old legislation in regard to establishing guilt or innocence or the question of penalty.

Paragraph I of the penal code says that crime requires evil intent. This statement has an appealing simplicity and is certainly calculated to reassure even the most conscientious and least assuming. The next paragraphs, however, cause the psychologist a lively disquiet, which remains with him to the end.

Evil intent cannot be assumed, the law goes on, if the person committing the act was wholly deprived of reason at the time, or was in a state of mental confusion or complete intoxication (unless he became intoxicated for the purpose of committing the act), or was acting in justified self-defense. In this legal terminology we can discern two psychologically quite distinct factors that exclude guilt. According to the first, an individual is not guilty if he commits an act while deprived of his senses and power of judgment, because in that condition he is not capable of forming an intent. According to the second, if he is acting in justifiable self-defense he is considered capable of forming an intent; but this is not described as an evil one.

We are confronted with the fact that the law has quite definite ideas of good and evil. The commentaries on justified self-defense make it clear that the psychological category to which it belongs is that of 'irresistible compulsion' (the two ideas do not coincide, but overlap), and elsewhere we are told that 'irresistible compulsion' applies to safeguarding the legitimate interests of oneself or of others. Then again we learn that among those the defense of whose interests constitutes 'irresistible compulsion' and excludes guilt, 'beloved persons' occupy a preferential position. On the other hand, such exculpating love can be pleaded only in relation to specified persons, i.e., close relatives or legitimate love partners. In other words, the law claims a complete knowledge of love and its effects. As you are aware, not only does homosexual love not exclude guilt on the ground of irresistible compulsion, but it is in itself guilty and punishable. As you see, the law-maker has some remarkable assumptions and interferes with the mechanisms of nature with some remarkable results.¹

All these factors are confusing. To the psychologist who thinks in terms of history, the notion of what is evil is less assured. It has varied at different periods and in different

¹ In this discussion of the law I am only tracing factual connections. I am aware that I am putting the text of the law on a par with various theories and practices of the courts.

countries at the same period. I must desist from pursuing this subject further, because it would lead to endless common-places.

However, there are certain peculiarities about the attitude of the law in the matter of intent which cause the psychologist to wonder about the etiology of certain legal stipulations. For instance, the law adapts the extent and nature of the punishment to the age of the offender; it treats the young up to a certain age with greater leniency, as if they were less capable than their elders of the psychical act known as 'intent'. This assumption, however, is certainly wrong. Very young children, including those declared by the law to be incapable of committing a crime, are perfectly capable of forming an intent. Punishment by domestic educators is, after all, based on the belief that the child acts with intent. The child does not lose his capacity to form intents and carry them out in any other way than an adult. Ignorance of the law cannot be pleaded to exonerate a child, since this is no defense to an adult who has committed an illegal act; and I do not believe that anyone who understands children would seriously maintain that they have no knowledge of evil. That can be assumed only in the first two or three years of life, and then only within limitations. In general, children have a much stronger sense of wrong than adults, most of whom have dismissed the idea of the omnipresence of a punishing God; and, in so far as evil means the same as malice, children are certainly capable of every kind of malice. The proclivity to such feelings does not depend on age; if anything, it decreases with age.

If we assume in accordance with psychology that all the conditions which determine punishability and accountability in the adult are also present in the child, we can explain the leniency of the law to children only by assuming that the legislators were poor psychologists. The assumption is probably correct. Nevertheless we cannot bring ourselves to judge children by the same yardstick as adults, even though the age limits accepted by the law need a good deal of adjustment in

the light of psychological consistency. If we seriously ask ourselves what makes us so lenient in this respect in spite of our psychology, perhaps all of us—and for the sake of the general validity of my theme I shall assume all of us without exception—will admit that it is our love of our own children and our own childhood that makes our attitude to the youthful offender more tolerant. We are governed in this instance by an entirely subjective emotional urge which is certainly not justified in all cases by the seemingly objective plea that the child is capable of improvement; it may, indeed, be true in only very few cases indeed.² The adult too has time for remorse and improvement, if he is capable of these things, after committing a crime, but he is not spared the penalty for that reason.³

In laying down the nature and extent of the penalty the law takes into account the magnitude of the crime. But sometimes it lays emphasis on the intention and sometimes on the result. Attempted murder is less severely punished than murder, but a hostile act resulting in death is treated as homicide even if the intention was no more than to penetrate the skin with a fingernail. But if all the death wishes felt by children, even if only the conscious ones felt in moments of anger and hatred and released in acts of aggression of various kinds, were punished as attempted murder, the state would soon not have enough soldiers left to be able to set about killing its enemies. We may note in passing that premeditated killing in a duel was once considered a noble action, and still enjoys a preferential position in our penal code. I shall also not elaborate on the fact that all these considerations which may seem obvious to you in relation to crimes against the person can

² It is this spontaneous attitude toward our children and childhood that probably makes it impossible for some of us to set ourselves up as judges over others; and perhaps this unwillingness deprives us of a number of good judges.

³ In this respect Austrian law incidentally lags behind that of a number of other countries, in which considerations such as these have in varying degrees begun to have an effect.

equally well be applied to crimes against property. But this is not the time to talk our economic system to pieces.

You will soon see the connection between what I have been saying and the deserters about whom I am going to talk to you. I ask you only to bear in mind the confusion that exists in the relations between even this simple psychology and the law. I shall later indicate to you some psychoanalytic ways and means, not of disposing of the problem, but of mitigating your discomfort at my manner of presenting it.

Before I undertook the task of making psychiatric reports on deserters for the court, the ideas that I had of these people did not go beyond those of a patriotic high school boy whose fitness for front-line service had not yet received its baptism by fire. I imagined deserters to be defiant individuals who refused obedience to the Emperor, or cowards who trembled for their lives while their comrades were being killed or were bleeding to death all round them, gladly sacrificing their lives and that of their nearest and dearest for their country.

I gained a faint idea of what these glad sacrifices were like from men who had taken part in assaults. I discovered that they did not sacrifice anything, let alone gladly, but that they were generally the victims of a crazy, mindless fear that knew that there was no way back and could see no way forward, but could only hear, and that their valor consisted in surviving an inconceivable ordeal.

I discovered what deserters were like from my own observations.

There were three points that emerged from them that forced the psychology of the deserter upon my attention and led me to attempt this study.

In the first place, by far the majority of deserters do not belong to combatant units, and desertions take place, not from the really dangerous, fighting front, but from non-combatant units in the back areas, from army formations employed on guard or labor duties.

Secondly, deserters on the run often endure hardships un-

questionably more severe than any military duty or danger, in spite of which they return voluntarily to their duty only in very rare cases indeed. I have known deserters who spent months living like wild beasts in the forest, suffering from bitter cold and starvation and constantly exposed to the most wretched of deaths which, however, they preferred to facing their duties with some guard or labor company in the back areas. Some of them would sneak into a village at night to beg a kindhearted peasant for some bread; others would hide in a village, living in agonizing fear of discovery or being given away. One man, a German, made his way on foot in the depth of winter from Warsaw to Lublin, suffering indescribable hardships and stress. It is premature to conclude that liberation from military duties, in particular in back areas, compensates for all this suffering. It should be borne in mind that, with very few exceptions, all these deserters come from the lower levels of the population, accustomed to heavy labor. They are peasants, unskilled and manual workers, to whom army service does not very often mean an unaccustomed burden, a restriction of freedom of movement and of opportunities of enjoyment that contrasts intolerably with the civilian life to which they were used.

Thirdly, a good half of all the deserters I saw created the impression at first sight of being mental cripples, dull, feeble-minded, emotionally infantile and lacking in decision. If the criticism is made that as a forensic psychiatrist this was the only sort of case I saw, my reply is that the other half of those I saw did not create this immediate impression; they might have been as normal mentally as most of the men drafted to serve as hospital orderlies. Also I have been assured by reliable sources that among cases not certified by me there were as many feeble-minded as apparently normal cases among men executed for desertion. There was an extreme instance in which one of our pathologists found a microcephalic brain in an executed deserter.

There was one overriding impression that I carried away

from the multiplicity of my experiences with these people, and that was of unqualified human wretchedness, and that applies to every deserter I met. I state this fact entirely without sentimentality. It would ill become me to appeal for sympathy with these socially almost worthless individuals at a time when the most valuable are being condemned pitilessly to manure the soil with their flesh and blood.

The term 'psychoanalysis', of which I have told you nothing tangible yet, gentlemen, indicates quite literally that we are concerned, not with synthesizing impressions, but with separating psychical phenomena into their component parts. Closer examination of the personality of all these deserters showed a variety of reasons for the wretchedness common to them all. No great skill was required to discover this. All I had to do was to question the men to find out that there are various motives for desertion, and that deserters can be classified in various categories accordingly. If you accept the fact that an appropriate method of questioning and some practice enables one generally to unmask lies and get the man to tell the truth, though a few cases remain sterile from the point of view of scientific investigation because the low-grade mentality of the man under examination makes even the most elementary rapport with the physician impossible, the two respects in which my conclusions are probably most vulnerable to criticism, the reliability of these men's statements and their psychological accessibility, are eliminated at the outset. The only other criticism that remains open is that of the validity of my method. As I present my findings I shall introduce you to some freudian psychoanalysis, though only with the few principles of that science that are relevant to the quite crude present study.

My first category consists of sufferers from pathological disturbances of consciousness (fugues)⁴, hysterical or epileptic disturbances about which they can generally give no information whatever. In the course of apparently normal existence

⁴ *Ausnahmszuständen.*

they had been taken over, as it were, by an alien ego. Some of these patients had absolutely no memory of what had happened during the attack; they did not know they had left their place of duty, all conscious intention of leaving it was completely alien to them, and when they found themselves in a strange place they did not know how they got there and were as surprised as on awakening from a dream. A few had not lost their memory of what happened during the attack, but they had usually just wandered about aimlessly, in a manner they were unable to explain, wherever their promptings took them. In such cases we speak of a pathological urge to wander. I must leave this whole category of deserters out of my considerations. Epileptics cannot be analyzed, and hysterics of this type cannot be analyzed with any prospect of success while under examination in a military hospital pending a court-martial.

The second category also consists of restless, wandering souls. But these neither suffer from confusion nor have memory gaps. They are fully conscious of their actions, which they carry out rationally and deliberately, and are not unaware that they have left their post illegally. Sometimes there is a defiant emphasis on their rebellion against military duty and perhaps also on the dangerous consequences of such rebellion. These men were usually industrial workers, but two were students. Their past history often includes punishments for repeatedly absenting themselves from wherever they ought to be. The question why they deserted produces answers which can be interpreted either as intolerance of compulsion in general or aversion to an occupation unsatisfying to or conflicting with personal needs. Closer examination of the latter turns out to be a mere pretext for escaping from compulsion in general. The immediate occasion of the desertion is attributed to such things as a power-conscious non-commissioned officer's having shortened the men's off-duty time by drill or putting them to work. Once I was told that a sergeant, whether rightly or wrongly, had ordered men who had beards to shave

them off. 'That was the last straw', I was told. Another man deserted because he was transferred from boot-repairing to army transport. Another, by civil occupation a stableman, had somehow managed to smuggle himself into a German horse transport column, because he 'had a greater sense of human worth doing a job he knew'. When chance threw him together with his old corps, he was arrested as a deserter. His 'ideal' reason for deserting was not believed.

In the face of the huge compulsion by which the world is now being throttled, these reasons for desertion look merely petty. When I pointed out to these men that their comrades had to live under the same restrictions and frustrations but did not desert, I could rely on their full agreement. Sometimes I could see the reasons just given for their desertion losing their sharp outlines in the face of this consideration and giving way to surprise and dismay. Sometimes I would be told that it was 'everything' that got too much for them and caused them to absent themselves from their unit, and also that it had been stupid and over-hasty, but now it was too late.

The typical biographies to be extracted from these men lead us quickly to psychological soil of a kind very familiar to us from psychoanalysis. The deserter's misdeed turns out to be a characteristic behavior pattern. All these men have been 'fugitives' since childhood. Some had run away from home innumerable times. Others had never kept a job, or had continually changed it. One was an adventurer who had traveled half the world over and done many different jobs. Those who had been to school had been truants and bad examples to their fellows. They had 'always been like that'. Why? One had a strict father, the other a stepmother. They could not bear it at home. They had stayed away from school because the teacher treated them unfairly. Father had not allowed them to learn the trade they would have liked, they had had to learn something that gave them no pleasure. One had been badly treated by all his masters, another by his masters' wives,

yet another by his master's children, or his companions or fellow-apprentices. 'If only I could have taken over my father's business I should have settled down', one of them said to me. As, however, his father had been unwilling to let him do this, he had kept running away from home, and the police had kept bringing him back.

What these cases show is that the motivation of desertion in this category originates in childhood and can often be traced to infancy, and that the characteristic experience of these people is the flight from family compulsion. You have only to accept the fact that 'master' and 'teacher' are surrogates for the father, that the master's wife is a surrogate for the mother, and that comrades, fellow-apprentices and classmates are surrogates for the siblings, and you will be able to see the complete picture. To persuade you to accept this assumption I shall have to introduce you to a little psychoanalysis.

II

Freud's great discovery, and in fact the basic principle of psychoanalysis, is that the child is father to the man. I must ask you to accept this familiar commonplace as a startling novelty in psychology, for that is how it is regarded by the vast majority of literate people, including the learned. This latter section of humanity cannot be told anything more novel and more startling than that their dignified personalities consist of residues of their infantile life which, partly unchanged and partly changed in accordance with definite laws, make up their present, apparently adult, image. The adult likes to regard the child as qualitatively different from what he thinks himself to be. He takes the child to be, not childlike, but childish, that is, he does not take seriously the expressions of children's affects and instincts, but regards them as provisional, as it were; since they are bound to 'grow up', there is nothing for it but to wait until this phase is over. Psychoanalysis has, however, shown that it is never 'over', but enters into the make-up of the adult personality, which must be regarded as

nothing but the outcome of the vicissitudes to which the child's instincts have been subjected. The child loves and hates just like the adult, though generally with much greater force and seriousness than the adult, especially the adult in our flattened out, civilized life. This flattening out, in so far as it means convention, pettiness, and a blurring of emotional life, is an undesirable effect, though an inevitable one in view of the nature of the human material, of very important principles which govern the social adaptation of man and the maturation of his orientation to his environment. It is the great seriousness and the intensity of the child's psychical life which these principles make use of in turning him into an adult; and it is not the fault of the principles but of those who apply them—more rarely those to whom they are applied—that adults live so insecurely and discontentedly with the teaching they have received and pass on.

The outstanding characteristic of the instinctual life of the child is his inability to postpone or renounce the satisfaction of his wishes. The child lives according to the pleasure principle; he has to be educated to the reality principle. Freud describes these two opposite principles of psychical development as the factors the internal struggle between which produces the final result of the individual's development. The child not only demands immediate satisfaction of his wishes, he demands the satisfaction of inherently unattainable wishes and wishes which immediately or eventually would harm him or his environment. The child feels any restriction of his instinctual satisfaction to be a grave personal outrage. He cannot renounce pleasure-gain even if it involves danger. Nevertheless he has to be educated into satisfying his pleasure needs in accordance with the world of reality, that is, in ways which are practicable among contemporary people and in contemporary circumstances and will promote his mental and physical well-being. He has to learn that when he reaches for the moon he is asking for the impossible. If he tries to dominate his brothers and sisters, he has to learn that he has no more rights in the

matter than they have and therefore he must either renounce the desire or try to outdo them in a way which human society, though it will not always help him, will not always obstruct, e.g., by working hard at school to show his superior brain power. In psychoanalytic terminology, he thus sublimates his crude tyrannical wishes and acquires a source of mental pleasure that takes the place of the pleasure of domestic tyranny that has been renounced.

When he wants to be as big as his parents in order to be able to do things that they are allowed to do, he has to learn to wait. In short, he cannot have everything, and there are many things he cannot have immediately. When in his boundless childish rages he desires the death of some adult or child in his environment, he has to reconcile himself to the fact that that person does not die. He has to renounce the exclusive possession of his parents' love that he wants only because in his childish egocentricity he does not understand and therefore does not tolerate the right of his brothers and sisters to exist.

This education in renunciation and postponement fails in the case of some children, who remain unconsciously attached to their infantile wishes. They fail to acquire a useful substitute for the satisfactions denied them, for they want no such substitute. They want to satisfy their old wishes in their original form. Some of these, such as the fantasies of infantile ambition, death, and sexual wishes directed toward their closest relatives, are for internal or external reasons obviously unfulfillable in their original form. Of special importance are the death wish directed against the father and the sexual desire for the mother in the male child, which constitute the *œdipus complex* described by Freud. I shall not expand on this subject on the present occasion except to say this attitude toward the parents is a primary experience of the human male and, *mutatis mutandis*, of the human female, in whose case love is directed toward the father and the death wish toward the mother. Children who cannot escape from their

infantile wishes are in psychoanalytic terminology said to be fixated on those wishes and objects. They find no acceptable substitute for the satisfactions of which they have been deprived, but keep trying to find one. These attempts must necessarily fail because unconsciously—the whole process as it develops sinks into the unconscious and therefore becomes incomprehensible to the individual concerned and impossible for him to tackle—these people desire only to achieve the old wish. They therefore never reconcile themselves to the world of reality in which their wishes are unattainable, and by running away from everything that is attainable they continue merely to demonstrate that what they want is always something different from what they are doing and can have.

When we look at our deserters of the second category, we see that they are fixated on the old wish to escape from family compulsion. As this wish has become unconscious, every dependent relationship in which they become involved rouses their unconscious rebellion against family compulsion, though the family constellation against which the rebellion is really directed is not present in their conscious mind. Anyone in authority, anyone who can or wants to give them orders, is felt to be a member of the family, only because they feel his authority. This member of the family is generally the father, who exercised authority in the family and tried to lead him from the pleasure principle to the reality principle by giving him orders and imposing punishment and the renunciation or postponement of satisfactions. Such a son identifies his teachers, his employers, his n.c.o.'s, with his father, and just as he wanted to run away from his father and did, so did he run away from school, from his employers, and finally from the army which had taken his father's place.

The rebellion against the father had been displaced in his unconscious to those who succeeded his father in authority over him. But since the substitution resulting from this displacement is incomplete, it is the rebellion that calls the tune; the occasion that triggers it off can be absurdly trivial. When-

ever the feeling of rebellion is activated, it turns readily into the impulse to run away. It is what the individual is used to, and so the act of desertion is liable to occur at any moment.

Is it not an irresistible compulsion if a man lives under a psychical constellation of such a kind? But no such grounds as this for excluding guilt are of course known to the law. The theory of the fixation and displacement of infantile wishes takes us deep into the problem of man's free will and responsibility when faced with human judges untrained in psychoanalysis. We shall certainly not try to tackle this problem now, but shall confine ourselves to noting that our deserters of the second category are suffering from psychical infantilism, that their reasons for desertion are infantile, and that they are not fully responsible adults. We shall, however, refrain from estimating the amount of responsibility attributable to them for the crime committed.

The fact that I have expatiated on this category of deserters, gentlemen, might create the impression that they were especially numerous among my cases. This was not so, for they represented only a small proportion. But, because of the simple psychical structure involved, this category is particularly suitable for an introduction to psychoanalytic principles at which, after this broad explanation, we shall only briefly hint when discussing the succeeding categories.

The motivation for desertion in the third category is fear of punishment for some offense. The offense is invariably trivial. Though penalties under military law are relatively severe even for minor offenses, they are still trivial in comparison with the punishment for desertion. Often they are also trivial in comparison with the severe hardships and stresses suffered by a deserter on the run. The most characteristic case is probably that of the German deserter we mentioned previously who made his way on foot from Warsaw to Lublin. He deserted because he had contracted gonorrhea. His commanding officer had threatened to 'break every bone in the body' of any man who caught a venereal disease. Any normal individ-

ual would not have taken a parade-ground threat of this kind too seriously, and he would certainly not have taken it literally. His action was, to say the very least, precipitate. Like nearly all deserters in this category, incidentally, he was a human wreck. The poor devil had psychical inferiority written on his face. His eyes were full of fearful expectation. When talked to at all sharply he was shaken to the core. By trade he was a baker's hand, and his father had a small street-paving business. With minor variations, in which the constant factor was always the same relationship between father and son, his life story resembled that of all his fellow sufferers in this category. His father was very strict; very strict with his family, that is to say; he did not apply to himself the moral principles he required of them. He often came home drunk and maltreated his wife and children in his beer-inspired frenzy, and the sound of his footsteps in the hall hushed the children into terrified silence. He would punish them for the slightest thing, and as between one drunken bout and the next he often forgot that he had punished them for something already, but not that there was something to punish them for, they were frequently beaten on several days in succession for the same often trivial misdemeanor. Fear of his father dominated this deserter's whole life. At school and during his apprenticeship he was dependent and insecure, always expecting punishment even when he was not aware of having done anything wrong. His chief characteristics were the ease with which he was shaken and his agonizing fear of punishment. Whenever he talked of the paternal maltreatment and the fear this caused him he was so shaken that he wept.

Here again, as in the previous category, we see a disturbed relationship between father and son. We also see its displacement onto surrogate father-figures and finally onto superiors in the army. The son's reaction is different in each of the two categories, however. While in the first he becomes a fugitive all his life, keeps running away from the father (or from the family), in the second he does not become emancipated

to the extent of rebelling by daring to run away from him. On the contrary, he is completely dominated by his father, he has sacrificed all freedom in relation to him and lives in constant, helpless fear of him; and, if he finally manages to run away from a threatened and dreaded punishment, he is likely to be picked up as a deserter. Here we have another instance of fixation in an infantile attitude. Perhaps some of my listeners will already have drawn their own conclusions about the apparently normal lives of their fellow citizens from these two examples of fixation, and will have noted the extent to which the individual's social destiny depends, and necessarily depends, on his attitude toward his father, or to put it another way, the extent to which he must reconcile himself to the destiny with which his family has sent him on his way.

The problem of the applicability of the legal concept of irresistible compulsion and of the limits of human responsibility is even wider open here than in the case of the preceding category.

The reason given for desertion by the fourth category is inability to stand the strain of their duties. These are too much for them. Yet they tolerate the most fearful hardships and stresses of the life of a fugitive on the run almost with equanimity and with stubborn, unyielding endurance. This type of deserter is numerically very strongly represented. Most of them are older peasants, and all of them can be described as more or less feeble-minded. They are used to heavy labor at home, and the demands made on them by the army are often no greater, but these turn out to be too much for them. In these cases the etiology is not very far to seek. These men are simple, childish peasants at the lowest conceivable level of culture and education, unable to produce interest in anything outside the accustomed activities of their village life. Almost without exception they are illiterate. Their relationship to the idea of the state or nation is limited to the fact that they have always regarded the obligation to pay taxes as

unfair, and they are unable to view the connection between their military service and the general purposes of the state in any different light. Their interests are completely infantile. They cannot transfer libido to any work the fruits of which they cannot physically take home. They have never taken any part in national life, they can neither understand it nor have any love of it, and they do not see why they should make sacrifices for something that is called the general interest in an enterprise not of their making. It is because these things are alien to them that they overrate the strains of military service, just as children overrate everything strange and unaccustomed, turning it into either very good or very bad. But the strains involved in being a fugitive on the run, which consist essentially in the exercise of primitive, innate capacities for self-preservation, seeking out hiding places and laying hands on food, are neither strange nor too much for them, though they are far greater than those imposed on them by their army duties.

There is an additional problem of responsibility in relation to the performance of duties that arises out of the peculiar nature of this war, which has caused masses of men to be called up for military service whose usefulness has long been questioned even by the military. The types we meet here in the guise of deserters are also encountered elsewhere, filling the hospitals in the guise of sufferers from lassitude and exhaustion, hypochondriacs, malingerers, 'hospital bugs'. Thus there are ways and means of evading military duty without coming into conflict with the law. Only the stupidest actually desert. In hospital they make themselves conspicuous by their absurd hypochondria and their vague complaints about all sorts of illness. The stupid cunning of their easily unmasked imaginary symptoms either infuriates the doctors or makes them laugh.

The fifth category of deserters that came to my knowledge is not very numerous. It consists of neurotics in the strict sense of the term. They suffer from various anxiety and ob-

sessional ideas which the psychoanalyst easily recognizes as originating in the unconscious sexual life. One of these cases presented the picture of typical anxiety over beginning anything or any change of situation. This led to all sorts of compulsive actions. My conjecture that the man suffered from fear of sexual impotence was confirmed. Fear of the new or of beginning anything is a typical displacement to non-sexual activities and objects of the fear of sexual impotence. Information about displacement of the sexual instinct to non-erotic situations is readily obtainable by a closer study of psychoanalysis. This man deserted when he was given a new company commander. 'He could not imagine what things would be like under him', and this idea worried him so much that he deserted. 'What will it be like? How shall I manage?' are the typical questions which the sufferer from fear of sexual impotence asks himself whenever he is faced with a sexual demand. I shall not go into the question of the extent to which this neurosis may have been determined by unconscious homosexual inclinations, which may have been the real cause of his fear of impotence. I also include in the fifth category men who desert because of thwarted ambition. These cases are rare too. The ambitions involved are not very exalted, and the frustrations of them that lead to the desertion do not strike us as very grave. A stableman, for instance, deserted allegedly because he was pestered by his n.c.o. It turned out, however, that he could not tolerate his work not being considered as good as that of his comrade. He also presented a number of definite neurotic symptoms which caused me to put him in this category. You will readily believe that his behavior was childish, infantile. In the present paper I must limit myself to indicating that his neurosis was an unsuccessful superstructure erected on top of his psychical infantilism.

Deserters of the next category, the sixth, are very numerous. Their motive is homesickness. As the song that begins with the words *Zu Strassburg auf der langen Brück* says with such directness and simplicity,

*Der Knabe, der das Schallhorn blies,
Der trägt die Schuld daran*⁵

Homesickness plays a major or minor role in practically all categories of deserters. When things are going badly with a man, when he loses control of his life, he takes flight—in reality or in fantasy—to a situation or a time when life was good, when he did not have to fight the inclemencies of the outside world alone and with no one but himself to fall back on, when he was sheltered and protected. For everyone there has been such a situation and such a time—in his childhood with his mother. To the vast majority of human beings this relationship with their mother is of abiding permanence, as is shown by the legend of Antaeus. In fact, all these deserters—no single exception came to my notice—wanted to go back to their mother, or occasionally to their wife or sweetheart, who, as psychoanalysis shows, are to be regarded in a sense as a substitute for the mother, and certainly so in the case of all infantile men. They never want to go back to the father, or to a friend; no instance of that has ever come to my notice. Homesickness is homesickness for the mother. The need for maternal protection is always a factor present when desertion is contemplated, and it may provide the final impulse. Very often it is the only one. This category consists of sad individuals. They come from all classes of society and are usually very young. But most of them are peasants, because most soldiers are peasants and most peasants are childlike, i.e., have an especially strong attachment to their homes and their fields, their mother and their earth, which are symbolically the same, as we see in the phrase 'mother earth'. These men suffer from

⁵ *Translators' Note:* 'It is the fault of the boy who blew the horn.' *Schallhorn* is a misquotation for *Alphorn*, alpine horn. The song purports to be sung by a Swiss soldier, serving presumably in the French army, who was standing on the 'long bridge' across the Rhine at Strasbourg when a boy went by blowing a tune that reminded him of his native country lying in the mist to the south. Overwhelmed by homesickness, he plunged into the river and began swimming upstream, only to be seen by a sergeant and caught. He sings this song while expecting to be executed the same day.

a sense of loneliness and abandonment. The clash with the military injunction which, like the Biblical one, says 'thou shalt leave thy father and thy mother' could not be more violent or more insoluble, and these men's only illness is that they do not want to do what the Biblical injunction and military law require. They refuse obedience, not out of defiance, but because of childlike suffering. They are still childlike. It is difficult to expect the law to take account of homesickness, but the psychologist cannot help taking this psychical phenomenon seriously.

There is, however, another possibility that I cannot exclude in this connection. I pointed out last year in a paper on war psychoses⁶ that severe mental illnesses are often preceded by a sense of isolation, taking the form of depressive and anxiety states, which must be regarded as in part causing them. The heavy, homesick, depression that precedes desertion in many cases makes me believe that it is sometimes merely an unconscious flight from a threatening mental illness, a 'solitude psychosis'. Escape to the home, where one is never solitary, might perhaps represent salvation from the impending madness. By trying to avoid the Scylla of madness, of course, the deserter merely runs into the Charybdis of a court-martial.

For the sake of completeness I shall mention a seventh category, of which, however, I have no personal experience. I refer to men who desert for purely political reasons. These too are certainly of general psychoanalytical interest, but, not having come across any of them, I have nothing to say about them.

Keeping, however, to cases that came my way, I can conclude with an eighth category, in which the motive was lack of interest in the purposes of the present war, or opposition to war as such. We can imagine a mentally healthy idealist of high moral qualities rejecting a duty accepted by all others in complete

⁶ *Diagnostische Erörterungen auf Grund der Zustandsbilder der sogenannten Kriegspsychosen.* [Diagnostic Considerations Concerning the Symptomatology of the So-Called War Psychoses follows this paper.]

disregard of the consequences to himself. Among those who sacrificed themselves for their convictions there have always been men who have been safe from being classified as pathological. I do not believe, however, that an individual of that kind, after doing military service for some time in a back area, would suddenly desert, and later, reduced to a physical wreck by the harrowing experiences of being on the run, would be referred to a psychiatrist for a report on his mental condition. The few cases I saw were definitely pathological, showed feeble-minded, eccentric, infantile ideas, religious sectarianism, anxieties, and pronounced delusions of being watched and symptoms of persecution mania. I must ascribe this group to dementia praecox.

Before concluding my observations with some general psychological conclusions, there is a legal consideration to which I must revert.

Desertion in the eyes of the law implies the intention to absent oneself permanently from one's military duty. I can state that this subjective condition, which is essential if the crime of desertion is to be legally established, is only rarely present so far as the deserter's conscious mind is concerned. All that is present in the latter is the intention to escape from the painful situation and the tormenting feelings which were the immediate occasion of his running away. Fear of the punishment for desertion is very soon superimposed on this, becomes the dominant factor, and kills the resolution to report back for duty when—as not infrequently happens—it arises after the stormy affects that led to the flight have died down. In some cases the intention to stay away from duty permanently arises as a *dolus superveniens* when the deserter is encouraged by his initial success to hope that his luck will hold.

The penal code nowhere states that criminal intent can be unconscious. On the contrary, many of its stipulations lead to the conclusion that criminal intent must be conscious.

The practice of the courts in cases of desertion takes no account of this, however. It proceeds as if every desertion were

motivated by the conscious intention of permanently abandoning military duty. As a psychoanalyst I wish to state explicitly that this interpretation in fact harmonizes with the psychological situation. Almost invariably I had the impression that there was an intention—mostly unconscious—permanently to abandon military duty. The law, which is based on the old psychological view that only what is conscious can be called mental, ignores the fact that the roots, the preparation and the aims of everything that comes under the heading of purpose, intention, wish, and thus everything that appears in the form of conscious purpose, lie in unconscious mental life. Psychoanalysis therefore equates unconscious with conscious intent. But the extent to which the individual should be held accountable for his unconscious intentions is quite a different matter. Accepting an unconscious intention as the subjective criterion of the crime of desertion puts the criminal law in a position analogous to that which it takes in relation to the crime of homicide which I previously mentioned. In most cases of homicide in which the conscious intention to kill is lacking, psychoanalysis would say that an unconscious one was certainly present. Not so the law, which penalizes less severely the not consciously intended result of the action and takes no account of a possible unconscious intention to produce that result. If the equation of conscious and unconscious intention were taken into account in deciding the question of criminal intent, the impact of psychoanalytic psychology on the framing of a future penal code would be very far-reaching. But bringing this approach into harmony with criminal law as it has developed historically and with our present way of life would be a difficult task, which we must leave to a psychology of law which does not yet exist.

In enumerating the different motivations for desertion which I found, I have shown you, gentlemen, just as many types of human character. I have tried to show you that the deserters whom I examined, apart from the fact that a high proportion were more or less feeble-minded while a few were neurotic or psychotic, all shared the common characteristics of psychical

infantilism. I must add that psychoanalysis has also learnt to interpret the psychoses from the same point of view. You will certainly have noted how the notion of infantilism shades imperceptibly into what we regard as normal on the one hand and into the pathological on the other. I have also been able to link this discussion with the question of the legal responsibility of the individual for his actions.

We have associated the notion of infantilism with certain characteristics of the infant's mind, his inability to postpone or renounce the satisfaction of his wishes. The explanation of this is firstly the intensity of those wishes, secondly his inability to understand and to admit the validity of the interests of others in addition to his own, and thirdly his ignorance of adult life—he has no reason to save himself for the pleasures and duties reserved for the latter. He has to be educated to all these things. He has to be induced to exchange the pleasure principle, which makes the child seem selfish to us, for the reality principle, through which he becomes a social being. This educational program often breaks down for the most varied reasons, most of which must be looked for in the methods used. When it breaks down, the individual remains infantile, asocial, retaining his infantile wishes, partly in conscious but chiefly in unconscious form. He thereby becomes to a greater or lesser extent unadaptable to the social life which the individual cannot do without ('no matter whether he wears socks one yard high').¹ The more unadaptable he is, the more numerous and more deeply rooted in his childhood the individual's fixations are, the closer his infantilism is to psychosis.

Because of their infantilism, our deserters are asocial in relation to the common fate which has overtaken human society in this war. I do not know how many of my listeners are taking part in this war because of an inner impulse, but I do know

¹ *Translators' note:* A modified quotation from Goethe's *Faust*, in which Mephisto says to Faust: *Setz deinen Fuss auf ellenhohe Socken, du bleibst doch immer was du bist*, 'Even if you put on socks one yard high, you still remain what you are.'

that many are doing so only because they are able to subordinate themselves to a compulsion that leaves no one unaffected. Though military service costs most men severe losses, both material and emotional, they do not desert. Partly they renounce the satisfaction of personal wishes, the importance of which they subordinate to that of the general situation; partly they postpone the satisfaction of those wishes because of a real expectation based on a real understanding. In other words, they behave like adults.

Permit me, gentlemen, to conclude my serious survey with some serious words spoken in jest. In this war there is a group of men who, like children, cannot renounce the satisfaction of their wishes and want to have everything their heart desires, and even more. They too manage to evade the general suffering, not to their own detriment, as the deserter does, but at the expense of society. They, however, are not asocial, but anti-social. We shall not honor them by calling them deserters. They are the war profiteers.

Diagnostic Considerations Concerning the Symptomatology of the So-Called War Psychoses

Victor Tausk

To cite this article: Victor Tausk (1969) Diagnostic Considerations Concerning the Symptomatology of the So-Called War Psychoses, The Psychoanalytic Quarterly, 38:3, 382-405, DOI: [10.1080/21674086.1969.11926497](https://doi.org/10.1080/21674086.1969.11926497)

To link to this article: <https://doi.org/10.1080/21674086.1969.11926497>



Published online: 29 Nov 2017.



Submit your article to this journal [↗](#)



Article views: 1



Citing articles: 1 View citing articles [↗](#)

DIAGNOSTIC CONSIDERATIONS CONCERNING THE SYMPTOMATOLOGY OF THE SO-CALLED WAR PSYCHOSES

BY VICTOR TAUSK, M.D.

For a time, particularly during the first half of the war, authors used the term 'war psychosis' quite indiscriminately. Some did so perhaps in the expectation that mental disturbances arising out of war experiences would show specific clinical characteristics; others used it without any particular theoretical premises and without any particular sense of responsibility. Recently I have had the impression that most authors have decided to use it merely to indicate the situation that was the immediate occasion of the illness. The fact that the war or a particular wartime event provides the content of the disturbed mental production is of course irrelevant in so far as such content is worked up into a mental disturbance of an already familiar type.

