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THE EXCEPTIONAL POSITION OF THE DREAM IN PSYCHOANALYTIC PRACTICE

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INTRODUCTION

Freud considered *The Interpretation of Dreams* his major work. He wrote in the third (revised) English edition, published in 1932, 'It contains, even according to my present-day judgement, the most valuable of all the discoveries it has been my good fortune to make. Insight such as this falls to one's lot but once in a lifetime' (17, p. xxxii). At the end of Part E in the seventh chapter Freud said: '*The interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind*' (p. 608). A further indication of how important Freud considered this work to be is that he revised and amplified the book on dreams on eight different occasions, the last time in 1930 (55, p. xii).¹

You may wonder why I chose to present a paper on the exceptional position of the dream since all this would seem to be common knowledge. A careful reading of the psychoanalytic literature in recent years, however, reveals that a number of psychoanalysts believe either that the dream has declined in clinical importance over the last forty years and is of no special value for psychoanalytic therapy or they use techniques which indicate that they have disregarded Freud's theory and methods of understanding and using the dream in clinical practice. I am also impressed that some influential psychoanalysts contend that this downgrading of the significance of the

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¹ It is fitting on the occasion of the Brill Memorial Lecture to note that the first English edition of the book was translated by A. A. Brill in 1913.

dream in clinical practice has come about because, (a) the structural theory was introduced, (b) Freud's great work on dreams has discouraged attempts at emulation or elaboration, and (c) Freud's concept of the topographic theory has become useless (58, pp. 52, 53). These conclusions and more can be found in a monograph titled *The Place of the Dream in Clinical Psychoanalysis* (58) which is the result of a two-year study of dreams by the Kris Study Group under the Chairmanship of Charles Brenner with Herbert Waldhorn serving as Reporter. Most of the members of this group appear to have concluded that (1) the dream is, clinically speaking, a communication in the course of analysis similar to all others; (2) it does not provide access to material otherwise unavailable; (3) it is simply one of many types of material useful for analytic inquiry; (4) it is not particularly useful for the recovery of repressed childhood memories; (5) Freud's theory that the dream-work is governed by the interplay between the primary process and the secondary process is not compatible with the structural theory and ought to be discarded.

I disagree with every one of the conclusions stated above. I am happy to point out that I am not alone in my beliefs, for I have discovered that some members of that section of the Kris Study Group, with Leon Altman as their spokesman, opposed many of those opinions. Altman has recently published a book, *The Dream in Psychoanalysis*, in which he suggests other reasons for the decline in clinical use of the dream. He expressed the opinion that since the coming of the trend toward ego psychology, many analysts have not had the experience of having their own dreams properly analyzed and the lack of this type of personal experience has deprived the psychoanalyst of the conviction that the interpretation of dreams is of outstanding importance for psychoanalysis (1, p. 1).

Besides that section of the Kris Study Group reported in *The Place of the Dream in Clinical Psychoanalysis*, there are prominent analysts of Kleinian persuasion who also work with patients' dreams in ways which are far removed from what

Freud, Isakower (34, 35), Sharpe (52), Lewin (41, 42), Erikson (10), and a host of others have described in their writings on this subject. In this paper I shall attempt to contribute some clinical material and formulations which I hope will demonstrate how those analysts who seem to operate from divergent theoretical and technical convictions differ from analysts who believe in the exceptional position of the dream.

It is my belief, after many years of psychoanalytic therapy with private patients and candidates in psychoanalytic training, that one cannot carry out genuine analysis in sufficient depth if one does not understand the structure of dream formation *as well as the patient's and the analyst's contributions to the technique of dream interpretation.*

SOME GENERAL FORMULATIONS

The dream I believe is a unique form of mental functioning which is produced during a special phase of sleep. This phase is unlike any other phase of the sleep cycle and differs also from the waking state. The psychophysiological research of Dement and Kleitman (6), Charles Fisher (13, 14), and Ernest Hartmann (32), among others, has made this emphatically clear. Recent research suggests the likelihood that dream deprivation may be the cause of severe emotional and mental disorders. We may well have to add to Freud's dictum that the dream is the guardian of sleep, that sleep is necessary in order to safeguard our need to dream.

