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THE SPLIT IN THE EGO AND THE MECHANISM OF DISAVOWAL

BY WALTER A. STEWART, M.D. (NEW YORK)

The purpose of this communication is to review the history of Freud's concept of the split in the ego and to discuss the problem of denial or disavowal¹ with which it is intimately associated. The editors of the Standard Edition suggest in a footnote (20, p. 151) that one might see a beginning of these ideas in Draft K and in the second paper, The Neuropsychoses of Defense; (as a result apparently of a typographical error the reference is given to the 1894a paper on defense). These references to alterations of the ego, however, clearly refer to delusion formation characteristic of the psychoses, and therefore are not precursors of the later concept.

It is also tempting to relate the idea of the split in the ego to the split in consciousness or the splitting of the mind which Freud refers to in his first paper on defense (9). This splitting was viewed as a preliminary step in the formation of all the psychoneuroses, and was followed by repression, displacement, or projection in order to achieve a stable defense. The split isolated incompatible ideas from normal consciousness. This isolated 'psychical group of ideas' could come to awareness only in an altered state of consciousness, the '*condition seconde*' exemplified by the hypnotic trance. However, new 'auxiliary' experiences could threaten to arouse the split-off psychical group and bring it to consciousness. A typical example of this condition is presented in the case history of Fräulein Anna O (8, p. 34), who was only able to drink water after recalling a memory which had disgusted her.²

¹ Following the practice in the Standard Edition, the terms denial or disavowal are used as synonyms for the German term *Verleugnung* (13, p. 143).

² I am indebted to Dr. Stanley A. Leavy for calling my attention to another and humorous reference of Freud's to psychical splitting. In a letter to Lou Andreas-Salomé, Freud suggested she 'make use of an artificial psychic split' when she was visiting the Adler group as well as his own (1, p. 41).

This early concept of the splitting of the mind has only a superficial resemblance to the later concept of a split in the ego. The term refers to what would now be described as a dissociative state. There was no contrast between rational and irrational or realistic and unrealistic attitudes which is the essential aspect of the later concept.

In light of these essential differences, it appears that the first clear reference to a split in the ego occurs first in Freud's 1923 paper, *The Infantile Genital Organization* (13). There he states that when the male child, as a result of a hurried, unclear, or furtive glance, first discovers the genital differences, he denies the perception and maintains in some fashion that women do possess a penis. This can be done with the aid of various fantasies: for example, that a small penis is there and will grow, or that some women do possess a penis and others do not. This theme of the boy's denial of woman's penislessness and at the same time a recognition of the real situation is described as a 'split in the ego'. The concept was restated in much the same language in *The Economic Problem of Masochism* (16) and in *Some Psychical Consequences of the Anatomical Distinction between the Sexes* (17, p. 252).

In these and in later references Freud describes the stages by which the little boy comes to terms with his awareness of the genital differences. His first observations, when they occur prior to the phallic phase, are reacted to in a rather casual manner. The feeling is, 'Oh, no, I must not have seen clearly'.³ Other fantasies, such as a belief that there is a penis that is small and will grow, also occur. Fantasies of this nature seem sufficient to reduce anxiety at this point, and the observations are not traumatic. To the extent that both the reality and the fantasy coexist, a 'split' is already present. Later, in the phallic phase and associated with masturbatory pleasure when the boy is scolded and, in his mind, threatened with castration, the anxi-

³ It is possible, as Fisher (5) has suggested, that the fleeting look does not even achieve conscious registration but occurs only as a subliminal perception of the reality. See also, Dorpat (4).

ety is overwhelming. Freud suggests that neither castration threats alone nor the sight of the female genital alone is enough to produce the overwhelming castration fears. Only the two together, and obviously other factors (2, 24, 25), seem to make the threat sufficiently 'real'.

In the phallic phase, the boy turns from the frightening reality of the penislessness of women and strongly invests the earlier fantasy of the phallic woman. The now heavily invested universal fantasy of the phallic woman (3) is unconscious but its existence becomes apparent in the creation of the fetish. If the defense consisted simply of the disavowal of reality and the revival into consciousness of the belief in the phallic woman, a delusion would result. Instead, reality testing remains and at the same time the fetishistic symptom is formed, the meaning of which can be construed from evidence obtained in the analytic investigation. The fetish gives concrete expression to the unconscious belief in the phallic woman. It provides the needed additional reassurance that the penislessness does not exist. In fact the evidence shows, as Jacobson (26) has pointed out, that two mutually contradictory fantasies must exist to explain the need for the fetish: one is that the woman is phallic and the other is that she is castrated.

From this description it would seem that the 'split in the ego' precedes the formation of the fetish. That is, the little boy may first both know that women have no penis and still, on the basis of a wish, believe that they do. With increased reality testing the belief in the phallic woman undergoes repression, only later to find a derivative expression in the formation of the fetish in response to the heightened castration anxiety of the phallic phase.

At the time that Freud was formulating his concepts of a split in the ego he was also reconsidering, in light of the structural hypothesis, the relationship of the psychoses to the psychoneuroses. The newly described defense of denial or disavowal and its consequence, the splitting of the ego, seemed characteristic of neither the psychoneuroses nor the psychoses. The prob-

lem then was to delineate these two diagnostic categories and relate them to the concept of splitting.

Freud attempted to clarify this problem in two short papers, both published in 1924. In the first, *Neuroses and Psychoses* (14), he approached the problem much as he had in 1894. He suggested that the relationship to reality was a basis for differentiating psychoneuroses from psychoses. In the neuroses the illness begins with frustration and the ego, in conflict with id wishes, sides with reality. The psychoses also begin with frustration but the ego turns away from reality, that is from external perceptions, and turns to certain stores of memories which sustain the wished-for reality. These are employed by the ego to construct a new world, represented in the hallucinatory delusion which is much more in accordance with the wishes of the id. Turning then to the concept of the split in the ego, Freud pointed out that this represents a third possibility, involving neither a rupture with the id, nor a rupture with reality. This, he writes, is accomplished by the ego's 'deforming itself by submitting to encroachments on its own unity and even perhaps by effecting a cleavage or division of itself' (pp. 152-153). Then with his usual but extraordinary perceptiveness, Freud relates this third possibility to the 'inconsistencies, eccentricities and follies of men', as well as to the perversions.⁴

The second paper, *The Loss of Reality in Neurosis and Psychosis* (15), modified these views. Freud wrote, 'Every neurosis disturbs the patient's relation to reality in some way'. Nevertheless he still hoped to distinguish the two forms of illness in terms of the dynamics involved in their dealing with reality. He pointed out that in neuroses the first step is repression and that only in the return of the repressed is reality testing disturbed. This occurs when the wishful impulses gain some outlet in symptom formation. In psychoses the illness begins with a withdrawal from reality: the second step is the creation of a new reality which is created out of memory traces and wishes,

⁴ Among the eccentricities of men Freud includes religion (19) and the adult's disavowal of childhood sexuality (21).

leading to hallucinations and delusion. But, as Freud points out, in the neuroses, repression directed against drives also results in ignoring reality and leads to the creation of a 'new reality' in the sense of fantasy life.⁵

By 1927 Freud realized that no clear distinction could be made between the reality testing of the psychoneurotic and the fetishist (20). To the extent that the fetishist clearly recognized the reality of the genital differences, his reality testing compared favorably to that of the psychoneurotic, who employed repression as the mechanism of defense. To the extent that his behavior was based on the unconscious belief in the phallic woman, his reality testing was distorted, in a manner not dissimilar to many psychoneurotics. Since the psychoneurotic created a new reality in fantasy, the earlier distinctions between psychoneurotic, psychotic, and fetishist no longer seemed entirely clear.

Freud still felt he could show clear similarities and differences between the psychotic's and the fetishist's relation to reality. The differences could be understood in terms of the defenses employed. He illustrated the point by referring to the cases of two men who, as children, had failed to accept the deaths of their fathers, yet who were clearly not psychotic. The two men in relation to their fathers' deaths behaved like the fetishist in relation to the woman's penislessness; both used the defense of disavowal, but in fact two currents of belief, mutually contradictory, existed at the same time. Freud writes, 'The attitude which fitted in with the wish and the attitude which fitted in with reality existed side by side' (p. 156). He went on to say that in the psychotic reaction, the current of belief that fitted in with reality would have been absent.

Ten years more elapsed before Freud again turned to the

⁵ Freud was clearly dissatisfied with these overly schematic formulations. He had in fact much earlier pointed out that in the neuroses there is a turning away from reality. He had written in 1911 in *Formulations on the Two Principles of Mental Functioning* (11), 'We have long observed that every neurosis has as its result and probably therefore as its purpose, a forcing of the patient out of real life, an alienating of him from reality' (p. 218).

problem, and during this period the idea had in his mind steadily grown in importance. Splitting of the Ego in the Process of Defense (23) was begun in December, 1937, and is dated January 2, 1938. It remained unfinished and was published only posthumously in 1940.

The paper is primarily a restatement of Freud's earlier views. He describes the three possible responses to anxiety associated with dangerous libidinal gratification. The psychoneurotic recognizes the danger and renounces the pleasure. The psychotic decathects the reality and sides with the wish. The third possibility is both to reject and accept the reality. This can only be done at the expense of a 'rift in the ego'. The paper does add one important point, when Freud mentions the role of perceptions in precipitating the conflict.

Freud writes that the child 'recognizes the danger of reality, takes over the fear of that danger as a pathological symptom and tries subsequently to divest himself of the fear' (p. 275). This is a highly condensed sentence in which the use of the term 'fear' is of essential importance. I would paraphrase the sentence as follows: the child's castration anxiety connected with masturbation is re-enforced by his perception of the female genital. His anxiety can be termed a fear because it is attached to this outside perception. He takes the perception in reality which brought out the fear as the focus of his concern and tries to ignore the reality and thereby reduce his fear. Thus the major defense consists of ignoring the percept in reality which supports or re-enforces the anxiety associated with the drive wish. It is not, for example, the wish to masturbate which becomes the manifest focus of defense, but the percept of the 'castrated female' or its derivative.

Freud's final references to the splitting of the ego and the associated defense of disavowal is in his monograph, *An Outline of Psychoanalysis* (22). What is striking is the almost complete change in the point of view, along with the considerable enlargement of the concept. The psychoses are no longer simply described as a detachment from reality. The patients, according to Freud, state that even during the height of their

illnesses some part of their mind is functioning normally. Freud calls this a psychical split in which one attitude represents normal reality oriented thought, the other detached from reality and under the influence of the instincts. When the latter becomes stronger, '... the necessary precondition for a psychosis is present'. If the relationship is reversed, the delusional idea is dropped and the reality oriented attitude dominates again. Then Freud adds, 'Actually it has only retreated into the unconscious—just as numerous observations lead us to believe that the delusion existed ready made for a long time before its manifest irruption' (p. 202).

Having applied the splitting concept to the psychoses, Freud then applies it to all the neuroses. First he reviews the situation as it occurs in fetishism, the disavowal of the perception that the female genital lacks a penis. However a delusion that the patient actually saw a penis does not occur. The actual process of symptom formation—the construction of a fetish—is described as a 'compromise formed with the help of displacement, such as we have been *familiar with in dreams*' (p. 203, italics added). The motive for the formation of the fetish is to stabilize the defense which reduces the castration anxiety. The defense is against the perception which is disavowed. Yet the fetishist also has castration anxiety and acknowledges the true state of affairs regarding the genital differences. These '... two attitudes persist side by side throughout their lives without influencing each other. Here is what may rightly be called a splitting of the ego' (p. 203).

Freud then writes that disavowal of what is a distressing demand from the outside world occurs frequently, particularly in children. They are always 'half measures'; that is, the denial does not totally disengage the person from reality. 'The disavowal is always supplemented by an acknowledgement; two contrary and independent attitudes always arise and result in the situation of there being a splitting of the ego. Once more the issue depends on which of the two can seize hold of the greater intensity' (p. 204).

Freud then answers the question he raised in the unpub-

lished paper on splitting written a few months before. There he had said he was in the interesting position of not knowing whether what he had to say was something long familiar or entirely new and puzzling. In the Outline (22) he wrote that the 'facts of this splitting of the ego are neither so new or so strange as they may at first appear'. It seems that what at first appeared to be the 'third possibility' was omnipresent and occurred in the psychoses, the neuroses, and dreams. However Freud still maintains that 'splitting' which follows repression differs from that which follows disavowal. In the former, one of the two attitudes belongs to the ego, the other to the id; with the defense of disavowal the implication is that both attitudes exist side by side in the ego. Which attitude will dominate depends on which is invested with greater psychical energy, the delusion or the reality.

Even these final distinctions leave something to be desired. Only if repression is successful does the wish remain in the id. With the return of the repressed and symptom formation, the drive wish achieves some derivative representation in the ego, and exists side by side with reality orientation. In a similar fashion even when disavowal is employed, the drive wish is not directly expressed and anxiety does occur. Finally in psychosis, the ego is not entirely overthrown and id impulses are also not directly expressed. In all three cases the ego's defenses keep the original drive impulse descriptively unconscious.

DISCUSSION

This review of Freud's shifting formulations concerning the split in the ego and its relation to the defense of denial and to the psychoses shows that he reached no clear, satisfactory formulation.

At first the splitting concept seemed to describe something new; a third possible way of dealing with anxiety. It was a compromise between the mechanisms involved in neurosis and in psychosis, and appeared particularly applicable to fetishism.

The criticism for making these distinctions was first the difference in the ego's relation to reality. When this basis for distinguishing the three categories became untenable, the ground shifted to the nature of the defenses involved and the contrast became the different vicissitudes that followed repression in contrast to disavowal. This diminished the splitting concept to the question of between what agencies in structural terms the conflict lay. In repression the conflict was between ego and id: in disavowal, because percepts were considered automatically conscious and in the ego, the conflict occurred between ego and ego.

In the last reference to the splitting concept it had been widened to the point where it was omnipresent, occurring in normal persons, particularly in childhood, as well as present both in the neuroses and psychoses. By this time the previously held distinctions had vanished, leaving the feeling that what was being described was an older concept, simply seen from a new vantage point.

In most of Freud's papers on this subject three issues are dealt with simultaneously. These are: the formation of the fetish as a symptom, the meaning of the concept 'split in the ego', and the mechanism of disavowal as compared to repression. These deserve separate discussion.

As to the means by which the fetishistic symptom is formed, Freud seems quite clear. He describes it as a compromise which 'has been reached, as is only possible under the dominance of the unconscious laws of thought—the primary process' (20, p. 154). He also points out that it would be 'incorrect to describe this process when a fetish is constructed as a splitting of the ego; it is a compromise formed with the help of displacement, such as we have been familiar with in dreams' (22, p. 203). Thus the actual mechanism by which the fetishistic symptom is formed is similar to the formation of any symptom.

The term 'split in the ego' was meant to describe the fact that two attitudes, the realistic and the distorted view, exist 'side by side . . . without influencing each other' (p. 203). But

this is not any more true of the fetishist than it is of the claustrophobic patient: he does not consciously believe in the phallic woman, nor does he know the symbolic meaning of the fetish. What Freud was redescribing was the role of an unconscious fantasy in determining a symptom. He had described this much earlier in *The Dynamics of Transference* (12). There he compared the 'portion of libido which is capable of becoming conscious and is directed towards reality' with 'the portion which is directed away from reality and is unconscious, and which though it may still feed the subject's fantasies, nevertheless belongs to the unconscious . . .' (p. 102). When introversion and regression occur the unconscious portion of infantile complexes is recathexed. Freud describes this when he writes, 'The libido at the disposal of the subject's personality had always been under the influence of the attraction of the unconscious complexes (or more correctly, of the portion of those complexes belonging to the unconscious) and it entered on a regressive course because the attraction of reality had diminished' (p. 103).

This description of the recathexis of an unconscious complex seems as directly applicable to the fetishist as it does to any psychoneurotic. As far as consciousness goes, the fetishist is only aware of the realistic aspect of the genital differences. The split in the ego appears then only to redescribe the 'gap in the function efficiency of our mental apparatus' (10, p. 603) which allows derivatives of unconscious complexes to influence our behavior.

The question then remains whether the defense of disavowal as compared to repression leads to some specific consequences, either in structural terms or in terms of prognosis. Freud and most subsequent contributors to the subject (26, 27) have described repression as barring an idea and affect from the preconscious, whereas disavowal is seen as placing a barrier against the idea which keeps it in the preconscious and prevents it reaching consciousness. In structural terms this means in repression the ego forces the idea into the id, producing an inter-

systemic (ego-id) conflict, whereas in denial the idea is in the ego and there is an intrasystemic conflict. This would also imply in economic terms that drive cathexis is removed in repression, whereas in denial or disavowal, the energy withdrawn is primarily attention cathexis. From a phenomenological point of view, this thesis gets some support from the patients' reports that they were aware of some anxiety or uncertainty in connection with a line of action, but decided to 'go ahead anyway'. This has been described by Jacobson (26), who writes that it is 'characteristic of denial that to begin with the ego reacts to the danger signal by an immediate attempt to ignore this very signal itself'.

These differentiations of repression from denial are intellectually attractive, yet they seem schematic and even suggest 'reasoning by definition'. In the hysterical female who is constantly preoccupied with the unconscious fantasy of rape, her seductive behavior is denied, and as a result of distorted perceptions, even the most gentle of men are seen as potential rapists. In a similar fashion, repression of drive impulses is involved in fetishism. In the case of the fetishist, the motivating force for symptom formation is not only castration anxiety, but also the feared consequence of the aggressive drive: that is, the destruction of the object. These aggressive impulses are aroused by the perception of the woman's genitals. The female genital is unconsciously perceived as representing the damaged state. The formation of the fetish not only defends against this frightening unconscious belief that the woman is damaged, but also aids in defense against the underlying aggressive drive. In the fetishist, in order to safeguard the genital heterosexuality, the aggressive drive is repressed and the impact of the perception is reduced by disavowal.

This coexistence of defenses directed toward the impulses ('the inner struggle') and denial in fantasy (the outside world) was described by Anna Freud (7) in her discussion of the case of Little Hans. Referring to patients who used denial as a defense, she points out that 'Intellectually they were very well

able to distinguish between fantasy and fact. But in the sphere of affect they cancelled the objective painful facts and performed a hypercathexis of the fantasy. . . .' Miss Freud in a number of paragraphs stresses the severe pathological implications when denial in act or fantasy continues beyond the childhood years. She writes, 'The defensive method of denial by word or act is subject to the same restrictions in time as I have discussed . . . in connection with denial in fantasy. It can be employed only so long as it can exist side by side with the capacity for reality testing without disturbing it. The organization of the mature ego becomes unified through synthesis and this method of denial is then discarded and is resumed only if the relation to reality has been gravely disturbed and the function of reality-testing suspended.'

This view seems to overemphasize the pathological consequences of denial. Perhaps we can fault ourselves for describing the relationship of repression to disavowal too much in terms of their linear relationship, in which repression is the superior form of defense, and disavowal only used in more regressive situations and representing always a more primitive, more damaging defense mechanism. There seems to be little doubt that disavowal predominates in the more serious illnesses in which repression is not possible. Because repression is the more vulnerable defense, it need not imply that disavowal is only turned to in the last resort. Clinical experience would suggest that the two coexist in the normal as well as the neurotic and that denial or disavowal has its uses from the most advantageous, for example the capacity to concentrate, through various pathological levels to the psychotic.

In fact one can question the distinction made between neurotic denial (or disavowal) and psychotic denial or disavowal. The mechanism of disavowal can be seen as a way of dealing with an unwanted reality, from religion as a way of dealing with the problems of growing up and of death, through the play of children, to its use in psychoses. What changes in these various examples may not be so much the mechanism of dis-

avowal, but other variables: i.e., the dedifferentiation between self and object, the delusional intensity of belief attributed to the drive organized fantasy, the concretization and externalization of thought and of inner experience, in which the *pars pro toto* or objective correlative becomes indistinguishable from the total concept, and the loss of the capacity for abstraction.

What I suggest is that the mechanism of disavowal should be distinguished from what is being denied and the ego's reaction to the distortions of reality that result. The mechanism remains the same. The content of what is being denied is dependent on the state of the ego's organization. Thus we would speak of disavowal or denial in the normal, in the neurotic, or in the psychotic, rather than of neurotic denial as distinguished from psychotic denial as if the mechanism changed rather than the subject matter. This may seem simply a terminological distinction, but it is meant to imply that disavowal and repression as defenses are not hierarchically organized but are complementary, and often coexistent, although they may have different 'rates of destruction'.

The concept that repression and disavowal are often complementary and coexistent defenses is implied in Freud's statement that 'The task of defense against a dangerous perception is, incidentally, common to all neuroses' (18, p. 159). Further support is given by recent studies reported by Fisher (6). Freud (10) had assumed that perceptual stimuli, in contrast to stimuli from the unconscious, had direct access to consciousness. Fisher, as a result of his studies, concluded that not only material from the unconscious, but also percepts pass through (i.e., have registration in) the unconscious and the preconscious before achieving consciousness. Both the drive and the percept in this 'passage' come into contact with memory traces which give the percept meaning and the drive a 'psychical representation'.⁶

⁶ Fisher (5) has suggested that there may be an active drawing of the perceptual representation from the preconscious into the unconscious. This would be additional support to the idea of a fluid relationship between disavowal and repression.

Fisher's reformulations would appear to call for a revision of the idea that the defense of disavowal simply means that the percept is kept in the preconscious. Percept, drive cathexis, and memory schemata form a unit. Disavowal as a defense is directed against unwanted, interfering, and distressing perceptual stimuli. This would include stimuli from the outside world and affects from the inside (i.e., those stimuli which possess quality). During the passage from unconscious registration to preconscious and consciousness, the meaning of the percept will be influenced and distorted by the memory schemata invested with drive wishes, with which it comes in contact. At the same time repression (or more accurately the return of the repressed) will influence the nature of the drive derivatives. As repression fails and as the ego regresses, the drive impulses will invest more primitive memory schemata with more mobile energies. This in turn will affect the meaning of what is perceived. In these terms derealization can be understood as the failure of a percept to come in contact with a drive invested memory trace, just as hallucination is understood as the hypercathexis by drive energy of memory schemata raised as a result of drive cathexis to the level of a false perception.

In extreme illness, involving severe ego regression, the more vulnerable defense of repression fails and disavowal appears in greater clarity and can be more easily identified. At the same time, because of the regression of the ego, the content of what is to be defended against is of a more primitive nature. It would be incorrect to conclude from this, however, that disavowal is always and only associated with a greater degree of pathology or operates only in a crude and global way.

SUMMARY

The term 'split in the ego' was intended to describe the coexistence in the ego of a realistic and distorted apperception of reality. It was particularly exemplified in the fetishist's view of the female genital. The view was based on the belief that perceptual distortions could only involve the preconscious.

In light of recent studies, this seems unlikely, and the term would not seem to describe anything new. Particularly there seems no more intimate relationship between the defense of disavowal and the so-called split in the ego than there is to the defense of repression. It is suggested that neither structural consequences nor prognostic significance can be attributed per se to the use of denial as a mechanism of defense. As a defense mechanism it can be seen in a variety of situations, extending from the desirable capacity to concentrate to the pathological. Most often both disavowal and repression coexist in the normal and neurotic. However, the mechanism of disavowal is seen most clearly in severe pathological disorders where repression has failed. As a result its presence has been seen to imply a poor prognosis, which could better be ascribed to the associated consequences of ego regression.

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On the Structuralization of Drive-Defense Relationships

Fred Pine

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ON THE STRUCTURALIZATION OF DRIVE-DEFENSE RELATIONSHIPS

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This paper will present the concepts of multiple function and of structure in an interrelated way as a means of dealing with the development of order and permanence in psychic life. This main theme will then be applied to the development of structuralized relationships between drives and defenses, illustrated in the case of scopophilic and anal impulses.

MULTIPLE FUNCTION AND THE CONCEPT OF STRUCTURE

Waelder in his classic paper on multiple function (19) suggests that any specific psychic act is an attempted solution to problems of the ego vis-à-vis the drives, the superego, external reality, and the compulsion to repeat. Every psychic act solves several problems, thus having multiple functions. This complements the idea that every psychic act results from diverse requirements of the organism, thus having multiple determinants. We can safely assume that any psychic act that is determined by so diverse a set of requirements and successfully solves them is likely to have a degree of permanence; it will appear again in similar circumstances.

Before proceeding we must consider what we mean by 'successful solution' of problems, what sort of 'permanence' these successful psychic acts come to have, and what we mean when we say that they will reappear in 'similar circumstances'. We need not, as Waelder points out (20, p. 57), suppose that all

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psychic acts are equally successful in resolving psychic 'problems'; they are only attempts. Some acts—practiced, altered, and perfected over time—are likely to have more functions and to be more permanent. Symptoms, repeated masturbation fantasies (1), certain actions (18), interests, and occupational choices, as well as certain established everyday modes of gratification achieved in the course of development, are likely to be in this class.

What is 'successfully' functional in psychic life is measured against intrapsychic criteria, ultimately the experience of pleasure or of anxiety and other unpleasant affects. These affects guide our behavior as, usually without awareness, we select and retain particular preferred modes of thinking and acting that maximize pleasure and minimize anxiety. This does not imply that pure, immediate pleasure is the sole aim of human behavior; the concepts of sublimation, delay, reversal, tolerance of anxiety, aim-inhibition, and masochism, for example, deal with modifications of this aim.

How 'permanent' will successfully functional behavior become? The accumulation of memories, including memories of past acts that led to pleasure or anxiety, always adds new determinants to future acts. And we constantly perfect, through alteration and emphasis, and without conscious intent, our ways of resolving the multiple problems we face. ' . . . Each attempted solution of a problem must be conjointly determined, modified and arranged through the existence and the working of the other, until it can serve, even if imperfectly, as an attempted solution for all these problems . . . ' (19, pp. 51-52). Maturation—of the pleasure organization, of the capacity actively to affect the environment, of the cognitive apparatus—also constantly introduces new factors. Thus, the permanence of any 'solution' in mental life is limited.

And what about the 'similar circumstances' in which successful multiply functional behavior reappears? There are no identities in human life; any repeated situation impinges on a somewhat new man, new at least by virtue of his having experi-

enced it once before. Indeed, we are here concerned not with bits of behavior that recur in identical form in identical situations, but with complex arrays of behavior, organized in relation to one another and to a *range* of circumstances. Some aspects of this psychic network may be active at one time, others at another, always achieving a momentary optimal balance between pleasure, anxiety, and the diverse requirements of the moment.

Let us next examine the concept of structure. Its essential importance in psychoanalysis derives from the fact that the theory requires concepts capable of dealing with permanence and order. The maturation of the drives and ego apparatuses (8) and the cyclic and peremptory character of the drives (*cf.* 13) allow us to account for changes in individual functioning that occur from year to year as well as from moment to moment. If we are to understand character and defense and the laying down of relatively permanent memories we must have a theory that can encompass order and permanence within the constant flux of development.

The concept of multiple function is one avenue to an understanding of permanence in psychic life. So too is the concept of structure, as Nagera's recent review (11) makes clear. Holt says, 'The central defining feature of a structure is its *organization*: it is an arrangement of parts in a pattern, which does not necessarily have to have any simple kind of ordering, and does not necessarily endure for long, though we are usually most interested in the structures that persist for a matter of months or years' (10, p. 350, n.). In some instances, at least, the concepts of structure and multiple function are related. What is a multiply functional psychic act from one point of view is a structuralized arrangement from another. A particular psychic act may be viewed as functioning to solve a number of 'problems' (deriving from wishes, anxieties, environmental opportunities), or the several environmental opportunities and internal intentions may be conceived of as organized in relation to one another around particular culminating behaviors.

In psychoanalytic writings, the term 'structure' is used to describe phenomena on a continuum of complexity and scope (*cf.* 11). Gill (7, p. 8, n.) refers to 'macrostructures' and 'microstructures'. Thus, a 'structure' may be simple—a memory-trace, for example, or a single idea; more complex, like a defense mechanism; or a highly complex organization of the psyche, such as id, ego, and superego. More complex structures are sets of relationships, organizations. Beres (2), for example, describes the ego as a set of functions ordinarily organized in a particular relationship to one another and arrayed on one side of a conflict. While simpler structures such as memory-traces or defense mechanisms often appear to be unvarying acquisitions or achievements of the psychic apparatus that can be drawn upon again and again as differing occasions demand, they too exist in a relational context. In this paper we shall be discussing this relational aspect of structures.

It must be noted that structuralized relationships are not fixed; they do not consist of automatic unvarying sequences. The more or less permanent structure is really a set of possible responses, each one potentially involved in a given situation, the specific final response being dependent upon quantitative and contextual factors. A particular gratification may be pursued vigorously until it rises above a specific intensity; at that point, and only then, an anxiety signal may trigger flight or intrapsychic defense. Or the gratification may be pursued only in one situation and not in another. Or it may be pursued in one way in one context and in another way in another. What such a set of structuralized relationships achieves is the maintenance of some optimal level of pleasure or comfort given the current situational and intrapsychic realities. Some specific behavior may be multiply functional in solving the problems of drive, anxiety, guilt, and adaptation at a given moment, but the range of potential behavior 'choices' widens during development. This widening occurs because the memory store of experiences and outcomes increases and because maturation increases the capacity for new behaviors. This widening range

of 'choice', though not necessarily conscious, is the development of what Waelder referred to as the aims the 'ego assigns to itself' (19, pp. 48, 49) with regard to the other psychic agencies. It is, in short, the growth of ego activity.

What needs to be made explicit is that modes of gratification are also structuralized. Often the opposite is emphasized: drives 'press for discharge' and the controlling structures make delay possible and maintain constancy (14). To emphasize that drives aim toward satisfaction, however, is not to say that the satisfaction does not take place in structuralized ways. Recently a number of writers (7, 10, 15) have examined the structural elements of the id and the primary process. From an observational viewpoint, it is clear that an individual satisfies his wishes in uniquely individual ways; he shows preference, he excludes certain kinds of gratification, he has a specific style. In short, he has a regular and patterned mode of gratification. Shapiro (16) shows how even in the so-called impulsive character, we are not simply seeing pure breakthroughs of drives. Modes of gratification are not, after infancy, random, replaceable one for the other, or otherwise inconsistent with the total character of the individual. They show variations within a range of tolerable and pleasurable qualities and quantities, but an over-all regularity of mode of gratification is readily enough discerned in the individual instance.

Let us examine the development in general of interrelatedness of function, as background for our specific examples later on. According to Hartmann (8), the organism comes into being with a set of tension states ('drives') and a set of built-in capacities ('ego apparatuses') for perception, learning and memory, thinking, motor behavior, and affect. A psychologically relevant 'id' and 'ego' come into being only through the interactions between these initial tension states and apparatuses. In fact, they achieve differentiation only by their interrelation, as I shall describe below. If, later, they often cannot live with one another, so to speak, at the start they cannot even come into being without one another.

What, then, can be said about the early stages in the development of the ego apparatuses? Let us reserve the term 'ego apparatus' for the raw material, the physiological bases of perception, motility, and the like. These become 'ego functions' when they become tied to the aims of the organism, the drives. When they are fully developed, affect signals the presence of a drive-state and the individual uses his perception and his store of memories, all organized by thought, to find a means to gratification; he then goes into action to achieve it. Thereafter affect again signals the termination of the drive-state. At this point, the apparatuses of affect, perception, memory, thought, and motility are functional for drive gratification. In general, then, the physiological apparatuses achieve their psychological relevance when they become functional for drive gratification. When the perceptual apparatus has reached the point where the child can use perception to locate the nipple, the perceptual function has come into being. When the memory and recognition of mother's footsteps as she comes to feed him permits the child to look toward the doorway, all the while delaying crying though he is hungry, the more complex function of anticipation has come into being through development of more discrete functions. And thus the child proceeds to even more complex functions such as reality testing, organizing (9), or synthesizing (12).

The ego apparatuses thus achieve functional relevance by being tied to drive-aims. But so too does development of drives depend on apparatus-functioning. The physiological tension states presumably achieve psychological status in part through memories of images associated with the tension states (6, 15). Furthermore, the drives achieve more regularized and individually characteristic modes of discharge when mediated by the apparatuses,—when learning, anticipation, intentionality, perception, and the like govern the pathway, the object, the pace, and the delay of gratification in any particular instance. Very early, then, it is the linkage of modes of drive gratification to ego functions that gives them organized, repeated, pre-

ferred—in short, structuralized—form. Impulses exist in relation to means of reality appraisal and defense. Our task is to study the development of this relation.

EXAMPLES FROM THE DEVELOPMENT OF DRIVES

As examples of the formation of structuralized relationships between drives and defenses let us look at scopophilia and anality. The general developmental process goes from less to more internal differentiation and integration of the personality. More precisely, this development proceeds from diffuse pleasure and/or distress, to focal gratification, focal anxiety, and thence to structuralized gratification and defense.

DEFINITIONS

Before proceeding to illustrate our thesis, a few of these terms must be defined. By the term 'diffuse', as applied to either pleasure or distress, I refer to an early stage in which the instigators of affect are, from the infant's point of view, random, changeable, not subject to his control, and having at best rather nebulous cognitive representation. Principles of pleasure-unpleasure may guide behavior, but we cannot yet speak of multiple function in Waelder's sense of the term since psychic acts do not have reference to the superego and conception of reality, which are not yet developed.

By the term 'focal gratification' I refer to the beginnings of specificity in the source of pleasure. Specificity results partly from growth of the cognitive apparatus, and hence from development of the 'wish' in Freud's sense (6, p. 566), but probably also it results from physiological development of the erotogenic regions of the body. With the specific wish comes a more articulated 'task' for later structuralized and multiply functional behavior to encompass; this task is the gratification of that wish. Focal gratification means two things. First, a particular gratification is not readily replaceable by some other pleasure but is an end in itself. Thus, the sexuality of the infant is polymorphous, apart from certain phase-spe-

cific central gratifications, but a particular form of sexual gratification, be it normal or pathological, in the adult is specific. Second, the specific gratification is an organizer of experience (*cf.* 17) and not merely an element in it. An example is the part played by clothing as one element in a woman's attractiveness to the normal male and its central position in the view of, say, a shoe fetishist.

By 'focal anxiety', I mean the linkage of an unpleasant affective state with a specific cognitive content. At times the child may be fully aware of the external or internal source of his anxiety, so that he can label it and anticipate it. For example, the young child learns that a particular state of affective distress is associated with his mother's absence and he attempts to keep her near. However, since it seems likely that defense can develop almost simultaneously with anxiety, the child may in some instances never become fully aware that an unpleasant affective state occurs under certain precise circumstances. In any event, even what is conscious at some point can certainly later become unavailable to consciousness as a result of defensive processes. The essential point, however, is that when gratification of a drive leads to anxiety a new task is posed for subsequent psychic acts,—and this is true whether the anxiety arises from fear of retaliation from the outside, from fear of the strength of the impulses (5), or, later, from internalized proscriptions. The task is to achieve drive gratification while anxiety is also dealt with in some manner.