I was myself at first unable to form an opinion whether or not specific war psychoses existed. The special difficulties presented by the type of patient encountered in the Russian theater of war at first confronted me with cruder tasks, which had to be tackled before any diagnosis was possible. In the first instance my efforts were of course devoted to classifying cases into clinically established diagnostic categories, even though some of the phenomena with which I was confronted

Diagnostische Erörterungen auf Grund der Zustandsbilder der sogenannten Kriegspsychosen. Originally read at the Second Conference of Medical Officers, Lublin, January 19, 1916. Later experiences made revision and expansion necessary. An important part of the theoretical discussion of paranoia *cum* melancholia was added after a discussion at the Vienna Psychoanalytical Society. Some of the cases quoted and the description of acute anxiety paranoia are also subsequent additions.

Translated by Eric Mosbacher and Marius Tausk under the editorship of Paul Roazen.

struck me as new and incomprehensible in the light of my clinical teaching.

The difficulties in the way of diagnosis in certain—and very numerous—cases could be reduced to two main factors: ignorance or insufficient knowledge of the patients' language and its nuances—they came from all the language groups of the monarchy—and the social and cultural characteristics of the level of their prewar life.

Better knowledge of the many foreign languages involved, and in particular adaptation to the awkward and unreliable process of examining patients with the aid of interpreters, soon resulted in many apparently new and incomprehensible phenomena turning out not to be problematical at all. The second factor, however, remained important in shaping the clinical picture and continued to make diagnosis difficult. Though at the conclusion of my observations I was generally able to decide that the clinical picture belonged to one of the known groups, I often had to add the qualification that that was what the illness appeared to be in an individual of his particular social stratum or cultural group. I had to remind myself that a training in a university hospital of a big city, with relatively sophisticated patients, had its disadvantages; the most primitive forms of the various mental diseases did not occur among them. It is hardly possible to exaggerate the primitiveness of certain popular classes. A peasant from Lower Austria represents a high standard of cultural development in comparison, for instance, with a Ruthenian peasant, whose interests and outlook on life we can describe in words but cannot enter into with emotional understanding. It was for that reason that a number of cases of schizophrenia seemed for a time quite inaccessible for me. A number of these patients presented a picture of euphoric feeble-mindedness associated with the behavior of a manically excited, stupid child of five or six. What looked like the 'talking past one' that was such an impressive feature might just as well have been due to nonunderstanding, dull-mindedness, or stupid malice. The incommunicativeness of

these people, the poverty of their ability to convey what is going on in their mind, even when normal, has to be experienced before the difficulties involved in making a differential diagnosis can be appreciated. All the ways in which schizophrenics living in European cultural conditions communicate their abnormal bodily sensations, e.g., when they say they are electrified, hypnotized, influenced, and so forth, are not available here. The brooding about the change in identity and personality that is so characteristic of schizophrenia does not occur. These patients do not brood; they are totally bewildered by the morbid phenomenon taking place inside them and are incapable of putting anything about it into words. Many create the impression of delirium tremens; others look so exactly as if they were in the manic phase of a progressive general paralysis that it is impossible to fall back on the picture of schizophrenia in all its manifold forms that one acquired in hospital. Only the variety of symptoms in these patients, the changes and the multiplicity of the phenomena which present themselves, point to the multiplicity of internal processes which are worked up into the numerous morphologically different symptoms so characteristic of schizophrenia. It is important to stress this multiplicity, because we are often faced with phenomena which do not conflict with the patient's situation and can easily be taken for the unimportant outcome of psychical processes adapted to the environment. It is a relief to one's scientific conscience when one comes across a definite, clinically characteristic, symptom, such as when a patient suddenly gives his neighbor a terrible box on the ear for no reason whatever and then takes no further notice of him, or wets his bed or smears it with feces, because, if general paralysis has been more or less excluded, it is then possible to diagnose schizophrenia.

These patients are mentally as unproductive in illness as they are in health; they present nothing but crude expressions of affect—depression, cheerfulness, or anger; and to the extent that these states of mind are insufficient for diagnostic purposes,

the psychiatrist is faced with the apparently often insuperable difficulties referred to above.

Among the approximately 1,500 cases which were referred to me in the course of seven-and-a-half months, mostly directly from the front, there were only four cases of typically pure paranoia, and these were German-speaking trained craftsmen. Melancholia was fairly frequently represented, several times associated with suicide attempts. It generally took an unproductive, stuporous form. In about one third of the cases it was accompanied by anxiety, but was always unproductive. In the case of peasants of the type described above, the patient would present the appearance of a sad, sick domestic animal. Acute amentia, which in the majority of cases followed catastrophic explosions, always presented a clear picture, of course.

As regards the so-called functional mental disturbances, such as neurasthenia, hysteria in all its forms, anxiety and obsessional neuroses, my observations are not in agreement with those of Laudenheimer,¹ who says that these do not occur among peasants and unskilled workmen, those prone to them being chiefly brain workers and members of the higher social classes. Among the patients whom I had the opportunity of observing, hysteria (in the form of tic, convulsive fits with '*arc de cercle*', or twilight states) was as frequent among peasants and unskilled workmen as it was among the more educated.

It is not the training of the intelligence, but what Freud calls the vicissitudes of the sexual instinct that are relevant in these cases and, when instinctual development has been disturbed, the roots of the disturbance have to be looked for among conditions far more primitive than lack of education. Otherwise the outbreaks of mass hysteria among peasants in the Middle Ages would be inexplicable. It is also a long-familiar fact that hysteria occurs in our own time among peasants belonging to all cultures.

I propose to discuss a phenomenon that presents a diagnostic

¹ Laudenheimer-(Alsbach), *Anamnesen der sogenannten Kriegsneurosen. Feldärztliche Beilage zur Münchner medizinischen Wochenschrift*, No. 38, 21.9. 1915.

problem in a sense quite different from that which I have just mentioned. If we refer to the descriptions of psychopathological conditions in our textbooks, we find that symptoms of different psychoses occur in each that is dealt with as a diagnostic unit. In particular, paranoid symptoms, for instance, occur in almost every instance, and melancholic features are nearly always present in all cases and in all psychoses. Broadly speaking, however, we can regard melancholia, paranoia, schizophrenia, etc., as units, in spite of the occurrence of symptoms belonging to other clinical pictures.

Clinical psychiatry has hitherto restricted itself to describing the symptoms under each main classification as primary or secondary, but has had no or only very superficial explanations to offer of the psychical mechanism of the individual symptoms. There are authors who believe that by using a metaphorical or a comparative description of a psychical disturbance they have uncovered the cause and essential content of a symptom.² There are others who try to rationalize and explain symptoms which can be observed as occurring independently and without fixed correlation with others as having a conscious connection with other coexistent symptoms;³ to say nothing of those authors who look for a specific organic cause of the illness, completely disregarding the presence of individual symptoms in nearly all the psychoses.⁴ Now, so long as symptoms could be tidily classified and the diagnosis based on the chief symptom turned out to be prognostically correct, subsidiary symptoms could be ignored without psychological scruples, and a case could be

² For example, Stranski, who considers that the term 'intrapsychical ataxia' solves a problem of psychomechanics. Similarly Berze with his 'primary weakness of psychical activity'.

³ Delusions of grandeur in paranoia, for instance, are attributed to a conscious search by the patient for an explanation of the persecution to which he feels he is subjected, which results in his concluding that he must be an exceptional personality if he is the object of so much attention. But megalomania occurs in general paralysis without delusions of reference.

⁴ Textbook descriptions of dementia praecox in particular often include reports of various findings in the brain at autopsy. But which of the innumerable symptoms present in all psychoses are attributable to these anatomical findings?

diagnosed as melancholia, for instance, and the subsidiary paranoid traits could be disregarded. These were merely subsidiary, and were noted as such for the sake of completeness.

I owe to the war a number of cases which simply refuse to fit in with this psychiatric system. To the extent that they were occasioned by the war they are 'war psychoses'.

First of all, there were some cases in which melancholia was fully developed in every respect with all its characteristic symptoms but coexisted with a no less fully developed paranoia.

The first case I saw was a shoemaker from northern Bohemia, aged thirty-four, married and the father of two children. Alcoholism and syphilis were denied and could not be demonstrated. The symptoms of melancholia were depression, self-reproach for masturbation, dishonesty, offensive behavior to others and treating his wife and children badly, since in former years he had sometimes drunk wine or beer on Sundays instead of laying the money aside for his family. He expected very severe punishment indeed for his sins. He had recently attempted suicide and was now obviously dissembling the thought of suicide. He did not believe he would ever feel better again. In addition to this he presented the following picture of a well developed paranoia. He had noticed for some time that he was an object of general hostility. Wherever he was, in the street or with his unit, he was the subject of whispered remarks, and he was watched and looked at suspiciously. He had heard his name suddenly called out several times, and people had spat in front of him. A very striking feature was the extent to which he was worried by a pea-sized boil above his navel. He never stopped asking whether it would heal or whether he would not die of it, and he was greatly concerned that it should be treated and dressed every day. Hypochondria of this kind is of great importance for the diagnosis of paranoia (Freud).

The second case was that of an officer of aristocratic birth, who had led a very unscrupulous and dissipated life and was

responsible for several broken lives; I was able to confirm that this was true. His sins, however, were probably attributable to the hypomanic phases which alternated at irregular intervals with his melancholic phases. When I saw him he was deeply melancholic, inconsolable, full of remorse and bitter self-reproach. His thought processes and affectivity were severely inhibited. There was also a complete system of ideas of reference and delusions of being watched, without hypochondria but with a pronounced resistance to the idea of leading a better life and a continuous readiness to suspect others.

Of the many other cases that came my way I select the following: 'Leopold K, infantryman, aged thirty, unskilled workman, at the front since July, 1915. No previous illness. According to a letter from his company commander, a brave and dependable soldier.'

About a fortnight previously the patient had suddenly changed, became apathetic, inhibited, and lost his appetite. 'His mouth says what his heart does not feel.' He said things such as 'The lieutenant ought to be killed by a shell', or 'We ought to desert to the Russians, as so many have done already'. Such words 'came to him' when he was under stress and he felt he could not stick it. He reproached himself bitterly for having said these things, but insisted that he said them only under 'compulsion', without really feeling them. All the same, he had been accused of having these evil intentions. He believed he deserved severe punishment, though he had neither done nor intended anything wrong.⁵ His comrades reported a suicide attempt made by the patient a few days previously.

⁵ When the obsessional symptom is considered in conjunction with the situation that occasioned it, anyone familiar with Freudian psychoanalysis will have no difficulty in recognizing in it a rejected unconscious wish. It would obviously be meaningless in this instance to attempt to rationalize the delusions of reference and of being watched with the aid of conscious statements which the patient himself regarded as being alien to his own feelings. I was able to observe a whole series of similar cases associated with war experiences likely to stimulate revolt of the instinct of self-preservation against military duty. (See also concluding remarks on 'acute anxiety paranoia'.)

He had no more desire to live. Furthermore, he felt that recently he had become an object of suspicion, was being watched mistrustfully as if he were a traitor, a disloyal soldier, a spy. He had also been looked at askance because he wrote so few letters. What sort of man was this who had no one at home to write to? But whom was he to write to and what had he to say? He had no feelings. His mother had abandoned him, and he did not know where she was. Before the war he had had a girl, but he no longer knew her address.

The following were noteworthy details from his life history. He was an illegitimate child, brought up by foster parents. He was allowed to see his mother only on Sundays, which hurt him very much and gave him a low opinion of women. Since his seventeenth year he had not seen his mother. She had married a man who was a total stranger to him. He had never had a lasting affair with a woman, he had kept changing and had never been really in love. But when he believed he was going to be transferred to another unit because of the bad things he had said, his first thought had been: 'What will become of me if I never see my mother again?'

Salomon H, aged twenty, by civil occupation a waiter, who had been in the front line for fourteen months, had a week previously been ordered to fetch a number of men belonging to his unit from various taverns. He had carried out the order willingly. Next day, however, he had suddenly begun to feel he was a pitiful wretch who deserved no love, was heartless and worthless. He violently reproached himself, but at the same time felt he was being persecuted and watched by his comrades. They looked at him askance and suspected him of harboring the most evil thoughts.

Franz S, aged fifty, sergeant, civil occupation railway official.⁶ The first impression created by the patient was of complete

⁶ I give this patient's paranoid symptoms in detail because they provide an outstanding example of the use of verbal instead of concrete ideas (Freud's *The Unconscious*, [Standard Edition, XIV, p. 161]) and also of a conscious translation of verbal ideas into the language of concrete ideas. The fortunate circumstance

melancholia. He reproached himself severely for not having loved his wife sufficiently and not having carried out the orders of his superiors conscientiously enough. Now he had sunk low and was going to sink lower still, his wife was completely estranged from him, he was so worthless that nobody wanted to have anything to do with him. He reproached himself for having given in to his weakness and allowed himself to be sent to hospital. He should have stayed at the front. He presented the picture of a profoundly depressed, utterly disconsolate individual. His thought processes and affectivity were severely inhibited.

In the course of repeated examinations a fully developed paranoia appeared. He had been called up to the infantry, and had had to supervise fifty-year-olds building huts. He had noticed that the officers had hinted that he should not associate with other ranks, because by virtue of his education and civil occupation he really belonged to the officer class. When he had been talking to [other] sergeants, the inspecting officer who came to see them would be only a second lieutenant, but when he had refrained from associating with the sergeants the inspecting officer was always a lieutenant. This was a reward for maintaining his status, just as when the officer was only a second lieutenant it was a punishment for demeaning it. His present humiliation was a punishment for not having sufficiently heeded these hints by his superiors. His wife, having kept her position as postmistress, was now totally estranged from him, as she would not live with a man of inferior status. He had realized that his wife had become *getrennt* (estranged) from him when he was transferred to the *Train* (pronounced *trenn*,

that the patient made this translation spontaneously provided an indisputable demonstration of the complete analogy between pathological symptom-formation and the mechanics of dream formation as discovered by Freud, and of how impossible it is to understand symptoms without a knowledge of the mechanism of dreams, and how the opponents of psychoanalysis bar the way to psychopathology by rejecting freudian theory, and the interpretation of dreams in particular.

i.e., army service corps). At the ticket window at Lublin station he had realized he had one last chance of reconciliation with her. The booking clerk had had in front of him a rubber stamp pad which was covered with *Kompost* (compost). *Kompost* meant *komm zur Post* (come to the post office). He should have taken this obvious hint and turned back instead of going to hospital. Then he would have 'gone back to the post office', i.e., to his wife. But now all was lost.

During the examination he objected to my desk's being painted yellow. A doctor *der etwas weiss* (who was worth anything) would have had a *weiss* (white) desk. He himself had used to be white, but was now black. He drew this conclusion from the fact that there was a very dark-skinned gypsy in his ward.

At a clinical demonstration to the medical officers of the Lublin garrison he suddenly jumped to his feet and said: 'Sir, I wish to report that I am a deer, a buck'. When asked to explain, he replied: 'I have been shot like a buck and I am now jumping down from one level to another'.

He also said that before leaving for hospital he had asked his commanding officer to transfer him from the service corps to a unit at the front. The commanding officer had not replied, but next evening there had been *Gewehr und Geschützfeuer* (rifle and gunfire), and he had known his request had been granted. The outburst of fire had meant *Ich gewähre und beschütze* ('I grant and protect').

The patient's life history showed that before his marriage he had lived with a girl with whom he did not feel in love while the affair lasted. He had left her to marry for financial and social reasons. He had not been in love with his wife while living with her, but had felt that the woman he really wanted was his former sweetheart. He now felt that he had not loved his wife as much as she deserved, and since he had been separated from her he felt very much in love with her.

I refrain from mentioning the many other symptoms of the same type which the patient produced.

What should the clinical designation of these cases be? Melancholia or paranoia? Or paranoia *cum* melancholia? The last, I think, is the best description of the syndrome. It is not a mere mixture of the two conditions. The symptoms are present alongside each other, each in a state of full development, though affectively they conflict with each other at many points. How, for instance, is the self-belittlement and self-contempt of the melancholia to be reconciled with the megalomaniac idea of being the center of attention? Attempting to follow the old pattern by relating the symptoms to each other according to their conscious content and thereby to rationalize them would surely lead to failure.

My clinical training gives me no clue to these strange syndromes. It would be easy to become famous by laying claim to the discovery of a new psychosis, though one would run the risk of being told that it had been known for a long time. However, I am avoiding this risk by announcing that it has indeed been known for a long time, though not in the sense that any author has ever drawn attention to a psychosis of the type described. But every psychiatrist has seen melancholic and paranoid mechanisms side by side, and the only outstanding feature about the cases I have mentioned is that they show large-scale development in both directions and thereby force themselves upon our attention.

We have thus reduced the problem to the question of the extent to which these disturbances usually occur together. In the psychoanalytic treatment of the neuroses they are found together in every possible proportion.

We cannot, however, remain satisfied with the mere statement of facts. If the coincidence of paranoia and melancholia is not universal but occurs only in a notable number of cases, the question arises of how this can come about. Are we confronted with two independent, isolated, psychical mechanisms having no connection with each other? That would seem theoretically improbable. Such isolation and independence is psychologically hard to conceive, and the frequency of the coin-

cidence seems rather to point in the direction of an easily possible and therefore readily established connection between the two forms of illness. However, on the basis of current clinical views and practice, the path of further investigation would seem to be blocked. For, according to the textbooks, melancholia is a state of primary dejection to which the content of the patient's mind is adjusted, and it is therefore useless to look to it for an explanation of the illness. And paranoia? Practically all that clinical teaching has to say about it is that it is a form of insanity; and it has similarly refrained from posing the questions of which component of psychical life is involved in the specific symptom and which specific functions must be disturbed for a specific symptom to be generated to the exclusion of other symptoms; and what laws of normal psychical functioning cause the disrupted parts of the psychical mechanism so to be put together again that they invariably produce the same typical disturbances. Instead we see clinical psychiatry forcing diversity into terminological pigeon-holes. There was a time when this had a value that should certainly not be underrated. But nowadays there are things in the same pigeon-hole which have long since established their right to a genealogy of their own.

I consider it imperative to indicate the deep exploration of the psyche that would be possible if the psychoanalytic method were applied.⁷

I maintain, in agreement with Freud, that melancholia is a pathological reaction to the loss of love objects in the out-

⁷ What follows should for the time being be regarded as amounting to no more than a working hypothesis based on experience in analysis of the neuroses. The validity of this experience for the explanation of the psychoses cannot always be demonstrated, though a high degree of probability alternating with certainty would seem to point to it. In so far as assumptions are used here which psychoanalysis itself does not yet regard as absolutely assured, they are all of a kind that fit in well with established psychoanalytic views. But even if future work should show them to be erroneous, I believe that as an attempt to present the psychoanalytic approach they open perspectives of psychological investigation in comparison with which the outlook from the position of clinical or organological psychiatry is like having a blank wall in front of one's eyes.

side world, whether these are humans, animals, or things. The model of melancholia in the normal psyche, according to Freud, is the normal mourning over the loss of a love object; melancholia can thus be regarded as pathological mourning.

Now, we see that melancholia also arises in association with events in which there is no real loss of loved objects in the sense that these are destroyed or withdrawn. Clinical psychiatry notes that there can be very numerous and apparently very disparate occasions for the appearance of melancholia, including physical illness. The very fact that physical illness can lead to an outbreak of melancholia enables us to take a wider view of the problem of the conditions in which this mental disturbance arises and at the same time to regard it from a more elevated point of view.

As Freud, following a verbal suggestion by S. Ferenczi, points out in *On Narcissism: An Introduction* [Standard Edition, XIV, p. 69], a man plagued by organic pain and disagreeable sensations to a greater or lesser extent withdraws not only his general interest from the outside world but also his libidinal interest. 'The patient withdraws libidinal cathexis into his ego.'

Thus in the case of physical illness there is a loss of libidinal relationship with the outside world, just as there is when a real love object is lost. Libido is detached from the outside world. This detached libido has to find re-employment. Psychoanalysis tells us that unemployed libido can succumb to pathological elaboration.⁸

Detachment of libido can thus be due to either external or internal causes. 'External causes' boil down to real object loss. An example of an internal cause is physical illness, in which libido is withdrawn to the ego.

⁸ The normal psyche avoids this by transferring the free, i.e., detached libido to other objects, either by displacement of affect or by withdrawal into the ego. The latter mechanism however, as is made clear in Freud's *On Narcissism: An Introduction* leads only to a temporary state of affairs, 'because man, if he is not to become ill, must eventually love again'; he must again transfer to the outside world that part of the libido that was withdrawn into the ego.

We cannot proceed with the discussion of melancholia, i.e., the working up of detached libido into melancholia, without considering the mechanism of paranoia as described by Freud.

Let us assume, in accordance with psychoanalysis, that paranoia is a defense against the break-through of the unconscious homosexual-narcissistic component, as demonstrated by Freud in the Schreber case. The army provides all the conditions for mobilizing this component, in particular the close and exclusive contact with individuals of the same sex on active service. In the case of paranoia the individual is forced by the onslaught of unconscious homosexual libido to detach this libido from homosexual objects in order not to succumb to the sexual perversion. The amount of homosexual libido involved exceeds the amount that is socially acceptable, and because this amount is pathological it is worked up pathologically. In accordance with the narcissistic disposition of the homosexual, it is allotted to the ego, is used for the magnification of the ego and appears symptomatically in the form of megalomania. The delusions of reference and of persecution represent an attempt—reversed and projected into the outside world—at fighting off the homosexual object by perceiving it as hostile.

The problem in melancholia is why the detached libido is not used for magnifying the ego, for increasing self-esteem, for defiant self-assertion in the face of the outside world,⁹ but rather for reducing self-esteem to the point of self-annihilation, for diminishing the ego, to quote a verbal remark of Freud's. I found the answer to the problem in an observation made some time ago and confirmed by Freud to the effect that the melancholic's self-reproaches are only seemingly directed against himself; they are really intended for the love objects he had abandoned.¹⁰

⁹ The established clinical picture of anxiety melancholia shows that part of the detached libido is used for the formation of anxiety. Freud's theory of the way in which anxiety is produced explains this.

¹⁰ In so far as these may be lifeless objects, the latter are probably to be regarded as representing living ones. Whether these are human or animal may make no difference. As an example that may serve as a piece of evidence sup-

'They are the criticisms of the love object that made the patient give it up.' (Verbal comment by Freud.)

This remarkable process of assuming the sins of others is explicable only by Freud's view (expressed in a verbal comment) that the melancholic identifies himself with the abandoned love object, so that criticism of the latter seems to be directed at the patient himself.

In the cases under discussion we are confronted with a twofold pathological mechanism of working up the detached libido, the paranoid and the melancholic.

Now, Freud's view that the paranoid mechanism is a specific method of warding off homosexual libido can be regarded as psychoanalytically firmly established. It is a specific form of libido characterized by the sex of the love object which is subjected to the paranoid mechanism. Part of the object libido, according to Freud, irrespective of the object's sex, is, provided that there is no regression to narcissism, pathologically applied to the production of anxiety. It should be added that Freud says in *On Narcissism: An Introduction* that narcissistic libido when pathologically magnified and provided it has not been converted into homosexual libido, appears, exactly like anxiety, in the form of hypochondria. We find anxiety and hypochondria typically, though not invariably, connected with melancholia or paranoia.

The question that now arises is which part of the libido is worked up into the melancholic mechanism.

The cases of paranoia *cum* melancholia on which this discussion is based seem to offer an approach to the solution of this

porting the theoretical considerations in this paper, I may quote the case of Eduard H, who succumbed to a psychosis consisting of a combination of paranoia, melancholia, and anxiety after the loss of a stallion to which he was devoted. The paranoid mechanism was attributable to the stallion's representing a homosexual love object in the patient's unconscious. The remainder of the detached libido seemed to have been absorbed partly in the mechanism of melancholia and partly in that of anxiety. I should like to draw attention at this point to the later discussion of the possibility of partial processes in the symptomatic working up of pathologically inhibited libido.

problem. A striking feature of all these cases is that the melancholic self-reproaches always refer to persons of the opposite sex, wife, mother, or sweetheart. Corroboration of the psychological classification of this fact is provided by the observation I have repeatedly made that mania may also be an attempt to ward off the melancholic mechanism by contrast of mood after a repulse suffered by the heterosexual libido. This is confirmed by Freud, and other authors have corroborated it, and it also follows, if my memory is correct, from a paper by Hoch in New York. I now hazard the conjecture that it might be the detached heterosexual libido which is pathologically applied in part of the symptomatology of melancholia. The withdrawal of libido from the heterosexual object probably also accounts for the feeling of lovelessness of which the melancholic complains. The familiar symptom of loss of feeling for nature also seems to be connected with the heterosexual libido situation, for it appears with striking frequency as a sequel to heterosexual love disasters, both in normal life and in the transference neuroses. It will perhaps be possible to explain other melancholic symptoms by their closer or more distant relationship to heterosexuality. I most certainly do not claim, however, that this explains the whole symptomatology of melancholia, which undoubtedly has more widespread and perhaps deeper roots originating in different soil.

The task of attempting to explain how this double illness of paranoia *cum* melancholia comes about is greatly aided by the simple and transparent conditions in which it makes its appearance. Apparently what takes place is that in a unisexual environment the homosexual-narcissistic component is re-enforced. This entails a detachment of heterosexual libido. Part of the latter then becomes a floating surplus not worked up in such pathological mechanisms as anxiety and paranoia, and it is used to produce part of the melancholic symptoms. The re-enforcement of homosexuality becomes primary and brings about detachment of libido from heterosexual objects and from objects which by displacement of affect have acquired

libidinal connections with heterosexuality. The conditions in which part of the libido in one and the same subject is worked up pathologically, as is the case with anxiety, while still directed toward external objects, for the time being remain obscure, as do those in which other parts enter the narcissistic constellation and are then worked up into paranoia or into certain melancholic symptoms, depending on the sex to which they are tied. We must content ourselves with noting that such interrelated partial processes can take place and assuming that in certain conditions which cannot be more closely defined components of the libido (narcissistic or object-directed, homosexual or heterosexual libido and also libido that has regressed in various degrees) having certain characteristics can succumb to various specific pathological mechanisms.

The question arises why the melancholic identifies himself with the abandoned love object and why, if our hypothesis is correct, this identification is applied specifically to the heterosexual object. The answer may lie in a still unpublished conjecture of Freud's (which I quote here with his special permission) which has the additional advantage of explaining how paranoia and melancholia can appear simultaneously. According to this hypothesis, a predisposition to melancholia should be expected in individuals who make their object choice on the narcissistic pattern and therefore deal with the heterosexual object on a homosexual basis.¹¹

¹¹ The mechanism of identification is typical of the narcissistic constellation and is the essential mechanism by which the psyche comes to terms with the outside world, as I have shown elsewhere (my paper to the psychoanalytic congress at Munich, 1913), and as Freud agrees. Thus in melancholia, as in paranoia, a regression to the narcissistic stage takes place. The mechanism of identification belongs to a stage of development of the psyche in which the individual has not yet established the correlation between subject and object or, as Freud says, has not yet made any object choice. At this stage the individual experiences the libidinally colored outside world, not as contrasted with or separate from his self-feeling, but as part of the latter, as belonging to it. This is narcissism, and the thought mechanism or way of dealing with the outside world associated with it is identification. As Freud has shown, in certain predisposed individuals, i.e., those who have undergone a fixation in narcissism, the way back to this stage remains regressively open in the event of a failure of object

This proposition and its implications for the theory here presented require some further elucidation. In the Schreber case Freud has shown that in homosexuals object choice is of the narcissistic type. The homosexual loves his own sex, in his homosexual object he loves himself. However, as Freud shows in *On Narcissism*, heterosexual object choice may also be of the narcissistic type. But, while libido detached from the individual's own sex can be allotted to the ego and used for its magnification (it was allotted to an object by a pathologically magnified ego in the first place), it seems that libido vested in a heterosexual object lacks this property and cannot in all circumstances merely be withdrawn into the ego. The identification mechanism peculiar to the narcissistic constellation causes the loss of the external love object to appear in the form of loss of self-love, and in melancholia this assumes pathological dimensions, in the form of the total collapse of narcissism, self-love, self-confidence and self-esteem.

That we are confronted in the present cases with a narcissistic position of the heterosexual libido seems to be indicated by the fact that these melancholia patients are simultaneously suffering from paranoia, the narcissistic-homosexual disease par excellence. This circumstance suggests that a disturbance of homosexual relations in these individuals has also implicated that part of the heterosexual libido that is narcissistically employed.

The whole picture we have built up is strongly supported by the fact that the anamneses of melancholics generally show disturbances of love relationships with the opposite sex dating

libido, and sometimes it is taken pathologically. The result of this regression is what Freud calls the paraphrenias, or narcissistic psychoses, as distinct from the transference neuroses, in which regression to narcissism does not occur, but the whole pathological process takes place within the constellation of object-directed libido. Paranoia and schizophrenia belong to the first group, while hysteria and obsessional and anxiety neuroses belong to the second. The extent to which melancholia should be included among the narcissistic psychoses should be clear from the present paper.

back to childhood. These patients complain that they have never been able really to fall in love. The criticism that this complaint is an outcome of the manifest melancholia does not conflict with the view that this disturbance is due to the patients' narcissistic-homosexual disposition.

It was this that led to this specific symptom at a very early age. Further evidence for our view is provided by the fact that melancholia often appears in men and women during the period when sexual life is becoming atrophied as a result of aging processes and the individual is losing his value as a love object and subject. The physiological diminution of heterosexual love relations may in these cases provide the impulse for the re-enforcement of homosexuality, and the formation of melancholic symptom-formation may develop from that secondary position. An indication of the presence in some cases of an organic factor or substratum that might partly or wholly account for the psychical mechanism we have described is perhaps provided by the fact that during their illness women melancholics so often produce secondary masculine sexual characteristics (growth of beard).¹²

It might be concluded from the above that paranoia and melancholia are essentially correlated processes and should therefore always be found together. This, however, is by no means the case. Even the keenest observer must admit that some cases impress one as either pure paranoia or pure melancholia, though sometimes the coexistence of the two forms of illness may not be detected because of inexact observation. Nevertheless the coincidence of the two syndromes has been observed often enough, and gives the clinical picture in the cases here described quite specific features.

¹² It is well known that the reproductive, i.e., specifically heterosexual, functions disappear during melancholia (amenorrhea in women, *impotentia coeundi* in men). Psychoanalysis puts the sluggishness of the digestive organs in melancholia into an intelligible relationship with the inertia of the sexual functions; it explains it merely as a partial process related to the latter [Freud, *Character and Anal Erotism*, Standard Edition, IX, p. 169].

The special conditions in which these cases arose perhaps afford an explanation of those instances in which the coexistence of melancholia and paranoia is not demonstrable. I assume that in cases which have developed into pure paranoia the quantities of heterosexually cathected libido were so small from the outset that their detachment led to minimal symptom-formation, which was therefore unnoticed; or alternatively that in the course of a long, slow, insidious development of paranoia the heterosexual libidinal cathexes were worn away and bit by bit displaced by homosexual and narcissistic cathexes, with the result that at any particular moment only a minimal and therefore very ineffective amount of detached heterosexual libido was available for melancholic symptom-formation. The special conditions and pressures of life in war-time lead to paroxysmal processes and allow no time for such a slow demolition of heterosexual positions. A sudden and catastrophic collapse of heterosexual libido follows a sudden and catastrophic collapse of homosexual libido. Large amounts of heterosexual libido cathexes not previously suspected of being insecurely based may be shaken in a short space of time, often within a few hours. It seems natural that this process should bring to light both directions in which the disastrous development has taken place, and that the connection between the antagonistic libido positions should be shown by the collapse of one seeming to be the immediate consequence of the disturbance of the other. (I cannot at the moment offer a plausible explanation of pure melancholia from this point of view. It would be of the greatest theoretical interest if melancholia were observed in a conscious, declared homosexual. I have not encountered such a case.)

To support the view that we are confronted here with interrelated partial processes in the working up of specifically qualified libido, I wish to draw attention to a clinical picture of which I have failed to find a description in the psychiatric war literature to which I have had access. It has a better claim than any other to be called a war psychosis, because the condi-

tions in which it appears could hardly arise to such a marked extent except in war-time.

I refer to an acute psychosis the affective feature of which is intense anxiety and the content of the ideation is persecutorial. I would suggest the use of the term acute anxiety paranoia for this psychosis. It often sets in with an anxiety dream or a brief delirium, but there may be no such prelude. Sometimes it begins with hallucinations, generally acoustic and rarely visual, but hallucinations may be absent altogether. Generally there is a brief prodromal phase of depression or apprehensiveness, generally lasting for a few hours but in a few cases for two or three days. Often, however, the illness erupts suddenly, on guard duty or on patrol, after an explosion or a fright. The 'fright neurosis' noted by several authors should probably be included in this group, but this is only a special case, characterized by the event that triggered it off. I propose to pay special attention to the condition in which hallucinations and states of confusion are lacking as these apparently are accessory symptoms only. In a very large number of cases the individuals affected are those who feel themselves enclosed among comrades speaking a strange language with whom they cannot communicate. In these instances we are almost entitled to talk of a solitude neurosis. The following is a typical patient's story.

He was the only Czech among a lot of Hungarians. Suddenly he noticed that they were suspecting and persecuting him. He heard them saying he was a traitor and a spy; they wanted to get rid of him, kill, poison, or execute him. Often patients believe they have been sentenced to death. Generally they are not aware of any bad intentions, but often admit that at the time when they first had this sense of being surrounded by hostility they had been doing exceptionally heavy work, or there had been talk of imminent war perils, or they were worried because they had not heard from home for a long time and were homesick for that reason.

In many cases this psychosis clears up with a change of

environment. The paranoia, for instance, disappears when the patient finds himself among his fellow-nationals again, or being cared for and looked after in hospital. Psychoanalysis enables us without difficulty to recognize in this clinical picture, taking into account the occasion and circumstances of its appearance, a reaction to a suppressed desire to escape from the difficulties and dangers of military duty. The paranoid symptom is, as always, explained by the threat of homosexual-narcissistic components from the unconscious. A surplus of libido seems to have been worked up into anxiety.

There are cases which cannot be placed at all unless resort is had to psychoanalytic method, unless one contents oneself with using the suffix 'form' (e.g., 'hysteriform' etc.), or even less responsibly describes the clinical picture as 'mixed'. If psychiatry is to ignore psychoanalysis, I do not know what it will have to say about the following case.

A sergeant was ordered to buy some supplies on his way home on leave. As he did not want to spoil his leave, he asked a comrade to do it for him. The latter was negligent, and allowed the shopkeeper to smuggle some summer *salame* into the purchase instead of the winter *salame* that was ordered. On his way back from leave the sergeant collected the goods and discovered what had gone wrong. Within a few days he produced the following psychosis. He reproached himself severely for his neglect of duty, could get no peace, withdrew into himself, wept a great deal, and could not sleep. He suffered from terrible anxiety on the ground that the military authorities would now demand compensation on an enormous scale from his relatives and his fiancée, and pursue, harass, and ruin them, in spite of their total innocence in the matter. He felt he had ruined himself and his family. Also, though nobody but he yet knew anything about the matter, he noticed that he was being watched and looked at mistrustfully; and remarks that he overheard could be interpreted only as hints about his guilt and the punishment that awaited him. He wanted to go and see the mess officer to explain the matter, incriminate himself, and

clear the whole thing up, but this officer himself went on leave before the interview could take place. The patient contemplated suicide and was totally disturbed and incapable of carrying out his duties. At the same time, however, he had the positive feeling that the whole thing was not worth talking about, that nothing would happen to him, and that the military authorities neither could nor would take any action against his family. Nevertheless he was defenseless against the onslaught of anxiety, remorse and ideas of persecution and reference.