The altered balance of mental forces in the dream is produced by bursts of psychic activity that seek sensory release because sleep diminishes contact with the external world and also cuts off the possibility of voluntary motor action. The dream state allows for a reduction and regression of conscious ego activities and of the censorship function of the superego. It is important to realize, however, that in a sense, one is never fully awake nor fully asleep. These are relative and not absolute terms. Kubie (38), Lewin (40), and Stein (54) have stressed the merits of keeping in mind the sleep-waking ratio

in studying any kind of human behavior. This helps explain the fact that in the dream the perceiving function of the ego, being deprived of the external world during sleep, turns its energy toward internal psychic activity. Freud wrote that when people go to sleep they undress their minds and lay aside most of their psychical acquisitions (21, p. 222). Lewin added that the dreamer generally sheds his body. The dream usually appears to us as a picture and is recorded only by an indefinite 'psychic' eye (42, p. 86).

If we follow the notion of a variable sleep-waking ratio, we are immediately reminded of phenomena similar to dreams: free association, parapraxes, jokes, symptom formations, and acting out. But there are crucial differences. No production of the patient occurs so regularly and reveals so much so graphically of the unconscious forces of the mind as the dream. Dream interpretation can uncover in more immediate and convincing ways not only what is hidden, but how it is hidden and why it is hidden. We gain special access to the interplay and the transitions between the unconscious psychic activities governed by the primary process and conscious phenomena which follow the laws of the secondary process. The proportion between input and output, in terms of reported phenomena and obtained knowledge of unconscious material, is in no other type of psychic phenomena as favorable as it is in dreams (9).

So long as psychoanalytic therapy focuses on the resolution of neurotic conflicts in which the crucial components are unconscious, it makes no sense to consider every production of the patient of equal potential value. Affects, body language, and dreams are all, in most ways, nearer to those almost unreachable depths we search out so persistently in our analytic work. We attempt to present our findings to the patient's conscious and reasonable ego with the hope of providing him with a better understanding of his way of life and an opportunity for change.

These same points can be expressed structurally by stating that the dream reveals with unusual clarity various aspects of

the id, the repressed, the unconscious ego and superego, and to a lesser degree certain conscious ego functions, particularly its observing activities. However, limiting the approach to the dream to the structural point of view is an injustice because it neglects the fact that we also have in the dream more open access to dynamic, genetic, and economic data of basic importance. Small wonder then that the dream experience itself, often without interpretation, leads more directly and intensely to the patient's affects and drives than any other clinical material. This makes for a sense of conviction about the reality of unconscious mental activity unequalled by any other clinical experience. This is particularly true of transference dreams.

The dream is in closer proximity to childhood memories by dint of the fact that both make use essentially of pictorial representations. Freud (17, 22) and Lewin (42) have emphasized that primitive mentation takes place in pictures and is closer to unconscious processes than verbal representation. Even after the child learns to speak, his thinking is essentially dominated by pictorial representations. Things heard get turned into pictures, as we know from certain screen memories (42, 49). If an event is to become a memory in early childhood, it has eventually to become concretized, a mental representation, a memory trace. Lewin states that then we search for lost memories as if they can be found somewhere. This type of memory, the recall of an objectified experience, is a step which seems to occur at the end of the first or beginning of the second year of life (53, 57). There are more primitive 'imprintings' which are derived from infantile body and feeling states that are not capable of being remembered but which may give rise to mental images and sensations in dreams. Lewin's ideas on blank dreams and the dream screen and his discussion of related problems are especially worthy of note (39, 42, pp. 51-55).

