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# ANNIVERSARY REACTIONS, TRAUMA, AND MOURNING

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In previous studies I have reported on the relationship of the mourning process to adaptation, the incidence of childhood loss in a selected adult population, and the significance of time for anniversary reactions (34, 35, 37). Continuing investigation of anniversary phenomena calls for a review of more recent clinical and theoretical contributions to this area of research, and a consideration of the relationship of trauma and mourning to these recurrent responses.

## ANNIVERSARY REACTIONS AND MOURNING

In her paper, *Anniversary Reactions in Parents Precipitated by Children*, Hilgard (16) observed that symptoms may be precipitated in a parent when the parent's child reaches the age at which the parent had experienced a traumatic episode in childhood. She distinguished these symptoms from those aggravated recurrently on a birthday, death day, or other fixed date. In her first clinical example, Hilgard describes a mother who developed pneumonia, pleurisy, and psychosis when her daughter was six years old. The patient's father had died of pneumonia, pleurisy, and meningitis when she, the patient, was a child of six. After the father's death, the patient was separated from her mother until she was eleven years of age. Hilgard's second patient developed severe headaches, attempted suicide, became delusional and hallucinatory when his son was four years old. This patient's father died suddenly of influenza when the patient was four years old, at which time his mother had to go to work. Hilgard explains her clinical findings as the sudden eruption of the repressed with more

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catastrophic observable manifestations than were present in the initial reaction to the original situation. She suggests that her patients were involved in three unintegrated identifications: the child, the mother, and the father. She also discusses reasons for the underlying conflicts which antedated, but were related to, the reactions to the childhood parental deaths.

Accepting her explanation, we can view the 'anniversary response' not only as an identification but as the reaction to a temporal trigger that permits the emergence of repressed conflict, which may or may not have defensive qualities that can be manifested in symptoms.

In a second report, Hilgard and Newman (19) extended the precipitating trigger situation to include the age of the adult patient as it coincides with the age of the parent who died during the patient's childhood. In some instances a double coincidence (of patient's age with parent's age at death, and of patient's child's age with that of the patient when he lost his parent) occurred. In a large hospital sample, findings of statistical significance revealed the coincidental temporal correlation of childhood loss with first adult hospitalization dates. Several hypotheses about anniversary reactions were presented in this later paper: 1. Symptomatology may be of a neurotic or psychotic nature. 2. Death of a parent is not the only event having anniversary significance. 3. Anniversaries need not be tied to age; they may be related to time of year, festivals, holidays, or other periodicities. 4. The stage of development of the child when a parent is lost may be of decisive importance as to whether psychosis appears as an anniversary response. 5. Intrapsychic and social factors may ameliorate the traumatic effect of loss of a parent in childhood. 6. In the childhood-parent loss cases studied, male patients included a small number of psychotics and a large number of alcoholics; female patients included a larger number of psychotic reactions and a smaller number of alcoholics.<sup>1</sup> 7. For women loss of the father did not

<sup>1</sup> The authors noted: 'For men, alcoholism may be in some cases an alternative to the psychotic break' (19).

tend to produce symptoms on anniversaries reflecting the father's age at death but rather when their age corresponded to that of the mother at the time of the father's death. 8. In two clinical examples there was no evidence of adequate mourning at the time of the childhood loss, but in both instances the patient had been subjected to the intense and long-continued mourning of close relatives.

In 1960, Hilgard and Fisk (18), studying the effects of childhood loss of a mother through hospitalization for psychosis, suggested that the loss could be handled through the introjection of the lost object with a fixation at the developmental stage reached at the time of loss. This developmental arrest, elaborated and discussed by Fleming and Altschul (7), results from an inability to integrate and resolve the trauma and eventuates in pathogenic defensive attempts at avoidance and denial. Some growth may occur but the patient's identification with the ill or dead parent is revived at the appropriate time in adulthood and may reach symptomatic form on the anniversary of the crisis. The anniversary is the trigger and the old relationship is transferred onto the contemporary parent-child relationship. The parent-child identifications present at the anniversary time are the 'traumatized' child of old as well as the parent of old, who is expected to die.

Greenacre has written about these intrafamilial identifications in her papers on the artist. She notes that 'in 1954 [Thomas] Mann was already nearly eighty years old and had passed, by almost a decade, the age at which he had expected to die, i.e., his mother's age at the time of her death' (15). Thus this type of anniversary identification need not be limited to childhood loss, although it is more clearly seen in patients who have this past history.

In her paper, *The Family Romance of the Artist* (14), Greenacre discusses several eminent personalities who seemingly had childhood experiences of loss that were of a traumatic and pathogenic nature. The case of Nikolai Gogol illustrates this anniversary identification quite dramatically.



Greenacre reports that before Gogol's birth two siblings were born dead or died shortly after birth. Of the twelve children born to the Gogol family only five survived, Nikolai being the oldest. His only brother, Ivan, died when Nikolai was ten. 'The effect on this sensitive boy of the almost endless succession of deaths of siblings has never been especially noted by his biographers, and the fact that he himself did not mention it is certainly no indication that it was not powerful, and may have been one factor in promoting his aversion to marriage' (p. 23).<sup>2</sup> When Nikolai was sixteen his father became ill, at age forty-three, and died two years later. On receiving the news of his father's death, he wrote his mother: 'True, at first I was terribly stricken by this news; however, I didn't let anyone notice that I was saddened. But when I was left alone, I gave myself up to all the power of mad desperation. I even wanted to make an attempt on my life' (38). This Gogol successfully did many years later when he committed suicide through starvation at the age of forty-three. Shortly before his death he spoke of his father who 'had died at the same age of the same disease'.

Kanzer in *Writers and the Early Loss of Parents* (22) has discussed identification with the dead parent and the struggle against this identification, if survival is to occur. He believes that there is a 'persistent fixation of the ego on an early infantile level which is perhaps associated with actual memories of the dead parents'.

In 1960, Hilgard, Newman, and Fisk (20) identified protective and mediating factors utilized against the revived anniversary trauma of parent loss in childhood. They included: 1, intactness of the home with the surviving parent assuming a dual maternal and paternal role, so that a strong ego is engendered in the child both through example and through expectations of performance; 2, support outside of the home

<sup>2</sup> Actually Gogol did mention the death of Ivan. At age fifteen, Nikolai's first poetic efforts included a ballad, *Two Little Foxes*, in which he represents himself and his dead brother (40).

with capacity of the parent to make use of the support; 3, the predeath relationship in the home; 4, the separation tolerance to the emergency created by death; 5, the grief and mourning that occurred at the time of the loss.

In a recent paper, Hilgard (17) has addressed herself to depressive and psychotic states as manifestations of anniversary reactions to childhood sibling deaths. She describes four facets of the sibling death anniversaries. First, the *saga*: the children's anniversaries belong essentially to their parents' constructions and reactions; e.g., it is the parent who experiences depression on the anniversary of the child's death and this in turn affects the surviving siblings. Second, the *replacement aspect*, also described by Cain and Cain (3), and by Cain, Fast, and Erickson (4). The burden on the replacement child for mourning, meeting parental ideals, aspirations, and guilt is well known.<sup>3</sup> To discern the underlying intrapsychic factors predisposing to the guilt, such as repressed murderous rage, requires understanding of the individual survivor. *Excessive guilt* is Hilgard's third facet of childhood sibling loss reactions. In my experience the nature of the premorbid sibling relationship, with its underlying conflictual affects, and the meaning of the dead sibling to the surviving child are the crucial factors determining the reaction to the death of the sibling. Guilt is only one reaction, and is closely related to parental reactions to the death of the child as well as to the internal repressed conflicts of the living child. Hilgard's fourth facet relates more closely to the *anniversary reaction* itself. When children come to critical ages, critical events, or critical periods of development corresponding to the traumatic events of childhood, depression, suicide, or psychosis may occur. Hilgard suggests identification as the basic mechanism in this process.

Cain, Fast, and Erickson (4) indicate that surviving siblings identify with the dead sibling in their belief that they will die

<sup>3</sup> In some ways the survivor guilt of former concentration camp inmates parallels this phenomenon.

in a similar way, but do not fully explore the underlying reasons for this identification. Siggins (42) has summarized the different forms of identification in anniversary reactions, such as the appearance of symptoms the dead person had in his last illness, or a recurrence of the feelings that the mourner himself (or some third person, such as a surviving parent) was undergoing at the time of the loss. Such reactions may occur on the anniversary of the loved one's death, when the mourner attains the age of the lost person when he died, or the age of the third person with whom he identified. Krupp (26) has written about identification as a defense against anxiety in coping with loss.

An earlier formulation of identification as it bears on anniversary reactions is that of Jacobson (21), who suggests that narcissistic identification, a partial or total fusion of self and object representations in the system ego, occurs when the ego does not assume the characteristics of the love object but the self is experienced as though it were the love object. This form of identification can explain the fear of repetition that so concerns the 'anniversary' patient.

Chapman's concept of nemesis (5) is closely related to this identificatory mechanism. The patient believes he is destined to repeat in his life the pattern of a significant other person's life which ended in tragedy and catastrophe. The conviction that there is an extensive life-pattern mirroring, even in the correlation of events and ages when they occur, may persist over many years or even an entire lifetime and may form the basis of a 'personal myth'. The person whose pattern is being followed is usually dead or was hospitalized, almost always is the father or mother, and the loss occurred during the childhood of the patient. The 'nemesis' feeling is partly conscious and is rooted in the patient's feeling of responsibility for the death or illness of the person whose life he is doomed to imitate. Guilt over hostile or competitive feelings results in symptoms that follow the path of talion principle retribution.

Related to the concept of nemesis is the fantasy of 'cyclical

living'. According to this idea, the individual expects certain catastrophic events to occur each time the event appears in the temporal cycle. Jerome Kavka (23) has recently reported on the significance of the twelve-year cycle in the life of Ezra Pound. Pound lost his beloved maternal grandmother when he was twelve years of age, and thereafter made changes in his life at twelve year intervals.

The child replacement reaction described by the Cains also focuses on the defensive identification with the dead child. However, in these situations the parents impose the identity of the dead child upon the presumed substitute, and unconsciously or consciously equate the two children. This type of identification is different from that which occurs when the surviving sibling has actually had contact and conflict with the dead sibling—where the dead sibling was a 'real' figure. In replacement identification there is also a mediation identification resulting from the identification with the grieving parents.

Hilgard (17) illustrates her sibling anniversary propositions with an account of Vincent Van Gogh, who was a replacement child. He was named for his sibling predecessor, who died before his birth. The second Vincent frequently passed his brother's tombstone and saw on it, 'Vincent Van Gogh'. Nagera (29) points out that the artist Vincent Van Gogh was born on the same day and month, one year after his dead sibling. And 'he was inscribed in the parish register of births under the same number as his brother had been a year earlier, that is, number twenty-nine'. Vincent, the artist, committed suicide on the twenty-ninth day of July.

To some extent the replacement phenomenon is seen in all losses. In my research I have observed replacement reactions when a parent, sibling, child, or spouse is lost. The effectiveness and success of the successor relationship depends upon many factors. Some of these include the degree, character, and adequacy of the mourning for the lost object, the ability to cathect the new object and deal with it as a different and unique individual and not as a substitute, the nature of the

premorbid conflicts and relationship with the original object and the cohesiveness of the self. It is important to distinguish replacement from succession. In succession we have progression, differentiation, and further development; in replacement we have the wish to keep time and events as they are or once were. Problems of succession may bring forth problems of replacement. However, succession, unlike equivalent replacement, relates to the anticipation of the future, an important achievement of ego development and a prerequisite for later healthy ego functioning as it relates to action and fulfilment.

The anxiety signal is a manifestation of this anticipatory activity of the ego. Anxiety, a manifestation of future oriented ego activity, is designed to assist in adaptation. The ego organizes the past, the present, the id, the superego, the self, the ego-ideal, and the reality into a coherent whole that can facilitate future action in an integrated fashion. Succession and progression involve such a future orientation, whereas replacement is a past orientation that seeks to avoid the future and change.<sup>4</sup>

In addition to psychological manifestations, various somatic expressions of anniversary reactions have been described. Berliner (1) writes about such an instance in his paper, *The Psychogenesis of a Fatal Organic Disease*. Bressler (2) and Sifneos (41) discuss ulcerative colitis as anniversary symptoms. In these patients the 'loss' of a significant figure serves externally as the activator of underlying repressed conflicts. The external loss acts as a trigger for the release of internal feelings and conflicts as they are related to the earlier traumatic fixation points and objects, and a resultant dysequilibrium occurs. The regression, and the attempted psychic restitution, are expressed in primitive psychosomatic symptomatology. Weiss and his collaborators (43) have described coronary occlusions, hypertensive crises, and irritable colon symptoms as anniver-

<sup>4</sup> Niederland's study of the life and works of Heinrich Schliemann (33) illustrates some of the theoretical factors just presented. He has also called attention to anniversary reactions in his studies of Schreber (30, 31, 32).

sary reactions which may be set off by birthdays, holidays, *Jahrzeit* commemorations, usually relating to the earlier death of a key figure with whom the patient had established a complex, ambivalent identification. Rheumatoid arthritis exacerbation (27), urticaria and dermatological reactions (28), and migraine (13) have also been described as anniversary or time-related reactions.

Some additional forms of anniversary reactions are illustrated in the examples below.

I

At a dinner party, a colleague and I discussed my work on anniversary phenomena. We talked of holiday reactions, Sunday neuroses, responses to vacations, etc. He exclaimed that he now understood the basis of his current feelings of depression, which seemingly appeared without cause: this was the anniversary of his brother's death. He was aware of previously similar responses from his self-analysis but had temporarily repressed the knowledge. We did not go into details but the periodicity and coincidence of his affective state with that of an event of twenty years ago seemed apparent. A few days after our conversation he told me of a dream he had on the night following our discussion which confirmed his insight and reconstruction.

II

A former patient whose analysis had been successfully concluded some six years earlier called for a consultation. He indicated that there was a sudden return of symptoms that previously characterized the onset of ulcerative colitis, and he was concerned lest his illness recur. He could not identify any external reason for the reappearance of his old symptoms. His sister had died of a chronic illness the year before and he had managed quite well; his business affairs were in excellent condition and his life, though busy, was uncomplicated. As we talked he casually mentioned that he and his family were moving into a new home, larger and better suited to the family

needs. Pursuing this line of thought he recalled how moving from apartments and houses in his childhood had caused him concern. He then remembered the difficulties he had in ending his analysis; there had been a sudden recrudescence of his colitis although he had been symptom-free for a long period before. I asked if he recalled when we did stop our work. At first he could not remember but then, through a series of recollections, he was able to recall the date, which coincided with the onset of the current reappearance of symptoms.

At the next consultation, a week later, he reported that the bleeding had stopped and that he had looked at his old appointment book and confirmed the coincidence of the termination date with the current reappearance of symptoms. When he 'checked this out', he found that he had moved into the house he was now leaving just about the time he began his analysis. He commented that he was 'leaving' spatially what was previously important to him in another way. We had no further meetings but a later note from him reported that he was feeling fit, had no further difficulties, and that he and his family enjoyed the new home and neighborhood. The trigger here seemed to be the coincidence of two meaningful separations without conscious awareness of their significance. Both events, distant from each other in time, related to basic anxiety over separation during critical periods of early childhood.

### III

A sixty-five-year-old woman came for consultation because of ever-increasing anxiety about dying, seemingly unrelated to her current physical state. She stated that at age fifty-six she had an acute coronary occlusion but made an uneventful recovery with no residual signs or symptoms. As she continued, she mentioned her brother's death five years earlier of a sudden coronary attack. To my question, she answered that he was sixty-five when he died. She then commented that sixty-five must be a magical number for her. She recalled that her mother



had died of a stroke at age sixty-five. Since she had not mentioned her father, I asked about him. With a contemplative smile, she responded, 'He died of a heart attack too. I was only twenty-one—it was quite a shock. I was a senior in college, due to come home for Thanksgiving; we always had a celebration then—turkey and all the trimmings. Well, I got the message about him [tearfully]—it still hurts after forty-four years. I never have enjoyed Thanksgiving since.' (The date of our consultation was in October.) I asked how old her father was at the time of his death, half expecting an answer of sixty-five, but instead she said fifty-six. She caught the significance of the age and asked if this might have related to her own heart attack when she was fifty-six. She reflected that she always thought of herself as a rational person, but as she talked to me she felt ashamed of getting all involved with numbers and ages. 'It sounds like astrology.' She recalled how anxious she had been when her husband retired from his law practice at sixty-five; she was concerned about his inactivity and boredom. She humorously recounted her advice to his colleagues: 'I told them, don't get him a gold watch. He doesn't need to watch time go by. It only points to the end.' At the conclusion of the interview, she thanked me for seeing her, felt she really did not need to see a psychiatrist, and half jokingly said, 'Doctor, time takes care of everything'.

In this case the anniversary phenomenon was present in two forms. The association with Thanksgiving and the trauma of her father's death persisted for many years. The nonannual anniversary phenomenon of chronological identification with her father and her present anxiety regarding such a thanatological identification with her brother and mother seemed clear and could explain her anxiety about dying. Even though this patient was not seen again, these possibilities, though speculative, seem more than chance coincidence. Her internist later told me that he had not seen her since early November as she and her husband had left for an extended vacation and did not expect to return 'until after Thanksgiving'.



## IV

In late January of 1962, a twenty-five-year-old married woman consulted me because of severe depression. She had lost a great deal of weight, slept poorly, had lost her appetite, and felt tearful without cause. Also, she had very recently had a nightmare which seriously upset her. In this dream she saw 'a large St. Bernard dog who suddenly became grotesque, very silent, and when he lay down worms began to crawl out of his body'. She awoke and was terrified, especially when she had difficulty in breathing; she feared she was going to die—an anxiety she had often had in the past.

As she told me of her family, she said that her father had died but she could not remember when. She thought she was about fourteen at the time but could not be certain. Her father had gone to a distant hospital for some treatment and suddenly she was told he was dead. She recalled his funeral at which she did not cry, although she was very upset 'inside'. She had always been close to her father. After his funeral she recalled that her mother cried constantly, but only at night. 'During the day it was a pall.' She never cried about him and even though she knew he was dead she did not believe it. When her mother remarried several years later she suddenly found herself crying uncontrollably and for no apparent reason. As she talked of her mother's remarriage, she began to sob convulsively. She recalled how she felt her father had moved in the coffin; she was certain he was alive. Even when they lowered his coffin into the ground, she could not believe he was dead—'at least not for me'. She had not thought of her father for many years, and now this dream. When asked about the dream, she associated the warm, large, friendly St. Bernard with her father. 'He was dead, yet alive—worms coming out of the body.'

At the next consultation, the patient began talking about her father. He looked like a St. Bernard; she had not thought of him or his death until a few weeks before when her brother's wife had a baby boy, who was named after her father. This was

the upset, she exclaimed; this was the start of her current depression. She began to pray at night to 'whoever is taking care of father'. She recalled how nice it was to have dinner with him, how excited she was when she heard his key in the lock when he came home at night. She mentioned that in the last week she became anxious about her husband's possible death—even though there was no reason for her concern. She recalled that when she was told of her father's death, she became nauseated, could not eat or sleep, and felt alone. She once again described the funeral and burial, mentioning that she had never visited his grave or lighted a memorial candle for him on the anniversary of his death. 'I don't want him to be dead—I can't do all that goes with that. But the baby is named after him—he must be dead.' As we talked she recalled that he died on a Wednesday, February 14th. Suddenly she realized that his death date was approaching—perhaps this, plus the new baby's name, had set off something inside of her. She went on to say that she was speaking of things that should have been said before—things she should have thought about but never did.

I referred this young woman to a colleague for psychoanalysis. She began her analysis on February 12, 1962; it was terminated in November 1964. The analysis revealed an elaborate fantasy life centering around play with her father; he bathed her until she was eleven years old, at which time she was uncomfortable enough to tell him to stop. The mother was more noticed for her absence than otherwise. In her thirteenth year the patient condensed three events as beginning simultaneously: menstruation, masturbation, and her father's illness. Her father died when she was fourteen and a half. Although she had little or no emotion about his death, she developed a complicated evening and night ritual in which she recalled sounds and sensations associated with him. In analysis she understood her reactions as part of a delayed mourning reaction to the loss of her father. The patient's time amnesias and distortions were clarified and there was recovery of the time sequence of events as they occurred in reality.

Following the successful termination of her analysis the patient managed well. Early in March 1969, she called me for consultation, and at this meeting she brought me up to date regarding her progress. She then told me that she had become very upset in mid-February when her sister developed acute rheumatoid arthritis requiring hospitalization and her brother developed severe migraine headaches. I asked about February, noticing that my first contact with her had been in late January seven years before. She then informed me that her father had died on February 25th; she had finally checked with her mother and this was the correct date. For years she was confused about the date but 'this was it'. She realized that every February she wants to see a psychiatrist; she thought of calling me at that time. I asked why she did not call her previous analyst. She replied that she had referred someone to him for treatment and did not wish to have contact with him. As she talked it became apparent that she wanted a psychiatrist 'alive' and not 'terminated', as she apparently felt about me. She is still fuzzy about time and seems to be unable to pinpoint events around her father's death and the circumstances surrounding it. This was confirmed when I asked her factual questions about this period of her life.

V

A patient who had completed his analysis several years ago, returned for consultation after some marital difficulty. His previous relationship with his wife had been 'very good' and he was 'at a loss' to understand the present problem. He said that his birthday was approaching and, unlike previous years, his wife was quite sensitive about it: she wished to avoid a birthday party although the family had always celebrated birthdays in the past. She asked him to wear a hair piece and lose some weight in order to 'look younger'. Bewildered by his wife's unusual behavior, and wondering if he might be contributing to it, he requested an appointment.

During the consultation, he mentioned that he had recently

completed his estate plan and that while discussing his will and insurance program with his wife, she had burst into tears and run from the room; she did not wish to know of the arrangements. As she had always been a part of all financial activities, this was surprising. I asked how old he would be on his forthcoming birthday. 'I'll be forty-nine. That's not old. I feel like a million. I can't understand Sally—it's so unlike her.' I then inquired if the age forty-nine might be significant for his wife. He responded, 'Of course, when Sally was twelve her mother suddenly died. It was quite a blow—she was on her own and she was bewildered. The older brothers and sisters were already gone . . . and her mother was forty-nine when she died.'

## VI

A married woman of thirty-two consulted me because of anxiety about being 'abandoned, trapped, unable to get away'. While this concern had been with her in manageable form for several years, she had just become pregnant for the first time and the prospect of motherhood, though consciously desired and planned for, upset her very much. Just before she had called for an appointment, she and her husband had been to see Hamlet. She had been very uneasy during the play and when the ghost of Hamlet's father spoke, she had to leave the theater.

When asked about her own father, the patient began to cry. He had died when she was fifteen of a heart attack; his 'first coronary' occurred when she was eleven. I asked about the date of her father's death. 'May 17th—I can't stand May—in May 1967 I had to see a psychiatrist. I had turned thirty and felt I was going to be alone—no husband. It helped.' She and her present husband had been married for a year. In 1964 she had been engaged and was to marry in the fall. However, her fiancé developed leukemia in the summer and died suddenly. She was very upset, did not have dates for a long time, and became concerned about her own health, especially her 'heart'. 'I feared that what happened to my father would happen to me.'

She did not openly mourn her fiancé, as she had not visibly mourned her father. Her mother, who did not remarry, always remembered the date of the father's death; the patient, an only child, attempted to forget. She recalled that she touched her father as he lay in his casket; 'He was cold and hard. I was so shocked—I did not cry. I don't remember the cemetery—the grave—I want to forget.' As we continued with the interview, the patient quietly said: 'We are close to May—I am pregnant—What will happen to me?'

In this patient the anxiety was about the forthcoming anniversary date, although it is obvious that the concern had little to do with May 1969, but with what had occurred previously.

#### ANNIVERSARY REACTIONS AND TRAUMA

The model of symptom-formation also applies to anniversary reactions. The 'anniversary' is significant as a releaser. The reaction, response, or symptom may be transitory, and adaptation and re-establishment of equilibrium may occur. However, if the regression continues to earlier fixation points (regression proper), we may find more serious pathology. The onset situation relates to the anniversary trigger. But a predisposing set must exist for this activator to have an effect. The vulnerability, sensitivity, and predisposition are in existence before the actual reaction occurs. Ritual, public ceremony, religious observances may be attempts to handle alloplastically internal reactions and re-adaptations, usually with only partial success.

In considering the fixations that predispose to anniversary exacerbations we must consider the role of trauma. Not all external events or injuries need be traumatic, and not all traumas need be pathogenic. It is necessary in any consideration of anniversary reactions to examine the past life of the individual, paying particular attention to previous events and conflicts involving significant figures. Knowledge of the pre-injury state, the nature of the injury, the internal and external handling of the injurious situation, and the subsequent outcome are all important factors in assessing the nature of the

injurious event—when and if it resulted in trauma, how the trauma was handled, and if it resulted in subsequent pathology or in pathogenic vulnerability.

In his lecture, *Fixation to Traumas* (9), Freud said,

the term 'traumatic' has no other sense than an economic one. We apply it to an experience which within a short period of time presents the mind with an increase of stimulus too powerful to be dealt with or worked off in the normal way, and this must result in permanent disturbances of the manner in which the energy operates (p. 275).

He continued,

not every fixation leads to a neurosis, coincides with a neurosis or arises owing to a neurosis. A perfect model of an affective fixation to something that is past is provided by mourning, which actually involves the most complete alienation from the present and the future (p. 276).

If we postulate that an anniversary reaction is a manifestation of a previous traumatic fixation that may or may not be neurotic, we should investigate such considerations as cumulative trauma, retrospective trauma, anterospective trauma, traumatic neurosis, repetition compulsion, and psychic injury, and their relation to anniversary reactions. In addition, related issues of perception, notation, registration, memory, re-emergence, and time awareness become pertinent. Mechanisms of denial, disavowal, isolation, defensive hypercathexis and splitting, as well as repression and identification, must also be included in any theoretical discussion of the phenomena.

In *Inhibitions, Symptoms and Anxiety* (10), Freud distinguished between situations of danger and traumatic situations. These have corresponding types of anxiety: automatic anxiety and anxiety as a signal of the approach of trauma. There are different specific dangers that are liable to precipitate a traumatic situation at different times of life. Thus birth, loss of mother as an object, castration concern, loss of the object's love, loss of the superego's acceptance can all precipitate anxiety

at phase specific times. Khan (24) points out that the infant needs and uses the mother as a protective shield against trauma. The temporary failures of this maternal shield need not interfere with evolving maturational processes. Where these failures are significantly frequent and lead 'to impingement on the infant's psyche-soma, impingements which he has no means of eliminating, they set up a nucleus of pathogenic reaction'. This cumulative trauma concept has a complementary relationship to the concept of fixation points. Khan notes,

that though the ego can survive and overcome such strains, exploit them to good purpose, manage to mute the cumulative trauma into abeyance, and arrive at a fairly healthy and effective normal functioning, it nevertheless can in later life break down as a result of acute stress and crisis. When it does . . . we cannot diagnostically evaluate the genetics and economics of the total processes involved if we do not have a concept of cumulative trauma to guide our attention and expectancy.

Anniversary reactions can be viewed as manifestations of accumulated trauma following injury that have strained and deformed the ego and rendered it vulnerable to later decompensation. However, when cumulative traumas exist, they may give rise to permanent distortions and subsequent rigid psychic structures. These are to be differentiated from the more circumscribed anniversary reactions which may be reverberations of a more specific event. The anniversary event is only the trigger; the repressed accumulated conflict is the motive power which utilizes or seeks out the 'anniversary trigger'. Thus the underlying repressed conflict can choose whatever trigger is available to it when it seeks discharge. The trigger that may be most utilizable may be the one most closely corresponding to the earlier injurious-traumatic situation. But this need not always be the case. Khan notes that cumulative trauma operates and builds up silently throughout childhood. Here we see a parallel to the apparent sudden emergence of anniversary reactions which seemingly were silent, only awaiting or seeking a cue to come on stage.



Kris (25) distinguished between the effects of two types of traumatic situations. The first, or shock trauma, refers to the effects of a single experience, very powerful in reality and suddenly impinging upon the child's life. The second, or strain trauma, refers to 'the effect of long lasting situations, which may cause traumatic effects by the accumulation of frustrating tensions'. Kris indicates that 'the further course of life seems to determine which experience may gain significance as a traumatic one'. Anniversary reactions may be only retrospectively understood, and then not only as either a shock or a strain trauma but perhaps a combination of both, the strain trauma existing silently but emerging in response to the shock trigger of a single experience.

Furst (12) points out that the degree of success that has been achieved by the ego in coping with past traumatic experiences will influence its vulnerability to later traumatization. He states: 'Traumas that have not been mastered lead to massive repression; this in turn predisposes to further trauma. This is particularly true in those instances in which the later stimulus is associated with the previous traumatic experience.' He notes that some investigators suggest that adequately mastered and assimilated traumatic experiences can serve as immunization against later trauma. He believes that the greater evidence is for the predisposing rather than the protective effects of traumatic events, but that it is difficult to say 'which traumas will sensitize and which traumas will immunize, and also to what extent and in which respects they may do either'.

Sandler's (39) concept of retrospective trauma is also relevant to anniversary phenomena. Retrospective trauma refers to the perception of some particular situation that evokes the memory of an earlier experience which under present conditions becomes traumatic. Sandler differentiates retrospective trauma from traumatic recall, wherein the trauma is not re-experienced. He believes that in the vast majority of childhood parental deaths, a trauma in the strict sense does not occur. A series of responses of the ego occurs with an increase in ego



strain, but not necessarily an overwhelming trauma. At a later date the memory of the event may result in the child's being overwhelmed with feelings with which he is unable to cope, and a trauma could, but need not, result. While the recall of the event many years later may become traumatic in the strict definitional sense, this traumatic recall, or remembrance of the situation of injury, is not the same as re-experiencing the trauma. Since the anniversary reaction may not be linked to what is recalled, but re-experienced in one form or another, it is related to the concept of retrospective trauma and the suggested differentiation of injury, trauma, and pathology.

In *Moses and Monotheism* (1913), Freud describes the positive and negative effects of traumas. The positive effect 'attempts to bring the trauma into operation once again . . . that is, to remember the forgotten experience or, better still, to make it real, to experience a repetition of it anew, or even if it was only an early emotional relationship, to revive it in an analogous relationship with someone else'.

In this description we note an application to the understanding of public and private, religious and secular, anniversaries and commemorations. The admonition for forced remembrance and for forced repetition may have a positive effect, as Freud noted. However, this is totally dependent upon the psychic structure of the involved personality. 'The negative reactions follow the opposite aim: that nothing of the forgotten traumas shall be remembered and nothing repeated.' These are defensive reactions and 'their principal expressions are what are called "avoidances" '.

We find here an understanding of the defensive nature of the private nonconscious anniversary phenomena where there is no recall, remembrance, and at times a disguised response to the old trauma and injury. The contemporary reaction to them is not conscious and, if severe, is usually relieved only through therapeutic intervention. In understanding the meaning of the anniversary phenomena, we cannot rely on the external event alone as we rarely can make an accurate assess-

ment of what elements may be significant in the initiating reaction. Anna Freud (8) has noted that 'care has to be taken not to confuse the traumatic event with its potential result, i.e., the traumatic neurosis. . . . the traumatic event becomes pathogenic mainly through the triggering of an ordinary neurotic conflict or neurosis that has lain dormant'.

To illustrate some of the above theoretical statements, I will briefly present a clinical situation where a trauma occurred before the patient was born—a sibling death. This tragedy evoked defensive reactions in the parents which gave rise to a second traumatic state that meaningfully affected the child's subsequent development. These two levels of trauma might be called 'anterospective trauma'. They are frequently observed in sibling replacement situations where the sibling died prior to the birth of the next child.

A young baby was left by the mother on the porch when she went into the house to fetch an item of clothing for the infant. In the brief interval when the mother was gone, the child reached over the railing, fell three floors onto the sidewalk, and was instantly killed. The mother was shocked, grief-stricken, and held herself responsible for the child's death. As part of her guilt-restitution reaction she promptly conceived and bore another child. This child was treated in an overcompensatory fashion as far as safety was concerned.

In the course of the analysis of this replacement child as an adult, it was discovered that the patient not only reacted to the overcompensatory safety measures of the mother but also had identified with the mother's guilt about the death of the first-born and became involved in the defensive measures that were used to alleviate these guilt reactions. The primary trauma for the parents occurred before the second child's birth, but the second child subsequently developed a defensive organization and personality structure which was related to this primary parental trauma and the reactions to it. For example, the patient had much guilt-expiation behavior: identification with

the underdog, a need to give more than receive; anticipation that life would bring failure and disease, or death; and constant reiteration and distortion of external authority figures in the direction of anticipating criticism, punishment, rejection, and depression. At the same time, there was much hostility toward these authority figures because of the 'unjustness of the situation'. In the course of the transference neurosis, these defensive responses appeared with much feeling and particular elements were identified, reconstructed, reworked, and resolved.

Deutsch (6) has recently discussed the adaptive function of post-traumatic amnesias. Her patient had an 'anamnestic patch' that could clearly be demarcated in time—it extended from June to October of a certain year. Deutsch writes:

It is doubtful whether the effect of trauma is forever removed with the recovery of an amnesia. Every traumatization creates or increases a disposition to repetition. Every traumatic reaction is a miniature of a traumatic neurosis; its traces can be more or less revived by a suitable provocation. A new traumatic experience, especially one identical with (or similar to) the previous one, can easily act as an agent provocateur for identical reasons. Whether there exists a real 'completion' of an internal process, which once taxed the individual beyond his capacity, is questionable. I do not believe that any 'catharsis' is able to achieve a full return to the status quo ante or that assimilation, adaptation, etc., can successfully end a traumatic process.

Deutsch's statement directly bears on the traumatic aspect of the anniversary reactions seen in some of the patients mentioned above. The anniversary response is one of a repetition reaction to an old unresolved traumatic-injury situation where the current time or situation approximates significant events of the past traumatic situation. In my clinical experience resolution and undoing of such traumatic situations, manifested in anniversary reactions, can occur and successful outcomes can be obtained through psychoanalytic treatment (36). This is

particularly true where injury and trauma occurred without significant ego alteration. I believe Deutsch herself provides an explanation for the therapeutic success when she states,

generally, traumatization means that every trauma—even when it is managed well—leaves a residuum which constitutes a disposition. Later reactions will depend on the quality and quantities of defenses, or the capacity for neutralization, etc., developed during the time elapsed between the traumas. It may even happen that the consolidation of the inner world reaches a point at which a new traumatic event not only seems ineffective, but even proves fruitful and of positive value for further development.