The term 'structuralized', as applied to behavior serving either gratification or defense, refers to two characteristics of the behavior: (a) it is repeated, predictable, and regularized, and (b) it is actively produced, intended, by the child. As to its being intended by the child, the infant's gratifications arrive for him through his mother's activity. However, he must very soon learn that he can himself make gratification such as breast or bottle come to him through crying and calling his mother; henceforth he is ever more active in achieving gratifications, be they active or passive, by his own efforts. Similarly, the

crying and thrashing that brings relief to the infant with his mother's arrival is not at first intended by him for that purpose, but must soon become thus intended, a change that grows by degrees into the defensive and adaptive processes that the child himself initiates and that are universally found even in early childhood. Thus structuralization is indicated by the fact that the child actively produces a particular repeated form of behavior. This behavior is the result of an inner arrangement of forces that has arrived at a certain stability; it need not be created anew each time a particular demand arises. The implication that the child is able to construct or 'structure' a particular environment for himself by this point in his development is also correct, within limits. Again, the essential point is that such structuralized behavior represents a solution to the multiple demands acting within the psyche and, in the ideal and perhaps most stabilized instances, results in some act or acts that best meet all these demands.

Our discussion of scopophilic and anal impulses will demonstrate a stepwise progression from (a) a time when the psychic acts are not structuralized and multiple function (with reference to drives, reality, and superego) cannot be said to exist, to (b) the development of focal gratification and anxiety with their more specific wishes, demands of reality, and demands of conscience in conflict with one another, and finally to (c) the development of structuralized drive-defense relationships and multiply functional behaviors which serve as a solution to the multiple demands upon the psyche at any given moment. I do not mean to imply, in the following, that scopophilia and anality should be conceived of as equivalent drives; quite the reverse. At least in the infant, the visual apparatus may be better conceived of in terms of ego apparatuses (8) and independent ego energies (21), as an apparatus of the organism that is particularly susceptible to recruitment to drive aims. However, I do contend in the following that both scopophilic and anal impulses become important nodal points for the development of structuralized relationships.

SCOPOPHILIA

The scopophilic impulse goes from diffuse pleasure to focal gratification, focal anxiety, and thence to structuralized gratification and defense.¹ Certainly looking is one of the more striking early activities of the infant. In states of alert inactivity (22) the newborn takes in the world through his eyes, much as he does through his mouth (4). As the infant develops, he follows moving objects, his head and eyes turn in the direction of a sound or toward the door through which mother usually comes. Just what connection there is between looking and pleasurable affect is unclear, but it is evident that looking at mother, eye to eye, is, like fingering her face, a typical accompaniment of nursing. And looking, with attention caught by something, can be associated with a temporary inhibition of crying or other signs of upset even in the first weeks and increasingly thereafter.

But just as certainly as looking is important, it is also but one of many pleasures for the young infant and toddler in his home. Picture the young child much of the day with his mother and other members of his family. Numerous gratifications are very much part of everyday life. He is frequently ministered to, touched, lifted, handled; he sees his mother, father, and siblings eating, talking, washing, dressing; he takes in his family with his eyes; their bodily functions are part of the routine of his life; they defecate, urinate, bathe, and clean up; he notices their odors as well as their looks. All his sense organs take in the familiar stimuli. And this is all around him. No special behavior on his part is necessary to experience it.²

¹ My comments here, and in the next section on anality, stem in large part from a study of development in a group of average, unselected boys carried out at the Psychology Laboratory of the Downstate Medical Center. My co-worker in this research has been Mrs. Ruth Resch who participated in all aspects of the work.

² So many are the pathological influences in the lives of some children who arrive for treatment that we often wonder why they are not even more disturbed than they are. One answer may lie in these numerous unnoticed everyday gratifications in familiar stimuli that are almost unavoidably part of the early life of the child.

Contrast this to a later period when these everyday gratifications usually become less available. Concern for privacy limits the child's experience. With the development of conscience, the fantasies attached to these gratifications make them sources of conflict to the child.

In the early period, many of the pleasures, including looking, are quiet pleasures; they are a background to the child's life. Except for hunger and feeding, they are neither as focal nor as cyclic as, for example, adult sexual activity. Gratification is not usually intense enough to lead to intense excitation, although some experiences with looking (for example at the primal scene) are exceptions. One pleasure can replace another at this stage; to some extent they are functionally equivalent. Quiet and taken-for-granted satisfaction can be obtained through seeing mother or other means. Ruth Mack Brunswick says, 'Pleasure is obtained from innumerable sources: the child's appetite for it is random and without a particular goal, one reason perhaps why that appetite remains unsatiated' (3, p. 305). It is in this sense that early looking is a diffuse source of pleasure. Although there is no focal excitation in these situations, there is every reason to believe that incidents such as these are part of the quiet familiar pleasures of the child's life, incidents wherein the child's use of mother as an object for his pleasure does not yet cause conflict, but cements his relation to her.

Let us consider the emergence of focal pleasure in looking, a pleasure that later becomes a source of anxiety, which in turn triggers the development of defenses that eventually become more structuralized with or without continuing opportunities for gratification. Several steps in this process were observed in our group of normal boys (ages four through eight). Not all these steps may take place in all children, nor do we know exactly in what order or when they occur, or how much they overlap. However age four seems to be an excellent time to observe the development of the scopophilic impulse. It is a time when rapid changes are taking place, and we can see wide

individual variation in the particular developmental point achieved.

Somewhere around this age, then, a variety of things begin to happen: 1. The pleasure in looking at mother becomes a rather outstanding ('focal') one. It is no longer just part of a totality of small familiar gratifications; it stands out. Presumably it is no longer readily replaceable by other pleasures. Mothers often respond to this stage in the child's development by feeling that the time has come to be more cautious about the child's seeing them undressed. 2. In several children we thought we saw a forestage of anxiety. At this point there appears to be something 'special' about seeing mother undressed. Seeing her seems no longer just part of the background of life at home; it is no longer taken for granted. And yet the situation does not seem entirely pleasurable for the child, nor does his reaction convey anxiety very clearly. Rather he appears to have made those cognitive and perceptual differentiations that make mother's nakedness stand out as a very specific environmental presentation; and he seems to feel that something is not quite right, but a specific conflict involving defense against the scopophilic impulse has not yet crystallized. The child may show surprise, exaggerated excitement, or giggling when seeing mother. 3. We see beginnings of internalized defensive processes, where some intrapsychic alteration of the scopophilic impulse takes place. These defenses seem to be not yet consistent in the four-year-olds: they may be here today, gone tomorrow, and back the next day; or they may be present in one situation and not in another.

What initiates these developments in the scopophilic impulse? And what further factors influence its course? Very early in life looking is a pleasure taken for granted with little or no focal excitation; later, after the development of focal excitation, there is defense against scopophilic impulses. The initial change from background pleasure to focal scopophilic pleasure is likely to be the result of more or less universal maturational and developmental events: the diminished importance of earlier

oral and anal pleasures; awareness of sex differences, concern about them, and anxiety-instigated desires to look; the biological linkage of looking and genital excitation. Casual, everyday seductions by the mother of her now 'manly' young child also contribute.⁸ And the change from focal pleasure to anxiety and defense is undoubtedly stimulated by the fears and prohibitions of the œdipal period, including superego development.

Let us pause a moment to consider a possible variation in the normal progression of development suggested by the data from our four-year-olds. In looking at the mother or other females, the child discovers the anatomical difference between the sexes. Even before the child experiences anxiety in connection with the sexual aim of looking at mother (because of the quality of the excitation, the fantasies attached to it, and the fear of punishment), looking at her when she is undressed can be stressful to the boy child because of what he sees,—that there are human beings that have no penis. Somewhere in the œdipal period and on into latency, the pleasure and genital excitement connected with looking at mother, along with the other œdipal fantasies and impulses of which it is part, leads to the fear of punishment by castration and is, in one way or another, partially renounced. At that time, the earlier sight of the female genital makes the fear of castration seem realistic. But seeing the penisless body can lead *directly* to anxiety at an earlier period (even without looking itself being taboo and leading to punishment) because of fear of what is strange and fear of body injury. These may exist before the fear of castration as punishment for sexual wishes, although

⁸ It may be that focal excitation in looking appears before the phallic phase as well; consider how the adult's mouth waters at the sight of food. Nonetheless it seems to me that the excitation in looking, at the phallic level, at least in boys, is the most fully developed form whereas the others are only forerunners. If the earlier forms are highly developed in particular individuals, one would expect them to have some shaping influence on phallic-level scopophilia. On the other hand, individuals also vary in the degree to which scopophilic impulses are displaced or regressively re-attached to prephallic objects as a result of conflict at the more advanced level.

the degree and specificity of the anxiety is of course radically altered when conflict over the drive is added to the attitudes already present. In children for whom this earlier sight is extremely distressful because of circumstances in their still earlier development, we may guess that sight of the female genital will not only have retrospective significance when castration fears over oedipal fantasies later arise, but will also have a prospective effect on the shaping of the oedipus complex and on the further course of the development of looking.⁴

To return to the general developmental trends. We have so far discussed emergence of focal excitation, and later of anxiety, from out of early quiet background pleasure in looking; we have noted some suggestions of internalized defense as well in our four-year-olds. By age eight (and no doubt somewhat earlier, but we do not have those data), a certain end point in development has been reached. What are its characteristics? By and large, we can say of each of our eight-year-olds that his mode of contact with the scopophilic stimulus (in our data, the sight of the naked or partially undressed female) is an achievement by the child in the sense that the behavior pattern is to a large degree of the child's creation, and is repeated by him with variations without having to be created anew each time. It is also multiply functional in the sense that it balances for him his impulses and his defenses in the setting of a particular family pattern. We infer that structuralization in the sense defined earlier has occurred.

At this point, gratification in seeing mother is not only very specific and focal but is also structuralized. What does this mean? Consider a child who intrudes on his naked mother, touches her, and says, 'Oh boy, what fat!'. Other evidence in

⁴ Ordinarily this further development includes a strong investment in looking because of the sexual pleasure as well as the information necessary for adaptation that it brings. It also includes inhibition of aim of the sexual component, such as interest in female clothing, and sublimation, such as a general interest in art. Clinically it may be possible to distinguish impairments of the adaptive functions of looking that are rooted primarily in the wish to look at the incestuous object from those that are rooted relatively more in the fear of discovering the female genital.

our observation of this child makes it evident that he relies heavily on 'cute' verbalization in a large number of situations, and that he is relying on 'cuteness' on this occasion too. The boy began to speak early, and was the center of family attention; and then and now his mother responds to him principally when he makes 'cute' remarks. His comment here has a defensive function for it makes the situation playful, but it is also seductive. Furthermore, it is consistent with a long-developing way of behaving. Another eight-year-old boy, whose general inhibition often makes it hard to 'read' his feelings, regularly intrudes on his mother when she is in the bathroom, but 'looks through her' as though he does not notice her; here, as elsewhere, he shows 'no reaction'. Each child establishes contact with his naked mother in regularly repeated and historically characteristic ways. In this sense, then, the mode of gratification is structuralized. It is part of a complex organization that includes the child's characteristic modes of defense, of overt behavior, and of relations to reality. It represents a resolution of multiple requirements and is therefore highly resistant to change under ordinary circumstances.

To summarize, the child's scopophilic impulses grow out of a taken-for-granted array of everyday gratifications including looking; a focal sexual pleasure in looking develops later. Then anxiety specifically connected with looking appears, until finally the child develops structuralized modes of gratification and defense which, ideally, permit a modified form of gratification without concomitant anxiety. Individuals differ in their movement in this progression. They differ in the effect, upon the development of scopophilic impulses, of the sight of the anatomical difference between the sexes; they differ in the pace of movement from one step to the next; and also in the degree to which the structuralized outcome is ineffective, as indicated in part by the amount of diffuse discharge and the affective state accompanying it. Two of the more interesting individual differences can be conceptualized best with Waelder's concept of multiple function. One is in the balance of impulse and

control in the final resolution,—the degree to which opportunities for gratification are included. This reflects differences in the contributions of drive, as opposed to superego and ego, in determining the outcome. Another difference is in the degree to which the final defensive posture requires external support or is internalized; this implies differences in the contribution of reality to the final outcome.

ANALITY

For anal impulses, the developmental steps are the same: from diffuse excitation to focal gratification, focal anxiety, and thence to structuralized gratification and defense.

We can probably assume that defecation produces a state of diffuse excitation in the infant; there is a generalized flood of stimulation, evident in widespread tension throughout the body. The experience appears to include distress and relief, in sequence, and perhaps also includes specific anal-erotic sensations. Although there are brief moments during the infant's day when defecation is actually taking place and when functioning of his bowels is his central experience, at other times bowel function has no special importance; it is not an organizer of experience of other events of his day. The toddler may defecate in his diaper and then run around playing, presumably enjoying play while at the same time experiencing the warmth and touch of the fecal matter against his buttocks; the fecal pleasure is but one element in the total experience.

Sometime during the second year of life the gratification associated with defecation usually becomes much more focal. There are several reasons: maturation and actions taken by the mother jointly lead to some abandonment of oral gratifications; moreover maturation of the nervous system permits greater control over the anal sphincter so that what has probably been an experience of passivity in defecation can now be experienced more actively and less stressfully; and there is a general cathexis of the musculature by the toddler, probably extending to the anal sphincter as well. Also mother and others attend to the child's bowel functioning as attempts are begun

to train him, and the child becomes increasingly aware of the stimulation provided when he is cleaned. At this time, bowel activity comes to have more of an organizing role in his experience; it becomes a focus of his relation to mother, and a prized pleasure that he is not easily willing to renounce.

Where is the child at age four in the developmental progression for anal impulses? The following is based on inferences from data showing how the child reacts to external stimuli that arouse his anal impulses and interests. The children at four usually showed anxiety and some preliminary defensive reactions. Over-all, these developments for anal impulses were further along at age four than for scopophilic impulses and yet were markedly different from what was evident in the eight-year-olds.

What can be said about the nature and source of focal anxiety? Certainly the fear of loss of love stimulates the child's attempt to 'civilize' his bowel functioning and become trained. Defecation is, moreover, essentially a solitary activity and the child is left alone with powerful internal excitations without the possibility of mother's giving him immediate support; this can trigger anxiety. And the child imitates the attitudes of his parents and older siblings. Yet these reasons do not seem sufficient to account for the consistent and widespread defenses against anal impulses that we usually see in the adult. And in fact the anxiety of the four-year-olds seems to disturb them less than does that of the eights; it is not so fully internalized and the children remain closer to gratification without defensive compromises. The link of anal activity to the fantasies of the oedipal period, as well as the defenses against these and formation of the superego, is probably what accounts for the difference between our four- and eight-year-olds.

Confronted with the arousal of anal impulses, the reaction of eight-year-olds is an achievement by the child just as in his reaction to scopophilic stimuli: the behavior pattern is to a large degree of his creation and is repeated by him, with variations, without having to be created anew each time. It

is also multiply functional in the sense that it balances, for him, his impulses and defenses in the setting of particular family patterns. We infer, once again, that structuralization has occurred. In the ideal case, this serves to resolve the multiple demands upon the organism in relation to anal impulses; it does so through multiply functional acts that organize relations between the demands of drives, defenses, reality, and conscience.

Thus, we saw one child who continually talked about bathroom odors, ostensibly trying to avoid them, but always keeping his mind on such odors while he kept his sense organs away from them. His mother participated in these conversations. Another child vigorously sprayed the bathroom whenever there was an odor, in the process creating a far stronger odor from the spray can, but one that he could experience without conflict. And his mother provided the spray. These examples show how repeatable, individually characteristic modes of behavior are evolved which strike some balance between gratification of drive, defense, and the opportunities and proscriptions of the particular home.

CONCLUSION

As the cognitive apparatus matures, as more refined intentionality, modulation of affect, control over motility and appraisal of reality are attained by the child, the timing and the form of drive gratification change; and from these changes come permanence and order in his psychic life. These new relations between drives, ego functions, external reality, and conscience, can be viewed as the development of structuralization or of multiple function, each of these helping to account for order and permanence. The formation of a relatively permanent set of relationships among these diverse organismic requirements is what we refer to as structuralization. The development of psychic acts that function to resolve these multiple demands is what we refer to as the development of multiple

function; when optimally successful, such acts have a fair degree of permanence.

A psychic act that successfully satisfies these diverse functions, and that additionally serves as a significant repetition of the past, may have greater durability than one that does not. Waelder (19) included the compulsion to repeat in his original discussion of multiple function, but thus far it has not been included in the present paper. This is because it is perhaps better conceived of as a specific mode of discharge and mastery of excess excitation than as a constantly acting tendency. If so, there is no reason to expect it to be represented in every psychic act as Waelder originally assumed. However it may well be operative at specific points in the development of specific behavioral regularities. For example, the shock of seeing the penisless female body may lead to repeated looking in attempts at mastery. Or a libidinal arousal itself may be sought and repeated not only for pleasure but, if the arousal reaches excessive levels, as an attempt at mastery through repetition.

This paper illustrates the development of structuralized and multiply functional psychic acts through description of steps in the development of scopophilic and anal impulses. There is an early stage of diffuse pleasure or general excitation which can neither be described as structuralized (it is neither psychologically organized nor semipermanent) nor as including multiply functional psychic acts in the sense that Waelder intended by the term, since the psychic apparatus can not yet act on considerations of reality and of conscience. In later stages, when focal gratification and focal anxiety appear, not only do more specific wishes and more specific demands of reality and conscience appear, but there is conflict between them.

Ideally the developmental sequence we have discussed ends in a solution to the diverse demands through a structuralized relationship between drive and defense which permits retention of some opportunities for gratification. With this achievement psychic harmony is attained, as we see it in persons of all

ages in the many everyday acts syntonic with the ego and surroundings that also gratify drives. These gratifications of drive occur at peace with conscience and the social milieu. Such small pleasurable acts provide the background gratifications of everyday life that express on a small scale settled and lasting adjustments between drives and defenses. These may include those few examples of lasting scopophilic or anal pleasures described above, as well as a wide range of other toned-down pleasures: chewing gum, swatting flies, smoking cigarettes, throwing darts, taking pictures. Psychic disharmony, conflict, may result when the gratification enjoyed becomes, for one reason or another, more highly invested, or when the fantasies associated with it come closer to awareness, or when for many possible reasons guilt or anxiety make necessary a new solution.

It may be that specific defensive postures that include opportunities for gratification in ways syntonic with the individual's conscience and with his social milieu can have a high degree of permanence. They may continue until maturational forces create a new imbalance in the relation of drive to defense, or until radical alterations in the milieu provoke more expressive or repressive handling of the drive, or until there is a softening or hardening of conscience in the course of development. In childhood such maturational forces are at their height, as are also the changes in the child's milieu as he encounters people who vary in their tolerance of his means of seeking gratification. And so in childhood, relations between drive and defense, though they may be structuralized for a time, are likely to undergo frequent and major changes.

SUMMARY

This paper presents the concepts of multiple function and of structure in an interrelated way as a means of dealing with the development of order and permanence in psychic life. This main theme is then applied to the development of structuralized relationships between drives and defenses, illustrated in the case of scopophilic and anal impulses.

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Correlations Between 'Actual' Neurosis and the Work of Masters and Johnson

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CORRELATIONS BETWEEN 'ACTUAL' NEUROSIS AND THE WORK OF MASTERS AND JOHNSON

BY PAUL JAY FINK, M.D. (PHILADELPHIA)

Actual neuroses may be defined as organically conditioned neuroses, that is, psychological conditions stemming from purely somatic causation. Although Freud never gave up the idea of actual neurosis, most analysts today do not accept the concept since generally there are sufficient psychoneurotic symptoms to mask the picture of those symptoms of the actual neurosis type. Nunberg says: 'Even though the actual neuroses are of little practical importance to the psychoanalyst—since the patients of this group seldom come to him—still they claim his theoretical interests. For the actual neurosis is present in every case of illness and the psychoneurotic symptoms are built upon it' (6).

This paper presents the correlation between Freud's concept of the actual neurosis and the recent laboratory data of Masters and Johnson, which seem to corroborate scientifically Freud's ideas. The actual neurosis with which we will deal is the anxiety neurosis. Anxiety neurosis has been described as appearing in many forms: it is free-floating and indefinite as an attack. There may be expectant anxiety or worry about certain individuals, or physical symptoms such as palpitations, perspiration, difficulty in breathing, trembling, diarrhea. It is not necessary for all of these symptoms to be present; any one of them may represent the anxiety of an anxiety neurosis. A simple anxiety neurosis according to Nunberg is not psychically determined. 'It is caused by some disturbances in the course of sexual excitation, such as coitus interruptus, coitus reservatus, frustrated excitation, long abstinence and the like' (6). In all of these abnormal courses of sexual excitation there is no discharge in orgasm, no ejection of the sexual substances, no gratification.

Masters and Johnson have pointed out in *Human Sexual Re-*

sponse that women who do not achieve orgasm in the sexual act develop a pelvic vasocongestion that leads to a great many psychological and physiological symptoms. This vasocongestion syndrome has certain similarities to Freud's original descriptions of the actual neurosis—*anxiety neurosis* type. I will quote first from Masters and Johnson and then from Freud to show the analogies. According to Masters and Johnson,

A decade ago during the prostitute phase of the sex research program, investigators first were alerted to the extent that pelvic vasocongestion may be developed by long-continued sexual stimulation. One individual underwent repeated pelvic examinations during a six-and-a-half-hour working period and for six hours of observation thereafter. During the working period multiple coital exposures maintained the woman at excitement-phase levels of response. There were five subjective plateau-phase experiences superimposed on maintained, excitement tension levels, but orgasmic relief was not experienced.

Towards the end of the working period the uterus was increased two to three times the understimulated size; the broad ligaments thickened with venous congestion; the walls of the vaginal barrel were edematous and grossly engorged; and the major and minor labia were swollen two to three times normal size. Pelvic examinations and coital activity became increasingly painful toward the end of the six-and-a-half-hour working period.

During the six-hour observation period gross venous engorgement of the external and internal genitalia persisted—so much so, in fact, that the woman was irritable, emotionally disturbed, and could not sleep. She complained of pelvic fullness, pressure, cramping, moments of true pain, and a persistent, severe low backache. After the termination of the observation period automanipulation brought immediate relief from the subjective pelvic distress and the low backache. The objective findings also disappeared rapidly. Pelvic vasocongestion was reduced by an estimated fifty percent in five minutes and had disappeared completely ten minutes after the orgasmic experience.

Genital pain associated with long maintained or continued sexual excitement has been described in the literature occasionally. However, the mechanism initiating the pelvic pain had not been established prior to the clinical observations of the unresolved vasocongestion just described. Pain and pressure stimuli are produced by severe unresolved vasocongestion of the pelvic target organs. The clinical distress, although much more severe than that classically described by Taylor as chronic passive congestion of the pelvis, has the same pathologic orientation (5).

Masters and Johnson present other data to show the effect on the woman of vasocongestion and the relief of symptoms by the relief of the vasocongestion through orgasm. Of interest to my thesis is the following quotation from Masters and Johnson.

Also of interest was the fact that 43 women described the frequent use of automanipulative techniques with the onset of menstrual flow as a personal method contrived for relieving minor to major degrees of dysmenorrhea. These study subjects stated that severe orgasmic experience shortly after onset of menstruation increased the rate of flow, reduced pelvic cramping when present and frequently relieved their menstrually associated backaches. Obviously these women have learned a technique for the release of the cramping of excessive uterine irritability and the symptoms of pelvic vasocongestion when present at menstrual onset (5).

They cite additional evidence and experiments to show the value of orgasmic responses in relieving certain subjective and objective findings secondary to the intense vasocongestion brought on by the rising sexual tensions or by the natural phenomenon of menstruation.

In Freud's early works on anxiety neurosis in 1894 and 1895, he describes in detail the symptomatology of anxiety neurosis. Some excerpts are of interest if we are to see an analogy between nonorgasmic fulfillment in the female and the development of actual neurosis symptoms. The first symptom Freud

mentions in his paper of 1894 is general irritability. He points out that 'Increased irritability always points to an accumulation of excitation or an inability to tolerate such an accumulation . . .' (1, p. 92). Among other symptoms are many that cannot be distinguished from those brought on through the more familiar route of an unconscious conflict leading to the creation of anxiety and secondarily to various symptoms and defensive maneuvers. Freud lists anxious expectation, a chronic state of anxiousness, and a sense of being unwell or feeling uncomfortable. He also discusses anxiety equivalents, disturbances in heart action, respiration, sweating, tremor, ravenous hunger, vertigo, and, what is important to our thesis, attacks of what are known as congestion, including practically everything that has been termed vasomotor neurasthenia. Difficulty in sleeping Freud believed an important symptom of anxiety neurosis (also mentioned by Masters and Johnson as a sequela of vasocongestion); he noted that people with anxiety neurosis wake up at night in a fright. In discussing digestive problems that result from anxiety neurosis, he says: 'Sensations such as an inclination to vomit and nausea are not rare, and the symptom of ravenous hunger may, by itself or in conjunction with other symptoms (such as congestions) give rise to a rudimentary anxiety attack' (1, pp. 97-98).

All of us in practice have known people who turn to food when they have not been adequately satisfied in the sexual act. Freud felt that this was an acquired neurosis and ' . . . careful enquiry directed to that end reveals [that] a set of noxae and influences from *sexual life* are the operative ætiological factors' (1, p. 99). Most of the etiological causes he describes have to do with lack of sexual fulfilment and lack of opportunity to reach orgasm. He describes virginal anxiety or anxiety in adolescence, the anxiety of the newly married, anxiety in women whose husbands suffer from *ejaculatio praecox*, anxiety in widows and abstinent women, anxiety in the climacteric. Although at the time he had no way of knowing that his conjectures, based on the collection of data of many women, would later be

proven scientifically, the following quotation shows Freud's capacity to interpret information from his clinical experience. He discusses one of the etiological factors as follows.

. . . As [for example] anxiety in women whose husbands suffer from ejaculatio praecox or from markedly impaired potency; and . . . whose husbands practise coitus interruptus or reservatus. These cases . . . belong together, for on analysing a great number of instances it is easy to convince oneself that they depend simply on whether the woman obtains satisfaction in coitus or not. If not, the condition for the genesis of an anxiety neurosis is given. On the other hand, she is saved from the neurosis if the husband who is afflicted with ejaculatio praecox is able immediately to repeat coitus with better success. Coitus reservatus *by means of condoms* is not injurious to the woman, provided she is very quickly excitable and the husband very potent; otherwise, this kind of preventive intercourse is no less injurious than the others. Coitus interruptus is nearly always a noxa. But for the wife it is only so if the husband practises it regardlessly—that is to say, if he breaks off intercourse as soon as *he* is near emission, without troubling himself about the course of the excitation in *her*. If, on the other hand, the husband waits for his wife's satisfaction, the coitus amounts to a normal one for *her*; but *he* will fall ill of an anxiety neurosis. I have collected and analysed a large number of observations, on which these assertions are based (I, p. 100).

Another quotation from Freud corroborates more closely his concurrence with Masters and Johnson.

So long as an anxiety neurosis in young married women is not yet established, but only appears in bouts and disappears again spontaneously, it is possible to demonstrate that each such bout of the neurosis is traceable to a coitus which was deficient in satisfaction. . . . If, as a physician who understands this ætiology, one arranges, in a case in which the neurosis has not yet been established, for coitus interruptus to be replaced by normal intercourse, one obtains a *therapeutic* proof of the assertion I have made. The anxiety is removed,

and—unless there is fresh cause for it of the same sort—it does not return (1, pp. 103-104).

The surprising similarity between this quotation and the quotation of the experiment on the prostitute done by Masters and Johnson shows how much agreement emerges from their two divergent approaches to the same material.

A tangential point made by Freud and corroborated by Masters and Johnson could be elucidated here. Freud points out that the total life history of some women reveals periods when they were free of these actual neurosis symptoms and other times when the symptoms were in full force. He claims that if the doctor inquires into the number and sequence of children and compares this record of the marriage with the peculiar history of the neurosis, he will find that the periods of improvement of good health coincided with the wife's pregnancy, *during which the need for preventive intercourse was no longer present*. The latter conclusion, consistent with his time and his understanding of the situation, may not explain the situation as well as we might today. Masters and Johnson have pointed out that women who have never achieved orgasm may do so for the first time during the second trimester of pregnancy. This is brought about by the increased vasocongestion of the pregnancy itself which puts the woman halfway to orgasm when she begins the sexual act. The woman's greater ability to achieve orgasm during pregnancy may be a better explanation than Freud's, although the clinical observation remains valid.

What is important for the psychoanalyst to understand is the insistence of Freud in those early times, when his theoretical structure was not yet formulated, that there were clinical symptoms of neurosis that could be traced to no psychical origin. He says,

. . . I thought at first that the source of the continuous anxiety might lie in the fear, recurring every time the sexual act was performed, that the technique might go wrong and

conception consequently take place. But I have found that this state of feeling, either in the man or the woman, during coitus interruptus has no influence on the generation of anxiety neurosis, that women who are basically indifferent about the consequence of a possible conception are just as liable to the neurosis as those who shudder at the possibility, and that everything depends simply on which partner has forfeited satisfaction in this sexual technique (1, p. 107).

Those who have insisted that actual neuroses do not exist have persisted in attempting to find psychological dynamic reasons for the symptomatology. In many cases the combination of actual neurosis with psychoneurosis fulfils their wish, and convinces them more that the actual neurosis is not significant. In the course of an analysis we may find evidence of actual neurosis symptoms superimposed on the symptoms brought on through psychical conflict. I will describe briefly two such instances.

CASE I

A thirty-two-year-old promiscuous woman has for many years had multiple orgasmic responses in sexual activity. Her promiscuity is an overdetermined symptom gratifying incestuous and castrative wishes and also serves to defend against certain homosexual desires. At one point in the analysis, she became determined to attempt to withstand sexual frustration and not relieve her tension through orgasm. She met a man who appeared to be marriageable to her and decided to deal with him in a more feminine, less controlling manner. One evening shortly after they met she began petting with him and broke off the petting session with the above motives in mind. The next day she reported that for the first time she had become involved sexually but had not reached orgasm. She had felt tremendous cramps in her uterus. She had nausea, took Alka-Seltzer and vomited, and was very distressed. She said, 'Men can masturbate, I could have but I didn't want to'. Through many activities and finally masturbation, she relieved the very distressing tension which had plagued her dur-

ing the night. At no other time in the course of this analysis over a three-year period had this woman had a similar situation.

Although she had had larger numbers of physical and emotional symptoms and suffered a variety of distresses, this was a unique report in the course of her analytic work. In this highly sexually attuned woman, frustration of her orgasmic ability led to the 'actual neurosis' symptoms reported by her, independent of her extensive psychoneurotic symptoms which were maintained before, during, and after this episode. The gastrointestinal symptoms she suffered are quite similar to those cited by Freud.

CASE II

A thirty-seven-year-old woman with problems of obesity, masochism, depression, and frigidity claims never to have reached an orgasm. She has been married for fourteen years and during that time has had fewer and fewer sexual experiences. During her treatment she has reported sexual activity very infrequently, but in those sessions which follow sexual encounters she is unusually irritable. The nature of the specific type of irritability following sex is somewhat different from the general state of tension from which this woman suffers. No doubt it enhances her sense of deprivation and increases her antipathy for sexual relations with her husband and her castrating tendencies. In trying to determine whether this additional irritability, sense of deprivation, etc., is purely psychological in origin, attempts have been made to delineate those other factors in the immediate past which may have led to these phenomena. Time after time it has been demonstrated that no other specific causes might have led to these responses.

Of additional interest is her first report of an orgasm. As she became more aware of the intense homosexual libido that determined much of her activity and psychoneurotic symptomatology, she had a homosexual dream in which she was sucking on the breast of a mother surrogate and involved in other sexual activity. During the course of this dream, she had an orgasm and awakened still feeling the sensation of orgasm and

fully aware that something different had been experienced from actual intercourse. Although she was quite distressed by the content of the dream, it was surprising that none of her usual irritated and chronically anxious mood and behavior were manifested during the session in which she reported this dream. Comparison of these two portions of this woman's treatment indicates the distinctive feature of the 'actual neurosis' symptoms in a severely psychoneurotic woman.

In his paper on the anxiety neurosis Freud states that '... a woman with whom her husband practises coitus reservatus without regard to her satisfaction may find herself compelled to masturbate in order to put an end to the distressing excitation that follows such an act...' (1, p. 113). This is curiously similar to my case and the examples from Masters and Johnson's book. We have all had patients tell us that some days are worse than others. We have had patients who report waking up 'feeling terrible' but often neglect to ask them what happened the night before and whether they had had unpleasant or unfulfilling sexual experiences or perhaps even the desire for sex with no fulfilment. Exaggeration of an existing psychoneurosis may be brought on by actual neurosis symptoms in these ways. Many such women will present themselves to their general practitioner with backaches, gastrointestinal upsets, palpitations, and other signs of anxiety equivalents. Rarely do patients who exclusively have periodic actual neurosis symptoms come to the psychiatrist for help. The analyst may be unfamiliar with the syndrome because he is not aware of its existence. In those patients whom he is treating for psychoneuroses he may be tempted to attribute all symptoms to the conflictual area rather than the reality sphere.

In another paper by Freud in 1895, *A Reply to Criticisms of My Paper on Anxiety Neurosis*, he says,

For in a whole number of such cases of anxiety neurosis there does in fact appear to be a periodicity in the emergence of the states of anxiety, similar to what has been observed

in epilepsy, except that in the latter the mechanism of the periodicity is more transparent. On closer examination we discover the presence, with great regularity, of an excitatory sexual process (that is, a process which is able to generate somatic sexual tension), and which, after the lapse of a definite and often constant interval of time, is followed by the anxiety attack. This [excitatory] role is played, in abstinent women, by menstrual excitation; it is played, too, by nocturnal pollutions, which also recur periodically. Above all, it is played by sexual intercourse itself (harmful from its being incomplete), which carries over its own periodicity to the effects it brings about, viz. to the anxiety attacks. If anxiety attacks occur which break through the usual periodicity, it is generally possible to trace them back to an incidental cause of rare and irregular occurrence—to a single sexual experience, something read or seen, and the like. The interval I have mentioned varies from a few hours to two days; it is the same as that which elapses in other people between the occurrence of the same causes and the onset of the well-known sexual migraine, which has well-established connections with the syndrome of anxiety neurosis (2, p. 133).

These early papers of Freud were written before the deeper understanding of the nature of anxiety had been established by him. The metapsychological meaning of the 'bucket' theory of anxiety and anxiety as transformed sexual libido are unnecessary to an understanding of the clinical material he presented. Clinical data show an insight into the later discoveries of Masters and Johnson concerning the human sexual response in females and the nature of the vasocongestion syndrome with its concomitant physiological and psychological symptoms. The quotation from *Human Sexual Response* indicates that women who are not gratified in the sexual act can develop a large number of symptoms, some of which are the common complaints heard by the analyst in his daily work.