To return briefly to the special importance of the psychic eye for the dreamer and the interpreter of dreams. The dream is essentially a visual experience and most adult recollections of early childhood come to us as pictures or scenes. The analyst

interpreting to his patient is often working upon a fragment of historical experience which he hopes will lead to a memory. Such fragments or details may appear in dreams. When the analyst tries to fill in the gaps between single interpretations, he is making a construction, he is trying to re-create a series of interrelated forgotten experiences. Such conjectures may lead to recollections but, even if they do not, they may lead to a sense of probability or conviction that the reconstruction is correct. This may then appear in a dream as an event (25). Lewin describes this as trying to re-create a story in pictures of the patient's forgotten past. By doing so we attempt to get the patient to scan his past along with us; we are engaged in conjoint looking (42, p. 17). The ultraclarity of some dream details also indicates that there is a special relationship between the cathexis of looking and the search for memories. This wish to see what actually took place, to be 'in' on it, adds to the special sense of conviction that the correct interpretation of a dream can convey.

Ernst Kris decried the one-sided emphasis on analyzing defenses and stressed the importance of reconstructing past historical events so that the patient could 'recognize' the pictures drawn as familiar (36, p. 59). He believed that memory plays a central role in a circular process which, if integrated, makes it possible for the patient to reconstruct his total biographical picture, change his self-representation and his perspective of the important persons in his world. In Kris's paper on the 'good analytic hour', it is remarkable how often he chose examples of hours which contained dreams and recovered memories (37).

The predominant elements in the psychic activities that occur in dreams are heavily weighted on the side of the id, the repressed memories, the primitive defensive mechanisms of the ego, and the infantile forms and functions of the superego. Occasionally one can observe more mature ego functions but they are rarely dominant. All this testifies to the high degree of regression that occurs in dreaming, but as in all regressive phenomena, the quality and quantity of regression is uneven

and selective in the different psychic structures and functions as Freud pointed out as early as 1917 (21), Fenichel in 1945 (11), and Arlow and Brenner in 1964 (2). The clearest and most comprehensive description of the unevenness and selectivity of regression can be found, in my opinion, in Anna Freud's book, *On Normality and Pathology in Childhood* (16, pp. 93-107).

Free association is a similar regressive phenomenon; it is an attempt to approximate something between wakefulness and sleep. The use of the reclining position, the absence of external distractions, the patient's attempt to consciously suspend his ordinary censorship, to abandon strict logic and coherence in his communications, all attest to that. However, real spontaneous free associations are rarely achieved by most patients and are then defended against with far greater sophistication. The point I wish to make is that the dream is the freest of free associations. Slips of the tongue may quickly reveal some deep unconscious insights but they occur rarely; insight is localized and the old defenses are very readily reinstituted. Acting out is by definition ego-syntonic to the patient and its infantile origins are strongly rationalized away and defended. By contrast, as bizarre and incomprehensible as the dream may appear, the patient recognizes the dream as his, he knows it is his own creation. Although the strange content of the dream may make it seem alien, nevertheless it is irrevocably his, like his symptoms, and he is quite willing to work on his dreams, provided his analyst has demonstrated how working together on dreams is helpful in achieving greater awareness of the patient's unknown self.

A few words before turning to some clinical examples. In 1923 Freud himself recognized that *some* of his ideas subsumed under the topographic point of view conflicted with the descriptive and dynamic attributes of unconscious mental activities and he introduced the structural point of view (22). This new division of the psychic apparatus into id, ego, and superego clarified the role of the conscious and unconscious ego and the