Amnesia as a defense against a definite trauma can be lifted, and repressed material dealt with in the psychoanalytic situation.

### SUMMARY

In this paper the evolution of the concept of anniversary reactions has been reviewed, related to recent considerations of trauma, and specifically connected with unresolved mourning reactions resulting from significant losses. Clinical variations of these anniversary reactions are used to illustrate aspects of the theoretical propositions presented.

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## Forgetting and Remembering

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# FORGETTING AND REMEMBERING DEFENSIVE CATHECTIC SHIFT AS A DETERMINANT OF PARAPRAXIS AND ITS RESOLUTION

BY DANIEL S. JAFFE, M.D. (WASHINGTON)

Regarding the mechanism involved in the recall of what has been forgotten in slips of memory, Freud indicates that when the situation changes so that the incentive for the censoring activity is no longer operative, the parapraxis can then resolve or become accessible to analysis. Freud cited an instance in which the reason for his having misread some words in a newspaper article remained unsolved until months later when his brother's prospects for appointment to a professorship declined. At that point the meaning of the parapraxis suddenly became clear, whereas previously the repressed jealousy and ambition had made the connections unavailable (4, p. 107, ff.; p. 269, ff.). The other consideration which Freud mentions is that of the substitution of pleasurable associations for the unpleasurable connections which prompted the forgetting, whereupon the forgotten word or name may be remembered (4, p. 270, n; 15). He also notes that in such instances interesting economic problems are involved.

In the present contribution, material will be presented to indicate that parapraxis and its resolution may be determined by a complex mechanism in which hierarchical structuring of developmental experiences can produce defensive shifts from one level to another. In other words, parapraxis can occur in order to effect a countercathexis at one level by means of a compensatory cathexis at another, and can be resolved or abandoned when the words or associations which have been

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substituted for the repressed begin to evoke their own phase-specific anxieties.

## I

A young psychiatrist was dealing with depressive affect connected with feelings of being dominated and exploited in every area of his life, particularly in regard to the analytic contract. This led to a number of associations involving themes of murder and appeasement. In considering appeasement, an incident came to mind from his days as a medical student. He had planned a trip abroad and had been given a letter of introduction to Anna Freud. Feeling that it would be presumptuous of him to call her, he had called instead the editor of *The International Journal of Psychoanalysis*. At this point, he could remember only the first name of this man: 'Willi'. The last name he knew began with the letter 'H', and he thought of 'Hals', but knew this was incorrect. His associations then followed the sequence: Franz Hals the painter—a market scene—the French market—a dissolving market—food, oral supplies, being cut off. As the associations faltered, the translation of '*hals*' as 'neck' was offered to him. Although the patient denied knowing this, the immediate effect of providing the translation was that the patient suddenly remembered the forgotten name, 'Hoffer'.

The ensuing analysis developed material along the associative pathways connected with each of the names, 'Hoffer' and 'Hals', eventually with convergence though with certain detours. 'Hoffer' led to associations of masculine, paternalistic, dominating, aggressive, and even violent connotations because of its similarity to the name of a labor union leader, 'Hoffa'. Transference implications based on similarity in sound of the analyst's name are also evident.

The relationship between the repressed name 'Hoffer' and feelings of subjugation by a dominating and menacing male authority, with dependency, appeasement, and depression, pointed to anxiety on the œdipal level as the basis for the

parapraxis. As the associations to 'Hals' indicated, it became evident that this word had been selected because of a number of oral connections which began to color the associations even before the translation was given, and before knowledge of the meaning of '*hals*' became conscious. This apparently constituted an attempt to defend against œdipal anxieties by regression to the oral level. However, the choice of the substitute name was also determined by the return of the repressed, as became evident when the equivalent of '*hals*',—namely '*haelsel*' which the patient did know the meaning of—brought back vivid recollections of chickens being slaughtered by having their necks cut. This in turn brought forth further associations involving circumcision, anxieties about being injured by knives, and finally specific fears of being injured by father as punishment for competitive strivings toward and sexual interest in mother.

Thus, forgetting of the name 'Hoffer' was dictated by an attempt to avoid anxiety by maintaining repression of œdipal strivings which were emerging in the transference. The shift in cathexis which determined the substitute name 'Hals' was maintained only briefly, since the protection offered by the oral regression succumbed to anxieties stemming from oral-phase conflicts condensed with later œdipal components. This occurred when the translation of '*hals*' forced these complexes closer to consciousness. At this point a shift back to the level symbolized by 'Hoffer' could take place, since the defense previously afforded by the repression no longer served its purpose; and even beyond this, a detour away from the more imminently emerging threats associated with '*hals*' was required.

## II

A middle-aged housewife who was in treatment for recurring depressive symptoms following childbirth described during the initial hours lifelong sequences of heightened expectations followed by disappointment. She also talked of her sensitivity to hurt by women as well as her tendency to inadvertently

hurt others. This led her to think about her mother, whom she described as a brilliant and fascinating woman with talents that magnetically drew people to her. Conversely, her drinking and promiscuity had caused disruption in the family, parental divorce, and finally the mother's openly acknowledging that her children would be justified in killing her for her irresponsibility.

At this point, the patient recalled that she had gone to the theater that week, after having received from one of the actors a note with two tickets and an invitation to visit him backstage. She had accepted, and was told by the actor during the conversation after the play that when she was about twelve years old he had been one of her mother's suitors, but that the patient had refused to look at or talk to him at that time. He said he was sorry if his presence had offended her, and then turning to the patient's companion, said that the patient, rather than the mother, was the oldest friend he had.

At this point, the patient reverted to a previous thought about not having much contact with her mother nowadays except for doing things like sending her the *catalogue* for the play, along with the actor's note. She realized after a moment that 'catalogue' was not the correct word and after groping a bit, supplied the word she had intended, 'program'. 'Catalogue' was recognized as a word used in art exhibits. In pursuing the associations to this, she recalled the occasions when her mother had taken her to museums. These cherished moments of closeness with mother were being recaptured through the substitution of 'catalogue' for 'program', the latter word serving to revive the rivalry with mother which was indicated by the actor's slip about who was his oldest friend. However, the substitution was short-lived, and at least two reasons for this were apparent.

First, the renunciation of 'program' also revived the childhood rudeness to the actor, which was unacceptable particularly in light of the heavy emphasis that was, during this phase of treatment, falling on the patient's guilt feeling from and reaction-formation against her hurtful tendencies toward

others. Critical feelings toward father and male figures were emerging, and parental irresponsibility and rejection were being attributed to the patient's 'badness'.

A second reason for dissatisfaction with the substitute word 'catalogue' could be discerned from further associations which revealed its close relationship with more ambivalent and threatening homosexual trends. This became evident when the patient disclosed that still another word had been half formed in her mind before 'catalogue', and the third word was 'bulletin'. The associations to 'bulletin' included its use by art dealers, and this led to the memory of another theater episode during the patient's teens. Her mother had been unable to use her theater ticket one evening, and had sent the patient in her place along with two Lesbian friends of the mother who were art dealers. Sitting between them as they fought and argued all through the performance had caused the patient to become furious with her mother.

In reconstructing the cathexes represented in this triple play on words, it would seem that the substitution of 'catalogue' for 'program' was determined by a shift from œdipal phase conflicts to symbiotic or preambivalent ties with the mother. However, homosexual and ambivalent threats indicated by the near-equivalent 'bulletin' determined a fairly prompt resolution of the parapraxis and a return to the word symbol for the œdipal phase which apparently had been more successfully sublimated than the others in the course of life development.

### III

A young lawyer entered analysis because of chronic feelings of anxiety, inadequacy, and self-doubts. In the third year of treatment he reported the following dream:

I was riding in a car with two friends, one friend was driving and the other was in the back, while I was in the right front seat. The car was a Ford, I can't remember which one, but it has a name like a horse. The friend in the driver's seat started shooting at soldiers in another car, thinking they were enemy soldiers. The soldiers in the other car opened their window

and said, 'Don't shoot, we're allies'. Then I was with my cousins, and I told them that I was to give a lecture at X college.

The patient reported that he had in fact received an invitation to lecture at X college. One of his cousins had a son who was applying for admission to this college, and he was thinking of telling her that the college could not be much good academically since they limit themselves to admitting only affluent people. The cousins had been very significant figures in the patient's childhood since they had been more affluent and had patronized him and his family, leaving him with feelings of never being quite as acceptable as they were. He recognized the one-upmanship in his present feelings, and the need to belittle the others. As his associations proceeded, he realized that his father had belittled him all during his life and his mood then changed from one of feeling that he was able to excel and make a good impression on others to one of feeling that he had been rejected and pushed aside.

His thoughts returned to the question of the name of the car in the dream. He recalled that his affluent uncle owned one of these small but elegant cars and that an elderly secretary who had worked for his firm also owned one. The secretary had recently been 'given the shaft' and discharged from her job by the boss, who was generally considered to be a kind, fatherly person. At this point the patient strained in an effort to remember the name of the car and thought of *Falcon* and *Thunderbird*, which are also Ford cars but not the one in his dream. He went on then to further thoughts about his father's tendency to proclaim his own superiority by belittling others, and of his having exploited this by never letting father know about any affluence on his own part, since father was always inclined to give more to those in need. This was quite relevant in the transference since he had not revealed until this moment that he had recently bought a new car (not a Ford, but the same make as the analyst's) and had hesitated to talk about it because of a fear that his fee would be raised if he were to reveal such affluence.

To have to act so appeasingly and acknowledge the superior position of another person made him feel as if he were being 'given the shaft', or 'shitted on'. When he was reminded that he had substituted *bird* names for the *horse* name of the car, and that the popular expression, 'it's for the birds', fitted in with his feeling that the 'superior' beings whom he catered to were like the horses whose excrement was cast off for him to wallow in, his associations took the following course: a friend who came from the same home town had once told of his ambition to become a big success and return home on a white horse, strutting down the street and shitting on all onlookers. Then, he thought he would be like the knight on the white horse if he told his cousin that he could look into whether the college was a good one, since he had been invited to lecture there. Yes, he thought, this would be like shitting on them. The interpretation was offered that the role of shitting on and shooting at others from the car whose horselike name he could not permit himself to remember, was what was carried out destructively in the dream. His associative trend then moved further away from one of being the appeasing one to that of being more accepting of the assertive role, whereupon he remembered the name of the car: *Mustang*.

It might appear that the forgetting in this case was determined by the need to repress the anal sadism which the specific horse name seemed to represent. The substitute bird names would have served as symbols for the masochistic role, involving a reaction-formation and re-enforcing the countercathexis. However, what followed indicated a greater complexity in the hierarchies of developmental levels or processes utilized in the defense process. The interpretation offered after the patient remembered the name 'Mustang' was to the effect that the extent of his feelings about being rejected and 'shitted on' by others was an indication of the defense against his own dangerous urges to hurt people whom he needed in this way. The patient acknowledged that the feeling of never being able to make up for what he had been deprived of earlier in life made him want to bite and destroy others.

This element of oral sadism had been touched on earlier in the analysis in an incident in which the patient had been a horrified witness when several birds were attacking a smaller helpless bird, pecking away and goring it with their beaks. Further, there had already been many prior associations dealing with oral greed, insatiable hunger, and the compulsion to eat everything on everyone's plate. Even the primal scene fantasies involved the image of the father exciting the mother and exerting mastery over her in cunnilingus.

Thus, the substitution of the bird name for the horse name also represented a shift in cathexis from the anal level with its aggression and potential for conflict, to the oral level with its promised regressive gratifications. But at the point where the passive and receptive tendency portended penetration and castration, and as the pregenital sadism was about to emerge by way of the more threatening oral components associated with the pecking birds, the resolution of the parapraxis and recollection of the horse name accomplished the shift away from the oral-aggressive and passive-submissive levels condensed in the bird-name symbols, and back to the anal and phallic-intrusive levels represented by 'Mustang'.

It must be apparent that this reconstruction touches on only a few of the elements involved in the genetic framework and is an oversimplification of the total situation. One more element was elaborated upon shortly after the session described above, when the patient reported incompletely another dream and later recalled the forgotten part of the manifest dream. This dream was initially reported as follows:

I was in a house which a client of mine had just bought, and which I had wanted to buy myself. I felt fraudulent because I wasn't giving her the full time for which she was paying. I was more interested in seeing the house. It was beautiful, though they couldn't afford new furniture. We went upstairs, saw the rooms, with old furniture. She even gave me a salami sandwich. Her husband was uncouth, she was being obsequious to him, carefully tucking in his napkin though he was slobbering and reading the paper. Their children were also critical of him.



My wife was there with me, and as we were leaving I wanted to show the client my car, but the fender was crumpled. She called out, 'You need an undercoat'.

The associations dealt with his own cravings for a new home and for recognition by others. He was virtually obsessed during this period with resentful feelings toward a colleague who was lazy and was always getting away with things. Above all, he was coping with the feeling that he was a fraud who had acquired a good reputation only on account of a mass of clichés which had gained him all of his academic and later successes. He was angry at having to appease others and recalled again the rage he had felt when I had asked him to close the door as he came in from the waiting room, though he had complied like a guilty child with, 'Yes, sir'. He had also just apologized for having canceled his hour that week in order to appear in court to save a client from spending ten days in jail, even though he had sacrificed more of his own money for the analytic fee than he had saved his client. What is more, he himself opens and closes the door to his office for his clients. With all of this, why did he feel so fraudulent?

The feeling of being fraudulent was interpreted as a manifestation of the self-condemnation for his wishes that he experienced with a quality of greed, manifested in the transference as a secret feeling of wanting to be served, to have doors opened and closed for him as he does for others, in an effort to negate his own demands. He envied his client her possessions and although professing to serve her, he wanted to be served and fed; just as in childhood he had deprived himself in order to hoard candies to serve other children so that they would want to play with him while all the time he was enraged at them for having to appease them. The effect on his self-image was one of depletion. The house was the maternal body he lacked and the car with the crumpled front was his own impaired body, since to demand from others was an affirmation of not having enough with the damage resulting from the aggressive impulses to take more. The car, a phallic symbol, was being



experienced as damaged and underprotected since he secretly envied the lazy fellow and resented the demands on himself to assume the active and giving role.

At this point, the patient recalled the part of the dream he had not remembered:

My wife was with me at a meeting. It seemed incongruous, but a teenage boy had just given a sperm sample in a test tube, which was being splashed. I went to the bathroom to urinate, but just then a friend of my father's came to the men's room and accused me of homosexual intentions. I wanted him to see that I *was* urinating, though I was aware I wanted to impress him with the size of my penis.

The forgotten portion of the dream apparently dealt with phallic aggressive drives whose repression was re-enforced by the forgetting while the oral regression was being served by the remembered part of the manifest dream. After interpretation the oral greed gave way to a second line of defense by way of homosexual tendencies which were largely exhibitionistic and offered better protection of the body image than the more primitive oral and phallic aggressions that were threatening to emerge from repression.

Even from this description, it is evident that condensations derived from various genetic levels had determined the symbolic representations and their access to consciousness.

#### IV

In the case of forgotten words which are not remembered in the course of the analytic work, it is likely that repression is being more effectively maintained by the parapraxis and that for the time being there has not been enough incentive to shift the defensive position.

A man who was dealing in his analysis with castration anxiety described a fantasy of a knife blade slicing across tissues. Unable to think of the word 'microtome', he substituted for it the word 'metronome'. This reminded him of his having been dominated by his mother, who demanded that he practice his

piano lessons each day for a full hour, using a metronome. Now it made him think of a rigid bar, like a penis swinging back and forth. He wondered whether there might be some problem of being dominated by the analyst, but believed not since he felt that no ideas were being forced on him in the analysis.

Apparently, 'microtome' represented more immediate castration threats than did 'metronome' since he was at this point idealizing the analyst and attempting to keep the transference free of ambivalence. The splitting of the transference and displacement of negative transference to the mother imago permitted a confinement of the castration anxiety, and kept it from flowing over onto the person of the analyst represented in the medically-connected symbol, 'microtome'. That an idealized introjection of the benevolent parent was being sought in the transference was evident when the associations then went on to deal with his envy of a friend who could overeat with impunity because his metabolism kept him thin and trim, whereas the patient had been bemoaning his own compulsive eating, drinking, and smoking which were being carried out to such an extent that he would make himself sick enough to vomit. He sensed that this was aimed at ejecting some imperfect part of himself as he was constantly striving in many ways for an elusive perfection and omnipotence.

## DISCUSSION

The repression which is manifested by forgetting or slips of memory involves an anticathexis, or counter-cathexis, by means of which an unconscious idea is prevented from intruding into consciousness (5). Withdrawal of cathexis by the ego leads to cathexis with id energy, with the mobility characteristic of primary process. In the reverse direction, id derivatives may be cathected with ego energy to become available to preconscious or conscious mental processes if changes in counter-cathexis have occurred, as may be the case when conflict is reduced or id impulses become more acceptable (8).

According to the evidence presented here, the acceptability or nonacceptability of id impulses (or other forces impinging on the psychic apparatus) may be considered to be relative in nature, depending on the reciprocal relationships among various levels or phases of drive organization and defense. That is to say, greater acceptability or lesser unacceptability of mental content at one level may be brought about by greater unacceptability of what is emerging from another level as the undoing of repression proceeds.

This formulation attributes to the ego an adaptability in the face of conflicting forces, which Brenner (1) characterizes in terms of the failure to harmonize those forces that may represent id, ego, superego, or various combinations. The difference between Brenner's formulation and mine may be considered largely one of emphasis, i.e., whether the ego is failing to harmonize conflicting forces, or is utilizing whatever alternative forces are available to counter the unacceptable tendencies that are emerging.

Luborsky's (10, 11) systematic study of momentary forgetting during analytic hours indicates that the consistently unacceptable tendencies involve conflicts of sexuality, aggression, strength and weakness, or control and lack of control. Accordingly, momentary forgetting is described in terms of heightening of defense against some derivative of a repressed drive-organized complex of thoughts when some conscious thought associatively primes such threatening material. Self-image is recognized as an important factor in this process, as is the transference context.

Luborsky considers the reasons for recovery of momentarily forgotten thoughts as being related to adaptive strivings toward more effective functioning, as well as to the integration of more acceptable derivatives or versions of the threatening lost thoughts. The possibility of re-emergence of lost thoughts under the influence of neutralization is recognized, although the evidence from my cases suggests that another mechanism involves a defensive shift of drive energies. Evidence from

Luborsky's data and from mine indicates that the resolution of parapraxis can rest on the reduction of anxiety in the current relationship with the analyst as a result of dealing with and interpretively resolving repressed tendencies in the transference.

The subjective experience at the moment of recovery of forgotten names or words seems to have a dual quality with regard to feelings of activity or of passivity. The work of overcoming the countercathexis imparts a very active quality, undoubtedly related to the phallic function of penetration into hidden areas. At the same time, the moment of recovery does seem to carry with it some surprise, something of the sense of revelation as though from outside. Such experiences may be interpreted in terms of passive sexual tendencies representing the incorporation of the paternal phallus or the triumph of total oral (nursing) gratification (8), and are related to infantile omnipotence (9). This passive quality may derive from the mobility of cathexes with rapid shifts and displacements which the ego may feel subjected to, even while it is directing the process and acquiring whatever active quality of feeling that accompanies this ego function.

Involved here is the fact that the ego may utilize primary process as well as having to cope with or be overwhelmed by it, and that shifts in the cathexis of ego functions can result in various forms of relatedness or opposition of such functions (8). What is drive at one level can be defense at another, and ego and id can blend in the hierarchical structuring of id-ego positions during the successive phases of development that contribute to defense organization (3, p. 62; 5, p. 192; 6; 13, p. 479, n; 14; 16).

The implications for the mechanisms of defense in general are discussed at length by Schafer, whose viewpoint is worth noting.

I consider it closer to observation to emphasize technical formulations that also recognize the unity of ego and id. The latter type of formulation more easily encompasses the pleasure pos-

sibilities of defence within the *why* of defence. Following Waelder, it may be further proposed that these pleasure possibilities may be inferred from the form of the defence, that is, from the wishful fantasies and the shifts of representations and emphasis that went into the development of that form and are now embodied in it. It is a question then of what defence asserts as well as of what it repudiates (14, p. 61).

The shifting of cathexes operating as defense as illustrated by our cases bears out this viewpoint.

Eidelson (2) also advances the idea that the omitted word in a slip of the tongue can represent a wish more strongly counteracted than the word substituted for it, and that drives represented in the substituted words can be used counteractually as defenses. Further, the discharge function of the slip can act as a displacement with respect to the drive being defended against.

Yazmajian (18, 19) points out that in slips of the tongue the very process of slip formation can become defensively instinctualized and assume symbolic discharge value with regard to oral, anal, phallic, and genital drives as well as for ego identifications and superego demands. Here again, it is recognized how drive and defense can merge in the symbolic process. In another communication, Yazmajian (17) indicates that in some parapraxes, the associative chains of the word components are not in opposition, but constitute a complementary unit derived from a single, unconscious fantasy. This may be viewed as another instance in which the symbolic process is used in the service of drive and defense simultaneously.

There are differences between Yazmajian's material and mine in the degree to which the mechanisms of condensation, displacement, representation of part by whole or whole by part, and representation by opposites appear, and in the varying ego adaptive and defensive styles which predominate. These factors may determine whether the parapraxis seems to represent opposing mental trends or complementary units of a given tendency.

The blending of drive, defense, and adaptation as well as the participation of each structural component and genetic level are evident in the diverse clinical phenomena presented here and in the works of others referred to. The interchangeability of experiences from various developmental levels, with regard to basic meaning and influences, is more evident than any priority of one level or another.

Rapaport particularly has given extensive consideration to the relationship between memory and drives. It is only necessary here to touch on a few points relevant to our present study. The drive organization of memory and the later maturing conceptual organization of memory reach some balance with regard to neutralized and partially neutralized or unneutralized cathexes (13, p. 711). Beyond the facilitation or inhibition of the reproduction of memories, the dynamic factors in memory organization may result in transformation, distortion, symbolic substitution, condensation, or displacement of memories (12). These dynamic factors include drives, strivings, affects, tensions, attitudes, etc.

In studying amnesia, Gill and Rapaport (7) suggest that when a set of strivings become unacceptable and get repressed, loss of personal identity may result as a single striving replaces all of the conflicting ones. Recall occurs when a conflictual striving is permitted to enter consciousness once more, a condition brought about when an identical striving or affect is able to provide communication between a present process and the memory trace of a previous process.

In our illustrations, consisting of amnesias for words or names, recall of what was forgotten seems to have been brought about in part by a communication but with predominant influence of a defense shift still operating. That is, even when meanings were still incompletely recognized and conflict still evident, recapture of forgotten words could occur. Only when the analytic work succeeded in uncovering and offering acceptance of the repressed striving did the integration of the more complete meanings of the repressed word symbols occur.

## SUMMARY

Hierarchical structuring of drives and defenses makes it possible for the ego to rely on displacements or shifts in cathexes, as well as on countercathexes, in the service of repression.

Parapraxis represents an attempt to achieve repression by countercathexis, for example, when words or names are forgotten. When the slip of memory produces substitute words, the choice can be determined by a shift of cathexis to another level of drive organization in an attempt to re-enforce repression of the presenting conflictual drive derivatives. As further conflict is encountered at the level to which the conflict has been displaced, recall of the forgotten word may occur as an apparent resolution of the parapraxis. However, further analysis often reveals that this can represent another defensive shift, and the clues provided may be used to uncover the defensive activity and the drives at each level.

From this formulation, it may be stated that remembering as well as forgetting can serve id as well as ego, and can serve as a re-enforcement of defense in the face of what may first appear as a resolution of conflict.

Case illustrations point to the blending of id and ego functions, and suggest their hierarchical character through cathectic shifts in the defensive process. Thus, additional aspects of significant relationships between memory and drives can be indicated.

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## A Study of the Paintings of Vermeer of Delft

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## A STUDY OF THE PAINTINGS OF VERMEER OF DELFT

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*The connection between the impressions of the artist's childhood and his life-history on the one hand and his works, as reactions to those impressions, on the other is one of the most attractive subjects of analytical examination (7).*

This statement of Freud is as true now as it was when it was written. The temperament, character, and pathology of artists are as varied as those of other human beings, while the material at our disposal is of necessity very sparse compared with the free association of patients. Attempts at drawing general conclusions from the study of one specific artist therefore seem rather hazardous. The accumulation of individual studies of many artists, through psychoanalysis of the living, as well as studies of the works of artists no longer living, may gradually furnish enough material for some generally valid conclusions about the creative process. In the meantime a deeper understanding of the different levels of meaning of a work of art enhances our enjoyment of it. Hypothetical reconstructions of an artist's basic conflicts from his works have to remain very tentative, but no more so than many hypothetical historical reconstructions. Speculative interpretations are as appropriate and indispensable for us as they are for art historians, or historians in general.

This paper examines the works of Jan Vermeer, the seventeenth century Dutch painter, an artist who lets us know comparatively little about his fantasy life, but offers us an unusual opportunity to study his defenses. Since his defenses serve the purpose of disguise, the interpretative hypotheses

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here presented are not evident in any single painting, but rather in the cumulative evidence of the total work. The discrepancy between the strongly positive æsthetic response that most of Vermeer's paintings evoke, and a frequently negative reaction toward one of his late paintings seemed a possibly fruitful starting place for a study. In a sense this indeed proved to be the Rosetta Stone, without which the other paintings would have resisted a meaningful interpretation. It must be stressed that no single painting contains enough evidence to make a hypothetical interpretation plausible. This is true as well for the key picture, *Allegory of Faith* (Figure 1). Although it contains all the elements of the interpretation, the supportive evidence of Vermeer's other paintings is required to give the interpretation a personal psychological validity. This painting follows rather closely an iconographic prescription.<sup>1</sup> It could therefore be viewed as arising entirely out of traditional models and little influenced by the artist's psyche. However, our study uncovers similar motifs, much more disguised and concealed, in the artist's other paintings. This fact furthers the assumption that personal conflicts prompted the choice of this particular iconographic motif over all other possibilities Vermeer could have used.

I am indebted to many art experts, art historians and critics, including Goldscheider, Swillens, Malraux, and others who have collected the available historical data of Vermeer's life and studied the formal elements and technical aspects of his work in great detail. Some authors have made hesitant attempts to understand the psychology of the artist, but most remark on Vermeer's intention to conceal his meaning, and stress their inability or hesitation to penetrate this barrier. Swillens (19) expresses this frequent reticence best. 'The art expert has not ventured on territories which do not belong to him, and which—as he thinks—are full of gins and traps

<sup>1</sup> Iconology is the branch of knowledge that deals with symbolism or symbolic representation. Iconography is a description of any subject by means of drawings or figures (Oxford Dictionary).

rendering the treading there—for him—not without danger.' Swillens continues: 'In those cases where I have touched on the borders of these territories I have stopped my review and left it to the psychologist to work it out further if he wishes to'. And later, 'He [Vermeer] consciously planned the deed of not allowing any deeds to appear, and since every deed is preceded by a thought, the idea, too, is missing'.

Swillens speaks of Vermeer's consciously planned exclusion of deed and thought, whereas I think that this is the result of an unconscious defense against the thought and intended deeds that lie behind the composition. The effect of such defenses on the viewer is much stronger than any conscious interdiction by the artist could have been. A conscious prohibition would only arouse curiosity. Swillens, in unconscious identification with the artist's defenses, does not search further, and even considers it dangerous to do so.

I shall show later that a general failure of perception on the part of attentive viewers may also have been evoked by the artist's defensive needs. Among the art historians Gowing overcame the general reticence for psychologic study and developed a very interesting and, I believe, valid idea of what Vermeer was trying to express. I shall later refer repeatedly to his valuable work and attempt to extend his insight into deeper layers of meaning.

Jan Vermeer is considered today one of the great painters of the Dutch School, second only to Rembrandt. There is evidence that he was appreciated during his life, yet shortly after his death he was completely forgotten until the middle of the last century, when he was rediscovered by a Frenchman, Théophile Thoré (1), who wrote under the pseudonym W. Buerger, and published his findings in the *Gazette des Beaux Arts* in 1866. Since then the appreciation of Vermeer has increased steadily, evidenced by the growing number of articles and books published about him. The thorough loss of Vermeer's significance at one time can be surmised from the fact that so important a painting as *The Artist in His Studio* has the

signature of Pieter de Hooch on the stool, considered to be faked, to lend value to the painting. Vermeer's own signature was found by Thoré on the map in the background. Other undoubtedly genuine Vermeers carry the spurious signatures of previously more popular painters, presumably placed to enhance the value of the works. In contrast to this, van Meegeren, the best known forger of paintings in our time found it very profitable to forge Vermeers, some of which he sold to Goering. He confessed these facts when he was tried as a collaborator. The bulk of the literature about Vermeer is concerned with the question of authenticity of some of the paintings. For the thesis of this paper I have used only those paintings which are now considered genuine Vermeers.

Jan Vermeer was born in 1632, in Delft, to Reynier Janson Vos, who later changed his name to Vermeer, and his wife, Dignum Balten, after seventeen years of marriage. Jan had an older sister Geertruyt whose birth date is unknown. There were no other children. Vermeer's father kept a tavern. He was an art dealer, a silk weaver, and possibly a painter. It is known that in 1625 the father was involved in a tavern brawl in which he injured a soldier and subsequently had to pay an indemnity (19).

At the age of twenty-one Jan married Catharina Bolnes. She was a year and a half older than he and came from a well-to-do family. The couple continued to live with his parents, Vermeer participating in his father's business. The father died in 1655, whereupon Jan gave up the innkeeper's business, but continued as an art dealer and lived in the house in which he was born until three years before his death. Catharina's mother at times lent the couple money and continued to help her daughter financially after Vermeer's death. He died at the age of forty-three, leaving eleven children, eight of them minors at that time.

About his artistic career we know only that he became a member of the Painters' Guild in the same year that he mar-

ried. He paid his admission fee in installments over three years. Later he was one of the Syndics for four years and for two of those he acted as their chairman. There is reference that he was called upon as an expert on Italian painting (5). He either painted little, or most of his work has disappeared. No more than forty of his paintings are extant, and the authorship of some of these is still uncertain. A French traveler, de Monconys, mentioned in his diary that he visited Vermeer in his studio, looking for pictures. Vermeer said he had none to show him. Later de Monconys saw one at a baker's shop. The baker had bought it for six hundred guilders. De Monconys thought fifty-four guilders should have been enough for the painting since it contained only one figure. From this reference one can deduce that Vermeer may have been reluctant to sell his paintings, or that he actually produced so few that he had none on hand. Many authors assume that he painted largely for himself and his family, since twenty-six of his paintings are known to have been in his possession at the time of his death.

For an evaluation of Vermeer as an artist I rely on his critics, unanimous in their praise of his coloring, his exquisite treatment of light, his masterly composition in space. His technique has been universally admired. The calm coolness of many of his pictures has been extolled by some, but felt to be too superficial by others. Almost every writer stresses the difficulties one encounters in trying to deepen one's understanding of this artist. This difficulty is ascribed not only to the paucity of biographical material, but to Vermeer's wish to conceal his innermost self. Thoré, who spent years trying to find out more about Vermeer, called him the Sphinx of Delft.

In viewing Vermeer's work, one painting, the *Allegory of Faith* (Figure 1), a late work, stands out as markedly different from the rest. With a single early exception it is his only painting with a religious subject. The woman portrayed in it gives an impression of distress rather than composure; the tranquility and coolness, outstanding characteristics of



Vermeer's other paintings, are absent. Many writers consider it distasteful, in contrast to his other paintings which are considered to be especially graceful and charming. As one looks at Vermeer's paintings chronologically (8) one can see a change from darker, hotter colors to lighter, cooler blues and yellows, and an ever greater harmony of his composition. Peace and beauty prevail increasingly; conspicuous emotion seldom appears on faces or in gestures. Goldscheider goes so far as to claim that this beauty is only 'skin deep', the 'beauty of colored surfaces', and yet later on the same author asks, 'Why are we moved by Vermeer's cold pictures and not by the soulful works of his contemporaries?'. It is my contention that these harmonious 'cool' pictures move us because they represent a very successful defense against drives with which the artist struggled throughout his life. Nourished by the source of this conflict they are not 'skin deep', but reach into the depth of our unconscious and we are moved without being aware of the reason for our emotion.

In the *Allegory of Faith* one can see the breakdown of this defense, demonstrated in the conspicuous lack of grace and appeal of the picture. The central figure, a woman, is not delightful to look at as are Vermeer's other female figures, but wooden, awkward, and poorly posed, whereas everything around her is beautifully painted. The charm, the dreamlike quality of the women in his other paintings are gone. In evaluating this painting Hale (11) remarks, 'In this work Vermeer passed from the sublime into the ridiculous. It is technically one of his most accomplished paintings. The effort to inject a religious content into his design seems to have paralyzed his energies and inhibited his good taste.' I shall later try to give an explanation for the lapse in taste and inhibition of energies observed by Hale. He continues, 'Not only is the woman stupidly posed, not only is the expression of her face absurd, but she is not even a well-made figure. The accessories, on the other hand, are extremely well done.'



Fig. 1  
Allegory of Faith

ig. 2—Diana and her Companions





Fig. 3  
The Procuress



Fig. 4  
Girl Asleep





Fig. 5—Details from Figs. 2 and 4



Fig. 6—The Artist in his Studio



Fig. 7  
The Music Lesson



Fig. 8  
Roman Charity

Goldscheider (8), too, is highly critical of the *Allegory of Faith*: 'This personification of Faith is a fat female figure with large feet and hands, and a head like an Easter egg; she is tightly swathed in her silk Sunday-best dress, blue and white and very shiny. Her attitude is almost indecent.' He then remarks that the symbolism in the picture is not hard to understand. 'The globe at the feet of Faith represents the earth and the crystal ball, the celestial sphere.' Closer observation reveals in addition to the symbols mentioned, others of a religious nature and also a snake with its back crushed by a stone, blood streaming from its mouth. A bitten apple lies nearby on the floor. These are symbols of the Adam and Eve story. It was the snake and Eve who tempted Adam with the apple, yet there is no Adam visible in the picture. What Goldscheider describes as an indecent pose could, with a less condemnatory attitude, be described as a tempting one. Is the snake, so common a phallic symbol, possibly a symbolization of Adam or the man who succumbed to temptation? From the position of snake and apple it seems likely that the snake bit into the apple, indeed symbolizing the man who succumbed to temptation. The woman gives the impression of looking to heaven and recoiling from something; she also either holds her breast or points to it. The popular saying about the snake nurtured at one's bosom indicates treachery, betrayal. The apple as symbol of the breast is not unfamiliar to analysts. The woman in this picture, though tempting the man, recoils from him and his sexuality and turns to religion instead. One could also view the picture as of a woman sinking back mortally wounded, half covering, half pointing to the bitten breast with her hand. One might ask who hurled the stone that crushed the snake. Once the story hidden within the picture is revealed, it is clear that the stone was thrown in retribution. My interpretation of this painting is that it represents a confession of guilt about sexual aggression. Could it be that Vermeer here confesses his guilt about his desires for woman, the eternal temptress? If so, perhaps we can find evidence of these wishes in other paintings of our artist. A large number

of these paintings do indeed show charming women, some in the company of cavaliers who press their attentions on them, while the ladies mostly pay no heed. Often they are represented as virginal and chaste, even untouchable.