In *An Autobiographical Study*, written thirty years after the elucidation of the actual neurosis theory, Freud describes certain ideas that present a more open view than many analysts

have—even today. He also stands by his theory of the actual neurosis and shows that his belief in it has not been destroyed.

I was thus led into regarding the neurosis as being without exception disturbances of the sexual function, the so-called '*actual neuroses*' being the direct toxic expression of such disturbances and the *psychoneuroses* their mental expression. My medical conscience felt pleased at my having arrived at this conclusion. I hoped that I had filled up a gap in medical science, which, in dealing with a function of such great biological importance, had failed to take into account any injuries beyond those caused by infection or by gross anatomical lesions. The medical aspect of the matter was, moreover, supported by the fact that sexuality was not something purely mental. It had a somatic side as well, and it was possible to assign special chemical processes to it and to attribute sexual excitation to the presence of some particular, though at present unknown, substances. . . .

Since that time I have had no opportunity of returning to the investigation of the '*actual neuroses*'; nor has this part of my work been continued by anyone else. If I look back today at my early findings, they strike me as being the first rough outlines of what is probably a far more complicated subject. But on the whole they seem to me still to hold good. I should have been very glad if I had been able, later on, to make a psycho-analytic examination of some more cases of simple juvenile neurasthenia, but unluckily the occasion did not arise. To avoid misconceptions, I should like to make it clear that I am far from denying the existence of mental conflicts and of neurotic complexes in neurasthenia. All that I am asserting is that the symptoms of these patients are not mentally determined or removable by analysis, but that they must be regarded as direct toxic consequences of disturbed sexual chemical processes (3, pp. 25-26).

In 1942 Pedersen (7) reported a case of an actual neurosis caused by coitus interruptus in an obsessional neurotic. This man's obsessional symptoms were aggravated and exacerbated by actual neurosis symptoms. The details of the case history in

no way altered the fact that his psychoneurotic symptoms were clearly an outgrowth of unconscious conflicts and regression from oedipal fantasies with intense castration anxiety. One point Pedersen brought out was that there were realistic factors precipitating the outbreak of the psychoneurosis. It is curious that Pedersen uses the words restlessness, impatience, and irritability when he describes the symptomatology of the patient who had a relapse of obsessional symptoms precipitated by a recurrence of the practice of coitus interruptus.

In 1956 Hoejer-Pedersen (4) reviewed the subject of the actual neurosis syndromes. Rangell is quoted in this paper as saying 'Physical tension, processes of discharge, irritability, or reflexological reactions may exist without psychological contents, anxiety never. Anxiety is unimaginable without a further psychological elaboration.'

Pedersen develops the thesis that actual neuroses represent more regressive states than the psychoneuroses, that they are much more colorless, less immediately interesting, and more difficult to analyze. They also have a remittent or intermittent spontaneous course, which may disguise a chronic, more connected historical course. He places the actual neuroses between psychoneuroses and the prepsychoses and psychoses. His case material makes a connection between actual neuroses and psychophysiological diseases.

I have quoted these two authors to show the wide disparity of ideas concerning the actual neuroses. My thesis is intended to avoid both of these poles and to bring the concept of actual neurosis into concert with our present psychoanalytic theory and modern physiological research. Although I have dealt mostly with proof of the concept of the actual neurosis through the work of Masters and Johnson, the converse is also possible. Psychoanalysts can help prove data from Masters and Johnson by recognizing the physiological aspects of sexual responses as reported by their patients and the additional burden which unsatisfactory sexual contact has on the woman. If we are interested in the reality factors involved in the development of

symptoms these new discoveries must be understood by the analyst and incorporated into his work. This paper is not intended to deny the secondary conscious and unconscious conflicts which arise from ungratifying sexual activity. The woman can develop regressive phenomena, exacerbation of defensive maneuvers, and true psychoneurotic symptoms. Reactions of rage, depression, masochism, passive submission, conversion, avoidance, and many others are familiar to all analysts. These can be superimposed on actual neurosis symptomatology. I am sure there are many cases when the former reactions are the only reactions, but it is important that the possibility of actual neurosis symptoms be kept in mind and understood by the patient.

It is of historical interest that the findings of Masters and Johnson add validity to early theories of Freud. In recent years other areas of physiological research—for example, dream research—have also corroborated some of Freud's basic metapsychological formulations. Evidence from the laboratory is invaluable to our science. We, in turn, can collect clinical data to enhance the dialogue and develop areas of mutual validation.

SUMMARY

In this paper I have attempted to place the concept of the actual neurosis in a new modern perspective. Freud's clinical data as well as my own have been used to bring this neglected and spurned concept into a meaningful relationship with modern research into the physiology of sex. The syndrome of vasocongestion described by Masters and Johnson has many analogies with the actual neurosis known as anxiety neurosis. In reviewing the subject of the actual neuroses, it is clear that no consistent idea about them has been incorporated into analytic theory. There are reality factors which lead to actual neurotic symptoms that are often neglected by the analyst or interpreted solely as manifestations of unconscious conflicts.

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Congenital Absence of the Vagina

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CONGENITAL ABSENCE OF THE VAGINA

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INTRODUCTION

Congenital absence of the vagina (CAV) is a rare anomaly, estimated to occur only once in five thousand female births (22). In embryological terms, it is an aplasia or dysplasia of the Müllerian (paramesonephric) ducts. The external genitalia and vestibule, deriving from the urogenital sinus, are normal. The sex chromatin pattern is female, and the endocrine system is not affected. Ovarian function is normal, so that secondary sex characteristics appear on schedule. There are associated renal and vertebral anomalies (e.g., fused or solitary pelvic kidney, spina bifida). The usual lesion consists of absence of the middle and upper vagina, total absence or a rudiment in the location of the uterus, and an absence or vestige in place of one or both Fallopian tubes. The vagina may be totally absent, or represented by a rudimentary pouch of up to one half to three quarters of an inch deep. In approximately eight per cent of such cases, the defect is confined to the vagina and menstruation and conception are therefore potentially possible. Following surgical construction of an artificial vagina successful term births have occurred (1, 25, 32).

While CAV can be identified easily at birth or in early childhood by simple examination, the external genitalia will usually appear normal except for absent introitus or a shallow depression (24). Treatment requires the utmost coöperation of the patient. Frank (11) reported a nonsurgical method of forming an artificial vagina by daily application over a period of many months of dilators to the rudimentary pouch. The conventional surgical approaches (6, 7, 9, 21, 22, 26, 28) consist essentially of tunneling between bladder and rectum. A vaginal mold, often

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covered with a split-thickness skin graft, is inserted into the space and kept in place for about three weeks. The patient is then taught to remove the mold before urinating and defecating, to lubricate and reinsert it. The mold is worn most of the time for the first three postoperative months, and at night only for the succeeding three months.

The most common complication of vaginoplasty is early extrusion of the mold. The vagina then quickly shrinks, and reinsertion of the mold may be impossible even within a period of twenty-four hours. If extrusion occurs late, daily use of vaginal dilators may be sufficient (28). Coitus may be encouraged as early as the end of the first month, depending on the degree of epithelialization of the artificial vagina (20); four to six months is the usual period before coitus is permitted by the surgeon. Sheares (27) and Walden (31) remark on the marked superiority of the phallus in maintaining patency of the new vagina. Without regular intercourse, the artificial vagina may decrease in size so that dilators must be used twice daily indefinitely (27, 28).

Masters and Johnson's direct visualization of the artificial vagina during masturbation revealed a response pattern similar to the normal, except that lubrication and distensibility were significantly less (19, 20). The epithelial cells are indistinguishable from the normal on cytological study and reflect the cyclical changes in estrogen and progesterone levels. Vaginal lubrication in sexual response will raise the severely acid pH of the normal vaginal mucosa; it lowers the weakly acid or minimally basic levels of the artificial vagina. These patients report orgasm prior to and after surgery. It is often of a different quality and with more vaginal localization following successful vaginoplasty.

I have studied eleven women who have had congenital absence of the vagina. Material from two cases is reported here.

I

Alma, a twenty-two-year-old laundry worker, was referred because of chronic traumatization of her artificial vagina result-

ing from frequent promiscuous coitus.¹ The second of eight siblings of a lower-class white southern family who lived in one room, Alma often saw the primal scene and was beaten by her father. Her mother died when she was eleven, and the housekeeper who came in to help also beat her.

Secondary sex characteristics were present by age twelve, and she became increasingly concerned by the nonappearance of menarche. From fifteen, Alma made repeated desperate attempts at coitus, including urethral penetration.² Age sixteen saw the onset of cyclical lower abdominal cramps, breast engorgement, and irritability. Her formal education ended at this time, when she ran away from home after a particularly brutal beating by her father. The next two years were spent in a series of institutions for girls. Masturbation and homosexual and perverse heterosexual experiences during this period were vehemently denied. Alma's final year at home (eighteen to nineteen) ended after a fight with the housekeeper, and she fled to an aunt in another city. The pattern of antagonism to older women, which recurred subsequently, caused a break with the aunt. After several months, she migrated to New York City.

When vaginoplasty was recommended at twenty-one, Alma responded enthusiastically. For years she had felt different, a sexually ambiguous being with two instead of three openings, neither boy nor girl. Before the operation, she was fearful that the surgery would be denied her, or that she would die, a repetition of her reaction to tonsillectomy at age eleven.

The surgeon noted normal female distribution of fat and hair, normal labia, no hymen, and a vaginal pouch no deeper than three quarters of an inch. Normal ovaries and vestigial Müllerian structures were present, but there was no uterus. A vagina was created by the McIndoe technique, inserting a mold covered with a skin graft into the space dissected, between the rectum and urethra.

¹ Counsellor (8) is aware of promiscuity in only six of his one hundred forty cases.

² Lapin (18) reports several cases of vaginal aplasia in which the urethra was markedly dilated as the result of repeated penile penetration.

Postoperatively, the patient felt elated: 'When I came to, I felt so good . . . like I was just born. . . . I just had to see if I looked like a normal woman down there. . . . The operation has changed my mind, changed everything about me.' The surgery was experienced as the death of her 'hermaphrodite' self and her rebirth as a woman.

Alma's first postoperative coitus was after five months and caused moderate anxiety. Initially sensation was numbed, in contrast to the distinct preoperative arousal in the rudimentary pouch. She asked the man whether coitus with her felt like that with other women and was delighted by his praise. Intercourse subsequently occurred two to three times a week with many different men, as a repeated proof that she was a woman, invariably followed by swelling and protrusion of the mold. But this was preferable to the irritability and marked inner tension ('I feel like to go crazy') that accompanied abstinence. Alma would get depressed when she did not enjoy intercourse, since this also meant she was different. Repeated tears of the vaginal roof resulted, and she was finally prevailed upon to accept psychiatric consultation nine months after operation.

In the interim, the vagina had foreshortened somewhat after the mold broke and could not be replaced immediately. Alma was very upset: 'I'd lose my mind if something were to happen to it'. The numbness in coitus, which had been gradually succeeded by erotic sensations referred to the vagina and upper abdomen, reappeared when the vagina was kept packed while awaiting the second mold. Orgasm was described as 'a very good funny feeling in my stomach', and involved identification with her partner, since it was invariably simultaneous with his ejaculation. 'I don't know whether it's me or him.'

The patient was seen weekly for four months. Her embarrassment was overcome by a stronger need for reassurance about her femininity. This was given in the form of educational discussions of the congenital condition, the operation, and a comparison of her situation with that of other women. Alma wanted to know if she had a womb, and was quite elated

that both ovaries were present, since she believed these to be essential to 'having woman's feelings'. A few weeks after the first session, the frequency of coitus dropped significantly, for she no longer had to rely exclusively on this course of reassurance.

Three months after the start of psychotherapy, (about one year after the operation) Alma caught gonococcal urethritis. This new affliction threatened her shaky sexual identity; she anxiously brooded over her ambiguous fate, and had a series of anxiety dreams that expressed her bisexual conflict. Believing that dreams foretell the future, she panicked after a nightmare: 'I turned into a man . . . the little thing [clitoris] was a-growing . . . getting real big'. Frantically, she asked again if she had a womb and ovaries and wanted to see the inside of her own vagina and that of a normal woman. Another dream reported in the same session indicated anxiety over unconscious homosexual strivings during a night spent at a girl friend's apartment. Alma feared that the gonorrhea was incurable because she did not menstruate and therefore could not be 'cleaned out'.

With the cure of the gonorrhea three weeks later, the rumpled, dowdy, anxious girl yielded to a new Alma—hair dyed, eyes made up, and proudly displaying a modish new dress. There was a new warmth, animation, and self-confidence. She felt older, more settled, and free of the compulsive promiscuity, but rejected marriage and children. Earlier she had refused a job working with children, indicating her rejection of the maternal role as she rejected all those who would mother her. However, four and a half years after vaginoplasty, she reported her engagement and inquired about adopting children; the persistence of the improvement was unmistakable.

We may speculate that the early intense sexual stimulation from repeated exposures to the primal scene and her father's pornographic pictures made her uncertain about her own sexual identity. A memory from latency of waking from sleep to

find her father examining her genitals by flashlight suggests his awareness of the anomaly. The frantic attempts to be penetrated vaginally from age fifteen on may have been facilitated by diminution of fear of penetration caused by the absence of the vagina in childhood.

It seems clear that the bisexual conflict was intensified by confrontation with the anomaly, which simultaneously provided for its potential resolution through vaginoplasty. The absence of a vagina re-enforced the dichotomy of clitoris-male—vagina-female, so that the surgery was experienced as death and rebirth as a woman. Coitus was then used compulsively to re-affirm her femininity; abstinence led to unbearable anxiety with fears of going crazy. Thus her identity rested on her sexual identity as a woman, equated with possession of a vagina. Any threat to the vagina threatened her identity, and she feared that loss of identity and psychosis would result.

II

Greta had been chronically depressed since learning of her vaginal agenesis at age fourteen, and exacerbations of feelings of worthlessness and futility had led to recurrent withdrawal from school. Her father was warm and sympathetic, her mother anxious, ambivalent, and overly identified with Greta. Both felt guilty of neglecting the patient in favor of her only sibling, a younger brother with behavioral difficulties.

Her mother was anxious throughout her pregnancy with Greta because of bleeding and a previous spontaneous abortion. Several months passed before she became comfortable with the baby. Greta had colic and was abruptly weaned from the bottle. She was 'stubborn' in bowel training. A brother was born when she was fourteen and a half months old; from fifteen through twenty-one months, the little girl carried dolls everywhere, imitating everything her mother did with her brother. At twenty-one months, Greta became very disturbed whenever the dolls' legs were crooked and would tearfully demand that her mother straighten them.

At ten, two episodes of staining, twenty-eight days apart, were mistaken for the menarche. It must have been rectal bleeding, probably vicarious menstruation. No further periods were forthcoming. Breast development and hair growth were evident at eleven. At age fourteen, the mother and paternal grandmother accompanied Greta to the gynecologist. She had not been told why she was being taken to the doctor. Through a misunderstanding, she was subjected to a disturbing pelvic examination and told she had no womb and could never bear children. The patient, overwrought and hysterical, accused the mother and grandmother of conspiratorial betrayal. Not until six months later did she consent to another pelvic examination, which confirmed the diagnosis. It revealed normal external genitalia. The vaginal orifice was extremely shallow, without evidence of any vaginal development behind it. Rectal examination disclosed two small ovaries and an underdeveloped uterus. Buccal mucosa smear revealed chromatin positive cells (female). The endocrine findings and feminization indicated normal ovarian function.

When immediate vaginoplasty was refused, she became increasingly anxious and depressed. Her grades suffered and there were several episodes of refusal to go to school. Negativism and hostility, particularly toward her mother, disappeared at the nadirs of the depression. After a year of supportive psychotherapy in a guidance clinic, Greta was referred to me. Because of repeated withdrawals from treatment, she was seen only seventy-five times in five years.

Greta confessed that she felt queer and oversexed, as well as guilty about arousing her boy friend in order to frustrate him. His attempt to penetrate was so painful that she revealed her condition, crying that she was not a woman—she was nothing. The episode had confronted her once again with the anomaly which she had tried to deny. During explanations of the defect, Greta's mind wandered, and she again became convinced that one day she would be fertile. Adoption seemed to her no solution. This pattern of conflict was to be repeated many times.

Cyclical pelvic cramps brought up the continuing theme of unfairness; she had the feeling of being 'an exception'. It was unfair to suffer pain and be deprived of the fulfilments of womanhood; some mothers abandon children whereas Greta could have none. She then justified dropping an important course in school: since she could not have what she wanted, she refused to meet unwanted obligations. If childbearing were impossible, there was no reason for intercourse. Marriage would only subject her husband to the same hurt of childlessness; and what sort of man would want her anyway? Yet the very next week, Greta asked for the vaginoplasty. The gynecologist recommended postponement for at least a year or until just before marriage, to minimize shrinkage of the artificial vagina. The parents' opposition was based chiefly on concern lest a successful operation encourage premarital coitus. Greta argued unsuccessfully that a vagina would make her more of a woman, even without intercourse.

In sex play, apposition of the penis now provoked immediate anesthesia and withdrawal. This appeared to result from fears of pain and injury, and guilt for hurting her partner by giving him nothing. The doleful idea followed that feelings for her boy friend were asexual and indistinguishable from those toward girls, brother, and parents. 'I am a person, but I am not now and never can be a woman.'

After a brief reversal of mood in which she accepted the delay of vaginoplasty, her angry disappointment soon broke through. 'I can't change my mind until I change my body. Nothing can be done [to the body] now, so I put it out of my mind. I want to be a virgin when I get married, and I will be, with no credit to me.' With the next mood-swing back to cheerfulness and denial, she stopped treatment.

Six months later, Greta returned briefly. The recurrent waves of depression, less intense than before, were always associated with thoughts of her defect. By this time, I had persuaded the gynecologist to operate if the patient wished, and brought up with Greta the subject of surgery. But her sense of

urgency had disappeared. This she attributed to the out-of-wedlock pregnancy of her best friend. Her identification with this girl was heightened by the idea that they were both victims of fate, and seeing the disaster that could only befall a normal, fertile girl gratified her envy and vengeful feelings. The friend's quiet ability to go on living influenced Greta markedly, and the thought of some day adopting the child of just such a nice but unfortunate girl was now quite pleasing.

After a second hiatus of nine months, Greta, now nineteen, resumed treatment weekly for five months. Now a college freshman, she lived at home to be close to her boy friend of many years. In deciding to marry him she felt that she was settling for less than she might have hoped, the best a defective girl could do. Dissatisfaction was nevertheless evident in a new pattern of sexual affairs with other boys. The gynecologist had noted some deepening and enlargement of the vaginal pouch as a result. Now she refused vaginoplasty because it was tantamount to revealing her sexual emancipation to her disapproving parents.

In another depressive mood, her wish to leave school recurred, and she gave an account of her learning difficulties. Greta complained of her 'inability to absorb knowledge', of a 'stone wall' that prevented her from understanding. Furthermore, she could not interpret a work of art, a novel, or a piece of music. That required emotion, something felt with the body. Interpretation meant projecting oneself into it, reading between the lines, and there was nothing of herself to put there. Greta linked this to her sense of giving nothing in sexual relationships. The anatomical defect was thus symbolized in her learning difficulties: she felt impenetrable and barren, as well as having a deep sense of castration in her inability to penetrate, to read between the lines. Before examinations, she consciously wished to fall ill and be relieved of responsibility, or to fail from insufficient preparation, rather than be examined and judged inherently defective.

Greta interrupted treatment because of transference-resist-

ance after a dream of marriage to a Negro with whom she had been intimate. She spontaneously confessed a strong sexual attraction for me, saw a resemblance between the Negro boy and myself, and quickly added that she had no wish to sleep with her father.

A year passed before she returned, after having left college to work in a factory. Greta agreed to an attempt at analysis, but withdrew after three months. As a result of her sexual relationships over the years, there was a progressive genital deepening and enlargement, so that when she was twenty the vaginal pouch was two inches in depth. During sexual arousal, the depth probably increased to three inches, and was sufficient to contain the penis. These findings on examination corroborated her boy friends' reassurances, but the deepening of the vagina was not accompanied by any increasing sense of femininity.

Greta ultimately disclosed her longstanding conviction that the defect was punishment for childhood masturbation, and that the manipulations after the vaginoplasty would be too much like masturbation to be acceptable. Yet when the gynecologist deemed operation unnecessary because of the depth of the pouch, her severe disappointment led to an elucidation of the fantasy that the vaginoplasty would make her fertile.

When denial of the defect failed, Greta was incapable of orgasm. At other times, she experienced climax in the vaginal pouch. Shortly before leaving treatment, the patient was able for the first time to overcome the denial for a sustained period. The genital was described as 'a little opening and then a block of a big, ugly, useless blob of flesh',—it was to her like a hidden interior penis. This shows unconscious equation of the anomaly with a freakish masculinity.

Fairbairn, reporting the incomplete analysis of a middle-aged spinster in 1931, concluded that the psychological consequences of her vaginal anomaly were limited to the traumatic effect of its presence and preclusion of a normal sexual life (10).

A reappraisal of this case, with the advantage of the advances in psychoanalysis since that time, indicates that the psychological consequences of the defect were much more pervasive than he recognized. They were a central theme for his patient, in her unconscious thought and also in the nature of her ego disturbances. Many narcissistic phenomena associated with congenital anomalies, as summarized by Niederland (23), are easily discernible in his patient, and in my series also.

Fairbairn noted phases of depression and elation of unusual frequency and short duration, which he viewed as part of a manic-depressive process. Greta, and Sturgis's case (30), both alternated between depressive and almost hypomanic moods, reflecting the fluctuations of denial against the ever-present narcissistic mortification of the vaginal defect. The depressions were described as cyclical, like menstruation. They ended in regression to total dependence on the mother, bearing a strong resemblance to a variant of the fantasy of return to the womb, a retreat to the earliest state of narcissistic perfection which undoes the sense of bodily defect, as described by Niederland.

Memory lapses suffered by Fairbairn's patient are also reminiscent of Greta's learning difficulties, lapses of concentration, and poor differentiation of missing details in familiar objects on psychological testing. As a defect of the mind, the forgetting symbolizes not only the missing penis but also the vagina which is sealed shut. The underlying fantasy is of a vagina-mouth equation with the wish to open the lips.⁸ Sealed lips were a part of the body image of Greenacre's patient (12).

Fairbairn says of his patient that although he expected marked unconscious envy of the vagina, absence of a vagina in fact promoted intense penis envy. His patient's conscious delight in being spared the burdens of sex and marriage were accepted by him at face value. Yet her symptoms before analysis, and the development of transitory delusional systems, omnipotent ideas, and paranoid trends of reference and influence throughout its course, indicate that her true feelings were quite

⁸ Dr. Judith Kestenberg suggests that the lapses were a symbolic exhibition of the defect, equating memory (mind), mouth, and vagina.

opposite. Her extravagant penis envy was one defensively hypercathected component of wide-ranging attempts to maintain the denial and undoing of her narcissistic mortification in her total defectiveness as a woman. To admit conscious wishes for menstruation, intercourse, and childbearing would have been intolerable.

The five 'personifications' or multiple self-representations enumerated by Fairbairn are yet another typical finding in patients with congenital anomalies. His patient's representation of herself as a 'mischievous boy' is preadolescent, playful, and irresponsible, and is an example of Niederland's 'little man' phenomenon: an unconscious, isolated image of herself established to preserve the self-representation at the time of her recognition of the physical defect.

DISCUSSION

CAV should be diagnosed at birth. The mother is surely confronted by the anomaly several times daily in caring for the infant; it must be her ignorance of the normal anatomy stemming from repression, or denial of the defect, that bars its recognition. Eleven of the fourteen cases considered were discovered in adolescence. (In the case of Alma, the father may have been concerned when the child was in her latency.) Two of Masters and Johnson's cases were diagnosed and Greenacre's patient discovered the anomaly during sexual play, between ages six and eight.

Early repressed recognition of the defect by the mother must significantly disturb her attitude toward the child. Niederland (23) has observed that such mothers are prone to prolonged post-partum depression, succeeded by recurrent anxiety or depressive states. They become oversolicitous, anxious, or defective in their nursing. Blos (2) found a vague, incomplete body image, enhanced by the mother's denial of the defect, at the root of various ego impairments in his cryptorchid patients. Disturbed relationships between mother and child are evident in the patients studied, but the postulated early maternal

awareness of the defect cannot be demonstrated.

Masters and Johnson's subject 'C' became depressed at fourteen when informed of the CAV and did not respond to psychotherapy. Three years later, while she was using dilators, her depression lifted quickly 'once she knew she was getting to be normal'. Clitoral masturbation started only after the vaginal cavity was well established. She stated: 'None of my friends, even my boy friends, know that I am different, and I don't really feel that I am'. Sargis (26) in a gynecological paper reports on four strongly-motivated women who sought vaginoplasty to rid themselves of a sense of freakishness, but feared any surgical device as artificial. They kept the defect secret. Desires for sex and marriage were strong, despite the patients' awareness that childbearing would be impossible. Before they would reveal the anomaly to prospective husbands, they wanted reassurance that a sexually satisfactory marriage would be possible. After surgery, the three married patients reported satisfactory sexual relations, with orgasm. All were satisfied with the results of the procedure, and the relief of emotional disturbances related to the anomaly was striking. A patient of Greenacre, who discovered the anomaly in latency, demanded an examination at age fifteen, and a vaginoplasty followed (13). In a prolonged analysis, she changed from an angry, solitary, muscularly overactive girl, into a teasing flirt, and finally manifested an increasing sexual responsiveness to men. Greenacre stresses the general emergence in her of a greater sense of being somebody,—a woman.

Sargis's patients had the best attitudes. They consciously accepted the presence of the anomaly in its entirety. They sought to correct their body image, defective and castrated, through correction of the physical malformation. They strove to approximate the normal woman to the fullest extent. Greenacre's point is well taken, and is illustrated throughout the series presented here: that the sense of identity depends upon an intact body image of unambiguous gender. In favorable circumstances, the corrective surgery does change the body image, but

the sense of defectiveness and confusion of sexual identity will not be abolished completely.

The patient holds the surgeon responsible for opening the vagina and sanctioning its use. This has its parallel in various primitive puberty rites and ritual deflorations. The pain and discomfort of the postoperative course, the presence of the vaginal mold, and the use of dilators serve to cathect the vagina, enabling the patient to feel and accept it.

The vagina may be unacceptable to the patient, or the surgery long delayed. Sturgis's case (30), prepared for hymenectomy, responded to the vaginoplasty as an assault and to the vagina as 'artificial female organs'. She refused to cooperate postoperatively, and required reoperation several years later. One of our patients, despite repeated explanations beforehand, responded almost identically to the surgery. Others delayed the vaginoplasty: one waited until nine years after marriage. Masters and Johnson's subject 'B' delayed surgery until six months after marriage. Denial of the defect is not the whole explanation of these responses. Acceptance of existence of the vagina and its integration into the body image is a gradual process in the normal adolescent, facilitated by menstruation, and subject to many interferences; even young adult women may deny existence of the vagina. Even if CAV merely presented a problem of creating the organ at the time when the concept of the vagina appears, it is easy to see how upsetting must be sudden, unexpected confrontation with the defect. Surgery also is like assault and rape.⁴

The discovery of CAV in adolescence heightens the bisexual conflict at a time when body image and sexual identity are normally under pressure from the bodily changes of adolescence. But the defect also offers a resolution of the conflict: the organizing, concretizing psychological effect of the anomaly helps to polarize the dichotomous equation of clitoris with

⁴A woman who had undergone vaginoplasty before marriage refused coitus and discontinued use of dilators whenever she was angry with her husband. She thus punished her husband; she insisted that the vagina meant nothing to her and was of interest only to him.

masculinity and vagina with femininity. Furthermore the missing vagina acquires some of the cathexis of the absent and wished-for penis, and thus may represent a hollow illusory phallus. Therefore vaginoplasty gives the patient the wished-for, strongly cathected organ, markedly attenuating the bisexual conflict. For these reasons, the decision to perform vaginoplasty and its timing should be based on psychological considerations (15, 29).

The motives of a man who marries a sterile woman without a vagina certainly deserve scrutiny. The delay of surgery and the persistent masturbation indicate conflicts about the vagina in these men; indeed the anomaly may even seem to be a solution to their conflicts, facilitating marriage. However, the choice of object is not only limited by the reaction of the man. For the patient's own sense of defectiveness and inferiority makes her select a mate perceived in the same way.

The discussion so far has dealt with the indirect effect of the anomaly, mediated through the concept of defect. The anomaly, as a deformity of the body, must be considered for its psychological reverberations.

Kestenberg (16, 17) believes that no organ concept of the vagina as part of the body image exists before puberty. Instead, there is a reaction to sexual tensions arising in the vagina, with great need for discharge and relaxation, but without the capacity to localize the source. CAV all but eliminates this source of tension, lessening the burden on the ego of the little girl. Greenacre (12) in contrast states that early genital and perhaps vaginal sensations are registered to some degree in the central body image of the infant. The body image of infants with CAV would then differ in not including these registrations. Bressler, et al. (4, 5) account for the absence of post-mastectomy breast phantoms by the relatively late addition of the breast to the body, and therefore also to the body image. The persistent disturbance of body image observed in patients with CAV long after surgery seems attributable in part to this

early direct influence. In cases where not even a rudimentary vaginal pouch develops, the anxiety-provoking discovery of the introitus, in the phallic phase, perceived as a dangerous self-inflicted wound (14), is avoided. Theoretically, therefore, vaginal agenesis should have the direct effect of protecting against much of the early complex of fears and shame associated with the vagina, thus easing the task of early psychosexual development. By contrast the marked libidinal disorganization and reinforcement of pregenital fixation following puberty is rendered possible by the lack of the vagina and uterus.

Complaints pertaining to bowel functions were reported in most of our cases. Five reported life-long constipation; one had mucous colitis. There is no organic pathology of the gastrointestinal tract associated with CAV. Greenacre's patient had two self-images with anal elements. The first was of a body that was cold, hard, and pure as marble, like a tomb of the dead sister; the second was of a lumpy distorted old monk whose mouth was sealed shut. Fairbairn's patient evidenced a strong anal fixation, inferred from the extreme orderliness, hatred of dirt, the history of spastic constipation, and the rectal hemorrhages during adolescence. In the second phase of analysis, the anal elements became more overt in dreams, anal birth fantasies, and sexual sensations in the rectum. A dream of a cigarette attached to her rectum was interpreted by Fairbairn as penis envy in anal guise.

My series of patients with CAV is too small for the apparently high incidence of bowel complaints to be statistically significant. However, the psychological determinants specifically pertain to the anomaly. In Fairbairn's case, wishes for the penis baby, foundering on the double castration, found expression in hypercathected anal fantasies, resulting in fecal retention. The cloacal concept of the genitals pervades the anal stage of the little girl. Bonaparte emphasizes that the cloaca, rather than the vagina, is the psychic executive organ of the positive œdipus complex (3). This state of affairs should persist in the ab-

sence of the vagina, with some channeling of the passive-receptive feminine tendencies to other libidinal zones. In overt behavior, however, all my patients rejected rectal intercourse. It seems that the narcissistic need to undo the defect and approximate the normal overrides these fixated or deflected libidinal currents. Niederland, quoting Gross, states that the secrecy of a concealed body defect links it to other bodily secrets, especially to anal functioning with its connotations of power, sadism, and magic (23). The concealment of the defect represents a narcissistic gain.

My initial hope was that CAV might serve psychoanalysis as an experiment of nature, to test the divergent hypotheses about the role of the premenarchal vagina in psychosexual development. For example, Kestenberg postulates that the most powerful source of the little girl's maternal interest is the projection of the latent vaginal sensations upon the doll-baby. Study of those women with intact uteri and tubes who bore children after vaginoplasty would be most pertinent. The data on maternal attitudes, including doll play, as reported in my case studies, are insufficient to assess Kestenberg's hypothesis. They reveal a wide variation in overt maternal interest.

It would be simpler to determine the direct psychological consequences of the unique anatomy of CAV if we could accept the histories at face value, and assume that the existence of the malformation is completely unsuspected until latency or early adolescence. Then the indirect psychological consequences, the narcissistic reactions to the recognition of the anomaly, would follow. However, the effect on ego development of early denied recognition of the defect by the mother makes it very difficult to isolate clearly the direct effect of absence of the vagina on the course of psychosexual development.

SUMMARY

Congenital absence of the vagina is a rare anomaly meriting psychoanalytic interest. It constitutes a severe narcissistic injury which compromises sexual identity. Marked disturbance

of body image and self-esteem, exacerbation of bisexual and exhibitionistic conflicts, pervasive denial and repression, reactive depression, and the psychology of the exception are characteristic features. CAV might serve psychoanalysis as an experiment of nature to test divergent hypotheses concerning the role of the premenarchal vagina in psychosexual development.

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The Train Ride: A Study of One of Freud's Figures of Speech

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THE TRAIN RIDE: A STUDY OF ONE OF FREUD'S FIGURES OF SPEECH

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In an apt analogy, Freud compares the psychoanalytic situation to a train ride and the emergent free associations to the passing scenery. This appears in his 1913 paper, *On Beginning the Treatment* (6), one in a series of papers on technique written to counsel his younger colleagues. Freud writes as a friendly mentor, taking the less experienced into his confidence and letting them have a look over his shoulder while he handles the various concrete details of psychoanalytic treatment. His matter-of-fact, didactic but undogmatic style is consistently that of an adviser who assumes implicitly that his readers are journeymen and professionals with skill and experience, capable of making intelligent comparison of the master's way and their own.

The passage that includes the train-ride figure is written in direct discourse, as if Freud were addressing a beginning patient and explaining to him the requirements of the analytic situation:

So say whatever goes through your mind. Act as though, for instance, you were a traveller sitting next to a window of a railway carriage and describing to someone inside the carriage the changing views which you see outside (p. 135).

This figure is now so familiar that the reference is rarely given, and it is sometimes attributed to the *Introductory Lectures*.

I have made this mistake, and I am grateful to Lottie M. Newman for setting me right and also for referring me to another train-ride comparison which I shall quote from the letters to Fliess. Such a mistake seems trivial, but it conceals or ignores

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the difference between the audiences addressed. The recipients of Freud's messages—Fliess, younger colleagues, a more general public—differ in readiness to understand. The messages differ accordingly.

To search for antecedents of a trope is in the psychoanalytic tradition. To cite Arlow's neat sentence, 'Metaphor constitutes an outcropping into conscious expression of a fragment of unconscious fantasy' (2, p. 7). And he quotes Ella Freeman Sharpe's remark: 'When dynamic thought and emotional experiences of the forgotten past find the appropriate verbal image in the preconscious, language is as predetermined as a slip of the tongue or trick of behavior' (21).

As to the train ride, the ostensibly common-sense comparison has antecedents. A train window appears much earlier in Freud's thoughts, in a different setting and written down for a different order of reader.