conscious and unconscious superego in its conflicts with the totally unconscious id. I agree with Fenichel (11), with Rapaport and Gill (48), as well as with Arlow and Brenner (2), who stress the superiority of the structural theory in affording a clearer and more logical explanation for the origin and fate of neurotic conflicts. I do not agree with Arlow and Brenner, however, that Freud's hypotheses concerning the primary process, the secondary process, and the preconscious should be discarded or that they are incompatible with the structural point of view. Even Merton Gill (27), who believes that the topographic point of view is conceptually not on a par with the other metapsychological points of view, agrees that some topographic conceptions have an important place both clinically and theoretically. I find this to be particularly true in working with dreams. It is equally important in dealing with patients who suffer from defects and deficiencies in ego formation and the parallel difficulty in building constant internal object-representations, problems which go below and beyond the conflict theory of the psychoneuroses. I do not wish to dwell on theory—it is not my strong point, but those interested may turn to the writings of Hartmann (33), Loewenstein (45), Benjamin (3), Eissler (8), Schur (50), Loewald (43), Mahler (46), and Fisher's remarks in the panel on The Psychoanalytic Theory of Thinking (12), for a more thorough discussion of the subject.

CLINICAL EXAMPLES

Some clinical examples of how different analysts work with dreams illustrate the divergencies in technique and theoretical orientation. I shall begin with clinical material from the publications of psychoanalysts who work with dreams in ways that seem to me to be unproductive, wasteful, and at times even harmful.

A clinical illustration presented in *The Place of the Dream* in *Clinical Psychoanalysis* (58, pp. 59-67) was that of a thirty-year-old writer in the second year of her analysis. Essentially,

she seemed to be an as-if character, exceedingly immature and dependent. There was a childhood history of social failure in competition with her younger sister because of the patient's ineptitude and gaucheness. The patient had severe acne of the face, neck, and back in adolescence and had occasional recurrent active lesions. She was also thin and flat-chested. She entered treatment because of mild depressions, poor concentration, and inability to sustain an intimate relationship with a man. The patient had several brief affairs accompanied by a dread of losing the man and was always flooded by remorse and loss of self-esteem when the affair ended. In the weeks prior to the dream reported, the patient had had sexual relations with a man named John, whom she had known only a short time. He had left town for several weeks and, in spite of knowing better from past disappointments, she found herself imagining that John loved her and they would be married. During this interval she brought in a dream. Now I quote verbatim from the monograph.

'She began the hour as follows: "I had a very bad dream. I had cancer of the breast. A doctor, a woman, said it would have to be removed. She said that there would be after-effects which I would feel in my neck. My friend R. had this operation. I was scared and I panicked, and wondered how I could get away, run away, and not have to have this done." She continued with the following associations: "I tried to think why I should have such a dream. I thought it must be related to my idea that I am not complete by myself and that I need some sort of union with a remarkable man to make myself complete. This might be related to my worry that John was gone and maybe this was symbolized by my breast being removed. Actually, I am very frightened by things like that. Many people do have an obsession about such fears. For example, Paul does. Some people can face these things with great courage and strength, but not me. I am very frightened when I think about the danger of the scorpions in Mexico [she was planning a trip in a few months] . . ." ' (pp. 61, ff.).

The patient awoke, fell asleep, and had another dream but I shall omit it because the presenter and the group did not touch upon it. After a few innocuous associations, the analyst finally spoke and I shall quote his first remarks verbatim.

'At this point the analyst intervened, asking, "about your dream. What do you associate to the business about the doctor?" The patient responded: "She was a matronly type of woman, stern. She didn't seem to feel sorry for me or anything like that, but just said what would have to be done. I was thinking, how could a man make love to me without one breast? I would be terribly self-conscious. . . ." After a pause the analyst asked: "What about the part in the dream about the neck?" She responded: "Sometimes I make a wrong movement and my neck muscles can hurt. That area is vulnerable for me because of my complexion problems involving my chin and neck, about which I have always felt so self-conscious. . . ." The analyst then added: "When you speak of self-consciousness about your skin and neck, does it remind you of the self-consciousness you have recently been describing when you told me about how terrible you felt before you had any breast development?" The patient said: "So, do you think that the fact that John did not call me made me re-experience those feelings of inadequacy? They may still be present" ' (pp. 62, ff.).

The analyst then offered a long intellectual interpretation and the patient responded in kind.