E. V. Lucas (13) suggests that the *Woman in Blue Reading a Letter* is Vermeer's wife since no other woman of that time would let herself be painted while pregnant.<sup>2</sup> The same face appears in a number of his paintings (Figures 2, 3) and some art historians agree that his wife Catharina must have been his model, though different authors single out different pictures which they believe to be of Catharina. De Vries (5) and van Thienen (21) assume that the musician in the painting *The Procuress* (Figure 3) is Vermeer himself. Malraux (14) points out that the man in a number of paintings (Figures 3, 7) is the same, and also assumes him to be Vermeer. The family resemblance between these men, the female figures, and some of the young faces in the later pictures leads Malraux to conclude that the latter may represent Vermeer's older children.

Keeping the tentative interpretation of confession of aggressive sexuality in mind, let us now look at some of the early paintings to see if we can find signs of the same content, perhaps concealed beneath the surface. In one of his earliest pictures, *Diana and Her Companions* (Figure 2), Goldscheider recognizes Catharina in the girl washing the feet of Diana, the Goddess of Chastity. He contrasts this with *The Procuress* (Figure 3) in which Catharina appears as a prostitute who receives money from a soldier. According to de Vries (5) Vermeer appears in this picture as a musician who is separated from the prostitute by the soldier and the bawd. Goldscheider wonders at Vermeer's having used his wife for 'such a picture'. He comments that Rembrandt used his wife Saskia in painting

<sup>2</sup> We cannot be certain that the *Woman in Blue* and several other women painted by Vermeer and appearing pregnant were in fact pregnant, since, according to Zumthor (23), women of that period wore a pillow over their stomachs so that the dress puffed out. However, considering the number of Catharina's pregnancies I think it likely that Vermeer painted a woman actually pregnant.



a similar subject, but that Rembrandt at least represented himself as her lover. Goldscheider asks, 'Is the picture an expression of jealousy, fear or hatred? Or was it born in the dark depth of the soul, where dreams and visions dispose of realities freely and irresponsibly?'

Before trying to look into the 'dark depth' of this picture, let us look at a painting called the *Girl Asleep* (Figure 4) and carry its interpretation a step further than Goldscheider did. He states that a seated figure with the head resting on the upraised hand while the elbow is propped on the table is an ancient representation of grief. On the wall in the background<sup>3</sup> one can see the corner of a picture showing a leg and a mask. The historians point out that this is a part of a picture of Amor, which Vermeer showed in its totality in others of his paintings. However, there is a puzzling alteration evident; the total picture shows no mask. Swillens interprets the leg and mask as 'Love Unmasked' or 'Disillusioned and Disappointed Love'. Goldscheider concludes that the painting symbolizes the sorrows of love. Neither explains why Vermeer left out the god and showed only a leg if he wanted to symbolize love in the *Girl Asleep*. As one looks closely at the girl who supposedly represents the personification of grief, one does not receive the impression of disappointment or frustration. The corners of her mouth are definitely turned up, not down, and her still flushed cheeks seem to make it more plausible that we have come upon her at a moment of contented or gratified sleep.

The three pictures—in the generally assumed chronology—*Diana*, *Girl Asleep*, and *The Procuress* can be viewed as a gradual transformation of Catharina, the model in all of them, from the servant of the Goddess of Chastity to the prostitute. The sleeping girl shows her between these two extremes. Since iconologically she represents grief, this leads to the art historians' interpretation of frustrated or lost love. Hidden

<sup>3</sup> I shall in future refer to pictures Vermeer painted on the wall that closes off the room in which he sets his compositions as background pictures.

within the picture there appears another story. As I shall show later, Vermeer at times used background pictures as a commentary on the scene depicted in his painting. At other times he unconsciously censored such a commentary by leaving out the relevant part of the background picture. This he also did in the case of the *Girl Asleep*. A mask instead of the face of the God of Love could indicate a mask of innocence, or the concealment of a love theme. It is interesting that this mask is not a distorted face or grimace as fallen masks are in other paintings. Instead it shows a clear profile, in outline very much like the profile of Diana's companion (Figure 5), i.e., the one for whom Catharina was the model. It can therefore be viewed as the mask of innocence which Catharina wears in the painting. If the god had been visible in the picture, the hint of sexual gratification should have been evident. But Vermeer could not openly acknowledge such gratification in Catharina, unless he attributed the responsibility for it to somebody other than himself, as for example in *The Procureess*. No other man as the source of the gratification appears in the *Girl Asleep*, therefore the reference to love in the form of the God of Love had to be removed lest Vermeer himself might be suspected of being that man. This seems the most plausible explanation for the peculiar handling of this background picture. The defense has proven entirely successful as can be seen in the interpretation most art historians give. In case somebody were to notice the flushed cheeks of the girl, Vermeer provided a half-empty wineglass on the table. This rationalization was also successful—in a catalogue of an auction in 1696 this picture is called 'A Drunken Girl, Asleep at a Table'.

If the foregoing construction is correct, as tends to be confirmed by the presence of the same mechanism of partial revealing and concealing in other pictures, we must make two assumptions: first, that though Vermeer painted his subject as he saw it—Catharina blissfully asleep, her cheeks still flushed from love—he felt compelled to provide a distracting

explanation for the benefit of the viewer and his own super-ego, which he did by placing the wineglass on the table; second, that Vermeer's artistic imagination was constricted. Surely it should have been possible to make a more subtle reference to a love theme than to paint an isolated leg in a background picture. The frequent assumption that Vermeer simply painted his subject exactly as he saw it, does not serve as an adequate explanation, since he did paint a mask next to the leg, which is not in the original of the background picture. A free play of imagination should have made it possible for him to disguise the defensive struggle better than by the crude device of simply eliminating the recognizable aspect of the picture. Both assumptions are confirmed in his total work. He is praised by all as a superbly accurate observer, while his few attempts to paint imaginary scenes are his least successful efforts.

In *The Procuress* (Figure 3), painted the same year, Catharina is the emphatically sexual woman, the prostitute. The musician is assumed to be Vermeer, because he looks like a man who is often seen in his pictures and in this one wears the same costume as the artist in *The Artist in His Studio* (Figure 6). He is not only at the other end of the picture from the prostitute (Figure 3), he does not even look at her, but instead he looks out of the picture at us, smiling or grinning, involved with the viewer and turned away from the events in the room. By this device the painter declares that it is not he, but another, a young soldier, who is about to be sexually engaged with his wife. The same device can be observed in *A Couple With a Wine Glass* (8, 10).<sup>4</sup> A man presses his attentions on a woman, while another man sits alone in the background and inexplicably looks to the side as if pretending not to be there. This man resembles the musician in *The Procuress*, and both seem to make the same assertion:

<sup>4</sup> The interested reader is referred to Goldscheider's or Gowing's books, both of which contain reproductions of all of Vermeer's works referred to in this paper. It is not possible to reprint them all here.

that somebody else, not he, Vermeer, is sexually involved with his wife. The interpretation of his emotion as jealousy applies here even less, since a jealous man is intensely concerned and does not display such lack of interest.

We deduced that aggressive sexuality was the underlying theme that occupied Vermeer in the *Allegory of Faith*, painted about 1672. Now, in turning our attention to Vermeer's much earlier works, we find the artist representing his wife as companion to Diana, or as alone, asleep, and apparently abandoned, or as a prostitute involved with a soldier, but hardly as the mother of his children. He has now been married four years, and since they had eleven children in twenty-two years of their marriage, the second or third child must have been on the way at the time (1656).

Gowing (10) points out the gradual transformation of the sexual theme depicted in *The Procuress* and in the series of paintings showing a cavalier courting a lady. After about 1663 the man disappears from the picture and only one or two women are depicted. The sexual theme is either absent in the later pictures or relegated to the background in hints or vague allusions. In *Lady Standing at the Virginals* we see Amor, whose leg we previously saw in the *Girl Asleep*, now shown conspicuously in total representation. A painting by Baburen also called *The Procuress* hangs on the wall behind the *Lady Seated at the Virginals*. The woman is shown alone, her virginity symbolized by the virginals, her sexuality relegated to the background and banned into a picture.<sup>5</sup>

The defense used in the paintings discussed until now consists in a radical change of the subject. The sexual content of the *Allegory of Faith* is disguised by the use of a religious theme. (Jan Steen's paintings *After the Carouse* and *Twelfth Night* [22] show a woman sitting in the same pose, the sexual

<sup>5</sup> Nicolson (15), remarking on the meaning of the virginals, says that Blount's *Glossographia* of 1656 states virginals to be maidenly, virginlike, and that maids and virgins most commonly play on them.

meaning unmistakable.) By using the prescriptions of an iconographer Vermeer disavows the very personal content of this painting. The same defense is used in the *Diana*, but here it is done so successfully that no trace of sexuality is left. The psychoanalytic observer may wonder about the selection of Diana, the Goddess of Chastity, as his subject, and the need to underscore the nonsexuality. In the *Girl Asleep* the subject matter is neutral. The defense is negation, by the painter. It claims, 'I have not touched her, she is sleeping heady with wine'. The defense fails partially and the leg of the censored God of Love intrudes into the picture. Vermeer's artistic gift enabled him to use the defense so successfully that he introduced with it a new compositional device. The use of a segment of a background picture as a purely compositional element makes its appearance here. Vermeer used it so skilfully in a painting which we shall discuss presently that the missing content of a background picture is not questioned at all. Probably it was not even noticed. In *The Procuress*, a painting in which the sexual theme is clearly evident and in which Vermeer probably represented himself, the defense is one of denial and projection of the sexual impulse to another figure, the soldier.

In the service of the need to proclaim his innocence, Vermeer increasingly depicted the woman as untouched and untouchable, and in so doing created a marvelous world of dreamlike quality. Even in those pictures where the accuracy of his observation prevailed over the tendency to negate every sexual aspect or intent, and he shows the woman as pregnant, the same quality of protected distance prevails, enhancing the particular charm of the scene. Vermeer used several devices to create this illusion. By using curtains or tables he created a picture within a picture. Similar to a dream within a dream, this arrangement increases the remoteness from reality.<sup>6</sup> By changing the proportionate sizes of his figures he increased

<sup>6</sup> Other painters have used this device. De Tolnay (4) points out that in the middle ages a curtain drawn to the side reveals a vision.

the apparent distance between them, as in *The Soldier and the Laughing Girl* and in *The Artist in His Studio* (Figure 6). Perhaps the small size of most of his paintings also contributes to this effect.

Goldscheider calls attention to the similarity between Vermeer's painting *Lady Reading a Letter at an Open Window* and representations of the *Virgin of the Annunciation* by Crivelli and Grünewald. The Annunciation by means of a letter apparently served Vermeer as a symbolic representation of pregnancy. The story of the Virgin of the Annunciation asserts that Joseph, Mary's husband, was not the father of her child. Vermeer has painted four pictures of women receiving letters, possibly hinting at the frequent pregnancies of his wife, while negating his paternity through the device of ascribing it to the absent sender of the letter. The pictures, *Woman in Blue Reading a Letter*, *Maid Handing a Letter to Her Mistress*, and others of letters written or received, all imply an absent man, rather than a present husband.

Goldscheider further points out that Vermeer's women writing or reading letters are shut off from the world and from the onlooker by barriers. One may add, while the picture was being painted the onlooker was the painter, Vermeer, who put these barriers between himself and his model. It is of interest to note the absence of a barrier in the painting of *Diana*, where Catharina represents the servant of chastity, and no additional symbols of defense are required.<sup>7</sup> On the other hand there is a veritable barricade in front of the *Girl Asleep* and the prostitute in *The Procuress*. This barrier is there to proclaim his innocence, and to deny his participation in the girl's gratification.

<sup>7</sup> Perhaps the absence of a barrier in this picture is not complete. In the lower left corner there is a dog, which forlornly and longingly looks toward the group of women. Between the dog and the woman closest to it, Diana, there grows a thistle—the barrier. We note that Diana's breasts are unusually prominent. Animals do not appear in other paintings by Vermeer. If the interpretation of the thistle as barrier is correct, Vermeer represented himself as the little dog. We shall try later to give an explanation for this unusual regressive feature.

It is present in one form or another between himself and his model so regularly that one could venture to submit that wherever the barrier is absent, the model is probably not Catharina. Of the later pictures in which we assume her to be the model, only the *Allegory of Faith* shows no barriers. The defense here has broken down, the painter confesses his guilt, the barrier representing the defense is therefore absent. The woman is mortally wounded, sexuality is crushed and no longer needs to be barred. As long as the barriers are present there is supreme quiet in these pictures of denial of sexual wishes and negation of a turbulent reality. The women seem to have nothing to do but play an instrument or read letters. This is in marked contrast to most of the genre paintings of the time.

Another picture, *The Love Letter*, is somewhat different from Vermeer's other paintings. Through a door we see a lady sitting in a chair in the middle of the room, holding a musical instrument in one hand, and a letter in the other. A broom, scrub slippers, and a laundry basket also can be seen. The presence of a maid explains these paraphernalia, but why is the mistress sitting in the midst of them? Is it not likely that she was so astonished at the message of the 'love letter' that she had to sit down right then and there, in the presence of the maid who looks at her mistress with an amused smile? Perhaps the letter represents another Annunciation, and the lady sat down in surprised dismay. The denial of responsibility for sexuality and the tangible evidence of its consequences is no longer entirely effective. The peaceful and dreamlike qualities are absent from this painting. Like the *Allegory of Faith* it lacks the cool tranquility of the paintings in which the defense has been entirely successful. The model for the lady in both paintings is the same, and she appears more matronly and less attractive than the women in Vermeer's other paintings.

A notable exception to his pictures of denial is the *Art of Painting*, so called by Catharina in a document that has been preserved. It is now known as *An Artist in His Studio* or *A*



*Painter in His Studio* (Figure 6). The painter is assumed to be Vermeer himself, though only his back is seen. The female model is much younger than Catharina would have been in 1665, the earliest date mentioned by all sources for the creation of this painting. The fact that the two figures are separated by a table and the easel makes it probable that Catharina was the model.<sup>8</sup> The girl is usually described as representing Clio, the Muse of History, wearing a laurel wreath. But a picture, like a dream, can be overdetermined and the painter may here be painting a symbolized version of his marriage, this time showing the sublimation of his previously denied impulses. He is an artist in the process of painting the seventh or eighth leaf of the laurel wreath at a time when he must have had as many children. He shows his pride in his achievements. The Muse of History shall proclaim his fame as an artist and the number of leaves suggests his pride in being a father. But even here the conflict about his fatherhood does not permit him to face the onlooker. As a rule paintings of an artist in his studio are self-portraits. It is unusual, if not unique, that the artist shows us only his back. One would assume that here, where the painter wants the Muse of History to proclaim his fame, he would be especially impelled to immortalize his face. But the superego restrictions are too rigid, and he has to deny himself the greatest reward of the artist who paints his self-portrait, to live on, not only in his artistic creations, but in his self-image. Modesty as an explanation of the painter's posture does not offer a satisfactory answer to our inquiry. The figure of the painter is larger than life size, disproportionately larger than the other objects in the room. Neither the painter's pose nor his finery would fit the view that the painter turns his back to us because of his modesty. The

<sup>8</sup> Gowing also sees the barrier Vermeer placed between himself and his model in this painting. He says: 'She both invites the painter's attention and as tenderly wards it off. Her delicacy is protected by the lustrous armour that she gathers about her; the impersonal quality which her emblems confer on her is also a precaution that the calm of the room shall not suffer interruption by the intimate charms of life.'

costume has puzzled many, since it is certainly not suitable for painting—unless this painter wants to deny the signs of messiness unavoidably connected with his work.<sup>9</sup> Having gone to some length to show the painter well dressed it is remarkable that Vermeer should have shown his stockings drooping.<sup>10</sup> We note that the girl is shown with an obvious phallic symbol in her hand. The man who unconsciously saw the sexual act as a mortal attack on a woman, as he confessed in his *Allegory of Faith*, must fear retaliatory castration by her. The actual experience of detumescence following intercourse is perceived by him as a mitigated castration.

*The Artist in His Studio* shows the successful sublimation of the aggressive masculine drive in the representation of the creative act. However, castration anxiety is not entirely bound and is alluded to symbolically in the form of the drooping stockings. But though the stockings are drooping, the artist is still creating—creating not only eight, nine, ten leaves, but beautiful paintings—his children. What in the *Allegory of Faith* has led to recoil and death, leads here to harmony and creation. Again it is Gowing who comes closest to a view concurring with ours. Referring to the plaster cast lying on the table, he says, 'It is as if some of this painter, whoever he is, the heroic part of him, lay slain and dismembered under the Goddess's glance'.

Some art historians assume that *The Artist in His Studio* was painted in 1665 or 1666, and the *Allegory of Faith* in 1672. Others hold the view that the two paintings were executed about the same time. Hale (11) bases this view on the similarity of compositional devices, and states: 'In each is

<sup>9</sup> De Tolnay (4) suggests that the costume as well as the map on the wall go back to the previous century and the Habsburg domination of the Netherlands. He speculates that Vermeer as a Catholic and as an artist depicts his longing for the 'magic of the past'.

<sup>10</sup> This type of stocking was sometimes loosened while sitting, but since Vermeer was not realistic as to the type of costume the painter is wearing we can assume that adherence to reality or deviation from it was, in this case, also governed by his intrapsychic needs.

the same curtain; in both pictures a chair is placed in similar relation to the whole arrangement; there are the same rafters in the ceiling, and the same expedient of a hanging object to break the straightness of the beamlines. The picture on the wall in one painting and the map in the other are placed similarly and for essentially the same compositional purposes.' We may add that the prescriptions for the allegoric figure in each of the paintings follows Pers's Dutch version of Ripa's *Iconology* and they are the only known pictures by Vermeer in which he followed these prescriptions.<sup>11</sup> Art critics have sensed that the two paintings have something in common, but have pointed only to the same formal elements used by the artist in the two works.

Malraux proposes a later date for *The Artist in His Studio*, basing his view on the age of the girl, whom he assumes to be Vermeer's daughter. Vermeer's oedipal fixation could make the series of mother, sister, wife, and daughter imagos interchangeable, and therefore the view that the picture shows Vermeer's relationship to his wife could still be maintained even if the daughter was the model. However, there is a historical fact known to us, which seems to indicate clearly that Catharina was in fact the model for this idealized version of herself. After Vermeer's death she had to struggle to provide for eight minor children. She finally had to pawn some of her husband's paintings. She borrowed money on two of them from a baker with the express provision to buy them back again. These were the *Girl with a Guitar* and the *Lady Writing a Letter*. *The Artist in His Studio* she protected even more carefully, and pawned it to her mother, with the explicit wish to get it back at a later date. Her mother, following Catharina's wishes, entered into a litigation with Leuwen-

<sup>11</sup> Ripa's *Iconology* specifically describes the symbols to be used in representations of allegoric figures. However, Faith is not described as Vermeer represented it. In 1644 Dirck Pieters Pers (16) published a Dutch version of this work, which is not a translation, as Pers added other prescriptions. Vermeer followed this version very closely.

hoek,<sup>12</sup> who was involved in Catharina's later bankruptcy proceedings and wanted to sell this painting (19). The unconscious meaning of great art speaks to everybody and certainly to the woman so closely related to the man who painted the particular picture. It is hardly conceivable that she would have so highly valued this painting unless she sensed that it symbolized their greatest intimacy, and that she was indeed the model for it.

We can assume from our experience as analysts that a man with conflicts about sexuality so deep-seated that their denial occupied the bulk of his artistic creation, must have had a very strict superego, and intense unconscious feelings of guilt. Guilt feelings produce fear of punishment and we have seen punishment represented in the *Allegory of Faith* as a stone crushing the snake. The picture hanging on the wall behind the woman in this painting is assumed to be one of three versions of the Crucifixion by Jordaens. We know that Vermeer owned this picture. It is mentioned in an inventory taken in his house after his death. It is appropriate as background for the *Allegory*. Christ dies on the cross to redeem the sin of man. Vermeer confesses his sin in this picture and it is natural that he should hope that Christ's sacrifice will expiate his sin. The fact that other background pictures used by Vermeer contained some hidden meaning raises the question if this might also be the case in the *Allegory*. Pers's version of Ripa's Iconology contains this description of Faith: 'A woman seated with a chalice in her right hand, her left hand on a book and her feet on the earth; under the cornerstone lies a snake crushed, and Death with his arrows broken; adjacent lies an apple representing sin' (16). This is the text Vermeer must have used. For the background the same text suggests a picture of the sacrifice of Isaac by Abraham. Vermeer used the Crucifixion, which he owned; the common element in both pictures

<sup>12</sup> Inventor of the microscope.

is the sacrifice of a son. But whereas God saved Abraham's son and demanded only his circumcision, he let his own son die on the cross, and ignored his pleas to be spared. The punishment therefore came from the father; it was he who hurled the stone that crushed the snake's back.

For a possible cause for God-Father's wrath we have to turn to Vermeer's earliest painting, *Christ in the House of Martha and Mary*. The scene depicts Christ in conversation with the sisters of Lazarus. Borenus (2) pointed to the fact that the head of Christ and the position of his hands are almost the same as in a picture by Cavallino representing the *Death of Joseph*.<sup>13</sup> It is assumed that this picture was painted earlier than Vermeer's. We are interested in the fact that though Vermeer used the same figure, he replaced the event with another scene. We have seen Vermeer eliminating part of a background picture that held the key to a psychological understanding of his painting, and we shall see another such example later. In this early painting the acute observation of Borenus (2) discovered a connection between Vermeer's and Cavallino's Christ. He saw it only as evidence of the influence of the older painter on Vermeer, and did not draw psychological conclusions, but we find it significant that Vermeer's father died in 1655 and it is assumed that *Christ in the House of Martha and Mary* was painted about 1654. It is possible that Vermeer was preoccupied with his father's actual or impending death when he painted this picture. In any case, he left out the death scene and in its place put a scene from Luke, X: 38-42, where Martha said, '“Lord, dost thou not care that my sister hath left me to serve alone? Bid her therefore that she help me.” And Jesus answered and said unto her, “Martha, Martha, thou art careful and troubled about many things: But one thing is needful and Mary has chosen that good part, which shall not be taken away from her”.' Christ defends Mary and gives her preference and since this takes place over the background of Joseph's death, Mary could easily represent

<sup>13</sup> According to de Vries, now attributed to Vaccaro (5).

Christ's mother. The son is turning to the mother at the time of his father's death, and this is the reason for the wrath of God the Father pictorialized in the *Allegory*.

We have found why Vermeer had to proclaim his innocence in his paintings throughout his life. One wonders how he was capable of overcoming his fears sufficiently to sire eleven children. This was probably possible for him owing to the particular defenses he employed successfully for most of his life, and to his unusual capacity to sublimate some of the aggressive elements of his instinctual strivings in his creative production.

An additional explanation may be thought of on closer observation of the 'cornerstone' which, in accordance with Pers's iconographic prescription, crushes the serpent's back. Enlargements of this detail (10) show a rectangular cloth-covered object. Some art critics assume this to be the stone, others conjecture that it is a clothbound book, since it does not look like a stone. Neither does it look like a book, but more like a hassock or cloth covered box. On top of it lies a much smaller lens-shaped but opaque object that resembles a large smooth pebble. This is another example of Vermeer seemingly following the iconographer's directions to the letter, yet subtly introducing his own changes in his composition. It would be in keeping with his both gentle and wry sense of humor for the objects to depict the thought, 'If I am to be punished by having a cornerstone thrown at me let it be as light as a box or as small as this pebble'. If this is the explanation for the strange detail it would indicate that although Vermeer's superego was very strict, a basically harmonious relationship nevertheless prevailed between his ego and super-ego. This harmony allowed him to be artistically and biologically creative.

I had arrived at this point in my understanding of Vermeer's œdipal struggle without a convincing explanation for the breakdown of defenses which we saw in the *Allegory* of

*Faith*. Perhaps Catharina was becoming tired of having children, as can be seen in the increasing apprehension on the faces of the ladies in *Maid Handing a Letter to Her Mistress* and the *Love Letter*. There is even a hint of thoughts of giving up the child to someone else in *The Finding of Moses*,<sup>14</sup> another background picture hanging behind the *Lady Writing a Letter*. If so, one might conjecture that Catharina's refusal of further sexual participation could have upset the balance in Vermeer's psychic economy and led to a return of the repressed. Or did the many and closely spaced pregnancies finally actually harm Catharina and thereby increase his guilt? The French invasion of the Netherlands which took place about this time was accompanied by much violence that may have remobilized aggressive impulses. Financial difficulties increased and Vermeer had to move his large family into a very small house, which could have made it harder to maintain the fantasy of the calm untouched woman. This move took Vermeer for the first time away from the parental home. All these factors may have played their part, and I had been considering them when I came upon the significant information that Vermeer's mother died in 1670 and his sister in 1671. These crucial events certainly increased Vermeer's guilt over incestuous impulses and led to a breakdown of the defense of innocence. There followed the confession expressed in the *Allegory of Faith*, painted in 1672. Art historians do not disagree about this date. The psychological findings further confirm it.

Vermeer's biographers are perplexed by the *Allegory* and try to ascribe its elements to the detailed prescription of the iconologist. They view the painting as alien to Vermeer and react to it with distaste and estrangement, in the same way as the ego reacts to the return of something that had been suc-

<sup>14</sup> According to de Vries (5) this is the theme of the background picture. It also appears in a smaller version behind the *Astronomer*, possibly modeled by one of Vermeer's sons. Hale (11) ascribes the original to Jans van Nederweert (1566-1624).



cessfully repressed. The artist confesses his guilt and then negates his own fantasy by meticulously following the iconologist's prescription. He thereby induces the viewer to participate in his defense and does it so successfully that the painting has been assumed by some to have been painted on commission, on a theme selected by somebody else, not Vermeer. But the historical evidence, persuasive in the case of the companion piece of the *Allegory*, *The Artist in His Studio*, points to the artist's having painted both pictures for himself and his family. Vermeer may have turned to allegorical representations at this point because in both instances they served to hide his very intense personal involvement with the theme of these paintings. 'Not I, but the iconologist, prescribed the subject of the painting', seems to be the assertion here, just as in an earlier work the denial sounded, 'Not I, but the soldier is sexually involved with the woman'.

This seemed to have concluded the extent to which one could carry the interpretation. Then I found that Gowing (10), in discussing two of Vermeer's paintings, *The Concert* and *The Music Lesson* (Figure 7), both painted in 1662 and dealing with similar subjects, calls attention to their background pictures. In *The Concert* a young woman and a man play musical instruments, while an older woman sings. Gowing mentions that the living figures give the appearance of disinterest and remarks on the contrast between this scene and the 'lascivious subject' of *The Procuress* by Baburen, the background picture on the right. Gowing considers the juxtaposition of the two trios, both consisting of an older woman and a younger couple, an indirect comment by Vermeer 'which leaves the viewer uncertain about the actual intention of the painter'. We note that the older woman in *The Concert* stands directly under *The Procuress*. This seems to imply a relationship between the three musicians in *The Concert* similar to that between the procuress, the prostitute, and her client.

Indeed it is hard to imagine any other reason for the choice

of this particular painting for the background, unless one assumes an element of chance in the choice, and Vermeer was certainly not a painter who left anything to chance. The disinterested pose of the three musicians must in my opinion be considered a pretense. Actually they are intensely involved with each other. Though denial of the true relationship of the three people is maintained, I think this cannot in the given instance be considered as the artist's defense, but rather a deliberate comment on the scene in the picture. Vermeer's intention, it seems to me, was to hint that not everything in the picture is as appearances indicate.

Unlike *The Concert*, its companion piece *The Music Lesson* (Figure 7) shows only a part of a picture in the background. About half of this picture was left out by the artist in his composition. We see only a man's back and his shackled hands. Gowing tells us that this is part of a picture called *Roman Charity*. The theme was introduced by Rubens under the name of 'Cimon and Pero', after which several other artists used the same subject. Vermeer must have copied one of these versions (Figure 8). Gowing shows his own disapproval of this background painting by using expressions like 'its lascivious reference' or 'its full perverse extremity' while commenting on it. The compassion in the woman's expression as well as the title contradict Gowing's unduly sexual interpretation. Support for my more comprehensive view is supplied by the Roman historian, Valerius Maximus (20), whose story the picture illustrates. In his *Nine Books of Memorable Deeds and Words*, in the chapter on charity, he relates: 'Pero deserves . . . praise for filial devotion. When her father, Cimon, prostrate by age . . . had also been thrown into prison, she nourished him like an infant with the milk of her own breast.'

We wonder why Vermeer used this theme as a background picture for *The Music Lesson*, and censored half of it. Gowing (10), I think, correctly conjectures, 'There might be discerned . . . a distant and private analogy between the man in *The*

*Music Lesson*, held captive by the lady before him and the artist himself'. He implies an identification between Vermeer, the man in the picture, and the prisoner, and points out that perhaps accidentally 'the name of Cimon was also that of the ancient Greek painter supposed to have discovered perspective art'.<sup>15</sup> Students of Vermeer's art emphasize his concern with representation of space and problems of perspective.

We do not know whether the captive Cimon is indeed Cimon of Cleone, the Greek vase painter. For unconscious purposes the same name could suffice to equate the two men. We also do not know if Vermeer knew of Cimon the painter, but Nicolson (15) points out that Vermeer's initials appear on the black frame of the picture of the prisoner. This implies an identification with the captive, which is further emphasized by the following elements. André Blum (1) sees the man in *The Music Lesson* 'hemmed in between the lid of the virginals and the knife-edge of the picture frame, the man is permitted no freedom of movement...'. We may add, as if he were himself a picture hanging on the wall, deprived of movement, as the prisoner is shackled in his picture. There is a peculiar element in the mirror above the virginals. One can see the reflection of the girl's face and also of the legs of Vermeer's easel. Many authors have puzzled about this detail. The most frequent explanation has been that Vermeer, being a most accurate observer, painted every detail exactly as he saw it. Some authors think that Vermeer's accuracy is such that one must assume that he used a camera obscura to assist him. This device was used at times by other artists of the period.

I cannot judge the validity of these conjectures, but there is certainly evidence that Vermeer did not always paint an exact reproduction of things he observed. The background picture *The Finding of Moses* appears as a large picture in *The Love Letter* and as a rather small one in *The Astronomer*. Baburen's *The Procuress* has a black frame in *The Concert* and a gold frame in *Lady Seated at the Virginals*. There is other

<sup>15</sup> Cimon is mentioned in Cook's *Greek Painted Pottery* (3).

evidence of this kind. This seems to me, however, sufficient to prove that Vermeer was not slavishly reproducing reality, but that he altered it where it suited his purposes, thereby giving us reason to inquire why he did not do so in this instance. He faithfully painted the legs of the easel in the mirror image. Blum (1), remarking on this detail, says, 'But of his own person we learn nothing, not even the toe of his boot is protruding . . . the painter appears to have been swamped by a wave of diffidence'. I think Vermeer has censored himself out of the mirror reflection as he has censored Cimon out of his picture, the equal treatment of the two figures underscoring their identification. The censorship of the scene in the *Roman Charity* is total. Only a symbolic reference to the breast is left in the form of the white jug which stands on the table under the picture and points to it. This jug is so frequently present in Vermeer's works that it has been used in forgeries almost as his signature. It might be tempting to speculate about the significance of its presence in some pictures, as, for example, next to the man excluded from the love scene in the *Brunswick Couple with Wineglass*, and its absence in others, but there is not enough evidence to describe a consistent pattern. Before proceeding with the further analysis of the psychologic meaning of the *Roman Charity*, in the total work of Vermeer we must first deal with the question why Vermeer included only part of it in his own painting and left out the essential elements.

Gowing (10) uses the total content of the *Roman Charity* for his interpretation. 'It calls to mind an inconceivably abject dependence of man upon woman' which he feels explains the 'rapt look of the gentleman' that we see in *The Music Lesson*. He disposes of the difficulty that a picture one cannot see cannot have a significance by making the assumption that 'no seventeenth century connoisseur would have failed to recognize in it a *Roman Charity*'. Gowing fails to substantiate his assumption. Rubens was the first artist to paint the theme (17, Plate 124) but in his painting the prisoner's hands are

not shackled behind his back. The only similarity with the version used by Vermeer is a hand resting on a man's back. The version with the shackled hands that Gowing reproduces (Figure 8), as an example, is by Mattheus Stomer, but in it the girl's hand rests on the prisoner's head. Gowing assumes that Vermeer used still another version, possibly by Honthorst or his school. How well such a version was known even to a connoisseur is impossible to determine. But this is not the important point. To us seeing an old man nursing at the breast of a young girl has a shocking effect. It is definitely capable of disturbing the serenity of the atmosphere in *The Music Lesson*, even if represented only as background. I do not think that this was necessarily true of Vermeer's time. Rubens's version hangs to this day in a very prominent position in the Rubens House in Antwerp. Over the prison gates on the main square of Ghent the same theme is shown in bas-relief. It is therefore not clear at all why Vermeer did not use the total picture, as he did with *The Procuress* by Baburen which he showed in its entirety in *The Concert*.