. . . I am living only for 'inner' work. It gets hold of me and hauls me through the past in rapid association of ideas; and my mood changes like the landscape seen by a traveller from a train; and, as the great poet [Goethe] using his privilege to ennoble (sublimate) things, puts it:

*Und manche liebe Schatten steigen auf;
Gleich einer alten, halbverklungenen Sage,
Kommt erste Lieb' und Freundschaft mit herauf.*

['And the shades of loved ones appear, and with them, like an old, half-forgotten myth, first love and friendship.'](7, p. 225).

This quotation is from a letter to Wilhelm Fliess (No. 72), written on October 27, 1897; that is, fifteen to seventeen years before Freud's papers on technique. The train-ride figure is already implicit in the clause that begins 'It gets hold of me and hauls me'. The original German reads '*Es packt und zerrt mich durch alte Zeiten*' and the word *es* does not have as its antecedent 'inner work' (*innere Arbeit*), which the word *it* seems to have in English (8, p. 240). '*Es*' here has no antecedent noun, but as in *es freut mich* or *es träumt mir*, etc., is the kind of *es*

which was itself to become substantified as *das Es*, the id. The German *packt* is more vigorous than 'gets hold of'; its phonetic effect is *grab* or *grapple*. In the context of what follows immediately, i.e., the comparison with the traveler, the image produced in a reader is something like a locomotive latching on to cars and hauling them to wherever it is headed.

The letters to Fliess, a man of Freud's own generation and a close friend, naturally have no didactic intention. They continue and supplement intimate conversations. The passage just quoted describes moods and day dreams lyrically. They might have taken form in a poem if Goethe's lines had not been at hand, ready to serve vicariously.¹ Taking Fliess's understanding for granted, Freud is alluding to the progress of his self-analysis, conveying the feeling of it and alluding to its cognitive contents and to intellectual insights.

The day that Letter No. 72 was written, October 27, 1897, the train-ride idea may have been fresh in Freud's mind; for in another letter, No. 70, written twenty-four days earlier on October 3, Freud tells Fliess of very early train rides.

. . . later (between the ages of two and two-and-a-half) libido towards *matrem* was aroused; the occasion must have been the journey with her from Leipzig to Vienna, during which we spent a night together and I must have had the opportunity of seeing her *nudam* (you have long since drawn the conclusions from this for your own son, as a remark of yours revealed) . . . (7, p. 219).

Dr. Otto Isakower pointed out to me that this letter was written just four days after Freud returned from a visit with Fliess in Berlin (7, p. 217, n.), so that he could have been affected by the events of the recent ride too.²

¹ Following K. R. Eissler, one could also put it that Goethe when he wrote the poem had a 'proto-psychoanalytic' experience. Eissler writes that Goethe undertook a proto-psychoanalysis with a lady at the court of Weimar, and he indicates many parallels between Goethe and Freud (5).

² Dr. Isakower interprets the events on the September 29 train ride as follows: 'Freud was sitting in the railway car, looking *out* of the window and *into* himself. He paid no attention to the view at all but was "talking" to Fliess

Freud's ideas about the early train ride were constructions. This is evident from his way of phrasing his account ('I *must have had* the opportunity . . .') and more directly because of his statement after he had listed the putative early events: 'I still have not got to the scenes which lie at the bottom of all this'. He hopes to get at them, and

If they emerge, and I succeed in resolving my hysteria, I shall have to thank the memory of an old woman [his nurse] who provided me at such an early age with the means for living and surviving (7, p. 219).

That 'scenes' would emerge suggests that Freud expected his early memories would appear to him in pictorial form.

Another remark in the later of the two letters (Letter No. 72) equates psychoanalysis with a railroad journey:

An idea about resistance has enabled me to put back on the rails all the cases of mine which looked like breaking down . . . (p. 226).

Two years then passed and on December 21, 1899, Freud again alludes to a railroad in quite a different unmetaphorical context. Apropos a scene remembered by a patient, Freud writes to Fliess (Letter No. 126):

Buried deep beneath all his phantasies we found a scene from his primal period (before twenty-two months) which meets all requirements and into which all the surviving puzzles flow. . . . I can hardly bring myself to believe it yet. It is as if Schliemann had dug up another Troy which had hitherto been believed to be mythical . . . with a surprising turn [in his analysis] he provided me with the solution of my own railway phobia (which I had overlooked) (pp. 305-306).

what he then wrote to him four day later.' He suggests: 'The return journey, modulating the Cs.-Pcs. into a predormescent "railwaying" state, could be seen as a catalyst facilitating a merging of Fliess's remark about his son (probably during this visit) with the early Leipzig-Vienna journey and its *matrem-nudam* glimpse'.

Fliess may have had further information, but from the letter alone it is hard to say whether Freud meant that he had recalled an equivalent scene in his own infancy, that an unexpected 'scene' had emerged, or whether the patient provided him with a new fragment in his construction. One would infer the emergence of a memory, but his later remarks on the therapeutic efficacy of some constructions without recall permit a doubt (9).

An overview of Freud's early travel is given by Ernest Jones. When Freud was three years old, the family moved from Freiberg to Leipzig, and

He remembered the long ride in the horse-drawn vehicle and his first sight of a railway. This took him from his beautifully rolling country with its meadows, hills, and forests to the town of Leipzig.

. . . On the way to Leipzig the train passed through Breslau, where Freud saw gas jets for the first time; they made him think of souls burning in hell! From this journey also dated the beginning of a 'phobia' of traveling by train, from which he suffered a good deal for about a dozen years (1887-1899), before he was able to dispel it by analysis. It turned out to be connected with the fear of losing his home (and ultimately his mother's breast)—a panic of starvation which must have been in its turn a reaction to some infantile greed. Traces of it remained in later life in the form of slightly undue anxiety about catching trains.

On the journey from Leipzig to Vienna, a year later, Freud had occasion to see his mother naked; an awesome fact which forty years later he related in a letter to Fliess—but in Latin! Curiously enough he gives his age then as between two and two and a half, whereas he was in fact four years old on that journey. One must surmise that the memories of two such experiences had got telescoped (17, p. 13).

For the sake of exposition, I have omitted the references that Jones gives to support his statements, but one of them does not bear him out; considering Jones's knowledge of his subject, I think he made a slip. Freud does not say he remembered the early train and carriage ride. In fact,

I have no knowledge of the birth of a sister, who is two and a half years younger than I am; my departure, my first sight of the railway and the long carriage-drive before it—none of these has left a trace in my memory. On the other hand, I can remember two small occurrences during the railway-journey; these, as you will recollect, came up in the analysis of my phobia (10, p. 310).

This is a quotation from the paper on screen memories which is known to be a disguised piece of autobiography. The fictitious patient writes to his doctor very much as Freud wrote to Fliess. In this paper, Freud was considering precisely the difference between genuine, significant early memories and the screen or cover memories of 'small occurrences' which themselves needed further analysis. His statement indicates that he was aware that the events 'must have happened' but that he had no pictorial memories to report.

It is of course impossible to say for sure whether Freud, in 1899, definitely expected to recapture vivid pictures from his earliest years. Nevertheless, a good deal of collateral information, contained in the *Studies on Hysteria*, suggests such an expectation (3). The patients responsible for the case reports were treated by methods transitional from hypnosis through catharsis to near-psychoanalysis,³ and they provided Breuer and Freud with vivid pictures.

Near the beginning of the *Studies*, Breuer speaks of 'another patient' (other than Anna O), who 'partly under hypnosis and partly during spontaneous attacks, re-lived with hallucinatory clarity all the events of a hysterical psychosis which she had passed through ten years earlier' (p. 9). Hallucinatory clarity impressed Freud too. His patient, Emmy von N, recalling and describing certain scenes, 'saw them before her, in a plastic form and in their natural colors . . . with all the vividness of reality' (p. 53). Another patient, Lucy R, according to Freud, was of the 'visual type' (p. 115) and with therapy switched the

³ For a justification of these designations, see James Strachey's Editor's Introduction to the *Studies on Hysteria* (3, pp. ix-xxviii).

sensory modality in which an important event was remembered. The smell of burnt pudding, which plagued her as a symptom, disappeared when she replaced it by a picture of the occasion when the pudding was burnt.

Freud asked her, 'Do you see this scene clearly before your eyes?'. And she responded, 'As large as life, just as I experienced it' (p. 114).

With another patient, Elisabeth von R, Freud, exerting 'pressure' on her head, instructed her 'to report to me faithfully whatever appeared before her inner eye or passed through her memory at the moment of pressure' (p. 145). 'Throughout the analysis I made use of the technique of bringing out pictures and ideas by means of pressing on the patient's head . . .' (p. 153). Shortly after this remark, we come upon a precursor of the railroad-window analogy, this time with no railroad but with the same visual reference: 'It was as though she were reading a lengthy book of pictures, whose pages were being turned over before her eyes' (p. 153).⁴

Other patients also 'saw' and reported to Freud what they were seeing. A patient not named and referred to as 'a mourner'

Everyday . . . would go through each impression once more . . . a work of reproduction which once more brought up before her eyes the scenes of the illness and death (p. 162) [and] . . . her vivid visual reproduction and expressions of feeling kept to the date [of anniversaries] precisely (p. 163).

⁴Dr. Otto Isakower writes me concerning this 'precursor of the railroad-window analogy':

'Your statement received a stunning super-confirmation. Reading your quotation from p. 153, I suddenly saw what Freud must have meant to describe in his analogy, because—yes, because—I felt curiously irritated by the wording of the text (the translator evidently did not see the image suggested by Freud). In the German original (G. W. 1, 218): "*Es war, als läse sie in einem langen Bilderbuche, dessen Seiten vor ihren Augen vorübergezogen würden*" ["pulled along before her eyes"].

'This undoubtedly refers to a type of picture-book (called "Leporello book") for very young children, the pictures mounted on strong cardboard, hinged together like an accordion; the pictures, often "running scenes", forming one long frieze.'

The patients were all in treatment between 1889 and 1892, before Freud began his self-analysis and wrote to Fliess about his moods and the passing scenery.⁵

With this as a background, we can hazard an 'informed guess' as to what Freud expected to happen in his self-analysis. For if, in 1897 or 1899, the self-analysis was to resemble in its own way those of his patients, he would expect free associations to bring back before his inner eye the important scenes of his early life. Tacitly, like Schliemann, with whom he identified himself, he would wish to see the past with his own eyes, certainly with the inner eye of which he spoke to his patients.

To continue the 'informed guess', it is conceivable that Freud's experience with hypnosis, catharsis, and near-analysis would initially make him take for granted that the store of memories was not exhausted until pictures of forgotten early events stood plastically before his eyes, as they did before the inner eye of his patients. His discovery of the nature of screen memories, fantasies, and false memories—which also usually present themselves as pictures—and his beginning insight into the defenses indicated other possibilities. Yet, significantly, hallucinatory clarity (and ultra-clarity) were to occupy him many times, from the Studies on Hysteria through his late paper on construction (9). The same phenomena interested other psychoanalysts as well, particularly Abraham (1). Some of the old expectation may have lurked behind Freud's discussion of the reality of the Wolf Man's primal scene (11).

To return to Freud's account of the eventful early train rides and to Ernest Jones's comment on the *matrem-nudam* episode, Jones calls the sight of the nude mother 'an awesome fact which

⁵ In a footnote added to the case history of Emmy von N in 1924, Freud writes, 'I am aware that no analyst can read this case history to-day without a smile of pity. But it should be borne in mind that this was the first case in which I employed the cathartic procedure to a large extent' (3, p. 105). In 1969, however, one reads with admiration and instruction.

The smile comes when the stage and cinema portray 'psychoanalysis' and 'Sigmund Freud'. Then Lucy R or one of her fellow patients is presented so that the medium can show the dramatic 'hallucinatory clarity' of her memories and can flash back to earlier scenes. The media have to settle for the pictorial simplicity of hypnotism or catharsis.

forty years later he related in a letter to Fliess—but in Latin!'. The exclamation point is of course purposely ambiguous, a sign perhaps that Jones appreciated the mock-medical-history humor in Freud's style. However, even without certainty as to Jones's intentions, the exclamation point can be used as what was at one time called a 'complex indicator', a signal that more can be said about the reasons for using Latin.

Why Jones chose the word *awesome* is not clear. As Jones faithfully reports (17, p. 8), in the letter Freud speaks not of being awed but bluntly of his aroused libido. *Awe* is best known to psychoanalysts as phallic awe,⁶ such as Jones elsewhere (18) tells us is inspired by contemplation of the decorations on certain South Asian temples—having to do, that is, more with *patrem nudum* than with *matrem nudam*.

As to the Latin words in the letter to Fliess, Latin of this sort is doctors' and medical students' argot. Its use implies confidentiality and confraternity, and among confreres such Latin remarks are part of a professional or guild dialect, stemming from the universities and the Middle Ages.⁷ To put the matter a bit reductively, students' Latin furnishes an ideal language for the colloquial transmission of private information between brothers. In the social microcosm of the family and in the original 'peer group' (an 'ennobling' term for a community of brothers), or more simply, from 'the boys', Freud had found out a good deal.⁸ Paradoxically, then, the use of Latin, because it is Latin, testifies to Freud's forthrightness, as I hope to show below after I have brought to bear other events and statements.

⁶ Cf. Greenacre, Phyllis: *Penis Awe and Penis Envy* (15).

⁷ 'European works of learning were normally written in Latin until the late seventeenth century. Latin continued to be used for degree disputations at Cambridge until about the middle of the nineteenth century; and it was not until 1845 that an Oxonian Master of Arts, when arraigned before the authorities of the University, was given permission to defend himself in English rather than in Latin' (4, p. 1).

⁸ 'One would remark on the coincidence (?) that the boy from whom Freud derived early sexual knowledge in the Freiberg period was also called Philipp. It seems odd that he should have remembered, and also troubled to record, this name, but it was from his brother Philipp that he had learned something about pregnancy' (17, p. 9, n.).

The first of such statements is an appeal to Freud's readers and especially to doctors for understanding: he defends his right to use plain language in dealing with sexual matters.

Now in this case history . . . sexual questions will be discussed with all possible frankness, the organs and functions of sexual life will be called by their proper names, and the pure-minded reader can convince himself from my description that I have not hesitated to converse upon such subjects in such language even with a young woman. Am I, then, to defend myself upon this score as well? I will simply claim for myself the rights of the gynaecologist—or rather, much more modest ones—and add that it would be the mark of a singular and perverse prurience to suppose that conversations of this kind are a good means of exciting or of gratifying sexual desires (12, p. 9).⁹

I quote the above passage not to demonstrate Freud's candor but to inquire into his choice of 'the gynaecologist' as a pertinent model. Quite rationally of course, gynecologists must speak openly about sexual matters with their patients and in their writings. Since Freud specifically disclaims any gynecological rights beyond these, and since what he does claim seems nothing more than any responsible physician would be entitled to, there appears to be a problem here: why a gynecologist? The answer may lie in another excerpt from Freud's writings, oddly enough one in which doctors' Latin again appears.

The *matrem-nudam* episode was recorded at a time (1897) when his practice and professional life had provided Freud a highly valued contact with an eminent gynecologist, Rudolf Chrobak, mentioned several times in the letters to Fliess (7, pp. 54, 139);¹⁰ and later in *On the History of the Psychoanalytic Movement*, Freud ranked him with Charcot and Breuer as

⁹ Actually in this paper I found only six instances of Latin: *tussis nervosa*; 'inter urinas et faeces nascimur'; *tu quoque*; *Psychopathia sexualis* (book title); *ipso facto*; and *deus ex machina*.

¹⁰ In a consultation with Chrobak early in 1888, Freud spoke 'very strongly in the patient's presence, and not without intention, about the harmfulness of *coitus reservatus*'. (Surely not in Latin!) Such an occasion was good training for psychoanalytic frankness.

an important guide to the sexual theory of hysteria. As Freud tells the story, the occasion was a consultation on a patient whom Chrobak wished to turn over to Freud for treatment.

When Chrobak arrived he took me aside and told me that the patient's anxiety was due to the fact that although she had been married for eighteen years she was still *virgo intacta*. The husband was absolutely impotent. . . . The sole prescription for such a malady, he added, is familiar enough to us, but we cannot order it. It runs:

'R Penis normalis
dosim
repetatur!'

I had never heard of such a prescription, and felt inclined to shake my head over my kind friend's cynicism (13, pp. 14-15).

Yet despite the negation implied in the head-shake and the judgment of cynicism, Freud came to 'espouse the idea', and as he says this was a genuine espousal and no mere flirtation. Chrobak later on could not remember the incident (13, p. 13), nor did Freud until he came to write the History (7, p. 54, n.). Freud admired Chrobak, called him 'perhaps the most eminent of all our Vienna physicians', and said that his 'opinions commanded my deepest respect'.

That Chrobak's off-the-record prescription (like the comparable remark of Breuer about the *secrets d'alcôve* and Charcot's *c'est toujours la chose génitale*) gave Freud a right start is hardly the whole story. What Freud admired was the forthrightness of Chrobak and the other two, and this forthrightness of 'the gynaecologist' seems to enter into his claim to use plain language. 'The gynaecologist' as such may have a special meaning; certainly psychoanalysts recently have shown a willingness to learn from him many more *secrets d'alcôve*.¹¹

¹¹ In a discussion of Mary Jane Sherfey's paper, The Evolution and Nature of Female Sexuality in Relation to Psychoanalytic Theory (22), the writers agree, in Benedek's words, that 'the method of direct observation . . . reveals phenomena which are not accessible to psychoanalysts' (p. 425). Vice versa, of course, the method of psychoanalysis reveals phenomena which are not accessible to direct observation.

The Chrobak story returns us to the papers on technique, unexpectedly, though not to the train ride. These papers, as I said, were pedagogical in style, didactic though undogmatic, directed to less experienced colleagues. From the quality of the practical wisdom in them, there forms a picture of Freud's playing the same role of friendly mentor that Chrobak played during the consultation and Breuer on other occasions—of Freud imparting as they did empirical knowledge to a junior confrere. It is difficult to say how much the example of his masters and their willingness to share with him the secrets of the bed chamber and of the consulting room may have been in Freud's mind when he wrote the technical papers. But the papers were written from 1912 to 1914, and the Chrobak story was recalled and written down in the latter year.

After these extensive quotations and side excursions, it is time, as Freud said, to get back on the rails; that is, to the train compartment and specifically to the analytic situation described in the 1913 instructions—to the figure of the two passengers and the landscape. The figure, we assumed, had its roots in the train rides of early infancy. The viewing passenger at that time was certainly Freud, and the scenes of importance were within the compartment, if one makes the interpretative reversal and gives landscape its standard dream-symbolic feminine meaning (14, pp. 158, 162, 193). This frequent displacement from (latent) inside to (manifest) outside is perhaps best exemplified by another window, familiar to Freud's readers, the one in the Wolf Man's dream. There the sights depicted in the dream as being outside the window referred to what went on inside a room.

The early train ride, not as a scene but in disguise, broke through into consciousness as a trope in the letter to Fliess. It was, as Arlow (2) put it, 'an outcropping into conscious expression of a fragment of unconscious fantasy', invested with the lyrical emotion of Goethe's poem. Freud was borrowing the privilege which he assigned to Goethe of 'ennobling (sublimating)' into poetry his impressions and feelings. Both pri-

mary and secondary processes had conspired to alter the infantile experiences into verse and poetic imagery.

A comparison of the text in the 1897 letter with the advice given to younger colleagues in 1913 demonstrates the aptness of Strachey's word *revision* and of Isakower's suggested *redaction* in place of Brill's *elaboration* to translate Freud's *Bearbeitung* (16).¹² For it seems really as if Freud had started with a rough draft of the train-ride metaphor (not available to us) based on unconscious note-taking in a childhood diary, which was later mislaid and only much later retrieved when the metaphor came to mind 'somehow'. Letter No. 70 resembled Boerne's way of gathering material; Freud permitted himself to record whatever came to mind, not only facts but speculations and partially organized texts still not for publication. Letter No. 72, where the train-ride image appears in connection with a mood-description and the lines from Goethe, is organized. The original notes, some of them still not retrieved, but sufficiently recalled to be adequate for mood-description when combined with other impressions of a railroad journey, enter into a quasi-poetic statement. The train ride appears as image, kinesthetic and visual, in the form of a poetic trope.

Then the same material, whether in draft or partly organized, gets utilized for a new version. It gets revised and redacted, certainly; whether elaborated depends on the definition of this word. The final redaction came when the material was organized for publication in 1913. The comparison is rid of the affective connections of its precursors and of their subjectivity. The beginning analysis is told in direct and matter-of-fact new words to proceed as though he were a passenger looking through the train window and reporting on the sights to an inside passenger. By 1913, much had been secondarily revised and redacted since the early train rides, and the new text was in truth in form for the printer. Specifically the originally visual impressions had been so winnowed, so much of the personal had

¹² Brill's and Strachey's words appear respectively in their translations of *The Interpretation of Dreams*.

been eliminated, that the residue of visual imagery was relatively slight and well subordinated to the verbal, cognitive message. The metaphor had become 'practical'.

The final train-ride figure is excellently adapted for the purposes of psychoanalytic instruction and therapy. A beginning analysand has surely ridden in a train and has probably sat by the window watching the passing scenery. He has (less surely) been exposed to scenes like the intra-compartment ones of early childhood. But to speak of the window and the train ride is a *lege artis* maneuver. It is an example of what is meant by 'starting with the surface', that is, with the consciously familiar. The rest is initially left up to the beginner, who hopefully will be 'hauled along' when he gets down to real 'inner work' and comes to find and make up his own particular metaphors and similes for the pictures and moods and 'the shadows of old loves', which still have their place in the most modern and sophisticated theories of psychoanalytic technique.

The sequence of events in outline form would run as follows:

1. October 3, 1897 (Letter No. 70): Associations and partial constructions of early events, including train rides. Written with humor, mock-medical style in the 'Latin' part.

2. October 21, 1897 (Letter No. 72): Emergence in lyrical language of a railroad figure of speech, motor and visual. Train ride = analysis. It is interesting that the editors of the *Origins* chose as the extended title, 'letters, drafts, and notes'.

3. December 21, 1899 (Letter No. 126): Possible emergence of original scene. Insight into origin of railway phobia and resolution. New material requires new and perhaps extensive conscious redaction; more likely, from the editorial standpoint to be reserved for a new and different publication.

4. 1913 (On Beginning the Analysis): Matter-of-fact use of train analogy in exposition of psychoanalytic technique, aligning free association with a visual analogue. A relatively small, still visual but unsubjective 'outcropping' of the originally visual.

Freud was well aware that he gathered material for his theories, often without knowing at the time what use he might put

such 'mental notes' to. In *On the History of the Psychoanalytic Movement*, he introduces the anecdotes about Breuer, Charcot, and Chrobak with the following reflection:

. . . one day, certain memories gathered in my mind which disturbed this pleasing notion [of autochthonous originality of the sexual theory of hysteria], but which gave me in exchange a valuable insight into the processes of human creative activity and the nature of human knowledge. The idea for which I was being made responsible had by no means originated with me. It had been imparted to me by three people whose opinion had commanded my deepest respect . . . (13, p. 13).

Interestingly, until Freud came to write this essay, he had forgotten one of the incidents, the one which Chrobak too had forgot; Breuer had forgotten the incident that Freud remembered; and Freud felt sure that Charcot too would not have recalled his remarks.

Freud's discovery of such figurative inseminations in the creative process was to receive a general formulation in the works of Ernst Kris (19). In the above passage, Freud disclaims parthenogenesis, finds fathers to his ideas in his three masters, and details the seminal events, which, in themselves ostensibly ephemeral and trivial, were important as inspirations for subsequent unconscious incubation. In much the same way, Freud found the germinal antecedent of his invention of the method of free association in a brief passage in Boerne's writings, which he had read when he was about fourteen.¹³

But the train ride comparison was unfathered. No Breuer and no Chrobak voiced any observations on train journeys;

¹³ Cf., Jones (17): 'When Freud put his trust in the validity of free associations he said he was "following an obscure intuition". We have now a clue to the source of this interesting intuition.' Jones then gives Boerne's 'practical prescription' for becoming 'an original writer in three days', which was to set down everything on paper that came to mind, no matter what. Jones continues: 'He recollected half a century later many passages from the volume in which the essay in question is to be found, though not the actual lines quoted above. Still we may be sure that Börne's startling proposal had sunk into Freud's mind and played its part twenty years later in stimulating him to give his patients' thoughts free play' (pp. 245-246).

nor had he, so far as we know, been alerted to watching scenery by Boerne or any other author. The figure arose from out of his store of personal, private memories. It falls into the general category of sublimation, in accord with Freud's rapid definition in the same History, where he speaks of 'the sublimation of erotic instinctual forces and of their transformation into trends which can no longer be called erotic' (13, p. 61).

Such de-erotizing and increased control by the ego can be demonstrated by considering the different forms assumed by 'train ride'. Three forms can be distinguished definitely in this history: 1, erotic, 2, lyrical, and 3, technical. Historically, the first infantile form is not figurative at all. It is visual, libidinal, experienced personally, suited to take part in the formation of sexual fantasies under the pleasure principle, also susceptible, therefore, to repression and to subsequent vicissitudes. When one of these vicissitudes leads to the outcropping of the lyrical passage in the letter, we have form 2, where the figure is close to a day dream. It is emotionally charged but certainly ego-controlled, striving for and perhaps attaining sublimation in lyric form, resembling Goethe's 'ennobling' of his shadows. The third form of the figure, which I loosely called technical, is devoid of erotic interest or lyrical emotion. It is part of a sober, didactic exposition, ego-syntonic, socially acceptable, and publishable.

In terms of communicability, the infantile form is something not shared, not told readily even to one's self. It is censored or repressed. The second form can be communicated in friendly intimacy or in the intimate convention of poetic lyricism. The third form is highly publishable.

For all its very different quality, the second, lyrical form of the figure shares its 'intimate' character with the three private foreign-language anecdotes, in that these stories could be told to friends and would be understood in a fraternal setting. The letters to Fliess and the anecdotes were not originally intended for publication; they were finally printed but for exceptional reasons. The lyrical form was not edited into the

final technical form. At least it seems to me that both were separate elaborations—this word seems acceptable here—of a common original.

From the first to the second and third forms there is a steady diminution not only in affective charge but also in degree of conflict. Conflict led to the repression of the original train rides. Conflict was attenuated in the friendly and intimate setting of the letters. (A certain amount is suggested when Freud calls Chrobak's remark cynical but kindly and when he shakes his head. There was a vestige of conflict at the hearing but not later in the telling.) Finally came the conflict-free exposition in the paper on technique. The story of the comparison from its unmetaphorical origins through its publication maps for us the path from the pleasure principle to the ego-controlled sublimation.

So far in this essay, attention has been directed mainly to the man in the window seat with apparent neglect of the person inside who cannot see the landscape directly. Freud's advice is addressed to this person and there is much to say about the history of his mental processes and evolution, even in terms of the metaphor. He had his own infancy and conflicts and his own store of visual memories, some of them reactivated in the professional setting. Of the many possible things that might be said about him in terms of the analogy, I shall only point out that there are two sides to a train, therefore a second window and corresponding landscape. The passenger at the window in the original figure, concentrating on his side of the road, would not perceive the second window. The inside passenger, passively attentive to the verbal messages, would be inattentive to this window too—but not unaffected. He would be subject to an 'internal' Poetzl phenomenon (20), and he would register images received from the window through the corner of his eye; that is, by 'indirect [peripheral] vision', which, then, he might or might not combine with the messages from the other passenger on the train, while they are traveling companions on the terminable or interminable journey.

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Freud's *Déjà Vu* on the Acropolis

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FREUD'S DÉJÀ VU ON THE ACROPOLIS

A SYMBOLIC RELIC OF 'MATER NUDA'

BY HARRY SLOCHOWER, PH.D. (NEW YORK)

*(Occurrences of 'déjà vu' in dreams have a special meaning.)
These places are invariably the genitals of the dreamer's
mother; there is indeed no other place about which one can
assert with such conviction that one has been there once
before.*

—FREUD (8, p. 399)

A Disturbance of Memory on the Acropolis (3) is a literary gem as well as a psychoanalytic self-revelation. It was written as An Open Letter to Romain Rolland when Freud was eighty and felt that his death was near. The Letter is examined here as a look back toward veiled beginnings, characteristic of Freud's pervasive self-analysis.

In this Letter Freud does not confront early memories directly but transposes them into cultural and historic symbols. His journey to Athens and the Acropolis is to the 'Mother' of Western culture and to the sacred temple standing on the mountain. At the same time the Letter may be evocative of a specific repressed memory—having seen his mother nude on a trip he took with her when he was about four years old. Was his journey to the Acropolis an attempt to 'see' and 'verify' in symbolic transformation what the child had observed vaguely and mistily? Did the arousal of this memory on the Acropolis create a conflict between the desire to 'see' and the defense against this desire? In part the Letter to Rolland is a dramatic-poetic soliloquy, a kind of 'dream-within-a-dream'. Freud quotes himself on what he thought or said to himself, becoming, as Stamm (27) puts it, 'the observer of the observed'. Waves of confusion engulfed him and Freud was seized by a feeling of

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estrangement ('*Entfremdungsgefühl*').¹ What specific memory is Freud referring to in this Letter? He had not visited the Acropolis before 1904. He had read about Athens, but the highly charged feeling-tone and affect of the Letter make it doubtful that it is a 'book memory'. Freud remarks that '... seeing something with one's own eyes is after all quite a different thing from hearing or reading about it' (3, p. 241). And in speaking of the phenomenon in its general context, he explicitly says that it is '*déjà vu*' (p. 245). Accordingly, I postulate that the essay refers to a childhood memory of what Freud had once seen.

While re-reading this Letter I was reminded of another letter which Freud wrote to Wilhelm Fliess on March 10, 1897. In it, Freud tells Fliess of having seen his mother nude:

... later (between the ages of two and two-and-a-half) libido towards *matrem* was aroused; the occasion must have been the journey with her from Leipzig to Vienna, during which we spent a night together and I must have had the opportunity of seeing her *nudam* ... (6, p. 219).

Jones (18, Vol. I, p. 13) notes that Freud was actually four years old on this journey and surmises that the memories of two such experiences were telescoped. Jones also calls attention to Freud's use of Latin words in writing of his mother and her having been nude. Was this an attempt to make the experience something 'foreign'?

For thirty-two years, 'the recollection of this incident on the Acropolis' troubled Freud often (3, p. 248). At the age of eighty, he tells 'the truth'. Further, he writes it to one who once described a mystical emotion of identification with the universe which Freud termed an 'oceanic feeling' (4, pp. 64-65). According to Jones (18, Vol. III, p. 340), Freud traced this oceanic feeling back 'to the earliest stage of infancy, to a time when no distinction is made between the self and the outer

¹ 'Estrangement' seems closer to the German original than the term 'derealization' used by Strachey (3, p. 244).

world'—that is, to the stage when the child experiences the mother as part of himself.

The effect evoked by seeing the mother's genitalia is described by Freud in *Medusa's Head* (5) as

the terror of castration when a boy . . . catches sight of the female genitals . . . surrounded by hair, and essentially those of his mother. . . . The sight of Medusa's head makes the spectator stiff with terror, turns him to stone (p. 273).

The Medusa theme is also sounded in connection with the goddess Athene:

The symbol of horror is worn upon her dress by the virgin goddess Athene. And rightly so, for thus she becomes a woman who is unapproachable and repels all sexual desires—since she displays the terrifying genitals of the Mother (pp. 273-274).

Freud's *Letter to Rolland* is crowded with voyeuristic imagery.

'We're going to see Athens? Out of the question!—it will be far too difficult!'. . . finally . . . I stood on the Acropolis and cast my eyes around upon the landscape. . . . 'I could really not have imagined it possible that I should ever be granted the sight of Athens with my own eyes' . . . the whole psychical situation, which seems so confused and is so difficult to describe, can be satisfactorily cleared up by assuming that at the time I had (or might have had) a momentary feeling: *'What I see here is not real'* (3, pp. 240, 241, 243, 244).

The imagery of seeing also appears in the theme of *Medusa's Head* which is invoked in this *Letter*, and the horror of its sight is linked to seeing the Loch Ness ' . . . sea serpent we've never believed in!' (p. 241).

Freud repeatedly speaks of the 'incredulity' of his experience on the Acropolis and speculates that only now was he acquiring 'a conviction that "reached down to the unconscious"' (p. 241). He shifts his incredulity 'back into the past' and becomes unsure about 'the very existence of the Acropolis'.

And so something occurred which was equivalent to an assertion that at some time in the past I had doubted the real existence of the Acropolis (p. 243).

He compares his feeling of incredulity to the 'secret' love of a girl:

. . . the incredulity that arises so often . . . when a girl learns that the man whom she has secretly loved has asked her parents for leave to pay his addresses to her (p. 242).

Standing on the Acropolis Freud had the feeling that it was 'too good to be true. . . . I'm not worthy of such happiness. I don't deserve it. . . . It seemed to me beyond the realms of possibility that I should travel so far—that I should "go such a long way"' (pp. 242, 246). He is reminded that he used similar expressions elsewhere. In *Those Wrecked by Success* (7), he wrote that in 'those exceptional cases in which people are made ill by success, the internal frustration . . . has only made its appearance after an external frustration has been replaced by fulfilment of a wish' (p. 317). Is there a connection between the 'external frustration' of the child who saw his mother nude and the symbolic 'fulfilment of a wish' on the Acropolis? Did this 'success' by the adult nearly 'wreck' him, giving rise to the feeling of estrangement he experienced when he actually saw the holy temple? Harrison (17) draws an apt distinction between the emotional impact of art works which can be viewed as an æsthetic illusion and that of cultural shrines which are real. The latter can set up more powerful and intense stresses in the unconscious fantasy.

The passages that describe Freud's feelings before his arrival at the Acropolis give a sense of free-floating anxiety about seeing Athens as well as of the compulsion to go there. When he and his younger brother are advised to visit Athens instead of Corfu as they had planned, they walk away 'in remarkably depressed spirits'. They agreed that the plan of travel to Athens was 'impracticable and saw nothing but difficulties in the way of carrying it out'. They also assumed that they would not be

allowed to land in Greece without passports, and wandered about in a 'discontented and irresolute frame of mind'. Yet they proceeded to book passage for Athens 'as though it were a matter of course, without bothering in the least about the supposed difficulties' (p. 240).

When they reach the Acropolis, Freud drops all reference to his brother's feelings and 'we' becomes 'I'—as though what he felt were relevant to him alone. He writes:

I did not ask my younger brother whether he felt anything of the same sort. A certain amount of reserve surrounded the whole episode; and it was this which had already interfered with our exchanging thoughts at Trieste (p. 243).²

The immediate effect of the view from the mountain is a division between the self which had once 'known' and the self which now 'saw'.

. . . the person who gave expression to the remark was divided, far more sharply than was usually noticeable, from another person who took cognizance of the remark. . . . The first behaved as though he were obliged, under the impact of an unequivocal observation, to believe in something the reality of which had hitherto seemed doubtful (p. 241).

The little boy who spent the night with his mother saw the general vaginal area, but probably had a doubt—to use the formulation we find in the Letter—'about something which had to do with this precise locality', a doubt which reappears when Freud beholds the Acropolis.