Is this melancholia, paranoia, obsessional neurosis or hysteria? Clearly a psychiatry that cannot explain the mechanism of individual symptoms as originating in the unconscious, does not understand the problem of infantilism, and can give no information about the mechanism of self-love and self-esteem, of love of one's own and the opposite sex, of the development and vicissitudes of all these forms of loving and the reactions of the ego to disturbances of these love relationships (knowledge of which can be gained only through psychoanalysis)—such a psychiatry, confronted with these cases of 'war psychosis', will soon come to the end of its stock of names. To listeners who feel uncomfortable in this scientific impasse I can point only to the free road of psychoanalysis.¹³

¹³ A week after reading this paper a copy of the *Wiener Medizinische Klinik* of January 23, 1916 (No. 4) came to hand with an article by Fritz Mohr, of Coblenz, entitled 'Some Basic Considerations concerning the War Neuroses' (p. 89). I was delighted to find him in close agreement with me on several points. I quote verbatim:

P. 89. 'What is the clinical picture of the neuroses among men on active service? Pure types, as depicted in the textbooks, of neurasthenia, hysteria, obsessional neurosis, fright neurosis, tics, etc., are rarely found. Nearly always mixed forms are encountered, among which, however, sometimes neurasthenic and sometimes hysterical or other features may predominate. This is also the opinion of the majority of the colleagues whom I have consulted. (Oppenheim and Noone are also of this opinion.)'

P. 91. 'This makes it clear that the psychology of the conscious which many observers take as their starting point is not sufficient to explain all these processes. . . .

'But, if one explores more deeply, it turns out that unconscious instinctual impulses are active which, just because they are unconscious, cannot

be controlled, purely infantile defense mechanisms against unpleasure such as I have previously described. They emerge with the certainty of a psychological experiment as soon as feelings of unpleasure exceed a certain degree. How soon the point is reached at which the tendency to reduce unpleasure causes the flight into illness or a multiplication of the symptoms depends on the momentary and permanent psychological constitution of the patient. The latter has to be taken into account if any understanding of the structure of a neurosis in Oppenheim's (*sic*) sense is desired. This, however, has occurred far too rarely in regard to the war neuroses. This remaining content with psychologically inadequate explanations has of necessity led to the continually observable tendency prematurely and excessively to invoke hypothetical molecular changes in the cerebral cortex and other hypothetical physiological explanations.

'The essential point about all these processes, however, is that they are all connected in varying degrees of intensity with affective and instinctual life, in which their chief source lies.'

My only regret was that the author should have produced such a sensible and promising paper out of the current stock of Freud's views, theories and terminology without even hinting either at Freud's name or at psychoanalysis. No doubt the reason for this discretion is to be found on p. 92, where Mohr recommends 'psychotherapy by reasonable analysis'. It will not be surprising if 'reasonable' in this context turns out to mean 'non-sexual' or 'almost non-sexual', as authors always fall back on 'reason' when they wish to spare themselves the acknowledgment of any debt to Freud or psychoanalysis. It is regrettable that all that 'reasonable' analysts know about the unconscious and everything connected with it comes from 'unreasonable' psychoanalysis—an embarrassing situation for 'reasonable' analysts, I must confess.

On the Psychology of the Alcoholic Occupation Delirium

Victor Tausk

To cite this article: Victor Tausk (1969) On the Psychology of the Alcoholic Occupation Delirium, The Psychoanalytic Quarterly, 38:3, 406-431, DOI: [10.1080/21674086.1969.11926498](https://doi.org/10.1080/21674086.1969.11926498)

To link to this article: <https://doi.org/10.1080/21674086.1969.11926498>



Published online: 29 Nov 2017.



Submit your article to this journal [↗](#)

ON THE PSYCHOLOGY OF THE ALCOHOLIC OCCUPATION DELIRIUM

BY VICTOR TAUSK, M.D.

I

Most sufferers from alcoholic delirium are inaccessible to psychoanalytic self-criticism, and chance has so far denied me cases of the better human material rarely to be found among them.¹ The present paper is therefore not a psychoanalysis of the alcoholic occupation delirium; it consists rather of an application of established psychoanalytic principles with a view to gaining an understanding of the clinical picture. The conclusions are based on limited observations, and it would therefore be as well if criticism were restricted to the correctness of those observations and of the approach to the problem.

Clinical psychiatry has hitherto taken a number of detours by which it has evaded the psychological problem of the alcoholic psychoses; it has applied itself to the investigation of the various blood pictures, or demonstrated that there are different frequencies of abuse of alcohol, assuming that different toxic metabolic intermediates account for different alcoholic psychoses. While I do not underrate the value of such investigations, I fail to see that they throw any light on the clinical picture. This approach to the problem opens no path toward understanding the psychology of the alcoholic psychoses and, if one wishes to circumvent the psychological problem, one is left ultimately with no alternative but resorting to 'constitutional factors' for the semblance of an explanation. That, in fact, is the target set in the literature on the subject.

Zur Psychologie des alkoholischen Beschäftigungs-delirs.

Translated by Eric Mosbacher and Marius Tausk under the editorship of Paul Roazen.

¹ I am indebted to Professor J. Wagner von Jauregg's clinic in Vienna for the cases I was able to observe.

The leap from the biochemistry of the central nervous system to the form and content of a given mental disturbance is impossible to make. The two lie poles apart, and in between lie an inconceivable number of problems with which, in the course of the ages, religions, philosophies, and sciences have wrestled inconclusively. The gap can be bridged only by a question mark, and no answer can be given. But thanks to Freud we are now in a position to trace back the psychological causations of psychical phenomena without the risk of finding the way blocked too early by the *ne plus ultra* of speculation about the creation of the universe out of primordial chaos.

The psychoanalyst—though the psychoanalyst alone—recognizes in the various forms of alcoholic mental disturbance psychical factors which in other forms of mental disturbance his science has long since succeeded in defining and tracing back to a psychological prehistory. Exploring the psychological factors in other, not yet analyzed, disturbances therefore seems an obvious task. The fact that functional disturbance can be caused either by a known or an unknown toxin on the one hand or by a psychological impediment on the other is no reason why we should refrain from inquiring into the psychological mechanism of the disturbance and its specifically psychological background. This must be mostly explicitly stated, in view of the circumstance that certain clinicians wish to bar psychoanalysis from the exploration of mental disturbances for which an organic etiology has been established.

All the knowledge accumulated by clinical psychopathology provides no access to an understanding of the alcoholic mental disturbances, or for that matter of other toxicoses.

Most toxicoses make their appearance as states of confusion. The chief symptoms are temporal and spatial disorientation, total misconstruction of the environment. Clinical observation also notes ideas of persecution as a secondary symptom of the toxic psychoses, almost invariably accompanied by hallucinations (though the relationship of these to the confusion is never indicated), and anxiety, which dominates the clinical

picture so far as affect is concerned. In the specific case of cocaine psychosis, the clinical picture is dominated by ideas of persecution and visual paresthesias (glass ball, macropsy). Then there are the two great alcoholic psychoses. In hallucinosis orientation is maintained, but there is great anxiety and fantastic hallucinations, while in delirium tremens complete disorientation, hallucinations of all the senses, and the characteristic occupation delirium occur. The affectivity of the patient suffering from occupation delirium is described as trivial and facetious.

From the psychoanalytic point of view, we shall for the time being disregard the question why different senses are predominately or at all affected by hallucinations in different psychoses, and in particular we shall disregard the special case of the cocaine psychosis, on which no work has been done yet. It remains an open question whether Bonhöffer's conjecture that alcoholic hallucinosis affects individuals of the 'acoustic' type is correct, and whether the 'sensory type' in general is the determining factor in the choice of the type of hallucination.

Psychoanalytic theory would seem to have a ready explanation to offer for the occurrence of anxiety in the toxicoses. The poison paralyzes the inhibitory apparatus (theories of the inhibitory function of the cerebral cortex and the cortical site of attack of the poison), as is well known in regard to ordinary alcoholic intoxication, and it is also well known that the elimination of inhibitions leads to the break-through of suppressed affects (*in vino veritas*). If disorder of the inhibiting apparatus mobilizes such affects, which are not allowed to or cannot obtain their discharge through the intact remainder of the personality, the affect awaiting discharge is converted into anxiety.²

² In a discussion of this subject at the Vienna Psychoanalytic Society Freud remarked that anxiety was a pathological discharge of libidinal affect. I agree completely. The idea of pathological discharge is consistent with my view of conversion of affect, which represents a morphological way of regarding the matter, while Freud's refers to the mechanics, the dynamics, of the process.

The activation of the hallucinatory mechanism must be considered to be a regression from the stage of ideation to that of the perceptory system. The relationship of this regression to that of instinctual life remains, so far as I am aware, totally unexplained.

What I have said so far, however, throws no light on the specific nature of the occupation delirium. For a clue to the problem I am indebted to a colleague, the medical student Fräulein I. Zimmermann, who informs me that there are occupation dreams the characteristic of which is that the dreamer is vainly struggling with some occupation, and that there is a similarity here with the alcoholic occupation delirium. This type of dream was unknown to me, though I subsequently learnt that it had been noted by Pilcz, though this author of course carefully refrained from applying Freud's method of dream interpretation to elucidating it.

It will be intelligible to the psychoanalyst that Fräulein Zimmermann's communication led me to assume that an understanding of the psychology of occupation delirium might be obtainable from an analysis of occupation dreams. Some of these that came to hand at the right moment yielded the following:

(i) The manifest content of the dream is trivial occupation with ordinary jobs the dreamer normally does in the course of earning his living or domestically. The purpose of the job is usually only very hazily present in the dreamer's consciousness; the actual effort being expended is on something that generally has no relation to that purpose. Attention is concentrated on some action which seems highly important, but is obviously of minor significance in relation to the objective.

Attribution of responsibility for the development of anxiety to toxic damage to the consciousness, which turns out to be inadequate to cope with the incursion of affect resulting from the elimination of inhibitions is of course not inconsistent with psychoanalytic theory on the origin of anxiety. The inability of the conscious to cope is brought about in this instance by the toxic influence; in the absence of the latter, resistance does the work of preventing the repressed from coming to consciousness.

Often there is actually a feeling of surprise that the activity so absorbing to the dreamer should really lead to the goal of which he is conscious in the dream.

(ii) The affective situation in the dream is tinged with mild anxiety. Attacks of severe anxiety are rare. The dreamer has the feeling he has to hurry, because another task is awaiting him. Often this is something that cannot be delayed, but cannot be started before the task on which the dreamer is engaged has been finished. For all his busy haste, however, he makes no progress, but keeps finding himself back at the beginning, or actually doing something else, though it is not clear to him whether it is the same thing or something else; or sometimes he feels he ought to be doing something else, though he cannot stop what he is doing.

II

Specimen of an occupation dream:

It is early morning. The dreamer feels he should be helping his mother with her heavy domestic duties. He decides to be good today, a resolution he often made as a child but did not always keep. Also he has a feeling of doubt about being properly grown up, he feels rather like a child again. He finds himself turning the pages of a big book, wondering vaguely in the back of his mind how he got out of bed and whether this is the job he had been going to do. Then it seems perfectly all right, looking at the book is what he should be doing, and it is connected in some way with the fact that the tap in the kitchen needs polishing. He goes on turning the pages faster and faster, as fast as he can, but the pages stick, and the more he turns the more there are of them. He has a slight feeling of anxiety. He takes some rags into the kitchen; this somehow arises out of turning the pages of the book and amounts to the same thing. The tap is still dirty, but it is now clear that the big book contains the last few weeks' accounts, which have to be added up or checked. He has a feeling of relief. He starts adding up and makes good progress, and for a moment he feels fine, until he remembers the tap again, and realizes that he must hurry. The obvious connection between

the adding up and the tap and being a good boy now disappears again, and he has to start adding up all over again. He hurries, but realizes that the adding up is really learning French. This he is really good at, he feels delighted, and has a great sense of relief. He learns quickly and well, and the words come tumbling out of his mouth or out of the paper. Sometimes he feels it is not really French he is doing at all, he is no longer nine years old of course, but all the same the learning goes very well indeed. He has difficult and interesting foreign words to pronounce, which at first he does very well, but then it gets a little more difficult, and sometimes he stumbles over a word. He repeats a word, but this time it sounds different or has a different meaning. He feels slightly anxious and awakens.

Analysis: The dreamer was a twenty-three-year-old student, whose major subject was Romance philology (French). He consulted me after failing with a prostitute to whom he went to find out whether his fear of being impotent was justified.

The beginning of the dream led straight to the period of the patient's childhood which was decisive for his troubles, which was when he was aged four. He was a precocious boy and had then, or even earlier, fully realized the state of dissension that existed between his parents, and he passionately took his mother's side against his father. Whenever he saw his mother weeping, which was often, he felt deep pain and sympathy and approached her in order to comfort her, and he always quite consciously expected her to admit that her tears were his father's fault and that she would make him her ally against the latter. But this expectation was always disappointed. When he asked why she was weeping, she always replied: 'Because my children upset me'. Though the boy was not aware of having done anything wrong and could not help feeling that this answer was grossly unfair, it produced in him a feeling of deep contrition which, however, seemed to him to be artificial. His uncontrolled sobbing always ended by producing a state of ecstatic emotion in his mother in which she hugged and overwhelmed him with tears and caresses.

Basically he was not deceived about the true state of affairs, and he regarded these scenes as the outcome of a tacit agreement between him and his mother; that is, if he acted as if he genuinely believed the reason she gave for her unhappiness, the reward for his 'discretion' would be these caresses.

However, the boy was already dominated by a mature sense of guilt, because he had long been aware of sexual wishes and aggressivity directed at his mother and his siblings and of a sense of impotent rage against his father, and he felt his attitude toward his mother to be a *sacrificium intellectus*; he felt he was being bribed. He grew uncertain in appraising his feelings, in which he knew there was an element of dishonesty. To the boy's immature mind there was no way out of the conflict, since he was unwilling to renounce the pleasure of his mother's passionate embraces, while on the other hand his 'complicity' with her seemed to put a stamp of approval on his behavior and gave him a welcome excuse not to allow his ever-recurrent scruples to develop into a resolution to take the only morally correct course and renounce them.

The consequences for the next stage of the patient's development that followed his œdipal fantasy were far reaching. In the first place he found a way of avenging his father, whom he loved as well as feared, for his mother's disloyalty to him. Exploiting his assumed complicity with his mother, he concluded he had a right to be like his father, since his mother covered up and concealed the latter's behavior. So the boy found a way of converting his identification with the lucky possessor of his mother into real activity: he became disobedient, and treated his mother and his siblings violently and tyrannically, just as his father did.

His mother, who was obviously totally unaware of any complicity with him, complained about his naughty behavior to his father, who punished him severely. The boy naturally considered his mother's behavior to be a breach of faith; and, as he in any case unconsciously regarded his complicity with her as a demonstration of her lack of character, because it showed

her love to be venal, since he could buy it by his 'discretion', at the age of nine he started suspecting her of betraying his father with other men. With this his prostitution fantasy, which made his mother and later all women accessible to his secret wishes, was complete. In his deep feeling of guilt he now turned to his father, who accepted him as a welcome ally against the wife whom he now hated more than ever. But the boy had scruples about this alliance too, because this time he was betraying his mother, and again disloyalty was visited with retribution, for his father was a moody and brutal man who soon let the boy feel that his loyalty did not safeguard him against severe and unjust punishments.

Torn between love and hate and successful in neither, the boy's self-esteem collapsed. His disastrous love policy, which he ascribed to his own 'wickedness', led to guilt and self-recrimination. The next phase was that of good intentions. When he awoke early in the morning, after a night of violent scenes with his parents, his first thought was: today I am going to be good; and, indeed, for a few days he would be good, coöperative and patient.

On such days he felt an especially deep sympathy with his mother, to whom the big household was such a burden, since they could not afford a maid. At such times he would have liked to take all her work off her hands. One night he found himself half asleep in the kitchen without knowing how he had got out of bed. Apparently he had made up his mind in dream to polish the kitchen tap to give his mother a pleasurable surprise in the morning, but he did not carry out this purpose, because his mother was still in the kitchen. She kissed and hugged him for his good intentions and put him back to bed.

Puberty found the patient in the same state, since there had been no change in the family relationships. His masturbatory fantasies showed the extent to which his mother's passionate embraces had conditioned his attitude to loving. He imagined scenes characterized by the uninhibited passion he had experienced with his mother, and in accordance with his aggressive

nature these were violent defloration fantasies. He indiscriminately involved all the more attractive women he knew in these, but occasionally in dreams he had intercourse with his mother.

His agonized struggle with masturbation, in which he made up his mind to be good as often as he failed, lasted for four years. This was followed by a period of continence only occasionally interrupted by masturbation. He went with a prostitute for the first time at the age of nineteen. He had intercourse with her twice, but in spite of this demonstration of his potency he was henceforward troubled by mild anxiety about it. He went with prostitutes from time to time solely for the purpose of testing his potency, as he intended either to marry or to have an affair with a decent girl, though this idea was associated with a fear of impotence he could not get rid of, though his potency never failed him with prostitutes. His explanation of his fear of impotence was that his long practice of masturbation might have done him harm.

There was another thing that struck the patient at that time. Intercourse never satisfied him completely; a day or two later he nearly always had to masturbate, and only then did he find himself 'at peace'. His explanation was that going briefly with a prostitute was not enough; he needed a woman for many hours or nights to satisfy his quickly recurrent desire, but lack of funds prevented him from immediately resorting to a prostitute again, so he was left with no choice but to masturbate.

At the age of twenty-one he met a girl, a fellow student, whom he liked, and he gave up masturbation completely. He wanted the girl to give herself to him, but she permitted him only to manipulate her genitals and refused intercourse. Her 'bourgeois cowardice' roused his indignation, they had frequent quarrels and the girl was several times on the point of breaking off the affair. Though he had often been on the point of doing so himself because of the way in which her 'rotten bourgeois prejudices' let him down, when she left him after a quarrel he found her absence intolerable. In the end, being

able to tolerate her withholding herself no longer, he threw her out of the room. After three days the feeling that the breach was final gave him a sense of relief, and he began wondering whether to resort to a prostitute again. But he felt this would be degrading to the girl with whom he had quarreled. The desire to go to a prostitute became more pressing, but the fear of impotence, of which he had been free during his affair with the girl, revived again, and it was this that ended by sending him to a prostitute. This happened about ten days after the breach, and he was impotent for the first time in his life.

He fought the consequent depression for a few days, and then sought medical advice. The dream which is being analyzed here occurred during the night after the second analytic session.

The following explanations of dream fragments that do not seem to have been determined by the patient's life history as already described were produced without any particular difficulty in the course of the next few sessions.

The feeling of doubt about being properly adult; the feeling of being rather like a child.

He accounted for this by his continued struggle with masturbation. Adults did not masturbate. Only during his love affair had he had the sense of a certain male maturity. But the way in which he had had to make love to the girl had not permitted him to feel completely adult and masculine. Whenever he had masturbated the girl, it had made him feel puerile. Her keeping him in this puerile situation accounted for his great anger with her.

Turning the pages of the big book.

There was a magnificently illustrated big book in his parents' house which he used to look at while his mother sat beside him and explained the pictures. Those had been very pleasurable occasions in the boy's life.

At the age of sixteen he had struck up an acquaintanceship in a park with a retired official, who had engaged him in obscene conversations and suggested taking him to a waitress

with whom he could have intercourse at his expense. The patient agreed, but reluctantly, because he felt ashamed of the idea of somebody else's getting him a woman. The man took him to a low tavern and came to terms with the waitress, and then they went back to his flat. But waiting for the woman to turn up enabled the patient's moral consciousness to gain the upper hand, and he told the man he was not going to wait any longer but was going to drop the whole thing, he was going home to work. 'Today we're going to read a book with just two thick pages', the man replied. He was referring of course to the female genitals with the two labia. The patient was not to be detained, however, and went home.

It now struck him that this idea of a two-leaf book had often disturbingly occurred to him while masturbating his girl.

The connection between looking through the book and the kitchen tap.

In the patient's family the children's term for 'penis' was 'tap'.³

If the tap was a penis and the book a vulva, the connection which was felt to exist in the dream became intelligible, as intelligible as the patient's wondering whether turning the pages was really what he wanted to be doing; for he did not want just to 'turn the pages' with his girl friend, which was a thing one did with one's fingers, as the patient had really done; he had wanted to establish connection with the 'tap', i.e., engage in coitus.

His taking rags to the kitchen, which somehow arose out of turning the pages of the book.

He had often masturbated into handkerchiefs and rags, which were thus substitutes for the female genitals. 'And amounted to the same thing.'

There is no more doubt about the meaning of this identification. The kitchen tap was still dirty.

³ Tausk: *Zur Psychologie der Kindersexualität*. Int. Ztschr. f. Ps., 1913, p. 451. 'Fritz: "It (the penis) is a water supply too; there's a tap, and a pipe, and the water flows out".' A tap is evidently a very common penis symbol among boys.

This was no surprise. The dream picture meant that he was trying to connect the female genitals with the penis (taking rags into the kitchen, where the tap was). The tap was still dirty because it had not yet been brought into contact with the rags by which it should obviously have been polished. Incidentally the patient explicitly remembered that in high school jargon *putzen* (cleaning) and *scheuern* (rubbing) both meant 'masturbating'.

We can now interpret the dream fragments dealt with so far. The patient dreamt that he was masturbating his girl friend, a simple wish-fulfilment dream, since this sexual activity, in spite of all the resistance he put up against it, gave him pleasure. The wish had been roused by the lack of the pleasure to which he had grown used. It made him feel puerile, and he compared this method of obtaining satisfaction with masturbation, in which he used pieces of cloth instead of the female genitals. This unworthy activity reminded him of his old struggle with masturbation, for the wish to masturbate in the dream revived the old resistance which in the past had cost him so many unkept good resolutions. The connection with the time in his childhood when the promise to be 'good' had been a token of his love for his mother was established by means of the tap. He wanted to polish it to show his mother how good he was.

As, however, the tap was already a conscious penis symbol at that time, we must bring the somnambulant walk into the kitchen into the picture in order to complete the interpretation. The boy had evidently had a masturbation dream, or an equivalent dream of having to urinate, and he had reacted to the stimulation of the penis by attempting a demonstration of his love for his mother. In connection with this part of the dream the patient produced memories from still earlier periods, when his mother had handled his penis and washed it when giving him his daily bath. That this memory was also operative in the dream can be seen from the fact that the tap had to be cleaned ('polished'). In this connection the patient later confessed that having his penis handled by women gave him particular pleas-

ure. This was also how he had reached orgasm in his affair with the girl student. This association of 'turning the pages' connected masturbation (though by another person) with his own genitals, though it seemed originally to refer to someone else's. But the whole complex of wishes seemed to be the agent of some idea of a love object.

The circumstance that in the dream the patient was continually aspiring to reach the tap and clean it permitted the analyst to suggest that he wanted to handle his penis, i.e., masturbate, that it was the memory of mutual masturbation with his girl that made him want to do this, and that his continual failure to reach the tap indicated an inhibition against the autoerotic act. The patient's comment on this interpretation was that in his high school days he had often begun masturbating but that his scruples had gained the upper hand and he had stopped. He would pick up a book to distract himself, and his favorite method of doing so was by learning French vocabulary. He had often succeeded in quenching the urge to masturbate by this means, but sometimes he had failed, and masturbation had then ended in ejaculation, resulting in the revulsion that he feared so much.

This explained the 'learning French' dream fragment; it was a way of distracting himself from the desire to masturbate. Hence his sense of relief in the dream when he started learning French. 'This he was good at, he felt delighted', delighted, that is to say, that he had succeeded in diverting himself from the wish to masturbate. But he was not allowed to enjoy his virtue long. Learning grew more and more difficult and finally broke down altogether, for the wish that it was intended to suppress again returned to the assault. The only means of defense against it left to the patient was fear, which roused him from sleep; the forbidden pleasure had been warded off.

Exactly the same interpretation applied to the preceding dream fragment, in which the patient was doing addition, accompanied by a feeling of relief, until he became aware that he ought to be doing something to the tap, whereupon the adding

lost its value. Its place was taken by learning French, just as this had taken the place of turning the pages of the book, which occupation had been frustrated by inhibition when the pages stuck and their number increased so alarmingly.

The patient had little criticism of the suggestion that he could assume that he was again engaged in a struggle against masturbation. His eventual complete acceptance of it gave him the relief well known in psychoanalysis.

For the purposes of this study, the only still uninterpreted aspect of the dream that arises is the repetition of the phenomenon that the dreamer starts work at a moderate pace, which then gets faster and faster. This phenomenon is well known to us from waking life; it is constantly connected with the fear of being unable to finish in time. There is no need to elaborate on the extent to which 'not being able to' is identical with 'not wanting to', and the application of this identification to repressed sexual wishes.

The occupations in which the patient engaged in his dream, according to our interpretation so far, had different and even opposite purposes. 'Turning the pages' turned out to be symbolic masturbation of the female genitals, while adding up and learning French symbolized distraction from the sexual wish. The conflict, however, is apparent rather than real. This follows from the theoretical consideration that the meaning of distraction here is equivalence and this could be the starting point for an inquiry into whether these occupations too do not—in contrast to first appearances—stand for sexual activities. The conclusion seems the more irresistible in view of the fact that both the addition and learning French culminated in anxiety. It would follow that the relief at first afforded by each change of occupation was due to relief at diversion from fear, just as in normal life we feel relief when we succeed in displacing an idea that causes anxiety by a harmless one. The dream censorship is momentarily deceived by the new idea, but the affect struggling to emerge soon finds a route leading toward discharge in the new idea, which is obviously suited to this purpose. Once more

the censorship is faced with the danger of being overborne which it again obviates by the formation of anxiety.

However, there is no need of theoretical deductions or conclusions in order to identify the occupations that occur in this dream as symbolical representations of sexual activities. We have only to recall that we obtained the meaning of the occupations of cleaning, rubbing, turning the pages of a (two-leaf) book, not from interpretation of the dream, but from the dreamer's stock of conscious memories, i.e., from an undeniably sexual vocabulary, partly general and partly specific to the dreamer (turning the pages or reading a two-page book). Let us add that 'learning French' was a phrase familiar to the dreamer as referring to a sexual perversion, the attraction of which was not entirely unknown to him, though he had never practiced it. It can further be recalled that *rechnen* (calculating) in obscene jargon means masturbation ($6 \times 6 = 36$) and finally that *arbeiten* (working) is an obscene word for coitus, though it is sometimes used for masturbation; in any case it stands for active sexuality. Which meaning it has in individual cases can be determined only by analysis.⁴

⁴ When the present paper was discussed by the Vienna Psychoanalytic Society Professor Freud and Dr. Hanns Sachs called attention to the phylogenesis of the dream symbol of 'working'. We are indebted to Dr. Hanns Sperber of Uppsala for uncovering this symbolism (*Über den Einfluss sexueller Momente auf Entstehung und Entwicklung der Sprache*, Imago I, 5, 1912, Vienna, Hugo Heller & Co.). This paper was previously unknown to me, but it provides ample and acute corroboration of Freud's discovery that symbolism is a residue of the primordial language to which civilized man regresses in certain conditions, chiefly in art, in dream, and in mental illness. Sperber's work was done independently of psychoanalysis, which gives it the value of independent evidence.

The author first asks what could have led to the development of language, and finds the answer in the need to communicate. He sees its origin in two primitive selfish situations, the child's drawing his mother's attention to his need of food and the male's need to draw the female's attention to his need to mate. He gives good reasons for rejecting the assumption that social reasons ('warning cries') were primary factors.

The cry of hunger hardly comes into consideration as a factor leading to the development of language, as it belongs to earliest infancy and does not inherently contribute to further development since, apart from reflex sounds, the

With the knowledge now acquired, the dream can now be translated as follows. The dreamer, deprived of his girl, re-

child learns language from adults. The chief source of language formation must be looked for in sexuality. Its origin lies in the alluring call.

The further development of language was vitally affected by the invention of tools. Sperber says: 'I believe that primitive activities carried out with the aid of tools were accompanied by sounds that resembled alluring calls in that they had a sexual accent. By that I mean that in the fantasy of primitive man activity with tools bore a certain resemblance to activity of the sexual organs; that working with tools was to a certain extent seen to be a replica of the sexual process, and that affects consequently appeared similar to those that accompany mating, though of course of lesser intensity, but causing tension in men's minds. This tension had necessarily to be discharged in a way similar to sexual tension, i.e., by the emission of sounds.'

Sperber strikingly demonstrates the sexual accentuation of all work intended to promote the fertility of the soil. The psychology of the development of language from this source can be deduced from the resemblance between the fertilization of the soil and the sexual fertilization of animals and man. The comparison can be shown to have arisen autochthonously everywhere in the world. In all languages we find a 'mother earth' who is 'worked, tilled, ploughed' by means of a tool which is compared with a phallus. The 'womb' of earth receives the 'seed', and 'bears' just like the womb of woman. The words most closely connected with agriculture plainly show the sexual origin of language. The terms used for methods of reducing the size of grain are identical, perhaps in all languages, with terms that mean *coire*. The Latin *molere*, the Greek *myllein*, the English 'mill' and 'grind', mean both *coire* and 'triturate'. *Pinser* is related to *pisti*, meaning *coire*: the Latin *pilum*, 'pestle', recurs in the Low German and Danish (borrowed) *pil*, which means penis. Sperber also shows that words for all activities that involve cutting with blunt tools have also meant or still mean coitus. Thus *ficken*, or *fickeln* (to cut clumsily), *fuxeln*, *segeln* (hence probably *vögel*), *gixen*, *fummeln*, *finken* and *futjen*, all words known to mean coitus in obscene speech, in various dialects and speech areas mean cutting or sawing with a blunt instrument and also *coire*.

Sperber adduces very extensive evidence from all fields of activity and speech areas, supplementing these few examples in all directions and in very convincing fashion. He explains the 'desexualization' of originally sexually accented activities as follows: 'With the invention of the first tool a word was invented that was at first so strongly accented sexually that we must ascribe to it a double meaning, i.e., both to perform the sex act and to describe some job, e.g., digging. This word was learnt by the next generation a long time before the mating urge was felt by it, and the sexual significance of the word consequently receded and acquired the quality of a secondary or figurative meaning, as it were. And, though the sexual accentuation of the work might easily on occasion occupy the foreground, in general it would more and more fade into oblivion as men more and more habituated themselves to it and it became commonplace. When a new kind of work was discovered, however, the situation was

lapses into his old wish to masturbate (throughout the dream he is supposed to be cleaning the kitchen tap). At first he prefers masturbation with another subject (turning the pages), but

different. This could take place only under the influence of sexual tension [Sperber's view coincides completely with Freud's concept of the sublimation of the sexual instinct]. Whenever a new kind of work was invented, the man using it was not in a calm frame of mind which would have enabled an existing word to be transferred to it, but in a state of excitation, an exclamatory mood; and it is obvious that his exclamations would have sounds different from those which other individuals had created perhaps several hundreds or thousands of years previously to designate an older method of working.'

Sperber's paper should be read in full; to go on quoting from it seems inappropriate. The passages we have drawn on, however, furnish us with an important explanation of two facts to which our attention had not been directed. The first is the fact that to the present day new popular language formation, in so far as it creates new verbs or nouns, is almost exclusively concerned with new designations for sexual intercourse and the sexual organs (*Zumpf, Zumpel, pimperm, remmeln, tischkerln*, etc.). The second has an important bearing on the subject of the alcoholic occupation delirium. This is clinically described as trivial, in contrast to the sublime and fantastic activities which are sometimes the subject of hallucination in other psychoses. Professor Wagner-Jauregg drew attention to this characteristic of triviality when this paper was read to the Vienna Society for Neurology and Psychiatry. Sperber's paper makes it clear that work symbolism stands for 'trivial' occupation. It originates from the circumstance that it was the trivial occupations that were first invented by man and received the sexual accentuation of the creative impulse that led to the invention of the new working method. Patients suffering from alcoholic delirium who, with very few exceptions, belong to the working class, merely restore their 'trivial' activity to the libidinal level at which it was originally consciously learnt and acquired. The work which was a sublimation of the sexual instinct now becomes an expression of that instinct. It is simply a regression of sublimation. It is certainly no chance that terms descriptive of work such as *schustern, flicken, bohren, rammeln, putzen, pudern, stemmen* (cobbling, patching, drilling, ramming, scrubbing, powdering, chiselling, etc.) are popularly used for coitus. If our dreamer used more sophisticated occupations as sexual symbols, it was because he accommodated his sexual instinct in those higher activities.

Had he been a coachman he would have 'driven', which would then have had the same meaning as turning the pages of a book. Whether an occupation in a dream represents a form of a sexual activity in any particular case must of course always be established by individual analysis.

My further comments on Sperber's paper are that what he has to say on the origin of nouns from sexually accented work is not relevant in the present context; and that work symbols are also used secondarily to represent masturbation, which can be of vital importance in an individual case in the interpretation of dreams and for the understanding of mental disturbance.

that too is masturbation ('it amounts to the same thing'). He then begins calculating. But that too means the same thing ($6 \times 6 = 36$); in other words, the wish to masturbate repressed by the idea of turning pages now reappears in the disguise of calculation. At this point the patient added a new piece of interpretation: last week's bills stood for settling accounts with the girl. Checking them (*revidieren*) he translated by 'seeing her again' and 'adding up', by 'bringing them together'. Here there is an evident turning to object love. That (i.e., coitus) he is good at, he says to himself in the dream, expressing his wish in regard to the matter, and feels a sense of relief accordingly. But it soon turns out that he fails to achieve it, for in the background there remains the desire to masturbate which, under the mask permitted by the censorship, might lead to an ejaculation. This it is necessary to prevent, and accordingly inhibition sets in, which in turn leads to anxiety.

The rest of the dream can be translated in the same way. What we are faced with, in short, is a conflict-fraught wish for sexual satisfaction. The wish to masturbate conflicts with adult male pride, while the wish for coitus conflicts with the patient's habitual masturbatory attitude which, however, became fixed because of the patient's rejection of coitus. Recalling his relations with his mother, we have long since attributed this rejection to oedipal fantasy.

III

After learning about occupation dreams, I felt completely cut off from access to understanding the alcoholic occupation delirium. The chief feature of the occupation dream is the anxiety that arises from the dreamer's realizing that he cannot possibly finish what he is doing. In contrast to this, the alcoholic delirium patient shows the facetious euphoria of a man of trivial interests who is doing his usual work in the best of spirits; the only striking feature is the extraordinary haste and an industriousness unusual in a man more given to drink than to work.

It was clear to me that, if anxiety could not be shown to be present in occupation delirium, there was no analogy between it and the occupation dream. Delirium patients answered direct questions about anxiety in the negative, often with humor and self-assurance. Also I failed at first to obtain any evidence that these patients had any feeling that they would never get finished, as in reply to direct questions they always said they did not worry about it. Catamnestic questions at first yielded no information about their affectivity. The patients who happened to be at my disposal had no interest in affectivity, or must have had an idea of anxiety different from mine. Not till I came across a case of abortive alcoholic delirium in a young woman who could be made to concentrate on self-observation while in delirium and gave sensible and coördinated information about her morbid condition did I obtain access to an understanding of it.

The important features in her case history were that she was unhappily married, took to drink because of dissension with her husband, and took no pleasure in sex. 'I am glad when he leaves me alone', she said, typically. In this, as in the rest of her life history, she conformed to the pattern of the overwhelming majority of alcoholic psychotics. The unusual clinical feature of the case was that the patient often realized with astonishment that she was delirious, and thus behaved as one does sometimes in dream when, just on the point of awaking, one realizes with astonishment that one is dreaming. Thus her condition was not sharply marked off from ordinary consciousness, and her delirium was not complete. It was not difficult to pull her out of it, and when she was reporting her delirious ideas as reality and suddenly realized that they were delirious she would feel ashamed of herself. The abnormal condition would persist on this low level for two days, and the patient would then give a completely informative catamnesis.

I made contact with her in the delirious state while she was piling laundry. Every so often she wanted to move a completed pile aside. This cost her a visible effort, and she began hurrying. I obtained the following information from her about this phase.