One possible explanation for Vermeer's reticence would be greater puritanism and asceticism in Holland than in the adjoining Flemish provinces, where Rubens and his followers were working. In deference to his compatriots Vermeer may have deleted the aspects objectionable to them from his picture. However, we saw him use the same device of showing us only an insignificant element, like the mere part of a leg of Amor in a background picture in the *Girl Asleep* (Figure 4). There we felt certain that it was entirely Vermeer's inner need, related to the content of his painting, that prompted him to leave out the rest of the god, since in another picture he represented him entirely, without compunction (*Lady Standing at the Virginals*). If there was a religious influence at work in our artist's censoring of the background picture, it must have originated in his puritanical upbringing as a child. This must have compelled him to repudiate all drives, an impossible task against which he reacted by renouncing the

strict and demanding religion of his childhood. Vermeer is thought to have turned Catholic in adulthood. But the restrictions of the old religion seem to have retained their effect, and caused Vermeer to paint beautiful paintings, from which all direct expressions of earthly drives were distilled out, and all drive intrusions into these paintings were curtailed and made unrecognizable. I believe that it was his conflict about oral gratification that made it necessary for him to choose the *Roman Charity* and then to censor it.

Oral cravings can certainly be re-enforced by exposure to specific and consonant stimulation. Having been exposed to endless scenes of nursing babies, Vermeer in his art disavows the existence of the world of the nursery. He denies its reality by painting a world where ladies occupy themselves solely with music, pearls, or letters. Only one painting shows a rather buxom, earthy woman pouring milk out of a jug, *Maid-servant Pouring Milk*. No child enters these pictures. Their absence from his paintings, ignoring their very existence, serves to keep his own oral wishes in check.

At this point I must refer to the early canvas *Diana and Her Companions*, and the question raised in regard to the unusual degree of regression implied in Vermeer's representing himself as a little dog, as I tentatively suggested. This picture is assumed to have been painted in 1666, in the second year of Vermeer's marriage, when the first baby must have been born, and the second was possibly on the way. While Vermeer was trying to deal with the sexual conflicts of his early marriage, his psychic equilibrium was also challenged by the increased stimulation of oral drives, aroused by his exposure to Catharina's pregnancy and the sight of a nursing baby. We previously discussed Vermeer's denial of sexuality in the choice of the theme of Diana, the goddess of chastity. But Diana is also the protectress of women in childbirth. Vermeer dealt at this point with the oral wishes (Diana's breasts are very prominent) in part by regressing to identifica-

tion with an animal. Since details of artistic imagery are often overdetermined, we may also see a hint of superego criticism in the presence of the attentive little dog. 'Only a dog has such forbidden and unacceptable wishes' may be the unconscious thought hidden there.

It is a common observation in clinical psychoanalysis that men with strong unconscious conflicts about orality, and related intense sibling rivalry, react with a particularly grave psychic shock to their wives' first pregnancy and the first child born in their marriage. The reawakened conflicts of their own early childhood require mobilization of defenses, not always successful, and acting out and other regressive phenomena are common. However, gifted and creatively endowed persons also often react with a spurt of creative activity to the re-arousal of old conflicts and defensive struggles. The simultaneous presence and the interplay of regressive and creative features in the artist is most admirably demonstrated by Vermeer in *Diana and Her Companions*. He created a beautiful work of art and gave artistic expression to the profound internal tensions and conflicts which stirred within him at the time.

Gowing points out that the inscription on the lid of the virginals in *The Music Lesson* reads MUSICA LETITIAE COMES MEDICINA DOLORIS (Music, the companion of happiness, the cure of sorrow) and interprets this as a comment on the 'celebration of the pleasures and sorrows of love' contained in *The Music Lesson*. It appears to us that the deeper sorrow here depicted is the frustrated longing to return to the maternal breast, now forbidden and unavailable. The sight of the breast presented to a long series of infants must have particularly stimulated the aggressive component of the oral wish. Therefore the fulfilment of the wish had to be censored from *The Music Lesson*, and only the prisoner's shackled hands, incapable of aggression, were permitted to remain visible.

Not until Vermeer's mother's death, when he painted the *Allegory of Faith*, does the oral theme reappear. The bitten



apple, the woman's hand over her breast, and the crushed snake tell the whole story. We recognize that the deepest layer of guilt is based on oral aggressive impulses which underlie and re-enforce the sexual guilt.

Vermeer's masterpiece *The Artist in His Studio* may also contain a reference to orality. Under the girl's hand that holds the trumpet there is the knob at the end of the map rod which, because of its appearance and position relative to the girl, could symbolize the breast. The total interpretation of this painting would be that the artist renounces his drives, such as his oral wishes and its genital desires, in order to sublimate their energies in his creative work. Analinity too is denied; this denial is expressed in the absence of disorder to be expected in a painter's studio, and in his elegant and spotless attire. Even though the artist renounced his drives on all levels for the sake of his masterpiece, his superego is still not satisfied. He turns his back, rather than face us to accept freely the recognition due him for his artistic accomplishment. Thus my assumption is supported that while most artists express in their paintings their forbidden wishes, Vermeer in his work tried to create an ideal world, in which all drives have been successfully renounced and their expression completely suppressed.

Such drives are universal and the concomitant guilt is a frequent problem for human beings in our culture. If the œdipal conflict is overcome successfully, sexuality, liberated from the infantile imagos, can find new objects with whom gratification can be obtained without guilt. This development is a complicated process and it can be interrupted in its evolution at any point.

The preceding analysis of Vermeer's conflicts as interpreted from his paintings combined with some historical facts I am about to mention supports the view that Vermeer, though he was able to find a new object, was not able to separate it

from the old incestuous imagos. This inability accounts for the guilt with which we see him struggling in his artistic creation.

The historical facts are few. The following appear to indicate a strong fixation to early objects. Vermeer lived in his parents' home until three years before his own death, and it seems likely that only extreme financial difficulties were able to force him to leave it. This in itself may not have been unusual in the seventeenth century, but there is also no evidence that he ever left Delft, which, if true, would be rather unusual since painters of that period often traveled during their apprenticeship. Furthermore, he married a woman older than himself, and it is possible that most of his paintings portrayed members of his family. This confinement to city, house, and family can be viewed as an expression of a fixation to parental imagos. The fact that he was an only son born to middle-aged parents after seventeen years of marriage may hint at the possibility that an overly strong attachment of the parents to this late-comer contributed to such a fixation. An attempt to break away from it may have been his marrying a Catholic at a time when Catholic worship had to be held in secret. Vermeer was baptized as a Protestant. His civil marriage took place on April 5th, 1653, and the document records an 'attestation on April 20 at Schiphuyden'. Swillens (19) assumes that the Catholic ceremony took place secretly in this little town. He also points out that both Vermeer and his wife refer in later documents to deceased persons as 'sainted', an expression used by Catholics. It is possible that Vermeer became a convert to Catholicism. It is not uncommon that in the presence of strong oedipal fixations a mate is selected from a different ethnic or religious group. Vermeer's relationship to his parents was apparently not marred by his marriage or by his conversion. The conversion may well have been the condition that made it possible for him to get married, though we can see, observing his lifelong struggle with his guilt, that his superego was not appeased by this unconscious ruse.

Let us now review what we have learned from the analysis of Vermeer's paintings about his psychic life, and attempt some hypotheses about the role his artistic production played in his psychic economy.

I have repeatedly referred to psychic conflict. I want to emphasize here that presence of conflict is not necessarily an indication of pathology. In my view conflict is a very important ingredient in the creation of a work of art. The autonomous ego functions alone, such as a painter's technical gifts, do not make him a great artist. The works of highly talented people not nourished by the deep springs of psychic conflict impress us as slick, perhaps soulful, but shallow. It is the underlying struggle within the artist, the outcome of which is the work of art, that finds an empathic chord within us, even when the conflict is as highly disguised as it is in Vermeer's art. His paintings fulfilled two functions, those of defense and sublimation.

Let us first examine their function as defense. Most superficially they served as disavowal of and escape from reality. The inevitable noise and disorder of a house full of children, the preoccupations and multiple tasks of a wife giving birth to and raising this brood are transformed by Vermeer in his paintings into a world without children or turmoil, a world of peace and tranquility. If one projects oneself into a picture like *Girl Asleep* or *Lady in Blue* one may feel an impulse to walk on tiptoe to preserve the spell of the moment.

The major defense contained in Vermeer's works is inhibition and negation of the sexual impulse. We must assume a strong sexual drive in a man who sired eleven children and in spite of the sexual gratification available to him found it necessary to put a barrier between him and his wife while painting, in order to inhibit the sexual impulse and be able to concentrate on his work. We have seen the negation of the sexual impulse in the pictures of Annunciation via a letter, and its projection onto a soldier in *The Procuress* (Figure 3). On this level I think the explanation for the nega-

tion of the sexual impulse to be as follows. The frequent pregnancies of Catharina must have imposed periods of sexual frustration and it is likely that these frustrations facilitated a regression to and a recathexis of the œdipal imago. Pregnancy emphasizes motherhood. Thus the identification of Catharina and the mother imago was repeatedly re-enforced. Through this identification she became untouchable and the sexual impulse had to be denied: its consequences, the children, were eliminated.

The frustration probably also aroused some aggressive impulses which were enhanced by the greater ambivalence of the regressed drive. On the deepest level the defense was directed against the oral drive, as expressed openly in the censoring of the *Roman Charity*, and against the aggressive component of the oral drives. This we can guess from the elements in the *Allegory of Faith*, such as the crushed snake, the bitten apple, and the woman covering her breast with her hand. But an artistic creation is also a wish-fulfilment and not only a defense. Obviously there is wish-fulfilment in transforming a turbulent reality into a peaceful world of fantasy. We can also see sublimated expression of Vermeer's sexual wishes in his beautiful paintings of women. The sublimated voyeurism was displayed quite freely; many of Vermeer's paintings strongly evoke the feeling that we are looking into a room where a woman, in the safety of her seclusion, is quite unaware of being observed. The deep wish of having the mother all to himself is also realized. The woman is enclosed in a box and held there transfixed for the viewer to behold. Since the majority of Vermeer's paintings were in his possession when he died we can easily imagine that whenever his wife was busily, too busily, involved with all the children, he could have her all to himself by looking at his paintings. Last, but not least, since she was willing to be the model for so many of them, he had the gratification of having her all to himself when he painted her, provided, and as long as, he

kept sexuality in check. Indulgence would of necessity produce another rival.

The intense longing for the mother which contributed so much to Vermeer's creativity also led to great empathy and identification with women. Gowing (10) calls attention to the two women who often appear in Vermeer's art, one standing, the other sitting, or one active, the other passive, and he states, 'in his definition of female nature . . . nowhere more, something of his own nature is defined'. We would say his feminine identification enabled him to grasp the duality of woman's nature in a much truer sense than by a simple equation of femininity with passivity. This identification was fostered by the partial repression of the aggressive components of the oral as well as the masculine genital drives. The attenuated and sublimated aggressive and libidinal drives contributed to his creative productivity and to his marvelous empathy with the duality in woman's nature. From the common male view of woman as either a prostitute or the embodiment of innocence, he progressed to the psychologically correct representation of the combination of the passive, narcissistic aspect of femininity with its active, strong, and giving qualities, which together form the total feminine personality. But sexuality was gradually excluded, and it is this exclusion which gives the viewer of his paintings a slight sense of unreality, the impression of a fairy tale quality.

I wish to add a few remarks about the theoretical implications of this paper. Hanns Sachs (18) in *The Creative Unconscious* suggests that the artist invites the audience to participate in his unconscious wishes, thereby making his guilt for these wishes bearable through sharing it with his audience. Sachs further states that in cases of an extraordinarily strong superego the unconscious wishes remain repressed and the creative capacity is absent or minimal. He proceeds, 'If it occurs at all, it assumes a new form . . . the superego envelops everything. The work contains no excitement or passion, its

singular attraction lies in the impression of a final, unending beauty.'

Sachs refers here to certain forms of religious art. I believe that Vermeer's art shows the same quality, though his subject was not religious. Sachs calls this art impersonal, and some critics have thought Vermeer to be impersonal when they compared his work with Rembrandt's.

The study of Vermeer's work has provided us with a rich opportunity to learn something about the role of defense in the work of a great artist. Kris (12) states, 'The work of art may give a modified expression to . . . id impulses, or they may be perceived as dangerous, the work of art may then serve as defense. Mostly it serves both functions at the same time.' It is well known that if defense predominates, it can interfere with the process of creativity in general or with the successful execution of a specific work of art.

It is a sign of Vermeer's superb gift of composition that even when the defense predominates in his paintings, as it does in his use of truncated background pictures, this does not disturb the harmony of the total work. If we consider what is left out of the *Girl Asleep* and *The Music Lesson* we realize the magnitude of the omission. It compares to the disruptive effect of a censor cutting out the most important pages of a book. Yet this symptomatic act is so well integrated that both pictures are no less harmonious than any of Vermeer's other paintings. No art historian ever singled them out as lacking an important element in the story or composition. Many authors mention an element of mystery in Vermeer's *œuvre*, but none before Gowing made any reference to the background picture in *The Music Lesson* nor questioned the possible content of the missing part. This seems to me especially remarkable in view of the fact that painters of this time as a rule painted total figures. If only part of a figure was represented, it was an important one, like the head. The representation of an isolated leg or a back with shackled hands may not be startling in a modern painting, but could have



been very incongruous in a painting by Vermeer. Gombrich (9) shows that in the rare cases where an unimportant part of a figure was depicted in a painting the artist wanted us to complete the picture and provided enough clues to enable us to do so. But in Vermeer's work the defense against the repudiated drive could not allow any clues to remain visible. The scene of primitive oral gratification had to be completely eliminated. The consequences for the painting could have been disastrous. Our attention could have been distracted by those shackled hands and we would wonder about the missing scene.<sup>16</sup>

I believe that Vermeer was able to disguise this incongruity by perfectly integrating it into his flawless composition. The composition of shapes on the wall is so harmonious and complete that the viewer is entirely blinded to the perception of the peculiarity of the content in the background picture.

Pictures hanging on the background wall were used by Velázquez in *Las Meninas* and by a number of painters of the Dutch School of the seventeenth century. If the chronology of Vermeer's paintings as assumed by most art historians is correct then the *Girl Asleep* is the first painting in which he included a background picture in his composition. We must assume that the need to disguise the love theme in this picture was the driving force that impelled him to produce this device. Because they could so successfully accommodate and at the same time disguise the disturbing conflict, backgrounds must have become very important to Vermeer. Indeed, his mastery of backgrounds was so remarkable that many art critics have spent much time admiring the way he painted a blank wall. Others wonder at his ability to put so much detail into

<sup>16</sup> Reproductions are not very adequate to illustrate this point as details are frequently blurred and we tend to overlook them. Modern art books frequently reproduce details of paintings. We are often unable to decide whether the painting is reproduced with its original or with altered boundaries. This desensitizes us to the incongruities around the edges of a painting which we often tend to ascribe to an artifact of the reproduction rather than to the painting itself.

a map in the background and yet to have this map remain background and not intrude on the happening in the foreground (Figure 6).

Could Vermeer's power of composition overcome the potential disruption of his creation through the intrusion of the defense pressures on the autonomous function of the ego, or do we have here an example in which the defensive needs of the artist gave rise to a compositional innovation in art? The truncated background picture, as such meaningless, is not felt as disturbing. It could be an early example (I am not qualified to say it is the first) of an object being used purely for its compositional value—an instance of form transcending content which did not come to full fruition until this century. Though we have here an example where countercathexis did not hinder the creative act, but contributed to it, it is of interest that his innovation, syntonetic as it was with the whole work, nevertheless concerned the structural aspects of the painting only. Vermeer was far ahead of his time in still another way. Swillens (19) states that he made one of the most important discoveries in the field of painting in the seventeenth century. 'He was the first to notice that the colors and intensity of the shadows never are uniform but greatly differentiated and that they are dependent on and are decided by the nature and the strength of the light, by surrounding colors and by numbers of other phenomena.' It may not be accidental that the master of concealment, the 'Sphinx of Delft', should have been especially interested in, and familiar with, shadows.

Vermeer's creativity was not inhibited, though the expression of his fantasy certainly was. Some art critics have ascribed the paucity of his production and the lack of variety in his subject matter, as well as the failure of his allegoric figures, to a want of free fantasy. He did, nevertheless, produce a number of masterpieces. Did the lifelong conflict keep him from becoming an even greater painter, or did the particular restriction it imposed on his imagination channel his gifts toward attaining an excellence he might not have otherwise

achieved? Perhaps we see here a balance of talent and conflict within the psychic economy so flawless that it is this which accounts for the perfection of his art.

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## Repression, Resistance, and Recall of the Past: Some Reconsiderations

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# REPRESSION, RESISTANCE, AND RECALL OF THE PAST: SOME RECONSIDERATIONS

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In this paper I shall discuss the following: 1, the extent to which psychoanalytic explanations for repression and resistance can be accounted for by current concepts of socially learned modes of communication; 2, a theory of memory organization and recall; 3, the extent to which recall of the 'forgotten past' may be explained in terms of this theory; and 4, how the method of psychoanalysis facilitates certain types of recall in preference to others.

Certain preliminary remarks will help to define the limits of the arguments and clarify perspective. First, I have been more strict in certain cases in my interpretation of psychoanalytic concepts than those who advanced these concepts intended. While this eases the logic of discussion, it inevitably results in a loss of the richness and variations so prevalent in clinical practice. Second, the paper presupposes structural theory. Repression, for example, is viewed as a nonconscious, ego located, anxiety initiated, mental mechanism which interferes with the conscious awareness of an id impulse (*1*). Refinements of this concept, such as distinctions between idea and affect, will not be considered. Resistance is also viewed as nonconscious and ego located. It is held to represent that attribute of the mind which finds it difficult to turn its attention to perceptions and ideas ' . . . the avoidance of which it had until then made a rule' (*8*). While resistance has many loci, only those which are ego located are considered here. Third, it is assumed that ' . . . the task of analysis has always been, and remains, bringing that which is unconscious into

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consciousness' (23). Obviously, this is to focus on but one of its many goals, but it is nevertheless true that it is an objective which is present throughout treatment and the extent to which it is achieved can serve as a measure for certain kinds of investigations. Finally, the paper is primarily speculative, the main purpose being to raise certain topics for discussion.

With these remarks, it is perhaps necessary to clarify why repression and resistance have been selected for reconsideration. For the most part they are recognized with ease; they have been little altered from Freud's original formulations, while numerous other ideas have either been revised or started their journey into history. Indeed, they are as vital today as they were seventy-five years ago when Breuer and Freud first spoke of the 'repressed' (3). Yet, it is both their ease of recognition and their ubiquity with which I am concerned. For, while it is true that these operations can be defined, it is another matter to capture their essence in the clinical situation. One comes to suspect that they represent statements about the mental apparatus whose limits are neither specified nor known. If we stop and remember that these terms are meant to represent both observed behavior and theoretical constructs, a certain looseness in our everyday discussions is, of course, understandable. What we see and how we explain our observations are separate acts of mind. Unfortunately, the vocabulary is often similar for each, hence the inevitable ambiguity. But even if we make allowances for the difficulties, we still suspect that there is a lack of specificity as to the conditions for proper application of these terms.

In practice, repression is most vividly illustrated in the sudden and unexpected recall of the 'forgotten past'. Yet even this situation is ambiguous for one can never be certain that something has been repressed until after the apparent disappearance of repressive forces. Even then, it is necessary to be careful not to designate every new memory as an instance of a change in the state of these forces, if only because many memories are seldom used but are actually available through



conscious effort at recall, as is the case with suppression (5). Further, not all of the past can be reported at once. As one grows older, remembrances of earlier times, whatever their psychoanalytic import, simply have no place in daily life and become increasingly peripheral to the interests of the average person. Thus it would be unreasonable to expect many memories to appear in the early hours of treatment.

As I have suggested, the disconcerting characteristics of these two constructs is that their limits are neither specified nor known. In Freud's view, the essence of repression 'lies simply in turning something away' and 'it cannot arise until there is a sharp cleavage between conscious and unconscious mental activity' (7, p. 147). But Freud is often deceptively simple, i.e., 'cleavage' is a complex idea, and one which is never fully clarified. It is, for example, believed that repressive forces are present in both child and adult, as well as in and out of analysis. Still, the degree in each instance is a moot point. Or, traditionally, that which is repressed is unavailable to free association, yet the presence of repressive forces is easy to recognize even at the termination of the most satisfactory treatment. In fact, it is possible to argue that selective repression and/or suppression actually increases during analysis, resulting in the availability of certain thoughts and affects which are of psychoanalytic import. Only in this way can we explain the fact that the mind is never flooded with the thoughts and feelings that could be expected if repression were completely lifted.

Other points are apparent if we look at treatment. Psychoanalysts, for instance, are as concerned with failure to repress as they are with its interference capacities, for in many situations it is essential to keep consciousness clear of all that might enter into it. Inefficient problem solving provides an example. With patients who cannot concentrate the analyst will attempt to strengthen available repressive options. Another point concerns the actual extent of the repression. If we are literal about childhood amnesia—which none of us really is—we would have to believe that a great deal of the past is stored in the depths of

the mind. Consequently, one would anticipate that the analyst would end up with a rich picture of the patient's childhood years at the end of treatment. Yet in questioning analysts on this point, to the person they report that such richness is not to be found; rather, only scattered memories of the early years are obtained. This point would follow, incidentally, from Anna Freud's observation about 'telescoping', for she noted that incidents occurring innumerable times in childhood were often recalled as only a single incident later on (4).

Similar arguments apply to the use of resistance. Periods of silence, for example, are often taken as an indication of its presence. Yet some effort must be made to distinguish between silences, some of which may be due to resistance to free association, or the patient may be thinking about something else in order to avoid a known but painful subject. In still other instances, the patient may actually be doing the interpretative work of analysis, but in silence. Perhaps also there are more general considerations. For example, in the generic sense, it is reasonable to think of resistance as not turning one's 'attention to perceptions and ideas' (8). Yet, no one has examined how much continuous attention a person can devote to such perceptions.

If in trying to clarify these matters we seek assistance from psychoanalytic theory, the task is not appreciably eased. One reason is that different subtheories of psychoanalysis assign different functions to defenses. The point is illustrated in a quotation from Arlow and Brenner:

The topographic theory, in accordance with the assumptions just mentioned, asserts that in situations of conflict the anti-instinctual forces act so as to bar the instinctual elements from access to consciousness. Defense is thus synonymous with repression. According to the structural theory, repression is one among many defense mechanisms. Some of these, like isolation and undoing, do not involve barring instinctual derivatives from access to consciousness, as repression does. Moreover, the

ego may utilize for defensive purposes whatever is available to it, even instinctual gratification, as we have noted.

According to the topographic theory, repression created the situation which makes possible the development of neurotic anxiety. If repression fails, the repressed libido may be transformed into neurotic anxiety, and, is the pre-condition for it. On the other hand, the structural theory views anxiety as the notice for repression or for any other defense. The ego institutes a defense against an id impulse because it anticipates that the impulse if gratified would lead to a traumatic state. Thus, according to the structural theory, (a) anxiety is in anticipation of danger, whether real or fantasied; and (b) anxiety precedes defense, not the other way around (1).

For these investigators topographic and structural theory are mutually exclusive. Since the former is the older of the two, we perhaps have some explanation as to why repression is almost indistinguishable from the direct anti-instinctual mechanism it implies: in 1900 requirements were less stringent for theory construction than twenty years later. In structural theory, on the other hand, the function of repression is quite different: anxiety is the 'notice for repression', i.e., the causal agent. It thus concerns itself with already felt results of existent intrapsychic conflicts and signals their danger.

But there is an added provision in structural theory, one which is often overlooked: to some degree the ego is responsive to the environment in the sense that it is the place where gratification, real or fantasied, will and often does take place. Among other things, this means to some degree both the type and extent of repression should be determined by environmental situations, in that certain situations are seen as more gratifying or dangerous than others. And, indeed, this appears to be true. Most of us, as well as most of our patients, will tend to avoid these real or fantasied frightening situations and seek those we believe please us.

This line of reasoning raises an important issue: to what extent do external factors result in repression? That is, to what

extent does accurate perception of a potentially dangerous environment lead to the sense of internal danger, related anxiety, and subsequent repression? Since psychoanalytic writing has never been clear on this point it will be worth our while to investigate other points of view which deal with this question, for they may help to clarify the matter. Schachtel's explanation of childhood amnesia is a convenient place to start.

Childhood amnesia covers those aspects and experiences of the former personality which are incompatible with the culture. If they are remembered, man would demand that society affirm and accept the total personality with all its potentialities. In a society based on partial suppression of the personality, such a demand, even the mere existence of a really free personality, would constitute a threat to the society. Hence it becomes necessary for the society that the remembrance of a time in which the potentialities of a fuller, freer, and more spontaneous life were strongly present and alive be extinguished. In memory's service of this purpose, one may distinguish two processes which overlap and shade into one another. One process leaves the culturally unacceptable or unusable experiences and the memory thereof to starvation by the expedient of providing no linguistic, conceptual, and memory schemata for them and by channeling later experience into the experience schemata of the culture. As the person, in the process of education, gradually comes to live more and more exclusively within the framework of the culturally and conventionally provided experience schemata, there is less and less to remind him of the possibility of trans-schematic experience. As his memory schemata develop in accordance with the schematized experience, they become unfit to preserve and recall trans-schematic experience. Only if a person has escaped to some extent this process of schematization of experience and memory, only if he is more differentiated and more free than the average person, will he be in a position to break at some point the hold that the memory and experience schemata have on his life and his perceptiveness. But usually it needs special fortunate circumstances to make possible the escape from the memory schemata, and the recall of trans-schematic experience.

In a highly developed culture, this process resulting in amnesia for culturally undesirable or unacknowledged experience by means of providing memory schemata only for culturally acceptable experience is exceedingly complex, flexible, subtle, and all pervading (21).

Clearly, Schachtel sees much of childhood amnesia as the inevitable result of socialization. Several of his points, however, deserve to be underscored. First, one price of socialization is learning to forget, i.e., memory schemata are not provided for certain experiences. The corollary to this argument would be that one of the main causes for forgetting is the child's socialization and not the existence of repressive forces. Integration within society would, therefore, leave memory blanks, a point which, if true, perhaps explains why even after an analysis very little of childhood is remembered. But obviously this is not the whole story. Many trans-schematic experiences persist, and it seems reasonable to argue that these are repressed.

If we accept Schachtel's arguments, several conclusions follow. One is that a wide variety of early experiences are gone forever. In the vocabulary of current memory theory, they are 'unstored'. Second, it also follows that the practice of psychoanalysis (as distinguished from psychoanalytic explanations of why things happen) is to some extent antisocial, since a successful analysis is dependent upon the patient's turning his attention to trans-schematic experiences. To be successful at analysis, which for the present can be defined as being free to free associate as well as to speak of trivial, banal, and socially embarrassing thoughts and feelings which persist, means that one must unlearn a set of highly ingrained social behavior rules. In turn, we may ask: how dangerous is this activity? That is, how frightening is it for patients to turn their attention to trans-schematic experiences, and how much of repression and resistance may be attributed to the danger patients sense in speaking of forbidden thoughts? It should be remembered that the schematic processes of which Schachtel speaks are not conscious, but are automatically initiated in much the same way

as psychic defenses, although their initiation and perpetuation are for different reasons; thus they are not to be directly equated with defenses.

Recent laboratory studies provide evidence supporting Schachtel's argument (15, 16, 17). In the papers referred to, the investigators present research demonstrating the effects of conversation modes. Modes are socially learned, highly complex, readily recognizable, quickly cued sets of verbal behavior and thought rules. These rules govern conversation in that they: 1, direct verbal behavior (set its limits); 2, specify violations of that behavior; 3, assist in specifying meaning; and 4, to some extent determine the contents of consciousness. In everyday adult conversation, these modes need not be specified each time a conversation begins, as they represent communication schemata of the culture. One of the modes, called the associational, will be used as an illustration. (Unfortunately, the name of this mode might be confused with free association, but it is to be distinguished from what I call the mode of psychoanalysis, which will be discussed later.) The associational mode is operative in casual conversation. Language behavior is impressionistic; topics may shift quickly; one need not be logical nor complete topics introduced into the conversation. Being interesting and witty is as important as being profound or correct. An efficient way of thinking about modes is to list the rules governing a reply. For example, if one is asked the question: 'Should we escalate the war in Vietnam?', the reply rules for the associational mode are: say whatever you feel; do not worry about being logical; be truthful; do not present all sides to the argument; style is important and expressive language is appropriate, etc. An acceptable reply would comply with these rules. Violations of verbal behavior would consist of extensive logical deliberation on the merits of the several current policy choices, etc. The same question, when asked in the problem solving mode, would suggest the following rules governing the replies: be logical; answer the question; present cogent arguments both for and against current policies; keep

style and expressiveness at a minimum, etc. Violations would consist of verbal behavior complying either with the associational or still another one of the modes.

Four socially shared modes have been described and the reader is referred elsewhere for details (16). Each is distinguished by its separate set of guiding and limiting rules, which determine the thoughts that automatically come to mind when a mode is initiated. The latter point cannot be too strongly emphasized. For example, in the problem-solving mode, logical arguments naturally appear, i.e., one does not have to force himself to think logically for information is so ordered. On the other hand, in the associational mode, much but not all of the same information appears in response to the same question. A few of the logical arguments appear but not usually in the form they appear in the problem-solving mode. This suggests that much of the same information is available to both modes but the method of withdrawing this information from memory and bringing it into consciousness is different. That is, recall may be mode initiated and to some extent determined by the limiting kinds of statements that will be possible if rules are followed.

Of the socially shared modes the associational is, by description, the least structured and the least goal-directed of the four. It is also correlated with the highest occurrence of intrusions (thoughts or feelings apparently unrelated to the topic under discussion). Subjects who were studied for the frequency of intrusions reported that they occurred much less often in all other modes when compared to the associational (16). Among other things, this suggests that modes themselves may serve to exclude intrusions (or allow them). This finding is not unexpected, since in other than the associational mode intrusions constitute violations for they are seldom either thematically or logically relevant, and often represent trans-schematic interests.

A related issue is that of sets or thought patterns which may be described as socially shared groups of relevant facts relative



to any subject. For example, in the previously mentioned question on Vietnam, relevant facts include death, cost, implications for the future, personal fears, etc. Which facts will be given priority in a conversation and the manner in which they will be connected are, I suspect, mode determined, i.e., different consciously available information and responses to the same questions will appear in different modes. (This concept is discussed in greater detail elsewhere [14].) What is important, however, is to note that we are dealing with a complex international situation in which stimuli coming from the environment initiate certain information processing activities that to a large degree determine what appears in consciousness. In short, the argument is that modes determine the limits and direct verbal behavior, and, together with sets, determine the content of what we think. I would add that the efficiency of modes and sets in everyday communication should not be overlooked, for they allow one to switch quickly into known methods of communication.

Perhaps these points amount to no more than repeating in a roundabout way what Freud so precisely described in his comments about that part of the preconscious that is unaffected by censorship: 'A very great part of this preconscious originates in the unconscious, has the character of its derivatives and is subjected to a censorship before it becomes conscious. Another part of the *Pcs.* is capable of becoming conscious without any censorship' (6, p. 191).

But more likely there is simply more to the problem of preconscious, socialization, communication, and recall than Freud realized. Klein has already hinted at the notions under consideration: 'Besides the mode in which the stored event is specifically experienced, there seems good reason to believe that different states of consciousness, e.g., alter wakefulness, reverie, etc., provide differing opportunities of activation of stored events, in differing forms of transformations, and in varying experiential guise' (10). Schlesinger likewise argues:

Thus, the availability of any memory to immediate recall (without reference to any process of repression) is dependent upon the momentary hierarchy of adaptive purposes in the organism and the corresponding orientation of the memory organization. Thus, forgetting . . . can refer to the unavailability of a memory which is irrelevant to the currently dominant ordering of memories or which through the successive reworking of memories has been conceptualized or assimilated in such a way that it cannot be extracted easily as a . . . memory trace (18).

If we but slightly paraphrase Schlesinger's arguments by saying that current ordering of consciousness is in part determined by modes and sets, then the argument presented here is strikingly similar to his. Likewise with Klein's, although he is speaking of more extreme states of consciousness than this paper considers. First, it should be made clear that the mode-set concept is not the whole answer to what appears in consciousness. Nagging facts include the observation that intrusions occur regardless of mode. In individual instances this might be explained as follows: the number and type of intrusions, or conversely, the lack of intrusions, may be representative of ego states independent of mode and set and/or the individual's commitment to socialization. Hysterical character disorders, for example, seem to prefer the associational mode, but whatever the mode there are always many intrusions. The problem-solving mode appears to prevail with obsessional character disorders and there are usually fewer intrusions. Actually, it is possible to argue that the more socialized the individual the less likely are intrusions, and perhaps also the greater difficulty in analysis. It should also be added that the experienced psychiatrist intuitively knows these and/or other modes and uses this knowledge in formulating diagnosis, treatment strategies, judging access to memory capabilities, estimating improvement, etc. One of his skills, therefore, would be to recognize the effects of schematization, and another would be to subject it to examination.

However, for our purposes, the important question is: do the concepts of mode and set have relevance for psychoanalytic treatment? First, since they are learned, it follows that they should appear in the early hours of analysis. That they do, there can be no doubt, a point which is frequently discussed under the rubric of the patient's 'style' of communication or thinking. But socially valuable modes and sets should also diminish as the analysis continues. So they do, the process being delayed by the fact that almost every social experience works against knowing how to be analyzed. But if this is true it also means that in the early hours of treatment patients who are in a mode other than the mode of psychoanalysis are not automatically repressing or resisting if they are attending to other matters. Let me expand on this point with an example. When the analyst asks the patient, 'What comes to mind?', he is suggesting that the patient observe the following rules: do not order what you say; say whatever occurs to you regardless of whether or not you think it is relevant; forget conversation goals; do not worry about being trivial; do not worry about being logical; etc. In short, forget all you have learned about social communication. Since time is required to learn this new mode—which also necessitates placing other modes in temporary suspension—early in the analysis the analyst's statements can be expected to initiate already known rules for thinking and communicating, such as problem solving. The patient may thus begin to explain why he had certain feelings, rather than to free associate. The unwary analyst may feel this behavior is due to some kind of resistance. Further, if free association does not occur, repression might be inferred since there will be no new appearance of the 'forgotten' past. It is my impression that patients take the analytic directive of 'say everything that comes to mind' as a problem to be solved, rather than as a suggestion about how to use treatment most efficiently, which may inadvertently delay learning this new way to communicate.