The situation included myself, the Acropolis and my perception of it. I could not account for this doubt. . . . But I remembered that in the past I had had a doubt about something which had to do with this precise locality, and I thus found the means for shifting the doubt into the past. . . . At the time I had (or might have had) a momentary feeling: '*What I see here is not real*' (p. 244).

² Jones (18, Vol. II, p. 24) writes that Freud's brother was puzzled by Freud's incredulity and that Freud had a humiliating experience while returning to his hotel.

Freud regarded Athens and Rome as the parents of European civilization. In *The Interpretation of Dreams* (8) he tells us that '... the wish to go to Rome had become in my dream-life a cloak and symbol for a number of other passionate wishes' (pp. 196-197). We know that Freud was also inhibited from seeing Rome, and went there only after his father's death in 1901, and following his self-analysis. Afterwards, Freud visited Rome several times, and even proposed to his wife that, when they retired, it should be to Rome (18, Vol. II, p. 96). But Freud never came back to Athens and the Acropolis. Did he want to avoid a revival of his disturbed memory?

Jones (18, Vol. II, p. 19) states that Freud identified Rome as the Mother of Cities, adding that Freud himself acknowledged this in a footnote to *The Interpretation of Dreams* (8). However, when we examine this footnote we find that Freud attributes this interpretation to Brutus:

The oracle given to the Tarquins is equally well known, which prophesied that the conquest of Rome would fall to that one of them who should first kiss his mother (*'osculum matri tulerit'*). This was interpreted by Brutus as referring to Mother Earth (p. 398, n.).

In 1914, Freud added to this footnote a dream of Hippias, as reported by Herodotus. Here lying with his mother is interpreted 'that he should return to Athens . . . and so die an old man in his own mother-country'.

Hippias in the past night had seen a vision in his sleep wherein he thought that he lay with his own mother; he interpreted this dream to signify that he should return to Athens and recover his power, and so die an old man in his own mother-country (p. 398, n.).³

When writing the essay on the Acropolis, Freud too is an old

³ In a letter to Fliess (6, p. 206), Freud relates a dream in which he experienced sexual feelings toward his daughter Mathilde who is called 'Hella': 'Not long ago I dreamt that I was feeling over-affectionately toward Mathilde, but her name was "Hella", and then I see the word 'Hella' in heavy type before me.'

man who 'remembers' having returned to Athens, the mother-country. If for Freud Rome stood for Mother, it was a mother with phallic attributes. In *The Interpretation of Dreams* (8) Freud writes:

To my youthful mind Hannibal and Rome symbolized the conflict between the tenacity of Jewry and the organization of the Catholic church (p. 196).

Derek Freeman (2) compares Freud's depression after writing *Totem and Taboo* with the depression on April 29, 1904, in Trieste and interprets both as revealing 'an aspect of Freud's own œdipal complex'. In both, the inhibition is traced to 'fear of his father', to 'guilt at triumph over his father, . . . which produced the defensive denial of the realization of his ascendancy when Freud finally climbed to the renowned Acropolis'. Harrison (17) similarly argues that an earlier œdipal wish emerged on the Acropolis which produced guilt feelings, leading to an identity disturbance. Stamm (27) differs with Harrison's position that the œdipal conflict is central. Yet he and Schur (21) make an important contribution in calling attention to Freud's œdipal relationship to Fliess as a precipitating factor in Freud's disturbance. The interpretation I am suggesting is that both mother and father enter into Athens and Rome, but that it is the mother-image that is more central in Freud's view of the temple on the Acropolis. Harrison comes close to this view when he writes: '. . . opposite attitudes, comparable to the simultaneous "affirmation and disavowal", often originating at the first sight of the female genital, may have been revived . . . on the Acropolis' (17, p. 522). He also notes the 'voyeuristic connotations' of Freud's essay. Freud's long-delayed visit to Rome was not especially noted by him subsequently. It would seem that Athens, the Mother of Cities, posed a greater threat to Freud than did Rome.

In his reappraisal of *Totem and Taboo*, Derek Freeman (2) repeats the charge that Freud did not do justice to the role of

the mother. Attention to the preœdipal phase has marked a signal contribution to the development of psychoanalytic theory. Yet we should note first that this aspect is not completely absent even in Freud's earlier works; it appears in the form of the 'negative œdipus complex'. Furthermore, beginning with *Group Psychology* (9) Freud acknowledges the mother goddesses and assigns them temporal priority: 'The series of gods, then, would run chronologically: Mother Goddess-Hero-Father God' (p. 137). Likewise, in *Totem and Taboo* (10) he specifically states that he goes along with Bachofen's thesis that the institution of matriarchy preceded the patriarchal organization (pp. 144, 149). In *Moses and Monotheism* (11), he writes that at some time in the evolution away from totemism 'great mother-goddesses appeared, probably even before the male gods, and afterwards persisted for a long time beside them' (p. 83). It is in his last years that Freud pays increasing attention to the mother-goddess. It is relevant for my thesis to note that the first two of the three essays of *Moses and Monotheism* appeared in 1937, that is, just one year after his *Letter to Rolland*.

If in *Totem and Taboo* the emphasis is on the patriarchal and the œdipal, Freud's later work shows a slight but unmistakable shift toward the matriarchal and preœdipal. Fabian X. Schuppper pointed out to me that this shift coincides with Freud's growing interest in the mythic, prehistoric background of peoples. In *Moses and Monotheism* Freud traces the myth of Moses to Egyptian and Greek mythology. Here he raises the question of where the Greeks obtained all the legendary material 'which was worked over by Homer and the great Attic dramatists'. The answer, he writes, would have to be

... that this people had probably experienced in their prehistory a period of external brilliance and cultural efflorescence ... of which an obscure tradition survived in these legends. The archaeological researches of our days have now confirmed this suspicion ... have uncovered the evidences of the impressive Minoan-Mycenaean civilization ... (p. 70).⁴

⁴ Cf. Ref. 26.

The connection between this interest and the preœdipal may also be detected in his essay on Female Sexuality (13) written five years before the Letter about the Acropolis. Here, Freud again refers to the Minoan-Mycenaean civilization and associates it with the early, preœdipal phase:

Our insight into this early, pre-Œdipus, phase in girls comes to us as a surprise, like the discovery, in another field, of the Minoan-Mycenaean civilization behind the civilization of Greece (p. 226).

In his paper on Leonardo (12) Freud delved into the pre-Grecian myth. Here he stresses the androgynous nature of the Egyptian Mother Goddess Mut, as well as that of other deities such as Isis, Hathor, and Neith of Sais. He notes that Athene developed from the Egyptian deity Neith of Sais and was also originally conceived of as androgynous. The same, he adds, was true ' . . . of many of the Greek gods, especially those associated with Dionysus, but also of Aphrodite' (p. 94).

Thus it appears that for Freud both Rome and Athens and their gods and goddesses possessed a bisexual character. Hence, in his Letter, he deals not only with the threatening Mother (Medusa, Loch Ness), but also with the threatening Father. Associating to his view of the Acropolis, Freud refers to Napoleon's remark ' . . . during his coronation as Emperor in Notre Dame . . . "What would *Monsieur notre Père* have said to this, if he could have been here today?" ' .⁵ Here arises a sense of guilt:

It must be that a sense of guilt was attached to the satisfaction in having gone such a long way: there was something about it that was wrong, that from earliest times had been forbidden. It was something to do with a child's criticism of his father, with the undervaluation which took the place of the overvaluation of earlier childhood . . . and as though to excel one's father was

⁵ According to the Editor's Note (3, p. 247), Napoleon's assumption of the Crown did not take place at Notre Dame, but in Milan. Here, where he is speaking of a powerful father figure, Freud makes a slip and introduces the mother name (Notre Dame).

still something forbidden. . . . The very theme of Athens and the Acropolis in itself contained evidence of the son's superiority. . . . Thus what interfered with our enjoyment of the journey to Athens was a feeling of *filial piety* (3, p. 247).

Schur's (21, 22) and Stamm's data (27) become peculiarly relevant at this point. The guilt and disturbance Freud experienced on the Acropolis may be viewed as also related to what he owed to Fliess who had originally called his attention to the idea of bisexuality. This suppressed memory was now forcing itself into Freud's preconsciousness at the sight of the Acropolis whose pillars and interior symbolically represented the phallus and the vagina. Further, it was to Fliess, the father-brother figure, that Freud had confided his having seen his mother nude.

Freud's first reference to his view of the Acropolis is in *The Future of an Illusion* (14). Here he speaks of the Acropolis as a temple in ruins:

I stood for the first time on the hill of the Acropolis in Athens, between the temple ruins, looking out over the blue sea (p. 25).⁶

⁶ In his article, *Freud's Self-Analysis and His Scientific Ideas*, Gedo (16) points out that Freud's travels were 'an attempt to turn a passively experienced, traumatic event into an actively produced, manageable one. . . . The travels to and from the South constituted a seeking, a finding, and a relinquishment of the object.'

Now we know that in the period in which the Letter was written, Freud had had several frustrating 'oral' operations. Indeed, the theme and tone of the Letter are similar to those in *Mourning and Melancholia* (1917), and exhibit something akin to castration anxiety. In this context, Freud's reference to 'realization' in Volume Two of *The Minutes of the Vienna Psychoanalytic Society* (20) is poignantly relevant. Here 'realization' is given the meaning of 'becoming alive'. And Freud adds that it 'derives unquestionably from the complex of erection' (pp. 537, 539). 'Derealization' would then constitute a form of losing an erection. In the Letter, Freud calls himself 'an impoverished creature . . . [I] can travel no more' (p. 248).

Two years after his journey to the Acropolis, Freud wrote an analysis of Jensen's *Gradiva* (15). Jensen's novel contains multiple striking analogies between Freud's quest and that of Jensen's archeologist, but with this crucial difference: Jensen's artist is finally reunited with the girl of his childhood love. Elsewhere, I attempt to show that Freud's study of Jensen's *Gradiva* was a symbolic wish-fulfilment and restitution of the frustration he had experienced two years earlier on the Acropolis (25).

Freud wrote the Letter at a time when he felt he was near death. The sight brought back the memory of Athens which gave birth to our culture, but whose temple was now in ruins. We know the intimate connection Freud saw between birth and death (24) and, as mentioned, he addresses this Letter to Rolland who suggested to him the coinage of the term 'oceanic feeling', which entails mother-birth-death. Freud notes that booking passage for a sea-voyage (birth-death voyage?) was intimately connected with the idea of the Acropolis.

The Letter begins and ends with a kind of 'apology'. Freud would have it that what he describes should be understood as coming from an old man whose 'powers of production are at an end . . . the gift of an impoverished creature, who has "seen better days" ' (p. 239). It closes with something like a plea for forgiveness and in a tone of renunciation: '. . . I myself have grown old and stand in need of forbearance and can travel no more' (p. 248). Like Moses, Freud had seen the Promised Land and was forbidden to enter it. However, before his productive powers have been spent, Freud summons up from the depths of his creative springs his poetic powers and some of the most hidden mnemonic associations to give us a glimpse of a secret—a disturbance of long ago. After some seventy-five years, he still finds it 'so confused and difficult to describe' (p. 244), although it now appears in a symbolic-cultural transfiguration.

The Open Letter to Romain Rolland is at once one of Freud's most personal and most public confessions. Toward the end of his life, Freud looks back to beginnings, a kind of *recherche du temps perdu*, a quest for things past and lost. It is a troubling quest, undertaken for the sake of telling the truth to which he and the man to whom it is addressed had pledged themselves. The Letter is a dialogue in which Freud speaks to or quotes himself. The sight of the Acropolis makes Freud doubt the reality of what is before him, so that in parts the Letter approximates a fantasy-poem or a dream-within-a-dream. In no way does Freud allude to the fact that the Acropolis he saw in

1904 was a ruin. It is as though he wanted to see it as it had been in the long ago, as intact as what the child saw when he spent the night with his mother. For the interpretation I am offering, it is also highly significant that Freud confines himself to describing how he felt but makes no attempt whatsoever to explain *why this feeling was mobilized on the Acropolis* rather than when he viewed other memorable relics. Indeed he admits: 'I could not account for this doubt' (p. 244). It is as though his *déjà vu* associations on the Acropolis could not be revealed as having any connection with the disturbed memory of an early view. In his letter to Fliess, he covered his childhood memory with Latin words. Here it is much more screened by reserved and delicate associations to an architectural monument of the Hellenic era. However, this effort to conceal and the conflict that it produced would seem to have contributed to the disturbance.

SUMMARY

The voyeuristic imagery which Freud uses in describing his feelings on the Acropolis is interpreted as a *déjà vu*, connected with a childhood memory of having seen his mother nude. The Letter is further seen as another indication of Freud's greater attention, especially in the last years of his life, to the pre-œdipal phase. This is also evident in his increasing examination of the prehistory and myth of Egypt, Greece, and other places. To some degree, the œdipal and patriarchal considerations are also introduced in the Letter. Thus Freud's disturbance of memory may also be connected with having forgotten that it was Fliess who brought to his attention the idea of bisexuality.

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Mathematical Reflections on the Analytic Process

Edward J. Carroll & Gerald Houghton

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MATHEMATICAL REFLECTIONS ON THE ANALYTIC PROCESS

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INTRODUCTION

Freud emphasized both the affective and the cognitive aspects of the work of the analyst. Thus in one context he writes, 'The attitude which the psychoanalytic physician could most advantageously adopt was to surrender himself to his own unconscious mental activity in a state of evenly suspended attention, . . . and to catch as far as possible the drift of the patient's unconscious with his own unconscious' (5, p. 239). In another connection, he writes, 'we avoid telling [the patient] at once things we have often discovered at an early stage, and we avoid telling him the whole of what we think we have discovered. We reflect carefully over when we shall impart the knowledge of one of our constructions to him, and wait for what seems to us the suitable moment—which is not always easy to decide' (6, p. 178).

The first quotation emphasizes the immediate intuitive openness demanded of the analyst, and the second the ability to step back and reflect upon his work with full intellectual rigor. As Fenichel says, 'The subject matter, not the method, of psychoanalysis is irrational' (2, p. 13).

This paper, the collaborative effort of a psychoanalyst and a physical scientist, does not attempt to de-emphasize the importance of the emotional aspects of the analytic process, but is an attempt to extend the logical and theoretical aspects of psychoanalysis. It does not attempt to change psychoanalytic

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theory, but rather suggests that psychoanalytic theory and therapy can be viewed from a different perspective. In a sense the paper is the reverse of applied psychoanalysis, which aims to apply psychoanalytic insights to other fields; it applies mathematical insights to the psychoanalytic field.

MODELS

In the development of psychoanalysis as a science, and in the effort to move from teaching by examples to teaching by models, a few workers have expressed the hope that psychoanalytic concepts could ultimately be expressed in mathematical terms. David Rapaport writes: 'However useful and indispensable the [psychoanalytic] theory is clinically, however much light it sheds on a broad range of human phenomena, and however consistently everyday and clinical experience confirms its helpfulness, as a theory it requires exact tests of confirmation which in turn require the mathematization of the relationships posited by it'. And again, 'All sciences, in striving to make their assertions precise, move toward a mathematization of the relationships they establish by their procedures. Psychoanalysis—like all other sciences—orders, equates, compares, and distinguishes observables, and these procedures, once made precise, reveal themselves as mathematical operations' (10, p. 90).

The virtue of mathematics in this regard is not that it quantifies but rather that it forces a clear, unambiguous statement of relationships, and so specifies exactly what is intended, and thus shows up what is confusing, contradictory, implied, or assumed in verbal statements. Mathematics, a precise, common language, immediately says by an equation what is meant and what is not meant.

If clear and precise verbal statements on psychoanalytic theory and technique are available, it is possible to set these forth as axioms which can then be expressed mathematically. Houghton (7) has already done a considerable amount of work on this problem. If quantification can be worked out for the mathe-

mathematical terms, we are in a position to use simulation techniques to represent various problems in psychoanalytic theory, research, and technique and then simulate solutions for these problems.

FROM ANALYSIS TO ANALOGUE

We will now present a brief outline of the stages of analytic therapy, and represent these by analogic block diagrams. In the preliminary phase the analyst listens to the prospective analysand's story with attention and receptivity. As Freud writes, '... I have made it my habit, when I know little about a patient, only to take him on provisionally, for a period of one or two weeks ... in it one lets the patient do nearly all the talking and explains nothing more than what is absolutely necessary to get him to go on with what he is saying' (3, p. 124). The analyst wants to observe the patient's spontaneous trends and behavior, and his productions are guided as little as possible by the analyst. This may be illustrated in Figure 1 where e represents the input from the environment, while the output of the patient is indicated by p , and the therapist's output by t .

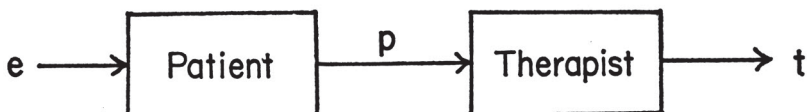


Fig. 1 Preliminary Phase. Patient and therapist transfer functions in open loop.

As the analyst listens to the new patient, he sorts through various broad categories: competent or incompetent; normal, neurotic, psychotic, or character disorder; adequate or inadequate reality testing, etc. As the patient's behavior supplies answers to these questions, the analyst develops an orientation and begins to guide the interview into further decision points: past relationships with parents and other authority figures, the nature and stability of his usual object relations, his uses of defenses, and the quality of the relationship developing between himself and the patient—especially how the patient re-

sponds to cues from the analyst—in order to estimate the nature of the patient's conflict, his ego strength, and his suitability for analysis. If, on the basis of this sampling, the analyst decides this patient is not suitable for analysis, this is as far as the working relationship goes. If the patient is suitable for analysis, they proceed to develop a contract.

The contract, a set of explicit and implicit commitments that the analyst and patient make to each other, indicates that each of them understands and possesses the qualifications for the reciprocal roles, and will come together regularly in order to give attention to, and bring about changes in certain features of one of them, the patient. The contract explicitly calls for performance of certain obligations such as frequency of hours, extensiveness of treatment, payment, etc., and also has its implicit prohibitions—namely that it is purely a professional relationship and, regardless of the topic discussed, it will never move into a social relationship. In the words of Freud, '... we make our pact: complete candour on one side and strict discretion on the other' (6, p. 174).

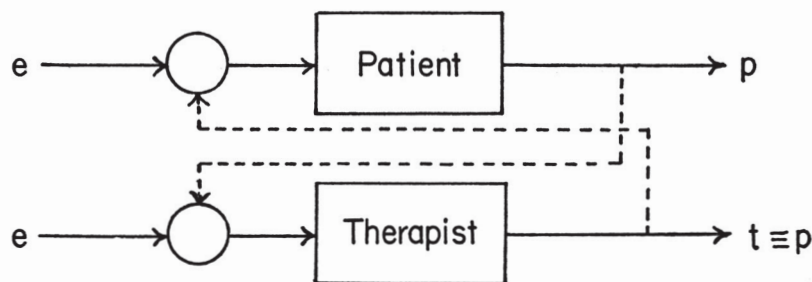


Fig. 2 Early Phase. Patient and analyst transfer functions in parallel and in intermittent feedback.

To turn again to diagrams, it is obvious that the patient and therapist are simultaneously observing, collecting, and sampling data from each other, and this is represented in Figure 2, where the heavy lines indicate that both the patient and

therapist are responding to environmental stimuli, and the dotted lines indicate that the output of one is input for the other. We may also imagine that the boundaries of the diagram represent the boundaries of the therapist-patient system. In respect to the exchanges of information, the behavioral interaction of this phase somewhat resembles the loosely coupled interactions of sampled data systems.

Returning now to Freud, we read, 'In quite a number of cases an analysis falls into two clearly distinguishable phases. In the first, the physician procures from the patient the necessary information, makes him familiar with the premises and postulates of psychoanalysis, and unfolds to him the reconstruction of the genesis of his disorder as deduced from the material brought up in the analysis. In the second phase the patient himself gets hold of the material put before him; he works on it, recollects what he can of the apparently repressed memories, and tries to repeat the rest as if he were in some way living it over again. In this way he can confirm, supplement and correct the inferences made by the physician' (4, p. 152).

In Freud's second phase, with the development of a good transference, the analyst becomes very closely attuned to the patient's processes, and the patient in turn is markedly sensitive to the analyst's attitudes and comments. When the patient is 'really in analysis', he pursues his neurotic conflicts with the aid of the analyst. The analyst does not lead his patient by the hand through the labyrinth of his drives, defenses, and resistances, but rather follows closely behind, reassuring him by his presence, urging him onward with clarifications and reconstructions, and warning of obstacles and blind alleys by his confrontations and interpretations of resistance. The analyst thus acts as an error-sensing instrument for the patient in his tortuous journey through his analysis.

Analogous to this is the classical cybernetic diagram with the patient in the forward branch and the analyst in the feedback branch. This is shown in Figures 3 and 4 for positive and negative feedback.

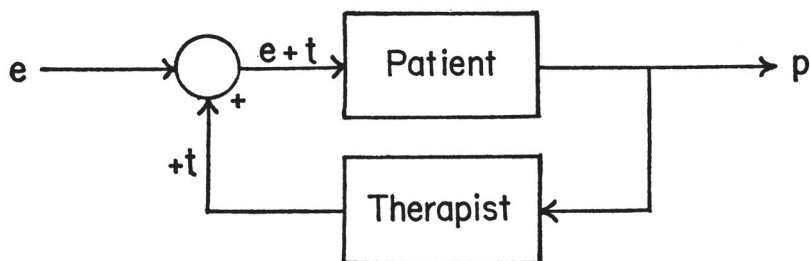


Fig. 3 Mid Phase. Patient and analyst transfer functions in positive feedback.

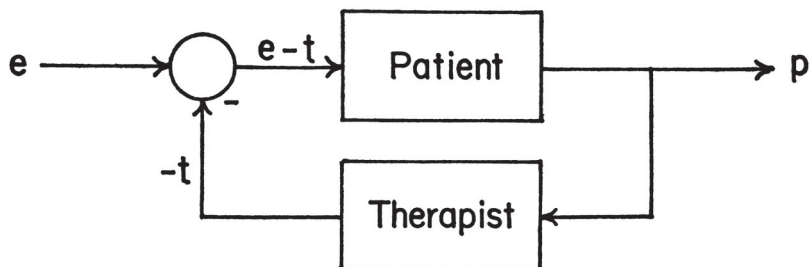


Fig. 4 Mid Phase. Patient and analyst transfer functions in negative feedback.

Let us discuss termination by adding the final sentence of the quotation just as given from Freud: 'It is only during this work that [the patient] experiences, through overcoming resistances, the inner changes aimed at, and acquires for himself the convictions that make him independent of the physician's authority' (4, p. 152). Let us also quote from a recent paper by Kanzer and Blum: 'The relationship between the analyst and the patient is not limited to words but includes feelings, attitudes, and actions, both of a spontaneous nature and as instilled by the analytic arrangements and developments themselves. The surface of contact extends beyond moments of resistance, followed by interpretations that produce a self-elimination of the analyst, and includes the therapeutic alliance as it exists at all times. The incorporated image of the analyst after the interpretation remains as a permanent new structure within the ego—a representative of reason and benevolence as guiding forces in personality formation' (9, p. 127).

Gradually, by identification, the patient develops his own built-in analyst, and finally is able to separate from the therapist. In systems terms, he develops an 'equivalent system' and separates out as shown in Figure 5.

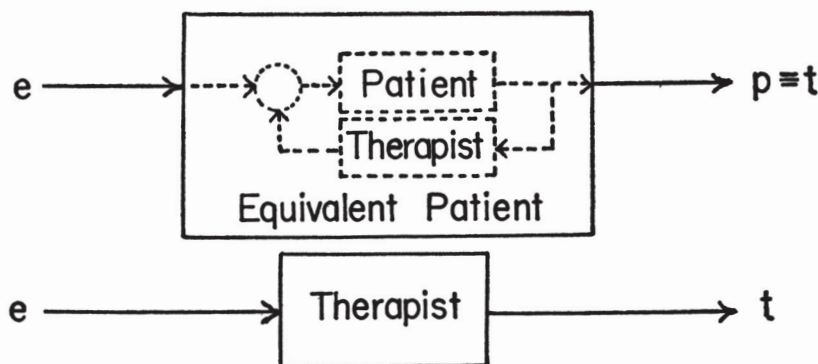


Fig. 5 Separation. Equivalent transfer function for the separated patient.

MATHEMATICAL FUNCTIONS

Now let us look at the diagrams themselves. These flow charts use the conventional symbols of engineering. The lines are inputs and outputs, a circle indicates summation of inputs, and boxes represent processes or 'transfer functions'. For example, in an electronic diagram there are a series of symbols, each symbol representing some transfer function. A radio detector has the transfer function of changing the input radio frequency to the output audio frequency. An amplifier has the transfer function of magnifying an input. A filter has the transfer function of passing certain inputs and blocking others. Each component has a transfer function which may be expressed mathematically and quantitatively.

The qualitative description of the comparative behavior of human beings has been, and is, the main focus of psychoanalysis. The challenge, then, is to express psychoanalytic processes mathematically and quantitatively. Quantification,

whether in psychoanalysis or related fields, is difficult and tedious but progress is being made. To use some nonanalytic examples, Stevens (12) has produced evidence that the subjective scaling of psychological stimuli and responses may have a fair degree of accuracy. Subjective scaling on number or letter scales has been found to be precise and effective in rating the quality of cloth, food, and other commodities in trade and commerce, as well as in judging the severity of offenses and punishment by law. Number and letter grading is universal in educational systems. Money has become a common scaling device for a wide variety of goods and services.

In a study of tape-recorded interviews by Carroll (1), quantitative judgments were made about a number of behaviors and attitudes along a time axis, and each rating was made for three minute intervals of time. Workers of the linguistic-kinesis group, as exemplified by Schefflen (11), have separated communicative behavior occurring in the interview into verbal and paraverbal vocalization, postural and gestural events. Their microanalytic technique uses sound movies and their time interval is a single picture frame or one twenty-fourth of a second. They have noted that there are consistent patterns of redundancy and recurrent emotional themes that are expressed in a repetitive 'dance' of posture and gesture in perfect synchronism with speech. If this movement toward considering smaller and smaller units of behavior over smaller and smaller units of time brings to mind infinitesimal calculus, we do not object.

As a patient talks, moves, and responds, the analyst senses and scales the extent of the emotions that the patient invests in various environmental influences. For example, the therapist may attempt to scale the degree of pleasure or pain which the patient associates with his job, the extent of identification or rejection connected with his mother or father, and the degree of aggression or submission exhibited in relation to potentially threatening influences such as siblings and co-workers. For the most part, such emotional sensing and scaling is

accomplished subjectively within an emotional context of experience and then subsequently interpreted rationally and intellectually within a verbal framework of psychoanalytic concepts. During training the dual roles of sensitive emotional sensor and intellectual interpreter are combined and balanced within the therapist transfer function. Among patients, emotional disturbances can become manifest in a large variety of ways. While most behavioral disturbances must be sensed and scaled subjectively, in some simple cases it may be possible to visualize how a certain rough degree of quantification might be achieved. For example, counting nervous tics in one patient may be equivalent to counting words for another patient who is excessively verbal, if these are the separate ways each reacts to an apparently threatening mother-in-law. Conceptually, we could normalize the tic and word counts to be compatible on a common scale, so that changes in these counts with time would be comparable on the same basis, and thereby provide a measure of the relative therapeutic progress of the two patients.

Mathematical interpretations (7, 8) of human behavior and interactions imply that the extent of emotional response and involvement can be scaled in relation to environmental influences, so as to be expressible in a common unit. In the therapeutic context this requires that the emotional content and meaning of responses in relation to the environment be transferable in a mutually recognizable and scalable way from patient to therapist, and vice versa. It then remains only to presume that the numbers representing the mutually scaled emotional responses obey the rules of some algebraic function space. On such general considerations Houghton (7, 8) has proposed transfer functions derived from psychoanalytic theory by considering such factors as internal drives, genetic inheritance, early experiences, and both conscious and unconscious components of defense and adaptation. Based on this work, the response rates of the patient and therapist can be described as:

$$\frac{dp}{d\xi} = P(\xi, e, e') \quad \text{and} \quad \frac{dt}{d\xi} = T(\xi, e, e') \quad (1)$$

where P and T are the drive-conditioning functions which are functions of time ξ , the drive-object or environmental stimulus e , and its first derivative $e' = de/d\xi$. The functions $P(\xi, e, e')$ and $T(\xi, e, e')$ represent the environment-triggered internal drives that motivate the behavioral responses $dp/d\xi$ and $dt/d\xi$ respectively. For illustrative purposes, the present considerations have been restricted to one environmental stimulus, so as not to obscure the fundamental principles by including the complex interactions arising in multidimensional environments.

We may now relate equations (1) to the block diagrams of Figures 1-5. With regard to Figures 1 and 2, we can introduce an earlier time $\xi_0 < \xi$ at which the patient and therapist had the independent responses p_0 and t_0 , and then integrate relations (1) to yield:

$$p - p_0 = \pi(e_1) + \int_{\xi_0}^{\xi} P(\xi, e, e') d\xi$$

$$t - t_0 = \tau(e_2) + \int_{\xi_0}^{\xi} T(\xi, e, e') d\xi \quad (2)$$

Expressions (2) represent the most general integrations (7) of (1) in which $\pi(e_1)$ and $\tau(e_2)$ are the unconscious responses of the patient and therapist respectively, as originally repressed in relation to an environmental stimulus with extents e_1 and e_2 at times ξ_1 and ξ_2 respectively, these times being earlier or later than ξ_0 . While the unconscious response functions π and τ behave somewhat like 'constants' or invariants of behavior with respect to time, the superposed conscious components are time integrals that are continuously accumulating or depleting in magnitude with time. Thus, the conscious contribution can act as a continuous accumulator of emotion, such as hostility, of which the patient may be aware. The reduction or increase respectively of consciously accumulated response tensions or depressions might strictly define the

role of psychotherapy, while the neutralization of inappropriate unconscious components might narrowly define psychoanalysis, were it not for the complex interactions that exist between the conscious and unconscious components.

Inspection of equations (2) permits us to visualize two mathematical mechanisms whereby undesirable unconscious components can be rendered innocuous. Firstly, the psychoanalyst may make the patient consciously aware of the unconscious component π and thereby endeavor to incorporate π into the patient's conscious drives, when $P = P(\xi, e, e', \pi)$, so that there would always be a portion of the conscious available to compensate for the unconscious bias. Secondly, the analyst may endeavor to permanently erase the undesirable unconscious behavior by creating a canceling 'constant' of opposite sign out of the present conscious integral. To generate a canceling constant component out of an integral, on the basis of the present model, would require the rapid development of a very large integrand $P(\xi, e, e')$ acting like a Dirac delta function, and this in turn would presumably imply the existence of an unusually large stimulation rate and drive. Such a highly charged therapeutic environment would correspond to the simulated reconstruction of the traumatic experience sequence that originally severed the constant unconscious component from the conscious at time $\xi = \xi_1$. Although the analyst's repressed unconscious contribution, $\tau(e_2)$, has been included in equation (2), for the sake of generality, its magnitude is expected to be small because of the prior neutralizing influence of the physician's own analysis.

To illustrate the processes of conscious response modification and the associated notions of patient stability, we will ignore unconscious contributions to behavior by setting $\pi = 0 = \tau$ and couple the patient and therapist responses in feedback, as in Figure 4. The patient's response p then becomes a stimulus to the therapist, and the reduced stimulus reaching the patient is $e - t$, where t is related to the therapist's interpretation of the patient's behavior. In negative feedback the con-

scious responses of the patient and therapist of equations (2) become:

$$p - p_0 = \int_{\xi_0}^{\xi} P(\xi, e - t, e' - t') d\xi$$

and

$$t - t_0 = \int_{\xi_0}^{\xi} T(\xi, p, p') d\xi$$

where $p' = dp/d\xi$ and $t' = dt/d\xi$.

By combining the expressions for p and t of (3), the negative feedback processes of confrontation and interpretation are described by the following nonlinear integral equation:

$$p - p_0 = \int_{\xi_0}^{\xi} P(\xi, e - t_0 - \int_{\xi_0}^{\xi} T(\xi, p, p') d\xi, e' - T(\xi, p, p')) d\xi \quad (4)$$

Thus, equation (4) is the mathematical transliteration of the processes occurring during confrontation and interpretation, as these are modeled in terms of negative feedback interactions and represented by the block algebra of Figure 4. To simulate the positive feedback of clarification or reconstruction, as in Figure 3, it is only necessary to change the sign of the feedback, while equations (2) and (3) simulate the exploratory behavior of Figure 2. The series or open-loop configuration of the history taking phase of Figure 1 is represented by equations (3). Separation, as illustrated in Figure 5, contains mathematical elements that are common to the exploratory and analytic representations of Figures 2, 3, and 4, so that expressions of the form (2), (3) and (4) can be involved in separation behavior.

As the input and output values and the transfer functions are studied under research conditions, various therapeutic strategies might be explored; for example, the Rankian idea of achieving the maximum positive change, $p - p_0$, in the patient's response over a time interval, $\xi_f - \xi_0$, fixed in advance. Such 'maximum change' therapy could be simulated

by solving variationally for the therapist's feedback correction, $t(\xi)$, needed to maximize the first integral of (3). Alternatively, the therapist's policy might be to minimize the time required to achieve a fixed response change, $p_f - p_0$, for instance the control of acting out—this 'minimum time' policy being simulated mathematically by applying variational methods to equation (3) with the roles of p and ξ reversed.

In general, the therapist has a long range or global goal for a particular patient, and a series of subsidiary goals which he attempts to reach by maximum exploitation of therapeutic opportunities as they develop. Conceptually, such local considerations could be introduced into the therapeutic process by optimizing the response of equation (3) through the use of dynamic programming methods. In essence, dynamic programming would reduce therapy to a multistage decision process in which the therapist's current feedback would depend upon the present behavior of the patient and would also take into consideration all possible decisions to follow, the ultimate objective being to maximize beneficial changes in the patient's personality or to minimize undesirable changes. Mathematically, a dynamically programmed therapy would require that we utilize current values of the patient's behavior, as embodied in the function P , to solve for the local slope $t' = dt/d\xi$ using the Euler-Lagrange equations corresponding to (3), so that the therapist's prescription for optimum patient change could become apparent in the context of over-all objectives and decisions for the future. One advantage of dynamic programming would be its flexibility for adapting the therapeutic feedback to personality changes as these unfold, when the patient's future responses would be predictable with greater precision. Detailed mathematical studies of the optimal policies involved in personality and society changes from the variational and dynamic programming standpoints are already available (8).