The Study Group's discussion of this presentation included the following excerpt. 'The discussion of this report was initiated by the remarks of the analyst presenting the data. He maintained that the clinical material supported the belief that dreams can best be treated in the same way as other associations in the hours, and not necessarily accorded extraordinary or exhaustively detailed procedural attention as some would insist. Here, in the hours described, the analytic work is focussed on the problems highlighted by the repetitive life experience of the patient. . . . Accordingly, some portions of the dream can be neglected in favor of others, and a dream need have no spe-

cific attention directed to it if spontaneous associations are meager and the work with the dream (as opposed to other material) seems less likely to be rewarding. The rich amount of symbolically understandable elements in the second half of the first dream was not explored at all, but it was the analyst's clinical judgment that nothing was lost in the process . . .' (pp. 64, ff.).

I shall limit myself to a few remarks about the patient's manifest dream, her associations, the analyst's interventions, and the group discussion. In the first dream the patient is terrified upon discovering she has a cancer of the breast. She is told this by a female doctor who warns her there will be after-effects. The patient's associations sound to me intellectualized and a rote repetition of old interpretations given her by her male analyst. There does not seem to be any attempt on the part of the analyst to point out her intellectualization or to get to her terror of this malignant thing growing inside her. The analyst did not pursue the only spontaneous free association the patient produced, namely her fear of scorpions in Mexico. After the patient reported the second dream and a few innocuous associations, the analyst asked: 'About your dream. What do you associate to the business about the doctor?' To me, the way the question was put gives the impression the analyst is either defensive and hostile or even contemptuous, otherwise he would not use a phrase like 'what about the business about the doctor'. Furthermore, it is all too intellectual. Words like 'what do you associate' push the patient in the direction of intellectual compliance; not the best way to get to feelings or really free, free associations. In general, there was no sign that the therapist was trying to reach or establish contact with the patient's affects; he shows no signs of being 'tuned in' on her feelings; on the contrary, he seems to play right along with her intellectualized defensiveness.

If you read the second dream, it seems to express in obvious symbolic terms the patient's envy of her sister and her aunt, but it was completely ignored. Apparently the analyst and the

group did not discern any possible connections between cancer, breast, mother, and envy. There also was no apparent awareness of how frequently heterosexual promiscuity is used as a defense against helpless childhood dependency needs with the resultant urges and fears of fusing or becoming reunited with the pregenital mother. There was also no mention of a hostile transference to her male analyst or a wish to have a female analyst. The analyst and the group seemed content to maintain a highly intellectual contact with the patient, and were reluctant to open up the patient's fantasy life and follow wherever it might lead. Toward the end of this discussion in the monograph, there are a few sentences that deserve special comment. 'Such axiomatic procedures as the desirability of working with transference elements before nontransference material, or affect-laden before nonaffect-laden material, or the necessity of drawing the patient's attention to evident omissions or to an addendum, were all mentioned. The consensus was that these were best considered as tactical maneuvers, subordinated to an overall strategy of the conduct of the analysis, which would, of course, change with the progress of the treatment' (p. 66).

In my opinion there is no place for 'axiomatic procedures' in trying to do psychoanalytic therapy. It is true that some of us follow certain time-tested technical guidelines in beginning the exploration of such oft-recurring clinical constellations as may occur in associating to dreams or in free association in general. These approaches are tools for investigation. I find the concept of an 'overall strategy of the conduct of the analysis' an impressive high-sounding phrase but, in reality, with our present state of knowledge, this 'overall strategy' is at best loose, subject to frequent changes and revisions, and full of unknowns. Only psychoanalysts with preconceived and rigid theoretical notions are sure of an 'overall strategy'. And they also have prefabricated interpretations for all types of patients and disregard the fact that each individual human being is unique, as well as the fact that there is still much even the best of us do not know and cannot predict about our patients.