The combination of the guides and restrictions on verbal and thought behavior that results from the operations of

modes and sets requires that we clarify how much of the behavior seen in the early months of analysis is unavoidable because of the depth of socialization processes. In trying to set down general criteria it must be emphasized again that patients entering analysis cannot be expected to know the mode of analysis, for no social situation tolerates the communication that analysis tries to foster except that which is granted to the creative artist. Time therefore is required. The relative silence of the analyst as well as his refusal to participate in normal kinds of social communication no doubt hasten the patient's awareness that what he normally does is not relevant, yet this does not automatically teach him what to do. In any case, it seems that learning how to communicate in analysis requires many months—relatively few hours of analysis, however—since both ritualized social behavior must be unlearned and new learning must occur. In addition, learning is probably limited to the analytic hour since one cannot effectively test the new communication rules elsewhere (even though patients will often try). Whatever the length, it is not short, and the learning probably continues long after the transference neurosis develops, if not until termination itself. Further, it is a reasonable assumption that once the negative component of the transference neurosis appears, the acquisition rate of the new mode will be impeded. Perhaps this explains why patients who have psychotherapy prior to analysis are sometimes reported to do better in analysis: they would have already learned some of the communication rules. Moreover, learning would presumably be recognized by the patient's increased attention to 'analytic matters'. If so, these changes should not be equated with either a lessening of resistance or a lifting of repression, especially if they fall within the expected time for learning.

Let me turn to the second question this paper considers, that of a theory of dual memory organization and recall. Klein has recently argued that the analyst should concern himself with four facets of memory (10). These are: 1. *Registration* (the

activation of some part of the mind by a stimulus—a necessary condition for the second facet); 2. *Memory Storage* (the short and/or long term storage of some or all of what is registered); 3. *Memory Coding* (the classification of events for subsequent efficient utilization); 4. *Retrieval, Remembering, and Reconstruction* (Retrieval is probably best thought of as returning to consciousness that which is stored. It is distinguished from remembering in that the latter has the quality of a previous experience, where the former does not. Reconstruction of retrieved events often includes what Paul calls 'importing', which amounts to filling in the gaps and/or 'skeletonizing', which is widening the gaps by stripping away [10].)

Retrieval, remembering, and reconstruction have been important subjects to psychoanalysis from its very beginning. Unfortunately the same interest has been absent in the detailed problems presented by coding, storage, and registration, a situation explained perhaps by the extraordinary power of Freud's formulation of these issues in the seventh chapter of *The Interpretation of Dreams* (5). But it is now clear that our interests must be broadened and the theory I shall discuss attempts to account for the four classifications listed above.

The concept of dual memory organization and recall finds its source in two psychoanalytic concepts: 'primary' and 'secondary' processes. These notions of the two separate but inter-related functions of mind may be extended into an idea of two essentially different memory systems which may also be called the primary and secondary memory systems.

Primary memory is meant to refer to the memory system which is most obvious in early life. For example, if we look at a child it appears that he is more aware of his body and his feelings than anything else, and, while still young, has not been socialized to forget his body and direct his attention to the experience schemata of the culture. This, of course, is one facet of Schachtel's argument, that the child begins life with many trans-schematic interests. On the assumption that mind develops out of experience, it can be postulated that the events which

the child perceives, such as certain of the words he learns as well as his first ideas, are linked in memory to the feelings for specific body parts that predominated at the time of the experience. That is, registration and storage develop when body feeling and memories of events are experienced simultaneously and are linked in association, a concept Rapaport developed a number of years ago. By definition, therefore, the primary memory system would be trans-schematic and held to begin its development prior to the schematic, culturally determined secondary system seen in later childhood and adult life. Further, its organization would neither be logical nor socially shared, a point which might explain why free associations are illogical in terms of everyday thinking. Further, this would allow us to explain why early memories seem to be organized around affects. On the other hand, the secondary memory system—schematized—appears to be a separate and distinct system, i.e., not the direct outgrowth of the primary system, as is often assumed to be the case. The secondary system is characterized by its shared logic (individual and social), and would be seen as accessible by the modes and sets already discussed, where primary memory would not be accessible in this way. After a specific time, say one year, the systems would thus be seen as operating in parallel, and, in many cases, simultaneously, although one system would usually predominate.

Before looking at the evidence supporting this hypothesis, one possible objection should be considered. It might be argued that the notion of parallelism is tantamount to saying that the secondary system is merely superimposed on the first, as a kind of socially acceptable cloak. But this interpretation is not what I wish to suggest. Rather it is this: the two systems are in constant operation, and ego mechanisms would mediate between the two to determine which achieves consciousness.

Evidence for separate systems is found in the following situations. First, there is dream material, whose one striking characteristic is that it makes very little sense in terms of culturally determined ways of thinking. Dreams only become

understandable when they are seen as being organized around a body feeling, a wish, or a drive. To a degree, the same thing is true when we consider free association. Taken together, associations do not produce an organized story. Rather what is said comes together in terms of some organizing affects, etc. Further, the vacillation between schematic and nonschematic thinking so characteristic of certain phases of acute undifferentiated schizophrenia could easily be interpreted as moving from one system to another.

Yet, there is more compelling evidence. If we look at the affects and wishes that seem to explain how the utterances of free association get tied together, it is clear that memories of early childhood are not the only ones to which patients associate. That is, associations cross the span of life. The relationship of events to feelings of love, anger, and depression provide examples. It usually happens (both in and out of analysis) that when one associates to these feelings, the related events come from early life as well as the present. This span phenomenon suggests that events, thoughts, perceptions, etc., which occur in adulthood in relationship with the body feeling will be linked in memory with that feeling. There is, incidentally, no reason to believe that events will not be incorporated in both systems, which might explain why in certain situations we can remember without affect only to have the same events appear as part of a free association sequence driven by affect.<sup>1</sup>

When we review the evidence it is clear that the operation of the primary system in almost every detail is unlike that of

<sup>1</sup> The entire subject of free association, its causes, and the various factors could well be included at this point, but the length of the paper does not permit. The reader's attention is specifically called to the writings of Loewenstein (11,12) and Rapaport (20). In essence what is said here does not disagree with Loewenstein's statement: 'Inasmuch as speech is the vehicle of object relations, the patient uses it for the discharge of his instinctual drives in the infant-mother paradigm of the analytic situation. The patient's primary process thinking is being reactivated, but he communicates it in words, thus imparting to the primary process important characteristics of secondary process thinking; speech creates an outside reality shared with the analyst; a social, object, and binding reality.'



secondary system operation, where events often make sense in their own right and are not independent of learned social methods of perceiving, reporting, and interpreting reports. In short, the latter system would organize mainly around attitudes, thoughts, experience, and models of behavior and cause in the world that can be socially shared and that always suggest a great deal more in detail than what is actually said in a conversation.

Still other evidence exists. If we return to the studies of intrusions, the reader will recall that the frequency/unit time was greatest in the associational mode and significantly less in other modes, all of which were relatively more schematized. If we argue that intrusions represent the products of the primary system, it appears that, like slips of the tongue, they are somehow breaking through a system which is engaged in other activities. This amounts to saying that as long as one has a goal (such as solving a problem), and as long as the goal is achieved in part through one of the mode-set combinations, we can expect only an occasional appearance of primary system memories. Since in dreaming there is neither mode nor set, we expect primary system thoughts all the time. Further, goal-directed cognition can only be tolerated for a limited time, as is illustrated by the way it breaks down after a while with the resultant appearance of primary system thoughts and feelings, such as jokes. Finally, it is worth adding that after a successful analysis, certain individuals can apparently have access to both systems simultaneously, as when free associations occur concurrently with problem solving.

To sum up thus far, the primary system is largely private, not testable in the social world, and tied to body feelings. The secondary system, on the other hand, is essentially nonprivate, and easily changeable. In conversation, it is initiated by both the mode and set, perhaps also by the intellectual problems one sets to solve. This allows us to account for two types of coding and remembering, perhaps also retrieving, but not reconstruction. Analysis is primarily the study of the former

system and its effects, which among other things means that it must have special nonsocial communication methods at its disposal.

Let us turn to the fourth question: how does the method of psychoanalysis facilitate certain types of recall? The answer to this question is not new, and only expands on notions already introduced by Macalpine (13) and Greenacre (9). Still one must be careful in reading this argument for it is easy to misinterpret, i.e., it can be seen as a criticism of analytic practice, which it is not. First, it is worth while setting forth some notions about affects as they occur in and out of psychoanalysis. Thus, despite some speculations to the contrary, it is self-evident that all feelings within any treatment session cannot automatically be ascribed to something going on in treatment. Our environment, both in terms of modes and sets, and transference, may primarily direct what we think, but not entirely. It is also true that unless feelings, whatever their cause, are in some way connected to the analytic relationship the reasons for their occurrence will go unanalyzed. In short, feelings, etc., must have some meaning within the analysis for the patient to recognize the ways in which he manages his intrapsychic conflicts, and to believe his solutions to the conflicts.

The idea that the method of analysis fosters the creation of what it finds is, as I have suggested, not new. The sequence of events seems to be something like the following. The patient comes to the analyst with a set of socially learned expectations. He expects immediate help, which he does not get; he hopes the doctor will solve his problems, which does not happen, at least in any familiar way; he expects sympathy and special attention, which he receives, but in most cases not in a form to satisfy him; and he often wishes advice in everyday problems, which he cannot have. Such expectations are not unreasonable when one considers the patient's experience with other doctors, mothers and fathers, and indeed much of society, all of whom

make attempts at assisting people in difficulty, but who also expect people to make an effort on their own. Many of his wishes, therefore, will be schematic, but with most patients there will also be a respectable number of trans-schematic feelings and wishes.

It is reasonable to argue that those who have these schematic and trans-schematic expectations about the analyst will soon be disappointed and angry, for initially the patient wants relief, not assistance in understanding. But it is the trans-schematic wishes that are important, for they constantly strive for gratification. Failing to gratify these, the patient will become angry. That is, disappointment due to unfulfilled expectations concerning hoped for body satisfactions would 'frustrate' the primary system since attempts at gratification would run in contrast to all the patient's socialization tendencies. Since we are all creatures who seek gratification, the resultant anger would gradually increase in force and become more apparent either through thematic material or apparent increases in resistance. Normally the appearance of anger would be considered the negative transference, which it is, but in this formulation it is seen as a state fostered by the analytic process itself. To be sure, there is a positive side to this argument: when the patient learns the mode of psychoanalysis he may reveal his anger with its attendant memories and hence bring the unconscious into consciousness. Another of Schachtel's points may apply here: the patient assumes there is a vocabulary for psychoanalysis, and may become frustrated at not finding it. Further, the patient's excursions into the secondary systems of thought and verbal behavior may be seen as attempts to avoid direct confrontation with his developing trans-schematic feelings, hence resistance, repression, and a multitude of other defenses.

If a patient learns to forego the usual modes and sets and begins to free associate he will, as I have stressed, reveal memories which span his life. When childhood memories are reported, it can be said that such events occurred concurrently with the feeling now being reported, the reasons for which

have already been put forth: the primary system is organized differently from the secondary system. Gratification wishes have their own related memories. This would mean that there is no causal connection between past and present, but that the primary system with its same needs and drives has been present since childhood, and no satisfactory system for gratification has been developed. Further, this view allows us to explain why certain patients are more neurotic during the analytic hour than otherwise; elsewhere they have developed methods of primary system gratification, such as assertion, seduction, manipulation. Moreover, the sequence of events I have described need not happen when the therapist actually attempts to perpetuate the initial positive transference and avoids letting the negative transference develop. This may be accomplished by attempting to meet expectations, and, as far as possible, gratifying wishes.

Let me summarize the arguments thus far. The main point in all four arguments (Schachtel's conversation modes, memory systems, and the affects psychoanalysis fosters) is that the individual is much more deeply responsive and under the direction of his environment than we usually acknowledge in our formulations. Actually, the intensity of the transference neurosis underscores this point for it reveals the extent to which feelings can exist in a low stimulus/high expectancy situation. Schachtel's arguments have two main points: 1, childhood amnesia is learned and much is actually forgotten, and 2, socialization is nearly all-pervasive. The mode and set argument is introduced to show that the all-pervading concept can be established in the research laboratory and that the findings may bear on analysis. The nonlinear (parallel) memory theory is introduced to better explain the actual findings of recall. The argument concerning what analysis fosters is introduced in order to tie the previous points of view together with the actual clinical situation. One major difficulty the patient faces, therefore, is learning to give up socially learned cuing systems and take his internal information as the object of study. Toward

this end, the analytic situation attempts both to standardize and eliminate as much as possible the external cuing situation. However, in the early part of any treatment, this may not override the socialization effects that the patient brings to analysis.

A few speculations may be worth while. Brenner has recently argued that repressed mental events usually play an important role in conscious mental activity (2). In terms of the formulation put forth here, this would occur for two reasons. One is that certain memories are not available if the primary system is excluded. Second, the organization of the primary system, especially if its contents are frightening, may drive a person toward high participation in the environment, or literally a protection against the primary feelings. Another point is in response to Waelder's statement that 'repression is neither gratification of sexual urges nor an inhibition against living them out but a flight from awareness of sexual urges as well as other impulses' (22). This would seem to be a fair translation of Schachtel's argument into psychoanalytic terms and again may hint at why a large number of patients are so attentive to environmental cues, i.e., by keeping the secondary system in operation they automatically avoid the primary. Another way of putting this is to argue that the analyst's problem is to narrow the areas of relevant information—get rid of his socialization—so the task of analysis can be carried out.

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## The Depersonalizing Process

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# THE DEPERSONALIZING PROCESS

## THE SENSE OF REALITY AND OF UNREALITY

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This paper is the fifth of a series (23, 24, 25, 26) demonstrating the effects of the mechanisms of regression into deeper sleep and progression into lighter sleep occurring during dreams. The investigation has been directed throughout toward those relatively rare dreams and dream-waking sequences in which for various reasons these mechanisms could be followed under conditions of slow motion. Thus I have been able to separate certain elements and time relationships which must always be present but are usually lost to our view when the synthesizing apparatus is operating smoothly. These mechanisms in their totality are designated as the depersonalizing process (or contrariwise the personalizing process) because in the instances studied clinical depersonalization phenomena and occasionally manic phenomena were shown to be directly related to these mechanisms in dreams of the previous night. However, these depersonalizing processes, like depersonalization itself, are ubiquitous and are probably at the root of all psychological phenomena, whether normal or pathological. Refinement of our knowledge of how these mechanisms operate may help us to clarify some questions about psychic function.

Hoffer (18), referring to the obviously increased narcissism of sleep and decreased narcissism of wakefulness, had a similar though more general idea in mind when he stated that 'the infant's object relationship is annulled and re-created in the rhythmic periods of sleep and wakefulness'. These alterations of narcissism in sleep are the effects of the depersonalizing process described from another point of view. If our examples are simple enough we may be able also to establish some clear overlap with the recent advances in the neurophysiology of sleep and consciousness. Indeed, one of the main heuristic

advantages of the psychological concept of the depersonalizing process is its relatively uncomplicated and direct relationship to the underlying neurological mechanisms governing depth of sleep. Recently Pollak and his colleagues (31) have demonstrated that in our nearest relative, the ape, the range of electric current applied to the RAS required to produce arousal during REM periods varies much more widely than during NREM periods, thus confirming the neurological basis for varying depths of sleep during the period of dreaming. The interspersal of frequent sleep spindles in Stage I EEG may be taken as another confirmation. To sharpen the focus on these neurophysiological connections I have collected dreams from patients with known neurological damage.

In this paper several dream phenomena are described to emphasize various aspects of the depersonalizing process as it applies to the ego functions of reality sensing and reality testing. But first a brief recapitulation of my view of the depersonalizing process. I have postulated that changes in the level of RAS activity in response to traumatic affect in dreams cause an automatic deepening of sleep which in turn diminishes the contribution of the sensory terminals to maintenance of the body image. The latter then becomes a more or less pure ideational representation without support from the soma. If sustained into the waking state the presence of this relatively bodiless ego gives rise to the clinical picture of depersonalization. During dreaming itself the variable degree of increasing bodilessness accounts for the extinguishing of negative affect, the production of positive affect, and ultimately, for changes in content. The approach here is similar to that of Linn (28) with regard to the role of diminished perceptual function in abetting denial. However, I am concerned with the consequences of variable and diminished perceptual function in dreams rather than in waking life. Weiss (42) and French (9) have also been interested in depth of sleep as it relates to absorption of affect but both have conceptualized it in terms of a variable state which is a physiological given rather than

as one of the ego's defenses. Weiss, for example, postulates that under conditions of exhaustion sleep will be deeper. Bar-chilon (2) is more explicit in defining the withdrawal into deeper sleep as an active defensive process, particularly as a means of control of motor and autonomic processes. My own examples in the past have been drawn mostly from dreams in which the changes in affect and content were in the direction of negative hallucination as a result of deeper sleep. The present examples will illustrate an opposite trend: that is, the interesting effects of sudden lighter sleep leading to premature cessation of the depersonalizing process with the consequence of premature but approximately full arousal of a limited body ego. Because of this premature arousal of the limited body ego, the dreams seemed very real to the dreamers and the effects of the depersonalizing process were made conspicuous by their absence.

The first two dreams were those of a single girl in her twenties. She experienced the following dream the night after I had had, at her request, a diagnostic interview with her younger brother.

I am in your office. . . . there is a period of long silence. . . . a girl opens the door to ask you a question and you ask her to sit down. . . . I get up and walk around. . . . *I am angry, hurt and frustrated* to think that this is exactly like so many of the dreams I have had and I wish too that this was a dream and then I could wake out of it. . . . but *this is not a dream*. . . . This is *reality*!

During this dream did the patient yearn to be dreaming in order to escape the uncomfortable 'real' affect aroused by the repetition of the situation from the previous day? The depersonalizing process failed her, as it fails so often in dreams in traumatic neurosis, and she was faced with a 'real' rather than an 'unreal' situation. This dream specimen is especially interesting as it is an example of *déjà rêvé*, a phenomenon which

I have not encountered in the literature and which should be distinguished from the sense of *déjà vu* in dreams.

It is a question too if the wish for a dream to escape 'reality' while in the midst of a dream might not be an immediate precursor to the well-known phenomenon of the dream within a dream. Another severely depersonalized patient reported the dream-within-a-dream phenomenon several nights a week and was always particularly depersonalized on the following mornings. This sequence is in accordance with my theory of the depersonalizing process which utilizes deeper sleep to rob a dream of affect that has become subjectively too real and too unpleasant. Freud (10) of course noted that the content of the dream within the dream contains the traumatic material which requires denial.

The following is another of the same young woman's dreams that will help clarify the role of the depersonalizing process in distinguishing the 'real' (i.e., perceptive) from the 'unreal' (i.e., imaginative):

I am alone with my girl friend. . . . She lifts my dress and puts her hand on my clitoris. . . . I say to myself that I *better not have an orgasm or else this upsetting homosexual episode will be too real.*

She seemed to understand that with the re-awakening of the body ego naturally associated with an orgasm in the dream would come an intensified sense of the reality of the dream images.

These examples, and others to be given later, confirm Stein's theory (40) that the wish to dream of a traumatic event is only apparently paradoxical in that once an event has been in a dream the awakened dreamer can label it as unreal. This description of a depersonalizing process is an attempt to specify further the mechanisms through which it occurs. We are beginning to understand that memory as it originally occurs in dreams following a traumatic event is very vivid and is similar to the so-called 'gut memory' of Penfield and Kubie (20)

produced by abnormal electrical discharge. As noted in previous papers, the memory initially reproduced in the dream may be more vivid than the perception at the time of the traumatic event itself. Not only may the memory repetitively produced in the dream be denied as real upon awakening, as Stein notes, and simply be a form of negation, but the components of the memory itself are altered, either rapidly in one dream or gradually over several dreams by the depersonalizing process.

If as a result of failure of the depersonalizing process the sense of reality of the dream images is retained in waking life and totally believed, it leads to delusion formation and signifies the nonawakening of certain ego functions. This state did not occur in my patient, who was not psychotic, but it did occur in Leveton's case (22). In his psychotic patient the content of several dreams progressively became more real with more body awareness prior to appearing as a delusion in waking life, thus indicating a progressive and gradual rather than sudden failure of the depersonalizing process.

*The dreams get more and more real. I begin to feel pain in my dreams, my body is right there. Then the mental illness just takes me right over. . . .*

Of interest also was the reverse process that occurred as the psychosis gradually remitted. There was a reincorporation of the former delusional material into the manifest dream until once more the dreamer had gained the ability to distinguish inner and outer images.

Succinctly, the depersonalizing process is the instrument of reality sensing and reality testing processes, and as such it protects the dreamer from the intrusion of dream elements into waking life. The following dream-waking sequence from a depersonalized patient (the one who reported so often the dream within a dream) is an example of the protective process in motion. Fortunately for our observations, the appearance of the protective process was delayed.

I was blaming mother for divorcing father. . . . raging at her: 'how dare you do this to me'. . . . [In reality her parents were happily married.]

When this girl awoke, she felt 'clear' for approximately thirty seconds while she continued to rage and to believe that her parents were really divorced. At this point there was sharp cathexis of a limited body ego. Then the full depersonalization syndrome, including the sense of unreality, supervened and she finally understood that she was dealing with a product of her imagination. Without the supervention of the sense of unreality, based upon dissolution of the body ego-body connections described, she would have continued to believe in the truth of her dream images and feelings. In 1966 I recorded similar instances that were less instructive because upon awakening the patient reported only the feelings of intense anxiety without the dream images. There too, however, the anxiety was extinguished within seconds as the entire depersonalization syndrome appeared. In contrast to the present case, during the period of depersonalization the feelings of unreality were experienced by way of all perceptual modalities due to persistent and more or less total abrogation of the body ego-body connections. Thus the relation to previous dream images was lost sight of.

Garma (13), Balint (1), and Barchilon (2) have pointed out that the reality sense is a given that requires no test. Either sensory data feel real or unreal (the state of depersonalization-derealization). The so-called reality test by muscle or eye movements reflects a much later development and is probably of minor importance. This late development of the reality test is a point worth stressing because it implies that failure of external perception due to peripheral sensory failure is important in denial only in so far as it facilitates in some still mysterious fashion the release of inner images. It is not at all a matter of direct competition or choice between formed internal and external images.

Garma has described how, by successful application of

countercathexis, inner images can be distinguished from true perceptions on the basis that only the former can be abolished in this way. The results in consciousness of this automatic mechanism constitute the sense of reality or unreality. This concept of countercathexis dissected as a depersonalizing process rather than as a unitary event may likewise be helpful to our understanding.

A combination of Stein's, Garma's, and my own formulations can achieve a rather clear outline of how clinical depersonalization is instigated. The external trauma becomes internal by having been reproduced in a dream. Suddenly or gradually, *pari passu* the depersonalizing process operates against the vivid memory to rob it of affects and the memory appears unreal. The more or less sustained countercathexis, or persistent decathexis, of the body ego, which is clinical depersonalization, is necessary to prevent memory of the traumatic event from becoming 'real' again in the form of a vivid dream. The manner in which the so-called thermostat of the body ego, the RAS, remains fixed in an inhibited position over an extended period is a question considered in two previous papers. On the basis of this data and in analogy with addictive processes, it is suggested that repetitive dreaming of the same traumatic event with regression into ever deeper sleep is an important factor.

Whenever the clinical picture of depersonalization is encountered it is certain that the mechanisms of reality sensing and reality testing are under great strain. Often psychosis is not far behind or is already present; it is well known that phenomena of psychosis and depersonalization may alternate. Inhibition of the RAS by the higher cortical centers initiates the regression into deeper sleep which is the depersonalizing process. It is interesting to note that the deeper sleep of stages two, three, and four requires the presence of the cortex since by EEG criteria it does not occur in foetal life until the cortex and its connections are rather well developed, in contrast to the REM type of sleep that occurs earlier (8). Thus



the capacity for deep sleep and the ability to utilize the depersonalizing process develop slowly.

As stated, depersonalized patients may have vivid dreams momentarily carried forward and sensed as real in waking life before depersonalization supervenes. In hallucinating or delusional patients, as in young children, the same initial sequence may occur, except that no safeguarding sense of unreality ensues. Grotjahn (16) has documented the confusion in the young child's mind between dreams and perception. As with any psychological process developing by slow maturational steps, the depersonalizing process is highly vulnerable to changes in its organic substratum and manifests its impairment by regression to an earlier manner of functioning. An extremely high percentage of real-appearing dreams that persist into waking life have been observed in many patients with temporal lobe epilepsy. Epstein and Ervin (5) also noted in their two intensively studied cases of temporal lobe epilepsy that the dreams of these patients had 'a strong outlasting effect into waking life'.

Here are a few examples from my own cases in the neurological clinic. A patient reported:

I dreamt that I was cleaning the house and putting everything in order. . . . When I awoke I looked around and was terribly *disappointed* and *confused* to see that everything was still messy and no housework had been done.

Ominously, on another occasion, this patient reported a dream in terms of separation from objects:

I dreamt that all the streets were deserted and all the stores were shuttered. . . . it was very desolate and *real*. However when I went out for a walk later and saw all the people and the stores open *I couldn't believe it* but I was glad to see the people.

Another patient had an even more ominous dream:

I dreamt that mother crept into my room and was about to stab me with a kitchen knife. . . . I was screaming when I awoke. I left home and didn't come back for several hours.

In fact this patient remained quite paranoid and obsessed with the idea that his mother was out to murder him. For months he would not sleep in the same house with her.

It is well known that persons with long-standing temporal lobe seizures are prone to develop a schizophreniform type of psychosis. The last dream-waking sequence quoted above heralded such a psychosis. These psychoses have been labeled schizophreniform rather than schizophrenic because of their short duration, the presence of genuine affect, and the prevalence of feelings of confusion. Failure of the depersonalizing process following changes in its organic substratum might help account for the symptom picture. Because the depersonalizing process operates not at all, or in a diminished range, the dreams of these patients are as vivid or even more vivid than the waking reality they are carried into and with which they are confused. Slater and Beard (39) called these psychoses a mock-up of genuine schizophrenia. Perhaps they are right, but with the reservation that in genuine schizophrenia the failure of the depersonalizing process which is intended to separate the real from the unreal is developmentally determined and elaborated upon by long-standing character structures. However, we should amalgamate these daily sleep-waking considerations with our developmental hypotheses. Possibly the developmental factors have a long-range influence on those ego functions in dreams that determine the success or failure of the daily transition. Though this entire viewpoint puts special emphasis on the last dream before awakening, the sequence of dreams throughout the night must also be considered.

In many ways these schizophreniform psychoses resemble the psychoses produced by REM and sleep deprivation. Fisher (8) formulates these psychoses in terms of build-up of a need for REM discharge which even in waking hours overwhelms the reality testing apparatus of the ego. It would be interesting to determine if there is a gradual progression in the 'realness' of the dreams prior to the outbreak of psychosis in these

dream-deprived subjects, indicating gradual failure of the depersonalizing process. There is also some evidence that normal waking cortical activity inhibits and conceals a recurring daytime REM phase (14).

The importance of the flexibility of the depersonalizing-personalizing process and the consequences of its rigidity due to temporal lobe damage may be better understood after discussion of a contrary instance when this process was successful in dissolving a wish-fulfilling 'delusion' as it occurred in a dream. That is, in this dream the incomplete body ego was not fully cathected. This outcome is the usual one in wish-fulfilling dreams, which are not believed upon awakening, but here the slow motion conditions allowed the steps to be caught in *statu nascendi*. The dreamer was a neurotic, rather than psychotic, young woman who had been in treatment many years. Incidentally her dream illustrates Rado's theory (32) of the origin in dreams of the woman's conviction that she possessed a penis:

I am naked in a crowded room with a lot of naked men. . . . I am just like them since *I too have a penis*. . . . One of the men approaches me to have intercourse from behind. . . . As he penetrates more deeply I realize due to awareness of vaginal sensation that it is not intercourse *per anum* but *per vagina*. I am *confused* for a few seconds. How can I have a vagina and a penis at the same time. . . . Then I wake up. . . .

It appears that the delusional sense of possession of a penis was corrected by new data, i.e., the greater recognition of vaginal sensation concomitant with awakening of more components of the body ego as the sleeper progressed to full arousal. If she had awakened earlier in the dream consequent to premature cathexis and fixing of a limited body ego she might have carried into waking life a delusional sense of the 'realness' of her penis. In other words, at this juncture in the dream her body image would not have been supported by clear and genuine vaginal sensation which would not then have conflicted with the 'delusional' penis sensation. This is

an important point: the sense of reality of delusions and hallucinations is based on a vivid sense of an incomplete body ego. Whatever the body tells us we feel as real.

Though the ego processes and the neurological mechanisms underlying the sense of the reality of delusions and hallucinations appear complex, a final common pathway may be some simple factor such as premature arousal of the RAS causing total revival of the limited body ego which by the same token leaves the mental ego still regressed. This recathexis, following total noncathexis, of an incomplete body ego and leading to a sense of the reality of delusions and hallucinations must be the basis of what has been described in observational terms as psychotic restitution phenomena. It should be stressed, however, that the nature of the relationship between the body and mental ego remains mysterious. Scott (38), despite the phenomenological evidence, considers them to be one and the same. Recently Lerner (21) has proposed a hypothesis that fits in with my own thinking. Like Proust, she considers that dreams are the unfolding of sense memories that vary with each change in body image and that the visual and therefore mental manifestations are in some unknown way projections from these sense memories. Such a viewpoint implies that there is a primary hypochondriacal delusion from which the other types of delusion are elaborated.

At other times in my patient the nighttime delusion-correcting mechanism by way of lighter sleep seemed to work less well, at least as judged by her daytime behavior. On two occasions she walked into a public men's room to use the toilet. When she realized where she was she left startled, confused, and dizzy as though she had just 'come out of something'. She had shifted even in the 'waking' state from a clear but limited state of body ego awareness, that allowed for her delusion, to a more fully constituted one which did not allow for it. Contrariwise, Rosenfeld (36) has spoken of the clearing of confusion as a delusional sense of certainty develops. There are many hints here for therapy of delusional states. If this viewpoint is correct, a

way must be found to restore the body ego in full before delusions can be resolved. Des Lauriers (3) has taken some steps in this direction. The entire question of working-through is involved. Freud (11) stated that the sense of reality adhering to a delusion is derived from a 'historical kernel of reality'. He may have been right but only if it is also true that no memory element as it appears in dreams can have concurrent body ego support unless it has occurred once before in waking life. Lewin (27) has accepted this point of view in his presentation of the happy feelings of mania as a revival of actual childhood nursing experiences. There are implications here for the entire theory of thinking. In a recent article Frosch (12) has discussed many of these issues from other aspects.

It is more difficult to explain the failure of the depersonalizing process in temporal lobe cases than simply to present the empirical data. However, it is possible that as a result of the massive electrical discharge which constitutes the seizure, the neurological operations underlying the depersonalizing process are disrupted so that the dreams of these patients are no longer subject to modulation. In these patients it is often difficult to distinguish a dream from a true temporal lobe seizure, either by the EEG or by analysis of content indicating how much the two phenomena have in common, including the same neurological pathways. Further, the two phenomena often merge. What starts out as a bad dream may end as a seizure and vice-versa. In Epstein's case (6) which he monitored all night over two nights (eight REM periods), he demonstrated onset of temporal spiking, characteristic of the seizure, prior to and throughout all but one REM period. Additionally, the content of the dreams was mostly repetitive and markedly dysphoric (indicating minimal depersonalizing effect) with predominance of the same unpleasant epigastric feeling as an aura in the daytime seizures. This dream-seizure sequence seems a particularly precise means of investigating the nature of the neurological and psychological conditions under which temporal lobe seizures are precipitated. Memory for seizures

in sleep is often unusually clear either because of limited spread of discharge or because consciousness is already partially abrogated by the sleep mechanism.

For the moment, it is important to note that the seizures involve 'gut memory', which by definition is a memory not existing solely or even mainly as a pure idea but with full cathexis of the body ego, which may itself be incomplete. The latter is also true of the very vivid and usually unpleasant dreams of these patients. The suggestion is that even when their dreams are not seizures in the usual electrical sense, they involve fuller cathexis of a limited body ego than normal dreams as a result of nonflexibility of the depersonalizing process. Therefore their dreams will tend to be more vivid, less subject to modulation, and more liable to be carried over into waking life as real. Epstein (7) has gone so far as to suggest the the repetitive dysphoric dreams of traumatic neurosis are themselves a form of epileptic discharge. Utilizing data from Heath's recordings in the temporal area, he notes that these repetitive emotionally charged dreams probably mobilize a particular type of electrical discharge in that area. It is his idea, then, that we can generalize from the frankly abnormal discharge to the more or less normal phenomena of the traumatic dream.

Apart from the carry-over of specific dream contents that may or may not occur, the fixing of the range of the body ego-body connections, which is in effect the dream state, is very important because this limitation of range of the depersonalizing process tends to impair judgment of the reality of any ensuing processes as long as it lasts. To repeat, when there are few or no connections left between body ego and body, as may also occur in temporal lobe epilepsy, we find depersonalization phenomena, but when there is a strong though limited connection between the body ego and the body, dream images or delusions gain a sense of reality. The various ranges of limitation of the body ego-body connection and the various

types of impairment of mental functions are apparently different aspects of the same process.

This hypothesis regarding the genesis of schizophreniform psychosis is tentative and requires further investigation. Other authors (17) have suggested more general explanations that do not necessarily involve explicitly the dream life of the patients but are not incompatible with the hypothesis presented here. Ostow (29), however, has discussed the failure of repression in three patients which predisposed them to psychosis. He has also stressed the similarity and often the identity of content in dreams, seizures, and psychoses. In a later paper (30) he attributes to the intact temporal lobe an important role in the production of aversive affects, indicating that alteration in the neurological structures might lead to changes in the nature of such affects. While these patients show no lack of aversive affects even apart from their seizures, their affect seems stereotyped and poorly coordinated with other mental functions. Such lack of coordination might lead to, or be the result of, failure of utilization of the depersonalizing process so that the dreams are especially vivid and especially likely to be carried over into waking life. It is to be emphasized that the carry-over of dreams or dream states into waking life is not a question of primary failure at the sleep-waking boundary. The primary difficulty lies in changes in the nature of the dreaming process itself, which, as Epstein points out, mobilizes particular neurological structures deep in the temporal lobe. Sometimes these issues may be further obscured, despite Jacobson's (19) intensive discussion, by not taking into account the fact that ultimately it is not an instinct but a fully formed psychic product such as a dream that must be controlled or repressed.

Although failure of repression in true schizophrenia is frequently mentioned, there has not been much actual investigation of the carry-over of dreams despite a widespread recognition of its occurrence, except for Leveton's data pre-



sented earlier. Richardson and Moore (35) rated various categories of manifest dreams of schizophrenics but not the dream-waking sequence; hence they were not able to determine if dreams of schizophrenics have a strong outlasting effect.