Further evidence for the realism with which Figures 1-5 and equations (1)-(4) can simulate the analytic process may be accumulated by selecting certain types of patients and considering

the stability of patient behavior. To study patient stability, we will examine the response p to a small therapeutic disturbance $t - t_0$ by making $\xi - \xi_0$ small in the first equation of (3). If the patient and therapist are both in dynamic equilibrium at ξ_0 , then there will be no net change in the stimuli and responses, or $e_0' = p_0' = t_0' = 0$, when from equation (1) we find $P_0 = P(\xi_0, e_0 - t_0, 0) = 0$. Thus, for small therapeutic disturbances, the drive-conditioning function P can be expanded about the equilibrium point or singularity $(\xi_0, e_0 - t_0, 0)$ in a Taylor series when, to first order terms, we obtain:

$$p - p_0 = \int_{\xi_0}^{\xi} \left[\left(\frac{\partial P}{\partial \xi} \right)_0 (\xi - \xi_0) - \left(\frac{\partial P}{\partial e} \right)_0 (t - t_0) - \left(\frac{\partial P}{\partial e'} \right)_0 t' \right] d\xi \quad (5)$$

Equation (5) may then be used to classify various types of patient response to therapeutic disturbances near equilibrium points or singularities. For example, if p does not change or returns to its original equilibrium value of p_0 , so that $p - p_0 \rightarrow 0$ as $\xi \rightarrow \infty$, then the therapy will have no permanent effect, and the patient may be termed rigidly stable. On the other hand, if the response grows indefinitely, or $|p - p_0| \rightarrow \infty$ as $\xi \rightarrow \infty$, then the patient will be unstable. However, if $|p - p_0|$ remains bounded and nonzero as $\xi \rightarrow \infty$, then the patient's behavior may be termed flexibly stable. If p goes into bounded oscillation within conventional limits, then the patient's response may be termed neutrally stable or oscillatory. The evenly-hovering attention of the analyst would correspond to neutral stability in the context of the present systems model. Large oscillations in behavior between extreme positive and negative reactions would constitute still another form of instability if the response amplitudes were well outside acceptable or normal limits. The parallelism between criteria of systems stability and the broadly useful clinical classification of patient behavior as rigid, flexible, and unstable provides some additional confirmation of the realism associated with this approach.

SUMMARY

The traditional elements of the psychoanalytic process have been modeled in terms of the block diagram algebra of systems theory. Patient-therapist interactions are interpreted mathematically in terms of a behavior equation in which the rates of response are governed by internally conditioned drives shaped by past experiences and genetic inheritance. These motivating drives are activated by stimuli or drive objects in the current environment and are also influenced by the rate of environmental change and time. Integration of the differential behavior equation provides both conscious and unconscious behavior components, the extent and dynamic interaction of which determine the nature and outcome of the therapeutic process. Patient stability has been classified mathematically by analyzing the time-varying modes of response to be found during analytic therapy. Various approaches to the optimization and quantification of the two-person interactions of psychoanalysis have been suggested in the context of their systems-mathematical analogues.

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Max Schur 1897–1969

Mark Kanzer

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MAX SCHUR

1897-1969

As a student Max Schur was an auditor at Freud's original introductory lectures. Despite later specialization in internal medicine, he retained a keen interest in psychoanalysis. On the recommendation of Princess Marie Bonaparte, one of his patients, he had the opportunity to become Freud's own physician in 1928. Thereafter a close bond existed between the two men which was only partly dissolved by Freud's death in 1939. After Schur came to the United States, he devoted himself increasingly and at last completely to psychoanalysis.

Although his analytic career began late, it grew in productivity and distinction with each passing year. Medical and analytic experience combined as Schur pursued his prime interest, body-mind relationships, in a series of studies that introduced clarifications and new outlooks in such areas as somatization reactions, affects (especially anxiety), ethology, child development, and ultimately in the most challenging, the id. His concept of the continuum between somatic and psychic functions proved an especially effective instrument as devised by this great physician-analyst.

Schur also used three Freud Lectures to add detail to the portrait of Freud himself as derived from personal impressions and access to unpublished documents. He was able to speak with unique authority on Freud's personal and scientific attitudes toward death. At the end, Schur was working with Ernst Freud on an unabridged edition of the Fliess correspondence.

His penetrating intelligence and benevolent ardor were constantly in evidence at panels and meetings, in promoting research, in the activities of the Freud Archives, as professor at 'Downstate', New York, and as an editor of the Journal of the American Psychoanalytic Association as well as of volumes to honor Heinz Hartmann and Princess Bonaparte. While he was President of The Psychoanalytic Association of New York, his seventieth birthday brought forward plans to present him with a Festschrift. Although he was not destined to witness the completion of this testimonial, he had long since seen himself inscribed within the freudian legend.

Our deep sympathy goes to Dr. Helen Schur and their two children, Dr. Peter Schur and Mrs. Eva Milofsky.

MARK KANZER, M.D.

The Image and the Past. By Bertram D. Lewin, M.D. New York: International Universities Press, Inc., 1968. 127 pp.

George Gero

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BOOK REVIEWS

THE IMAGE AND THE PAST. By Bertram D. Lewin, M.D. New York: International Universities Press, Inc., 1968. 127 pp.

Aristotle said that curiosity is the father of philosophy. Freud added that infantile sexual curiosity is the original impetus for the desire to explore the world. Bertram D. Lewin is a philosopher. He has the ability to be curious about phenomena that easily remain unnoticed. In his new book, *The Image and the Past*, one finds many beautiful examples of the originality of Lewin's thinking, of his ability to draw unexpected yet convincing conclusions from observations which, before him, were not scrutinized.

The book has a wide scope and deals with such diversified topics as the cave drawings of Lascaux, the meditation of Descartes, the psychology of philosophers, to mention just a few. The range of these topics shows not only the erudition of the author but also the fact that he was able to discover approaches applicable to many areas of mental life.

One of the main topics of the book is the search for the nature of memory. Because psychoanalysis is concerned with the impact of the past, the ways memory works represent a central problem. How far memory reaches back in the continuum of human life or even in the history of the human race is a question that has been asked by many psychoanalysts. Freud thought that castration anxiety is an inherited memory trace going back to the prehistory of the human race when castration was a reality imposed by the fathers on the sons during the competitive struggle for the female. Ferenczi went even further with his imaginative, though not very plausible, idea that in the sexual act a memory of the beginning of terrestrial life out of the sea is re-experienced. Fantastic as this idea may sound, since the discovery by modern biochemistry of the coded message inherent in RNA, DNA molecules which 'remember' what they are supposed to do to build the complex protein molecules, there seems to be some biological analogy here. However, the memory of the genes is too far away from what is in the orbit of the psychoanalyst's vision.

In recent years the psychogenesis of adult behavior has been put earlier in the life-span than had been supposed. Freud centered

the fateful events around œdipal involvements between the third and fifth years of life. Today, because of the influence of analysts whose work is stimulated by direct observation of infants, the importance of early postnatal experiences is emphasized. Can memory traces, then, be found about these early events? How far can memory reach back in the continuum of human life? The problem is not only how far memory goes back, but how it works—not just what do we remember but how do we remember it, how is the past retained in us?

In the first chapter of his book, *The Pictorial Past*, Lewin delineates his approach to the problem. The first mental function of the infant is looking; before he can move, before he can use his hands, his eyes are registering things around him. He has visual perceptions, his first acquaintance with the environment is through his eyes. As Siegfried Bernfeld wrote in *Psychology of the Infant*, the intimate familiarity with the outer world (*Aussenwelt*) which human beings maintain throughout their lives goes back to the time when looking and seeing were the main perceptors directed toward the world. Lewin refers to this childhood period of visual thinking and imagery as the pictorial past. The capacity for vivid visual imagery diminishes in later life but remains alive, and appears again during the night when we are dreaming. This faculty psychology designates a '*type visuel*', but as Lewin justly points out, while dreaming we are all *types visuels*. The preponderance of visual imagery about conceptual thinking is clearly observable during the emergence of childhood memories. During the analytic process, as Freud taught us and as every analyst can confirm, when childhood memories emerge from repression they always appear in the form of visual memories.

Analysts refer to the period in children's development before they use words as the preverbal phase. But Lewin calls our attention to the lack of sharp demarcation between the pictorial and the verbal phase during the early developmental stage. As he puts it: 'Things heard get turned into pictures as we know from certain screen memories [and] there is a great deal more of this back and forth traffic between the verbal and visual in childhood than in later life'.

In a chapter titled *Traces and Storage*, Lewin is searching for an even earlier type of 'memory' which he calls the 'non-pictorial'

one. He finds evidence that events of the earliest experiences of the past are retained and can emerge in dreams. These are dreams in which there is no action and no visual imagery but an experience of the body boundaries merging with something that is sometimes metaphorically verbalized by the dreamer as a milky sheet or wall. Isakower has described such experiences in the process of falling asleep. Lewin interprets these dreams as a recall of the nursing experience. Is this 'recall' a memory? Waelder defined memories as recalled objectified experiences and believed that the ability to have such experiences is not present from the beginning; rather it is the result of development. Waelder does not doubt that earlier experiences remain imprinted on the psyche but such mnemonic function, according to him, acts in a more primitive way and cannot yet be called memory.

Lewin, however, believes that there is no reason why blank dreams in which pure feeling dominates cannot be characterized as memories of the nursing experience. His thesis gives us an important contribution to the theory of memory. There are visual memories and of course memories that are carried by verbal concepts, but there are also memories that only the body remembers. As Lewin puts it, the very early mental events are not yet in the head. The discovery of the return of these early memories in blank dreams is not only an important contribution to the theory of memory, but also has meaningful applications to the understanding of normal and pathological phenomena, as every reader of Lewin's *The Psychoanalysis of Elation* can confirm. However, I cannot agree with Lewin's generalization that such diversified phenomena as 'half-sleep, febrile and toxic deliria, epileptic auras, some schizophrenic conditions' are necessarily repetitions of early mental events. It seems to me that altered states of consciousness can have different origins—for example, dissociative processes which interfere with the normal synthetic function of the ego or can be caused by overstimulation of the sensorium under the influence of drugs. During analysis some patients experience changes in body boundaries or feelings of macro- or microparesthesias which clearly reflect conflicts around infantile masturbation, and around the phallic and oedipal phase. Patients at times can clearly recall having had the same sensations during the ages from three to five. The phenomenology of the blank dream is by now suffi-

ciently established to allow a differentiation between the memory of the nursing experience and such changes in body boundaries which have a different genesis. Maybe we could characterize the blank dream and similar changes in body boundaries as hypnagogically experienced, giving us a model for the understanding of similar but differently caused altered states of consciousness.

Lewin's ideas about the blank dream have been formulated in his earlier writings. In the present book his observations are adapted to a general theory of memory.

What is entirely new in this book is the application of Lewin's concept of the pictorial past to such diversified areas as the cave drawings and the psychology of philosophers. In a bold flashback he switches from the history of the individual to the history of mankind and the earliest recorded visual memories in the form of the paintings on the walls of caves. The fact that these drawings were put on the walls of caves has fascinated scholars and different theories have been advanced to explain the preference of the prehistoric artist for the strange location of his museum or art gallery. Lewin's interesting interpretation is that the cave represents a projection of the inside of that part of body image which people in the past, as well as in the present, ordinarily form about their heads. The prehistoric artist, Lewin explains, may have indicated that the seat of his visual imagery was localized in the cave of the cranium. The drawings in the cave of Lascaux represent an externalized replica of the internal cephalic image, where our 'pictures' are stored and concealed. If this view is correct, we have an amazing indication that the cave is the first model of memory and the mind.

The idea of the pictorial past leads Lewin to a new interpretation of the psychology of philosophers. He considers the effect of the pictorial past on ideas about the mind by philosophers such as Descartes, Locke, Berkeley, and Hume. The pictorial past that is the period of vivid visual imagery is an ubiquitous experience in childhood which returns in adulthood during dreaming. Lewin investigates how the memory (not necessarily conscious memory) of the pictorial past influences the concept of the mind developed by philosophers. Here again we see Lewin's astonishing originality. Many attempts have been made to find the key to the psychology of philosophers, but no attention has been paid to how the individual

differences in the psychological make-up of the philosopher influenced his thinking. Locke treated the mind 'as if it were a box containing mental equivalents of the Newtonian particles. These were called ideas.' Berkeley was critical of Locke's theory of abstract ideas because he could not conceive an idea which is not represented as a concrete image. Lewin believes that this difference of opinion about the concept of the mind could be explained if we were to assume that Berkeley was a '*type visuel*', and Locke the 'auditory-motor type'. Such speculations open up an interesting avenue of study about the vicissitudes of the pictorial past—the ability to maintain vivid visual imagery. Why does it disappear? Abraham thought because scopophilic impulses become inhibited. Lewin adds, also because of maturation, disuse, and type of education. Lewin points out that there is a tendency in the adult to ignore the effect of the pictorial past on pictures and formulations of the mind. Is there a conflict involved, a need to repress the visual forms which are retained unconsciously? This is a problem that may have important consequences for educational techniques. Aldous Huxley in his Utopian novel, *Island*, describes how the stimulation of visual imagery in children enhances their creative abilities.

In this latest book, Lewin gives us additional contributions to two topics that have occupied his thinking in the past few years—the symbolism of sleeping and waking, and the study of the formal qualities of the wakefulness-sleeping continuum. His ideas about the symbolism of sleeping and waking lead to an interesting addendum about the Wolf Man.

Later in the book Lewin turns again to his favorite analysand among philosophers, the great Descartes. Descartes, a good dreamer and a careful reporter of his dreams, gave Lewin material which he uses to demonstrate that by focusing on the details of the dream text one can follow the formal qualities of the dreaming process. What the sleep researcher 'reads' from instruments about the different phases of the sleep, the analyst can ascertain from what his analysand reports to him about certain aspects of his dreaming. This led Lewin to the discovery that Descartes's model of *res cogitans* was the stage of dreaming where no intrusion from the body disturbed the mind looking at the imagery of the dream.

Lewin bases his analysis on a meditation of Descartes. Descartes mentions that while working on his philosophical essay he is clothed in his dressing gown and sits before the fire. It must be evening and the philosopher must be sleepy. Lewin then scrutinizes the text of the meditation for clues to determine how the sleep-waking ratio influences Descartes's thinking. In this imaginative endeavor he applies the indicators which help to determine the sleep-waking ratio in the mental processes of a person who descriptively is not, or not yet, asleep. These indicators are changes in body feelings and in the intrusion of vivid visual images into the thinking process. Even if these visual images remain unseen and are merely felt, thus qualitatively unconscious, Lewin makes the assumption that they are responsible for the visual metaphors used in speech.

Lewin's work on the impact of the sleep-waking ratio in the analytic situation and in other forms of mental life continues a psychoanalytic tradition that started with Freud and Silberer and to which Federn and Isakower, as well as others, made important contributions. An approach that proved so fruitful in important clinical studies of dreams, half-sleep, and psychosis finds here a new, remarkably original application. It helps us to understand how the vacillations of the state of consciousness influenced a great philosopher's thinking.

This is a beautiful book. It is a pleasure to read it. However, only a careful study will reveal the richness of its ideas and stimulate further exploration of the many problems that Lewin's philosophical curiosity has exposed for us.

GEORGE GERO (NEW YORK)

DEVELOPMENTS IN PSYCHOANALYSIS AT COLUMBIA UNIVERSITY (Proceedings of the Twentieth Anniversary Conference, Psychoanalytic Clinic for Training and Research, Columbia University, October 30, 1965). Edited by George S. Goldman, M.D., and Daniel Shapiro, M.D. New York: Hafner Publishing Co., 1966. 357 pp.

Rarely do we have an opportunity to observe a distinguished living institution stopped in its development mid-flight and thus made available to leisurely and careful inspection. Such an opportunity is provided us by this volume which commemorates the

twentieth anniversary of the founding of the Columbia Psychoanalytic Clinic for Training and Research.

The editors' introduction states that the individual papers reflect 'current work and concepts at the Columbia University Psychoanalytic Clinic. . . . All papers are presented by staff members who are themselves graduates (or products) of the Clinic . . . [to] show the trends in the evolution of the clinic's theoretical, clinical, and research orientations, including the maintenance or change of position taken in the early history of the Clinic.' The discussants represent members of the national psychoanalytic community.

The special opportunity to enjoy the 'stop action' view of the Clinic provided by the present volume is enriched by the fortunate circumstance that we can compare it with a similar volume published ten years previously in 1956 to celebrate the Decentennial of the Columbia Psychoanalytic Clinic.¹ There are significant similarities between the two volumes, but the differences are especially noteworthy. The 1966 volume is described as a 'second generation' volume. This is underscored by the fact that bibliographical references to the 'pioneers' are surprisingly sparse.

More interesting to note, however, is the shift in the evaluation of Adaptational Psychodynamics, the formulation presented by Rado as 'the basic component of a comprehensive dynamics of human behavior'. Referring to this Kardiner says in his paper in the 1956 volume, 'If you compare the information yielded by the libido theory as against the adaptational theory, one can see that the latter has yielded much useful knowledge and opened vast areas of empiric research'. In the 1966 volume Karush says, 'It must be admitted that adaptational theory in general has not offered convincing alternatives for the classic energetic concepts by which psychoanalysts have represented the intensity of mental activity and have tried to account for the selective control over behavior by the forces of motivation. Adaptational theory has so far been no more successful than other psychoanalytic frames of reference in solving the riddle of choice of neurosis or defining the factors in self-object relations that lead to arrests or distortions in the development of particular ego functions. Nor has it dealt

¹ *Changing Concepts of Psychoanalytic Medicine* (Proceedings of Decentennial Celebration of the Columbia University Psychoanalytic Clinic, March 19 and 20, 1955), edited by Sandor Rado and George Daniels. New York: Grune & Stratton, Inc., 1956. 248 pp.

satisfactorily with the genetic and psychodynamic origin of the positive coping aspects of personality.'

Rather than focusing on the potential (and sometimes actual) polemical aspects inherent in the above statements, Pumpian-Mindlin, in his discussion of the above quoted paper by Karush states, 'Dr. Karush presented many areas which may well promote food for thought, stimulus to further investigations and rapprochement with diverse fields'. A close reading of the articles gathered together in this volume, leads this reviewer to an emphatic endorsement of this conclusion in particular, as well as in the more general sense.

The Columbia Psychoanalytic Clinic, among its many other distinctions, is unique in that it is the first psychoanalytic training institute affiliated with the American Psychoanalytic Association to be established within a university setting. The developmental vicissitudes of this historical event are dealt with in these two volumes. In the Chairman's address in the 1956 volume David Levy says, 'Our story begins with a protest against authoritarianism in science, a protest against a pollution of the atmosphere of free inquiry with the smog of doctrine. . . . The reason for this state of affairs may be attributed partly to excessive zeal on the part of the older analysts . . . [they] had something to argue on their behalf when their critics wanted to substitute a new set of basic assumptions, a new doctrine of their own. But that was never our battle. We fought not for a new doctrine but for an old freedom, the freedom of unhampered inquiry.'

In his summary in 1966, Goldman states, 'The later 1930's and early 1940's was a period of much ferment in the analytic movement and in psychoanalytic education in the U. S. . . . One cause of the turmoil and trouble was the difficulty and reluctance of many analysts to accept change. It should be emphasized that the foregoing references to the sometimes slow acceptance of change is not intended as a critical or polemical remark. This kind of lag is often characteristic of institutions and organizations . . . no doubt lags of this sort have already occurred in our own brief history.'

In what can be considered as an allusion to the above, Peter Knapp in his discussion says, 'The Columbia Psychoanalytic Clinic is an integral part of a scientific community. . . . They have a commitment to seeking facts which is different from defending clinical

tradition upon which their very identity, as well as their livelihood, depends. Difficulties in psychoanalytic research have been both scientific and cultural. Of the two I feel that the scientific have been the more serious; yet many problems have stemmed from the lack of just such a cultural milieu and tradition. The Columbia Clinic is to be congratulated for supplying these ingredients.' The formidable problems related to this issue continue to be matters of special concern to all of us in our multiple roles as analytic teachers, analytic researchers, analytic practitioners, and members of the analytic body politic.

For bringing these and other central issues to our attention in this volume and for the developmental perspective provided by these two volumes covering the twenty years of development of the Columbia Psychoanalytic Clinic, we can all be grateful to both the 'pioneers', and the 'second generation' of that institute. As analysts and as observers of the human condition we can look forward with eager interest and anticipation to the next installment in this continuing developmental saga.

SIDNEY RUBIN (ROCHESTER, N. Y.)

THE BROAD SCOPE OF PSYCHOANALYSIS. Selected Papers of Leopold Bellak. Edited by Donald P. Spence. New York: Grune & Stratton, Inc., 1967. 392 pp.

The title for these twenty-four selected papers of Leopold Bellak was meant to emphasize that psychoanalysis is not only a theory of psychopathology but also a general psychology. Readers may recollect the 1954 Arden House Conference where Anna Freud and Leo Stone discussed The Widening Scope of Indications for Psychoanalysis. The application of psychoanalytic understanding to the management of schizophrenia and depressions occupies a fair portion of the present volume.

The concept of 'psychoanalysis as a general psychology' has long been in the minds and writings of psychoanalysts. A book bearing that title was published in 1966 as a *Festschrift* in honor of Heinz Hartmann. The Collected Papers of David Rapaport which appeared early in 1967 also opt for a similar point of view. Rapaport tended to be more psychoanalytically based while Bellak seems more influenced by his medical knowledge (neurology, drugs, etc.). Because of this, the title of the present volume speaks more

for the broad range of Bellak's interests and productive work than for the broad scope of psychoanalysis.

The papers are divided into five sections, each with an introduction. The first introduction, to six papers on basic clinical concepts, was written by Bellak; the other four were written by Spence. The editor also prefaces each paper with his *précis*. Of the eight papers in the second section, titled Research in Psychoanalysis and Psychotherapy, half deal with actual research studies of psychoanalytic and psychotherapeutic procedures, while the others are concerned with drug effects in psychiatric treatment.

The third section, Some Applications of Clinical Psychoanalysis, includes four papers dealing with community psychiatry, rehabilitation, and physical illness. The fourth section contains three papers discussing the etiology and curability of schizophrenia; the fifth section, Psychoanalysis and Creativity, contains three papers on applied psychoanalysis with special reference to psychobiography.

Of particular interest to psychoanalysts are the essays on free association, acting out, and depersonalization. These papers, written in the sixties, display clarity and erudition. Originality and creativity should also be credited to the author for his papers on psychoanalytic research and the psychological tests aiding that research. The rest of the material in the book would attract more attention from psychoanalytically oriented psychiatrists working in general hospitals.

Despite some serious typographical errors in a few places, the editor is to be commended. This book is a welcome addition to the literature of psychoanalysis as a general psychology and to the application of psychoanalytic theory to psychiatry. The papers are accurate and authoritative and they deserve wide distribution and reading.

SAMUEL R. LEHRMAN (HEWLETT, N. Y.)

THE BASIC FAULT. THERAPEUTIC ASPECTS OF REGRESSION. By Michael Balint, M.D. London: Tavistock Publications, 1968. 205 pp.

The rationale for introducing a new theoretical concept should be that the new term allows for greater clinical understanding of observable data or for more meaningful integration into current theory. Dr. Balint's most recent work deals with a group of severely ill patients—borderline or even schizophrenic—similar to those

described so well by Greenacre. For these patients classical psychoanalytic technique must be modified to deal with the regressive states which emerge during treatment.

To describe the severe early pathology, Dr. Balint feels it is helpful to introduce his concept of the 'basic fault'. He states: 'The level is described as a fault, not a situation, position, conflict, or complex. In this level, (a) all events belong to a two-person relationship which is quite different from later levels; (b) the nature of forces is not that of conflict; (c) adult language is often misleading in describing events at this level because words do not have an agreed conventional meaning.' Unfortunately there is scant clinical material alluded to in this highly technical work to illustrate convincingly either the clinical usefulness or the technical advantage of the concept of the 'basic fault'.

Dr. Balint, a disciple of the school of Ferenczi, argues for the introduction of greater activity on the part of the analyst as the best way to deal with certain early traumata. He describes the treatment of a patient with a crippling fear of uncertainty whenever faced with decision making. After about two years of work, the patient was given a crucial interpretation: that apparently the most important thing for her was to keep her head safely up with both feet firmly planted on the ground. In response, the patient alluded to a long-standing fear of doing somersaults; to the analyst's query, 'What about now?', the patient got up from the couch and to her great amazement did a perfect somersault without any difficulty. This incident proved to be a real break-through.

Dr. Balint then attempts to explain theoretically the effect and meaning of this act. This reviewer was disturbed by the failure of the analyst to describe the meaning of this act to the patient. Unless this data is available, speculations are unconvincing.

In the last section of the book the author dwells on what he feels is the inadequately explored area of the communicative aspects of regression and some of the techniques required to bridge the gulf separating doctor and patient.

One final comment is in order. Without questioning the value of these techniques we have to ask whether we are not unalterably tampering with the analytic process and contaminating the transference so that we are unable to resolve the latter. This becomes more than a semantic issue; it is a major clinical problem.

FRANCIS BAUDRY (NEW YORK)

FROM ANXIETY TO METHOD IN THE BEHAVIORAL SCIENCES. By George Devereux. Paris: École Pratique des Hautes Études, 1967. 376 pp.

This is an ambitious and personal work by a brilliant and creative contributor to anthropology and psychoanalysis. It includes a systematic examination of the effect of countertransference phenomena on behavioral science observation; a complex and well-reasoned theory about the focal importance of countertransference disturbances in such observation; theoretical and practical suggestions for exploiting these disturbances rather than regarding them as foreign. Thus it is a logical and systematic extension for behavioral science in general of an important part of the analyst's working method—the evaluation of the disturbances induced in the analyst himself (during the state of free-floating attention) by the patient's associations and other behavior.

In an admiring preface, Weston La Barre notes how unwelcome Devereux's demand for self-scrutiny may be; it will attract contumely, and mobilize denial, carping criticism, *ad hominem* arguments, and pseudo-scientific disdain. But he regards Devereux as the first to have apprehended the problem of countertransference phenomena in its full scope and intellectual presence, and therefore as having contributed a basic and genuinely revolutionary insight.

The book begins with a detailed elaboration of the anxiety-producing effects of behavioral science data, and progresses through detailed specification of the disturbances engendered by the anxiety in the observer to a last section, titled, *Distortion as the Road to Objectivity*, in which the author attempts to show 'how to use as bridges precisely those situations which are usually treated as barriers' (p. xx). Throughout, the basic theoretical treatise is enriched in two ways. First, there is systematic amplification and discussion of what might have been dryly listed as cases of a principle. Detail and complexity are not spared—separate chapters usefully examine such matters as 'professional defenses', 'sublimatory vs. defensive uses of methodology', 'age as a countertransference factor', and 'elicited countertransference'. Second, there are four hundred forty interspersed numbered 'cases'. These are brief clinical anecdotes of various sorts, many brilliantly selected, a few injudicious. The didactic usefulness of this method, which is great,

brings with it *pari passu* a special vulnerability to discounting by *ad hominem* argument. A very few of the 'cases' seem rather open to this. But it is characteristic of Devereux and paradigmatic of his idea that he did not sacrifice richness because of vulnerability.

What Devereux means by 'exploiting' phenomena that appear to naïve observers as impediments to observation may be suggested by the following. In discussing field observations as a source of data in anthropology, he points out that the field worker is always obliged to occupy a certain status in a tribe, which perforce restricts the range of behaviors that ordinarily occur in his presence. What matters, says Devereux, is 'awareness of the segmental nature of the facet one is (automatically) *shown*, because of what one is *believed to be*. Only this insight enables one to insist on being shown also that which is normally turned *away* from a person occupying that particular status' (p. 251). He gives examples of the use of this precept, and of how the relationship of the observer's character structure to his ascribed status may facilitate or interfere with awareness of his role. Methodology, too, may interfere, and Devereux is especially interested in its defensive use, and effective in ferreting out such miscarriages. Devereux offers little promise for any viewpoint in behavioral science that does not take into account the observation of the observer by the subject.

Similarly, discrepancies in data from different sources, rather than being regarded as embarrassing evidences of fallibility, may be made to yield important knowledge. The difference between what one sees and what an informant tells, the differences between a patient seen on the couch and the same patient met by chance at a party—these are treasured, because often generative of new orders of insight.

Devereux offers theory at various levels about science, observation, and psychic structure. In his attempt to explain the special role of countertransference as he uses the concept, he focuses particularly on partition theory, including issues of the boundary between subject and observer, the locus of disturbance, the nature of the point or instant at which the observer says 'and this I perceive'. He takes as one objective the operational analysis of the means by which the unconscious of the subject becomes accessible to the observer. He describes this as the setting up of the partition between observer and subject deep within the observer, who fo-

cuses his attention on the disturbance generated in him by the subject. Devereux takes this disturbance as the relevant datum—that which is directly observable—and regards it as very close to phenomena occurring in the subject. The unconscious of observer and subject are more nearly alike than their more highly differentiated apparatuses.

These ideas, and others always made interesting by the author, seem to suffer somewhat when they do violence to Devereux's own precept regarding tolerance of complexity. Sometimes the theory seems to obliterate or at least to oversimplify distinctions in ego functions. One wishes Devereux would expand, for instance, on the conditions which foster the point or moment of self (and object) observation, 'and this I perceive'.

Professor Devereux's book should be a very valuable teaching tool. Although it is primarily oriented toward anthropologists, it could have special usefulness in training psychiatrists and students of medicine in general, who face dehumanizing pressures on every side, from their early association with the cadaver to extreme and increasing academic demands. Especially they face the lure of the quasi-comfort offered by engulfment in a methodology that apes that of the physical sciences, but neglects what is basic, as Devereux shows, to the scientific method common to physical and behavioral science.

DAVID L. MAYER (NEW YORK)

PROBLEMS IN CHILD BEHAVIOR AND DEVELOPMENT. By Milton J. E. Senn, M.D. and Albert J. Solnit, M.D. Philadelphia: Lea and Febriger, 1968. 268 pp.

This is a major contribution to psychoanalysis as applied to medical practice and medical education. Senn and Solnit have succeeded admirably in their aim to describe the 'philosophy and methods at the Yale Child Study Center of dealing with parents and children in distress'. The book was written for pediatricians and general practitioners, but it can also be highly recommended to psychoanalysts engaged in teaching and consultation in medical schools and community mental health programs. Throughout the volume, with few exceptions, the authors have steered an optimal course between the hazards of inundating detail and vague platitudes. Fundamental

concepts are presented concisely and persuasively, and directly linked to problems in practice.

Of exceptional value to teacher and student are the Developmental Schema Charts that open each of the five chapters devoted to developmental periods, beginning with The Newborn and Young Infant (birth to six months) and ending with Puberty and Early Adolescence (twelve to fifteen years). Each chart lists for child and mother: Tasks in Process, Acceptable Behavioral Characteristics, Minimal Psychopathology, and Extreme Psychopathology. These chapters are preceded by chapters on Theory and Pregnancy, and followed by chapters on Pediatric Evaluation, Therapeutic Management, Paramedical Support in Pediatric Practice, and Special Problems. The last deals with such topics as psychoses, suicide, rape, preparation for hospitalization, etc.

I have no serious disagreement with the authors, but I do believe they can deal with two broad subjects more systematically and emphatically in future editions of their book. The subject of loss and mourning deserves a separate chapter. This would include, in addition to object loss, the loss of body parts or functions, and preparation for loss (where this is possible); e.g., where surgery has to be performed, and in those incurable illnesses that are fatal or result in major permanent disability. Evasion and denial in dealing with these problems are still rampant in the practice of medicine. Such evasion and denial is facilitated by the availability of 'paramedical' personnel and psychiatrists on whom the practitioner tends to unload what is *his* primary responsibility: the emotional support of child and parents, with honest judicious interpretation to them of the illness, diagnostic procedures, and treatment.

A chapter on the problems of the physician would also be desirable. This would include discussion of: (1) Conflict-determined blind spots, countertransference problems in the broadest sense of the term. (2) Consultation with psychiatrists—problems of referral, e.g., the problem of too facile referral when dealing with clinic patients in large teaching centers contrasted with tardy referral in private practice (this contrast is not as striking in some communities as in most). (3) The value of psychiatric or psychoanalytic consultation for the physician and his patient without referring the patient, or prior to referral.

The index is exceptionally useful. I noted only one important omission: Deafness or Hearing Impairment is not listed.

The book's attractive format is noteworthy and appropriate for its most instructive content.

H. ROBERT BLANK (WHITE PLAINS, N. Y.)

THE ROOTS OF INDIVIDUALITY. NORMAL PATTERNS OF DEVELOPMENT IN INFANCY. By Sibylle K. Escalona. Chicago: Aldine Publishing Co., 1969. 547 pp.

What makes a person an individual, distinct and recognizable as such? What gives him his style, personality, and stamps him with particular characteristics? In an effort to answer these recurrent questions, Dr. Escalona has used her extensive theoretical and clinical background to devise an approach to the study of the emerging personality of the child in infancy. She categorizes her work as 'descriptive research' and acknowledges her indebtedness to the contributions of Piaget, Kurt Lewin, and a number of psychoanalysts.

After a brief critical review of recent research in the field of infant behavior, she declares her intention to compare systematically a series of 'active' and 'inactive' infants. She defines eight major areas or 'dimensions' of behavior: activity level, perceptual sensitivity, motility, bodily self-stimulation, spontaneous activity, somatic need states and need gratifications, object-related behavior, and social behavior. A discussion of the influence of the experiences of the child on his developmental course leads the author to the conclusion that current research has often failed in its efforts to correlate particular experiential variables with particular components of the developmental process. Her own contribution is a design which attempts to bring an empirical research model into accord with the theoretical research model, a point she discusses fully and illustrates by means of diagrams.

The second part of her book consists of a detailed comparison of three groups (according to age) of 'active' and 'inactive' infants ranging from four weeks to thirty-two weeks of age. The designation of 'active' or 'inactive' is determined by the 'amount and vigor of body motion *typically* (author's italics) shown by a given infant in a wide variety of situations'. The data support the author's thesis that what regularly happens to the child ('stable

patterns of experience' or SPE) is different for the 'active' as compared with the 'inactive' infant. Many thought-provoking observations and tentative suggestions for further research are made throughout the recording and summarizing of the data.

In the ensuing discussion of individual children, in the third part of the book, the cross-sectional data is used for purposes of prediction. Here, the author declares her intention not only to compare the stable patterns of experience but also to explore the relationship between experience patterns and over-all style of functioning and adaptation. The 'primary hypothesis is that a clear-cut relationship exists between the SPE and the developmental outcome, but not between the latter and the separate determinants of the SPE'. In accordance with this purpose, the author defines what she calls the structural, dynamic, and developmental components of the SPE. She then develops ratings for five indices (developmental status, vegetative functioning, excitability, irritability, pleasure in functioning) from which she derives individual adaptation syndromes for the three groups of infants.

In her concluding chapter, Escalona summarizes some of the expectations that have been confirmed. The desirability of further longitudinal studies is obvious and the correlation of her findings with those of other investigators should enrich the understanding of the effects of endowment (or constitutional type) and patterns of experience (mother-child or child-environment interaction) upon personality development.

This book can be read with profit by clinicians, investigators, and theoreticians.

ISIDOR BERNSTEIN (GREAT NECK, N. Y.)