In her delirium she found herself confronted with a large quantity of freshly ironed laundry. She had no clear idea how it had got there, but had the feeling that she had ironed it herself. Now she wanted to pile it. At first the work went ahead very well but, strangely enough, the unpiled laundry did not diminish; in spite of the work she had done, there was as much there as there had been when she began. So she started hurrying. At the same time she had a feeling of competence and efficiency, of being a 'good' person. Gradually, however, she began feeling mildly anxious, because she saw that she could not get finished. Whenever she wanted to move a pile aside, the anxiety increased; she then had a feeling of tremendous helplessness in the face of the weight (resistance) of the pile, though this did not really seem to her to be very great and she knew from experience that she could manage it. It was this anxious sense of impotence in the face of the pile that she felt to be the most disagreeable thing about her delirium. She also said that she actually had not moved a single pile, but that while trying to do so she invariably forgot what she was doing; and that she found herself just as often piling the laundry as trying to move the finished piles without ever really knowing how she changed jobs. She always had the feeling of competence when she began piling, and anxiety set in when she started hurrying after a time, and the anxiety was greatest when she was unable to move the piles. There was never an overwhelming attack of anxiety, but a hazy, dreamlike transition to a change of job. She gave similar information about the other activities which provided the content of her delirium.

The resemblance between occupation delirium and occupation dreams could not have been more striking. Later I succeeded in obtaining details by questioning patients either in delirium or catamnistically. My failure to obtain better answers previously had been due to the way I put my questions, which I eventually succeeded in adapting to the patients. It is noteworthy that in no single case was the anxiety extreme.

The course of the alcoholic occupation delirium in general is

that the patient sets about some task with confidence, in the best of spirits and with the humor characteristic of the self-confident, uninhibited, tipsy state. After a time the work ceases to go ahead. Either the task becomes interminable ('the more washing I do, the more there is to be done', the hoops a cooper had to fix increased to an unmanageable pile), or the task (burden) becomes, often contrarily to the patient's expectation, one with which he feels unable to cope.⁵ The patient then starts hurrying in order to get finished, or makes a tremendous effort to move a heavy object or to hold up something that is about to fall, when the sensation of physical resistance⁶ is felt very plainly. The mounting sense of impotence in the face of the task to be done is accompanied by mild anxiety, which keeps increasing for a time. But before it reaches a pitch comparable, say, to that which causes a dreamer to start from his sleep, the patient changes his occupation or begins it afresh. Each change of occupation or each restart is accompanied by a sense of relief. Also the delirium may be interrupted; the patient may allow his attention to be engaged by someone and give facetious replies, the cheerfulness of which I assume to be attributable to the sense of relief (saving of anxiety) resulting from distraction from the development of the anxiety connected with the activity on which he was engaged, while at the same time the anxiety is dissimulated under this smiling disguise. The catamnesis of one case showed beyond doubt that being spoken to by the physician interrupted both the anxiety and the delirious activity. Instead of occupations there may be endless journeys, the destination of which is never reached. Whatever it is that the patient has to do is of unpostponable urgency.

⁵ Here is an observation I made after I had finished this paper. A patient in delirium felt very alarmed because he believed himself to be naked in a tavern. His clothes lay scattered about the room; one item of clothing was on a table, another on a chair, etc. Whenever he tried to pick up one of them, he either dropped it, or it mysteriously disappeared, or someone took it from him, or it had suddenly grown too small and he could not put it on, or he would notice while putting it on that the rest of his clothes had disappeared or had been taken away. (Here again we note that the occupation is trivial, though in this instance an exhibitionistic component is also present.)

⁶ Federn: *Über den Flugtraum*. Jahrb. der Psa., 1915.

The following are additional reasons for regarding alcoholic occupation deliriums and probably all other occupation deliriums as occupation dreams.

My analyses have shown that individuals who have occupation dreams suffer from fear of impotence. The occupation dream is a fear-of-impotence dream. It is a complete reflection of the dreamer's waking condition. The latent ideas demonstrably present in the dream which lead to changes of occupation correspond to the inhibitions which in waking life inhibit the dreamer from obtaining full sexual satisfaction. (The fear of impotence that in the male completely or partially inhibits erection or unduly delays or precipitates ejaculation has its complete counterpart in the female who anxiously awaits the expected and desired orgasm but is left unsatisfied and disappointed.)

The occupation dream also seems to be a reaction to real lack of sexual satisfaction; it is associated with continence. Of the individuals whom I was able to observe, I can also report that when they had sufficiently frequent or regular intercourse they were either not impotent at all or not seriously impotent. Though they hardly ever attained complete psychical satisfaction, they rarely failed to attain orgasm. But these patients are unable to tolerate continence, and as soon as unpleasure sets in they become nervous, anxious, and ill-humored, and fear of impotence is prominent among their symptoms. Analysis of the psychical details connected with their sexual intercourse shows regularly that to them coitus is to a large extent a substitute for masturbation and the only real one, while masturbation is badly tolerated and only sporadically practiced, against very strong resistance. During coitus these patients are concerned with themselves and not with the love object, which provides them only with the illusion of object satisfaction, the autoerotic act being forbidden by their sense of guilt. The love object is simply used to obtain self-satisfaction. Deeper analysis shows a strong homosexual-narcissistic fixation of the libido; this applied in the case of the patient whose occupation dream we analyzed above. More or less pronounced paranoid traits are also found in these cases.

All these so characteristic features of dreamers of occupation dreams recur in the prehistory of alcoholic delirium patients and alcoholics in general. Without exception they are either people whose sex life consists of sporadic intercourse with fleeting acquaintances—generally prostitutes—or they live in perpetual dissension with a partner, whether married or not. The psychical value of their sexual relations is minimal; these are characterized by the crudest sensuality and lack of erotic or moral respect for the other sex. With many alcoholics coitus is infrequent and is generally practiced under the influence of alcohol. The women are often frigid and ‘glad to be left alone’, and the men are impotent in one way or another, though complete impotence is rare, except when drunk.

All this points to the conclusion that the alcoholic’s relationship to the other sex is disturbed, but the disturbance becomes very plain if one looks at the occasions that so often cause individuals whose behavior is otherwise normal to take to drink. The prehistory of alcoholism consists of disappointment in love, loss of the woman one loves, fear of impotence as a consequence of venereal disease; in the case of women, it is loss of their husband’s love or loss of respect for him. Alcoholism following physiological impotence due to advancing age belongs to the same category. Thus the alcoholic’s relationship to the other sex is either disturbed in advance, or such disturbance follows some experience. Alcoholism has then to fulfil a twofold task; to daze the mind so that the painful reality is forgotten, and to provide a surrogate pleasure. Now, not everyone who has had an unhappy love experience becomes an alcoholic. A predisposing factor for the addiction may be a strong oral libido.⁷ (What we have said about predisposition of course also applies to seduction into drinking.) A second component in predisposition to alcoholism is revealed by the social behavior of the alcoholic. Drinking generally takes place in the company of one’s own sex. Men drink with other men in taverns; their wives drink with friends or neighbors; mother and daughter sometimes take to

⁷ Freud: *Three Essays on the Theory of Sexuality*. [Standard Edition, VII.]

drink together. The solitary drinker is a transient phenomenon.⁸ It can be observed that drinking in solitude lasts only as long as does narcissistic pleasure in the suffering imposed by the other sex. This narcissistic-homosexual pleasure is soon displaced by the pleasure of object homosexuality. The table at the tavern takes the place of the woman the drinker wishes to or has to forget. The predisposing factors for alcoholism are narcissism and homosexuality.

This provides an explanation of the fact that the two major alcoholic psychoses, hallucinosis and delirium tremens, can end in paranoia. The predisposing factors for alcoholism and paranoia are the same. The alcoholic gets his paranoia by a circuitous route, by way of the poison which re-enforces his homosexuality and his narcissism by encouraging aversion from the other sex because of the fear of impotence, by favoring association of individuals of the same sex, by encouraging more than normal enjoyment of affectivity, and thereby endangering or greatly diminishing the inhibitions erected against the repressed homosexual-narcissistic trend. The instincts belonging to this constellation return from repression and are worked up by the mechanism of paranoia.⁹

One should not be led astray by cases of men and women, usually married couples or lovers, who drink heavily together. They get on well together only while drinking together. Alcohol is of course a liberator of all instincts, including the heterosexual instinct, and the supply of heterosexuality liberated is sufficient to make possible the establishment of a transient contact with the partner of the other sex. But the supply is small, the love is

⁸ Lenau, *Der einsame Trinker*:

Ach wer möchte einsam trinken

Ohne an die Brust zu sinken

Einem Freund in Wonnedrang.

(Oh, who wants to drink alone without collapsing blissfully into the arms of a friend?)

⁹ Freud: *Psycho-analytic Notes on an Autobiographical Account of a Case of Paranoia*. [Standard Edition, XII.]

of short duration, and the usual end of these drinking bouts is a fight.

The homosexuality we are discussing is of course condemned to remain unconscious. The table in the tavern constitutes its sublimation, paranoia its working up into pathological symptoms. It is just sufficient to upset relationships with the other sex or to create a vulnerable spot for disturbances, to which the individual reacts by a surrogate formation able in one way or another to satisfy the unconscious wish.

One other observation takes us a little further into the problem. It had long since struck me that alcoholic psychotics never masturbate, either in hallucinosis or in delirium tremens, while masturbation is frequent or at any rate occasional in all the other psychoses. The alcoholic psychotic does not regress to autoerotism; his libido, in so far as it can be activated, remains object libido.

This gives us a clue to the understanding of the occupation delirium. To the alcoholic the way back to crude homosexuality is blocked; he has worked up his homosexuality in the way we described above. He does not practice autoerotism. Occupation delirium can thus only be a coitus-wish delirium. This, like a dream, represents the fulfilment of a wish the sufferer is not fully capable of fulfilling in his normal waking life and is totally incapable of fulfilling in the state of toxicosis. He took to alcohol, after all, because the other sex had left him dissatisfied. His dearest wish would have been to achieve a satisfactory love relationship with the other sex. Now he drinks and alcohol liberates his libido, but at the same time it makes him impotent. So the delirious patient, with his judgment destroyed and his appetites unleashed, like a dreamer impeded by sleep from the real satisfaction of his wishes, represents his perpetually unsatisfied wish for satisfaction with the other sex as having been fulfilled. This gives him a sense of competence and self-assurance, the 'this-I-am-good-at' feeling experienced by the patient whose occupation dream we analyzed. Both in the delirium and in the dream, 'working' is equivalent to engaging in coitus. But the work

never gets going, in the delirious situation real coitus must not and cannot be attained. When the libidinal tension is at its height anxiety steps in, indicating inhibition of the dreamt-of wish. Alcoholic occupation delirium should be regarded as a coitus-wish delirium strictly analogous to the occupation dream, and its appearance in the form of a fear-of-impotence delirium accords with the sexual set up of the patient, whose potency, hampered by internal and external resistances, is totally inadequate to the demands of his increased libido.¹⁰

¹⁰ I must also mention that I have recently succeeded in demonstrating anxiety in the animal hallucinations experienced during delirium tremens. All the creeping, crawling, scurrying, multiplying creatures (vermin, mice, rats, snakes, frogs, toads, lizards, cats, dogs, and more rarely, big animals such as horses and elephants) rouse anxiety in the patient. The 'little men' often hallucinated instead of animals belong to the same category. The interpretation of these hallucinations is by no means assured.

The Psychoanalyst in a World of Change

Richard F. Sterba

To cite this article: Richard F. Sterba (1969) The Psychoanalyst in a World of Change, The Psychoanalytic Quarterly, 38:3, 432-454, DOI: [10.1080/21674086.1969.11926499](https://doi.org/10.1080/21674086.1969.11926499)

To link to this article: <https://doi.org/10.1080/21674086.1969.11926499>



Published online: 29 Nov 2017.



Submit your article to this journal [↗](#)



Citing articles: 3 View citing articles [↗](#)

THE PSYCHOANALYST IN A WORLD OF CHANGE

BY RICHARD F. STERBA, M.D. (DETROIT)

The invitation to give this lecture might well be considered the height of a psychoanalyst's career, which in my case began forty-five years ago and extended from the late phase of the psychoanalytic movement in the early twenties to the present period of organized psychoanalysis. Having reached this culmination of development as a psychoanalyst and having participated in four-and-a-half decades of psychoanalytic history, I may be in a position to review the vicissitude of the basic philosophy of our science and its correlation with the changes in the human situation of our Western world. I think I may justifiably call your attention to this subject, for the adaptation of the psychoanalyst and his therapeutic endeavors to these changes—or the lack of such adaptation—is beginning to occupy the minds of many of us.

Eleven years ago in a paper, *The Therapeutic Goal and Present-Day Reality* (14), I pointed out that the gigantic changes in our cultural situation, and the adaptations and modifications of the ego they entail, demand from analysts a change in the evaluation of the egos of our patients, a change also in our therapeutic approach, and ultimately a change in our therapeutic goal. I shall not yield to temptation and repeat my impressions of the impact of modern cultural change on psychoanalytic therapy, expressed in my previous paper. They have been amply confirmed by further observations. Rather, I should like to discuss the impact made by the scientific, technical, and industrial development of the last six decades upon the foundations of our science and upon its present-day position.

Those who write about the cultural matrix from which Freud developed the monumental edifice of theory we call psychoanalysis emphasize chiefly that his roots were deeply em-

Herman Nunberg Lecture, April 2, 1968, at the New York Academy of Medicine.

bedded in the materialistic and scientific era of Helmholtz, Bruecke, and other heroes of the sciences dominated by the test tube and the microscope. Often they do not make the reader realize how much Freud's entire scientific and therapeutic philosophy is grounded also in his humanistic background. My contention is that Freud's scientific work, the spirit in which it was undertaken, his therapeutic approach, and the goals he tried to achieve cannot be appraised and evaluated adequately unless they are understood as an outgrowth of the spirit of classical humanism.

During the period in which Freud was educated, science and humanism were inseparable. The originator and main representative of this humanistic science was a German scholar who lived and worked during the time of enlightenment and the beginning of the great expansion of modern science: Alexander Baron von Humboldt. He and his brother, Wilhelm von Humboldt, were mainly responsible for the philosophy and spirit of the system in which Freud received his education.

Alexander von Humboldt's position and importance as a universal and cosmopolitan scientist cannot be overestimated. In science he was primarily self-taught, though he later established the basic model of the European university which just today is yielding to change. Humboldt had formal academic training only in the field of finance, and when he was twenty-four years old, he became director of the Department of Mines in Berlin. Two years later, his interest drawn more and more toward natural science, he took to scientific travel. He first made a botanical and geological tour through Switzerland and Italy. His great achievement was his expedition to South and Central America, undertaken at the age of thirty with a botanist friend, Aimé Bonpland in 1799. In four years he traveled forty thousand miles, collecting sixty thousand specimens and an enormous number of notes of his observations in botany, meteorology, geology, vulcanology, and terrestrial magnetism. His expedition may well have been a model for Darwin's trip on the *Beagle*. Humboldt ended his journey in the United States, where the

scientific traveler was the house guest of President Thomas Jefferson at Monticello for three weeks. He could give Jefferson information concerning the question of the limits of Louisiana which Jefferson needed for the purchase of this territory, since Humboldt had traveled through Louisiana before he arrived in Washington. After his return to Europe, Humboldt stayed twenty-three years in Paris, but he was finally obliged by the King of Prussia to settle in Berlin, from where he made several trips to France and a scientific journey through Russia.

Humboldt and Goethe were probably the last men of universal knowledge. Humboldt was in contact with all important men of science of his time. His communication with them was facilitated by his knowledge of French, English, Italian, and Spanish besides his native German and, of course, Latin and Greek. (These by the way were the languages with which Freud was familiar.) Humboldt was the first to arrange annual meetings of scientists where they could communicate their observations and theories. Six hundred German scientists attended the Berlin meeting he chaired in 1828. His admirable personality made scientists respectable in the highest echelons of society and even at the courts of Europe. In his *opus magnum*, titled *Kosmos*, he tried to cover the entire scientific knowledge of his time. Four volumes appeared during his lifetime, one posthumously. He died at age ninety, in 1859, three years after Freud was born.

What is relevant in connection with Freud's humanistic background is the ideology that Humboldt's personality impressed on the scientists of the nineteenth century—the ideology called classical or humanistic idealism. For Humboldt, science in the first place was to be human self-education; its aim and purpose was the moral perfection of man, and the goal of its methodology was universality. He tried to deduce everything from one single principle, to shape everything toward an ideal, and finally to combine principle and ideal into a dominating idea, the idea of the *homo sapiens humanus*. Accordingly, the humanistic institutions of higher learning were to give the student a universal scientific and moral education.

Humboldt's classical idealistic concept dominated Freud's growing years and academic education. The *Bildungsstätte*, the educational institutions where one acquired the foundations of this classical education was, in Freud's time—and even in mine—the humanistic *Gymnasium*. The study of Latin and Greek and the ancient classics was the main method of indoctrination with the humanistic spirit. In the *Gymnasium* one entered at ten or eleven, Latin was taught for eight hours a week for eight years and Greek for six hours a week for six years. In addition, instruction was given in history, mathematics, and some science. After this extensive classical training and the puberty rites of a week of rigorous examinations, called the *Matura* in Austria or the *Abitur* in Germany and Switzerland, the student was considered sufficiently equipped with humanistic knowledge and morally fit to enter the *Universitas Litterarum*, the university.

Freud's works show that the humanistic spirit pervades his thinking, his philosophy of life, and even his therapeutic goal setting. The humanistic scholar is immediately recognizable by his frequent use of classical quotations, which he assumes any educated person is familiar with or at least will understand. There are many such in Freud's writings. The Latin motto of *The Interpretation of Dreams* is *Flectere si nequeo superos Acheronta movebo*.¹ *Fluctuat nec mergitur* he chose as the motto for his paper on the history of the psychoanalytic movement, *Tyche kai ananke* represents constitution and reality, *Eros* and *Thanatos* the basic drive antagonists, and *non liquet*² appears in *The Problem of Anxiety*. In his discussions Freud used phrases and verses from the literature of classical antiquity which he quoted readily, and I was often ashamed when I was unable to recognize immediately the source of the quotation. Latin entered also into his dream life; the famous dream *Non Vixit* is a case in point. Allusions to classical history or literature abound in his writings. Most illustrative for Freud's humanistic orientation is what he wrote in the *Festschrift* for the fiftieth

¹ Vergil: *Aeneid* VII. 312.

² Probably Plautus: '*Hoc non liquet nec satis cogitatum est.*'

anniversary of the *Gymnasium* he had attended. It was written in 1914 when he was fifty-eight years old. The German title of this little paper is *Zur Psychologie des Gymnasiasten*. Strachey's translation of the title, *Some Reflections on Schoolboy Psychology*, is misleading. A *Gymnasiast* is different from the ordinary schoolboy, mainly through his state of acquiring a classical education that was considered the best possible. In no other paper has Freud expressed so clearly what the classical education meant to him, and I shall therefore quote that part which pertains to our topic. Freud says:

As little as ten years ago, perhaps, you may have had moments at which you suddenly felt quite young again. As you walked through the streets of Vienna—already a grey-beard and weighed down by all the care of family life—you might come unexpectedly on some well-preserved, elderly gentleman and would greet him humbly almost, because you had recognized him as one of your former schoolmasters. But afterwards you would stop and reflect: 'Was that really he? or only someone deceptively like him? How youthful he looks! And how old you yourself have grown! How old can he be today? Can it be possible that the men who used to stand for us as types of adulthood were really so little older than we were?'

At such moments as these, I used to find, the present time seemed to sink into obscurity and the years between ten and eighteen would rise from the corners of my memory, with all their anticipations and errors, their painful transformations and blissful successes—my first glimpses of an extinct civilization (which in my case was to bring me as much consolation as anything else in the struggles of life) . . . (6, p. 241).

This civilization was of course classical antiquity.

But the education based on the world of classical antiquity had for Freud not only the positive effect of providing him the greatest consolation in the trials and tribulations of life; it had also a negative side, for it developed in him a prejudice against and mistrust of persons not brought up in the classical tradition. For him, a cultured person, *ein kultivierter Mensch*, had to be

steeped in the tradition and knowledge of classical humanism. Culture in the sense of higher education had to be based on classical antiquity. I and most of my European colleagues who received their analytic training in the earlier part of this century were brought up academically in the same classical tradition. As *Gymnasiasten* we looked down on the students of the *Realschule* because they did not study Latin and Greek nor concentrate on the ancient classics but learned 'only' modern languages. In their curriculum the emphasis was much more on natural sciences and mathematics, while we *Gymnasiasten* were groomed to become members of the humanistically cultivated elite. Classical education we considered the only real education, a prejudice not easily relinquished by former *Gymnasiasten*. European analysts who emigrated to this country in the thirties had to adjust themselves precipitately to a different cultural background and atmosphere and to a different value system established by the most advanced industrial and technical achievements, an adjustment that the colleagues who remained in Europe had more time to achieve. The late Robert Waelder told me a few years after we had arrived in this country: 'What makes teaching here so difficult for me is that I can never use a classical quotation', meaning one in Latin or Greek. For him as for Freud and for any person steeped in humanistic culture the classical quotation as a means of communication was important. Freud's negative attitude to America may have arisen from the prejudice of a cultivated humanist against people without classical upbringing, who did not respect it as the only true higher education.

Freud's æsthetic value system was influenced by the classical ideal of beauty to the extent that he considered expressionist artists to be lunatics for whom he had no patience, as he wrote in a letter to Pfarrer Pfister in 1920 (4, p. 80). To Karl Abraham, who sent him a drawing an expressionist artist had made of Abraham's head, he wrote in December, 1922: 'Dear friend, I received the drawing which allegedly represents your head. It is ghastly. I know what an excellent person you are, and I am all

the more deeply shocked that such a slight flaw in your character as is your tolerance or sympathy for modern "art" should have been punished so cruelly. I hear from Lampl⁸ that the artist maintained that he saw you in this way. People such as he should be the last to be allowed access to analytic circles for they are the all too unwelcome illustration of Adler's theory that it is precisely people with severe inborn defects of vision who become painters and draughtsmen. Let me forget this portrait in wishing you the very best for 1923' (1, p. 309).

Even after being impressed by the personality of Salvador Dali, he wrote to Stefan Zweig in July, 1938: '... as a critic, one might still be entitled to say that the concept of art resisted an extension beyond the point where the quantitative proportion between unconscious material and preconscious material is not kept within a certain limit' (3, p. 441). This statement resounds with the æsthetic rules of harmony and balance so characteristic of the classical ideal.

And last but not least, classical humanism determined Freud's ethical value system, so well expressed in his famous dictum: *Das Moralische versteht sich von selbst*, which I translate: Ethical behavior is to be taken for granted.

In my opinion, Freud's therapeutic principle—the uncovering of the unconscious so that its content can be integrated in the ego—implied the hope for self-improvement in accord with humanistic values, an improvement brought about by control of impulses, by the addition of dynamic forces to the ego's strivings for higher aims, and by a decrease in self-deception and hypocrisy. In the lectures Freud gave at Clark University in 1909, he expressed this cultural aim of therapy in one sentence: '... the work of psychoanalysis puts itself at the orders of precisely the highest and most valuable cultural trends, as a better substitute for the unsuccessful repression' (5, p. 53).

This belief in the moral effect of psychoanalytic therapy retains some of Socrates's idea that the recognition of truth

⁸ Hans Lampl, an analyst in Berlin at that time.

inevitably leads to striving for the good. Humboldt's classical idealism extended the Socratic idea and included education in scientific knowledge as a way to higher cultivation. I myself was under the influence of this idea when I concluded my paper, *The Fate of the Ego in Psychoanalytic Therapy*, with the statement that 'analytic therapy makes its contribution to the humanization of man' (15, p. 126). The humanistic tradition made one believe that particular recognition of psychological truth would lead to an improvement of *homo sapiens humanus*. In a letter Thomas Mann wrote to us about our book on Beethoven (16) he said: 'For you as for Nietzsche and also for myself, truth is in its essence psychological truth. Truth, insight—*aude sapere*⁴—and psychology: these concepts and *moral proclivities*⁵ to me have always been one and the same.' It is strange that Thomas Mann did not include Freud in this statement. Because for Freud more than for anyone else *aude sapere*, i.e., the Latin imperative: 'Have the audacity to know', was so strong a moral proclivity that he undertook the hardest task, his self-analysis, as the extreme fulfilment of the classical command engraved over the entrance of the temple of Apollo in Adelphi: *Gnothi seauton*—Know thyself. He said at one of our Wednesday meetings: 'My whole life long I have striven to discover truths and had no other aims in life. Everything else was completely indifferent to me. My only motive was the love for truth.' In this credo you may recognize the extent to which the ardent drive to discover truth was for Freud a moral obligation.

Curiously, but consistently with his humanistic values, Freud did not consider everybody morally worthy of his therapy. His selection of patients for therapy depended on an ethical evaluation. To Edoardo Weiss, who asked Freud's advice concerning two prospective analysands, Freud wrote in 1922: 'The first patient is obviously a worthy human being; he deserves to be treated. . . . The second case is obviously a scoundrel not worth

⁴ Horace: *Epistularum* I. 2, 40-41.

⁵ Italics mine [R. F. S.].

your trouble (*ein offener Lump, der Ihre Muehe nicht wert ist*). I assume you will dismiss him.⁶

Nowadays we analysts cannot let such value judgments enter into our selection of patients. Those of us brought up under a similar *Weltanschauung* and ethical system of values as Freud had to learn to set aside moral appraisal of patients as unscientific and incompatible with the neutral, objective position we are supposed to take in the therapeutic situation. We analysts of the old order had to adjust ourselves to the new cultural order of industrialized Western mankind so discordant with the humanistic idealism of Humboldt, Goethe, and Freud.

The classical humanistic idealism that dominated the scientific minds during the last and the beginning of this century is not viable in our era of technology and industrialism. In Germany very recently the official Scientific Council (*Wissenschaftsrat*) recognized in an official statement that the universities will have to make the painful renunciation of their cherished traditions of classical humanism. It recommends that the universities acknowledge the sociological and ideological changes of our time and adjust their structure and curriculum accordingly. They are to replace the universal character of educational cultivation by increased specialization and the hierarchical aristocratic structure of the highest institutions of learning by a democratic one. The Scientific Council even questions whether the *Abitur* or *Matura*, this final rigorous initiation torture with which the *Gymnasiast* finishes his eight years of classical studies, has any validity as an admission ticket to the university.⁷ This is equivalent to a farewell to the humanistic culture expressed by the supreme official scientific authorities of Humboldt's own country.

From 1914 on, Freud's writings and letters express his awareness of the cultural change. This is very obvious in his

⁶ Cf., *The Psychoanalytic Forum*, I, 1966, p. 135.

⁷ *Empfehlungen des Wissenschaftsrates zum Ausbau der wissenschaftlichen Hochschulen bis 1970*. (Recommendations of the Scientific Council for completion of university science studies until 1970.)

shock at the outbreak of the First World War—expressed in a letter to Lou Andreas-Salomé, written on November 25th, 1914, less than four months after the beginning of hostilities. He wrote: 'I have no doubt that mankind will recover from this war also but I know for certain that I and my contemporaries will never see this world happy again. It is too ugly; and what is so sad about it is that it is just as we should imagine people and their behavior to be according to the expectations aroused by psychoanalysis. . . . My secret conclusion is this: since at present we see the highest culture infected with so much hypocrisy, we are organically not equipped for this culture. We shall have to leave the scene, and the great unknown behind destiny will have to repeat this experiment of culture with another race. I know that science is only apparently dead but *die Humanitaet* seems to be really dead' (12, pp. 22 ff.). *Humanitaet* in German comprises humanism as well as human concern for mankind. In this statement Freud definitely acknowledges the passing of the culture which was his, namely, classical humanism. A year later in *Thoughts for the Times on War and Death*, he closes the beautiful description of his world of culture with the sad statement: 'Then the war in which we had refused to believe broke out, and brought—disillusionment' (7, p. 278).

However, this disillusionment—his awareness that the war was ' . . . more bloody and more destructive than any war of other days, . . . it is at least as cruel, as embittered. . . . It disregards all the restrictions known as International Law, . . . it ignores the . . . distinction between civil and military sections of the population . . . ' (7, pp. 278-79) —all this could not really destroy Freud's humanistic spirit which he preserved until his death. His belief in the value of classical culture pervades his writings throughout his life. The humanism of his upbringing remained his *Kybernetes*, the guide of behavior, and provided his aims in life and his cherished values. In his technical papers, he expressed the view that an appreciable ego intactness in point of functional capacity and value system was a condition for psychoanalytic therapy. Only very late, in 1937, did he acknowledge

that in most of our patients the ego is ' . . . paralyzed by its restrictions or blinded by its errors; and the result of this in the sphere of psychical events can only be compared to being out walking in a country one does not know and without having a good pair of legs' (9, p. 237). The letter to Edoardo Weiss that I quoted shows how his value judgment, in keeping with his own standards and behavior, determined the selection of his patients.

Freud's certificate of graduation from the *Gymnasium* in Vienna, a copy of which I recently obtained, has the mark *excellent* in all subjects and his *Betragen* (conduct) was considered *musterhaft* (exemplary). His memorial speech for Karl Abraham in 1926 expressed the highest praise for Abraham's character with a classical quotation: *Integer vitae scelerisque purus*.

In the above remarks, by means of quotations, I have tried to show how deeply Freud's humanistic ideal determined his scientific and therapeutic outlook and values. To consider now our present era and its scientific *Zeitgeist* and to contrast it with classical humanism, I shall present the world picture that a humanist formed fifty-three years ago and compare it with the Utopia presented by a modern, living scientist in a recently published book, *New Views of the Nature of Man*. The humanist is Sigmund Freud, the modern scientist is Williard F. Libby (11), the discoverer of radiocarbon dating, winner of the Nobel prize in chemistry in 1960, and currently professor of chemistry and director of the Institute of Geophysics at the University of California.

In *Thoughts for the Times on War and Death*, written in 1915, Freud describes the illusion he had formed of the culture of his time:

Relying on this unity among the civilized peoples, countless men and women have exchanged their native home for a foreign one, and made their existence dependent on the intercommunications between friendly nations. Moreover anyone who was not by stress of circumstance confined to one spot could create for himself out of all the advantages and attractions of these civi-

lized countries a new and wider fatherland, in which he could move about without hindrance or suspicion. In this way he enjoyed the blue sea and the grey; the beauty of snow-covered mountains and of green meadow lands; the magic of northern forests and the splendour of southern vegetation; the mood evoked by landscapes that recall great historical events, and the silence of untouched nature. This new fatherland was a museum for him, too, filled with all the treasures which the artists of civilized humanity had in the successive centuries created and left behind. As he wandered from one gallery to another in this museum, he could recognize with impartial appreciation what varied types of perfection a mixture of blood, the course of history, and the special quality of their mother-earth had produced among his compatriots in this wider sense. Here he would find cool, inflexible energy developed to the highest point; there, the graceful art of beautifying existence; elsewhere, the feeling for orderliness and law, or others among the qualities which have made mankind the lords of the earth. Nor must we forget that each of these citizens of the civilized world [*Kulturweltbuerger*] had created for himself a 'Parnassus' and a 'School of Athens' of his own.⁸ From among the great thinkers, writers and artists of all nations he had chosen those to whom he considered he owed the best of what he had been able to achieve in enjoyment and understanding of life, and he had venerated them along with the immortal ancients as well as with the familiar masters of his own tongue. None of these great men had seemed to him foreign because they spoke another language—neither the incomparable explorer of human passions, nor the intoxicated worshipper of beauty, nor the powerful and menacing prophet, nor the subtle satirist; and he never reproached himself on that account for being a renegade towards his own nation and his beloved mother-tongue.

We refused to believe [that wars were inevitable] . . .; but if such a war were to happen, how did we picture it: We saw it as an opportunity for demonstrating the progress of community among men since the era when the Greek Amphictyonic Council [in Delphi] proclaimed that no city of the league might be

⁸ Freud refers here of course to the famous murals of Raffaello Sanzio in the Stanze della Signatura of the Vatican.

destroyed, nor its olive-groves cut down, nor its water-supply stopped; we pictured it as a chivalrous passage of arms . . . (7, pp. 277-78).

So much about Freud's illusion of the world of his culture. Now for Libby's Utopia expressed in the first article of *New Views of the Nature of Man*. Note how the emphasis has shifted from the humanistic to the technological.

It is in the long sweep of time that man's true role appears. His intelligence becomes a natural force of the first magnitude. Think, for example, of what intelligence may have achieved already, say on the earthlike planet of some distant star like Sirius. Suppose that for some reason an intelligent being got started earlier there and that he has progressed another million years down the road of time ahead of us. He may have passed a number of mileposts that are only now dimly visible as possibilities in our own future on earth:

A. Perhaps he has come to live in complete harmony with his environment, and to recognize that his *true happiness lies in his large control over his environment made possible by his intelligence*.

B. Perhaps he has solved the problem of weather control and adjusts the weather to suit his needs, subject only to such natural limitations as the total moisture content of the winds and the total solar energy influx.

C. Perhaps he has modified his landscape to maximize its usefulness and beauty and has moved mountains and made new river courses to fit his broad design.

D. Perhaps he has solved the problem of aging and lives, on the average, one thousand years, dying only by accidents of one sort or another and retaining his virility and his faculties fully to the end.

E. Perhaps atomic energy, both fusion and fission, supplies all of his energy, through large electric-power generating stations and a system of light-weight batteries. Such an intelligent being would have no smog problems, for strict controls would have been put in force to prevent both atmospheric pollution with organic matter and the conversion of this matter to harmful products. In such a world, electric cars would be very popular.

F. Perhaps his planet has no deserts, all lands being adequately watered either by the controlled rains or by atomic desalting plants on the seacoasts, from which water is pumped inland by atomic power.

G. Perhaps his population is controlled at a comfortable level by matching birth and death rates. The child-bearing period of the women is extended, and birth control is the order of the day, being accomplished with the simplest of mechanical devices.

H. Perhaps the births are handled by petition to the state and permits are granted only to genetically matched parents. Others must use sperm from a sperm bank to assure genetic matching.

I. Perhaps school and learning are the principal occupations of this intelligent being, taking about half the day throughout his entire life.

J. Perhaps the schools are graded according to age and accomplishment, and nearly everyone is both teacher and student, working to spread useful and happy knowledge as far and as rapidly as possible.

K. Perhaps music and the arts abound and every home has the accumulated lore of the ages in works of art. In such a world, artists would be the most popular and revered group, the scientists and engineers coming close behind.

L. Perhaps the place of an individual on the social and economic scale is based on his past contributions to the society, and honors and influence are synonymous.

M. Perhaps the other planets of this particular solar system are fully colonized even where their environments are hostile to life, with living quarters underground in chambers with controlled atmosphere.

N. Perhaps interplanetary travel is swift with high specific-impulse atomic engines.

All this is not such a great extrapolation. Are not these potential achievements already almost within our reach. (11)

Unpsychological as Libby's Utopia may be, it expresses the spirit of many representative figures in the exact sciences, technology, and industry who shape the present *Zeitgeist*; for our

present culture is determined by scientism, technology, and industrialization. Modern man, intoxicated by technological success, is enraptured by the infinite acceleration of this progress in the immediate future.