Several authors have suggested that dreams play an important role in the transformations of percepts into memories. Greenberg and Leiderman (15) have revived Freud's magic writing pad analogy. Even if this analogy is taken literally, before the perceptual end of the apparatus can be cleared of its content, that content must be subjected to a negative hallucination. As noted before, the negative hallucination is particularly hard to achieve when the perceptions are traumatic, that is, if they have strongly roused the body ego. Thus, by dissolving the body ego-body connection and removing sensation, under ordinary circumstances the depersonalizing process in dreams allows for abstraction of the perception's content as a step prior to its transformation into ideation and ultimately memory.

This dissolving and abstracting process is complicated and it does not occur once and for all since the perception, especially a traumatic perception, may continue to exist or at least re-form periodically over extremely long periods and reappear in dreams. The evidence for recurrence of the perception as a totality is in most cases only inferential. Garma has referred to a regular sequence of two dreams: a primary traumatic dream dissolved by a negative hallucination (and perhaps never observed except in traumatic neurosis) but usually replaced by a second wish-fulfilling dream that is retained upon awakening and is regarded as the manifest dream.

The next series of dream-waking sequences was taken from a patient who underwent a severe trauma, the sudden death of a child, and illustrates the interrelationship of the two dreams and the particular conditions whereby each may appear as the manifest dream upon awakening. Nearly every night

this woman dreamed in typical wish-fulfilling fashion of a joyous reunion with her lost son, utilizing memories from the twenty years of their life together. For example:

It is open school week. . . . We are all together in the classroom. . . . T and I are holding hands. . . . I feel wonderful. Then I woke up and with a rush of pain I realized that none of it is true. It was just a dream. He is really dead.

The conclusion drawn is that this repetitive cycle of wish fulfilment at night and disappointment in the morning prolonged her severe reactive depression over a period of years. This data from dreams supplements Zetzel's formulation (43) based on longitudinal data of the development of the child's capacity to weather emotional storms in later life as a result of early exercising of the ego functions involved in the sustaining of painful affect.

On certain nights, however, the primary traumatic dream was not capable of being dissolved by the depersonalizing process and therefore appeared basically unaltered as a part of the manifest content. These were nights following somewhat traumatic daytime events (though not necessarily related directly to her primary traumatic dream) which did not allow for full regression in the dream. For example, she had the following dream after a dinner with her daughter, who worried her by complaining of fever symptoms:

T and I are having dinner at somebody's house [so far wish-fulfilment!]. He did not look well. . . . He looked very tired as though he was coming down with an illness [viz. the daughter's fever]. We rushed home. . . . Near home his green hood blew off. . . . I said to him: 'You go home and I'll pick up the hood'. He crossed the street and was nearly hit by a car. . . . I go to pick up the hood and see under it very clearly T's body . . . but somehow as though in a casket or under the ground. . . . I am screaming.

She was shocked by the horrible sight but woke up with the exclamation: 'Thank God it was just a dream'. Thus for another

few seconds, while the effects of even this light sleep lasted, she was able to deny her terrible loss. But very soon afterwards this patient, who was not subject to depersonalization, became aware that what she had thought was only a dream was also an actuality. As described by Stein, this type of defense by negation seems to be utilized as a last ditch stand when the depersonalizing process fails in the first place to provide the conditions for wish-fulfilment within the dream. The mechanisms in her first happy dream were much more successful in relieving her of pain while she was asleep and might be considered a first line of defense.

Another interesting example is the dream experienced by this patient following the news that her daughter had cut her hand quite severely the previous day.

A boy whom I love very much has a dent in his hand. . . . bloody. . . . I tell him to try to rest and take care of it . . . but he goes his own way with a friend. . . . The dent seems to be getting *deeper and deeper* until finally the friend tells me it has gone too far and nothing can be done. . . . The outcome will be fatal. . . . I feel myself screaming and wake up.

The intense relief to be awake and able to say, if only for a moment, 'Thank God it was just a dream!', was followed by the same rush of despair as the actuality dawned upon her. This last dream is of particular interest because the progressive failure of the denying effects of the depersonalizing process can be observed as it is pitted against the traumatic percepts, i.e., the dent as it appeared to her was only gradually deepening and its fatal outcome was not obvious from the beginning.

The sequence in her dreams was often reversed and an initially fatal outcome was undone and the loved one came back to life in a happy ending which resulted from deeper sleep:

A crowd of people are around mother's bed outdoors [where her son died]. . . . She looks dead . . . I think she is dead and I feel terrible. . . . Then she starts to breathe and opens her eyes. . . . I feel tremendous relief.

Typically, such manifest dreams contained only the relief of reunion with her son. In this example the relief is juxtaposed with the preceding despair. The data help provide a basis for the 'magical undoing' which Schur (37) supposes is the reason for repetition of trauma in dreams. It should be emphasized that every dream reported by the woman had for its content the relationship with her lost son. Whether he appears to her as alive or dead depends only upon her 'state', i.e., the depth of sleep at the time of the dream incident. In persons not predisposed to clinical depersonalization or mania, the regression into deeper sleep during dreams and the accompanying effects of the depersonalizing process are limited by adverse conditions of the previous day. Wadeson (41) confirmed this, without mentioning depth of sleep, through his investigation of anxiety in the manifest dream as it related to life-threatening events on the previous day. Renneker (34), taking an opposite tack, described how certain compulsive actions prior to sleep may help reduce unpleasant components of dreams. The data here appear to refute French's hypothesis that the degree of realistic hope of solution to problems plays an important role in determining a dream's positive outcome.

Some final speculations are of interest regarding the role of the depersonalizing process in those psychosomatic diseases caused by persistent and excessive autonomic stimulation. Reiser (33), referring to the relative instability of autonomic function during the REM stages, has pointed to this time span (two hours total per night) as the most likely period when the archaic pathways from the brain to the periphery may be opened. When the pathways are completely reopened the dreamer experiences 'gut memory': a total response comparable to that occurring in the infant. Paradoxically, however, when psychological measurements are taken during dreams of upsetting content there may be little or no range of variation in blood pressure, pulse, or respiration; in fact, there is much less than would occur during a similar waking experi-

ence, and even less than during an ordinary nontraumatic dream. This modulating effect on the autonomic system under the traumatic circumstances appears secondary to successful operation of the depersonalizing process, which in response to the traumatic affect separates the body ego from the body. Under these circumstances the traumatic content comes through to the dreamer only as an idea and is maintained as such rather than as a fully grasped experience. For this reason the 'depersonalized' dreamer can fall from a great height to the pavement and simply bounce. When, as is characteristic of these patients in certain stages, the depersonalizing process fails due to insufficient regression despite instigation of traumatic affects, the dream then unfolds in lighter sleep as 'gut memory' with full opening of the pathways to the periphery leading to the crossing of certain critical thresholds.

The frequency and extraordinary vividness of traumatic dreams in these patients is impressive, particularly in scenes of their own death by fire, explosion, and drowning. Since wish-fulfilling dreams would naturally be a last bulwark against despair, it is interesting to speculate whether the sense of despair that so often precedes the onset of psychosomatic illness may not be related to the failure to form wish-fulfilling dreams and thus to increased autonomic output. Dorpat (4) has recently presented the interesting idea that the degree of sensation is in a direct reflex relation to the degree of autonomic response. If the depersonalizing process fails, both sensation and the autonomic response would be intensified. Furthermore, alternating success and failure of the depersonalizing process during dreams, for reasons still unknown, might account for the well-documented clinical fact of alternation between psychosomatic disease and psychosis in these patients. The limited body ego-body connection remaining as a result of the depersonalizing process during dreams in psychosis, at least in stable psychosis, would be inconsistent with the type of 'gut memory' required to produce the activation present in psychosomatic disease.

## SUMMARY

The depersonalizing and personalizing processes, the result of deeper and lighter sleep in dreams respectively, are reviewed in the light of their relation to the ego functions of reality sensing and reality testing. When sleep lightens prematurely prior to actual awakening the dream images may seem quite 'real' and cause the dreamer to wish to regress into deeper sleep. The depth of sleep as revealed in dreams alters the relation of the body ego to the body itself. If the sequence of depersonalization-personalization processes leading to awakening from dreams are not properly synthesized, 'real' dreams may be carried over into waking life as delusions. On the basis of the theory of dream image formation it is assumed that premature cathexis of an incomplete body ego in the dream leads to a primary hypochondriacal delusion, which seems real and forms the basis for other more complex delusions.

Examples of failure of synthesis in this sequence are given from temporal lobe epilepsy patients who have very 'real' dreams and who are especially prone to develop a schizophreniform type of psychosis. Consideration is given to the daytime conditions which allowed for success or failure of the depersonalizing process in the dreams of a patient with reactive depression. Finally, some speculations are offered regarding failure of the depersonalizing process as a factor in the development of psychosomatic disease.

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## The Birth of the Ego. A Nuclear Hypothesis. By Edward Glover, M.D., LL.D. New York: International Universities Press, Inc., 1968. 125 pp.

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## BOOK REVIEWS

THE BIRTH OF THE EGO. A NUCLEAR HYPOTHESIS. By Edward Glover, M.D., LL.D. New York: International Universities Press, Inc., 1968. 125 pp.

The Birth of the Ego recapitulates in dry, sophisticated, and crusty prose some of Edward Glover's speculations on the beginnings of mental life in the child. Glover's reputation is perhaps most widely established as a peppery defender of basic freudian tenets and a promulgator of sound methodology. His theoretical formulations are nonetheless cogent for having arisen partly as by-products of his polemical writings; for example, his demonstration that Melanie Klein confuses *mechanism* (e.g., introjection and projection, concepts which belong to the realm of metapsychology) with *fantasy* (a descriptive concept belonging to clinical theory). Glover's ideas have evolved, like the ego itself, in conflict.

In a footnote to his paper on the Klein system of child psychology, Glover writes: 'From the time I first published some observations on the oral phase of the libido development [1924], my main theoretical and clinical interests were devoted to attempted reconstructions of early stages of ego development [and] to the correlation of these stages with different forms of mental disorder'. In the same footnote he says: 'For a time I set myself the task of trying to find a compromise between Kleinian and Freudian concepts'. This resulted in a paper, Grades of Ego-Differentiation, in which he invokes introjective and projective mechanisms (reminiscent of Klein) in the laying down of ego-nuclei.

For some years he supported Klein's general conclusions. 'But as time went on', he says, 'it was impossible to keep my misgivings from creeping into public comment on her work'. Thus, in an important sense, it could be said that from an early stage in its development Glover's conception of ego-nuclei represented his effort to cope with the incursions of Kleinian theory on orthodox psychoanalytic thinking. He points out, however, that the concept actually first came to him in relation to Abraham's idea of part objects: 'If indeed there are part objects, and as there certainly

are part . . . instincts, why not part egos, not just in the sense of major organized differentiation in a "total ego" but as it were *ab initio*. . . . The idea that from the first the ego is synthesized or unitary is incidentally an error that has done incalculable harm to both clinical outlines and hypothetical reconstructions of early mental development, particularly in modern ego theories. . . . The earliest forms of the ego are essentially cluster-formations, loosely strung together and only giving a semblance of unity during the fleeting periods when any one set occupies the approaches to perceptual-consciousness (*pcpt-cs*)' (pp. 15, ff.).

Mindful of the necessity to temper theory formation with correlated clinical observations, Glover suggests the establishment of three parallel developmental series: (a) a classification of mental disorders; (b) a corresponding series of nuclear ego-formations; and (c) a series of wish-formations, fantasies, and functions related to stages in the development of the oedipus complex. Ego-formations (belonging to metapsychology) and wish-formations and fantasies (belonging to clinical theory) can be regarded as complementary structures representing complementary descriptive modes. Both levels of theory play a necessary part in the psychoanalytic description of personality.

On the basis of his clinical observations of drug addictions and perversions, Glover affirms that 'no theory of nuclear ego-formation can be regarded as satisfactory which does not indicate the part played by ego-formations [ego-nuclei] in the sexual perversions' (p. 34). He believes that drug addictions have an obverse relation to some perversions and he notes that 'one of the functions of perversions is to assist in maintaining the threatened reality sense' (p. 38). Accordingly, he holds that it should be possible to establish more precise phases of *reality sense* (an ego function) by reference to the developmental sequence of the perversions. In this way he relates the evolution of reality sense both to ego development and to instinct theory. He proposes parallel definitions of *reality testing* ('the capacity to retain psychic contact with the objects that promote gratification of instinct') and *objectivity* ('the capacity to assess correctly the relation of instinctual impulse to instinctual object')—a remarkable and provocative set of operational definitions!

The term *ego-nucleus*, Glover observes, is a logical extension of the concept of a *complex* to the structural aspects of mind. He outlines the formation of early ego-nuclei in the wake of primitive postnatal experience (which he also calls the *primary functional phase*) and describes how these primitive nuclei condense to form a more coherent and complicated structure. The resulting structure is subject, however, to structural regressions which tend to reactivate some or all of the original ego-nuclei. The result may be within the range of normal function (as in the phenomena of sleep), or it may constitute the core of symptom-formations, character disorders, or perversions. Given the concept of mature ego development through coalescence of primitive ego-nuclei, it follows that a dissociation may take place in processes of regression. The nuclear elements thus isolated regain some of their former autonomous function, 'occupying for varying periods the approaches to consciousness and modifying other mental elements of instinctual representation as they pass through these approaches'. In summary, the concept of ego-nucleation makes possible a metapsychological description of the academic psychiatric concept of *dissociation*.

Glover cautions against the mixing of theoretical and clinical metaphors and especially against the creation of theoretical constructions of early mental states by projecting later mental contents (fantasies) backward in time. This stricture is directed principally, of course, against Kleinian theory.

Glover regrets the discontinuity that has developed between topographic theory and structural theory in psychoanalysis, feeling that the two schemata are mutually complementary. 'It is impossible', he argues, 'to extend the general concept of [structural] synthesis without enlisting formulations of the original topographical order' (p. 59). He believes that Freud's topographic theory provided 'a perfectly adequate picture of the psychic function of the immediately postnatal child. With this one reservation, however, that as Freud's topographic system was originally based on the investigations of the dreams and psychoneuroses of adults, he was compelled to postulate an organized preconscious system. This would have to be scaled down to meet the requirements of a suckling's mind in which memory traces are of the most primitive

order. . . . The turning point in mental development', he emphasizes, 'is reached when first the preconscious system with its verbal residues is able to canalize experience' (pp. 71, ff.). A *primary functional phase* is therefore postulated prior to the formation of ego-nuclei. This primary functional phase is characterized by 'the ebb and flow of energies along a central psychic path of excitation . . . activating and reactivating primordial memory traces'. He suggests that the first mental disorders occurring at this stage are simple disorders of excitation and discharge 'without fixed psychic content and giving rise to the purest forms of psychosomatic reaction, disturbances of affect, of organ innervations, of (mostly uncoordinated) motor discharges, and of sleep'.

We are now in a position, Glover points out, to establish a meaningful developmental series of mental disorders. 'We can be fairly certain', he says, 'that simple disorders of excitation and discharge originate during the primary functional phase, during which constitutional factors exercise their maximal influence; that the infantile psychoses could be conveniently allocated to a secondary (transitional) phase, in that although they share with neurotic symptom-formation the characteristic of possessing occult meaning, they nevertheless present many functional features in the sense that they are also responses to traumatic overexcitation; the infantile neuroses and equivalent characterological disorders would then belong to a tertiary phase in which true endopsychic conflict is a constant factor'. Thus we can 'trace the history of economic mechanisms from their first rudimentary "tendencies" to their final form when the ego has reached its ultimate development and correlate these phases more accurately with clinical disorders'.

Clearly aware that there is a discrepancy between his own views and Hartmann's, Glover offers a critique of Hartmann's *conflict free sphere* from the point of view of ego-nucleation (a primary *structural* phase!). The concept of ego-nuclei does not in fact seem readily compatible with Hartmann's concept of innate ego apparatuses. Hartmann's idea seems more consistent with evolutionary and physiological givens, including the givens of biological maturation and development. Nevertheless, an attempt to reconcile the two views might be rewarding.

HENRY EDELHEIT (NEW YORK)

SECOND THOUGHTS. Selected Papers on Psycho-Analysis. By W. R. Bion. London: William Heinemann Medical Books Limited, 1967. 173 pp.

The author's eminence as a protagonist of Kleinian psychoanalysis is emphasized by the fact that this volume is published under the auspices of the Melanie Klein Trust. Bion's influence is generally reflected in contemporary Kleinian psychoanalysis but perhaps more specifically in the theory and practice of our Latin-American colleagues. This volume, which includes a number of previously published papers, offers the more traditional psychoanalyst an invaluable opportunity to examine the view of mental life that determines the analytic technique of a significant percentage of the International Psychoanalytic Association membership.

In his introductory remarks the author refers to changes in his views as 'an evolutionary change of opinion', which he then discusses at some length in the concluding commentary. The following perceptive statement raises the reader's hopeful anticipation that such changes might herald greater communication or possible *rapprochement*. 'It becomes fatal to good analysis if premature application of a theory becomes a habit which places a screen between the psychoanalyst and the exercise of his intuition on fresh and therefore unknown material.' It must be stated at the outset that any such hopes are doomed to disappointment. The evolutionary changes in the author's views are not directly related to his understanding of psychoanalysis. On the contrary they mainly derive from his growing scepticism as to the validity of analytic contributions which rely on the presentation of clinical material. The analytic situation is limited to the one-to-one relationship between patient and therapist. What occurs within this situation the author regards as ineffable. The nearest the reporter can come to communicating this ineffable experience is to express it in terms which may be perceived as sensory and immediate. The more, in contrast, the analytic writer describes mechanisms, uses common technical terms, or refers to generally accepted diagnostic categories, the further he is removed from the immediacy of analysis. Then he moves into jargon, theoretical controversy, and the sociology rather than the science of psychoanalysis. Al-



though there is some truth in the author's statement he carries it to an extreme which appears to preclude correlation between different theoretical formulations and direct clinical observations.

This conclusion is re-enforced by Bion's profound pessimism in respect to the value of careful and comprehensive study of analytic literature. Memory, he suggests, offers a quick substitute for permitting an evolution to commence in the reader's mind. There is, he says, time to do this only with the 'best papers', among which he includes Freud's Formulations on the Two Principles of Mental Functioning and a number of papers by Melanie Klein. It is certainly true that the permanent value of our scientific publications is subject to a wide range of variation. It is equally true that some outstanding contributions, among which I too would include Freud's paper on mental functioning, may at each re-reading stimulate a new evolution to commence in the reader's mind. It is nevertheless difficult to see how certain papers can be described as 'best' or how others can be summarily dismissed presumably as less than best unless both perception and memory have been utilized on a wide scale.

The theory which pervades both the previously published papers and the more recent commentary is that of Melanie Klein. Her discovery of Projective Identification (author's capitals) and her concept of the paranoid schizoid phase of development are placed on a par with some of Freud's greatest insights. Apart from a few references to six of Freud's contributions, Bion's bibliography is limited to the work of Melanie Klein and her most important colleagues, including the author himself.

The eight previously published papers are mainly devoted to the analysis of psychosis. Implicit, and occasionally explicit, is the commonly held Kleinian position that psychotic mechanisms are to be found in all analysands. The difference between the psychotic and the apparently nonpsychotic patient is thus more apparent than real. Envy, greed, and projective identification must be reached, interpreted, and worked through in every successful analysis. Surely such a position constitutes a theory of mental life which must influence the psychoanalyst in his exercise of intuition at every stage of analysis. In so far as these processes are regarded as inevitable and ubiquitous they cannot be considered as unknown.

How then can any material be regarded as fresh and thus be approached without preconceived bias or assumptions?

In summary, the previously published papers serve to illustrate the position of many contemporary Kleinians and Latin-American analysts with respect to the inevitability of psychotic mechanisms in our mental life. The changes in Bion's views do not reflect a modification of this theoretical position. Rather they serve to strengthen the conviction conveyed by many of these same analysts that analysis is not only ineffable but constitutes the ultimate reality. In Bion's concluding remarks his assumption approaches the proportions of a philosophy and a religion.

ELIZABETH R. ZETZEL (CAMBRIDGE)

DUAL THERAPY AND GENETIC PSYCHOANALYSIS. By Joachim Flescher, M.D. New York: D. T. R. B. Editions, 1966. 560 pp.

This lengthy exposition by Dr. Flescher presents the products of a great deal of thought and effort on his part and that of his colleagues to develop a particular therapeutic innovation, 'dual therapy'. This technique, as its name suggests, employs two analysts of opposite sex who meet with the patient for alternate sessions of the same course of treatment. The work upon which the book is focused required a span of almost fifteen years, carried forth largely under the auspices of the Dual Therapy Research Bureau, of which Dr. Flescher is a leader.

Following the definition of dual therapy, the author sets forth the theoretical considerations which antedated his first practical trials. He then sketches the scope of indications for this mode of treatment, and offers clinical samples of varying length to illustrate the flavor of such courses of therapy.

Impressed during his earlier work with the fact that transference manifestations do not originate from experiences with one parent only, and that what is observed of transference in the treatment situation is colored not only by infantile experiences, but also by the format of the treatment situation, Dr. Flescher arrived at the judgment that the reality of the actual sex of the therapist must exercise 'an inhibiting influence in the production of transference material involving the parent of the sex opposite to that of the

therapist'. This is one of the central considerations that led Dr. Flescher to the hypothesis that dual treatment might furnish the patient with a setting in which transference manifestations are more readily brought to the surface and dealt with than in traditional dyadic treatment.

Dr. Flescher inquires whether it is reasonable, considering that the nuclear early family setting for the infantile neurosis is child plus *two* parents, to expect that the patient can resolve his conflicts *except* by working with two therapists whose genders accord with those of his parents. To this reviewer it seems that to consider it *unreasonable* to expect problem resolution with a solo therapist or analyst would contradict a great deal of experience by many analysts. Dr. Flescher's contention, in technical terms, is that having both genders available as analysts tends to obviate the superposition of transference strivings genetically related to the two different parents. This reviewer considers that the analyst's 'ambiguity' as to gender (among other things) is not disadvantageous, but is precisely what we hope the analyst will detect and appropriately interpret. Isn't this what transference resolution is all about?

We all agree that analytic therapy aims at freeing the patient to resume the course of his own developmental maturation. It is in terms of how the analyst is to facilitate this that Dr. Flescher places himself apart from most practitioners. He makes the assertion repeatedly that '*. . . interpretation alone, at least in certain clinical categories, cannot produce changes, but that some kind of psychological substitution therapy is indispensable*' (author's italics). Dr. Flescher concluded that this dual therapist format was more 'genetic'—hence the designation, 'genetic psychoanalysis'—than the traditional setting because it seemed formally more closely linked to the original family triad.

In addition to providing a setting in which the mother and father transferences would not have to be superimposed, Dr. Flescher considers that countertransference responses would be simpler to control because the dual format has reciprocal supervision built in. He raises the question of how to deal with interfering countertransference factors, asserting that further personal analysis of the analyst can help only to a limited degree. Some forms of countertransference, he goes on, are likely to evade such

an approach ordinarily, but most probably will be detected through the reciprocal supervisory relationship of the two therapists. Nor does this latter aspect of the dual therapeutic mode have the slightest pejorative implication that the analyst involved is not a seasoned practitioner.

Dr. Flescher claims for dual therapy an obviation of difficulties sometimes encountered in classical treatment in the resolution of sticky transference attachments. He does not claim, however, that dual therapy is a substitute for intensive psychoanalysis by a seasoned analyst except in specific circumstances. This latter statement is hard to reconcile with his very comprehensive tables of indications for dual therapy.

Numerous additional advantages are claimed by Dr. Flescher for the dual treatment technique. He asserts the patient's anxiety is strikingly diminished. The patient experiences the parental surrogates as totally accepting, neither therapist viewing the other as a rival, and neither feeling threatened by the patient's attachment to the other. The triadic arrangement, Dr. Flescher has discovered, is especially useful for the resolution of ambivalence conflicts, especially the exploration of material derived from family constellations in which parental amity was purchased at the price of mutually displacing hostility to the child. Conflicts of loyalty are similarly exposed with promptness. Having two therapists, it is claimed, frees the patient from fear of losing his therapist if he expresses aggression uninhibitedly. There is always the other therapist with whom to carry forward the work. Dr. Flescher's technique and attitude put him in the bailiwick of those who contend that the treatment situation itself should provide a corrective emotional experience *in the narrower sense*—'good' parents to replace 'bad' ones.

Posited as a virtue of dual therapy, the splitting of transference responses between the two therapists attenuates the emotional intensity of the relationship with either therapist. This, it strikes this reviewer, might be useful in instances of overloaded transference or transference psychosis, as Dr. Flescher reports. It seems, however, that by toning down the emotional amplitude of the transference neurosis, the dual format would also interfere with opportunities for convincing transference analysis in the general case, and perhaps vitiate it altogether.

In certain instances resistances are sidestepped, as suggested by a female patient who claimed greater ease speaking of her interest in men with the male therapist, and in women with the female therapist. One must, however, pay a price for this appearance of therapeutic economy in the coinage of keeping under concealment the transference affects experienced in talking of men with the female therapist, and vice versa.

For anyone interested in truly heroic efforts to develop a therapeutic approach that will be more direct, less painful, and more economical than dyadic psychoanalysis or psychotherapy, Dr. Flescher's contribution will be of considerable interest.

STEPHEN K. FIRESTEIN (NEW YORK)

A HANDBOOK OF CHILD PSYCHOANALYSIS. Gerald H. J. Pearson, Editor. New York: Basic Books, Inc., 1968. 384 pp.

This book represents the concerted attempts of seven child analysts to produce a comprehensive guide for the practice of child analysis. In the authors' words, it has been 'written for the practicing analyst, the student and, in fact, anyone who is interested in the psychoanalysis of children and adolescents'. The contributors have approached this formidable task with a dedication and forthrightness which is both impressive and commendable. Their suggestions and conclusions, theoretical and technical, have been arrived at through thoughtful group discussions so that the result is a genuinely collaborative one. Throughout, and despite some redundancy, one is struck by a steadfast fidelity to standards of clarity. For all these reasons the book commands one's interest and inspires one's respect.

Scarcely any facet of child analysis is left untouched as the authors cover such topics as the playroom equipment, the initial approach to the case, the first interviews, indications for analysis, the role and handling of parents, special problems of technique, patterns of resistance, transference, and termination. In addition, two detailed analyses are described, one of a latency child and one of an adolescent. In these descriptions, the interplay between analyst and patient is highlighted to give the reader a graphic picture of the manifestations of defenses, the nature of interpretations, and the unfolding of the analytic process.

In their discussion of all the foregoing, the authors underscore the importance of allowing for alternative views and approaches with respect to theoretical and technical issues. Yet, the reader is nonetheless left with the impression that, in general, what they have set forth represents for them basic definitive principles. And it is herein that the book's deficiency lies. In fact, many of the theoretical inferences and practical procedures advocated by the contributors raise issues which a number of child analysts, this reviewer included, would regard either as highly controversial or as yet unsettled. These cover the gamut from indications for analysis and the definition and role of transference, to problems of nonanalytic interventions and a suggested list of play materials (for example, a pail in which the child may build fires) which are considered by the authors as valuable, if not essential, adjuncts to treatment. Noteworthy also is the fact that the obsolete is sometimes overstressed and the more up-to-date omitted. For instance, the chapter on transference draws heavily on Anna Freud's views of 1926 which she herself, along with many other child analysts, has modified considerably in the last twenty-odd years. In brief, the theory and practice of child analysis are not, at least yet, so uniformly defined as this book would make them appear.

The two clinical cases, which are presented with the expressed aim of providing guidelines for the beginning student, pose somewhat fundamental questions of technique and a possible oversimplification of genetic constructs. The contributors rightly caution the child analyst against employing persuasive measures to engage the child in treatment. They stress the importance of patiently following the child's productions with the aim of gradually imparting insight by working from the surface to the depth, from defense to underlying affect and ideational content, as and when the child's ego is ready to accept and assimilate interpretations. It is doubtful that any experienced child analysts would question such admonitions.

In the case illustration of the latency child, however, it would seem that the therapist was preoccupied with the child's defense of 'silliness' to the point where interpretations of specific conflicts may well have been unduly postponed—a therapeutic omission that frequently leads to increased anxiety and acting out. Further, in this case report, as well as in that of the adolescent patient, the

emphasis on interpretation of derivatives, far removed from their original sources, was often so prolonged that it made the reader question to what extent the essential ingredients of the neurosis were analyzed. Finally, in both cases there appeared to be a neglect of the analysis of pregenital and preoedipal problems. The latter, including the marked homosexual conflicts of both patients, seemed rather to have been understood and interpreted predominantly in terms of regressive defenses against the positive oedipal position. To the beginning or potential child analyst, then, these clinical cases may not convey the fullness and depth which classical child analysis is capable of achieving.

In sum, this reviewer questions the suitability of the book as a definitive guide to the practice of child analysis. It is, however, a book which deserves careful scrutiny. Although by no means a finished or always accurate estimate of the present status of child analysis, it reflects enormous effort and uncompromising sincerity and presents an abundance of theoretical and clinical issues. But if it is to be used to the greatest advantage it must be critically discussed and some of its aspects disputed.

MARJORIE HARLEY (BALTIMORE)

POSTADOLESCENCE. THEORETICAL AND CLINICAL ASPECTS OF PSYCHOANALYTIC THERAPY. By Rudolph Wittenberg. New York: Grune and Stratton, Inc., 1968. 138 pp.

The author considers the late teens and early twenties as a period of 'the greatest pressure in terms of completion of partially finished integration tasks' and offers the thesis that 'postadolescence' represents a 'specific phase of growth in the life cycle'. Over a period of nearly twenty years he has treated nearly one hundred young adults, of whom ten had a 'classical' analysis. This case material is interwoven throughout the text and enlivens the work.

The book is divided into two sections, each preceded by a brief introduction. The first section deals with the metapsychology of the young adult and concisely presents the task that besets the ego as it struggles with internal conflicts and pressures from the environment. The internal conflicts are considered under five headings which the author designates as: 1, the self-image crisis; 2, aspects



of identity diffusion; 3, the end of role playing; 4, the cognition of time continuity; 5, the search for a partner. Socioeconomic factors that contribute to environmental pressures on the young adult are taken up in three separate chapters.

The second section deals with clinical aspects of the 'post-adolescent' phase. Problems of diagnosis and therapy are explored. The author believes that 'psychoanalytic psychotherapy' can be helpful in most cases.

Whether or not one agrees with the author's thesis, he does succeed in bringing into focus some important aspects of growth in the young adult. I believe that greater consideration of the manifestations in the young adult of castration anxiety and regression would have strengthened this work. There is a helpful list of references and an index.

ALBERT J. KAPLAN (PHILADELPHIA)

**THE PERSON. HIS DEVELOPMENT THROUGHOUT THE LIFE CYCLE.** By Theodore Lidz. New York: Basic Books, Inc., 1968. 574 pp.

Theodore Lidz's *The Person* is an excellent exposition of the psychology of the normal personality. Although it is written primarily for medical students, it also serves the needs of psychologists, social workers, nurses, lawyers, and others who wish to understand the complexities of human emotional development.

The book is based on the observations of psychoanalysts, and is generally enriched by pertinent disclosures from other behavioral sciences. In an introductory section Lidz establishes certain basic premises which join the biological, the cultural, and the psychological. He suggests that through the evolution of the human brain, capacities for symbolism and the formation of language have emerged. The unique character of cerebral functioning in man enables him to transmit his cultural heritage through the institution of the family. Also, according to Lidz, genetic endowment produces the four basic drives which he considers pillars of the human personality, namely: the homeostatic drives, the sexual drives, the defensive drives, and impulsions to stimulation and activity.

The bulk of the book, a description of the life cycle from infancy to death, is completely done, utilizing observation from

many sources but relying essentially on the insights of psychoanalysis. In the chapter on infancy, for instance, the findings and formulations of Sigmund Freud, Anna Freud, René Spitz, Erik Erikson, and Sylvia Brody are presented along with Jean Piaget's. And although the detailed studies of Margaret Mahler are not mentioned, principles that she has established are referred to. In the section on the œdipal period the author skilfully uses the observations of Piaget to illustrate the immature operation of the child's mind—his unrealistic and illogical thinking—as a preparation for describing the irrational unconscious dynamic conflicts that develop at that time. Similarly, adolescence emerges as a period of drastic change in biological and social states in which the resurgence of œdipal feelings, the heightened sexual drive, and the search for identity converge to make for vigorous unconscious conflicts. At the same time the author fully appreciates the teenager's greater intellectual power and its force in engendering and resolving internal and external struggles. The description of old age and the impact of death are poignant chapters that reflect Lidz's compassion and his broad humanistic experience, as do earlier sections of *The Person*.

The author's portrayal of typical behavior at various ages, his apt selection of clinical vignettes, and his capacity to help the reader to empathize with the growing individual make this an excellent introduction to the vicissitudes of the human condition. The book should help medical students understand and appreciate their patients.

But despite my favorable impressions of *The Person*, I find myself with certain strong reservations about the author's approach to the psychoanalytic basis of his material. Although the book is psychoanalytic in orientation, the author repeatedly makes gratuitous statements that may stimulate the reader's resistance to psychoanalytic concepts and hence to the book's contents. In the early pages, Lidz, in an elaborate footnote, spells out his differences with psychoanalytic theory. The uninitiated reader may easily overestimate the importance of his disagreements.

In a later section on the classic psychoanalytic concept of the œdipal period (pp. 225-227) he presents an excellent description of essential aspects of the nuclear complex which he enriches in following passages with carefully chosen details. However, the

author's style subtly supports unnecessary scepticism. The reader may become confused by the juxtaposition of observations demonstrating the sexual aspects of œdipal involvement with statements that contradict these observations, namely, that the boy's love for his mother is *sensual*, not *sexual* (p. 227). Similarly, because of the author's ambiguous comments, the unsophisticated reader may not realize that Lidz, throughout the book, is presenting the current views of psychoanalysis.

And finally, through what can only be described as an inexplicable omission, Lidz fails to include a description of psychoanalysis in his discussion of the therapeutic relationship. This is an elementary book and it should not be assumed that the reader is familiar with the differences between analysis and other types of psychotherapy. Nor should the author fail to describe the special procedure through which a major portion of the observations presented are derived.

Nevertheless, despite these qualifications, I recommend *The Person* to the nonanalyst as an excellent introduction to the intricacies of human personality development. Although it is not intended for him, the analyst will enjoy the book and Lidz's broad experience.

JULES GLENN (GREAT NECK, N. Y.)