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOL. XXIII. New York: International Universities Press, Inc., 1968. 479 pp.

The arrival of *The Psychoanalytic Study of the Child* roughly coincides with the last issue of each of the quarterly journals to which I subscribe. It completes another year's publications. The manner in which each of us deals with this flow of literature is probably very individual. Often one picks and chooses: the annual has published many important contributions in the past; the topic is interesting; the author impressive in earlier works; the nature

of the study promising. Some articles are omitted, those that are a disappointment put aside, a few make a lasting impression as a contribution to understanding. Some evoke controversy and critical disagreement. Selection is probably the only feasible use of such a collection. I had never before read this annual straight through; the effect was numbing. Why?

Rather than discuss the individual papers, I would like to consider some of them as they reflect the strengths and weaknesses of this volume and much of psychoanalytic literature.

Certain papers stand out for the clarity with which the author communicates his ideas. *Indications and Contraindications for Child Analysis*, by Anna Freud, clearly states the precept to be examined, indicates its usefulness and importance, and presents the data from which it is derived. The discussion is concise without being overly condensed or obscure. Such logical development is missing in many of the other papers. The ideas and observations cannot be evaluated or require an inordinate effort of comprehension. A paper on conscience, for example, continues for thirty pages without defining the author's use of that concept or its relation to others frequently referred to, e.g., superego and 'moral activities'.

We are often reminded of the 'close relation' between clinical data and theoretical formulations. Having stated what is almost an analytic truism, it is then ignored. What is the nature of that relation? The formulations must be relevant to the data, useful in its understanding, helpful in connecting it with other data, and, perhaps, capable of generating further questions. Selma Fraiberg's *Parallel and Divergent Patterns in Blind and Sighted Infants* presents her observations of the adaptive problems created by visual deficit. These allow for formulations of developmental needs and sequences in these children. Other hypotheses related to the role of vision in normal development are also suggested. Laufer, in a quite different study, also presents clinical material from severely disturbed patients (adolescents) in order to examine his ideas on some aspects of normal development. But, he does not clearly demonstrate the relation of this data to that obtained from less disturbed patients or its bearing on normal adolescence.

A paper by Bak, *The Phallic Woman: The Ubiquitous Fantasy in Perversions*, and a paper by Greenacre, which is an expanded

version of her discussion of Bak's paper, are illustrative. Greenacre disagrees with Bak on a number of findings; for example, his statement that 'the child's actual knowledge of women having no penis is overrated'. Bak believes 'a general significance of early traumata and ego defects is not borne out by the many cases of fixed perversions . . . in which there is no appreciable defect in the psychic structure (either ego or superego). Moreover, these persons are capable of forming stable object relations, though, of course, of a narcissistic type.' Greenacre states that 'these patients had suffered characteristic traumas'. She attempts a 'formula describing the development of perversions' which includes 'early disturbance in the mother-infant relationship' with 'a severe impairment of object relationships'. How can such diametrically opposed views be understood, evaluated, or reconciled? The two sets of data are not presented or analyzed in a comparable way. Each presents formulations in a manner which does not reflect the extent to which they are based on speculation. The goal would be to collect data on the three points of disagreement mentioned so that the need for speculation would be reduced.

A number of these papers, for example Lustman's, reflect current preoccupations with reiterating, clarifying, defending, and justifying psychoanalytic—and particularly metapsychological—constructs especially in respect to their status as 'scientific' or their relation to constructs in other fields. I think such attempts have passed the limits of their usefulness. Perhaps we ought to concentrate on rigorous efforts at precise definition, careful distinction of data from inference and speculation, and attention to the connection between data and hypotheses. This would make the task of the reader more challenging and rewarding.

JOAN B. ERLE (NEW YORK)

ADOLESCENTS IN A MENTAL HOSPITAL. By Ernest Hartmann, M.D., et al. New York: Grune & Stratton, Inc., 1968. 197 pp.

The hospital treatment of adolescents has become a major focus of concern in the past fifteen years. The admission of younger patients to psychiatric hospitals which began experimentally in the 1950's has now reached major proportions with patients from

twelve to twenty-five years of age comprising fifty to eighty per cent of hospital populations. The increasing displacement of the middle-aged and elderly patients by this young group requires that hospital treatment programs be significantly modified.

Most of these young people suffer from character disorders, borderline states, or schizophrenia, all marked by the presence of severe ego defects and histories of maladjustment antedating the difficulties which lead to hospitalization. As is characteristic of all adolescents, they are struggling with problems of dependence, the need to achieve autonomous control over instinctual pressures, and the crystallization of a meaningful and comfortable identity. Also, like all adolescents, their conflicts and anxieties are expressed in behavior often both self-destructive and socially disturbing.

These and other factors require very special consideration in their treatment. The uncovering psychotherapies are often contraindicated because their weakened egos cannot tolerate the increased instinctual pressure, anxiety, frustration, and threat of regression which are appropriate concomitants of these psychotherapeutic approaches. Treatment must involve the entire milieu, which requires not only understanding of each patient's needs and anxieties but also of the attitudes and reactions of all the personnel with whom the patient comes into contact. Particularly important are concomitant work with parents as well as educational, vocational, and other rehabilitative activities.

Most discussions of treating the hospitalized adolescent have been essentially anecdotal case reports. However, the experiences reported in this book are based upon a variety of systematic observations of patients, staff, and relatives acquired during all phases of treatment and at several points in time following discharge.

Each chapter focuses on a different aspect of the program. The authors present the reasons for their choice of variables being studied, the methodologies employed, and the degree of reliability of the data obtained. The illustrative clinical vignettes which are presented throughout also provide a continuity that ties together the separate areas studied. The discussion at the end of each chapter includes the significance of the findings and their therapeutic as well as research implications.

This book presents a model of how clinical studies can and should be made as well as reported. The reader is informed with-

out being overwhelmed and interest is sustained by virtue of its excellent and literate style.

Few questions are answered but the data do raise questions about some commonly held assumptions. The authors candidly present their evidence which demonstrates the limitations of current therapeutic efforts with such patients. Nevertheless they have written a remarkable document that defines the problems of treating severely disturbed adolescents, demonstrates how these may be studied, and suggests areas for more effective therapeutic interventions. The simplicity of style and its modest format could easily mislead one to fail to recognize this as a remarkable volume that should be carefully read by all clinical investigators, especially those concerned with the treatment of adolescents.

LEWIS L. ROBBINS (GLEN OAKS, N. Y.)

THE CRIME OF PUNISHMENT. By Karl Menninger, M.D. New York: The Viking Press, 1968. 305 pp.

Dr. Menninger's thesis is that most systems of criminal punishment do not achieve any of the purposes by which they are justified, and that our systems of punishment are dehumanizing, extravagantly expensive, and quite ineffective. His thesis is documented thoroughly but in too shrill a voice. The systems are examined step by step, from arrest to the final release from prison. He details the inequities and defects of preliminary hearings, bail customs, the trial and the adversary system, and finally the sentencing and prison systems.

After clearly making his point that the psychiatrist does not belong in the courtroom at all during the trial, Dr. Menninger trains most of his guns on the sentencing procedure and on our antiquated prison system. His main theme throughout the book is that our present legal procedures encourage a system of punishment made to fit the crime rather than the criminal.

Because of the law's preoccupation with the concept of 'responsibility', much of the psychiatrist's courtroom work is taken up with evaluations of the legal term, 'insanity'. Dr. Menninger emphasizes the reality that if someone commits an act he is by definition responsible for it. The trial should therefore determine

only if the accused did commit the act. Before sentencing, the judge should have a psychiatric evaluation of the prisoner including recommendations for his disposition. The defense of insanity can then be dropped, 'and the preoccupation with punishment as the penalty of the law would have yielded to a concern for the best measures to insure public safety, with rehabilitation of the offender if possible, and as economically as possible'. The author does not believe that punishment is an effective deterrent; nor does he accept punishment as a justified or useful form of vengeance. Reformation is emphasized as the only acceptable aim in dealing with the criminal.

I think the dismissal of vengeance or retribution as without valid basis for punishment too superficial. This is one of the areas in which the lack of any psychoanalytic considerations in the book becomes manifest. Revenge may support the individual in his constant struggle to ward off his own antisocial impulses by contributing to the countercathexis against his antisocial drives through displacement and projection of such impulses onto the criminal. The individual would have great difficulties in controlling his own antisocial impulses if wrongdoers were tolerated. The weaker one's control is over an active impulse, the more strongly must one attack its permissive justification in someone else. Legalized punishment does provide a socially and morally acceptable outlet for destructive aggression. Primitive law, the Law of Talion, used retribution to satisfy the desire for revenge.

In one way, at least, Dr. Menninger has overstated the case for reformation. Although reformation is a praiseworthy aim when dealing with criminals, and although he details several institutions where extensive (and successful) programs in rehabilitation are the rule, most penal institutions are severely limited in these facilities. While the courts often use indeterminate sentences relying on the 'reformative' functions of the prison, they are unrealistically calling upon resources, and even psychiatric knowledge, that are not as yet available. These decisions are sentencing people to prisons which, with few exceptions, are dehumanizing and destructive of just those ego functions that one hopes to support and solidify. The average prison in the United States is characterized by sadism, enforced homosexuality, and a value system quite contrary to what we hope to maintain in the individual.

Dr. Menninger is aware of the inadequacies of our prison system and how difficult it is to bring about any change. When we consider that specific principles of prison reform recommended one hundred years ago by the American Correction Association have yet to be implemented for the most part, we are forced to suspect that lack of improvement in our penal system is a manifestation of a specific resistance on the part of society against relenting on its wish for retribution. Dr. Menninger is convinced that prison is not a valid way of dealing with convicted persons, and he makes a plea for a stronger parole and probation system. I too believe that most convicted people are best dealt with outside of prisons; the exceptions would include those criminals who are dangerous or incorrigible and where incarceration for the protection of society is more to the point for them than reformation. But we should also consider alternatives to such a limited choice of prison or no prison; other ideas tried by various communities include techniques such as limiting imprisonment to those hours outside of work in order to preserve the job and to maintain family financial support; or the converse, of imprisonment during the week with week ends at home; or even imprisonment at home with the individual carrying on his daily work but required to remain in his house on week ends and evenings. This last is a technique used in Spain, and under certain circumstances can be quite effective.

The book also gives specific data that challenge the long accepted truism of both psychiatry and psychoanalysis that the character structure of the sociopath is not accessible to modification. Two impressive exceptions to this shibboleth are presented. The Boys Industrial School in Kansas, run by behavioral scientists, including psychiatric residents from the Menninger School of Psychiatry, has a recidivism rate of only between four to nine per cent. This is compared with the corresponding Juvenile Institute in Massachusetts where the rate is over *ten times* higher. The second instance described is the famous institution in Denmark, run by Dr. Sturup. Here presumably incorrigible chronic offenders are imprisoned for the protection of society, with the length of confinement determined by the staff. Over sixty-five per cent of the inmates have been able to return to society without returning to criminal activity.

The book does bring together many of the problems of legal punishment, but in the attempt to stimulate the reader's interest it tends to be simplistic and 'hucksterish' at times. There still is a tremendous amount we do *not* understand about the facts of crime, as the Presidential Commission on Crime of 1967 emphasized by revealing that even statistical analyses of crime were too few and too incomplete.

Dr. Menninger makes little use of analytic concepts in attempting to explain and understand the problems he presents. The one striking exception is his discussion of Freud's concept of 'criminals out of a sense of guilt', but he mistakingly attributes it to Alexander. I feel strongly that psychoanalytic dynamics of the specific criminal act should be looked for and studied. The problems of free will and psychic determinism need to be studied and elaborated before legal alternatives to punishment can be discussed in a meaningful way. We do not understand the individual psychology involved in a criminal act. We still do not know what kind of conflict, or weakness of ego functioning, permits crimes of violence. Just how do the restrictions of a superego inhibit certain behavior at certain times, while not in other situations? Dr. Menninger reminds us again of the curious lack of delinquency to be found in Greece and China (at least before recent years). These are all questions best studied by analysts, but few analysts venture into the area of criminology. Actually, as analysts we do often analyze minor bits of criminality in our patients, but this is rarely considered in isolation nor compared with general observations of criminality in the community. I do think that the analytic examination of the various phenomena of crime would be extremely valuable. For example, few analysts are aware that shoplifting is a phenomenon that appears mainly in women during their involutonal period. What does this mean in terms of fantasies of replenishment, fantasies of revenge, etc.? How can we effectively discuss such problems until we understand the whys?

Despite these shortcomings, this is an excellent book for all levels of interest. For the neophyte the content will make one aware of a whole new area of behavior, while those more familiar with the field will nevertheless benefit from the excellent organization of available data.

STUART S. ASCH (NEW YORK)

ORTHOPSYCHIATRY AND THE LAW. A SYMPOSIUM. Edited by Morton Levitt and Ben Rubenstein. Detroit: Wayne State University Press, 1968. 223 pp.

This collection of papers, presented at the 1966 meetings of the American Orthopsychiatric Association, encompasses several subjects: general considerations; mental health and the law; and psychiatry and the law. The authors include psychiatrists, psychologists, a judge, professors of law, sociologists, and one professor of English. While much can be said for an interdisciplinary study, this particular volume remains a collection of essays.

Dr. Rubenstein, in *The Mind as a Castle*, considers the use of psychological testing by government and industry in their search for candidates. The concern he expresses need not be limited to the testing situation; it could be extended to the invasion of human privacy by government in many other ways. The author's chief concern, and we share it, is with use of technical test material by untrained and nonprofessional personnel. Invasion of privacy is further discussed in a chapter by Alan F. Westin, a lawyer. He examines in some detail the 'surveillance technology', and its impact on social and legal organizations.

The War vs. Poverty by Judge Justine Wise Polier is a challenging exploration of social institutions. She states: 'It may well be necessary to examine the extent to which law and the mental health professions have unwittingly been carriers of the disease of poverty, have helped to perpetuate it, and have prevented recovery from its debilitating effects'. She continues with candid observations of the inertia with which the American Medical Association has become identified, writing: 'As recently as December 1965 it was reported that the AMA House of Delegates voted to defer action on a report by its Committee on Human Reproduction pending conferences with other interested groups, including the American Bar Association. The deferred report noted that forty-four states either ban abortion or permit it only to save the mother's life, and asked only that abortion be allowed when there was "substantial risk" to the physical or mental health of either the mother or the unborn child, or when pregnancy resulted from "statutory or forceable rape or incest".' Even though our Constitution grants us separation of Church and State, Polier cites the difficulties posed to the adoption procedure by religious

boundaries. Government agencies such as 'Welfare refuse to interfere with the decision of the private agency, to provide direct services, or to refer across religious lines'. In the case of many black children 'the baby grows up as an agency boarder, with no one to press for his right to have a family of his own, to feel that he belongs somewhere'. The author concludes that 'Both law and the mental health professions have now the challenge and opportunity to lessen and prevent the blows that have too long been the portion of those least able to withstand them, to encourage escape reactions, and seek the rescue of those who otherwise will be doomed'.

Robert L. Stubblefield reviews the interrelationship between law and the behavioral sciences and in a short paper summarizes the prevailing problems and some possible solutions. His rather optimistic review of the basic issues concludes with an expression of hope for further positive interaction between the disciplines. Ralph Slovenko, a professor of law and editor of a book, *Sexual Behavior and the Law*, offers a stimulating and informative paper on legal procedure suggesting that 'the criminal law is paradoxical and contradictory'.

The last three chapters on psychiatry and the law are brief and to the point. Henry B. Makover writes about psychiatry and the court. This is followed by a chapter on pretrial release without bail, and a short chapter, *Legal Justice and Mental Health in the Care and Treatment of Deviants*. Stanton Wheeler, a sociologist, concerns himself with 'some problems that arise in the vague borderland between crime and sickness' and emphasizes the need for 'balance between a sense of justice and fairness in the handling of deviants'. A study of inmate reaction in Scandinavian countries shows interesting differences in the feelings of the inmates of custodial institutions and those set up as treatment centers.

The papers offer useful, interesting, and in some instances amusing bits of information, but they lack organizational continuum.

LEO L. ORENSTEIN (NEW YORK)

ESSAYS IN SELF-DESTRUCTION. Edited by Edwin S. Shneidman. New York: Science House, Inc., 1967. 554 pp.

In a foreword written for this book, I said that many intelligent people don't know either how common suicide is, or that we *can*

do something to reduce this frequency. The self-destructive aspect of many social problems—our penal system for example—is daily more apparent. The self-destructiveness of cigarette smoking which is now well known was totally unrecognized at the time I wrote *Man Against Himself*. We do learn more and more about both the phenomenon of total self-destruction and the means for its reduction, and we owe much of this diffusion of knowledge and interest to Edwin Shneidman, whose persistent calling of our attention to our responsibilities is slowly but definitely having its effect.

Here are two dozen essays by such authorities as Henry Murray, Louis Dublin, Norman Farberow, Norman Tabachnick, Paul Friedman, Lawrence Kubie, and Talcott Parsons. Such representatives guarantee the quality of the essays which Shneidman has collected.

KARL MENNINGER (TOPEKA)

SIGMUND FREUDS PROSA. LITERARISCHE ELEMENTE SEINES STILS. (Literary Elements of His Style.) By Walter Schönau. Stuttgart: J. B. Metzlersche Verlagsbuchhandlung, 1968. 296 pp.

Sigmund Freud was a scientist—not a literary writer; he wrote in a masterful style, which though often admired, was never carefully, methodically, and scientifically investigated. This author has developed methods of literary analysis which he applies with astonishing, detailed knowledge and understanding of Freud's writings. The book is the first 'style critique' and investigation of Freud's prose. Schönau shows that Freud's relation to his imagined reader followed the example of his ideal, Lessing, who analyzed the importance of the motto to which Freud devoted so much attention and loving care. The author is especially interested in the relation between scientific reporting and literary creation. He gives definition to methods for the investigation of style, often in a unique and pioneering way, always with astonishing insight and knowledge of Freud's place and importance in German literary history. The text shows that exactitude, devotion, and documentation of the scholar which went out of style before the First World War. Special attention is given to the wealth of visual imagery in Freud's writings, stretching from archeology to adventure travels, from the underworld, and the Eternal City, to Greek mythology

and frequent water symbolism. Every statement is documented with exquisitely chosen quotations, often drawing from Freud's letters and material not generally known or translated into English. The reader of this book may develop a kind of double vision since he has to have one eye on the text and the other on the extensive footnotes which sometimes are treasure troves of new information. There is an excellent bibliography, and twenty pages of well-selected quotations from authorities on Freud's way of writing. One remarkable omission: there is no mention of Freud's free associative style of writing, frequent in his correspondence.

MARTIN GROTJAHN (BEVERLY HILLS, CALIF.)

ANIMAL AND HUMAN. SCIENCE AND PSYCHOANALYSIS. VOLUME XII. Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., 1968. 277 pp.

This volume is the twelfth in a series based on the annual meetings of the American Academy of Psychoanalysis. The focus of the 1967 meeting was on the relevance of animal behavior studies to an understanding of human behavior and especially to psychoanalytic theory and practice. However, the volume starts with Crowley's presidential address on the medical model in psychoanalysis and ends with a description of the residency training program at Tulane by Heath and Shelton that emphasizes community mental health. The effect is to blur the focus of the book.

The main part of the book begins with a short exposition by the eminent behavioral geneticist, Ginsburg, of the studies he and his colleagues have done on genotype-environment interactions in six strains of mice. He points out that with respect to the effect of early stimulation the time of maximum effect differs in all and that the same stimulation during preweaning that increases adult aggression in one strain decreases it in another. The adaptive value becomes clear when we realize that natural populations are mixtures of genetic strains. Ginsburg believes that the ontogenetic mechanisms mediating the effects of early stimulation on later personality reside in neuroendocrine regulation of adrenocortical steroids and has found genes that affect the development of these mechanisms by regulating enzyme production. If homologous

mechanisms exist in humans, prevention and treatment of personality difficulties are possible through manipulation of the mechanisms, Ginsburg optimistically suggests.

Sade then discusses the interesting finding that mother-son copulation is extremely rare among monkeys. In three mating seasons he saw one instance out of one hundred and six copulations, a rarity he considers strange in view of the fact that grooming, body contact, and mutual defense occur frequently between mothers and mature sons. 'One would expect by extension that mating would occur most commonly between mother and son.' He offers an explanation based on the development of social relations. Mother-infant specificity starts early and endures. Mothers remain protective of and dominant to their offspring. Offspring continue to orient to mother and even when adult, especially during crises, show behavior which is characteristic of an infant toward his mother. 'Altogether, the information indicates that there is a reverberance of the infant role in the behavior of the adult male toward his mother.' Since adult males do copulate with more dominant unrelated females, 'The inhibition is therefore specific to the parent-offspring relation'. Sade suggests that the human incest barrier is an elaboration of this phylogenetically older system through investment with symbolic content.

Hamburg presents a scholarly review of nonhuman primate research with respect especially to the evolution of emotional responses in support of his view that 'emotion reflects a state of heightened motivation for a behavior pattern that is critical in species survival'. In this connection he quotes Nissen: 'The behavior of animals is a major contributing factor for their survival and, consequently, through the mechanisms of heredity, for the course of evolution. Maintaining favorable relations with the environment is largely a function of behavior.' In describing various approaches to the study of animal behavior Hamburg asks the important question as to which species to study. 'In terms of a general interest in human evolution' he provides criteria for choice of species: behavioral criteria—considerable time spent on the ground, tendency toward bipedalism, relatively great complexity of learning and of social interaction; nonbehavioral criteria—maximum similarity of CNS circuitry, number and form of chromosomes, and of blood proteins and immunologic responses.' He

points out how the emergence of social organization has served as biological adaptation with powerful selective advantage; providing 'protection against predation, meeting nutritional requirements, protection against climatic variation, coping with injuries, facilitating reproduction and, perhaps above all, preparing the young to meet the requirements and exploit the opportunities of a given environment'. This leads into the increasing evolutionary importance of infant care and the mother-infant bond, with each motivated toward closeness with the other. Finally, in discussing the emergence of a prolonged period of immaturity he cites the advantages—'A very diverse array of environments may be adapted to through the shaping of behavior in the long protected interval of immaturity'—and the disadvantages—'the terrible effects which result from isolation, deprivation and separation from mother'.

Jensen and Bobbitt review the experiments on monkey infant development in terms of their implications for humans. They consider the role of mother, peers, and inanimate objects, and they cite the well-known effects of deprivation, including the development of autistic behavior and the extent to which mother substitutes may prevent such development.

Woolpy describes his studies of the socialization of wolves, animals which are highly gregarious and have a well-ordered social structure. With respect to conspecific socialization he found that 'young wolves do not become fully integrated into the adult social organization until their third season' although two-year-olds are capable of producing offspring; an interesting finding is that allegiances formed in the second year to the alpha male and alpha female persist in later years even if the animals have meanwhile fallen in the hierarchy. 'If the human is like the wolf' then Woolpy is encouraged to believe 'by analogy, the effects of inappropriate socialization probably can be overcome by carefully planned selective exposure to the aspects of social behavior in which he is to assume a new role'.

Masserman, Wechkin, and Woolf describe experiments in the laboratory with rhesus monkeys which illustrate that the dominance hierarchy is not simply linear in its operation. Alliances between and among animals of various rank play an important role, so that even a subordinate animal may gain advantage through the help of more highly placed animals.

Mason, who has done considerable research with monkeys and chimpanzees in both laboratory and field, discusses strategies of primate research. In the first the nonhuman primate is used as a model of man, as for example in seeking the medicinal cure for an infectious agent. In the second the animal is used to construct a conceptual method applicable to man-studying, e.g., intelligence, love, neurotic behavior. Mason sees this as potentially dangerous unless it is fitted within a broader approach, the third strategy, the 'evolutionary-comparative perspective'. This calls for seeing primate species as members of a graded series. Changes in the series are studied, differences as well as similarities, with attention to the adaptive value of the differences. When we do this we see the changes in learning capacity and the organization of newborn behavior under the influence of neoteny, with a systematic trend to slowing of the rate of growth and to richness of possibilities, i.e., plasticity.

The next section of the book, *Human Correlations*, starts with a long paper by Kramer on the importance of fixed motor patterns in both ethological and psychoanalytic theory. After pointing out that ethologic instinct theory is based on behaviors, namely fixed motor patterns, while psychoanalytic instinct theory is concerned with drives, he goes on to assert the importance of fixed motor patterns in human behavior. He cites Reich's contributions on the role of musculature in character armor. He might better have cited Kestenbergs's studies than the case histories he mentions.

Bridger and Birn present evidence in human neonates to suggest that sucking is not related to hunger drive as much as it is to arousal level, that it is pleasurable per se aside from serving as drive reduction, and that as a soother it is a learned response.

Taketomo questions whether the ethological concept of imprinting can explain human dyadic behavior patterns. He examines six efforts to do so, involving attachment behavior of the infant to mother, emergency behavior, sexual behavior, and treatment behavior, and concludes that none are convincing. With respect to Salk's hypothesis about imprinting to the mother's heart-beat he cites his own research to disprove it. He concludes, however, that as psychoanalysts pay more attention to learning theory studies, and as imprinting becomes better understood as a form of learning, the effort may yet succeed.

Beer extols the attempt to apply the techniques, concepts, and findings from one branch of study to another, but is dubious about the efforts to apply ethology to psychoanalysis. For one thing he says the instinct theories of ethology 'rest on questionable or confused assumptions, blurred distinctions and analogies of limited value . . . [and] encourage confusions between different kinds of questions and different kinds of explanation'. This he documents well. He points out that the most careful ethological studies deal with kinds of behavior and questions that are different from those dealt with in psychoanalysis. For example, ethology deals with 'movements' and their 'causes' whereas psychoanalysis generally deals with 'actions' based on 'intentions' and the whole problem of 'goals'.

The book closes with a section on Clinical Considerations. Barnett offers a broad definition of cognition, including thought and affect, in fact 'all those processes involved in an over-all system of experiential knowing'. In his discussion Shands offers a data processing model of behavior and divides activity into 'behaving' and 'describing', which when internalized becomes 'feeling' and 'thinking'. Masserman reviews in capsule form his numerous animal studies, his theories, and their application to the clinical situation.

This volume is very uneven both as to content and quality. It is not original, nor is it integrated by the authors or the editor. In the area it attempts to cover there are many omissions. Nevertheless, it has a number of good papers, and for the naïve psychoanalyst there is a fair amount of interesting information on animal studies that have relevance to the human condition.

I. CHARLES KAUFMAN (DENVER)

A GLOSSARY OF PSYCHOANALYTIC TERMS AND CONCEPTS. Edited by Burness E. Moore, M.D. and Bernard D. Fine, M.D. New York: American Psychoanalytic Association, 1967. 96 pp.

'This small book represents an attempt by organized psychoanalysis to clarify for the public in simple, understandable language what is meant by its terms and concepts. It is a public information effort initiated by the Committees on Public Information and

Indexing, and enthusiastically supported by the American Psychoanalytic Association and its members. Over seventy contributors have submitted definitions on the basis of their special knowledge.'

This concise statement from the introduction tells the purpose of the book, for which the editors and contributors are to be congratulated heartily. The only strong criticism I can make is that there is no promise that the Glossary will be revised every ten years or so. This omission is easy to understand since the editors, apparently performing a labor of love, could not presume such authority. Nevertheless I hope 'organized psychoanalysis' will take this task upon itself.

The book is clearly intended for a knowledgeable reading public who may, in the course of periods of understandable confusion during their perusals, wish direct and authoritative clarifications. What impact this book will have on this public I don't know. It has the potential of being helpful. It is obviously directed to an already sophisticated group. Hence I regret the omission of Fenichel's Outline of Clinical Psychoanalysis from the 'basic bibliography'.

The contents are excellent. For example, the simple clarification of the terms identification, incorporation, and introjection condenses many papers on these terms, an advantage (and also a disadvantage). The book is not above polemicizing in spots but in a good-willed didactic manner. One may cavil with some points; for example on the topic of aggression, one may question that all psychoanalysts assume there is an aggressive instinctual drive. But such differences of opinion are not important for the book.

While I do not know what effect the book will have on the public for which it is intended, I do know it has already influenced another public, students. I have begun to see a few manuscripts which eschew the often boring and repetitious review of the literature, which give an increasingly cursory nod to the authorities of the past, which boldly plunge in '*res medias*' to what the Glossary says. Now the American Psychoanalytic Association, its Committees, and the editors of the book may or may not look upon this development happily. They are not responsible for the lazy and unscholarly uses to which their efforts are put. Or, in this age of altering concepts of responsibility, are they?

NORMAN REIDER (SAN FRANCISCO)

INTERNATIONAL ENCYCLOPEDIA OF SOCIAL SCIENCES. Edited by David Sills and others. New York: Macmillan-Free Press, 1968. 17 vols., 9000 pp.

Fifteen years of planning, consultation, research, and fund-raising, and the work of 2000 contributors from the United States and thirty other countries, have gone into the publication of the International Encyclopedia of Social Sciences. An evaluation of such an extensive work in many disciplines of the social and 'behavioral' sciences can be done only on the basis of the limited scope and experience relevant to the specialized training and subject of the reviewer's library. This review is based on approximately ten months of library usage. To do justice to this monumental work, attempts have been made to consult the readers and researchers using the library, and librarians in varied scientific disciplines.

The seventeen volumes (the last being the index) consists of 9000 double-columned pages and 1,716 signed articles. The topical articles deal mainly with concepts, theories, and methods in ten fields of study: anthropology, economics, geography, history, law, political science, psychiatry, psychology, sociology, and statistics. Psychiatry includes theories and descriptions of principal mental disorders, methods of diagnosis and treatment. Psychoanalysis has no separate topical article listing, nor is it included in the editor's text explaining psychiatry. However, in the section of the index volume titled 'Classification of Articles', which provides the reader with a review of the different fields covered in the Encyclopedia, psychoanalysis is listed under Psychiatry with the following sub-classifications: Classical Theory, Ego Psychology, Therapeutic Methods, and Experimental Studies. In the subject index, psychoanalysis (*italicized*) is listed as a subheading under psychiatry, and has two columns of subdivisions listing symptoms, fields, or topics in connection with psychoanalysis, key words, subjects connected with psychoanalytic therapy, and the names of psychoanalysts covered in the biographies. The major psychoanalytic articles are written by authorities in the field: Jacob A. Arlow, Neurosis; Leopold Bellak, Psychosis; Charles Brenner, Psychoanalysis—Classical Theory; Bertram D. Lewin, Phobias; Theodore Lidz, Schizophrenia; Rudolph M. Loewenstein, Psychoanalysis—Therapeutic Methods; and Joseph J. Michaels, Character Disorders. David Beres wrote the biography of Ernst Kris. However,

the section on Ego Psychology and the biography of Sigmund Freud were written by research psychologists from a rather personalized point of view which is manifested not only in the text but also in the bibliography. Thus their informative value is less than one might expect in an encyclopedia article.

Biographical articles include about six hundred items on persons now dead or who were born before 1890. This restriction on the number of biographies and the elimination of those of persons born after 1890 makes for a rather eclectic mixture of persons: 1, those who are considered key figures in the development of each discipline (Boas, Keynes, Aristotle, Merriam, Pavlov, Freud, Marx, Weber, etc.); 2, those who are below this level (Hobhouse, Thorndike, Tolman, Simmel, etc.); and 3, a widely divergent group who have contributed significantly to the social sciences (Plato, Husserl, Whitehead, Engel, Laski, etc.). Finally, there is biographical coverage of those considered 'has beens', 'might have beens', and 'should have beens'. This rigid adherence to 1890 as a cutoff date for the still living subjects has resulted in the exclusion of such outstanding figures as Anna Freud (1895) and Jean Piaget (1897) in spite of their outstanding contributions and profound influence in their respective fields.

The extensive bibliographies given for articles, topical as well as biographical, serve two purposes: 1, relevant information about works cited in the text; and 2, dates and language of the original publication and of the latest publication. Biographical articles list the major writings of the subject and, separately, publications about him. Most helpful features are the cross references and guides to the reader, pointing to additional pertinent reading at the end of each article. The comprehensive index and the editor's carefully written introduction should be consulted by the reader to cull the most relevant and comprehensive information from this reference tool. Other noteworthy and commendable features are large and clear print, which makes it possible to do research without eye strain; handsome charts and statistical tables, which open up flat; sturdy paper; flat-opening spine; and durable binding which is convenient and promises longevity in spite of hard use.

The main value of this Encyclopedia for a psychoanalytic library or for a psychoanalyst is the informational resources it can offer in related fields. The experience of our users has been varied. Apparently Social Work is very well covered. The information

on drug addiction, psychotropic drugs, and adolescence seems to omit contemporary relevant problems in the field, e.g., the use of psychotropic drugs is covered only from the experimental viewpoint and omits the question of addiction and the cultural and mystical aspects which are so much in the forefront of present-day concern. Hallucinogenic drugs are briefly mentioned in the section on addiction, but the above-mentioned aspects are not included here, either.

It is probably unavoidable in such a voluminous work that contributions vary from excellent to superficial, and may be at times even misleading; and it is impossible to meet every researcher's need. There are many excellent features, though, and it has been suggested that this might be a historical landmark of mid-century social science, marking the last attempt to present the increasingly disparate and diversified disciplines under the unified classification of social science.

The acquisition of this Encyclopedia by a psychoanalytic or psychiatric library in a small organization should be considered on the basis of the availability of funds and its regional accessibility to the library's constituents. If the expenditure of five hundred dollars would curtail the acquisition of vitally needed materials for training and research purposes, or if the library is located directly in a university community with reference and departmental libraries accessible to the readers, the duplication of such an expensive item seems unnecessary. However, an independent library serving an educational and research organization engaged in interdisciplinary work in the behavioral sciences must consider the acquisition of this Encyclopedia as a necessary reference tool.

LESELOTTE BENDIX (NEW YORK)

The EDITORS regret that in the review of *Sigmund Freud—Arnold Zweig Briefwechsel*, which appeared in *This QUARTERLY*, XXXVIII, 1969, pp. 643-644, a number of factual errors escaped detection. Accordingly, we want to point out the following:

1. Arnold Zweig and Stefan Zweig were not brothers.
2. Jacob Burckhardt was a contemporary of Nietzsche, not of Freud.
3. Siegfried Jacobsohn, editor of *Die Weltbühne* in Berlin, did not study with Freud.

International Journal of Psychoanalysis. XLIX, 1968.

Lawrence H. Rockland

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ABSTRACTS

International Journal of Psychoanalysis. XLIX, 1968.

On Candidate Selection and Its Relation to Analysis. Brian Bird. Pp. 513-526.

The author raises the perplexing question, 'What are the institutes selecting applicants for?'. He is concerned about the large number of candidates who never plan to become analysts; rather they seek analytic training to become superpsychiatrists, therapists, theoreticians, medical school professors, or to get personal help. He feels that institutes too often favor candidates with 'normal character disorders', who are unanalyzable, and will never be successful analysts. Correspondingly, 'creative characters' who might make contributions to psychoanalytic knowledge too often are discouraged by formidable selection procedures.