Freud had the humility to say that we should let the patient determine the subject matter of the hour (18); he attached great importance to following the patient's free associations. In 1950 Eissler severely criticized Alexander and his followers for making decisions about the definitive strategy for treatment of a case. Eissler felt that Alexander was more interested in validating his own hypotheses than in really analyzing his patients (7).

This leads to another type of distortion in working with dreams which can be found in the writings of some of the Kleinian analysts. Hans Thorner in studying the problem of examination anxiety illustrated his ideas by describing a patient, a dream, and his interpretations. Again, limitations of space permit me to present only the highlights.

A man of early middle age complained of impotence and that all his love relationships came to a premature end. At times he could begin a relationship but as soon as he felt the woman was interested in him, he had to break off. He was impotent in other spheres of his life as well. Although he had reached a high standard of proficiency in music he was unable to play in public or before his friends. It became clear that all these situations approximated an examination situation. When he applied for a new job he was terrified of being interviewed because of what he considered to be his 'black record', although realistically there was little black in his record. During one of these intervals he reported a dream which shed new light upon the nature of his black record. In the dream red spiders were crawling in and out of the patient's anus. A doctor examined him and told the patient that he was unable to see anything wrong with him. The patient replied, 'Doctor, you may not see anything, but they are there just the same'.

Thorner reports his interpretations to the patient as follows: 'Here the patient expresses his conviction that he harbours bad objects (red spiders) and even the doctor's opinion cannot shake this conviction. The associative link between "black

record" and "red spiders" shows the anal significance of his "black record". He himself is afraid of these objects against which he, like the man in the dream, asks for help. This help must be based on a recognition of these objects and not on their denial;—in other words he should be helped to control them. It is clear that we are here dealing with a feeling of persecution by bad internal objects' (56, pp. 284, ff.).

I believe this a prime example of interpreting the manifest content of a dream according to the analyst's theoretical convictions. The patient's associations are interpreted in a narrow preconceived way. The patient's reproach to the examining physician, 'Doctor, you may not see anything, but they are there all the same' is not recognized as a hostile transference nor is it acknowledged as a possible justifiable reproach to the analyst that he really may be missing something. I wonder if the red spiders crawling in and out of the patient's anus are not the patient's reaction to his analyst's intrusive and painful interpretations. But now I, too, am guilty of interpreting without associations.

Another example of a similar type can be found in Hanna Segal's book (51). She describes a patient, his dream, and her interventions as follows.

'Powerful unconscious envy often lies at the root of negative therapeutic reactions and interminable treatments; one can observe this in patients who have a long history of failed previous treatments. It appeared clearly in a patient who came to analysis after many years of varied psychiatric and psychotherapeutic treatments. Each course of treatment would bring about an improvement, but deterioration would set in after its termination. When he began his analysis, it soon appeared that the main problem was the strength of his negative therapeutic reaction. I represented mainly a successful and potent father, and his hatred of and rivalry with this figure was so intense that the analysis, representing my potency as an analyst, was unconsciously attacked and destroyed over and over again.

. . . In the first year of his analysis, he dreamt that he put into the boot of his little car tools belonging to my car (bigger than his), but when he arrived at his destination and opened the boot, all the tools were shattered.'

Dr. Segal interprets: 'This dream symbolized his type of homosexuality; he wanted to take the paternal penis into his anus and steal it, but in the process of doing so, his hatred of the penis, even when introjected, was such that he would shatter it and be unable to make use of it. In the same way, interpretations which he felt as complete and helpful were immediately torn to pieces and disintegrated, so that it was particularly following good sessions which brought relief that he would start to feel confused and persecuted as the fragmented, distorted, half-remembered interpretations confused and attacked him internally' (pp. 29-30).