In *Civilization and Its Discontents*, Freud tells us what he thinks of the contribution of modern technical achievements to human happiness:

These things that, by his science and technology, man has brought about on this earth, on which he first appeared as a feeble animal organism and on which each individual of his species must once more make its entry ('oh inch of nature!') as a helpless suckling—these things do not only sound like a fairy tale, they are an actual fulfilment of every—or of almost every—fairy-tale wish. All these assets he may lay claim to as his cultural acquisition. Long ago he formed an ideal conception of omnipotence and omniscience which he embodied in his gods. To these gods he attributed everything that seemed unattainable to his wishes, or that was forbidden to him. One may say, therefore, that these gods were cultural ideals. To-day he has come very close to the attainment of this ideal, he has almost become a god himself. Only, it is true, in the fashion in which ideals are usually attained according to the general judgement of humanity. Not completely; in some respects not at all, in others only half way. Man has, as it were, become a kind of prosthetic God [with artificial limbs and organs (*ein Prothesengott*)]. When he puts on all his auxiliary organs he is truly magnificent; but those organs have not grown on to him and they still give him much trouble at times. Nevertheless, he is entitled to console himself with the thought that this development will not come to an end precisely with the year 1930 A.D. Future ages will bring with them new and probably unimaginably great advances in this field of civilization and will increase man's likeness to God still more. But in the interests of our investigations [namely, the possibilities of happiness], we will not forget that present-day man does not feel happy in his Godlike character (8, pp. 91-92).

When Freud wrote these sentences in 1929 what has since become evident was not recognizable; namely, that our technical creations have undergone a *Bedeutungswandel*, a change of significance, and with it a change of function in the Western human situation. The machine, originally created as a 'self-god', has become an 'object-god'. The immensely powerful, self-steering, feedback controlled supermachines of our time resemble more and more the terrifying godhead of primitives. In the beginning of modern technology the machine served man; nowadays the machine-golem demands more and more that man serve it. And man's adoration for the machine is taking on the form of an increasingly absorbing cult. It is the object godlike quality that is beginning to change our society from a technological to a cybernetic one, to use Brosin's designation (2).

In my paper, *Therapeutic Goal and Present-Day Reality* (14), I pointed out what has been widely recognized since, that our era is suffering neurotically from the effects of the dehumanization and deindividualization brought about by our technology. Scientification, technology, and collectivization, with their demands for standardization, are inimical to human feelings and destructive to human values.

An important characteristic of the humanistic era was respect for the feelings as valuable human manifestations. This recognition and respect for human feelings appears throughout Freud's writings, in his letters, and in his attitude toward other people. In fact, Freud's psychological interest, though it ostensibly grew out of his neurological studies, was generated primarily by his appreciation of and respect for human feelings. This attitude toward feelings, without which all his psychodynamic discoveries would have been impossible, was derived from his human as well as his humanistic interest in the emotions of other people, an attitude to which the great classical literature of the ancients contributed no less than the world literature of more modern times and cultures. After all, his therapy was based on an understanding of the finest nuances of feelings in his patients and on empathy with the whole gamut of

emotional reactions, not only in terms of quality but also in terms of quantitative adequacy. Only through the highly refined instrument of his emotional empathy could he undertake the most essential part of psychoanalytic therapy, namely, the rechanneling into normal paths feelings previously repressed and then expressed in symptoms or other pathological structures. A great part of psychoanalytic therapy is the rechanneling of emotions, and without an intimate knowledge and appreciation of the whole spectrum of feelings, analytic therapy seems well-nigh impossible.

In our modern Western world the general attitude toward feelings is rapidly changing. Feelings become less and less useful and their expression obsolete. I cannot and need not demonstrate the change of the general attitude toward feelings in our technological and cybernetic era. It suffices to remind you that what was designated as 'hot' twenty-five years ago is now termed 'cool' and 'to play it cool' is the order of the day. Feelings are not useful nowadays, our modern *Zeitgeist* is against them, for they are incompatible with the standardization, collectivization, and deindividualization that the present technological and industrial society demands from the majority of people. The modern ego is forced to be hostile, not so much perhaps toward direct instinctual expressions as toward feelings,—those derivatives, indications, and sublimations of instinctual needs that provide such useful pathways of discharge of drive tensions in until now socially acceptable forms.

Hand in hand with the devaluation of feelings goes the ubiquitous depreciation of a guiding value system in so many individuals, as our rising delinquency and crime rate indicates. The widespread occurrence today of frozen affects, boredom, frustration due to lack of emotional meaning in individual existence and the inability to form stable, warm, and gratifying object relationships all testify to the antagonism of present-day culture toward human feelings. We can notice it equally in mass insensitivity and contempt, instead of respect, for the feelings of others.

It is not mere coincidence that a great part of our ego psychology, as inaugurated by Heinz Hartmann in 1939, is concerned with the ego's capacity for adaptation. Never in the history of mankind did the ego have to adapt so rapidly to an ever-changing environment as today. Eleven years ago Life Magazine summed up the situation in one sentence: 'Today the progress of 100,000 stone-age years is surpassed in a single year and the great accomplishments of the last century are eclipsed by those of the last decade'. The late Robert Oppenheimer stated: 'The world alters as we walk in it'. No wonder, then, that we are admonished by an increasing number of psychiatrists to adapt our therapy to our world of change. Henry Brosin (2) tells us that we must adjust our therapy to the present change from a technological to a cybernetic society. In a recent editorial in the American Journal of Psychiatry titled The Old World and the New, Juergen Ruesch wrote: 'The psychiatrist of the future will have to shift his thinking from the older person's orientation with its focus on human interaction to the newer system orientation and its emphasis on man-machine interaction' (13). Unfortunately Ruesch does not tell us how this is to be done.

One hundred forty-three years ago, in 1825, the great humanist Goethe foresaw the emotional impoverishment of our time. In Wilhelm Meister he speaks of *die Oede des Maschinzeitalters*, the barrenness of the machine age. He said: 'The increasing mechanization worries, frightens me; it draws nearer and nearer, like a storm brewing, slowly, slowly, but its direction is unalterable, it shall come and strike. Neither meditation nor oratory can provide any help. Moreover, who would care to visualize such terrible things? Imagine how all this will gradually disintegrate and wither; imagine the space that has been lively with population through centuries, relapsing into primeval barrenness.' Goethe, who could hardly foresee the superpower of our modern means of destruction, obviously meant the emotional barrenness brought about by machines and technology.

An essential characteristic of psychoanalytic therapy is its singularly individualistic approach. But the optimal development of individuality that we try to achieve through therapy runs counter to the sociological current of our time, that demands conformity in so many areas. The ego modifications we try to undo in therapy are to a considerable degree induced and upheld by modern reality. In this respect, they are autoplasic adaptations to the pressures of the modern, outside world which demands deindividuation and suppression of what were until now considered the most natural feelings and the abandonment of values that until recent times were precious to civilized mankind.

From this situation grows what I have designated the modern therapeutic dilemma. It is the dilemma that comes from the clash between the increased individual expressiveness which results from therapy and the contemporary devaluation of personal feelings and the consideration of the feelings of others which makes the therapeutic result useless or even disadvantageous. In many patients this conflict of individuality versus conformity and standardization has forced them to maintain ego modifications, which, though established in early childhood, continue later as defenses against the expression of individuality. Neurotic suffering is the price they must pay for the achievement of adaptation. The extent to which we can attain the ultimate goal of our psychotherapy, i.e., optimal individualization, depends very much on the potentialities of the patient's ego.

Out of the host of problems arising from the modern therapeutic dilemma, the one of utmost interest to the psychoanalytic therapist is the difficulty the ego meets in the realm of feelings. Feelings are the really disturbing human element in our industrial and scientific age. This, we expect, will be the case to an ever-increasing degree. The ego will need more and more to defend itself against feelings, and the result will be the crippling ego modifications described so impressively by Freud in *Analysis Terminable and Interminable* (9). Interminability of therapy often is caused by the impossibility of finding a use in the

surrounding world for feelings that emerge from repressions as the result of therapy. The newly acquired ability to express feelings established in therapy often does not find the nutritional substrate in the world of daily living that would guarantee their maintenance. Sublimatory results in the form of feelings of altruism, compassion, sympathy, and urges to love and help are often found to be useless in our competitive social setup. They are rejected by other members of our society as sentimentality and weakness. In general, feelings toward others can be maintained only if they find response, understanding, and acceptance. Values have to be shared if they are to endure. Only an exceptional person can maintain feelings and values in isolation, and most of our patients are not exceptional.

Needless to say the limitations set by our era upon individuality and emotional expression make great demands on our ability to gauge the dynamics of the therapeutic situation. When we try to estimate whether or not a patient's ego can maintain the structure of emotional discharge in the form of the great pathways of love, sympathy, empathy, and the like, we must be careful not to underestimate the anti-emotional impact of modern reality.

The limited therapeutic results, about which we so often complain, are partly explained by the difficulties that emotional expressiveness encounters in the contemporary world. More sensitive personalities may succeed better with a somewhat crippled ego than if their emotions were exposed in an environment that undoubtedly will not respond to them or may reject them. Freud once described an obsessional patient who had been brought to the point of giving up a talisman, the constant presence of which supposedly guaranteed the welfare of certain persons near to her. Fate thwarted this therapeutic success. One of the persons supposedly protected by the talisman died immediately afterward, and this event resuscitated her belief in the protective effect of magical thinking and made her resist all further therapeutic attempts. On a larger scale, though less obviously, we are at a similar disadvantage when therapy tries to

reawaken feelings from repression and to encourage our patients to express them. In many situations, the outside world is opposed and forces the individual to forego attempts to express himself emotionally.

On the other hand we know that the same deindividualization and dehumanization that make our therapy so difficult also contribute to the neurotic misery of our time and augment the need for individualistic therapeutic help. However, the increase in the population and the increase in its misery create demands for psychotherapeutic procedures that are quite different from the individualistic, thorough, and long-range approach of psychoanalysis. These demands might make analysis sink temporarily into the depth between the gigantic waves of other psychotherapeutic procedures, quick, superficial, and applicable to mass production.

In the late twenties Freud had an apprehension similar to the one felt by some analysts today. He thought that psychoanalysis was threatened by the hormonal therapy of neuroses in vogue at that time. At one of the Wednesday meetings at Berggasse 19, Freud urged us to do as much thorough psychoanalytic research with our patients as possible, for he felt that the time for such research was running out. He told us we were in the same position as an arctic explorer in the short summer season of that region. The explorer knows that the ice will shortly close in on his ship and that his investigations will end. Freud went further, with another comparison; he felt like a man walking in a fog who hears threatening footsteps behind him that come nearer and nearer. Will he be able to reach his goal? The pursuer he called 'the hormone man with his syringe'. He compared this pursuer to a blind giant in a china shop and our own psychology to a sighted dwarf who may guide the blind giant so that he does as little harm as possible. Freud's apprehension turned out to be unfounded. I do not think we need be afraid of the new giants, neither the heterochthonous ones like the drug therapies nor the ones autochthonous in our field such as community psychiatry, group therapy, and a host of other psychotherapies.

However, we must realize that the epigonal duty Freud entrusted to us—to be the sighted dwarf who leads the blind giant—has become a truly gigantic task. Analysts owe it to Freud and his work to take this task upon themselves. We can do so only by entering the mental health organization and participating in their formulation of basic policies and in the training of their personnel. Our background and knowledge force upon us this responsibility. Lawrence Kubie's excellent article on community psychiatry very clearly outlines this obligation (10).

The hugeness of this task of safeguarding the concern for the individual and his emotional needs can be demonstrated by an example. The board of a large metropolitan mental health organization in Detroit is at present working on a 'Central Reporting Form', to be used by all agencies in its area, that will designate the services for each patient in terms of demographic, psychological, and pathographic description, diagnosis, prognosis, and therapeutic action, each item expressed preferably in numbers, so that the form will be ready for a computer. I know that mental health organizations in other parts of the country also prepare their data for the computer. We must acknowledge the usefulness of such statistical data for studies of the epidemiology of mental afflictions and for the equitable distribution of mental health services. However, we have also to realize a great danger; namely, that the concern for the individual may get lost in the shuffle. We dwarfs will therefore have to stand up against the most powerful deindividualizing, dehumanizing, anti-emotional machine of our era, the computer. As psychoanalysts, we can and will have to enter the struggle on the side of the feeling human being against the standardizing tendency of the machine and its devoted servants. Only active participation in the cybernetic struggle, with the psychological insight and the respect for the individual and his emotional needs on our side, can insure that Freud's prophetic motto for the psychoanalytic movement remains justified: *fluctuat nec mergitur*—'it will be tossed around by the waves but it will not sink'.

REFERENCES

1. ABRAHAM, HILDA C. and FREUD, ERNST L., Editors: *Sigmund Freud-Karl Abraham: Briefe 1907-1926*. Frankfurt: S. Fischer Verlag, 1965.
2. BROSIN, HENRY: *Communication System in the Newer Clinical Setting*. Arch. General Psychiatry, XVIII, 1968, p. 23.
3. FREUD, ERNST and LUCIE, Editors: *Sigmund Freud: Briefe 1873-1939*. Frankfurt: S. Fischer Verlag, 1960.
4. ——— and MENG, HEINRICH, Editors: *Sigmund Freud-Oskar Pfister: Briefe 1909-1939*. Frankfurt: S. Fischer Verlag, 1963.
5. FREUD: *Five Lectures on Psychoanalysis* (1910 [1909]). Standard Edition, XI.
6. ———: *Some Reflections on Schoolboy Psychology* (1914). Standard Edition, XIII.
7. ———: *Thoughts for the Times on War and Death* (1915). Standard Edition, XIV.
8. ———: *Civilization and Its Discontents* (1930 [1929]). Standard Edition, XXI.
9. ———: *Analysis Terminable and Interminable* (1937). Standard Edition, XXIII.
10. KUBIE, LAWRENCE S.: *Pitfalls of Community Psychiatry*. Arch. General Psychiatry, XVIII, 1968.
11. LIBBY, WILLIARD: *New Views of the Nature of Man*. Ed. by J. R. Platt. Chicago: Univ. of Chicago Press, 1965.
12. PFEIFFER, ERNST, Editor: *Sigmund Freud-Lou Andreas-Salomé Briefwechsel*. Frankfurt: S. Fischer Verlag, 1966.
13. RUESCH, JUERGEN: *The Old World and the New*. Amer. J. Psychiat., CXXIV, 1967, p. 225.
14. STERBA, RICHARD F.: *The Therapeutic Goal and Present-Day Reality*. J. Hillside Hospital, IX, 1960, pp. 195-217.
15. ———: *The Fate of the Ego in Psychoanalytic Therapy*. Int. J. Psa., XV, 1934, pp. 117-126.
16. ——— and EDITHA: *Beethoven and His Nephew: A Psychoanalytic Study of Their Relationship*. New York: Pantheon Books, Inc., 1954.

The Decline in Belief in the Devil

Henry Lowenfeld

To cite this article: Henry Lowenfeld (1969) The Decline in Belief in the Devil, The Psychoanalytic Quarterly, 38:3, 455-462, DOI: [10.1080/21674086.1969.11926500](https://doi.org/10.1080/21674086.1969.11926500)

To link to this article: <https://doi.org/10.1080/21674086.1969.11926500>



Published online: 29 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

THE DECLINE IN BELIEF IN THE DEVIL

THE CONSEQUENCES FOR GROUP PSYCHOLOGY

BY HENRY LOWENFELD, M.D. (NEW YORK)

*But they are just as badly off as ever:
The Evil One is gone, the evil ones remain.*¹

While the decline in belief in God is discussed with ever new attention and excitement, the decline in belief in the devil has never met with comparable attention. Yet for nearly two thousand years the belief in the devil was an absolute, inseparable component of religion and anyone who doubted the existence of the devil was attacked as an atheist. The Church was not entirely mistaken in its attitude: it understood the danger inherent in the loss of faith in the devil. Schopenhauer came to the conclusion that the devil was highly necessary for Christianity: 'For one cannot remove one pillar from a building without endangering the entire structure'.²

A century ago a German theologian, Georg Gustav Roskoff, published a remarkable two-volume history of the devil, in which he pursued the religious dualism through various civilizations from primitive times to the present.³ He collected a mass of material contributing to understanding of human desires and passions. His conclusion was that there has never been a religion in which both God and the devil did not appear in one form or other as important parts of the faith. Roskoff, like Schopenhauer, observed that all things that constitute the universe determine one another.

Originally published in German. *Über den Niedergang des Teufelsglaubens und seine Folgen für die Massenpsychologie, Psyche*, XXI, 7, 1967, pp. 513-519.

¹ *Allein die Menschen sind nicht besser dran, Den Bösen sind sie los, die Bösen sind geblieben.* (Goethe: Faust, Part I, *Hexenküche*. Translated by Walter Kaufmann.)

² *Parerga and Paralipomena*, Ch. XV.

³ Georg Gustav Roskoff: *Geschichte des Teufels*. (Leipzig, 1869).

Feuerbach proceeded from the idea that all theology is really anthropology. Mankind re-creates its self-image in the image of its gods. The gods are born of the unsatisfied wishes and the innermost nature of man, or—to put it in more modern terms—the gods express the unconscious and reflect it back. With this in mind the fate of belief in the devil has, it seems, significance for an understanding of our age.

The religious, emotional need from which the devil (or a similar character) was created throughout history can hardly have disappeared with the decline of the devil. A vacuum has arisen. Rational explanation of events formerly ascribed to the devil does not satisfy the deep inner need that the devil filled. In *The Future of an Illusion*, Freud assumed that religious creations are the product of the same needs as all other achievements of civilization, but that they possess a particular kind of inner strength. In that book Freud dealt only with the belief in God and not with the character of Satan,—presumably because he examined the contemporary belief in God whereas belief in the devil had lost force for two hundred years. In *Group Psychology and Analysis of the Ego*, Freud speaks of a 'need for God' (*Gottesbedürfnis*). It seems equally fair to speak of a 'need for the devil'.

The history of religious belief, particularly in the European Christian civilization, shows that the devil played a role not less important than God himself in the fate of the people, in political struggles, and in rule of the Church.⁴ Defeated gods live on as demons or devils or reappear in new forms. The cause of this process may be understood in terms of earlier conceptions of God that arose from psychological needs and were transformed under the influence of new civilizations, just as infantile drives are transformed in adults and do not disappear. In both cases, the concept lives on in the unconscious and, under certain circumstances, demands satisfaction.

How the concept of Satan could be reconciled for nearly two

⁴ See, e.g., Fritz Mauthner: *Geschichte des Atheismus*: 'The belief in the devil is deeper seated in the people than the belief in God.'

thousand years with a monotheistic concept of the universe is not an easy question.⁵ The long survival of the concept of Satan proves its inner psychological necessity. During the Enlightenment, however, the devil faded away.⁶ But just as, along with the development of monotheism, belief in a single God, belief in a single devil developed from the mass of demons and evil spirits, so the disappearance of the Evil One led to a return of the many spirits from which the figure of Satan arose. Religious struggles were replaced by national wars and struggles about ideologies built on scientific or pseudoscientific foundations. But these struggles consumed and expressed the same emotions as religious struggles did formerly. These struggles too demanded heroes and villains,—the heirs of the religious ideas. Thus the materialistic interpretation of history, which emphasizes economic processes and denies the significance of the individual in history leads, perhaps unexpectedly but not coincidentally, to the 'cult of personality' and to the deification of the 'father'. We can understand this as a return of drives that have been suppressed, repressed, or denied.

We need only recall what historians of religion, as well as psychoanalytic writers such as Freud, Reik, Jones, and others have written about the devil: he arises from the ambivalence of the drives, from the need to preserve the love object and to protect it from hostile feelings and from the resulting necessity of finding an object for one's hatred. The projection of one's own hostile wishes onto the adversary—the evil fiend—is critical in this mechanism.⁷ It serves to remove the burden of guilt, since all guilt can be ascribed to the Evil One.⁸

Nowhere can one see the need for the devil better than in the

⁵ See, e.g., D. P. Walker: *The Decline of Hell* (1964).

⁶ Satan is officially preserved in the dogma of the Catholic Church, but his role in the Faith has substantially declined.

⁷ Freud said in *Character and Anal Erotism*: '... the devil is certainly nothing else than the personification of the repressed unconscious instinctual life'.

⁸ Schleiermacher fought against the belief in the devil, because it was only used as defense against one's own guilt; the struggle against the evil should be placed within oneself.

numbers of saints whose all-embracing love and saintliness can only be maintained if they can cast all their hatred on some particular object. Thus the devil and his manifestations are for these saints indispensable. For example, take the case of Saint John Chrysostom. Cardinal Newman wrote about him:

A bright cheerful gentle soul, a sensitive heart,
a temperament open to emotion and impulse; and all
this elevated, refined, transformed by the touch
of heaven. . . .⁹

Yet this 'gentle soul' cast all of his tremendous hate against the 'servants of the devil', the Jews, in the most vicious invective, accusation, slander, and appeals for their destruction.

Luther wrestled throughout his life with his violent temperament, so that for him love of Christ was impossible without the devil, whose vicars on earth were the popes and later the Jews. In Luther, who was so gifted with the force of language, the projection of anal-sadistic drives appears with particular clarity. Thus, for example, he wrote in 1543:

Come here for a kiss! The devil has shit in his pants and has once more emptied his belly. That is a fine holy place that the Jews and those who want to be Jews kiss, stuff themselves, booze and pray to, and in turn the devil also stuffs himself and drinks what his disciples spit out and throw up from above and below. Here the fine guests and hosts have gathered together, have cooked and prepared a fine meal. . . . The devil now gorges himself, eating with his angelic snout. He devours with pleasure what the Jew has spit and sprayed with his lower and upper orifice. . . . When Judas Iscariot hanged himself so that his guts were torn and his bladder burst, the Jews probably had their servants with golden pitchers and silver bowls around, to catch Judas' piss (as it is called) together with the other relic, and then mixed it together and ate and drank the merde . . . or they

⁹ J. H. N. Cardinal Newman, *Historical Sketches*, Vol. II, p. 234 (1872-73) quoted in M. Hay, *Europe and the Jews*, p. 27 (1961).

looked their god, the Sched, up the ass and in that same smoke hole found their holy writ.¹⁰

The individual growing up in today's civilization is still able to find God if his inner need demands. But the concept of Satan is not available in equal measure. While science and technology have eliminated certain solutions for infantile and unconscious problems, they have not led to the disappearance of the problems. Religion gave a tremendous outlet for hatred in the devil and his adherents, an outlet that modern man does not have.

Examination of these phenomena could result in an important contribution to mass psychology. Those emotions in particular that draw their strength from the unconscious may well be played upon for purposes of mass psychology. As Freud said:

The mental superstructure, which is developed so differently in different persons, is removed or weakened, and the unconscious foundation which is the same for everyone is revealed (made operative).¹¹

One can find countless examples both in the Middle Ages and in modern times where the one who succeeds in characterizing

¹⁰ Author's translation. The German text reads: '*Hierher zum Kusse! Der Teufel hat in die Hosen geschissen und den Bauch abermal geleeret. Das ist ein recht Heiligthum, das die Juden und was Jude sein will, küssen, fressen, sauffen und anbeten sollen, und wiederum soll der Teufel auch fressen und sauffen, was solche seine Jünger speien, oben und unten auswerfen können. Hier sind die rechten Gäste und Wirthe zusammengekommen, habens recht gekocht und angerichtet. . . . Der Teufel frisst nun mit seinem englischen Rüssel und frisst mit Lust, was der Juden unteres und oberes Maul speiet und spritzet. . . . Da Judas Scharioth sich erhenckt hatte, dass ihm die Darne zerissen und, wie den Erhenckten geschieht, die Blase geborsten, da haben die Juden vielleicht ihre Diener mit gülden Kannen und silbernen Schüsseln dabey gehabt, die Judas pisse (wie mans nennet) sampt dem anderen Heiligthum—(-Reliquie) auffgefangen, darnach untereinander (d.h. gemischt) die merde gefressen und gesoffen. . . . Oder haben ihrem Gott, dem Sched, inn den hindern gekuckt und in demselben rauchloch solch geschriebe funden.*' Martin Luther: *Werke*, Weimar Ausgabe, 1919, Vol. 53.

¹¹ Freud: *Massenpsychologie u. Ich-Analyse*, Ges. Werke, Bd. XIII, p. 78 (Author's translation).

his opponent as an offspring and representative of the devil succeeds in attracting the masses to his side. The Church was only able to oppose heretics successfully when it attacked them as servants of the devil. The princes of the Church kept taking advantage of the prevailing popular belief in Satan in order to label all attacks on their rule or on their doctrine as inspired by the devil. Thus belief in Satan became a chief pillar for the rule of the Church and, if you will, of God. The effective rule of the Church ended with the fading away of the devil.

When one takes account of the role of the devil in man's unconscious the success of Hitler's propaganda becomes somewhat less puzzling. What Hitler found was a reservoir, covered up for about two hundred years, that could be made to overflow. The universal dualistic conception of God and Devil—an outgrowth of human nature—is always latent. It may be used and played upon, or it may lead to the most intense delusions.

The fact that in religious concepts of earlier times the Jew and Satan were blended together again and again has been described often enough and requires no new rehearsal here.¹² Within the medieval concept of the universe it is not surprising that the picture of the Jew contained the most conflicting images, for Satan had the power to appear in every possible guise: smart or dumb, ugly or beautiful, he was always the Adversary, the Evil One, who hid himself in many disguises in order to deceive the faithful. It may seem surprising that the obvious contradiction in modern anti-Semitic propaganda did not lead to its collapse. On the contrary, the most contradictory accusations succeeded in showing to every hearer his own individual enemy. If one understands this as a reawakening, a superstitious rebirth of the belief in the devil, a return of the repressed, then the most contradictory accusations become comprehensible. The Jew is the Evil One—alternately the capitalist or communist, the despicable weakling or the ruler of the world, the pacifist or the warmonger.

The medieval church made use of the dreadful state of the

¹² For a thorough study, see J. Trachtenberg, *The Devil and the Jews* (1961).

world, the plagues, the increase in heretics, etc., as living proof for the rule of the devil, and thereby crippled and defeated its opponents. The Enlightenment abolished the devil but, as we have seen, not the need for the devil. Thus the devil no longer appeared as a seductive young girl, but in 'scientific' garb. In Marxist propaganda the capitalist is held responsible for all misfortune. In Nazi propaganda, the racial doctrine 'proved scientifically' that the Jews were responsible for everything evil. There is no doubt that Hitler was firmly convinced of the truth of this doctrine, and that his belief resembled a paranoid system. He himself described how the sight of a 'Kaftan-Jude' (a Jew in the traditional cloak) suddenly made everything clear to him, and how from that moment on his view of the world was firm and never changed. Thus through his own paranoid conviction, in which the unconscious broke through, Hitler found entry to the unconscious of the masses.

The rise of the masses toward the end of the nineteenth century led Le Bon to his studies of group psychology. His conclusions were mostly based on the events of the French Revolution and the time of Napoleon. Freud, drawing on Le Bon, concluded that the psychology of the group was the oldest human psychology.¹³ Only now can we fully recognize the truth of their observations. We would add today that the technical development in communications media has changed the concept and reality of the 'mass' to a large degree, in comparison with the events examined by Le Bon and Freud. Group experiences are enormously expanded through press, radio, movies, and television, and this expansion has led to new dangers of primitive reactions. In earlier times only smaller groups would be affected while others could remain untouched; today the whole of a group may be reached.

Hitler either learned from Le Bon, or, more likely, realized from his own psychological experiences that one can move a nation by ascribing all evil to a single opponent. His success in

¹³ *Group Psychology and the Analysis of the Ego*. Standard Edition, XVIII, Chapter X.

placing himself in the position of the superego of the individual as part of the group was based on his success in finding a means in his own paranoid hatred to awaken the suppressed and unsatisfied drives of the masses. To put it differently, Hitler succeeded in reviving the always dormant belief in the devil.

It is impossible to foresee the consequences of the increasing loss of faith in God. With the loss of faith in God the other pillar of the edifice in which mankind has hitherto lived is breaking. To be sure, the ideal of socialism attracted for some years the longings that previously had been anchored in faith in God. Replacements for the belief in God have surely been more noble than replacements for belief in the devil. But if no useful alternative appears for belief in God, or if the secular ideals are disappointed, deep longings will remain unsatisfied. An unstilled hunger will demand more and more substitute gratifications, without ever becoming satisfied.

The Eleventh Hour

Martin Wanh

To cite this article: Martin Wanh (1969) The Eleventh Hour, The Psychoanalytic Quarterly, 38:3, 463-472, DOI: [10.1080/21674086.1969.11926501](https://doi.org/10.1080/21674086.1969.11926501)

To link to this article: <https://doi.org/10.1080/21674086.1969.11926501>



Published online: 29 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

THE ELEVENTH HOUR

BOOK REVIEW ESSAY ON SANITY AND SURVIVAL¹

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

'We have got to understand, as we never understood before, why it is, psychologically and biologically, that men and nations fight.' Thus Senator J. William Fulbright cries out in the Introduction to this book by Jerome D. Frank. Rarely do we find a political figure urging us to the study of a particular scientific book. However, Senator Fulbright is a rare man, and the present condition of mankind is such that the usual isolation of the scientific world from the pragmatic social world is a luxury which, if indulged, may lead still in our time to the end of our present civilization. Alas, this 'at-handness' of absolute disaster has not yet been fully grasped by many—politicians, scientists, and plain citizens. At least so it would seem, unless we remind ourselves of the constant, insidiously infiltrative power which denial wields over man's perceiving and thinking. Indeed, this is the chief merit of Dr. Frank's exposition: directly confronting our denial, he persists in keeping us face to face with the enormity of mankind's *presently* available self-destructive power. He does not allow himself to be beguiled by the 'computer-izers' who still think in terms of traditional warfare, with attack and retaliation—even though they reckon the victims in the millions. This has to be stressed all the more as recent revelations about the tank-accumulated stores of poison gas indicate that billions of people could be turned into corpses at one 'dusting' (New York Times Magazine, August 25, 1968). Frank—and Fulbright supports him—thinks that the traditional system of intersocial conflict and population regulation, of which war may hitherto have been a vital part, cannot be salvaged; other regulators of human conflict and intraspecies aggression will have to be found.

Frank is a good psychotherapist; he represents his thesis interspersed with enough positive, life-affirming psychological data so that we are not impelled to turn our gaze away and flee to ignorance

¹ Frank, Jerome D.: *Sanity and Survival. Psychological Aspects of War and Peace*. New York: Random House, 1967.

and denial after perusing the first pages. For these reasons I recommend this book to the psychoanalytic reader who is perforce also a citizen of this world, a *zoön politikon*. I do so even though he may feel that Dr. Frank has not given psychoanalysis due credit in his exposition of the psychological causes for man's violence. Most of the observations on human psychodynamics of which Dr. Frank speaks were actually first made significantly recognizable through psychoanalysis. Yet, Dr. Frank seems to minimize even those specifically psychoanalytic explanations that he does report. However, to belabor the author's resistance to freudian thought and to label his approach 'behavioristic' and his ideology 'Adlerian' may only aid our own omnipresent resistance to the issues raised and facilitate our flight from them.

In his first chapter, *The New Predicament—Genocidal Weapons*, Dr. Frank puts before us mankind's present dilemma. In Chapter Three he examines the biological roots and in Chapter Five the psychosocial determinants of why men fight and kill. He discusses the many animal experiments which have shown how if certain brain centers are stimulated, aggressive behavior is elicited; how an extra dose of male hormone can act as such a stimulant; and above all, how fight patterns can be aroused by external perceptions. According to J. P. Scott,² whom Dr. Frank quotes, 'the chain of causation eventually traces back to the outside. . . . [in the animal world] there is no [inherent] need for fighting . . . apart from what happens in the external environment. . . . [the] internal mechanism has to be stimulated to produce fighting—but it can be kept under control by external means.' While similar direct physical experiments have as yet not been made on human beings, it is highly probable that man too has fight patterns programmed into his central nervous system. The presence of an excess of male hormones may sensitize man's brain too, and may ready it for stimulation by external provocation—this in addition to the threshold level of aggression release set by life experience and cultural expectation.

Paradoxically, predatory animals possess strong inhibitors against destructive intraspecies impulses, while animals which are usually programmed for flight—like the rabbit—have no such built-in inhibitors and will fight each other to death when artificially confined.

² Scott, J. P.: *Aggression*. Chicago: University of Chicago Press. 1958, pp. 71, 18-21.

About man, who biologically belongs to the latter category, Dr. Frank muses: 'Perhaps . . . we failed to develop these inhibitions because they were biologically superfluous—but when we invented weapons . . . we took evolution by surprise . . . [moreover, from then on] selective breeding . . . favored those temperamentally most inclined to attack their fellows. . . . A more important abolisher of inhibitions against killing our own kind may be the unique human power to symbolize, which enables us to regard each other almost at will as conspecifics, prey or predator, and behave accordingly: . . . but like rats, once we define someone as an enemy, no holds are barred—rats, however, lack nuclear weapons' (p. 51). The very human capacity to symbolize can lead us to be protectively empathetic or uncontrollably destructive. Another paradox cited by Frank, which in all probability is specific to *Homo sapiens* and derives from the very capacity for empathy, is that 'fight patterns are neutral' but 'the purpose of aggressive acts is to make the victims suffer'. How else would we be able to know our victim's suffering? I should like here to suggest yet one more paradox, namely that the uniquely destructive quality of man's aggression toward his own species may derive from the unique quality of his intelligence. To anticipate is one of the most fundamental of his talents and hence, for him merely to remove the adversary may not be enough, as he can foresee that the same adversary may return. To destroy him is thus 'justified' by foresight.

Since, as Dr. Frank says, we have not yet devised a way to raise the biological threshold against aggression (although I like to think that the rapid expansion of the science of genetics makes a countertrend of selective breeding thinkable, given time!), our goal must be to strengthen inhibitions against its most destructive forms and to develop substitute outlets. What are the factors that predispose man to the release of the biological propensity to fight? Here Frank speaks of patterns acquired in childhood's familial environment—corporal punishment endured individually, punishment suffered as a member of a group in the course of life, and educational experiences of various sorts that ready man to do, sooner or later, unto others what was done to him. Frank cites experiments with kindergarten control groups to illustrate how imitation can foster aggressive behavior. In this context he raises the question: how much does the American TV diet transmit latent learning of aggression on the one hand and, on

the other, encourage the passive witnessing of violence—'the skyrocketing rise of crime' and 'the bystander phenomenon'. Also, one must keep in mind that once such sadomasochistic experiences have occurred in childhood, guilt-induced masochism will find a thousand subtle ways of eliciting aggression and of soliciting a renewal of these childhood experiences. Glover,³ in *War, Sadism and Pacifism*, implies, for instance, that the German revenge of World War II was solicited by the allies because of their guilt over the victory of World War I.

Instead of a blanket statement that frustration functions as the main release of human aggression, Dr. Frank enumerates conflict, violation of expectations, boredom, contagion, and obedience as its chief stimulators. He feels that contagion and obedience, when they stimulate aggressive behavior, lessen inhibitions against violence by diminishing the individual's share of responsibility. However, he considers society's influence upon the individual's freedom to release aggression to be ambiguous. Intrasocietal aggression is condemned by society as revolt, rebellion, revolution, mob violence, etc., while aggression against an external foe is praised as wholesome, patriotic, pride-giving, and heroic. In the most favorable circumstances society encourages the discharge of aggression against one's fellow men within certain bounds, such as economic or scientific competition or sports. Frank describes the differences between these social channels in the capitalist and the communist systems. In the former, individual competition is stimulated while in the latter team competition is stressed.

In a chapter headed *Why Nations Fight*, the author expresses the opinion that the times of greatest danger are those of group disorganization when, for reasons of technological change, internal dominance hierarchies ('pecking orders') are rendered unstable. At such times the internal tensions and conflict are often discharged in external war which, at least temporarily, restores a feeling of internal solidarity. It is in regard to the normal intergenerational tensions that Dr. Frank makes a brief explicit bow to psychoanalytic thinking. He writes: 'One aspect of the young man's social role—his emergence as a serious rival to his father—may have special significance for war. There has been much comment made in psychoana-

³ Glover, Edward: *War, Sadism and Pacifism*. London: Allen and Unwin, 1947.

lytic literature about the welter of love, hate, loyalty, rebelliousness, and guilt that can be aroused in rival generations. Perhaps war is one way through which the stresses are resolved: the soldier's combination of devotion and hostility to the "old man" is proverbial, and he in turn loves his "son" but sends him forth to be killed. War may also be seen as having an analogous psychological source in those "rites de passage" in which the older generation resolves its mixed feelings for the younger by subjecting them to severe punishments from which they emerge as full-fledged members of the group.' For support, he cites a paper by Walsh,⁴ who calculated that since the last quarter of the Eighteenth Century the period of recurrence of European and United States wars lies between eighteen and twenty-four years, an average of nineteen and a half years. This is the span of time that it takes for a new generation to reach the threshold of manhood. I made a similar point in two papers,⁵ to which I shall return shortly.