**ANOREXIA NERVOSA.** By Helmut Thomä. Translated by Gillian Brydone. New York: International Universities Press, Inc., 1967. 342 pp.

Thomä's *Anorexia Nervosa* in 342 pages, including extensive bibliographical references of the European and American literature but without an index and with sixteen pages blank, devotes one half of the content to the presentation of clinical material, some of it rather detailed and very informative. Of the seven chapters, the first one, an historical survey, and the second one, on the definition, incidence, physical symptoms, and therapy are especially useful. The last chapter on psychogenesis and psychosomatics of anorexia nervosa will be discussed later.

The book is an important addition to the already extensive bibliography on this puzzling syndrome. On the whole Thomä has been successful in what he set out to demonstrate, namely,

that psychoanalysis in its theoretical framework and practical application is superior to other approaches in gaining an understanding of anorexia nervosa patients. I do not think, however, that he was also able to show that psychoanalysis is superior to other modes of therapy in its therapeutic effectiveness. It may have been essential for Thomä to demonstrate the usefulness of psychoanalysis since his study was carried out in West Germany during the past fifteen years. By 'proving the scientific value and validity of psychoanalysis' Thomä used the study as a thesis for his habilitation, i.e., to receive the '*venia legendi*'—the most important step in the academic career at European universities.

Although the author proposes to refer throughout his book to anorexia nervosa as a syndrome, it is more than that to him: 'In spite of all the borderline cases, anorexia nervosa is typically *an illness* [italics mine] that appears at the onset of or soon after puberty'.

Thomä's study is based on thirty patients, twenty-nine females and one male, with an average age of nineteen. Even more significant: only six patients were past their teens. Of the thirty patients, nineteen received psychotherapy and eleven were 'merely examined'. If anorexia nervosa would be considered a syndrome, irrespective of the individual psychopathology, a psychiatric examination would be perfectly adequate for arriving at a diagnosis. But Thomä states 'a completely accurate diagnosis can be made only when the physician has been successful in gaining sufficient insight into the connections between the psychopathological and functional symptoms'. According to his own rather strict definition, Thomä should have eliminated the eleven cases who were 'merely examined'.

Of the thirty patients five were cured as far as the clinical symptoms are concerned, three of the five recovered satisfactorily from a psychotherapeutic point of view. They had two hundred eighty-nine, forty-six, and thirty-five hours of therapy respectively. The other two patients who were cured recovered spontaneously, one having had no psychotherapy at all. Five more patients were much improved, one of them with two hundred eighty-two hours of therapy and another with none. On the other hand, three patients among those little or not improved received two hundred fifty-nine, three hundred five, and four hundred forty hours of therapy.

This allows us to make two observations. One, psychoanalysis or psychoanalytic therapy is more useful in providing analysts with an understanding of the psychodynamics than in bringing about sufficient improvement in the majority of patients. Two, there is a possibility that a more precise evaluation of the psychopathology might have excluded some patients instead of devoting many months of therapeutic work to them. In this connection, it is worth while to keep in mind—and Thomä himself has been quite aware of it and tells us so—that the author wanted to prove the validity of psychoanalysis and, therefore, his therapeutic zeal got the better of him at times.

Not having the opportunity to study the relationship of his patients to their parents and having obtained little information about it, and perhaps also wishing to proceed in classical psychoanalytic fashion, Thomä has to depend on his clinical psychoanalytic observations and reconstructions, even in patients who by his own description hardly lend themselves to this method. He omits any discussion of childhood development and the special role of the mother. Consequently, he seems to overemphasize the role regression plays in his analytic patients. Clinical investigators in this country would consider Thomä's patients less healthy psychologically on the basis of his own description than he himself does. It is part and parcel of his view that he does not agree with the idea that the source of anorexia nervosa lies in a 'primary disturbance of the mother-child unit . . . '.

Nevertheless, his clinical observations are sharp and accurate. Triggered by puberty (menarche, etc.) patients with anorexia, instead of fearing death by starvation, see a far greater potential danger in the satisfaction of their nutritive drive, which unconsciously still represents to the patient her sexual drive, conception, and pregnancy—fates worse than death.

While the syndrome of anorexia nervosa contains a wide range of psychopathology, there is nevertheless a striking similarity among patients, transcending cultural differences. We can agree with Thomä when he states: 'Oral ambivalence is the basis of the symptomatology and . . . the defense mechanisms mold the entire picture of anorexia nervosa'. On that basis he describes and clinically demonstrates how the fear of sexual conception is regressively changed into oral receptivity and the defense against

both is the same—refusal of food. He also describes the patients to be depressed and self-accusatory, yet also hypomanic and denying the danger of death. Despite the presence of depression, suicidal acts and successful suicide are extremely rare—aside from death by starvation.

Thomä defends quite persuasively the psychoanalytic approach against Jaspers and his school and the emphasis on pure phenomenology. His argument against existentialism cannot be appreciated by most American readers, but we have to remember that Thomä is a German investigator presenting his thesis to the German psychiatric public. The same holds true when he deals with neopschoanalytic theory as propounded by Schultz-Hencke and his followers.

In recommending this very interesting study to every clinician I would like to remind the nonanalytic reader that Thomä was so eager to prove the validity of psychoanalysis that at times he overshoots his goal. For instance, Thomä preferred to analyze his patients in the classical position on the couch. Considering the age of many of his patients (mid-teens) and the severity of their pathology, some analysts would not agree with this approach.

MARCEL HEIMAN (NEW YORK)

**SYMBOLIC BEHAVIOR.** By Theodore Thass-Thienemann. New York: Washington Square Press, Inc., 1968. 498 pp.

By extensive use of freudian interpretations and clinical material the author proves the validity of his main thesis. He shows us that the words we use are symbols of our behavior and can be traced back to preverbal and subverbal forms of communications, to our body, its parts, and the functions of the body organs. Thass-Thienemann in this brilliant book demonstrates with considerable evidence that when we communicate with words we behave symbolically. When men talk to each other, or communicate in writing, they unconsciously understand the primary meaning of the symbols. The words are symbols, like symbols in dreams, and their meaning is realized by associations and interpretations. This is a great work: scholarly, captivating, and educational. The style is smooth, the examples abundant and convincing.

Let us take a phrase: 'what's eating you?'. It indicates that the person *eats* himself instead of food. Or 'gnawing guilt': it is *remorse*, the person keeps biting himself. The tongue is not only an anatomical reality but is also a suprapersonal agency acting within the ego, and sometimes intruding into the self against the individual's will.

As psychoanalysts have done before, the author points out the importance of the study of sayings. For him—and I agree—this is 'the study of motivation'; it is a key to understanding unconscious fantasies. For example, 'my palm is itching' means 'I expect money'. 'You are hiding'; the 'hide' is the skin that covers what is inside. In essence, writes Thienemann, 'language is psychosomatic in character and all mental activities of man are symbolic'. Behavior has a meaning, even if it appears to be a habit; behavior has a goal. Speech 'is the language of the ego', it is fed by the id and the language of the id is symbolic, pictorial, and preverbal. Language is 'projecting inside images upon the external world, it reflects the prehistory of the human mind'. The reader of this book will better understand behavior; the therapist is given a powerful tool to remove resistances and bring the patient closer to his unconscious,—and the patient becomes able to control the id instead of being its victim.

The reviewer can supply two further examples from Hungarian. A person thought to be very eager to get possession of something is said to have '*vérszemet kapott*'. '*Ver*' means blood, '*szemet*' means eye; the whole phrase means that he had 'bloody eyes'. How graphic an expression in two words of an emotional situation! The eagerness or craving is expressed in Hungarian also by reference to tooth: '*féj a foga valamire*' means that one's tooth is aching for something, that one is eager to bite into something that he desires to get.

SÁNDOR S. FELDMAN (ROCHESTER, N. Y.)

LANGUAGE WITHIN LANGUAGE: IMMEDIACY, A CHANNEL IN VERBAL COMMUNICATION. By Morton Wiener and Albert Mehrabian. New York: Appleton-Century-Crofts, 1968. 214 pp.

This book reflects part of a research effort focusing on extralinguistic aspects of human communication that in recent decades has become increasingly important. It is commonly believed that



these aspects of communication often represent more direct expressions of affect than the verbal content. In their historical overview, the authors emphasize the significance of the researches of, among others, Birdwhistell, Dollard and Mowrer, E. T. Hall, Mahl, and G. A. Miller. A few psychoanalysts are also mentioned, mainly Braatø, Felix Deutsch, and Wilhelm Reich.

The various aspects of communication are referred to as communication channels. Phenomena serving as more or less disparate channels are verbal content, the distribution of words of different classes in a message, tonal quality, interruptions, and other non-verbal attributes of speech, facial expressions, posture, and gestures. To these Wiener and Mehrabian add yet another channel, the immediacy channel, as they call it. Degrees of immediacy (or of nonimmediacy) are ascribed to a communication if this communication in a particular indirect manner expresses some such feelings or attitudes as separation or involvement, identity or nonidentity, etc. Generally speaking, immediacy refers to a relationship between a communicator and his addressee, a communicator and the object of his communication, or a communicator and the communication itself. To qualify as expressions of immediacy (or of non-immediacy) the feelings or attitudes in question must be expressed by the choice of one rather than another of a number of expressions that content-wise are more or less equivalent. For example, if somebody refers to a specified group of people as 'those people' he shows a greater degree of separation from them than if he refers to them as 'these people'. The former expression, accordingly, communicates a greater degree of nonimmediacy than the latter.

Fully aware of the difficult problems that their study involves, Wiener and Mehrabian deal with these problems—at least temporarily—by making a number of presuppositions. Not all of these, in my view (and most psychoanalysts would agree), are happy choices. I will mention a few that seem particularly important. The authors assume an isomorphic relationship between experience and expression. By this they apparently mean that there is a one-to-one relationship between the members of the two sets of events and that we hence can infer a corresponding experience from a given expression. Thus, if a person refers to 'those people' when he may as well have said 'these people' we can infer a feeling of a comparatively high degree of separation on the part of this

person from the people about whom he is talking. It is, however, not always true that in such cases what we infer is a *feeling* or other experience. Under certain circumstances we can hardly avoid the conclusion that what we have inferred is an unconscious attitude. It is one of the major shortcomings of this study that the authors—on quite insufficient grounds—rule out this possibility (see particularly pp. 180, ff.).

A second assumption involves problems of a different sort. The authors claim that we cannot meaningfully ask whether or not a communication event in a particular channel is intentional. The reason given is that intention cannot be unequivocally determined by an observer. Hence the authors have no use for this concept. The real problem, it seems to me, is of a different order. If a person is angry he does not *intend* his voice or his facial expression to show anger. He may *allow* anger to be shown these ways, which means that he does not restrain the expressions in question. We may say that, although the expressions of anger are nonintentional, we sometimes do or do not intentionally restrain them. The difficulty stems from the fact that in ordinary language a communication, i.e., a *verbal* communication, is generally taken to be intentional. As indicated, however, it has become customary to refer to normally nonintentional aspects of a communication, such as tone of voice, as communications also. In this extended meaning of the word, a communication is thus whatever an expression communicates (i.e., means) to an addressee-observer, which may or may not coincide with what the communicator intended to communicate.

It would obviously be incoherent to claim that because, in the narrow sense of the word, communications are intentional, they must be intentional as well in the wider sense of this word, and that, accordingly, if an intention is not conscious it must be unconscious. From this, however, it does not follow, as the authors seem to think, that we can discard also the notion of unconscious *determinants* of what from an observer's point of view are communications.

A further assumption is that, contrary to fairly commonly held beliefs, the meaning of a communication is not carried exclusively by the communication as a whole. A particular channel of communication may transmit a meaning that is not transmitted by

other channels. It is a commonplace that in our culture direct expressions of affect, e.g., by the tonal qualities of the voice, are highly restrained. Accordingly, the immediacy channel may be the only one through which affects are expressed. The authors do stress, however, that in many cases the *pattern* of information transmitted through several channels is crucial for a proper understanding of the meaning of the communication.

We have finally the assumption of boundary conditions. As far as I can make out, the authors seem to use this term primarily in reference to (a) the communications in particular situations that, from an observer's point of view, may be expected in a given culture or subculture, (b) certain features, as seen by an observer, of the situation communicated about (e.g., its being here-and-now or there-and-then), and (c) certain features, as seen by himself, of the situation in which a communicator is. The exposition would be clearer, at least to this reader, if the authors would use the term 'boundary condition' more unambiguously, e.g., by using different words for the different meanings of the term.

Approximately half the book is devoted to an exposition of criteria for scoring nonimmediacy and for an account of experiments using these criteria. The basic assumption is that nonimmediacy is an indicator of negative affect. It appears that with the system devised by the authors practically every snippet of communication can be scored. At times the scores obtained seem initially quite paradoxical. This impression of a somewhat arbitrary—and perhaps psychologically irrelevant—scoring system, however, is not borne out by the experiments cited by the authors. These experiments clearly demonstrate that, at least for the experimental conditions described, a correlation exists between nonimmediacy and negative affect.

In the last part of the book Wiener and Mehrabian discuss clinical applications of the immediacy dimension. They believe that more systematic attention to this channel of communication might yield information about a patient that may not otherwise be available. I may mention that in some measure we intuitively score nonimmediacy, as when we say to a patient that he speaks about himself as if he were a third person.

It has not been possible to touch on all the issues discussed in the book. Those I have mentioned, however, seem to me the most

important. The seemingly unshakable disinclination of the authors to give consideration to the possibility of unconscious determinants is regrettable; but it does not invalidate their principal results. If the reported experimental findings are corroborated, the immediacy dimension, as defined by the authors, will be seen to represent a significant aspect of communication. It may prove to be fruitful, not only theoretically, but as well for clinical research and practice. As the authors demonstrate, using a taped psychotherapy interview as an example, consideration of the immediacy channel is likely to aid greatly the assessment of affect in material of this type.

BENJAMIN B. RUBINSTEIN (NEW YORK)

**GREAT ABNORMALS.** *The Pathological Genius of Kafka, van Gogh, Strindberg, and Poe.* By Vernon W. Grant, Ph.D. New York: Hawthorn Books, Inc., 1968. 248 pp.

Despite the assertion on the book jacket that this study will contribute to a deeper understanding of the nature of artistic genius, the reader need go no further than the title and subtitle to entertain serious doubts that this expectation will be fulfilled. The verbal composition of these titles has an archaic quality, more appropriate to a time when such definitions of mental illness and aberration were promoted with a greater degree of boldness and abandon than is now consistent with contemporary psychiatric knowledge and sophistication. We can no longer employ the word abnormal as a noun—save perhaps in quotes—nor can we speak glibly of pathological genius, as if, like mushrooms, there were also a healthy variety from which the bad ones are not hard to distinguish. Modern critics too might balk at the application of the term genius to Strindberg. He may be Sweden's greatest playwright, as Grant asserts, although today some find him clinical and dull; to others he seems as dated and old hat as last year's weather. (To paraphrase a quip directed at Victor Hugo, it might be more correct to speak of Strindberg as 'Sweden's greatest playwright, alas!').

Thus even before glancing at the first page the reader may justly suspect that here is a musty, dusty book, a literary anachronism, that has successfully evaded both the freshness of modern æsthetic values and the rich and valid insights of contemporary psychology.

It is a suspicion which is all too soon confirmed. Although the author is plainly interested in his subject and in the biographical data that he has successfully collected, it is by no means clear what his personal, emotional, or æsthetic reaction is to their creations. It is hard, for example, to imagine his laughing or getting goose pimples over a story since he seems more concerned with whether it is normal or not than in his being carried away by it. And if he seems alienated from the æsthetic appeal of his biographical subjects he is no less remote from a psychological understanding of their personalities and characters. He is also apparently puzzled by the position of creativity in mental functioning; hence he frequently stumbles over the question of how to distinguish an artistic creation from a psychiatric document. 'Was Kafka a genius or a sick man?' he asks, evidently unaware of the fact that these alternatives are not mutually exclusive and that creative innovators have often been judged crazy, perverse, or phony by their contemporaries.

It is no wonder that Grant's psychological orientation is strictly two-dimensional since manifest content reigns supreme and depth perception is conspicuously lacking. Although he eschews that water-logged entity called the inferiority complex, he speaks freely of 'internal insecurities' and 'imagined inadequacies' as if he were conveying fundamental and useful truths and explanations of aberrant behavior and disordered thought. The trouble with van Gogh, he tells us, is that he could not get along with people, which, however true this may be, is probably no less applicable to the Boston Strangler. In keeping with this level of psychological sophistication is his stated admiration for the interpretation of a disabling phobia given in 1927 by the poet William Ellery Leonard in *The Locomotive God*: 'a striking example of the power of a single childhood experience to invade the mind and cripple the behavior of a mature and highly gifted adult'. A comparable reductionalism in his view of mental functioning may be found in his assertion that Kafka's relationship to his father gives 'convincing proof of the power of a parent, here combined with the vulnerability of a sensitive child, to undermine the confidence and to infuse with a sense of guilt the mental structure of a highly gifted son'.

Judging from his bibliography the author has read the psycho-analytic literature with considerable restraint. As a consequence

some fairly well-established clinical entities and concepts are re-discovered by Dr. Grant. Thus he offers the opinion that some of Poe's stories are 'so charged with cruelty and sadism [sic] as to strongly suggest some inner psychological source', and that van Gogh cut off part of his own ear 'in what appeared to be an abnormal mental state'. It is not surprising that in discussing Strindberg's delusions of persecution by electrical machines he makes no mention of Tausk and the influencing machine.

This book contains some fascinating material about four artists. But the collection of such data is not enough. He who would seek to illumine the lives of the artist with rays of the psychological lamp must possess a fairly comprehensive knowledge of at least two fields: his own and that in which his subject has performed. It is to be regretted that the author of the present work seems inadequately qualified in both.

BERNARD C. MEYER (NEW YORK)

THE NATURE OF THE CREATIVE PROCESS IN ART. A PSYCHOLOGICAL STUDY. By Jaroslav Havelka. The Hague: Martinus Nijhoff, 1968. 230 pp.

Professor Havelka suggests a theory of the nature of creativity which includes 'complex associated mental processes, subjective psychic dispositions, and cognitive intentions' and is built upon 'what is implicit in Freud'. The basis for his theory lies in the primary processes, 'the primitive conditions of some of which can eventually be detected as originating in neural and psychological functions'. He mistakenly attacks what he says is Freud's idea that creativity is merely resolution of neurosis through sublimation.<sup>1</sup> Havelka understands creativity in terms of 'symbolic mental structure, imagination and stylistic form resulting from interactions between conscious, preconscious and unconscious' which 'determine the primitive constituents of the creative act and expression'. These constituents, activated by 'comic intention', a quality of

<sup>1</sup> In 1933, in a preface to Marie Bonaparte's *The Life and Works of Edgar Allen Poe*, Freud wrote: 'Investigations of this kind are not intended to explain an author's genius, but they show what motive forces aroused it and what material was offered to him by destiny'.

mental tension accompanied by a tendency toward economy of mental expenditure, or by 'tragic intention', a quality of mental tension relating to the reaction of fright in association with the uncanny, produce the creative act.

In a parsimonious way, the creative act, according to Havelka, integrates uncommunicable mental events, consciousness, present and past, archaic elements of mental formation, and present expression into an ambiguous symbolic structure that may be contemplated. The receiving mind opens 'cyclical oscillations' and 'expansions' that follow the artist's mental rhythm. Imagination is the function that reduces 'multitude into unity of effect'. A spiritual canticle of St. John of the Cross is given as an example: 'all that is fearful and all that is blissful merges into one expression of subjective ambiguity, and thereby a mental closure is achieved where a creative expression mitigates the opposites and formally determines the unlimited significance of the imaginative reality of faith'. Pleasure in this creation is experienced because primitive drives are asserted, energy is saved, closure is achieved, while ambiguity is retained.

Havelka's range of interests is wide, and stimulating. He discusses myth and Oedipus, Picasso and Matisse, regression and play, Hebb, Piaget, etc. Often his ideas are controversial or unsubstantiated. For instance, he writes that in the adolescent period 'too much concentrated effort is spent . . . in consolidating the ongoing learning processes so that they will fit into the collective patterning of reactions, and comparatively little energy is invested in the preservation of continuity between the primary and secondary functions'. And, 'When one becomes tired because of fatigue products and certain glandular secretions a conflict arises between the sleep-producing and sleep-repressing mechanisms. The resolution of this conflict is sleep itself accompanied by a quality of pleasure . . . which stems primarily from the resolution of the above-mentioned conflict.'

The author's tendentiousness about Freud (who has 'notions' while other writers have 'ideas') is sometimes irritating. One wishes Havelka had more understanding of Freud's works and the writings of more recent authors such as Waelder, Lewin, Hartmann, Kris, and Loewenstein. Havelka's theory does not include the questions of ontogenesis, or the specific intrapsychic, and



external conditions that evoke a creative act, of especial interest to psychoanalysis. However, certain of his ideas are subtle and important and the book is an interesting and stimulating contribution to the literature on the relation of art, æsthetics, and psychology.

ERNEST KAFKA (NEW YORK)

DEATH AND ITS MYSTERIES. By Ignace Lepp. New York: The Macmillan Co., 1968. 194 pp.

The preoccupation with and meditation on death which fill the pages of this small volume are not without interest for the analytic reader. The author, described as 'both a priest and a practicing psychotherapist' in France, died in 1966. Thus the present translation, well done on the whole, is the English version of a text which seems to have been written during the author's last months or years of life. If so, Lepp's fascination with immortality, his searching concern with the 'mysteries' of an ultimate form of existence, and his attempts to discover consistent attributes of—or should I say assurances for—a life after death, would reflect not only expressions of religious conviction, but could also be viewed, analytically, in the context of the author's own struggle in the face of death and other serious problems. Certain obscure passages in the book lead one to speculate, moreover, that the author's concern with death and religion may be connected with tragic experiences, perhaps as a former Jew during the period of Nazi persecution. Only in the final chapter of his book does Lepp reveal his conversion to Catholicism 'rather than to another Christian church'. Thus, his frequent, somewhat naïvely stated and polemically toned remarks about 'unbelievers', 'atheists', 'Freemasons', 'Freudianism', acquire a special meaning, of which the author himself—not unexpectedly—seems to be entirely unaware. The why and wherefore of the conversion remain undisclosed. Unfortunately, the attacks, as undistinguished in content and form as Padre Gemelli's polemics a couple of decades ago, mar the author's attempt to investigate the problems *sine ira et studio*.

Lepp's theme, of course, is that man must deal with the issue of death. His second point that he must deal with it theologically,

by believing in a life hereafter, is understandable in terms of his status as a Catholic priest and practicing Christian. But that one must come to terms with the prospect of death by accepting the belief in 'personal immortality as a result of meditating on universal evolution', seems in this day and age to go a little far even for a theologian. His enumeration of definite characteristics supposedly extant in eternal life only adds new mysteries to those already plentiful in *Death and Its Mysteries*.

WILLIAM G. NIEDERLAND (NEW YORK)

**PSYCHOSOMATIC SPECIFICITY. VOLUME I, EXPERIMENTAL STUDY AND RESULTS.** Edited by Franz Alexander, M.D., Thomas M. French, M.D., George H. Pollock, M.D. Chicago: The University of Chicago Press, 1968. 263 pp.

This work presents the historical background, the methodology, and the statistical findings of the fourteen years of research in psychosomatic medicine done by Franz Alexander and his co-workers at the Chicago Institute for Psychoanalysis. The operational hypothesis tested was that 'a patient with vulnerability of a specific organ or somatic system and a characteristic psychodynamic constellation develops the corresponding disease when the turn of events in his life is suited to mobilize his earlier established central conflict and break down his primary defenses against it'.

The authors present brief psychodynamic formulations for the seven diseases under study; namely bronchial asthma, rheumatoid arthritis, ulcerative colitis, essential hypertension, neurodermatitis, thyrotoxicosis, and duodenal-peptic ulcer. The study was aimed at testing the ability to diagnose the seven diseases through psychoanalytic anamnesis, sufficiently detailed to elicit basic psychodynamic material. The authors point out that this study has allowed them to modify and improve their previous formulations, and they promise an additional volume which will detail these formulations. The promise of an additional volume may account for the fact that less than thirty pages (three small chapters) are devoted to general historical comments, summaries, conclusions, and further theoretical formulations. The remainder of the book is devoted to reviewing some of the statistical and methodological problems.

A one hundred twenty-three page appendix provides representative examples of protocols and other material used in the study. The limited bibliography lists only three publications since 1953. This highlights a major deficiency: the authors made no attempt to review the literature or take into account the rather massive and significant new developments in psychosomatic medicine occurring since the initiation of this project. Another significant deficiency is that it would appear from reading the book that a statistical consultant was not available until after the study was well under way and, therefore, the statistical validations apparently had to be designed retrospectively.

There are significant methodological errors. One, for instance, is the use of one psychoanalyst both as a member of the full psychoanalytic research team which made judgments about psychosomatic diagnoses and as a 'cue detection judge'. Another major error is that, although titled and written as if this were a study of psychosomatic specificity in general, the study is really designed to test the ability of psychoanalytic judges to differentiate between seven specific psychosomatic conditions. No cases were interviewed which did not have one of the seven diseases. This is mentioned only twice in the entire volume. It occurs once, in an early short introductory paragraph, and again near the very end in one sentence; 'our evidence speaks for differentiation between the diseases and not for the establishment of specific formulations for the individual diseases'.

A more troubling finding is noted in the study to evaluate the significance of 'cuing'. This was an attempt, through the use of an additional panel of analysts, to search out and report any possible conscious or unconscious communications or 'cues' given by the interviewing analysts. It was found that, of those histories rated as 'strongly cued' for the actual disease by at least one 'cue detection judge', the rate of correctness of initial diagnosis by the analyst was sixty-one per cent, versus twenty-three per cent correctness in those cases in which all judges agreed that the protocols were not cued. Unless some more meaningful explanation is provided, this one fact alone casts serious doubt on the entire study.

If one ignores the above comment, the detailed statistical analysis apparently does indicate that one can differentiate between at least six out of the seven psychosomatic illnesses studied. (Thyrotoxicosis, it seems, cannot be differentiated by the criteria used in

this study.) The statistical analysis of the material seems reasonably thorough, but a detailed review of the statistics used in the study are beyond the capacity of this reviewer.

The work reported in this small volume was a pioneering effort by a group of psychoanalysts moving into uncharted areas of psychoanalytic research. The work is significant both historically and theoretically. This book should be read by anyone interested in doing quantitative psychoanalytic research, for even the errors reported are illuminating; the authors are obviously interested in showing the negative as well as the positive aspects of their study.

The long delay in publication and the lack of any attempt to modernize the bibliography and discussion make this volume much less useful than it could have been to the general psychoanalytic reader. It is particularly unfortunate that the authors have chosen to divide the report of their study into two separate volumes. They constantly allude to the second volume and promise 'an intensive study of the formulations of the successful judges and a careful review of the initial clinical material'. No indication is given of when it will become available. In my opinion, the authors do themselves, their general theoretical formulation, and the reader a disservice by not immediately providing the material which is promised in this future volume.

SHeldon GAYLIN (VALHALLA, N. Y)

**PSYCHIATRY FOR LAWYERS.** By Andrew S. Watson, M.D. New York: International Universities Press, Inc., 1968. 962 pp.

The author is both a professor of law and professor of psychiatry at the University of Michigan. Of the eleven chapters only the last deals directly with mental illness and the law. However, the first ten chapters include well written and meaningfully arranged essays dealing with developmental psychology, clinical psychiatry, psychoanalysis, and, fittingly, clinical law. These essays, referred to as 'problems', are offered at the end of chapters, affording the reader ample opportunity to examine a particular problem in the very shadow of the technical atmosphere of the particular chapter.

The book opens with an attempt to educate the student of law in the ways of human behavior. The author underscores the fact

that 'lawyers, it appears, are constantly caught up in the powerful, emotional undercurrents and ambitions of their clients'. From its opening pages the book seeks to orient the reader to the importance of interpersonal or object relations, and spell out that law, like psychiatry, cannot be practiced in a vacuum. To deal with the problems of a client the lawyer must recognize the modes of behavior, motives, and feelings of the very client before him.

The title of the book is somewhat misleading in that it suggests that the volume might be for lawyers only. We find it a useful introductory volume for beginners in other areas, and especially in clinical psychiatry. The author, a trained psychoanalyst and lawyer, draws on his theoretical and practical experience in both disciplines. His 'problems' are well arranged and should be very instructive to the beginner. Dr. Watson, we think, succeeds in writing a book that will be helpful and useful to legal and psychiatric students.

LEO L. ORENSTEIN (NEW YORK)

MOTIVATIONS IN PLAY, GAMES, AND SPORTS. Ralph Slovenko and James A. Knight, Editors. Springfield, Ill.: Charles C Thomas, 1967. 745 pp.

Fifty contributions from disparate disciplines form an uneven mélange of psychoanalytic clinical studies and speculation, historical and sociological surveys, anecdotal reminiscences, and polished after-dinner speeches by the new breed of coach. However, the completeness of the introduction summarizing each of the thirteen sections exemplifies the thoroughness and devotion of the editors. Cartoons of mediocre artistry at the intellectual level of the old Saturday Evening Post are an irritating editorial lapse. They are an ill-advised venture into playfulness which is unsuccessful.

Although many of the analytic contributions are reprinted from other sources, Reider's valuable article on preanalytic and psychoanalytic theories of play and games was prepared especially for this volume. He rejects the concept of functional pleasure since it ignores object relations and the unconscious. Even the earliest play, he argues, must be considered social since it takes place in the setting of the mother-child relationship. Reider doubts that play helps solve internal problems except in therapeutic situations.

At most, play provides an opportunity for rehearsal to prepare for mastery at a real level, or for transient discharge with an illusion of mastery.

Stokes's speculations on the development of ball games is difficult to follow in places because he combines Kleinian formulations with the unfamiliar intricacies of cricket. He considers games as substitutes for warfare which permit the innocuous discharge of considerable aggression and masochism. The predominant libidinal level is genital, and the symbolic issue is potency. Petty's consideration of baseball leans heavily on Freud's Totem and Taboo. Three simultaneously expressed and interdependent fantasies constitute the unconscious plot of the game: the rivalry between two teams of brothers, the duel between the pitcher-father and the batter-son, and the insured triumph of the latter over the former in terms of the primal horde. Adatto's refreshingly clinical paper on golf reminds us that while a game may have certain common symbolic meanings, it has also a wide range of unique intrapsychic meanings for individual patients.

As a compendium of information on coaching, team sports, individual competitive sports, fighting sports, board games, and nature-oriented activities, this volume is a helpful reference. Had the editors included the relevant papers of Erikson, Anna Freud, Greenacre, Ernst Kris, Peller, and Waelder, analysts would have found it a more valuable source book.

EUGENE H. KAPLAN (GREAT NECK, N. Y.)

THE NEUROSCIENCES. A STUDY PROGRAM. Gardner C. Quarton, Theodore Melnechuck, and Francis O. Schmitt, Editors. New York: Rockefeller University Press, 1967. 962 pp.

When I was graduated from college, over thirty years ago, I could read *Science* and follow almost every article that appeared in it. Today I can understand only the papers on the behavioral sciences and on a few other subjects in which I have maintained an interest. During my internship I realized that it was impossible to follow the full range of medical literature, and I looked forward to the day when I could restrict my reading primarily to neurology and psychiatry. Needless to say, today the literature of psychiatry alone

cannot be followed properly except as a full-time occupation. What I am describing is merely the 'information explosion' as it affects psychiatry among other scientific disciplines. Most of us do not really understand the new developments which are evolving with increasing speed at the periphery of psychiatry. The large majority of these are merely interesting; but a few are important in the sense that they may well affect the practice of psychiatry in the future. Since the conventional channels of distributing information are failing to meet the need, responsible scientists are casting about for new methods.

In 1962, an international, inter-university organization was established, the Neurosciences Research Program, which was funded by Federal grants and sponsored by the Massachusetts Institute of Technology. Its associates, men from many disciplines which pertain to the neurosciences, have attempted to gather new information directly from the most creative minds in the field, and to disseminate it by conferences, symposia, and publications.

This book offers a series of sixty-five essays prepared for an intensive study program which was presented in the summer of 1966 among a group of one hundred fifty-three selected scientists. The subjects covered include: components of the nervous system, molecular biology, molecular biology of brain cells, neuronal physiology, brain correlates of functional behavioral states, brain correlates of learning, and interdisciplinary topics. Each essay is written by a master of the field. Almost every essay is fully illustrated by appropriate charts, diagrams, and photographs. Among them one finds strikingly beautiful and impressive photographs of the nervous system as it appears under the electron microscope. One sees actual pictures not only of synapses, but of nucleic acid and other large molecules. The essays are each organized to review a given field without simplification, yet they read easily and comfortably. Most psychiatrists will find their knowledge challenged by some of the mathematics, chemistry, and physics. Yet the argument of each chapter can be followed and understood even if details are skipped. I confess that I am reviewing this book without having read every word of it. I would recommend that my colleagues leaf through it to become familiar with its contents, look at the photographs and diagrams, read those chapters which interest them, and then to use it as a reference book. When one wishes to know more of the biol-



ogy of the nucleic acids, or more of the ultrastructure of the central nervous system, or more about the electrical activity of the nervous system, one can turn to this book for an authoritative and informative presentation.

Of most direct interest to psychiatrists is a chapter by Kety on psychopharmacology. Here Kety presents a resumé of current knowledge of the mode of action of the drugs used in psychiatry. He considers the problem of inconclusive data and proposes a working hypothesis that seems to make sense. For one who is not yet familiar with the brain chemistry of drug therapy, this paper is a good starting point. There are also papers on sleep by Jouvet and by Evarts, a paper on drive by Teitelbaum, and there are papers on arousal systems and functions; one by M. E. and A. B. Scheibel, one by Zanchetti, and one by Adey.

Obviously neither this, nor any other innovation in the diffusion of scientific information, is free of fault. One of the drawbacks of this effort is that it fosters an 'elitism'. That in itself would not be so bad, for one can see an advantage in distributing information by letting it trickle down from above. The problem is that such 'elites' perpetuate themselves. The points of view favored by the elite are propagated, while competing points of view are pushed aside so that only the most self-confident thinkers, and few if any students, will be able to see the field objectively.

It cannot be considered a defect of the book that it ignores psychoanalytic concepts. The editors and organizers have attempted to stay as close to the material and the physiological as possible, and while recognizing that all of these data and theories achieve usefulness only as they can be applied to psychic function, they nevertheless choose to confine their selections to what might be called the 'basic sciences of psychiatry'.