Here too, I believe one can see how the analyst's conviction about the correctness of her insights and interpretations tempts her to make detailed interpretations without any of the patient's associations for confirmatory clinical evidence. Once again I do not see in this case presentation any evidence of an analyst and patient working together on a dream. I see instead, an analyst forcing a patient to submit to her interpretation. By doing so this analyst is acting in a way which proves she is really like the patient's hated and envied potent father. No wonder he dreams that all his tools are shattered. To quote Freud: 'But dream interpretation of such a kind, without reference to the dreamer's associations, would in the most unfavorable case remain a piece of unscientific virtuosity of very doubtful value' (23, p. 128). I must add that many analysts of non-Kleinian affiliation also disregard the patient's associations.

At this point, I will present some work with dreams that I believe exemplifies how an analyst who appreciates the exceptional position of the dream utilizes it in his practice. For the sake of clarity and demonstrability, the dreams I have chosen for illustrations are those from my recent clinical experience

with which I was able to work fruitfully. They are not everyday examples of my work with dreams. There are many dreams I can understand only vaguely and partially and some I can hardly understand at all. There are also occasions when the dream is not the most productive material of the hour, but this has been rare in my experience. Freud wrote as far back as 1911 that dream interpretation should not be pursued for its own sake, it must be fitted into the treatment, and all of us agree on this obvious point (19).

I realize that no clinical demonstration of the value of dream interpretation will change the opinions of those who are predominantly devoted to theory conservation or theoretical innovations. Their theories seem to be more real to them than the memories and reconstructions of their patient's life history. Working with dreams is not only an enlightening experience for the patient, but it may be a source of new clinical and theoretical insights for the analyst, if he has an open mind. Furthermore, there are some analysts who have no ear or eye for dreams, like people who find it hard to hear and visualize the beauty of poetry, or like the tone-deaf who cannot appreciate the special imagery and language of music, or those who have no facility for wit and humor. Such analysts will lower the importance of dream interpretation, no matter what evidence you present. Finally, there are analysts who, for some other reasons, have never had the opportunity to learn how to listen to, understand, and work with dreams.

The two dreams I shall present are from the analysis of the same patient, a thirty-year-old writer, Mr. M., who came for analytic treatment because of a constant sense of underlying depressiveness, frequent anxiety in social and sexual relations, and a feeling of being a failure despite considerable success in his profession and what appeared to be a good relationship to his wife and children. He had a great fear that he would not be able to do free association at all, and that if he did I would find him empty or loathsome and send him away. We worked on these resistances for several weeks and he was then

able on occasion to do some relatively spontaneous free association on the couch. One of the major sources of his resistances in the beginning was his experience with several friends who were also currently in psychoanalytic treatment. They talked freely and often in social situations about their œdipus complexes, their positive and negative transference reactions, their castration anxiety, their superegos, their incestuous desires, etc., all of which my patient felt was 'textbooky', 'artificial', and 'a load of crap'. Mr. M. was afraid that he would not be able to genuinely accept such interpretations, and yet also dreaded that unknowingly he too might turn out to be a 'junior psychoanalyst' socially. I want to present the highlights from an hour in the sixth week of his analysis in which he reported his first dream. He had often had the feeling of having dreamed, but until this point could never remember any of his dreams.

One day he began the hour by stating: 'I had a dream but it seems unrelated to anything we have been talking about'.

I was making a phone call to some guy in a men's clothing store. I had ordered some clothes made to order and they didn't fit. I asked the guy to take them back but he said I had to come in myself. I told him I was not going to pay for the clothes until they fit. I said it seems like you just took them off the rack. I repeated, I won't pay for the clothes until they fit. As I said that I began to vomit, so I dropped the phone and ran into the bathroom to wash out my mouth. I left the receiver dangling and I could hear the guy saying, 'What did you say, what? What?'.