Sociologists often claim that psychologists and psychoanalysts are not equipped to discuss group phenomena but, as Frank points out, 'although we speak of nations which fight and hold world views, this is only a convenient way to indicate the common features of the world views of most of a nation's citizens, especially those who make and execute its policies'. This, as Boulding says,⁶ is especially true of war: 'War is the one experience which is dramatic, obviously important, and shared by everybody'. My own discussion of the psychological sources of the recurrence of war rests on this very premise. I postulate the probability that a great number of the children brought up by mothers under wartime stresses—with fathers absent at war—will develop a low tolerance for psychic tension, will be inclined to seek immediate relief through action, and will, to some degree, be prone to rely on the more archaic defenses of projection, identification, turning against the self, and splitting. The children of such a generation will thus, when they reach the critical threshold

⁴ Walsh, M. N.: *A Contribution to the Problem of Recurrent Mass Homicide*. J. Hillside Hospital, XV, 1966, pp. 84-93.

⁵ Wangh, Martin: *National Socialism and the Genocide of the Jews: A Psychoanalytic Study of a Historical Event*. Int. J. Psa., XLV, 1964, pp. 386-395; and *A Psychogenetic Factor in the Recurrence of War: Preliminary Reflections*. Int. J. Psa., XLIX, 1968, pp. 319-326.

⁶ Boulding, K. E.: *National Images and International Systems*. J. Conflict Resolution, III, 1959, pp. 120-131.

of adulthood or in times of crisis, be more likely to clamor for militant action or, conversely, to make militant clamor for inaction. Frank, too, ponders in this connection the probable psychic inclinations of those who might attain to leadership from among the children displaced during the last World War. This same question might also be asked about leaders emerging from among children displaced during the war in this country. Hunter Thompson exclaims that 'America has been breeding mass anomie since 1945'.⁷

In my paper on National Socialism I pointed out that war propaganda relies precisely on *regressive* defenses, arriving at the characterization of the chosen enemy via projection and splitting; and it elevates 'stranger anxiety', under normal circumstances a transitory infantile phenomenon, to respectable status in adult affectivity. A generation sensitized in childhood by war will presumably more easily fall prey to the lure of such regressive modes of thought and affect. In my 1968 paper, I point out that in addition to those affected by war as children, all those who as adults were actively engaged in the war were hyperstimulated or actually traumatized by this experience and may therefore, in concordance with the repetition compulsion, unconsciously seek to work over their experience. In the course of this working over they may, as Freud described, seek to create anew the circumstances of the original traumatic experience. Economic and social crises, including the normal 'crisis of generational turnover', will give a particular impetus to this reworking. Thus, the cause of an approximate twenty-year cycle of recurring war becomes psychologically plausible since, at such intervals, the two specifically sensitized generations are jointly engaged in the normal crisis of generational turnover, their reactions prepatterned by the previous war experience. Even if we accept Freud's view, expressed in his correspondence with Albert Einstein in 1932, that wars are due to the instinct of aggression moderated only by the libidinal instinct, some explanation for their periodicity is needed. Unless one assumes a rhythmic, biological refilling and releasing of the aggressive instinct, a psychological, ontogenetic causality must be postulated.

In discussing the intensity with which the individual holds onto nationalistic feelings, Dr. Frank argues that in order to ward off the

⁷ Thompson, Hunter: *Heil's Angels: The Strange and Terrible Saga of the Outlaw Motor Gangs*. New York: Random House, 1967.

melancholy insight that life is merely a moment of existence squeezed between two periods of nothingness in relation to an indifferent nature, man needs an 'ideology' which he can share with others. While man is likely to survive best when he gets maximum information about the real world—which gives him a basis for correct prediction—, in a rapidly changing situation anxiety may lead to an inopportune restriction of perception. Ideology, in the wider sense represented by culture, inherently tends to filter all incoming information, but when a man's ideology, i.e., his psychological support, is challenged, his inclination will be to restrict his information even further. Hence he will be worse prepared to meet that very challenge. Once an 'enemy' is established, the acceptance of information about him becomes disastrously selective: anxiety restricts our perception and alters its interpretation; pessimism makes the enemy appear more powerful; optimism underestimates his power and may lead to grave miscalculation of the risks of attacking him.

Frank discusses this issue of the particular danger of miscalculating reality in times of crisis, in three chapters: No More War, Unintentional or Unauthorized Destructiveness, and Psychological Aspects of Pre-War Crises and War. In times of crisis, he says, we will be inclined to deal with the frightening situation by applying old-time mechanisms of defense and discharge. This may entail massive denial, avoidance, apathy, or reduced attention through habituation, reduced flexibility, or a resort to belligerent action in a situation whose reality is inappropriately evaluated. Moreover, I would like to emphasize that war, in addition to immediate discharge of tension, often offers libidinous lures, permissiveness of otherwise forbidden excitements, and the re-enforcement of a shaky sense of individual identity through sharing with others in a communal identity. And, of course, at such times the political leaders are caught in the very same stream. In them, because of their visibility, many of these phenomena may be most easily observed—they become the first victims of their own propaganda. Yet, because it is they who have their finger most directly on the nuclear trigger, the restriction of *their* vision and information, as a result of anxiety and of the repetition compulsion, is of utmost importance to mankind.

Frank raises many pertinent and ominous questions: what if a submarine commander, under the stress of prolonged isolation and under conditons of a breakdown in communications, were to fire a

nuclear weapon? Our imagination is easily spurred these days under the impact of the Arnheiter affair.⁸ What if, in a time of crisis, the judgment of a nation's leader is impaired by psychological or physical illness? Frank quotes R. L. Noland⁹ who shows that during the past four centuries at least seventy-five chiefs of state have led their countries while suffering from severe mental disturbances. What, Frank asks, gave MacArthur the conviction that the Chinese would not cross the Yalu River if he pushed through North Korea? What condition, we may ask, influenced Eisenhower's judgment when on September 18, 1966, he urged that we should not be held back by 'the fear of using a weapon [nuclear] that the free world might need, in some outlying place where people or life seems to be cheap, and they want to have their way'.¹⁰ Frank recounts many astonishing cases of confusion and lapses of memory in the leaders of nations at times when intense wartime stress impaired their psychic or physical state. As an example of just this sort of impairment it would seem highly probable to me that Hitler's traumatization in World War I, in addition to whatever psychogenetic predisposition he may have had originally, became the focal point of his later political activity: to have been and to be a soldier became his *raison d'être*. In this 'ideology' he was joined by thousands of his fellow citizens whose experiences were in one way or other similar to his own.¹¹ Lifton,¹² who examined many of the survivors of the Hiroshima bomb, states that in some of them the temptation to enter danger situations in order unconsciously to retest their survival

⁸ Arnheiter, you will remember, was the Navy captain who, off the coast of South Vietnam, falsified his reports and steamed his coastal patrol ship into a forbidden area, doing battle with an empty sand-dune and engaging in a gunfight with the ricochet flashes of his own shots against a bare cliff. He finally had to be relieved of his command. (New York Times Magazine, August 11, 1968.)

⁹ Noland, R. L.: *Presidential Disability and the Proposed Constitutional Amendment*. Amer. Psychologist, XXI, 1966, pp. 230-235.

¹⁰ Read into the United States Congressional Record by Senator Wayne Morse on June 21, 1968; quoted by Isidore Zifferstein in *Psychological Habituation to War, Socio-Psychological Case Study*. Amer. J. Orthopsychiatry, XXXVII, 1967, pp. 457-468.

¹¹ Cf. Wangh, Martin, 1968, footnote 5.

¹² Lifton, Robert J.: *Death in Life. Survivors of Hiroshima*. New York: Random House, 1967. Cf. review of this book by Henry Krystal on pp. 488-491.

was forcefully present. Clearly if such personal survival gets displaced by a leader onto his nation, his personal survival escalates to national survival, to be tested in war and in the escalation of war.¹³ A leader who, in his own words, has been 'down in the valley of the shadow of death . . . is pursued henceforth by the specter of death',¹⁴ however complete his physical recovery. Under such conditions, objective decisions involving the life and death of others are likely to have to be fought for at the cost of immense unconscious psychic effort. Frank points out that a leader who shares responsibility with his counselors may reduce the safeguards inherent in his sense of responsibility—but, in all fairness, one must add, the counsel of others may also re-enforce these safeguards.

It is this awareness of the multiplicity of unknowns, in particular that of the unconscious defensive reactions to impulses, that acts as a monitor cautioning the psychoanalyst who would wish to comment on contemporary political and social problems. He knows that only if he is in possession of extensive personal data can he come near giving a grounded opinion about the actions of a specific person at a specific time. The best the psychoanalyst can do is to hypothesize—in general terms and in parallel to clinical experience—that crucial events like death and war do leave psychic marks which will need to be worked over again and again. Of the various ways this reworking may be accomplished, re-enactment is likely to be the most socially harmful. We cherish the hope that increased self-awareness of the psychic traumatization suffered may strengthen the ego's sense of reality, although from our practice we know only too well that insight itself can be converted into resistance.

In his last chapter and in his epilogue, Dr. Frank shows the vital need for disarmament in the face of the total irrationality of the system of mutual deterrence. He notes in detail—and one gains the impression that he has had opportunity for close observation—the psychological hazards in diplomatic discussions and warns that as mutual distrust increases, the risk of total destruction increases proportionately. Willy-nilly, he says, we will have to learn to master our distrust and reach at least a minimum level of mutual trust. Ultimately, he believes, the interlocking of mutual needs and exchanges

¹³ Cf. Wanhg, *ibid.*, p. 321.

¹⁴ Drew Pearson, quoting from his interview with President Lyndon Johnson, *Look Magazine*, July 23, 1968, p. 27.

must lead to the creation of a world community which, in turn, must educate its citizens toward nonviolent ways of expressing their aggression. There is no other way since, once acquired, knowledge of nuclear power cannot be eliminated. Education for peace must become a conscious and universal goal if it is to counterweigh the now imminent danger of an uncontrollable eruption of aggression.

For Frank, the primary source of man's temptation toward war lies in man's drive for power. This has created a permanent source of dissatisfaction because of the eternal gap between performance and expectation, for which some fellow man is always blamed. Psychoanalysis would name a somewhat different and more complex set of strivings to explain the human readiness for aggression. In the end, however, Frank joins Freud and Glover in the hope and conviction that Eros will hold sway over Thanatos—or, as he puts it, that Trust will overcome Distrust. His fear is that the reprieve from self-execution will come only at the very last minute.

But has not this 'very last minute' already been with us for a number of years? Is the 'credibility gap' between the generations not in part due to the denial of this fact? Is perhaps the agitation of today's young people in part a belated expression of the anxiety aroused in them as school children by futile anti-nuclear shelter drills? Such are some of the questions which remain with us after reading Jerome Frank's book, *Sanity and Survival*.

Minutes of the Vienna Psychoanalytic Society. Vol. II: 1908-1910. Edited by Herman Nunberg and Ernst Federn. New York: International Universities Press, Inc., 1967. 582 pp.

Irwin Solomon

To cite this article: Irwin Solomon (1969) Minutes of the Vienna Psychoanalytic Society. Vol. II: 1908-1910. Edited by Herman Nunberg and Ernst Federn. New York: International Universities Press, Inc., 1967. 582 pp., The Psychoanalytic Quarterly, 38:3, 473-504, DOI: [10.1080/21674086.1969.11926502](https://doi.org/10.1080/21674086.1969.11926502)

To link to this article: <https://doi.org/10.1080/21674086.1969.11926502>



Published online: 29 Nov 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

BOOK REVIEWS

MINUTES OF THE VIENNA PSYCHOANALYTIC SOCIETY. Vol. II: 1908-1910.
Edited by Herman Nunberg and Ernst Federn. New York:
International Universities Press, Inc., 1967. 582 pp.

The Second Volume of the Minutes of the Vienna Psychoanalytic Society now affords us the opportunity to continue as observers through two more momentous years of the 'Psychological Wednesday Meetings'. The spring before, the group had constituted itself the Vienna Psychoanalytic Association and, two years later, at the Meeting on April 6, 1910, we hear of the foundation of the International Psychoanalytic Association at the Nuremberg Congress. This volume spans two academic years from October 7, 1908, to June 15, 1910. Meetings were held weekly from October to June and the minutes are those recorded by Otto Rank, who continued to act as the paid secretary of the Society.

In a brief acknowledgment, the editors offer their regrets for the delay in the arrival of this second volume. All of us are in debt to the editors for the arduous task they have undertaken and are in the process of carrying through. The delay in publication of this volume has only served to increase the anticipatory pleasure of being able to continue to participate in this vicarious way in an experience so central and so important in the early development and spread of psychoanalysis. We can certainly hope that the third volume will soon arrive to complete this important historical record.

What is clear from even a casual perusal of these Minutes is the important and multiple functions these meetings served for all of the participants. This small group—usually numbering between ten and fifteen—gathered to present and discuss papers they had written or were in the process of writing, review articles and books in the recent literature, present clinical case material which was discussed from both a theoretical and a practical viewpoint, expose aspects of their own neuroses, discuss each others' blind spots and character traits with varying degrees of objectivity, and explore the relationship between psychoanalysis and art, poetry, pedagogy, philosophy, politics, drama, epistemology, etc. These meetings were scientific forum, theoretical and continuous case seminar, supervision, haphazard training analysis, and extension school. In short,

they encompassed all the functions of present-day psychoanalytic societies and institutes. We are afforded a historical perspective of the needs which stimulated the growth and development of our contemporary complex scientific and educational organizations. In the Minutes recording the discussion of the Nuremberg Congress the strong opposition of many to the increasing organizational complexity occurring at this time is clearly evident. Those who expressed their misgivings felt that analysis would be endangered by such a development and feared that something vital would be lost in the process. Some of the forebodings were soon to be realized, but the spread of Freud's discoveries beyond the confines of central Europe clearly required an international scientific organization and Freud seemed fully aware of this.

Most of the members of the group had not been analyzed personally. This requirement, which we learn in a footnote was actually suggested by Nunberg, was not to be initiated—and then only against great resistance—until many years later. A few in the group had consulted Freud for neurotic difficulties, usually briefly and informally, and had at least some personal experience with analytic therapy. For the rest, the meetings provided a place where some limited personal revelations were made and interpretations given by others in the group, even at times by Freud himself. Freud at this time was fully aware of the limitations that resistances and countertransference attitudes placed on the theoretical and clinical outlook of his colleagues and made quite clear the importance of these factors on several occasions.

We know from Jones's biography that Freud in these years did not hold the students who had gathered around him in Vienna in the highest esteem. Some (Adler, Stekel) were to break with Freud in the very near future, others (e.g., Rank) at a later time, while several (e.g., Federn, Hitschmann) continued to study with Freud and become important practitioners, teachers, and contributors to psychoanalysis. The Minutes make clear that Freud was fully aware of, and gave repeated attention to, the importance of the factors which Adler was emphasizing (e.g., in the realm of ego psychology and the role of aggression in mental life). He was able in later years to bring these factors into his reformulations of psychoanalytic theory. It is equally clear from many of the protocols that Adler meant his theoretical formulations to supplant the basic tenets of

psychoanalysis as they existed at that time, emphasizing again and again what he considered to be the more basic role of organ inferiority and of 'the masculine protest' in neurogenesis. Adler was not one to take second place to anyone and his vehement emphasis on his priority of discovery and publication at several meetings (especially toward Stekel) attest to this aspect of his character.

The gulf which separated Freud from his students was a very wide one indeed, and was due not only to the fact of his genius. His clinical experience at this time extended over many years, his basic discoveries had already been published, and his own painful and painstaking self-analysis had been proceeding for a long period of time. Also long behind him was his only recently published Project. All of these factors are reflected in the difference in the level of Freud's discussions as compared to those of the other participants. Freud had, for instance, in the Project already tried the path of theory building without having a solid clinical basis and had abandoned the effort. We now recognize the seeds of important later formulations in this early work, but Freud repeatedly cautions and criticizes his followers about the dangers of leaping into new theoretical formulations without having the necessary foundation in clinical facts. Freud's remarks are recorded in greater detail than those of the other participants. This is understandable since these notes were frequently borrowed by the members for more detailed study; it was obviously Freud's views that were of most interest to all. This respect for the 'Professor' did not mean that Freud's views were accepted uncritically. By and large these men were not sycophants. They did not wilt under criticism—even from Freud—nor did they hesitate to express their views—mistaken and prejudiced as they frequently were—strongly and even stubbornly. Clearly, Freud was viewing the material from a much broader vantage point than the others. It was he especially who pointed to deficiencies in data and in theory and brought discussions to focus on more crucial issues.

These Minutes give us glimpses of a most remarkable group of men. We see them through Rank's eyes as recorded in the condensed notes of the proceedings he made during and after each meeting. Only rarely does he allow his personal feelings to emerge in the written record. Unfortunately, at times the comments are so condensed as to be incomprehensible. Frequently the paper that

formed the basis for a discussion is not presented and the reader is in the position of a late-comer who has missed the main presentation and hears only the discussion. The editors make every effort to come to our rescue in some of these instances with a footnote that clarifies the trend of the discussion. At times the editors are as perplexed as the reader and the discussion must be left unclarified.

The backgrounds of the members were as mixed as their motivations and abilities, but all of them had to be men of courage, since association with Freud and his 'immoral' sexual theories could and did threaten a person's position and livelihood. The many differences in these men led to an unevenness in the level, the quality, and the scope of the discussions. There was marked variation in the level of each member's knowledge and assimilation of Freud's works, his own resistances to it, his clinical experience, his talent, and the particular professional background from which he came. The group included at one time or another general practitioners, a surgeon, dermatologist, pediatrician, musicologist, educator, philosopher, publisher, as well as practicing psychiatrists. This diversity of background added a richness to the discussions and extended the pathway, already opened by Freud, to the many later studies in fields of applied psychoanalysis. Frequently the discussions contain acute and perceptive observations combined with misunderstandings and dogmatic assertions of then current prejudices. Freud himself was not incapable of such remarks, though when Sadger asserted that it was common knowledge that diets high in meat lead to excessive states of sexual excitement, Freud immediately demolished the thesis by citing evidence of the Brahmin Indians. Frequently we become aware—usually in Freud's comments—of observations or formulations pregnant with the possibility of future elaboration and recognize the early stages in the development of ideas presented in later papers of far-reaching importance (e.g., narcissism, melancholia, anxiety, Leonardo da Vinci, the organization of the mental apparatus, etc.).

Freud presented versions of his papers, *On a Specific Type of Male Object Choice* and *Leonardo da Vinci and a Memory of His Childhood*, later elaborated and published as a monograph. Rank presented his paper on *The Myth of the Birth of the Hero*. Two meetings were devoted to a discussion of Baer's book, *Suicide in Children*. A decision was made to publish these discussions under

Stekel's direction and this monograph has recently been made available in English translation in more extensive form than appears in these Minutes.¹ This gives us the opportunity to compare the two versions and recognize Rank's ability to accurately convey the trend and general tenor of the discussions. Three meetings were devoted to a discussion of *The Harmfulness of Masturbation*, at which Freud acted as chairman. These discussions present us with a unique opportunity to understand the participants, their styles and modes of thinking, some of their personal attitudes expressed under the guise of scientific discussion, and the views of Freud as compared especially to those of Adler and Stekel. Interestingly, some of the ideas expressed by Adler and Stekel are more in accord with our current analytic view on the subject than those expressed by Freud at that time. This is especially so in connection with the problem of neurasthenia and the 'actual' neuroses and their relationship to masturbation.

Of all the participants, however, it is Freud who stresses the tentativeness of any of the formulations. It is he who recommends against publication of the discussions since so little is actually known and so much remains to be clarified. He notes the paucity of clinical data and outlines further studies of masturbation, especially in women, to clarify the entire subject. Certainly the preconceptions that were brought to the discussions are indicated by the very title given to the symposium. What was clearly lacking was basic knowledge of the place of masturbation in the normal development of the sexual life of the individual. This material was to emerge later out of child analysis and child observation. Freud as well as others in the group recognized and suggested the need for such studies to clarify this and many of the other problems discussed. One is also struck by the way in which the discussion was circumscribed and channeled by the limitations imposed by the theoretical framework (e.g., the first anxiety theory) existing at the time.

It is difficult to do justice to the wide ranging scope of these fifty-nine meetings. In addition to the two papers of Freud already mentioned, another paper, *On Fetishism*, was presented by him at a later meeting on February 24, 1909. Unfortunately this record was lost and Freud did not publish a paper on the subject

¹ Cf., review of *Discussions of the Vienna Psychoanalytic Society, 1910—On Suicide*, edited by Paul Friedman, *This QUARTERLY*, XXXVIII, pp. 130-32.

until almost twenty years later. Usually one meeting a month was devoted to Review and Case Reports by All Present. These were very informal and lively interchanges in which papers were reviewed and clinical problems were raised. Freud at times asked for material that could support or refute findings of his own or findings that had been communicated to him by others. Stekel was the most frequent speaker, presenting six papers. His colleagues appeared to have many doubts about his reliability since, according to Jones, he seemed to have a current patient to suit every discussion. Sadger, Wittels, and Adler were also frequent speakers. At a meeting in April 1909 the decision was made for Hitschmann to write a textbook of psychoanalysis. This first textbook of psychoanalysis appeared in German in 1911 and in English in 1913. In this discussion Freud made it known that he did not wish his work to be presented as a closed system. What was not known was to be stressed in addition to what was established. There was a tendency on the part of some to make statements as if they were firmly established when, in fact, they were later (at times even shortly thereafter) abandoned for newer and more useful formulations. Even Freud succumbed to this tendency at times, though he was also the one who was most willing to set a topic aside that did not seem ripe for solution.

Especially noticeable on a number of occasions was a strong anti-feminine bias in many of the group. The decision to admit women to the group was taken only after heated debate and with the strong support of Freud.

What we are presented with in this second volume of Minutes is a record of the continuing exploration by this small group of courageous men of a new and exciting field in biological science. What stands out is the sense of excitement and the intense involvement which gripped these men as they explored the field opened up to them by the discoveries of Freud.

Interestingly, the latest trend in analytic education is toward the formation of small groups of analysts meeting over a considerable period of time to discuss problems of interest to all in the group. Certainly this revival of the earliest pattern of psychoanalytic education attests to the continued vitality of the idea and ideals of the Psychological Wednesdays.

IRWIN SOLOMON (NEW YORK)

THE TECHNIQUE AND PRACTICE OF PSYCHOANALYSIS. VOL. I. By Ralph R. Greenson. New York: International Universities Press, Inc., 1967. 452 pp.

This volume, which is to be followed by a second dealing with the technical challenges of an analysis in chronological order, concentrates on three central psychoanalytic areas—resistance, transference, and the psychoanalytic situation. After a brief chapter surveying ‘basic concepts’, about which more will be said below, Greenson offers an impressive array of detailed observations from his extensive experience as analyst and teacher. These are presented in a series of concise clinical vignettes, evidencing a consistent style of approach and intervention. In addition, a clear demonstration of the productive value of the confrontations and interpretations made in each clinical situation is regularly provided. No analyst will fail to be reminded of his own struggles with the counterparts of these varied analytic crises in his own practice, and none will fail to envy Greenson his virtuoso perceptiveness and his brand of dramatic articulateness in dealing with each episode. As a consequence of this uniquely personal approach, the book fulfils one of its declared functions, serving as a force designed to oppose psychoanalytic ‘orthodoxy or sectarianism’. These trends, the author feels, have been encouraged by the analyst’s traditional silence not only concerning the ‘ambiguities, divergencies, and deviations’ of analytic practice, but also the innovations and individually polished and favored nuances of technique. Literally hundreds of clinical allusions, combined with dozens of more extensive references to particularly interesting protocols, offer a grand tour of the Greenson style, and a great variety of technical precepts and ways of viewing clinical phenomena are strikingly illustrated.

In the chapter on the basic concepts of psychoanalysis only an extremely condensed presentation of fundamentals is offered, interwoven with a historical review of the changes in psychoanalytic therapy since the days of hypnosis. Greenson concludes his discussion by stating that ‘. . . the ultimate aim of psychoanalysis is to increase the relative strength of the ego in relation to the superego, the id, and the external world . . .’, predominantly through the analysis of the transference and the resistances. However, the author does not always manage to keep this most advanced conceptualiza-

tion of psychoanalysis, the structural hypothesis, in the forefront as he works with various clinical challenges or, at least, as he writes about them. On more than a few occasions, one gets the impression that the chief therapeutic event consists simply of uncovering latent thoughts and affects with accompanying emotional abreaction, and that the articulation of the previously suppressed or unconscious material is all that is required to produce a therapeutically effective discharge or (libidinal) reorganization. Even in discussions of the complex microstructure of an interpretation, or of the repetitive labor needed to work through a resistance or an aspect of the transference, the stress seems to be placed on the patient's confession or concession of a point, rather than on what is happening to the neurotic conflict and the analysis as a whole. The understanding of unconscious mental functioning and the theory of therapy implied by these features of the book cannot, in the reviewer's judgment, provide the best background for the presentation of the author's wealth of technical ideas.

Nevertheless, for the experienced analyst this rapid-fire sequence of brightly presented data will certainly stimulate a sharpening of clinical vision and imagination. It will also lead, hopefully, to a renewed pledge to the analyst's professional conscience to strive to maintain the best possible analytic attitude combined with a disciplined attention to theoretical principles. However, the very virtues just mentioned (in referring to the Greensonian panorama spread out before the reader) can tend to interfere with another of the implied aims of the book. Greenson states that many features of the established psychoanalytic training procedures, especially the phenomenon of persistent transference reactions involving the training analyst, tend to block the student's 'opportunity to discover the technique best suited to his own personality and theoretical orientation' (p. 3). Despite many sincere reminders that the author's preferred maneuvers are not cited as rigid codes of procedure, the cumulative effect of the mode of presentation, especially in the clinical sessions quoted, is to convey the strong impression that there is only one true approach to each of the clinical situations discussed. What makes it seem inevitable that the inexperienced reader will reach such a judgment is the unbroken sequence of strikingly successful interventions in varied analytic situations with all sorts of patients and at every conceivable stage of an

analysis. Ernest Ticho has discussed a related issue in a paper, on the psychoanalyst's personality, read before the Topeka Psychoanalytic Society in January 1968. He states: 'It is one of the limitations of psychoanalytic literature that often, because of the impossibility of describing the whole analytic process, brilliant interpretations are highlighted. This gives a wrong impression of what successful psychoanalytic work encompasses. . . . [What seems to emerge is the picture of the] "know-it-all" analyst. He is never floored or even surprised by anything. He gives the patient the impression that he sees through it all, which discourages the patient's autonomy and plays into the patient's fantasies of magic.' In this instance, it may be that the beginning analyst's fantasies of magic can be played into or that he will be overawed and inhibited. This is a problem of not inconsiderable proportions, considering the likelihood that magical wishes and fantasies (or irrational pessimism) can recurrently be revived whenever the analyst's confusion and anxiety mount, or when countertransference pressures increase.

It seems possible that Greenson's tendency to understress the difficulties, obscurities, monotony, and confusion of the bulk of every analysis derives from some theoretical bias or limitation in his viewpoint, as well as from his own personal tastes. Whenever a text necessarily presents only fragments of therapeutic sessions or of a history, the author has an obligation to provide the reader with an adequate theoretical orientation to help guard against the almost inevitable misinterpretation of the presented data. While many explanatory observations are offered in the course of the presentation of the technical procedures in each section, they often seem to lack the completeness and precision needed to make the entire clinical picture comprehensible enough to provide a basis for generalization by the reader. The author caps his observations often enough with a stated or implied generalization, but the wish for a clear picture of the neurotic interaction involved is left unsatisfied. For one, both the unavoidable brevity of the clinical illustrations and the style of presentation make it difficult to remember that the phenomena cited are vital aspects of a life and a neurosis, as well as events in a therapy. Secondly, to return to a point mentioned before, both these factors may lead the reader to believe that the various technical interventions cited produce their thera-

peutic effect simply as a consequence (a reward?) of the triumph of the analyst over the patient and his resistance. Such a view of therapy may tend to develop despite the frequent references to the working alliance and the reintegration of ego functions, chiefly because these concepts are often brought forward in unrelated contexts. The lack of an adequate explanation of the full range of the impact of the analyst's interpretations and other interventions on the defensive and other aspects of the psychic conflict may frequently result in incomplete understanding. This is especially likely when example after example is climaxed by citing the patient's grudging admission of the existence of ideas and feelings suspected by the analyst and little more.

Since the role of masochism and other superego conflicts is not adequately explored in the discussion of either resistance or transference, at least in so far as many of the clinical illustrations are concerned, it is difficult to feel certain of the meaning of such responses to interpretations, especially when the analyst is seen in such magisterial terms. Despite the fact that it is not possible and therefore not appropriate to question clinical reports when practically no firsthand knowledge about the patient and the analysis is available, experience indicates that clinical material does lend itself to numerous interpretations by different readers. When the aim of a presentation is to document a principle or the necessity for a technical procedure, the need for theoretical orientation concerning the clinical phenomena is compelling. To be sure, because of limitations of space and concept Greenson is deliberate in his omission of extended theoretical discussions, suggesting at many points the well-known papers or texts which elucidate the relevant theory. But it is not likely that the reader will have all such references at hand, and there is the danger that he may assume that the examples from the author's practice cited to illustrate crucial ideas about transference and resistance provide a crystallized condensation of all the pertinent theoretical conceptualizations available. Greenson does not make such a claim, but his relative neglect of this type of theoretical exposition fails to clarify the theoretical biases or reservations with which he admittedly operates. This is particularly regrettable in the section on the psychoanalytic situation. The chief emphasis in the discussion of the working alliance seems to place the greatest importance on the candor and other

personality traits in the analyst, with a (unintentional?) slighting of the role of transference and the classical theory of therapeutic effect.

Greenson cites the experience noted in the reaction of both patient and analyst to particularly apt and timely interpretations which he calls the '*aha*' experience. He mentions as well the '*oi*' reaction which follows an intervention that has failed to hit the mark. Greenson's book affords the reader many welcome and delightful '*aha*' experiences and very few which merit a painful '*oi*'. But, just as every analysis has a complicated and frequently misleading and frustrating unfolding, this volume presents a sizable number of occasions where reflection tends to produce a feeling of '*hélas*'. Early in the book Greenson says: 'Our greatest hope for progress in technique lies in a better integration of clinical, technical, and theoretical knowledge'. A work which accomplishes this goal is still to appear.

HERBERT F. WALDHORN (NEW YORK)

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOL. XXII. New York: International Universities Press, Inc., 1967. 425 pp.

This volume of *The Psychoanalytic Study of the Child* presents stimulating and worthy contributions in the tradition of its predecessors. Many of the articles display originality, scholarship, and broad conceptualization resulting in an interesting survey of current psychoanalysis from many perspectives. The volume contains both clinical and theoretical contributions from all developmental phases; it bridges theory and therapy, normal and pathological, clinical practice and formal research.

The initial section, *Problems of Psychopathology and Therapy*, contains articles by Anna Freud, Lampl-de Groot, and Peto. Anna Freud presents a lucid, concise discussion of reactions to loss, the child as lost object and as loser of objects, and of the lost object in dreams and folklore. Only when the parents are too ambivalent or when their aggression is more effective than their love do children not only feel lost, but in fact get lost. Children as chronic losers live out a double identification, passively with the lost object and actively with the parents whom they experience as neglectful and unconcerned toward them as they are toward their possessions. There is an especially fine discussion of the identification of the

loser with the lost object. Lampl-de Groot grapples with the obstacles standing in the way of psychoanalytic cure which Freud raised in 1937 in *Analysis Terminable and Interminable*. She traces some of the obstacles to cure back to the earliest developmental phases. The unconscious need for punishment and irregular ego development are better understood when viewed in terms of the interaction of drive and ego growth and the mother-infant dyadic relationship. The precursors of a cruel superego are to be found in the strength and fate of early aggressive impulses. Peto, in his paper on affect control, illustrates how the ego mobilizes and controls affects in such a way that it at first tries to keep the affect mobilization within controlled intrasystemic boundaries of the ego. If this intrasystemic control breaks down intersystemic phenomena appear with participation of the superego and drive discharge affects. Regression and blurring of structural boundaries then take place. In Peto's view one can differentiate between intrasystemic signaling and intersystemic flooding in affect mobilization. With signaling there is active ego operation; with intersystemic flooding the ego passively experiences an onslaught, originating mainly from non-ego sources.

The section titled *Contributions to Psychoanalytic Theory* contains papers by Frank and Muslin, by Nagera, and by Shuren. Nagera's paper, *The Concepts of Structure and Structuralization*, is a complex discussion of structural theory and its application to a theory of learning and creativity. Unfortunately there is still considerable ambiguity between structure and function and an appreciation that the different psychic structures are understood in reference to their different functions. The paper attempts to clarify concepts of structure, function, apparatus, and autonomy. Nagera considers functional structures which, once learned, acquire an independence of their own, enable the child to cope with reality in an economic and systematic fashion. The creative capacity is related to ego qualities and flexibility that scan, combine, and recombine the functions of any number of psychological structures toward problem solution. Structuralization and adaptive modification take place throughout psychic development.

In *A Contribution to the Metapsychology of the Preanalytic Patient*, Shuren discusses 'preparation for analysis' for a variety of borderline patients with severe ego deficiencies. In Shuren's view the failure in secondary autonomy is correlated with the fact that

defense is a prime concern of the ego. Nuclear defense consists of omnipotent expectations, passivity, and primitive separation-individuation attitudes. He feels that a gradual resolution completes the process of preparation for analysis. This would be an extraordinary achievement in the therapy of a borderline patient.

The section on normal and pathological development contains ten papers ranging from Kleeman's study of the peek-a-boo game, its origins, meanings, and related phenomena in the first year, to Blos's study of *The Second Individuation Process of Adolescence*. Kleeman's study of the peek-a-boo game is a fascinating developmental contribution with important clinical and metapsychological ramifications. It is perhaps the first game played with the mother with all the attendant spurt of development and maturation of such interplay, and with all the implications for crystallization of preceding ego formation. The developmental approach permits a comprehensive view of its origins and evolution. The peek-a-boo game is a transitional game originating in the period of transitional object formation and a bridge between autoerotic activity and true object relations. Active and passive peek-a-boo is associated with the first subphase of the individuation process in conjunction with the emerging ego capacities of that period. As a social interaction and play it can be seen in relation to imitation, identification, and learning. The tendency for self-imposed prolongation of the hiding phase late in the first year reflects greater differentiation of self and object, memory for the lost object and tolerance of delay. There is a tendency to shift from passive to active peek-a-boo. Kleeman also relates this landmark in the first year to a variety of ego functions including the concept of 'no', reality testing, intention, object relations, and the precursor to creative imagination and humor.

Kolansky's paper, *Some Psychoanalytic Considerations on Speech in Normal Development and Psychopathology*, presents clinical and theoretical aspects of speech and its disturbance. Analysis has always studied variations in speech pattern, including misuse of words, the whining complaint, the sudden stammer, inability to think of a common word, a gruff tone, an imitative style, a slip or perseveration, among other phenomena.