How Psychoanalytic Institutes Evaluate Applicants: Replies to a Questionnaire. Kenneth T. Calder. Pp. 540-547.

A fourteen point questionnaire on selection procedures was sent to forty-nine institutes throughout the world; responses were received from twenty-six. This paper describes the results on issues ranging from group versus individual interviews, to the use of psychological tests in the selection process.

The Evaluation of Applicants for Psychoanalytic Training. Heinz Kohut. Pp. 548-554.

The essential quality in the prospective candidate, according to Kohut, is a keen interest in the inner life of others, motivated by libidinal forces, yet with enough aggressive energy to sustain it. 'The primary motivation should be a fondness for psychological truth itself.'

The Discovery of the Transference. L. Chertok. Pp. 560-576.

Chertok traces the concept of transference from the early days of magnetism to present-day views. He hypothesizes that Freud's discovery of the transference was in the service of defense against the erotic demands of his female patients and his own libidinal temptations.

On Drug Dependence: Clinical Appraisals of the Predicaments of Habituation and Addiction to Drugs. A. Limentani. Pp. 578-590.

This paper discusses the problems encountered with patients who are habituated to marijuana and LSD. These patients are often shunned by both psychoanalyst and social psychiatrist because of the problems involved in treating them. Three detailed cases are presented and discussed. No clear pattern of psychopathology emerges which characterizes drug abusers; the author stresses the complexity of the psychopathology encountered.

The Treatment of Patients with Borderline Personality Organization. Otto Kernberg. Pp. 600-619.

In the third of his excellent papers on the borderline character, Kernberg focuses on issues of therapy. He feels that for most borderline patients neither classical analysis nor supportive therapy is ideal; rather, a special form of analytic psychotherapy is indicated. A full transference neurosis (or psychosis) is not developed, and resolution does not occur via interpretation alone. Special attention is paid to the negative transference, and to the primitive defense patterns seen in borderline patients. Of the latter, Kernberg particularly focuses on splitting, primitive idealization, projective identification, denial, omnipotence, and devaluation. Therapy is generally conducted in the face-to-face position, and hospitalization is used as needed. The author does feel that there is a small group of borderline patients, particularly narcissistic characters, in whom classical analysis is the treatment of choice.

Psychoanalytic Theory: Paths of Change. Gardner Lindzey. Pp. 656-661.

The author discusses the difficulty of the academic psychologist in integrating psychoanalytic theory into his concept of personality. He feels that one of the primary difficulties is the vagueness of much of psychoanalytic theorizing. Six suggestions are offered for introducing change and, hopefully, increased precision into psychoanalytic theory.

The Mechanism of Projection: Its Dual Role in Object Relations. Daniel S. Jaffe. Pp. 662-677.

Projection may serve to effect a split from (annihilate) the object, or to identify with (preserve) the object. It serves an important function in the process of identification; in fact, the question is raised of whether projection can even be operative without a concomitant identification. Projective identification, as first described by Melanie Klein, is extensively discussed. Clinical material illustrates both projective identification and annihilating projection.

Trichotillomania, Trichophagy, and Cyclic Vomiting. Melitta Sperling. Pp. 682-690.

Material is presented from the successful analysis of a sixteen-year-old girl with the symptoms in the title. The patient had vomited and eaten body hair as a child; when a brother was born (patient was four years old), vomiting stopped, but hair ingestion increased. Sperling explains this as a transition from a psychosomatic to a fetishistic relationship to the mother. Dynamics on oral, anal, and phallic levels are discussed.

Notes on Dreaming: Dreaming as a Cognitive Process. W. W. Meissner. Pp. 699-708.

This third section of Notes on Dreaming continues Meissner's admirable efforts to integrate neurophysiology with Freud's dream theory. The author

points out that REM activity and dreaming cannot be considered as equivalent; dreaming occurs during NREM periods, and REM activity is seen in decorticate humans who presumably do not dream. REM periods seem to be produced by cyclic physiologic factors; that is, activation of septo-hippocampal circuits. This change in physiologic state sets the stage for changes in cognitive organization so that drive tensions come to serve as organizers of the dream content.

Beyond Traumatic Neurosis. Ernest A. Rappaport. Pp. 719-731.

The author, a former concentration camp inmate, attacks the classical analytic position that 'external events, no matter how overwhelming, precipitate a neurosis only when they touch on specific unconscious conflicts'. He argues that the camp inmate experienced horrors which go beyond any infantile prototype, and that these experiences by themselves can so damage the ego that it can never repair itself completely. He also takes issue with some of Bettelheim's discussion of the camp experience. Clinical material is presented, as well as several of the author's post-internment dreams.

LAWRENCE H. ROCKLAND

International Journal of Psychoanalysis. L, 1969.

The Psychopathology of the Psychoses: A Proposed Revision. Jacob A. Arlow and Charles Brenner. Pp. 5-14.

Most analysts today continue to utilize Freud's early formulations of psychosis: 1, psychosis is initiated by a withdrawal of libidinal cathexis from external objects and a resultant hypercathexis of the self, or ego; 2, a secondary restitutive re-investment of objects occurs, resulting in delusions and hallucinations. The authors feel that neither of these assumptions is warranted and that structural theory concepts better explain the clinical phenomena. In regard to the decathexis of objects, they point out that many psychotic patients cling with abnormal intensity to infantile objects; certainly they are capable of intense transferences, albeit unstable and violent. Delusions of world destruction and salvation are seen as two sides of a conflict over guilt-laden aggressive impulses. Much of the symptomatology is best viewed as resulting from regressive alteration of ego function, in defense against overwhelming intrapsychic conflict. From a practical standpoint, this approach furnishes a clear rationale for therapy; to reduce intolerable anxiety and enhance the adaptive and integrative functions of the ego.

The Non-Transference Relationship in the Psychoanalytic Situation. Ralph R. Greenson and Milton Wexler. Pp. 27-39.

Current psychoanalytic thought overemphasizes the interpretation of transference at the expense of proper attention to the non-transference, or real, relationship between analyst and patient. The authors feel that the analyst must recognize and deal with the real relationship in order to facilitate full develop-

ment and resolution of the transference neurosis. Analyzability involves the capacity for this transference-free relationship; otherwise a period of preparatory psychotherapy is necessary. The basic thrust of the paper is that humanness is not incompatible with good analytic technique and is, in fact, a most essential part of being a good analyst.

The Intrapsychic Process and Its Analysis—A Recent Line of Thought and Its Current Implications. Leo Rangell. Pp. 65-77.

The author presents a twelve-stage sequence of intrapsychic process which begins with a stimulus impinging on the organism and ends with the organism's attempts to deal with dammed-up tension and re-achieve equilibrium. In the course of describing this process, Rangell expands the concept of signal anxiety and introduces 'the decision-making function of the ego'. He feels that this function, probably the central function of the ego, has not been accorded sufficient attention. Rangell then reviews his theory of anxiety which combines Freud's two anxiety theories into a unitary system. He takes issue with all those who would alter classical technique, including some 'classical' analysts who feel that satisfaction of the patient's oral-receptive wishes for nurturing should be part of the analytic technique. Rangell re-affirms his faith in the analytic stance, equidistant from the three psychic agencies.

Towards a Basic Psychoanalytic Model. Joseph Sandler and Walter Jaffe. Pp. 79-90.

The authors present a model of psychic functioning which attempts to clarify psychoanalytic concepts. They stress adaptation as the basic function of the psychic apparatus. 'The apparatus responds . . . to only one basic regulatory principle . . . its own awareness of changes in the conscious or unconscious feeling state.' A distinction is made between the experiential and nonexperiential realms. Experiential content can be conscious or unconscious and refers to the experience of wishes, memories, fantasies, and feelings. Nonexperiential realm refers to forces and energies, mechanisms and structures, and is basically unknowable except as it influences or creates phenomena in the experiential realm. The 'feeling of safety' comes to play a major role in adaptation. The aim of the adaptive function of the psychic apparatus is to maintain a basic stability of feeling state, particularly the feeling of safety. 'The essence of conflict is the arousal of unpleasant feelings, and the apparatus will always find a solution which leads to the control of the feeling content of experience.'

Introduction to Panel on Child Psychoanalysis. Elisabeth R. Geleerd. Pp. 91-94.

Commenting on Mahler's four phases of separation-individuation, Geleerd states that she has not observed 'practicing' phase behavior in her analytic experience with adults. She suggests that differentiation, practicing, and rapprochement might be considered subphases of the symbiotic phase, which persists until object constancy is achieved.

Introduction to Panel on Protest and Revolution. Alexander Mitscherlich. Pp. 103-108.

For the first time, revolutionary protest appears in an affluent society, and is often led by those who have enjoyed the most education and privilege. Perhaps the transition to the oppressive conformity of our society is most difficult for those who have had the benefits of special attention from their psychologically sophisticated parents. The task for the psychoanalyst who studies social conflict and protest should be to determine in any given situation how neurotically motivated is the behavior, how instincts are handled, how much empathy exists, how much sublimation.

Introduction to Panel on Psychoanalysis and Psychotherapy. Robert S. Wallerstein. Pp. 117-126.

Edward Glover put forth the view that all psychotherapy, other than classical analysis, was only suggestion. Franz Alexander suggested that all analysis be modified into dynamic psychotherapy. Struggling between these extremes, Wallerstein attempts to ask some meaningful questions about the relationship of psychoanalysis and psychotherapy. He poses such questions as: is there a scientific psychotherapy apart from psychoanalysis? What are the similarities and differences between psychoanalysis and dynamic psychotherapy? What are our problems, as psychoanalysts, in doing psychotherapy? Answers are presented which summarize many points of view. One disturbing facet is that all the relevant references date from the mid-1950's or before.

LAWRENCE H. ROCKLAND

American Imago. XXV, 1968.

Duchamp's Young Man and Girl in Spring. Arturo Schwarz. Pp. 297-308.

Schwarz feels that this painting, a wedding present from the artist to his sister, represents brother-sister incest as a means of 'resolving the contradictions of the male-female principle in the hermaphroditic, primordial entity which is endowed with eternal youth and immortality'. Numerous references to mythology are cited in support of the author's interpretation of the symbolic elements in the canvas.

Passive Mastery of Helplessness in Games. Martin D. Capell. Pp. 309-332.

This paper contains a striking hypothesis about the one-and-a-half-year-old boy, described in *Beyond the Pleasure Principle*, who developed the game of throwing a spool into his cot and retrieving it by a piece of string tied to it as a reaction to his mother's departures. Freud was puzzled by the losing part of the game although he suggested the child was reversing roles, putting himself in the position of controlling the mother's coming and going. Capell assumes the mother had previously retrieved objects the child had cast out of the cot,

a common game played by infants and their parents. Thus casting the spool is a repeating of the behavior which had caused the mother to respond before. Capell sees this attempt to evoke a response from the object as an expression of passive mastery which he defines as 'a mode of overcoming difficulties by influencing powerful external objects to give one what is needed'.

Euripides's Hippolytus. Anne Vannan Rankin. Pp. 333-346.

Miss Rankin traces the oedipal themes in Euripides's play stressing the psychological consequences of Hippolytus's illegitimate birth and the displacement of his feelings for his mother onto the goddess Artemis. His denunciation of his stepmother Phaedra, after being informed of her infatuation for him, is understood as a reaction formation.

Pushkin and Parricide: The Miserly Knight. By Carl R. Proffer. Pp. 347-353.

The Miserly Knight concerns the parricidal wishes of a young nobleman toward his father who hoards gold. In the course of an argument which has reached the point of violence between the two, the old baron dies of a heart attack. Data from Pushkin's life indicates the play reflected his feelings toward his own father, a miserly man, who withheld funds Pushkin badly needed; on one occasion at least, the father accused Pushkin of physical violence.

The Eagle and the Axe: A Study of Whitman's Song of the Broad-Axe. Alvin H. Rosenfeld. Pp. 354-370.

Rosenfeld traces the tides of masculinity and femininity in this long poem; the final imagery, he feels, is a homosexual one indicative of the poet's 'own difficult identity'. This conclusion is consistent with Whitman's oft-stated feeling that 'intense and loving comradeship, the personal and passionate attachment of man to man . . . [is] the most substantial hope and safety of the future of these states' and with Bychowski's conclusion that sublimation of homoerotic love is at the core of Whitman's concept of democracy.

JOSEPH WILLIAM SLAP

Journal of Nervous and Mental Disease. CXLVIII, 1969.

Some Aspects of the Significance to Psychoanalysis of the Exposure of a Patient to the Televised Audiovisual Reproduction of His Activities. Lawrence S. Kubie. Pp. 301-309.

This is a study of psychoanalytic theory and possible technical use of confronting the patient with the auditory and visual image of his own psychological activities. The focus is on the patient's free association, particularly in relation to exploration of his identifications. It is shown that this technique may help the patient not only to become aware of his own current image, but to re-experience some of the historical antecedents. The technical possibility, as a supplement to psychoanalytic procedures, would be to repeat such confrontations to enable the patient to speak to himself with relatively little contamina-

tion from those in the non-I world. The author feels that this might result in less resistance in the analysis. However, it is not clear what tools might be used to overcome such resistances as did occur. With classical techniques, the analyst has the understanding of the transference at his disposal. The paper has some interesting comments on the nature of identifications.

Joint Parent-Adolescent Interviews as a Parameter in the Psychoanalysis of the Younger Adolescent. Alex H. Kaplan. Pp. 550-558.

This is a well written presentation of the use of joint parent-adolescent interviews during the introductory phases, and occasionally in later phases, of the analysis of younger adolescents, ages twelve to sixteen. The author presents specific indications, gains to be realized, such as lessening of resistances and furthering of the therapeutic alliance, and pitfalls in the areas of transference and countertransference to be avoided. Such technical maneuvers are presented within the framework of Eissler's definition of 'parameters' as deviations from classical psychoanalytic work.

HAROLD R. GALEF

Revue Française de Psychanalyse. XXXII, 1968.

***Sur la mère phallique* (About the Phallic Mother).** André Green. Pp. 1-38.

The author deals with the concept, phallic mother, aiming at theoretical clarification. He compares Freud's contributions to the subject with those of others, chiefly M. Klein. The latter's conceptions of the phallic mother are traceable to Abraham's (1922) paper on the spider as symbol, and to Jones's view that the child's greatest fear is not of castration but being devoured by the mother. Green's clinical examples—chiefly schizophrenics—frequently reveal the fantasy of the phallic mother. In his clinical experience, he finds cases in which castration anxiety predominates; in others, the fear of being devoured.

***Deuil et nostalgie* (Mourning and Nostalgia).** Dominique J. Geahchan. Pp. 39-65.

The author examines two positions of the patient in relation to the work of mourning. In the first position, mourning is accepted within the complicated interplay of hysterical and narcissistic identifications, the dynamics of the transference, and the regressions attributable to the analytic situation. In the second position, the work of mourning is somehow eluded without the patient becoming psychotic or developing a narcissistic neurosis. This is possible because of the establishment of what the author calls 'nostalgic relationship to the object'. The author gives clinical examples from which he derived his hypothesis. He gives nostalgia the status of a condition having a specific type of object relations, and goes to considerable lengths to justify the hypothesis theoretically.

Le vu et l'entendu dans la cure (What Is Seen and Understood in the Cure). Ilse Barande. Pp. 66-96.

The voice is simultaneously an emotional and a cognitive channel of communication; vision is the least sensual of the senses. In analysis the visual image often hides unacceptable motivations and feelings. Language also lends itself to purposes of defense and resistance. The style of the patient's speech, its variations, its tone and rhythm, its intervals and silences are as revealing as the manifest content. Gradually, as analysis progresses, the patient's repeated verbal communications become less defensive and disguised, and he has more direct contact with his wishes, fears, and fantasies. What is understood by a person as his situation, may differ markedly from the objective situation even when there appears to be no contradiction verbally. The aim of analysis is to help the patient resolve the contradiction by making conscious what is unconscious. The conditions in treatment which determine the analyst's interventions, his timing, are perceptible in the tone of the patient's voice more than in the content of his verbal communications.

Narcissisme et relation d'objet dans la situation analytique (Narcissism and Object Relations in the Analytic Situation). S. Videman. Pp. 97-126.

The author thinks that the term 'narcissism' should be used only when designating a particular type of libidinal investment of the ego. This can happen only when there has occurred a certain degree of id-ego differentiation, and object-subject differentiation. If narcissism cannot be conceived without the existence of an ego which is invested by libido in a specific way, it follows that the existence of an ego calls forth the existence of an object. This leads to the assumption that the ego and the object are contemporaries which are constituted by reciprocal action. He assumes at this stage of ego and object formation a partition of the libido that invests at the same time the ego and the object.

The fact that there is a flow of libido from the object to the ego does not mean that it denies the object in a narcissistic way. The negation of the object highlights only more strongly the fundamental role of and need for the object. The narcissistic regression speaks less of the love which the subject has for himself than of the frustrated love which he had for the object. The subject feels incomplete and lacking without the object, searches for it with great intensity and continuously, his world becomes an illusory reflection of the original object that is forever eluding him. The subject seeks an essential fusion with the object which is the goal of the narcissistic completeness. The relation of these hypotheses to the analytic situation is discussed.

HUGO DEL BOSQUE

Psychoanalytic Review. LV, 1968.

American Interview (1909) with Sigmund Freud. A. Albrecht. Pp. 333-339.

This is a reprint of the interview that Freud granted to Albrecht which appeared in the Boston Transcript on September 11, 1909.

Freud's Remarks to Albrecht at Clark University. Benjamin Nelson. Pp. 340-341.

In the interview Freud discusses analysis versus hypnotism and a current vogue in New England psychotherapy called The Emmanuel Movement, with a few references to Hamlet.

Kepler's Attitude to His Mother. Edward Rosen. Pp. 342-348.

Kepler rescued his mother from being burned as a witch. He used his position as Imperial Mathematician to petition the Duke of Wurtemberg in the fifth year of litigation to the effect that this seventy-three-year-old woman, twenty-eight years widowed, penniless and friendless, weak in body and in spirit, was harmless. He pledged his entire property and requested that she be permitted to leave prison and live with him. This was granted and she died outside prison. It would seem that it was not a very safe world for a weak old woman who was garrulous and quarrelsome.

Dostoevsky's Notebooks for Crime and Punishment. Edward Wasiolek. Pp. 349-359.

Dostoevsky gave instructions to himself that demonstrate the careful way in which he constructed Crime and Punishment. He was interested in factual accuracy, in appearance versus reality, and in evasion versus truth. The author hopes to put to rest careless references about the ineptness of Dostoevsky in matters of technique and craft.

The Vienna of Sigmund Freud. Alfred Schick. Pp. 529-551.

The author attempts in twenty pages to describe the phenomenon of the city of Vienna over the centuries. There is some focus on the time of Freud and the Jewish contribution to the culture of the city. Vienna is described in terms of its idyllic landscape, diverse nationalities, humanism, and educational opportunities. The references and biographical notes will help the reader explore Viennese personalities in more detail. The studies on this same subject by Harry Zohn of Brandeis University might well have been referred to in commenting about S. Zweig, Kraus, and Tucholsky.

The Compassionate Sacrifice: An Explanation of a Metaphor. Arthur H. Feiner and Edgar A. Levenson. Pp. 552-573.

This paper continues the theme of a previous article by one of the authors that the college drop-out might be understood as attempting to maintain the family unit. The authors try to emphasize in transactional terms the sacrificial aspect involved in maintaining the family. Apparently without intention, they bring in from several sources the more intrapsychic idea that the college student drops out to return to the mother. This regression has been formulated by A. Kardiner though surprisingly the word, regression, is not used once in

this article. Reik, Jung, and Searles are quoted to support the importance of the relationship with the mother to the sacrificing or masochistic patient. In the four case histories each patient had a sick mother, but this is de-emphasized in the reporting. What is said to be necessary if genuine change is desired, is transactional therapy versus intrapsychic interpretation.

The Jocasta Complex, Mothering and Genius: Part Two. Matthew Besdine. Pp. 574-600.

The spectrum of various types of mothering ranges from rejection of the infant to the destructive extreme of mothers who cling to the infant, aware only of their own needs, and who see the infant as an object of hatred. Short of this extreme, and different from it, is the mother who is likened by the author to the mother of Oedipus. This type of mother maintains a symbiotic relationship but in a loving, creative way even though it originates in her own affect hunger founded on real loss. The author applies this formula of the Jocasta mother to the biographical data available on Shakespeare, Marlowe, Goethe, Heine, Balzac, Proust, Dostoevsky, Sartre, and Freud. He lists the features common to the personality of a genius, reminiscent of but not nearly as brilliant as the listing of the qualities of the hero by Otto Rank.

On the Significance of Christmas for the 'Wolf Man.' Florence J. Levy. Pp. 615-622.

This is a fascinating short article for Freudians to read. The author adds to the material available about this historic patient in connection with the Christmas season.

A Theory of Art and Aesthetic Experience. Pinchas Noy. Pp. 623-645.

Psychoanalysts have understood artistic pleasure in terms of: 1, gratifying instinctual needs; 2, defending against instinctual threat; or 3, mastering both internal and external stimuli. The author suggests that these explanations are not so contradictory and seeks to combine them into one integrated theory. He attempts to do this in complicated, intellectualized arguments that range from comments on music to the game of chess.

The Analogic and Psychoanalytic Theory. R. E. Haskell. Pp. 662-680.

The author states that intellectual process is basically a matter of making comparisons or analogies, citing Freud, Cassirer, Kubie, and others. He compares the mind to television scanning in the electron tube and refers to an organic built-in mechanism that is capable of doing this comparative scanning. Intelligence, then, is the ability to perceive successive analogies, as is free association and Freud's 'predicate thinking'. Haskell's view is that the various systems of psychoanalysis formulated by the early analysts who split off from Freud differed only in analogic content variations. This seems over-

simplified. He overlooks Herman Melville's remark early in *Moby Dick* that nothing exists in this world except by comparison. Haskell states that a Miller Analogies test is the best predictor of success in psychoanalytic training.

Culture and Unconscious Phantasy: Observations on Nazi Germany. Richard A. Koenigsberg. Pp. 681-696.

In a previous paper the author stated that the basis for a particular medieval social institution, Courtly Love, was an oedipal wish for exclusive possession of the mother. Regarding Nazism, he believes the basis to be the oedipal destruction of the father to defend the mother homeland. This is documented mostly by quotes from *Mein Kampf*. Father is equated with conscience and is represented by the Jews. This explanation of anti-Semitism refutes the notion that Hitler consciously used anti-Semitism as a fortuitous political device. Some readers will be amazed to find that the author believes that it can't happen here in America where 'unrestrained and overt attacks upon racial minorities have been incompatible with American tradition'. A much too short list of references does mention Wilhelm Reich's important book on Fascism.

STEWART R. SMITH

Meetings of the New York Psychoanalytic Society

Stephen K. Firestein & Irving Sternschein

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

September 10, 1968. THE DYING PATIENT. Lawrence J. Roose, M.D.

Roose presented a detailed account of three months of psychotherapy with an elderly physician who was dying of cancer of the lung. The patient's illness had been discovered by routine radiography and he had been permitted to view his own chest x-ray. He was told that he had 'pulmonary granulomatosis'. After the initial evaluation the patient became increasingly depressed and made a suicidal gesture with morphine, following which he was hospitalized for a week. He first consulted Roose about three weeks later.

He had ceased to practice, was in turmoil, and spoke of his fear of death. Roose told him that he could not help him with the problem of dying; all he could do was to help him to live. Psychotherapy was begun three times a week and the patient was granted permission to telephone the therapist at any time. At his own request, he paid at the end of each visit, saying that he might die and did not wish to leave any debts.

The problem of treatment was seen as how to satisfy the patient's need for someone to care for him and at the same time facilitate restoration of some facsimile of independence. When the patient asserted that he would rather kill himself than choke to death, the therapist focused upon items of everyday life. When he said that he felt the therapist did not like him, Roose interpreted that the patient expected the same condemnation that he heaped upon himself. This was as much of an interpretation as was offered during treatment. Several times the patient brought out some of the background for his self-condemnation, but when he did not pursue it, Roose did not broach the matter again. His illness was discussed. When he inquired about his life expectancy, Roose agreed with the patient's estimate of a few months but added that no one could make a prediction with certainty. He assured the patient that he would be personally responsible for a proper burial, after the patient had expressed some anxiety about who would arrange for his burial. The patient related how he had taken care of a Russian political leader, a courageous man of great integrity who developed lung cancer and was choking to death yet carried on his work to the end. In an attempt to re-establish some form of ego ideal, Roose asked the patient if he would expect anything less of himself.

As his physical status worsened, the patient referred to his diagnosis as 'cancer' or 'granulomatosis' interchangeably. Toward the end of the second month of psychotherapy, the patient could no longer make the trip to Roose's office and was visited at home. As talking aggravated coughing, the therapist did most of the talking. A few weeks later the patient was hospitalized. Breathing and talking were by now difficult and most of the time was spent in silence, the therapist holding the patient's hand. One evening Roose had a sudden urge to visit the patient. The patient was silent during the visit, eventually dozed off, and died later that night.

In working with this patient Roose focused upon the problems of living and indicated that he would not be put off by the patient's projected self-contempt. Amelioration of depression and anxiety resulted. Distasteful feelings were stimulated in him by the patient's begging for sympathy and initially he had expected the patient to face death as naturally as he anticipated facing his own death. These emotional responses puzzled Roose until he could relate them to his several weeks of uneasiness prior to feeling sure of his therapeutic strategy. To the extent that he identified with the patient, Roose feels that anxiety about his own death had probably been aroused.

A factor of therapeutic importance was the strengthening of the defense of denial: a split in the ego was apparent in the patient's double diagnostic references of 'granulomatosis' and 'cancer' but he was never confronted with the existence of this split. Roose suggests that denial is primarily a means to an end—the facilitation of regression to a state of fantasied reunion, which is comfortable. Interpretation of this process to the patient would have been obstructive. Roose does not agree with K. R. Eissler's assertion that the therapist must supply sublimated love to the dying patient in the form of sorrow and pity.

DISCUSSION: Dr. K. R. Eissler observed that the therapeutic task in this case was almost impossible as there was no support from the patient's external or internal environment. While he agreed with the general principles of the handling of the patient, Eissler felt puzzled by Roose's disclaimer of knowing anything about death and wondered what the remark might have meant to the patient's unconscious. Eissler strongly opposes telling patients that they have fatal diseases. He emphasized that a sense of the future should be maintained. He added that one cannot treat a dying patient adequately unless one feels sorrow and pity, which do not preclude simultaneous admiration of the patient.

Dr. Bernard Brodsky felt that Roose's management of the devastating emotional problems of the patient was adroit and intuitive. In the analytic treatment of a young woman with leukemia, he found the mechanism of denial to be operating in such a way as to impede her collaboration with medical measures aimed at prolonging her life. In Brodsky's experience the patient never really abolishes denial and death itself is not viewed as nothingness but as an eternal fusion with the primal mother's breast.

Dr. Bernard C. Meyer agreed with Eissler that such patients should not be told the true diagnosis. Dr. Leo A. Spiegel said that the patient with knowledge of his imminent death is confronted with a predicament that analysts are well acquainted with in less severe degrees—the traumatic situation of helplessness. Dr. Max Schur felt that the main problem facing physicians treating dying patients is to know to what extent the patient wants to deny aspects of his reality situation. Some patients need to deny the gravity of their illnesses in any way possible; others do not need to deny the facts and meet death in heroic fashion. Dr. Samuel Atkin observed that the patient helps the physician with mechanisms of his own, such as denial and pursuit of the ego ideal. He felt that the capacity to trust the therapist and permit a regression to the infantile situation leads to a relationship that makes it possible for many people to die in an essentially peaceful way.

In conclusion, Dr. Roose agreed with Dr. Schur that the most difficult problem is to decide what to do with the defense of denial. In his patient denial was not working, as the patient was already severely depressed. His aim was to utilize the defenses of denial and regression to the ultimate of a fantasy of reunion.

STEPHEN K. FIRESTEIN

October 15, 1968. **INTERPRETATION AND NAMING.** Theodore Shapiro, M.D.

Shapiro, a participant in a Study Group on Linguistics at the New York Psychoanalytic Institute, attempts to describe and clarify a part of psychoanalysis by using linguistic concepts. 'An interpretation is the restatement in speech of language expressions formerly indicated by more cumbersome, less manageable idiosyncratic forms.' By organizing a variety of phenomena under one heading, the analyst furthers the process of elucidating the meaning of the patient's behavior. Interpretation, a verbal event, can be viewed as 'naming' according to Shapiro, and can be subjected to linguistic formulations that enhance the analyst's ability to synthesize disparate data on the nature of the interpretative process. Among the interventions within the psychoanalytic process, the classification into names (interpretation) represents only an initial step in acquiring the insight and producing the behavioral changes that are the major aims of psychoanalysis.

Some of the linguistic theories of naming were reviewed. Freud was interested in the relationship of words to things and used 'a linguistic postulate' that thought is trial action. The linguists, Werner and Kaplan, believe that the connections between things, their labels, and the concepts they refer to is a problem of development. Vigotsky and Piaget emphasize that we learn words in a social matrix.

To demonstrate the heuristic value of the linguistic frame of reference, six models for the initial response to an interpretation are considered as indices of 'the cognitive and emotional value' to the patient of the analyst's interpretive verbalization. To account for failures of communication in analysis, Shapiro postulates an 'exchange barrier'. For 'knowing' to occur, the heard words of the interpretation must be associated with concepts that correspond to the 'denotative' meaning of the words. The relation between denotation and connotation may be affected by conventional changes in social-historical usage of words and by unconsciously significant personal ontogenetic associations. Unconscious connotations, like concepts of words, have associative connections with affective residues. Denial of an interpretation requires that the words be heard and the concepts for which they stand be understood. Only when new analytic data is produced is the path to denotations and connotations re-enforced and the interpretation verified.

DISCUSSION: Dr. Rudolph M. Loewenstein spoke of the necessity to distinguish linguistic theory that may be applied to psychoanalysis from psychoanalytic concepts and hypotheses themselves. Flexible use of the linguistic concept of 'naming' to find out more about a number of immediate reactions of patients to interpretations could be of value. The analyst's task of transforming action into thought (Freud) or reaction into knowledge through language (Werner) is

repeatedly impeded by phenomena and fantasies that may act as resistances. In linguistic terms, if the analyst were simply to 'name' the phenomena or fantasies without adding some sentences that would formulate the conflicts involved and the functional and dynamic purposes of the resistances, no greater control over drives, defenses, and superego demands would be achieved.

Dr. William I. Grossman pointed out that the linguistic label and the idea of the object named undergo complex development; he objected to the implication that the learning of names for physical objects is identical with learning to distinguish inner experiences and mental states. Dr. Milton Horowitz stressed that the analyst does not simply find a name for the preconscious mental contents when he makes an interpretation; he provides the patient with a verbal model for discharge with which the patient identifies. The linguistic model of the mental apparatus suggested by Dr. Shapiro is only one pathway made available by the culture for drive-discharge.

IRVING STERNSCHEIN

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

November 18, 1968. **TRANSFERENCE, SOMATIZATION AND SYMBIOTIC NEED.** Robert A. Savitt, M.D.

Dr. Savitt presented detailed clinical material covering a period of several months early in the analysis of a young man, during which there was reactivation of a duodenal ulcer. The patient, a twenty-eight-year-old married man, entered analysis to determine whether he should continue his marriage or end it and live as a homosexual; his sexual behavior was predominantly homosexual. For several years before analysis there had been no gastrointestinal complaints.

Intense erotized transference developed early in analysis. In the first session he reported a dream in which the analyst appeared undisguised and had anal intercourse with him. His homosexual activity was limited to having his partners perform fellatio on him; he considered himself the 'feeder' of weak men. However, in the manifest content of the dream the homosexual procedure was reversed: the analyst 'fed' him. It was some months before he could be convinced that the latent meaning of the dream was the concept of penis as breast, anus as mouth, and the bisexual representation of the analyst was of himself.

The patient's mother, who had resented pregnancy and wanted to abort him, was depressed and aloof during his childhood. His father was warm, played with and fondled him, and to the patient became a maternal figure. At six he became ill with pneumonia and his mother took him into her bed, which he felt was the first genuine interest she had shown in him. He recovered but she developed pneumonia and died. On the day of her funeral he felt 'very empty and gorged himself on candy' and for the first time experienced a sense of bodily swelling. During adolescence he occasionally slept with his father and would yearn for anal penetration by him. At these times he experienced sensations of body swelling.

Under the impact of the transference neurosis, resomatization of the peptic ulcer took place and brought into focus a recapitulation of his inadequate infantile symbiotic relationship with his mother. While at age six he had achieved a temporary, precarious œdipal victory, his conquest led to his mother's death for which he blamed himself. Her loss facilitated a regression to the negative œdipal relationship with his father and set the course for his homosexual orientation.

Dr. Savitt postulated that the infantile primal hunger for the mother predisposed the patient to the erotization of the gastrointestinal tract and the consequent ulcers. 'Psychologically, the gastrointestinal tract is one of the main body areas through which the vicissitudes of the symbiotic needs are processed in the interests of psychic economy.' In support of his thesis that erotization of the gastrointestinal tract leads to ulcer formation, Dr. Savitt quoted from Fenichel, Margolin, Schur, M. Sperling, and others.

DISCUSSION: Dr. Max Schur disagreed with the author's postulate and did not feel that it was supported by his own work or that of Margolin and Fenichel. In *The Metapsychology of Somatization*, Dr. Schur assumed that on the one hand desomatization of response to certain excitations is an essential part of maturation and, on the other hand, a resomatization of responses may be encountered in states of ego regression. 'What is resomatized is not an organ but the response to affects and conflicts; the nature of the response is determined by genetic and environmental factors.'

Dr. Melitta Sperling felt that Dr. Savitt had not given enough consideration to certain dynamic factors that are essential in the recurrence of psychosomatic symptoms in analysis, such as change in the quality of object relations with a shift in object cathexis and concomitant changes in superego structure. 'What occurred in the analysis at the time Dr. Savitt's patient had a recurrence of the ulcer was a change from the fetishistic to the psychosomatic type of relationship.' Dr. Sperling commented that she considered psychosomatic symptoms as pregenital conversions.

Dr. Gerald Freiman felt the paper was a valuable contribution to the literature on the classical treatment of male homosexuality and on the body-phallus equation. He also commented on Dr. Savitt's original way of using the concepts, phallic re-enforcement and anal hunger. He felt the paper could have been better titled, *Transference, Somatization, and Phallic Re-enforcement*. Dr. Philip Wilson stated that he had found specific etiologic fantasies of an oral incorporative nature in the analyses of ulcer cases. Dr. Sylvan Keiser commented that the symptom of body swelling was an interesting but common phenomenon. He felt that female patients might offer an opportunity to learn more about sensations of body swelling as they experienced them premenstrually.

EUGENE HALPERT

The Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held May 7-11, 1970, at the Sheraton-Palace Hotel, San Francisco, California.