The book is handsome, beautifully produced, and heavy. The reader will benefit from the physical exercise of handling the book as well as the intellectual exercise of reading it. While it is expensive, it would have to be even more expensive if its production were not partially subsidized by the NIMH.

MORTIMER OSTOW (RIVERDALE, N. Y.)

## International Journal of Psychoanalysis. L, 1969.

Lawrence H. Rockland

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## ABSTRACTS

**International Journal of Psychoanalysis. L, 1969.**

In this issue, the editors have inaugurated a new policy: classical papers from previous issues will be republished. The Strachey and Bibring papers below are the first of this series.

**The Nature of the Therapeutic Action of Psycho-Analysis.** James Strachey. Pp. 275-292. (Reprinted from Vol. XV, 1934.)

Influenced by Melanie Klein as well as by Freud, Strachey sees the essence of psychoanalytic therapy as being the alteration of the patient's superego through a series of 'mutative interpretations'. The mutative interpretation is always a transference interpretation and occurs in two stages. First, the patient is made aware of the quantity of id energy directed at the analyst; secondly, the patient becomes aware that this energy is directed toward a transference object rather than a real one. Through constant dosing of such interpretations, there occurs an amelioration of primitive superego and id elements, and the psychic organization is freed to grow toward greater maturity.

**The Development and Problems of the Theory of the Instincts.** Edward Bibring. Pp. 293-308. (Reprinted from Vol. XXII, 1941.)

In this very scholarly paper, Bibring traces the development of the theory of the instincts. Freud first postulated two sets of instincts, the sexual and the ego instincts. With the introduction of the concept of narcissism, libidinal aspects of the ego instincts were recognized. Increasing attention to aggressive drives led to their being attributed to the ego instincts. Finally, aggressive drives were recognized as co-existing with libidinal drives in the id; ego instincts were viewed as being derived from both libidinal and aggressive components. The paper concludes with a lengthy discussion of the theoretical advantages accruing from the postulation of a death instinct.

**A Contribution to the Ego-Psychological Critique of the Kleinian School.** Otto F. Kernberg. Pp. 317-333.

Kernberg begins with a review of the criticisms of the Kleinian school by more 'mainstream' ego-psychological analysts; for example, Waelder, Bibring, Jacobson, and Zetzel. These criticisms are directed at: 1, the concept of an inborn death instinct; 2, the concept of innate knowledge of genitals and sexual intercourse; 3, the neglect of epigenetic development and of environmental factors; 4, the 'pushing back' of psychic development into the first few months of life; 5, the ambiguity of much Kleinian terminology; 6, the application of Kleinian analysis to all patients regardless of severity of pathology; 7, the neglect of the defensive organization of the patient in theories of technique; 8, the lack of 'deepening' of the analytic relationship as a result of interpreting the same pattern of primitive conflicts repeatedly; and 9, the lack of humility of Kleinian analysts as to their therapeutic results.

However, Kernberg also points out that many aspects of Kleinian theory and technique have been integrated into mainstream psychoanalytic thought. These include: 1, the importance of early object relations; 2, the importance of the paranoid and depressive positions; 3, the importance of aggression in early development; 4, the earlier formation of superego structures; 5, the application of classical analysis to children; 6, the importance of ego splitting; and 7, the fact that psychotic patients are capable of transferences. He ends on the hopeful note that significant integration has occurred between the ego-psychological analysts and the Kleinian analysts, and hopes that this process will continue.

**The Dying Patient.** Lawrence J. Roose. Pp. 385-395.

This extremely moving account of Dr. Roose's treatment over four months of a man dying of lung cancer was abstracted in Notes, This *QUARTERLY*, XXXIX, pp. 167-169.

LAWRENCE H. ROCKLAND

**Journal of Nervous and Mental Disease.** CXLVIII, 1969.

**A Systematic Study of Ego Functions.** Leopold Bellak and Marvin Hurvich. Pp. 569-585.

After reviewing some of the literature on specific ego functions, the authors select twelve of them. They define these ego functions carefully and, setting up criteria for evaluation, attempt to measure them in a study of matched groups of schizophrenics, neurotics, and normals. The evaluation is done in the context of whether each subject was operating on his usual psychological plane, or whether he was under the stress of some catastrophic life situation. Material was obtained from three sources: 1, clinical interviews; 2, a clinical psychological test battery; and 3, experimental procedures from the psychological laboratory. Differences among the groups were found to be statistically significant, with schizophrenics lowest, neurotics next, and normals highest.

HAROLD R. GALEF

**Journal of Nervous and Mental Disease.** CXLIX, 1969.

The first two numbers of this volume are presented as a *Festschrift* for Lawrence S. Kubie. The first number includes several articles in appreciation of Dr. Kubie's work and a bibliography of his publications dating back to 1925. The remaining articles in this issue concern themselves with neurophysiological work having important bearing on our understanding of psychological processes. The particular relevance in such a *Festschrift* is in terms of Dr. Kubie's notable contributions in this area of study. The second number contains the following psychoanalytic papers.

**Aggression and Adaptation.** René A. Spitz. Pp. 81-90.

The author engages in some interesting random thoughts stimulated by Lorenz's studies on aggression in animals. Cautioning against the pitfalls of drawing exact analogies between animal and human behavior, Spitz nonetheless manages to present some useful comparisons between certain phylogenetic developments in animals and ontogenetic processes in man. Regulatory principles of animal instincts are seen as related to, although not identical with, the psychological handling of drives in the human organism.

**Hunger and Instinct.** Hilde Bruch. Pp. 91-114.

Dr. Bruch presents many observations to demonstrate that people show great differences in the accuracy of recognizing and conceptualizing bodily needs. For example, obese subjects are affected by external cues such as the sight of food, its availability, and apparent passage of time, whereas subjects of normal weight eat according to interoceptive determinants. Building on such data, the author provides a great deal of support for the assumption that seemingly innate functions require learning experiences early in life. Discriminating awareness of hunger itself is not felt to be present at birth, but develops, accurately or distortedly, through reciprocal transactional feedback patterns of experience. Feeding in the human infant always demands the cooperation of another person. Dr. Bruch feels that failure of a regular and persistent appropriate response to his needs deprives the developing child of the essential groundwork for his 'body identity' with discriminating perceptual and conceptual awareness of his own functions. Extensive neurophysiological data are referred to in support of the thesis from the biological side. In relating her thesis to Freud's conception of instinct, she states that his ideas of fixation, repression of, or regression to a pre-existing instinct can now be formulated as deformed organization of the functional potential because of inconsistent learning, or as functioning on different levels of neurophysiological integration of the central nervous system.

**Remarks on Creativity, Imagery, and the Dream.** Bertram D. Lewin. Pp. 115-121.

This paper consists of reflections on Kubie's remark that the commonest creative act is to dream. Discussed are several varieties of such creations which are distinguished both by the developmental period they seem to arise from and by types of processes involved in producing imagery.

**Dreams in Clinical Psychoanalytic Practice.** Charles Brenner. Pp. 122-132.

Brenner offers a revised theory of dream psychology based on the structural theory. It assumes that the mental energy which is associated with the latent dream content activates various unconscious ego and superego functions, just as might happen during waking life. The dream work and waking mentation are characterized by the simultaneous interplay of mature ego functioning and primitive or infantile ego functioning. It is as a result of regressive alteration of the ego function of reality testing, in addition to the familiar characteristics of the dream work caused by ego and superego regression, that the dreamer believes what he dreams is not fantasy but reality. This view of dream analysis affords an aspect of unconscious conflict rather than merely an opportunity to identify an unconscious, infantile wish. A corollary of the author's view is that many other psychological data should be dealt with in parallel fashion to the dream, and would often yield similar results.

**Thoughts Concerning Appointment and Election Procedures for Training Analysts and Other Faculty Members.** Rudolf Ekstein. Pp. 208-212.

The author starts with the premise that psychoanalytic training can flourish only with the creation of two basic conditions—the continuity of the training

system and the authority. Taking the role of the training analyst as central in this endeavor, he presents a number of concrete suggestions for such a person's selection. His method involves committee evaluation, stressing scientific and professional aspects, with obvious attempts to remove it from the sphere of institute politics.

**Is Classical Psychoanalysis a Dangerous Procedure?** Walter Weintraub and H. Aronson. Pp. 224-228.

Although many clinicians have assumed that classical psychoanalysis can be dangerous in a variety of ways, including the precipitation of a psychotic process, others have felt that this view is grossly exaggerated and may even represent the analyst's fantasies of omnipotence. This issue is of particular interest in an era when psychoanalytic techniques are being used with a much broader range of psychopathology than ever before. The authors collected data from thirty analysts whose patients included twelve per cent diagnosed as borderline. The 'ego strength' of the group was apparently good, and the results showed that the danger of severe decompensation was minimal.

HAROLD R. GALEF

**Israel Annals of Psychiatry.** VI. 1968.

**Some Remarks on the Study of Abnormal Concept Formation.** Levy Rahmani. Pp. 1-12.

Criticizing previous research, especially K. Goldstein's work with schizophrenic and brain-damaged patients, for methodology reflecting a mechanistic view of mental functioning, the author presents cogent ideas that are the basis for his ongoing research. Artificial dichotomies that lead to stilted, rigid thinking and thought experimentation are questioned and found lacking. Concrete-abstract, perceptual-conceptual, and projective-cognitive dichotomies imply an either-or approach which loses sight of the observation psychoanalysts make daily in their clinical work: that particular private associations can always interfere to some extent in the selection of essential attributes. The impact of personality must be considered in any study of concept formation, and a systematic investigation of the hierarchy of attributes is needed, especially with regard to normal subjects. An elucidation of how hierarchies are organized—i.e., the shifting orders and classes used as bases for abstraction of attributes of objects—would touch upon a forefront of psychoanalytic ego psychology, the psychology of thinking.

**On the Vicissitudes of Sibling Penis Envy in a Girl Twin.** Morris Beckwett. Pp. 13-29.

The author reviews the literature on twins, including Burlingham's concept that identification produces altruism and fairness as a reaction-formation against competition employed to overcome the twins' envy and jealousy of each other. Beckwett quotes Freud, 'anatomy becomes destiny', in the case of a little girl twin where identification and fairness are constantly interfered with and disproved by the difference in anatomy as well as by hereditary differences. The case is dramatic and beautifully written. The patient came into analysis at age thirty-seven after an incident during which she was paralyzed with fear that

she would overturn their canoe and kill her husband under water with her fishing knife. The outbreak of the neurosis was correlated with a traumatic situation at age thirty-two months when the patient was paralyzed with fear over the castrative intent with which she attacked her twin brother's exposed genitals.

Analytic work revealed the relationship between her infantile neurosis—Christmas tree and Chinese pigtail phobias—and her intense penis envy and castration anxiety. The elaboration of defenses, symptoms, and character traits is lucidly described. Fantasies that predispose to neurosis, such as that of a shared penis, may be fostered by the habit of rearing twins in close and intimate contact, prolonging the symbiotic phase of their development, with confusion of self and object.

**The Treatment of Two Patients after Serious Attempts at Suicide.** F. Brull. Pp. 30-39.

Repressive material and unconscious conflicts are not considered of much importance compared with 'existential problems which are the real basis of the illnesses which we are treating.' Leaving aside Brull's inconsistency with his own advice to treat patients, not illnesses, it must be admitted that great tragedies can enter a person's life. Who is to say what a person might do when his back is against the wall? One patient's younger brother was captured by Nazis and executed before her eyes for a deed which she had carried out, but could not summon the 'courage' to admit. Certainly this could cause a traumatic neurosis and I doubt that any human being ever fully 'recovers' from such an experience. But whether it precipitates a psychoneurosis with the return of repressed internal conflict is another matter—a matter never really elucidated because of the author's interest in existential problems. He focuses on guilt as the central issue in two very disturbed patients who had made serious suicidal attempts. Besides guilt in terms of psychic structure—i.e., tension between ego and superego—claim is made for a second guilt: acts of omission or commission which are a betrayal of everything one holds dear.

**Stealing as a Pathological Symptom.** A. Elizur and R. Jaffe. Pp. 52-61.

Elizur and Jaffe discuss kleptomania as an ego-syntonic, irresistible impulse to take another's property. The symptom can be found in neuroses, personality disorders, psychoses, and organic disorders, as illustrated by the six case vignettes cited. The psychoanalytic explanation is stressed: the symptom gives symbolic satisfaction as a compromise between the repressed impulse, 'most probably to steal the parents' love', and the restrictions of conscience. Anticipated punishment may satisfy guilt for the theft. The impulse is usually multidetermined from several fixation levels: oral (to steal mother's milk), anal (to steal, collect, and guard precious things), and phallic (to steal the penis). In addition to these libidinal determinants there are aggressive components to the theft. This must be classified as an 'impulse neurosis' occupying a position between neurosis and psychopathy, with acting out accompanied more or less by anxiety and guilt feelings. The ego and superego weakness in such patients is stressed.



**Observations and Data on Mother-Infant Interaction.** Anna M. Kulka. Pp. 70-84.

Using simultaneous measurements of heart rate and muscle tone during feeding of infants by their mothers, the author gives evidence to show that tension is transmitted by mother to infant. There are several revealing photographs of 'good' and tense mothers nursing and holding their babies. This work, like other recent papers on direct observation of mothers and infants, confirms psychoanalytic hypotheses regarding the extreme importance of affective experiences during the preverbal period of development. All observations established that infants are extremely sensitive to touch, holding, handling, expressions, voice, gait, and mood. Some two-year follow-ups confirmed observations the author had made during the symbiotic phases of the infants.

SHELDON WOLFE

*Revue Française de Psychanalyse.* XXXII, 1968.

*En relisant en 1966, Analyse terminée et analyse interminable* (Re-Reading in 1966, Analysis Terminable and Interminable). Julien Rouart, Pp. 193-214.

Since Freud's paper was published in 1937, increased knowledge of narcissism, early ego development, and penis envy helps us to deal better with the resistances of penis envy in women, the fear of castration, and the revolt against passive feminine attitudes in men.

*Introduction au colloque sur analyse terminée et analyse interminable de Freud* (Introduction to the Colloquium on Analysis Terminable and Interminable of Freud). J. A. Gendrot. Pp. 215-225.

The author reflects upon the results of analysis now and at the time of publication of Analysis Terminable and Interminable. He focuses on two principal themes: 1, Is analysis a treatment? 2, What are the goals of analysis for the analyst and for the patient? He arrives at the same conclusion as Freud: analysis, whether didactic or therapeutic, is not terminable. For the author, analysis is not a therapy.

*En relisant en 1966, Analyse terminée et analyse interminable* (Re-Reading in 1966, Analysis Terminable and Interminable). R. Diatkine. Pp. 226-230.

In relation to termination of analysis, it is not so much the question of whether all the memories have been recovered, the infantile amnesia completely lifted, or the id energy integrated into the ego. Rather it is obtaining through analysis different forms of the œdipus complex and its fantasies. The goal is to minimize the energy waste in the conflict between the libido and death instincts.

*Transferts et névrose de transfert* (Transference and Transference Neurosis). M. de M'Uzan. Pp. 235-245.

The analyses interminable are those in which a transference neurosis has not been established, while those analyses in which the transference neurosis has been established and worked on evolve naturally toward termination.

***L'inachèvement de l'analyse: loi biologique ou contre-transfert? (Unfinished Analysis: Biological Law or Countertransference?).*** R. Barande. Pp. 263-272.

Barande considers Freud's countertransference as having a double impact on his attitude toward interminable analysis: a theoretical conviction and a technical exigency. His theoretical conviction is determined by the concepts of the death instinct and castration anxiety as biological determinants of the destiny of the cure. The technical exigency depends on his imperious demand that the woman give up penis envy and the man accept his passive feminine wishes. Barande reasons that if one poses the concepts of the death instinct and castration complex as biologically or phylogenetically determined, it tends to engage the analysis in an impasse so that neither analyst nor patient have to deal with the castration anxiety implied in ending the treatment, the implications of separation being castration and death.

***Réflexions sur l'envie du pénis (Reflections on Penis Envy).*** J. Chasseguet-Smirgel. Pp. 273-278.

The author deals with 'the last chapter of Freud's paper, i.e., about the rock the psychoanalytic cure hits against'. It is important to make a distinction between penis and phallus, as Grunberger does. Chasseguet-Smirgel attempts to clarify the symbolic character of the penis. The mother as a real external object, lacking a penis, contradicts the fantasy of the all-powerful mother image. To possess a penis is then to triumph over the devaluated maternal image. This is related to Freud's hypothesis about the helplessness of the child and the concomitant narcissistic injury provoked by early frustrations that force the child to part with his primitive megalomania and to project it onto the mother. By possessing a penis the little girl hopes to get over the initial narcissistic injury. The man's penis is the symbol of the phallus.

The author does not reject the concept of penis envy as a defense against unaccepted femininity. Penis envy or possession of the penis in fantasy may interfere with the accessibility of the repressed oedipal wish; only in such eventuality is it justified to analyze penis envy in terms of defense. At the level of representations and symbolization, narcissistic injury and castration cannot be differentiated, although theoretically they refer to different levels of organization.

**Conclusion.** Jean Kestenberg. Pp. 315-317.

In the papers of the colloquium there are four intermingling directions of thought. 1. The majority of the participants directly or indirectly deal with the problem of analyzability; the desirability to evaluate more accurately—even in the neurotic group—the personality structure that allows the patient to establish a transference neurosis. 2. The participants attempt to clarify the concepts of castration anxiety and passive homosexual submission in men, and penis envy in women. If penis envy and passive homosexuality can be recognized and accepted as fantasies and not as real, biologically founded castration, they will no longer constitute a 'monolithic rock.' 3. There is considerable concern over the concept of the death instinct, its relation to repetition compulsion, its under-

standing by the analyst, and the effect this has on countertransference. 4. Considerable thought is given to the technical problems in difficult cases, mainly other than neuroses. Is a preparatory analysis or psychotherapy indicated?

***Contribution clinique à la compréhension de l'imaginaire des parents. A propos de l'adoption ou le roman de Polybe et Mérope*** (Clinical Contribution to the Understanding of the Fantasies of Parents. A Work on Adoption or the Story of Polybus and Merope). Michel Soulé. Pp. 419-464.

Soulé's paper is based on his psychoanalytic experiences with adopted children and parents and clinical experience with adoption cases. The focus is on the problems of the adoptive parents rather than on the children; the latter often behave as natural children while the parents are confronted with a re-elaboration of their œdipal fantasies more intense than if the children were their own. In all families there are interactions between the fantasies of parents and children. This is also true in adoptive families.

Sterility implies a final renunciation of the realization of the ego ideal. The wish to adopt is often an attempt to prevent the anxiety and depression resulting from this final renunciation. Sterility also has implications concerning castration fantasies, the manifestations of which are more varied and subtle in the female than in the male. By making a decision to adopt, the sterile couple defies the œdipal prohibition in a way natural parents do not have to do. The adoption constitutes a mode of dramatizing œdipal conflict and castration anxiety. The fantasies which the adoptive parents elaborate are those of all parents confronted with the œdipal conflict when it becomes conscious, as in analysis.

The adoptive parents' anxiety about revealing the adoption to the child is related to Polybus and Merope keeping the secret from Œdipus. Among other reasons for their anxiety are the narcissistic injury of sterility, the denial of the primal scene, and unconscious fantasies about castration. The author concludes by proposing two different versions of the story of Polybus and Merope as adoptive parents.

***Remarques sur les rapports de la psychanalyse avec la médecine psychosomatique*** (Comments on the Relations of Psychoanalysis and Psychosomatic Medicine). P. B. Schneider. Pp. 645-672.

Psychoanalysis has not yet satisfactorily explained the nature of psychosomatic illness nor has it been successful in treating it save in a few and very select cases. The jump from biology to psychology remains a mystery. This is an interesting, well-written paper with a comprehensive bibliography.

***Le cas Dora et le point de vue psychosomatique*** (Dora's Case and the Psychosomatic Point of View). P. Marty; M. Fain; M. de M'Uzan; C. David. Pp. 679-714.

Dora's symptoms (particularly the migraines, 'asthenia', 'pseudo hysteria', and gastric pain) are considered from a psychosomatic point of view. The authors feel that the diagnosis of conversion hysteria does not adequately represent the complexities of the case.

HUGO DEL BOSQUE

**Psychiatric Quarterly.** XLI, 1967.

**The Concept of Empathy and the Development of Affect Patterning.** Jack M. Gershberg. Pp. 658-682.

Empathic emotional linkage involves adequate stimulation of feelings in the infant by the mother. This is of significance in terms of patterns of behavior in the infant, problems of personality development, and later, adult personality disturbances including chronic disturbances of affect and obscure emotional reactions in intensive psychotherapy. Anxiety, disgust, and rage are reactions that can be unwittingly evoked between mother and child; this can result in impairment of the development of the need for tenderness. As situations involving the need for tenderness occur in adult life, the original dissociated affects of anxiety, rage, or disgust may recur.

BRUCE FISHER

**Psychiatric Quarterly.** XLII, 1968.

**The Orality in Phobias.** David W. Shave. Pp. 137-145.

The contribution of the oral stage to the etiology of phobias is less recognized than the castration anxiety of the oedipal period or the conflicts of the anal stage. The author points to the oral stage as the basis of phobias in orally deprived patients threatened by their own guilt-provoking hostility in response to the oral frustration. He views the phobia of Little Hans in terms of oral hostility toward a significant object, and presents a series of cases of aichmophobia (dread of sharp objects) as an illustration of the phobic reaction as solution to threatened loss of control over oral hostility and oral incorporative guilt. Each of his clinical examples of aichmophobia, however, appears to demonstrate avoidance with a conscious awareness of the nature of the fear rather than a true phobic reaction in which displacement is operative.

**The Jelly Baby.** Harvey R. Greenberg, H. Robert Blank, and Daniel P. Green-son. Pp. 211-216.

A birth fantasy hitherto undescribed but commonly shared by adolescent girl members of a socioeconomically deprived New York community is reported. The fantasy involves the 'conception' and subsequent 'birth' of an amorphous mass (jelly baby) resulting from the vaginal penetration of a menstruating lesbian by the finger or tongue of her partner. The authors speculate on the meanings of the fantasy in light of infantile theories of conception and birth, including cloacal fantasies, oral impregnation, and denial of castration.

**On Masturbation: A Study of Jean Genet's 'Our Lady of the Flowers'.** Jose A. Valeros. Pp. 252-262.

In *Our Lady of the Flowers*, Genet reveals his masturbation fantasies from which associated impulses and defenses can be inferred. Using Genet's conscious fantasies, Valeros speculates that Genet initially develops a primitive motivating anxiety akin to infantile hunger, unconsciously experienced as damage to his body. He then defensively splits his self-representation into a hungry self, represented by the mouth and a nonself, represented by the limbs. The nonself is

projected outward as a milk-giving male and then re-incorporated via a masturbation fantasy of fellatio. This re-fusion coincides with a masturbatory orgasm that results in both a repair of the damaged self-representation and a filling up, analagous to primitive satisfaction at the breast.

**Recurrent Obsessional Episodes as a Symptom of Underlying Depression.** Eugene Toker. Pp. 352-357.

The author briefly reviews the literature on the relationship between obsessional neurosis and manic-depressive psychosis. Features seen to be similar are: a phasic recurrence with symptom-free intervals, the frequent mutual appearance of obsessive and depressive qualities, a high degree of ambivalence, and a common relation to anal-sadistic libidinal organization. Toker describes the case of a twenty-five-year-old woman with recurrent episodes of severe obsessional thoughts subsequently replaced by depressive features. He sees this as a case of underlying manic-depressive psychosis initially masked by obsessive-compulsive symptoms. The accuracy of his diagnosis of psychosis and of the implications he draws for electroshock therapy are questionable.

**Orthopraxis.** George Devereux. Pp. 726-737.

Devereux coins the term orthopraxis to describe the generally unconsciously determined undoing of one parapraxis by another. He describes numerous clinical examples in which a second parapraxis occurs following the initial one in such a way as to cancel its deleterious results. In underscoring the frequent reality orientation of symptomatic behavior the author wishes to dispel the technical superstition that reality is not 'analyzable'. He demonstrates the manner in which a neurotic act can achieve reality-adaptive ends as a corollary to the neurotic exploitation of normally appropriate activity. Neurotic components of functioning do not preclude productivity and indeed many artistic and scientific innovations (including psychoanalytic interpretations) result from the realistic exploitation of 'corrective parapraxes'.

BRUCE FISHER

## Meetings of the New York Psychoanalytic Society

Maurice S. Nadelman, Martin S. Willick & Stanley Friedman

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## NOTES

ERNST L. FREUD, Sigmund Freud's youngest son, died in London on April 7, 1970. After his retirement as an architect, Mr. Freud devoted his time to editing his father's correspondence. He was the editor of *Letters of Sigmund Freud* and of *Sigmund Freud-Arnold Zweig Briefwechsel*, and co-editor of *Sigmund Freud-Oskar Pfister: Briefe 1909-1939* and of *Sigmund Freud: Briefe 1873-1939*. He served as Managing Director of Sigmund Freud Copyrights Limited.

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### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

March 11, 1969. FREUD'S TWO THEORIES OF SEXUALITY. George S. Klein, Ph.D.

Klein states that there are two psychoanalytic concepts of sexuality: the clinical theory and the drive discharge theory. In identifying a common property of sensuality in children and adults, not synonymous with genitality and procreation, Freud used the term 'sexuality' as the experience and pleasure in infants and genital behavior in puberty. In Klein's opinion the word 'sexual' obscures the primary, enveloping experience of pleasure that manifests itself from early infancy on; 'sensuality' is a better word for the crucial pleasure component of sex. Normally the two aspects of sexuality, sensual pleasure and the modes of its evocation, converge into the genital pattern. Sensuality is 'plastic' because it can be aroused by various means: autoerotic, heterosexual, homoerotic. And the plasticity of sensuality creates a potential for conflict that distinguishes sexuality from other psychosomatic cravings.

The clinical theory of sensuality does not reduce motivations to a sexual history but rather locates sexual and nonsexual processes, and their motivations, in the social existence of the developing self. Consequently every sensual experience has reverberations on self-conception and self-esteem, and conversely crises in these respects affect sensual activity. A justification for viewing sensual behavior in terms of drive discharge theory is the hold sexual cravings have on thinking and behavior. Klein examines these two theories of sensuality, and considers the discrepancies between the clinical and drive discharge concepts.

DISCUSSION: Dr. Victor Rosen disagreed that Freud's metapsychological theory parallels the clinical theory of sexuality. He also questioned Dr. Klein's implicit equation of 'sensual' and 'sexual'. He suggested that drive discharge theory more accurately describes the clinical connections of diverse observations than does clinical theory. Although he agreed with the separation of two essentially different theories, Dr. Leo Spiegel commented on the different ways he and Dr. Klein regarded the role of discharge and pleasure in drive reduction theory. Dr. Charles Fisher cited experimental neurophysiological evidence that demonstrates that peremptory drivelike behavior can be brought about independently of any evidence of activation of the drive in the physiological sense.

MAURICE S. NADELMAN



March 25, 1969. CLINICAL STUDIES OF THE SEPARATION-INDIVIDUATION PHASE. Elisabeth Geleerd, M.D.

Dr. Geleerd stressed that the study of child development must be based on the collaboration between trained observers and clinical psychoanalysts. As clinical findings increase awareness of the influence of early phases of life on psychic development, the need for direct observation becomes more apparent. She reviewed the studies of Mahler and her associates on the interaction of the child and mother during the separation-individuation phase, and compared the findings from psychoanalytic treatment of children and adults with these observations. Several clinical examples were presented which supported Mahler's findings that the last phase of the separation-individuation process frequently coincides with the anal phase.

DISCUSSION: Dr. Margaret S. Mahler agreed that psychoanalytic observational research and clinical reconstructive data should complement each other and eventually be integrated. She stated that it is not correct to speak of 'separation' or 'individuation' taking place at any time after the structuralization of the ego and the establishment of boundaries of the self. Dr. Mary O'Neill Hawkins felt that Dr. Geleerd's clinical cases demonstrated the traces of difficulties of the separation-individuation phase. Dr. Martin S. Willick presented excerpts from the analysis of an adolescent in which transference manifestations of a need for closeness were revivals of the patient's early difficult relationship to his mother. Dr. Robert Bak noted that in the Schreber case Freud had utilized the reconstructive process to gain insight into the early stages of object relations. Dr. Sylvia Brody felt that the anal phase could not be equated with the descriptive phase of *rapprochement*.

MARTIN S. WILICK

April 8, 1969. A PSYCHOPHYSIOLOGICAL STUDY OF NIGHTMARES. (Freud Anniversary Lecture.) Charles Fisher, M.D.

Fisher presented a psychophysiological study of nightmares. Thirty-seven subjects were studied for one hundred fifty nights, using continuous recordings of EEG, eye movements, cardiac and respiratory rates. The most basic finding was that spontaneous arousals with anxiety can occur in all four EEG stages of sleep; the most severe are the Stage 4 nightmares which include the *pavor nocturnus* of children and adults, and the traumatic neuroses of adult onset. REM anxiety dreams occur with all degrees of intensity, but Stage 2 arousals can occur with much less anxiety.

In the Stage 4 arousal-reaction nightmare, the subject goes into an arousal reaction in which he is confused, dissociated, unresponsive to the environment, and hallucinates. There are physical flight reactions, intense autonomic discharge, and heart rate may more than double while respiration becomes rapid, irregular, and of increased amplitude. Also there seems to be a relationship between intensity of nightmare and depth of sleep. Stage 1 REM anxiety dreams occur with varying degrees of intensity but the anxiety never matches that of the Stage 4 nightmare. There can be slight to moderate increase in the cardiac and respiratory rates but in most instances they are not greater than normal

REM fluctuations. Stage 2 nightmares are more severe than REM anxiety dreams but much less intense than those of Stage 4.

Fisher hypothesizes that deepest Stage 4 sleep brings about marked regressive changes in the ego. The archaic nature of the Stage 4 nightmare was stressed, especially in its primitive sexualized aggression, mostly turned against the self. He concludes that the 'Stage 4 nightmare is not a dream at all . . . , but a symptom . . . brought about by a rift in the ego's capacity to control anxiety. . . . The nightmare itself is more like a brief and reversible psychotic attack than a dream. The REM anxiety dream, on the other hand, is a normal phenomenon present . . . throughout life.'

STANLEY FRIEDMAN

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### MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

March 17, 1969. PSYCHOANALYTIC CONCEPTS OF ADDICTION (SYMPOSIUM). Robert A. Savitt, M.D., Chairman; Lawrence Deutsch, M.D.; William A. Frosch, M.D. (by invitation) .

Dr. Savitt discussed the psychopathology of the addictive process, stating that when the mothering process is disturbed, there may be psychological predisposition to addiction. He suggested that the model for addiction later in life lay in the vicissitudes of the feeding and weaning process during infancy. Addiction to drugs and addiction without drugs have the same fundamental psychopathology. All addictions run the gamut from the malignant to the relatively benign, the malignancy of the addiction process being in direct proportion to the integrity of the ego structure. Examples of addict personalities were presented: one case was afflicted with multiple addictions, to thumbsucking, food, amphetamines, and cigarettes; another was a classic type of opiate abuse.

Dr. Deutsch discussed addiction with special reference to adolescence. He presented the case of a thirteen-year-old boy suffering from intractable asthma, who was completely dependent on medication. He was treated as an addict with good results. The relationship between asthma and addiction, and the use of either or both to deny and yet gratify underlying phobic fears, was discussed. Dr. Deutsch singled out marijuana as a flagrant example of drug choice and abuse in adolescence. He stressed that 'miracle' drugs, such as Prednisone, can lead to iatrogenic addiction on a psychological basis. The relationship between the ego and superego in the adolescent addict was discussed. He emphasized that drugs themselves cause superego regression, leading to a synergistic effect between that regression and the type of regression due to corrupt parental influences and to the normal adolescent regression. He cautioned against social sanction of drugs such as marijuana.

Dr. Frosch reviewed the types of drug that provide satiation, activation, and fusion, depending on the individual's needs and specific ego state. Satiation is promoted by opiates, alcohol, and sedatives; the user seeks a stupor reminiscent of the narcissistic regressive phenomena described by Mahler. Fusion is pro-

moted by the hallucinogens, which produce alterations in perception, mood, time sense, and sense of self. A sense of active mastery is produced by the amphetamines. Perhaps the earliest precursor of the search for this state is the practicing period described by Mahler when the toddler 'appears to be at the peak point of his belief in his own magic omnipotence'. The main groups of drugs tend to produce specific alterations in ego state that recapitulate specific phases of early child development as well as a particular regressive solution to conflict.

**DISCUSSION:** Dr. Melitta Sperling felt that the importance of the oral phase and deprivation had been overemphasized. She stressed two factors in the genesis and dynamics of addiction: (1) the role of the anal phase when impulse control is learned; (2) the quality of the object-relationship which, in addition, is of the fetishistic type.

Dr. Otto Sperling brought out that Freud's System Theory emphasizes the need for stimuli, and that this plays an important role in addiction. Dr. Austin Silber stated that addicts seek to use the drug and the psychological effect it exerts upon them in a reparative sense. Dr. Frank Berchenko felt that lowered self-esteem is one of the reasons that people take drugs. Parental permissiveness may also play a role. Adolescents who resort to drugs are like children who play near one another but not with each other because of their inability to interact; with the use of the drug they feel they are interacting.

CECILIA K. KAROL

May 19, 1969. THE ORIGIN AND FATE OF NEW IDEAS IN PSYCHOANALYSIS. (Freud Anniversary Lecture.) Ralph Greenson, M.D.

Dr. Greenson stated that psychoanalytic training is stultifying the creativity of students. He suggests that innovation occurs when the analyst is depressed, frustrated, anxious, and possibly irritated; at such times he is more receptive to a new clue or insight. The creative analyst must be willing to be wrong, and to recognize that creativity is not the antithesis of conservatism. There is an aggressive component to a new idea—a rebellion against the old and familiar is involved and the creative man must be able to endure being alone. There is also the tendency to overestimate the value of one's production and invest it with magical omnipotence—a regressive form of love. This is destructive and interferes with the integration of the idea into the mainstream of psychoanalytic thinking. It is important to conserve what is useful of old ideas and to synthesize them with new ideas.

When psychoanalytic groups isolate themselves, creativity is stultified and the members become followers of dogma, rejecting new ideas, doubts, and criticisms. There is a need for synthesis of new and old ideas, and of the ideas of the various psychoanalytic schools.

GERALDINE FINK