Shane, in his review of encopresis, discusses the problem as an arrest along a developmental line. Encopresis frequently associated with enuresis, indicates a defect in impulse control, which is more

serious than in enuresis, involving greater use of denial and greater impairment of reality testing and socialization. The symptom of encopresis is often so provocative to parents that it can foster further regression. The developmental line from wetting and soiling to bladder and bowel control with parental support to internalized autonomous sphincter control was used to organize the clinical material. In cases of such arrested development the new object aspects of the relationship to the analyst need to be considered along with his classical insight-giving functions.

Masturbation Fantasies by Wermer and Levin is an important genetic study. The natural process of growth and development changes the content of masturbation fantasies. From the point of view of ego psychology and adaptation masturbation fantasies may make important contributions to the formation of ego interests such as hobbies, ambitions, professional activity, etc. The masturbatory activity itself may be inhibited or may also undergo major modifications during development. Nonspecific excitement itself is often the only residue of the relinquished sexual activity which has been replaced by ego-syntonic interests. The early displacement of masturbatory excitement to ego interests may therefore develop toward pathology, inhibition, or sublimation, depending on a complexity of factors.

Blos describes adolescence in terms of a second individuation process. He emphasizes the prominent role of the decathexis of infantile object representations in adolescent psychic restructuring. Progressive and regressive movements are traced with particular attention to disengagement from infantile object ties. The paper indirectly raises many questions about the complexity of later individuation and touches on many aspects of the adolescent process. *Assessment of Early Infancy* by W. E. Freud illustrates the important problems and considerations in this burgeoning area of psychoanalytic investigation. Here are nascent attempts to formulate the normal early developmental lines of the infant relationship to the parental personality of mother and father. There is an appreciation of fathers who become a second mother and fathers who become a second baby. There are efforts to assess the mother's manifest and latent maternal attitudes and an appreciation of the difficulty in prediction due to the complexities of life and lack of uniformity in development.

The final section presents diverse and interesting clinical contributions beginning with *Visual Hallucinoses in Children*, a study by Coren and Saldinger based on psychotherapy. The authors feel that the experience of real traumatic events is of major significance, favoring the outbreak of hallucinations when reality and repressed fantasy coincide. The distinction between reality and fantasy becomes blurred. Where there is no stable reality testing apparatus or adult interference with the sense of reality there is a predisposition to hallucinations. There is usually conflict-laden hypercathexis of the visual sphere and the hallucinations represent both a frightening return of the repressed and a reassuring defensive technique for disavowing the traumatic memory. There is a provocative paper on object constancy in psychosis by Ekstein and Friedman. They view the problem of object constancy as a closed struggle between the need to destroy the dangerous object and the guarantee of safety and survival through stagnation and immobility. In normal object representation the ego can perceive the object in its manifold roles, has the capacity to accommodate them to each other and to synthesize them into a consistent entity. What is emphasized is not lack of object constancy or fear of object loss so much as the destructive and dangerous nature of the earliest object representations.

School Phobias: Classification, Dynamics, and Treatment are discussed by Melitta Sperling with significant emphasis on the importance of pregenital impulses and fixations. There is a dynamic interrelation between psychosomatic symptoms and phobic behavior often with an alternation between these different symptomatic manifestations. There are important considerations of acute and chronic, and induced and traumatic school phobia. In the induced type of school phobia there is an insidious traumatization resulting from a pathological parent-child relationship. An analytic attitude and understanding of such considerations leads to proper evaluation and therapy. The value of symptomatic treatment and emphasis on quick return to school is challenged, especially before there is any appreciable change in the parent-child relationship or the ego structure of the child.

An Infantile Fetish and Its Persistence into Young Womanhood is a sensitive study by N. Spiegel of the maturational stages of a fetish. In the course of time one use was layered onto another, beginning with the primary role of substitute for object loss. It

later became both a talisman and an idealized object. It incorporated elements from all libidinal phases but also subverted defensive functions and the undoing of guilt. The case invites discussion of the interrelationship of fetishistic practices and obsessional rituals.

There is considerable variation in the style, focus, and quality of the articles. There are a few papers of controversial interest, but a basic richness of the contributions recommends this volume to all students of psychoanalysis.

HAROLD P. BLUM (HEMPSTEAD, N. Y.)

DEATH IN LIFE. Survivors of Hiroshima. By Robert Jay Lifton, M.D.
New York: Random House, 1967. 594 pp.

Despite the reserve and reluctance on the part of some present-day American psychoanalysts, it is necessary for us to step out of the dyadic relationship for the purpose of studying certain phenomena. The effects of great holocausts, long ignored by man, are among those multidimensional sequences which must be scrutinized by multiple approaches. When Lifton studies the aftermaths of the Hiroshima bomb disaster he uses his psychoanalytic knowledge and point of view in his interpretation of the material, whether obtained in interviews or from other sources.

The immensity and complexity of survivor reactions necessitated that Lifton pay attention to a variety of sources, such as the 'A-bomb literature': the government and medical reports and actions in the care and rehabilitation of the victims; the interaction of the Japanese and their Hibakusha ('explosion affected') countrymen. The survivor's life style, family, and community structure all tell part of the story of the handling of the psychological after-effects of the disaster. Lifton, in searching out the ways in which that traumatic situation was handled, shows that with the explosion of the atomic bomb a *psychologically* potentially overwhelming and lethal situation was created. Those who successfully negotiated the threatened breakdown of their stimulus barriers by a destructive situation of this magnitude revealed a very special and characteristic reaction. To ward off becoming overwhelmed, the Hibakusha functioned automatically—as Lifton puts it, they achieved a 'psychological closing-off' by constricting their emotional responses and attention to the absolute necessities for survival. However, this defensive re-

sponse only postponed dealing with the inescapable immersion in death that forever marked and changed the survivors. Thereafter the major part of the survivor's life and psychic energy was centered around the psychological after-effects of the disaster. The moment of the explosion became the nexus of his existence. The specter of death followed the survivors in radiation illness and leukemia, creating a medically acceptable source of hypochondriacal preoccupation characterized by a feeling of permanent taint and damage. Also, there was a general lowering of vitality, energy, and ability to recuperate and 'rest up'. However, most of the disabling after-effects of confrontation with the disaster were psychological. The physical problems were often used as rationalizations of the psychological crippling.

A long period of denial of the psychological after-effects of such massive traumatization is reflected in Japanese terms such as, 'A-bomb disease', and in European terms such as, 'chronic progressive asthenia' or, more poetically, 'a break in the life-line'. Impaired performance, heaped on keloids left from atomic burns and psychological after-effects such as feelings of shame and guilt about survival, created pressures toward the lowering of the survivor's self-esteem. The survivors usually functioned below their social and industrial potential with a tendency to drift to lower economic strata and 'fringe' jobs. They sank into a vicious cycle of regression and psychosomatic problems. They formed families, social and political groups, even communities that are 'sick' in the sense of being distorted and dominated by the after-effects of the disaster. As parents their functions became so impaired that they passed on emotional problems to their children.

Being a survivor involves a variety of little-studied psychological reactions. The moment of survival is one of triumph, both over the fear of death and over all those who perished. The survivor's guilt, however, is based on unconscious death wishes, and in massive loss becomes an insuperable obstacle to the accomplishment of mourning. The survivor of a holocaust becomes immersed in pathological mourning and masochism. He becomes the object of transference of the bad attributes and aggressions repressed in relation to the idealized martyrs. Eventually he also becomes the representation of the aggressor. Note for instance, recent statements by government and press in Poland that the Jews themselves, the 'Jewish Gestapo' and

not the Nazis and their Polish helpers, were responsible for their own people's genocide. The survivor is dreaded as the carrier of the contagion of death. Lifton detects that when the survivor is asked: 'How did you survive?', the question is really, 'Why did you survive?'. As a result, those motivated to help the survivor are caught up in a conflict between the impulse to fuse with him, to make up for his horror of 'ultimate' separation, and the impulse to reject him in dread and disgust.

Detecting these conflicts in his environment, and frustrated in his wishes for complete recovery and magical restitution, the survivor experiences any offer of help, in Lifton's words, as 'counterfeit nurturance'. This trend is universal among massively traumatized survivors and results in a feeling of isolation and rejection: 'no one can understand' is the frequent complaint. Even fellow-survivors are graded as to the ability to 'understand' according to the severity of encounter with disaster. In Hiroshima, this is measured in terms of the distance from the hypocenter of explosion; in the survivors of Nazi genocide, in terms of exposure to gas chambers, crematoria, or mass murders. The degree of immersion in death, its duration and degradation are used in the creation of an ambivalent elite.

Among other after-effects of the encounter with death are identification with death and with the dead and 'survivor hubris', a drive to repeat the passage through the 'hero's road of trials' and to test again one's invulnerability and right to live. The massive destruction creates an insuperable dread of one's destructive impulses which makes for continuing difficulty with aggression. A variety of characterological depressive problems and disturbances in object relations result from this regression.

Lifton proposes that the observations of the survivors can provide an additional point of view in the study of emotional problems. Schizophrenia could be viewed as a prototype of 'psychic numbing' in the extreme. Symptoms such as 'split-mind, autism, impaired sense of reality, and tendencies toward concretization of ideas and extreme desymbolization' might represent a form of identity with the dead. Survivor paranoia could serve as a model for all paranoia, as it represents ways of dealing with the death immersion and the experience of the 'end of the world'; all paranoia is 'related to death imagery and represents a struggle to achieve a magical form of vitality and power over death'.

While Lifton's work is based on his studies of Hiroshima survivors, his findings pertain to survivors of other disasters, especially genocidal attacks. The major group used for comparison in this study are the survivors of Nazi persecutions. Lifton's participation in the Wayne State University Workshops on Massive Psychic Trauma, in 1965, gave us an opportunity to observe the essential similarity in the emotional problems of survivors. In working with survivors, we have learned that survivorship has to be kept in mind and posed as an issue in the psychotherapy and psychoanalysis of survivors; otherwise it escapes attention and resolution. For this reason, it is essential in the analysis of survivors of massive traumatization that the analyst be aware of the various forms and loci in which the after-effects of it are to be found. Since survivorship is the common lot of mankind, the pertinence of these observations to all psychotherapeutic work is immediately apparent. Working with such special groups as the Hibakusha permits the study of certain problems of psychic trauma, mourning, death, victimization, guilt, and aggression which is possible under no other circumstances. This work is a major contribution toward opening this area for study. The eventual object of the study is the metapsychology of trauma.

Lifton's book is written in an easy journalistic style, addressing itself to a wide audience. Hence, the compactness of a work addressed to a specific audience is missed. But the work is well thought out and provocative in the sense that it approaches the problems of people that have been neglected in the past and that are still ignored and neglected. Lifton sums up another urgent reason for such studies:

In every age man faces a pervasive theme which defies his engagement and yet it must be engaged. In Freud's day it was sexuality and moralism. Now it is unlimited technological violence and absurd death. We do well to name the threat and analyze its components. But our need is to go further, to create new psychic and social forms to enable us to reclaim not only our technologies, but our very imaginations, in the service of the continuity of life.

HENRY KRYSTAL (DETROIT)

HUMAN AGGRESSION. By Anthony Storr. New York: Atheneum Publishers, 1968. 127 pp.

If one hopes to find answers to the questions raised by the frightening events of the present in a book about aggression he will be dis-

appointed. But he will find here a very well-written work that combines psychoanalytical and ethological knowledge with one of the rarest qualities in the specialist—common sense. The book is dedicated to Konrad Lorenz, whose work has influenced the author's thinking. Dr. Storr, a London psychiatrist, writes with unusual clarity and is able to untangle complex problems with such ease that they look simple. If occasionally his presentation seems oversimplified, this does not detract from the value of the book, which is brief, easily readable, and has, despite its pessimistic content, a style of peculiar charm.

Although Storr is aware that the problem of war and destruction by nuclear weapons is complex and cannot be solved by psychology alone, he believes that the psychological point of view deserves equal consideration with political, economic, and other aspects. His aim is to demonstrate and explore in detail the necessity of the aggressive drive for healthy individual development and at the same time to show its involvement in neurosis and character distortion and how it might threaten the survival of the species, *Homo sapiens*.

The author avoids the use of psychoanalytic terminology, but his reasoning is based on analytic concepts. However, he thinks that psychoanalysts 'are apt to take too negative a view of aggression, and to neglect the more positive aspects'. He claims that there is a tendency among psychoanalysts to treat aggression as pathological. In following Freud's development of the concept of aggression, he concludes that there is 'nothing even in Freud's later work which would support the idea of a positive, primary aggressive drive'. Here Storr misses the mainstream of analytic thinking; his criticism could be directed toward some currents in sociological writings which are influenced by the rampant popular vulgarization of psychoanalysis. Whether aggression is considered 'primary' or an expression of the death instinct, an independent aggressive drive has been part of psychoanalytic theory since Freud's *Beyond the Pleasure Principle*, written in 1920. In his letter to Einstein in 1933, Freud, referring to hatred and destruction, wrote: 'We believe in the existence of an instinct of that kind'. In the same letter, speaking of the conflicting drives, he said: 'Neither of these instincts is any less essential than the other'. In *Civilization and Its Discontents*, written in 1929, he pointed out that strife and competition are undoubtedly indispensable for human activities and that it is not easy for men to give up

the pleasure in aggression. 'In consequence of this primary mutual hostility of human beings, civilized society is perpetually threatened with disintegration.'

Storr also emphasizes that man's aggression is an endogenous, instinctive impulse which seeks discharge; the contrary point of view can only be sustained if a vast amount of evidence from ethological and anthropological studies is neglected. The body of the book deals with the different aspects and vicissitudes of the drive in the social structure, in individual development, in the relation between the sexes, and in its healthy and pathological manifestations. Storr emphasizes the experience in child development of the last decades: the too permissive attitude of parents and teachers leaves the child's aggressive drive frustrated, leading to self-destructive behavior and outbursts of senseless rage.

Storr shows how difficult it is for the individual under conditions of modern urban civilization to arrive at an optimal development of his natural aggression. Man's inventions have reduced the healthy physical expressions of sublimated aggression in work. They have increased the destructive potential, but they have also removed it from the individual's own body and his spontaneous responses, so that the natural expressions as well as the natural inhibitions of aggression are impaired. The controls of aggression, which in close contact with the opponent are brought about by identification and empathy, do not operate in the same way as in the life of animals. It seems easier for the individual to push a button that may kill hundreds of thousands than to hurt one opponent with his fist or a knife.

Although the author emphasizes the positive aspects of the aggressive drive, which, in his opinion, have been largely ignored by contemporary psychology, he cannot but conclude: 'The cruelty of animals is largely a myth; the cruelty of man is a grim reality'. One is tempted to speculate that the human species, through a maldevelopment in the struggle for life, may be in the same danger of extinction as the Dinosauria who developed bodies too large for survival. Man has, in the same struggle, developed his brain to such a degree that the fruit of it may lead to his extinction.

Storr does not think that he can contribute much to solve the problems of the frightening growth of aggression that challenge statesmen, educators, and psychologists. He suggests promoting peaceful outlets for aggression, such as sports and competition be-

tween people. He feels we should welcome the space race as 'this kind of competition can be regarded as a ritualization of conflict equivalent to the ritual conflict of animals which diminish the likelihood of war rather than encourage it'.

The author does not accept 'the naïve liberal humanists' . . . ridiculous belief that, if human beings were never frustrated, they would not be aggressive at all'. Storr is certainly right in this assumption. But as we have so few means to counteract civilization's threatening decline and destruction, and reason seems to be so powerless, the problem of frustration may still be the one problem amenable to further and subtler psychoanalytic investigation. It is certainly true that the pressures of frustration stimulate and increase aggression, but what in the individual or in groups causes feelings of frustration has not been sufficiently understood. Thus poverty and deprivation of basic needs lead to frustration, but prosperity with the indulgence of all desires also leads to frustration. Suppression of sexuality in youth may contribute to frustration and aggression, but the ease of sexual satisfaction in the present youth has not diminished their feeling of frustration; it has only created a new type of frustration. These difficult questions demand new answers.

HENRY LOWENFELD (NEW YORK)

MADNESS IN SOCIETY. Chapters in the Historical Sociology of Mental Illness. By George Rosen. Chicago: The University of Chicago Press, 1968. 337 pp.

Dr. George Rosen, Professor of Public Health Education at Columbia University, has published in this volume papers that originally were issued in periodicals not readily available to the analyst or psychiatrist. Two chapters, dealing with ancient Israel and with Greece and Rome in antiquity, are contributions published for the first time. The book, as the author clearly states, is concerned with the historical sociology of mental illness and not with any systematic presentation of the history of psychiatry. It describes the mutually shared attitudes toward mental illness during various historical epochs and the provisions for the treatment (or mistreatment) of the mentally ill by the community 'taking into account the political, social, and administrative patterns and factors that have had some relation to mental illness in different periods of history'. Dr.

Rosen expressly states that the studies collected in this book are not complete, but only a preliminary step toward a more comprehensive sociology of mental illness. The studies are limited to the ancient Near East and to Western Civilization. Material referring to Asia and Africa is sometimes alluded to, but it is not part of Dr. Rosen's studies.

Dr. Rosen points to the difficulties inherent in conceptualizing the relation of psychopathological phenomena to social forces and cautions against labeling certain types of deviant group behavior in terms of individual psychopathology: 'Individual madness and certain forms of group behavior are not congruent'. It is important to stress this point of view in order not to fall into the trap of oversimplification by explaining, for instance, social disequilibria as 'sick society'. Phenomena such as the recurring dancing manias of the Middle Ages, witch hunts, and, one might add, various forms of deviant group behavior at present, cannot be understood as the result of the individual psychopathology of its members and leaders. They have to be considered in the light of the social and political factors that prevail at a given historical epoch and facilitate the emergence of certain specific forms of deviant behavior that may become institutionalized and sanctioned by the needs of a given society. In the chapter on Israel and the ancient Near East, Dr. Rosen describes religious ecstasy, trances, and prophecy as part of the sociocultural fabric of the times. Similar phenomena exist in other societies, viz., shamanism, dervishes in Islamic countries, etc. Ecstasy and prophecy were accepted in ancient Israel as part of the religio-political life and, despite their seemingly deviant behavior, prophets were not considered mentally aberrant. Persons were considered to be mentally ill then, as in subsequent epochs, primarily on the basis of an impaired sense of reality as reality was conceived in the specific time-bound sociocultural context. Individual mental illness was explained mainly as the result of demonic possession, a belief that still has not been abandoned in some parts of the world. In classical Rome and Greece a natural explanation of mental illness was attempted and was based on the humoral theory. Yet, explanations of mental illness as the result of demonic possession remained prevalent until the Renaissance and even beyond.

Dr. Rosen's discussion of the care of psychotics in various historical settings is of great interest. In antiquity the care of the men-

tally ill was regarded to be a private matter unless the sick person displayed aggressive or otherwise socially unacceptable behavior. In the latter cases the disturbed persons were confined to jails and dungeons. 'Harmless' deranged persons were allowed to wander through the streets and countryside, frequently being the object of scorn and ridicule. In classical Greece, property dispute at times led to proceedings initiated by the sons against their aged fathers in order to preserve family wealth. An incident from the life of Sophocles presents, to the analyst, an interesting example of such proceedings. Sophocles's son hailed him into court in order to remove him from the control of family property on grounds of imbecility. Sophocles, age ninety, read to the jury his drama, *Oedipus at Colonus* which he had just completed. His son's suit was dismissed.

Dr. Rosen's discussion of Aelius Aristides, a rhetorician and philosopher in the second century A.D., is of special interest to psychoanalysts. It supplements the historical survey of the dream literature in Freud's *The Interpretation of Dreams*. Aelius Aristides, in his *Sacred Discourses*, wrote an autobiography (partly preserved) with a description of his ills that seem to have been primarily psychosomatic: asthma, urticaria, headaches, and insomnia. The god Asclepius appeared to him in his dreams. He took residence at the Shrine of Asclepius in Pergamon where he remained for ten years. Every morning he discussed and 'interpreted' his dreams with the priests and other members of the 'sanitorium community' of the Temple. From the material presented by Dr. Rosen it becomes quite clear that the god Asclepius represented to Aelius Aristides the powerful and idealized father. It would be of considerable interest to explore the preserved writings of Aelius Aristides from the analytic point of view.

In the Middle Ages and Renaissance concepts of mental illness were derived from antiquity. Theological dogmas hardened the beliefs in demonic possession and witchcraft as causes for mental illness and all but eliminated any consideration of natural causation. Medieval hospitals essentially were ecclesiastic institutions. The sixteenth and seventeenth centuries brought about a shift toward secularization of the care of the sick, including the mentally deranged patients. This did not improve the treatment of the psychotics. On the contrary, they usually were incarcerated together with beggars, criminals, and prostitutes. In France the *Hôpital*

Général, and in Germany the *Zuchthaus* were established to segregate the various groups of deviant persons, including the insane.

In the latter part of the seventeenth century reason and rationality were considered as strictly opposed to any irrationality; irrational behavior came to be regarded a matter of choice and volition. Toward the end of the eighteenth century attitudes toward mental illness were influenced by ideas that irrationality was the result of the separation of man from nature due to the development of civilization. The supposed baneful effect of civilization on mental health was accepted on faith.

In Chapter VII, Dr. Rosen discusses in some detail 'mental epidemics': dancing frenzies, mass flagellantism, tarantism, trances connected with religious practices, the early rituals of the Quakers and Shakers, revival meetings, and even present-day Cargo Cults of the Melanesians. The discussion obviously cannot be too extensive because of the format of the study, but it is of considerable interest to the analyst. Dr. Rosen rejects the explanation of these phenomena as 'collective psychopathology'; this term, he states, is tautological. 'Essentially . . . such approach begs the question, assuming in advance what remains to be determined. The main thing is not to label behavior *a priori* as psychotic, or psychopathological, even though its members may act oddly by ordinary criteria. There may be a rational core in apparently irrational behavior. One must first examine the behavior in its context before judging it.' It is useful to keep this in mind when we judge deviant behavior at the present time and not to fall into the trap of labeling as 'sick' and 'psychopathological' what does not agree with one's standards and values.

In a short chapter on aging Dr. Rosen presents interesting material on attitudes toward the aged during different historical epochs and in various societies. This, of course, is only an introductory statement to a cross-cultural approach to the problem of aging.

In the chapter on Patterns of Discovery Dr. Rosen presents the long process of uncovering the etiological factors of such disease entities as general paresis, pellagra, and endemic goiter, long after the clinical picture of the illness had been established. A great many theories were formulated about the contribution of sociological, psychological, and biochemical factors to the etiology of general paresis, pellagra, and goiter until it was discovered that the *treponema pallidum*, or lack of nicotinic acid, or iodine, were the

essential etiological agents. The description of theory formation related to the above-named clinical entities makes one aware how shaky our present etiological theories of multidetermination of some mental conditions may be. Chapter X presents an interesting survey of recent developmental trends of public health systems and the care for the mentally ill until the present time.

The contribution of psychoanalysis to present-day dynamic psychiatry and child welfare is understated in Dr. Rosen's book. A few times some topics are repeatedly mentioned in various chapters; this, of course, is due to the fact that the book is a collection of separately published papers which appeared in various journals. However, these are minor flaws that do not detract from the interest and quality of this very readable book. It contains a great amount of information and references relevant to anybody concerned with psychiatric illness. The volume is scholarly without pedantry and presents a wide vista of the sociocultural and historical aspects of mental disease.

GEORGE H. WIEDEMAN (NEW YORK)

THE PSYCHIC FUNCTION OF RELIGION IN MENTAL ILLNESS AND HEALTH.

Vol. VI, Report No. 67, New York: Group for the Advancement of Psychiatry, 1968. 83 pp.

The authors state at the outset that since 'some form of religion seems to have appeared in and to have endured almost uninterruptedly throughout every known culture', it follows 'that religion serves society or its members in some important way' and therefore merits the serious attention of the behavioral scientist. They continue that it is their hope 'to systemize the ways in which similar ideas, contents, and influences are utilized in mental illness' and 'to demonstrate . . . that religion pertains not just to the psychology of the child, the mentally ill, and the primitive, but also that in spite of the anti-religious ambiance of our times, it continues to play a significant role in the efforts of modern man to come to terms with the society in which he lives'.

The monograph documents the ways in which religious observance can shore up wavering defenses and help postpone the onset of overt mental illness. A case history illustrates the way in which religious upbringing can provide models for acting and feel-

ing, images for identification, and contribute to normal character formation. The authors conclude that although religion does not serve any unique psychic function, it does provide motifs which 'are purposefully employed, often effectively, in the struggle against illness'. Most psychoanalysts would agree with this conclusion.

The brief but scholarly survey of historical background, as well as the clarity and competence with which the clinical data are presented, make the monograph well worthy of study. However, this reviewer would like to have had the authors consider certain currents on today's theological scene. For example, it would have been helpful if some attempt had been made to redefine religion in terms employed by contemporary theologians. Freud was quite clear on this point. Religion as the common man understands it, he said, in *Civilization and Its Discontents*, refers to that 'system of doctrines and promises which on the one hand explains to him the riddles of this world with enviable completeness, and, on the other, assures him that a careful Providence will watch over his life and will compensate him in a future existence for any frustrations he suffers here. The common man cannot imagine this Providence otherwise than in the figure of an enormously exalted father. Only such a being can understand the needs of the children of men and be softened by their prayers and placated by the signs of their remorse'. At another point he said that 'each one of us behaves in some one respect like a paranoiac, corrects some aspect of the world which is unbearable to him by the construction of a wish and introduces this delusion into reality. A special importance attaches to the case in which this attempt to procure a certainty of happiness and a protection against suffering through a delusional remolding of reality is made by a considerable number of people in common. The religions of mankind must be classed among the mass-delusions of this kind. No one, needless to say, who shares a delusion ever recognizes it as such.'

With respect to these definitions of religion, Freud's position is clear: 'The whole thing is so patently infantile, so foreign to reality, that to anyone with a friendly attitude to humanity it is painful to think that the great majority of mortals will never be able to rise above this view of life. It is still more humiliating to discover how large a number of people living today, who cannot but see that this religion is not tenable, nevertheless try to defend

it piece by piece in a series of pitiful rearguard actions'. Later he adds: 'Religion restricts this play of choice and adaptation, since it imposes equally on everyone its own path to the acquisition of happiness and protection from suffering. Its technique consists in depressing the value of life and distorting the picture of the real world in a delusional manner—which presupposes an intimidation of the intelligence. At this price, by forcibly fixing them in a state of physical infantilism and by drawing them into a mass-delusion, religion succeeds in sparing many people an individual neurosis. But hardly anything more'. It is hard to take issue with Freud's point of view concerning religion as thus defined, or with Fenichel who in *Problems of Psychoanalytic Technique* states that in all cases 'with the analysis of the sexual anxieties and with the maturing of the personality, the attachment to religion ended'.

Yet, even to the superficial observer, it is clear that the role of religion in world history encompasses more than that contained in the definitions cited. One has only to consider the role of many great religious leaders, present and past, as peacemakers, as champions of charity, justice, and mercy, to realize how much more is involved. When the theologians themselves declare that 'God is dead', they doubtless have in mind the very God whose demise Freud announced on purely psychoanalytic grounds. In the light of Freud's prescience about issues so actively debated by theologians of our day, it is regrettable that the Committee on Psychiatry and Religion of the Group for the Advancement of Psychiatry did not give us the benefit of their thoughts on this contemporary topic. Indeed, they seem to have begged these cogent issues. Hopefully they will deal with them in a future publication.

Religion, as we know, continues to be a source of profound and significant moral ideas. This is no mean matter in a world whose major quest, as perhaps never before, is for purpose in our daily lives. Here again Freud encourages our quest with the statement that 'One can hardly be wrong in concluding that the idea of life having a purpose stands and falls with the religious system'. Further, religious upbringing provides a powerful instrument for inculcating moral ideas, particularly in the growing child. In the light of the importance of these precepts in the formation of the superego and to the very fabric of social reality, we cannot properly disregard these essentially theological issues in a systematic investigation of

the function of religion in mental illness and health. Much important work remains to be done and one looks forward with pleasure to the continued deliberations of this committee and to its future publications.

LOUIS LINN (NEW YORK)

PERSONALITY AND SOCIAL LIFE. TEXT AND READINGS. By Robert Endleman. New York: Random House, 1967. 624 pp.

Aside from several anthologies on psychoanalysis and the social sciences, there is really not one advanced or introductory volume that can be considered representative of the position of psychoanalytic anthropology (or sociology). Dr. Endleman, in editing and discussing a number of papers in *Personality and Social Life* has attempted to provide such a volume, primarily, as he notes in the preface, in order to make available a source book for cross-disciplinary courses in the social sciences.

The introductory and first chapters establish an evolutionary and psychoanalytic approach to the study of culture, based partly on the work of La Barre and Róheim, two of the writers whom Endleman refers to as his 'exemplars' for a psychoanalytic anthropology. Chapters Two and Three bring together a number of papers on the socialization process within the family and extrafamilial institutions, bridging the issue of cross- and intrafamilial variation, and the questions of modal personality and national character. Chapter Four focuses on the meaning of initiation rites and ceremonies, a problem which has been given serious attention by some psychoanalytic writers. Here Endleman tries to broaden the scope of the problem by juxtaposing more or less classical freudian hypothesis (Róheim and Bettelheim) against the modified freudian approach of Whiting, and then sets the general question in the context of contemporary periods of transition in character development such as the American military experience and the adolescent subculture. Chapter Five is devoted to the role of work and play in personality formation, and ranges from two papers on the social psychology of the professions, the artistic personality, the primitive shaman, to an account of the modern comic. The sixth chapter, which is largely taken up by a review of the author's own work on psychological reactions to disaster, deals with the psychodynamics of ex-

treme or stressful situations and includes a condensation of Bettelheim's autobiographical account of the concentration camp. The last chapter focuses on the relationship between psychopathology and the collective dynamics of 'deviant' and 'normal' groups and leads into a reconsideration of the psychoanalytic meaning of 'normality' as a transcultural concept.

Over-all, *Personality and Social Life* would seem to raise many of the key issues confronting the development of a psychoanalytic social science (the relationship, for example, between biopsychic processes and cultural patterns, between socialization and the working out of endopsychic conflicts, etc.), but, unfortunately, it seems that only proximate answers to the conflict between sociological, anthropological, and their subspecies, and psychoanalytic and ego-psychological approaches to the study of social life are attempted. In some cases it would seem as if some of the most important contributions, certainly from the psychoanalytic side, are underplayed, as in the section on the artistic personality which deals almost singularly with Schneider's book, *The Psychoanalyst and the Artist*, without making mention of the stimulating and more sophisticated work of Kris, Stokes, or Ehrenzweig. Other units, such as the chapter on work and play which moves from the arch id-psychology of Róheim to a purely journalistic account of Lenny Bruce's brand of black comedy, also lack a guideline to give the student—again, I assume him to be the audience—a sense of how psychoanalysis might look at society or contribute to the clarification of sociological problems.

Generally, the selection of articles and themes is instructive and the bibliographies for further reading helpful—the problem of 'trying to get everything in' should not be overlooked—but I note the absence of any serious confrontation, favorable or critical, with the work of the one social theorist who has most ambitiously endeavored to integrate psychoanalytic theory and sociology, Talcott Parsons. Rather, one finds Dennis Wrong's suggestive but largely polemical attack upon Parsons' work which, in itself, makes little attempt to come to terms with the crucial issues of transdisciplinary commerce that are central to the merger of psychoanalysis and social science.

CHRISTOPHER NICHOLS (TORONTO)

RESEARCH DESIGN IN CLINICAL PSYCHOLOGY AND PSYCHIATRY. By J. B. Chassan, Ph.D. New York: Appleton-Century-Crofts, 1967. 280 pp.

This is a good straightforward introductory book on research in psychiatry. It logically and at reasonable length takes up logic, statistics, control and randomization, double blind, and placebo studies. Experimental design is discussed under the extensive and the intensive models. The extensive model, dealing with groups of patients, is illustrated by examples from psychopharmacology. The section on intensive design, dealing with research on the individual patient, will be of more interest to the psychoanalyst.

While it is not exhaustive, the book is of value to the clinician who wants to be able to critically appraise a research report, to those entering the research field, and to residents in psychiatry.

EDWARD J. CARROLL (MIAMI)

MENTAL HEALTH PROGRAM REPORTS—NO. 2. Chevy Chase, Md.: U.S. Department of Health, Education and Welfare, 1968. 390 pp.

As everyone knows, the National Institute of Mental Health is the major source of financial support for research in the behavioral, medical, and social sciences relating in any significant way to mental health and human behavior. Last year, over eighty million dollars was allocated to the financing of projects in basic and applied research in these spheres.

This volume, addressed primarily to a lay audience that doubtless is intended to include Congressmen and the Staffs of Congressional committees, represents an effort on the part of NIMH to justify its stewardship of these large amounts of public money by describing in some detail the aims, methods, and results of twenty-five of the projects it is currently financing. The field is, appropriately, broad and encompassing, ranging from studies of the psychophysiology of sleep through the use of computers in psychiatry to the role of music as a measure of psychological and cultural development.

As would be expected from the present orientation of NIMH, several of the projects are in the area of community mental health and the training of nonprofessionals for service roles in the mental

health field. None of the projects described falls within the framework of psychoanalytic research per se, but there are a number that will be of interest to psychoanalysts. These include, most especially, a detailed and enlightening summary of the ongoing work of John Whiting of Harvard on the effects of child-rearing practices on personality development in various cultures, as well as the above-mentioned studies by Zung of Duke on sleep psychophysiology in the depressed, and of the effects of drugs on sleep by Kales and his associates.

For the psychoanalyst who wishes to keep abreast of current work in the broad field of mental health and cognate disciplines, and who seeks to do so in a painless, if superficial way, this volume can be recommended.

AARON H. ESMAN (NEW YORK)

International Journal of Psychoanalysis. XLVIII, 1967.

Lawrence H. Rockland

To cite this article: Lawrence H. Rockland (1969) International Journal of Psychoanalysis. XLVIII, 1967., The Psychoanalytic Quarterly, 38:3, 505-515, DOI: [10.1080/21674086.1969.11926503](https://doi.org/10.1080/21674086.1969.11926503)

To link to this article: <https://doi.org/10.1080/21674086.1969.11926503>



Published online: 29 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

ABSTRACTS

International Journal of Psychoanalysis. XLVIII, 1967.

The Creative Pause. Lajos Székely. Pp. 353-367.

The 'creative pause' is defined as the time interval which begins when the thinker interrupts conscious preoccupation with an unsolved problem, and ends when the solution to the problem unexpectedly appears in consciousness. Excerpts from an analysis illustrate how interpretation of transference material led to the termination of a creative pause, i.e., the solution to the problem. The author speculates that there occurs a regression in the service of the ego during the creative pause. The termination of the creative pause comes about through a neutralization of instinctual energy, permitting a solution through the synthetic work of the ego.

The Location of Cultural Experience. D. W. Winnicott. Pp. 368-372.

Winnicott describes a third area, neither intrapsychic nor external reality, a 'potential space', between the individual and the world. It derives from the period in which the infant conceives of the mother as being in transition, from merger with the infant to becoming a separate object. The transitional phenomena of this period are the forerunners of play and later cultural experience.

Homosexuality. L. Hornstra. Pp. 394-401.

The author feels that homosexuality originates not in the oedipal phase but in the 'primeval situation' that corresponds roughly to the anal phase. The male child wishes anal intercourse from father, or 'pedicatio'. Fantasies of 'pedicatio' are developmentally normal; homosexuality is a regression from and defense against such fantasies because of the fear of mother's vengeance. Three types of homosexuals are described: the pederast who chooses boys for his partners, identifies himself with the boy and loves him (self) as a good mother; equals who alternate playing the role of mother, who may be dominated, feared, or completely accepting; and the boy who wishes to be loved by an older man representing the 'good mother' who loves him and his penis. In all homosexuals the basic motivation is the same: to achieve control of the fear of the mother. Relationships to both parents are distorted, but the prime genetic issue is the threat from mother.

The Effects of Overstimulation: Rat People. Leonard Shengold. Pp. 403-415.

'Rat people' have experienced massive overstimulation during childhood: sexual seductions, primal scene experiences, severe beatings, etc. These patients have strong oral cannibalistic fixations; they use massive denial of reality and identification with the aggressor in order to preserve the parent as a 'good breast'. Rats and similar cannibalistic animals appear frequently in their dreams, fantasies, and associations.

Distinctions Between Fantasy and Reality Elements in Memory and Reconstruction. Oscar Sachs. Pp. 416-423.

The author states that although analysts tend to view unconscious fantasies and actual traumatic events as roughly equivalent, it is desirable to attempt to delineate historical reality from fantasy. With clinical material he shows that the anxiety and symptoms of a patient are dramatically abated when a childhood trauma is discovered to be an actual event rather than a fantasy. An interesting relationship between parental lying and denial of reality, and the subsequent development of obsessional doubting is presented.

On the Significance of Reporting Dreams in Psycho-Analysis. John Klauber. Pp. 424-431.

Since humans dream every night, why do patients in analysis present their dreams in some hours and not in others? The author hypothesizes that the report of a dream implies that the ego has managed a new integration of superego-id contents which were previously inaccessible because of defense. Eight metapsychological hypotheses that attempt to conceptualize the meaning of dream reporting are presented.

Selected Problems in Learning How to Analyze. Paul Ornstein. Pp. 448-461.

Ornstein focuses on his experiences in supervision and how they promoted the development of his 'working analytic ego'. He delineates four phases of learning in supervision: how to 'feel' as an analyst; how to behave and talk as an analyst; how to think as an analyst; and how to listen with 'evenly suspended attention'. Learning in supervision occurs in two general areas: emotional-affective components—the analyst's ability to use his personality to maximum effectiveness in the analytic task; and cognitive-intellectual components—maximizing the analyst's technical skills.

Through a series of identifications with the professional object representations of his various supervisors, the young analyst develops a style of his own. In time, there occurs a decathexis of the supervising objects and a re-investment of the energy in the professional self.

Delusional Fixity, Sense of Conviction, and the Psychotic Conflict. John Frosch. Pp. 475-495.

The sense of conviction about the reality of a delusion is based not only on the kernel of historical truth in the content of the delusion, but also on the historical truth of ego states and functions which are regressively re-experienced during the psychosis. The basic anxiety of the psychotic patient is of dedifferentiation and ultimate loss and dissolution of the self. Dedifferentiation and blurring of ego boundaries can serve a defensive function but it is a maneuver which leaves the patient vulnerable to the most basic anxiety, i.e., destruction of the self. The formation of a delusion is restitutive in that it attempts to protect the patient against psychic disintegration. 'The delusion is necessary for the individual to survive.'

The Psychoanalytic Process. Leon Grinberg, et al. Pp. 496-503.

'Progression in the disservice of the ego' is described; examples are flights into health and striking achievements followed by breakdown, often depressive. The authors attempt an integration of insight and working through. 'The moment of insight is a juncture in the working through.' The analyst not only frustrates, and fosters regression, but simultaneously provides a 'holding' (protective) experience for the patient via his receptivity, his comprehension, his ability to contain the patient's anxiety, and particularly his interpretations.

The Reality of the Psycho-Analytic Relationship and Situation in the Handling of Transference-Resistance. Alan Roland. Pp. 504-510.

The thesis of this paper is that in certain severe neurotic characters the classical analytic position is too similar to noxious early object relationships to permit resolution of the transference neurosis. A real, reparative relationship must be developed and cultivated as a foundation for useful analytic work. The author makes it clear that he is not talking about manipulation of role playing, but rather 'emphasizing aspects of any decent human relationship'.

The Integration of Defenses. Joseph Weiss. Pp. 520-524.

What happens to the defenses under the impact of analysis? Few analysts believe that defenses are abolished. The author formulates the concept of an integration of the defenses. By this he means a change from unconscious, segregated, pathogenic defenses to those which are under the control of the conscious ego. To the extent that the defenses become 'integrated', there is increased mastery of the impulses and decreased intersystemic conflict, as well as decreased conflict within the ego.

Silence as a Technical Parameter in Psycho-Analysis. Roy C. Calogeras. Pp. 536-558.

The silence referred to is the analyst's permission to the patient to forego the basic rule; 'it's all right if you remain silent'. Extensive material from one patient is presented. The author justifies the use of the parameter in this patient using Eissler's criteria. The first part of the paper is an excellent review of the literature on the theoretical and technical implication of the silent patient.

The Separation of Management from the Therapeutic Setting in a Paranoid Patient. Alfred Flarsheim. Pp. 559-572.

This is an interesting account of the psychoanalytic treatment of a schizophrenic adolescent in the office, using the couch, without the 'support', direction, and management one might anticipate would be needed with this type of patient.

LAWRENCE H. ROCKLAND

International Journal of Psychoanalysis. XLIX, 1968.**The Psychoanalytic Process.** Leo Rangell. Pp. 19-26.

In this paper, originally an address to the Second Pan-American Congress for Psychoanalysis, Dr. Rangell defines the core of the analytic process. He considers this to be the development of the transference neurosis and its resolution through interpretation, for the purpose of bringing about structural changes in the mental apparatus of the patient. His discussion is unusually clear and straightforward.

A Provisional Theory of Ætiology in Male Homosexuality—A Case of Pre-œdipal Origin. Charles W. Socarides. Pp. 27-37.

Male obligatory (lack produces intolerable anxiety) homosexuality has its genesis in the earliest mother-child relationship. The homosexual has been unable to pass successfully through the symbiotic and separation-individuation phases of early childhood, hence there are severe ego defects. The homosexuality serves to repress the core conflict, namely the wish for, and fear of, merging with the preœdipal mother. Homosexuality therefore occupies a position between the psychoses and the neuroses; it is a defense against a psychotic disintegration.

Economic Aspects of Object Relations. Donald B. Rinsley. Pp. 38-48.

The author begins with a review of Federn's contributions to psychoanalytic theory, which he feels are not given appropriate attention today. Particularly noted are Federn's formulations of ego cathexis, ego feelings, and ego boundaries. For example, Federn asserted that the ego boundary contracts in psychosis so that thoughts and feelings previously perceived as one's own fall outside the ego boundary. The latter sections of the paper attempt a synthesis of object relations with economic issues. Neutralized energy becomes available when the infant accomplishes separation from the mother-infant symbiosis, mourns appropriately, and then reintrojects the mother as a whole object. Neutralized energy is used for ego cathexis, which protects the integrity of the ego boundaries.

The Mechanisms of Defense. Roy Schafer. Pp. 49-62.

Defenses are often conceptualized too mechanically, as though they respond to an anxiety signal as a machine responds to a switch. Clearly, this does not correspond to clinical observation. Defenses should be seen as agents of gratification as well as of frustration; as expressing not only the enmity of ego and id, but also the unity. Technically, the patient's tenacious clinging to his defenses is more successfully handled if interpretations deal with the gratifications obtained through defenses as well as the anxiety which is avoided.

Dreaming as Process. W. W. Meissner. Pp. 63-79.

This paper is an interesting integration of recent neurophysiologic dream research and psychoanalytic dream theory. For example, 'Freud's observation that the state of sleep makes the formation of dreams possible by reduction of the power of censorship is equivalent to saying the REM activity and its attendant activation of limbic circuits is made possible by the reduction in controlling influences stemming from corticofugal inhibitory systems'. The author's comfort

with the complexities of both neurophysiology and psychoanalysis is impressive. Material from sensory deprivation studies with waking subjects is also introduced into the discussion.

Dysautomatization: A Disorder of Preconscious Ego Functioning. I. Peter Glauber. Pp. 89-99.

Dysautomatization refers to a disturbance of ego functions so that they no longer operate automatically, i.e., preconsciously. Stuttering is taken as the prototype of this disturbance. Trauma in the area of separation from the primary identification with mother interferes with normal automatization of speech. There occurs a libidinization of the function of speech, and an increase of conscious attention; the automatism becomes dysautomatized. Subsequent neurotic conflicts become attached to the disturbed function and express themselves through the dysautomatization. Psychoanalytic treatment of the adult stutterer may resolve the neurotic elements; re-education is necessary for the primary fixation.

LAWRENCE H. ROCKLAND

American Imago. XXV. 1968.

Freud's Self-Analysis and His Scientific Ideas. John E. Gedo. Pp. 99-118.

This paper attempts to show possible correlations between Freud's self-analytic insights and his scientific discoveries after 1900. It includes a speculative but plausible exposition in which Gedo traces manifestations of Freud's prephallic relationship to his mother and to his Catholic nanny, with special attention to his travels and his attitudes toward antiquities. Particularly intriguing is Gedo's contention that for Freud, Athens, relatively free of Christian remains, 'may have had the significance of a return to the earliest ego-states and a single mother' while Rome, 'Catholic and non-German like his Nanny, with an ancient prehistory which could symbolize the relationship to the nursing mother', may have had the significance of both maternal figures simultaneously.

Eugene Ionesco's The Chairs and the Theater of the Absurd. Marian Tolpin. Pp. 119-139.

This excellent article demonstrates that the theme of *The Chairs* is separation trauma and that the absurdity derives from use of primary process mechanisms. Tolpin stresses that in spite of the primary process character of the play, the synthesizing and integrating functions of the playwright have created 'a many-layered work with coherent meanings about man's illusions'.

Therapy and Antitherapy in Salinger's Zooey. Daniel Seitzman. Pp. 140-162.

In 1965 Seitzman published a paper describing Franny's breakdown. The current article takes up her therapy as performed by her brother, Zooey. His first attempts, crude and critical, increase the severity of her depression. He then telephones her, posing as the more prestigious brother, Buddy, and treats her sympathetically. Franny discovers the imposture but is not angry, and the therapy proceeds until she achieves a sense of joyful well-being and falls into a peaceful

sleep. Inferences are drawn concerning aggression, narcissism, ego ideal, fusion with mother, Zen Buddhism, and differences between analysis and psychotherapy. While many incisive points are made, controversial statements appear without justification, giving the article an uneven character. For this reason, and perhaps because Zooley has the character of a clinical case report, this effort of Seitzman is less successful than his 1965 paper.

D. H. Lawrence: the Blood-Conscious Artist. Leigh Travis. Pp. 163-190.

Lawrence's avowed conception of character and culture was a pervasive dualistic conflict between 'mind-consciousness' (intellectualism, refinement) and 'blood-consciousness' (passion, coarseness). Rigid application of this view in his fiction resulted in simply drawn characters and repetitious victories of blood-consciousness over mind-consciousness. This thesis is amply demonstrated with references to Lawrence's essays and novels and synopses of four of his short stories.

JOSEPH WILLIAM SLAP

American Journal of Psychiatry. CXXIII, 1967.

Toward an Evolutionary Theory of Dreaming. F. Snyder. Pp. 121-134.

The author, chief of the section of Psychophysiology of Sleep of the NIMH, speculates on the function of the REM state of sleep. Snyder reviews the material known about REM state, citing evidence from REM deprivation and other experimental sources as well as its existence in other species. He proposes a 'sentinel' function, related to the 'fight or flight' mechanism, suggesting that human dreaming may serve a similar function.

The Development of American Psychiatry. Theodore Lidz. Pp. 320-332.

Dr. Lidz's paper is the introduction to a special section on Adolf Meyer in this issue of the American Journal of Psychiatry. Lidz believes that Meyer was one of the two great psychiatrists who changed the face of contemporary psychiatry, and that psychoanalysis itself found fertile ground in this country because it had been prepared by the genetic approach of Meyer. Lidz points out that at the 1909 Clark University series, Meyer was almost alone in maintaining the psychogenicity of schizophrenia. This is an excellent introduction to a re-acquaintance with Meyer's thought.

Psychoanalytic Thought on Phobia: Its Relevance for Therapy. Martin Wanhg. Pp. 1075-1080.

The history of psychoanalytic concepts of phobia is presented in brief review as background for a description of psychoanalytic treatment of the phobias. Based on structural theory, the goal of such treatment is to correct the imbalance of the 'functional characterological forces behind the phobic manifestation'. Strengthening the ego in its ability to cope with anxiety, and an increase in reality testing, assist the ego to deal with such conflicts.

Perverved Psychiatry? K. R. Eissler. Pp. 1352-1358.

Eissler reports on his study of evaluations done by psychiatrists on former concentration camp victims who are being considered for possible compensation by the German government. He concludes that a major cause for hostility toward victims of persecution is the regression to a feeling of contempt for those who suffer physically.

LAURENCE LOEB

Archives of General Psychiatry. XV, 1966.**Behavior Therapy.** Frederick H. Kanfer and Jeanne S. Phillips. Pp. 114-128.

This is an informative article about the behavior therapies and their various approaches to the problem of theory and clinical work. The existing behavior therapies are organized around the required therapeutic operations and divided into four major paradigms: 1, interactive therapy in which the doctor-patient relationship is the tool for initiating behavioral change; 2, instigation therapy in which the doctor makes specific suggestions to the patient about controlling or modifying particular behavior; 3, replication therapy in which behavior is simulated in the office and the patient has the opportunity to try new responses that the therapist can re-enforce; and 4, intervention therapy in which a specific symptom is kept under attack by the therapist in an attempt to alter the frequency of response by learning theory methods. Each paradigm is then examined in further detail and discussed in learning theory terms of re-enforcement, extinction, and generalization.

Supervision of Psychotherapy. Nathan Schlessinger. Pp. 129-134.

This paper is a critical review of the literature on supervision of psychiatric residents. Topics discussed are divided into four main groups: 1, the kind of data most suitable for supervision; 2, supervision as didactic or therapeutic experience; 3, the nature of the supervisory process; and 4, countertransference problems in supervision. The views of Tarachow, Ekstein, and Wallerstein are contrasted and a resolution of the contrasts is suggested based on the work of Fleming and Benedek. The latter group uses supervision 'as a hierarchy of supervisory tasks in which the supervisor fuses his competence as teacher and therapist in a special applied skill'.

Self-Listening During Supervision of Psychotherapy. Helen R. Beiser. Pp. 135-139.

An informal study is presented in which supervisory sessions with child psychiatry trainees are tape recorded and portions are listened to in a subsequent supervisory hour. The author describes her own initial discomfort at listening and making observations on her supervisory techniques. The trainees' reaction to listening was more varied and complex. At first pain when listening was experienced, but ultimately the experience shed light on the trainee's own defenses and the relationship of these to the therapy. It also increased insight into the patient's pathology and produced some understanding of the supervisory process.

Transference and Countertransference in Community Psychiatry. Irving N. Berlin. Pp. 165-172.

Community psychiatry has brought together in new situations various community groups and individuals, and the psychiatrist. Certain aspects of the interchange are often hard to understand and impede productivity. An attempt is made here to clarify some of these problems in terms of transference, the community's unreal expectations of the community psychiatry, and countertransference, the reactive self-defensive stance of the psychiatrist. Astute self-awareness is emphasized as a prerequisite for understanding and working with these phenomena. The author underscores, I believe correctly, that this type of awareness can only be obtained by training in individual psychotherapy and personal analysis. He suggests, in fact, that a continuing practice of psychotherapy may be 'vital' for anticipating and working with transference and countertransference phenomena in community psychiatry.

Comments on Recent Sleep Research Related to Psychoanalytic Theory. Kenneth Z. Altshuler. Pp. 235-239.

Data from dream research laboratories is reviewed in terms of those phenomena which do and do not support Freud's hypothesis that the specific function of dreaming is to guard sleep against disruption. The content of NREM sleep is thought to be more abstract, nonvisual, and thought-like than REM sleep. The hypothesis is presented that 'conflictual, analyzable mental activity' occurs throughout both day and night and that the difference is merely the mode of representation and clinical availability. There are some recent biological studies of sleep which support some of the basic ideas of psychoanalysis. However, the author warns that biological structural theory and analytical structural theory of id, ego, and superego are not interchangeable.

'Psychedelic' Experiences in Acute Psychosis. Malcom B. Bowers, Jr. and Daniel X. Freedman. Pp. 240-248.

The subjective experience in the early phases of psychosis is studied with vignettes presented from clinical work as well as literary accounts. Patients describe an altered self and world awareness; perceptual modes are heightened and an experience of breakthrough or release is reported. This is often accompanied by a vague but progressive sense of dread. The early psychotic experience is similar to the states produced by LSD and Mescaline in that a 'multi-potential state' exists and multiple factors influence the outcome. The authors emphasize that 'psychedelic and psychotomimetic phenomena are closely related'. Intense mystical or religious experiences as described by William James also have strikingly similar elements in common with the early psychotic and LSD experience. Thus these altered states of self and world awareness can occur in different contexts. The outcome seems to depend on the viability of various ego functions as well as environmental factors. It is stressed that a firmer delineation of the ego assets and liabilities in such states could help clarify important psychological phenomena.

The Ego-Ideal in the Treatment of Children and Adolescents. William M. Easson. Pp. 288-292.

The ego ideal as a distinct entity related to, but separate from, the superego is discussed. This distinction is highlighted during times of change and transition as in the prececdipal and early adolescent periods. The ego ideal is seen as a restitutive phenomenon used to support and cope with ego weakness, i.e., a projected wish. A review of the normal development and vicissitudes of the ego ideal from infancy through adolescence is presented. The author's main point is that during treatment there is a stage when the adolescent needs to idealize the therapist in order to derive an external source of strength. To deal too quickly on a reality basis with this projection of ego ideal deprives the adolescent of the external bolstering he needs. On the other hand, as the adolescent ego becomes stronger he will have to deal with the disappointment of discovering that his therapist is, after all, only human.

Early Socialization Experiences and Intra-Familial Environment. Martha S. Oleinick; Anita K. Bahn; Leon Eisenberg; Abraham M. Lilienfeld. Pp. 344-353.

This is a summary presentation of a study, its methods and findings. Major areas studied are parental behavior and attitudes toward early childhood socialization practices, separation of child from parent, and familial interaction patterns. Three groups were used and matched for race, age, and sex: 1, children from a psychiatric outpatient clinic; 2, children from a pediatric clinic, ophthalmology clinic, and some who had had a tonsillectomy or appendectomy; and 3, children in the local public school. Socio-economic matching was only roughly achieved. Differences in early socialization practices did not correlate significantly with any group but rather related more reliably with social class. However, the psychiatric group clearly differed with a significantly higher level of nuclear family disruption and a greater frequency of child-parent separation.

Unfortunately, this study, with due deference to the significance of negative findings, is thought to lend further weight to the lack of significance of early socialization experiences in the development of psychopathology. Further critical discussion is not possible here, but it is interesting to note that this study shows that children do react to significant separation with behavioral symptomatology. However, adult retrospective studies show poor correlation between childhood separation and adult mental illness. Could we also be looking for significant relationships in the wrong time and place? Do mothers turn to sociocultural child-rearing standards when they are unable to recall their own specific practices?

Psychiatric Sequelae of Abortion. Nathan M. Simon and Audrey G. Senturia. Pp. 378-389.

This review of the literature from 1935 to 1964 is primarily concerned with therapeutic abortion. Several observations are made which are of psychiatric as well as sociopolitical interest today. From the twenty-seven papers reviewed, including five European studies and one Japanese, conclusions range from the idea that psychiatric illness almost always results from a therapeutic abortion, to the other extreme that psychiatric illness is virtually absent following

abortion. The authors observe that on the subject of abortion personal convictions often seem to outweigh the data at hand or interfere with correct use of references. Most of the reports are seriously compromised because of unclear or inadequate definition of the sample, little attention to the pre-existing mental health of the abortee, confusion in psychiatric criteria, and inadequate long term follow-up. The authors conclude that there 'appears to be a lack of conclusive data about the effects of therapeutic abortions'. It certainly seems to be a neglected field of study of a vital subject if only twenty-seven papers have appeared in almost thirty years.

Family Research on the Problem of Ulcerative Colitis. Don D. Jackson and Irvin Yalom. Pp. 410-418.

Eight families in which one child had ulcerative colitis were studied in conjoint family interviews and their interactional profiles presented. The investigators noted that these families were all severely restricted socially. The intra-familial relationships were cautious and the repertoire of ways to deal with a variety of situations was limited. A feeling of despair and familial sameness was noted which was akin to Wynne's description of 'pseudomutuality'. Communication among family members was very indirect which prevented any direct confrontation or disagreement. But indirect communication was vivid in its assertion of the dangers of the outside world. It was also noted that there was an unusually high level of pathology in the siblings of the identified patient. The authors state that this early report is necessarily tentative and inconclusive. No controls were reported to see what effect a chronically ill child has on family interactive patterns.

PETER BLOS, JR.

International Journal of Group Psychotherapy. XVIII, 1968.

Notes on the Reactions of a Therapeutic Group to Termination of Treatment by One of Its Members. David Zimmerman. Pp. 86-94.

Four women and three men met for two-hour sessions twice a week for six and one-half years. Four of the members improved and dropped out of the group at different intervals. On these occasions the group first disassociated themselves from their own feelings and developed paranoid anxieties. Envy of the member's discharge and of the skill of the therapist led to guilt. Later, persecution anxieties and disassociation of the group revealed latent transferences. Finally the group rejoiced at the member's promise of a happier existence and were sad at the prospect of separation.

The Breast Metaphor and the Group. R. I. Shader and H. Y. Meltzer. Pp. 110-112.

Three women and two men, unsophisticated and not psychologically oriented, met weekly. In exploring dependency needs and conflicts, the spontaneous metaphor of the group as a whole centered around seeing the experience as typified by a suckled breast.

Accelerated Interaction: A Time Limited Approach Based on the Brief Intensive Group. Frederick H. Stoller. Pp. 220-258.

'Accelerated interaction is a recent development in the use of groups for the purpose of personal change which utilize continuous group interaction over several days as its major source of impetus.' A group typically meets at 8 p.m. on Friday and stays together until 6 p.m. on Sunday with time out for sleeping. They are told initially, 'We are going to talk as honestly as possible; to spell out the kinds of reactions aroused in us; how others make us feel and behave toward them. Your behavior in the group will represent your way of being in the world and you will have opportunity to change aspects which are both unrewarding and unnecessary. We will be more interested in what goes on between us than history.'

The mental health-mental illness concept is here inappropriate in forcing one person to judge another's health. Intensive group experience teaches a new behavior, parts of which persist. In the closing phases of the meeting increased self-regard is accompanied by appreciation of other members with concern, identification, directness, honesty, and helpfulness. This may enable an individual to approach new crises in a more creative manner. Follow-up sessions held six weeks later have indicated that twenty per cent of the participants are not benefited by the experience, and two per cent may be actually harmed. The latter would seem to be those with limited resources or overwhelming immediate difficulties.

In discussion, Hyman Spotnitz questioned whether Stoller's assumption that an emotional experience, highly concentrated, with a built-in sense of urgency, produces significant personality changes. He felt such experiences were gratifying rather than therapeutic and enhanced resistance to working out problems. Morris B. Farloss objected to the paper not as an unconventional innovation, but because its ready acceptance of what the writer wishes to believe as true is intellectual nihilism.

GERALDINE PEDERSON-KRAG

Meetings of the New York Psychoanalytic Society

Bernard D. Fine, Jerome Ennis & Stephen K. Firestein

To cite this article: Bernard D. Fine, Jerome Ennis & Stephen K. Firestein (1969) Meetings of the New York Psychoanalytic Society, The Psychoanalytic Quarterly, 38:3, 516-520, DOI: [10.1080/21674086.1969.11950825](https://doi.org/10.1080/21674086.1969.11950825)

To link to this article: <https://doi.org/10.1080/21674086.1969.11950825>



Published online: 29 Nov 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

February 27, 1968. THE PHALLIC WOMAN: THE UBIQUITOUS FANTASY IN PERVERSIONS.
Robert C. Bak, M.D.

Bak had previously indicated that 'common to all perversions is the dramatized denial of castration' to which he now adds that the denial is acted out through the regressive revival of the fantasy of the maternal or female phallus. This primal fantasy constitutes the psychological core of the bisexual identification; it is reinvested and becomes ubiquitous in perversions. In general, perversions are acted out in various forms through identification with the phallic mother, with related objects, or by a narcissistic split through projection.

The author offered a revision of Freud's early concept that the fetishist maintains two contradictory ideas leading to a 'splitting of the ego'; instead Bak postulates that due to lack of knowledge of the female genital, the child suspends the decision about the mother's lack of a penis, leaving it 'uncertain'. This uncertainty plays a role in perverse fantasies. In support of this hypothesis, Freud noted in 1938 that 'all the various reactions . . . survive . . . including contradictory ones, instead of a decision which would have been the outcome later'. In the struggle against the reality of lack of a penis in women, a part of reality is changed into 'uncertainty' by reinvesting the phallic mother fantasy, which leads to uncertainty about sexual identity and a bisexual position. In the dramatized perverse rituals, both partners set out to prove the existence of the female phallus. The uncertain sexual identity interferes with superego development.

DISCUSSION: Dr. Phyllis Greenacre agrees that the fetishist is uncertain and oscillates in his attitude concerning the female phallus, but she sees this as a weakness and rift in certain ego functions; she would not go so far as to call it a 'split'. Her 'formula' for the development of perversions postulates early disturbance in mother-infant relationship with severe impairment of object relationship, combined with specifically determined weakness of the body- and self-image; to preserve the body-image, sexual drives are distorted with the the fetish serving as a stopgap to preserve a semblance of adequate sexual performance. Dr. Walter A. Stewart felt that Bak's contribution will take an important position in our understanding of perversion, with the phallic woman fantasy having central and organizing importance for all perversions. However, rather than focusing on castration anxiety in the phallic phase as the determining issue, Stewart suggests a re-emphasis on Freud's concept of a complementary series requiring all the precursors for the final outcome. Dr. Philip Weissman questioned whether the presence of the phallic mother fantasy had an equally profound significance in each case of perversion. Dr. Joachim Flescher felt that perversions can best be treated in dual therapy, with both male and female analysts.

BERNARD D. FINE

March 12, 1968. A RE-EXAMINATION OF THE SIGNIFICANCE OF CLITORAL VERSUS VAGINAL ORGASM. Marcel Heiman, M.D., Burness E. Moore, M.D. and Edward D. Joseph, M.D.

Dr. Heiman observed that the work of Masters and Johnson has led some to conclude that the psychoanalytic distinction between vaginal and clitoral orgasm is invalid, and that this has led to an insufficient differentiation between intercourse and masturbation. Clinical material on ten women referred by gynecologists because of coital frigidity was presented. For the most part these women associated fertility problems, conflicts over childbearing and child care, depression, and other evidences of disturbed psychosexual development; they relied on clitoral stimulation for sexual gratification. Heiman concludes that clitoral stimulation is masturbation, and vaginal frigidity, coital frigidity. The sexual practices and preferred mode of sexual satisfaction in coitally frigid women are 'symptoms of and a gauge for the underlying psychopathology'. Hence, clitoral stimulation and orgasm are not equivalent to intercourse and vaginal orgasm.

Dr. Moore re-examined the validity of the psychoanalytic clitoral-vaginal transfer theory. Psychoanalysts exaggerate the importance of vaginal sensations in sexuality and neglect the role of the clitoris in orgasm; on the other hand, non-analytic investigators do not appreciate the clinical importance of mental representations in sexuality. Although a persisting clitoral hypercathexis is often associated with female sexual disturbances, Moore maintains that cathexis and physical sensations should not be equated or confused. For example, vaginal orgasms may have psychopathological, often phallic, implications and may occur in neurotic and psychotic women. Psychoanalysis often overemphasizes the concept of transfer of erotic sensation from clitoris to vagina. Moore proposes that it is the cathexis of coitus, not the kind of orgasm, that is essential for a 'mature feminine attitude'. He recommends that in cases of frigidity the goals of psychoanalysis be based on 'intrapsychic change sufficient to significantly improve the object relationship'.

Dr. Joseph presented a clinical case in which the major determinants of a woman's frigidity were the direct gratification of libidinal œdipal wishes and preservation of a fantasied phallic self-representation. The patient's œdipal attachment to a seductive father was retained in an isolated fantasy in which clitoral anesthesia and anatomical scotoma served as an exclusively œdipal sexual preserve, an illusory phallus, and the principal source of her frigidity.

DISCUSSION: Dr. Eleanor Galenson spoke of the early development of female sexuality, and stressed the importance of early somatic experience for future sexual patterning. Dr. Gustav Bychowski said that in his experience, after disturbances in object relations are satisfactorily worked out, it is possible by means of psychoanalysis to achieve a favorable change in such patients. Dr. Samuel Atkin stressed the subtle, affective accompaniments of sexuality. Dr. Louie Lapid, a gynecologist, said that he had not found psychoanalytic treatment of frigidity effective.

March 26, 1968. PANEL ON 'DRUG USE BY ADOLESCENTS'. Aaron Esman, M.D., Dora Hartmann, M.D., Ted E. Becker, M.D., Eugene H. Kaplan, M.D.

Dr. Esman observed that the use of amphetamines, barbiturates, tranquilizers, LSD and its congeners, and marijuana is so widespread that it may be regarded statistically as almost a normative aspect of a developmental phase, and cannot be dismissed as acting out or resistance in treatment. Such drug usage must be approached by dealing first with the defenses that guard it and the conflicts from which it has sprung. The analyst of the drug user must deal with the practical issue of whether prohibition of use of the drug is required in order to make analytic treatment possible, or whether the drug use can be dealt with through the analytic work. Esman presented three clinical examples.

Dr. Hartmann discussed the difference in adolescent responses to the temptation to use drugs in a habitual fashion. In drug-using patients studied by the American Association for Child Psychoanalysis, classical psychoanalysis usually could not be maintained. However prohibition would have led to immediate treatment interruption. Drug-takers who cannot give up the drug are usually passive, depressed, and are unable to be close to others in reality; with drugs they experience an illusion of closeness.

Dr. Becker reported the case of a young woman in intensive psychotherapy for six years. Her drinking, drug-taking, and promiscuity were associated with childhood nighttime abandonment. Intolerance to psychic pain made analysis or satisfactory object relationships impossible. Dr. Kaplan presented a case of a male college student, treated for nine months without effect. Drug usage (LSD) dominated his daily life and was a means of temporarily abolishing his chronic depression and replacing his rage with a feeling of loving everyone without having to be close to anyone.

DISCUSSION: Dr. Herbert Wieder emphasized that just as there is great variability in the degree and quality of drug habituation itself, there is variability in the psychology and conflicts of the habituated patient. He feels that the specific habituant chosen and the urgency of the choice are dynamically important; different 'highs' are selected in accordance with the user's psychopathologic nuances and changes of habituant reflect vicissitudes of the user's conflicts. Dr. Peter Blos, Sr. has found that drug-taking in adolescence is nonspecific, that there is no particular syndrome of which it is an obligatory component. Passive strivings and fantasies do not represent a common denominator for all adolescent drug-taking. Dr. Elisabeth Geleerd commented that drug-taking as a frequent phenomenon in adolescence seems to have replaced the use of alcohol. She recalled that analytic experience with alcoholics elaborated many interesting unconscious mechanisms but with meager therapeutic alterations; she doubts that analysts will be substantially more successful with drug-users. Dr. Robert Savitt asserted that to make abstinence from the drug a precondition for therapy is to run head-on into a major resistance; prohibition must be introduced subtly and gradually, except in those cases where a patient is in danger of committing a criminal act.

STEPHEN K. FIRESTEIN

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

February 5, 1968. THE 'BOY FRIEND', THE 'GIRL FRIEND': PSYCHOANALYTIC INVESTIGATION OF A MANNERISM OF SPEECH. C. Philip Wilson, M.D.

Dr. Wilson presented clinical material from a group of analytic patients who evidenced a tenacious use of a speech mannerism: the 'boy friend' or the 'girl friend'. The patients all had sexual relations with adult men or women and a degree of friendly object relations; however, it was a condition of the relationship that they refer to the man as the 'boy friend' and the woman as the 'girl friend'. The author believes that the pathological use of this speech mannerism represents a regression in the ego. The specific psychodynamics in these patients were: superego conflicts, a degree of psychopathy, identification difficulties, latent homosexual conflicts, and castration fears.

It is suggested that some analyses fail because of a failure to interpret speech mannerisms. In patients who utilize them pathologically, the defensive use of the mannerism represents a potential threat to the therapeutic alliance. In the speech mannerism of Dr. Wilson's patients, a number of primary defenses were condensed: denial, rationalization, and ego regression. Detailed study of other mannerisms of speech might reveal additional combinations of defenses and give us a better understanding of the different structuring of defenses in various neuroses.

DISCUSSION: Dr. Lawrence Deutsch pointed out that these mannerisms are ego-syntonic to some patients and their analysis deals with inter- and intra-systemic conflicts and problems of identity. Other ego-syntonic behavior includes tics, eye blinking, positions of arms and legs during the analytic hour, etc., and can be analyzed by similar techniques. Dr. Leonard Shengold observed that the use of 'boy' and 'girl' should be differentiated from 'boy friend' and 'girl friend'. The use of 'friend' in addition often represents a specific denial of hostility. Dr. Richard Yazmajian noted that colloquial expressions also serve a normal function and failure to use them should also be subjected to analysis. Dr. Maurice Friend noted that speech utilized defensively is a typical finding in the analysis of adolescents. 'Friend' is used to veil and make nonspecific the particular object from the drive.

CECILIA K. KAROL

February 5, 1968. THE TERMS 'MOTHER' AND 'FATHER' AS A DEFENSE AGAINST INCEST. Martin Weich, M.D.

The use and significance of the terms 'Mother' and 'Father' are explored in relation to their level of thought and language development to illustrate that one of their functions is related to a verbal taboo instituted to deny or avoid incestuous conflict. Linguistic denotation has an essentially ambiguous relationship to reality; linguistic expressions, like thought, show a general developmental process. While the ego uses words to denote and connote, it may also use them in the service of defense. At the height of oedipal anxiety, the ego must repress the full cognitive schema of the parent. The repression, aided by the use of the less inclusive concept embodied in the terms 'Mother' and 'Father', then acts as a defense against incestuous wishes.

DISCUSSION: Dr. Victor Rosen discussed the implications of the word symbol for the analysis of transference. In analyses, we deal with mental representations, and the verbal component is an essential feature of these representations. Dr. Maurice Friend commented on word symbols in child analysis and in supervision.

CECILIA K. KAROL

March 18, 1968. **THE FATAL GIFTS OF MEDEA.** Shelley Orgel, M.D. and Leonard Shengold, M.D.

The authors use the myth of Medea as a prototype of a certain type of parent-child relationship in which the giving of magical gifts is a major part. (Medea, a witch who can bestow magical beneficent gifts, also destroys her enemies with poisonous gifts.) In this type of relationship the child's primary narcissism is invested in a parent and what is received as a magical gift is a body part which restores to the child an image of narcissistic perfection. The maintenance of such a relationship between mother and child impairs ego development as it prevents formation of separate self-representations and development of object relations with nonincestuous objects. The authors present four clinical examples of this type of mother-child relationship.

DISCUSSION: Dr. Jan Frank referred to the importance of assessing the myth of Medea within the Greek culture of the time. Dr. Austin Silber spoke of the mirroring function of the mother; if the child receives excessive unbound aggression and libido from the mother, there may be regression to the first oral stage and the receiving of gifts is felt as a peace offering from the mother. Dr. Alan Eisnitz pointed out that the threat of a gift is ultimately based on the patient's projections of his aggression; i.e., the problem is primarily an intrapsychic one. Dr. Max Schur was interested in the clinical material concerning the acceptance of gifts and its meaning in an analysis, but did not feel that the Medea analogy was convincing.

GERALDINE FINK

Dr. René A. Spitz has returned to the University of Colorado Medical Center, Denver, as Visiting Professor Emeritus and Lecturer in the Department of Psychiatry.

Dr. Leon S. Saul has been made Emeritus Professor of Psychiatry at the Medical School of the University of Pennsylvania, Philadelphia.

Dr. Maurice R. Friend has been appointed Director of Psychoanalytic Education at Downstate Medical Center, State University of New York.