I remained silent and the patient spontaneously began to speak: 'The most striking thing to me is the vomiting. I just can't vomit, I never, never vomit. I can't even remember the last time I did, probably as a child sometime. It is like a biological thing, it's so strong. Like in yesterday's hour, I couldn't get myself to talk. [Pause] Free association is like vomiting.' I intervened at this point and said, 'Yes, free association becomes like vomiting when things are trying to come

up in your mind that you would rather keep inside yourself and away from me. The dream says it has to do with something not fitting you properly.' The patient quickly replied, 'Yes, it's about clothes, but that is too silly. Why clothes? Clothes not fitting? [Pause] Oh my God, this can't have anything to do with the analysis. The man saying, what is it, what, what, that could be you. [Pause] I leave you talking and go to vomit in the bathroom—but why, why do I do that?' I answered, 'When I give you an interpretation that doesn't seem to fit you, you must resent it and feel that I just took it off my "psycho-analytic rack", like the other "textbooky" analysts you have heard about'. The patient: 'Oh Jesus, I can't believe it, I thought things like this only happened in books. How funny!'

At this point, the patient began to roar with laughter and tears streamed down his face. He gathered himself together and said: 'I never thought things like this would happen to me. You are right. When you say things that don't seem to fit me, sometimes I do get annoyed, but I keep it in. [Pause] I get scared here when I feel angry. It's like being afraid of my father when I was a kid. [Pause] I now suddenly see a vague picture of me vomiting when I was about three or four years old. [Pause] It was with my mother, right on her, she must have been holding me. She was so nice about it, too, she took me to the bathroom and cleaned me up and herself too. Amazing, this whole thing.' I answered: 'Yes, apparently you were not afraid to vomit up things in front of your mother, but you must have been very scared of doing that with your father and now you feel the same way here with me. But you see these kinds of things do tend to come out in dreams or in such things like your forgetting to pay me this month.' The patient was startled and blurted out: 'This is too much. I had your check in my wallet, but in the last minute I decided to change my jacket and left my wallet at home. And I never even thought of it when I was telling you the dream, all about not wanting to pay that man. Something must really be cooking inside of me.' The patient paused, sighed, and after a

while I asked him just to try to say what was going on. His associations then drifted to his shame about revealing his toilet activities, masturbation, his hemorrhoids, a history of an anal fistula, and other matters.

I believe this clinical example demonstrates how it is possible to work productively with a first dream, which is contrary to the opinions expressed in the monograph *The Place of the Dream in Clinical Psychoanalysis*. Avoidance of dream interpretation by the analyst can frighten the patient, because the patient may sense the analyst's fear of the dream contents. An analyst's timid approach to a dream may add to a patient's suspicion that he, the patient, is especially full of internal evils or may convince him that he has a frightened analyst. On the other hand, deep interpretations given too early will either frighten the patient into leaving the analysis or it will persuade him that the analyst is omniscient and convert the patient into a devout follower and not a working ally. One has to assess carefully with each patient how much and how little one can do with early dreams and early material in general.²

Let us scrutinize more carefully what I tried to do with that first dream. Once the patient was spontaneously able to connect his fear of vomiting with his fear of free association, I first confirmed this representation of his resistance by saying out loud what he had already become conscious of—his dread of losing control over the horrible things inside of himself: vomiting is equated to free association and he vomits into the sink and not into the phone, the analysis. I then felt I could lead him in the direction of trying to discover what was making him vomit. The obvious symbolism of the ill-fitting clothes delivered to him ready-made and not made to order, symbols which he himself could grasp, encouraged me to point out his suppressed anger at me for my ill-fitting, ready-made interpretations, taken off my psychoanalytic rack. His laughter was a

² See Berta Bornstein (4), Loewenstein (44), and Greenson (30) for examples of their method of dealing with this delicate problem.

relief from the fear that he lacked an unconscious mind and was a freak, and also that I might be harsh with him for such thoughts. It was confirmation of the correctness of my interpretation and also an early sign of conviction that there is an active but unconscious part of his mind which does contain specific and personal meanings and they are not as terrible as he had imagined.

My referring to myself as the 'textbooky guy' who is unable to tailor his interpretations to suit the patient must have given Mr. M. enough trust in my motherliness so that he could recall an early childhood memory of vomiting on his mother. Here vomiting is loving and not hating. He was then able to contrast this with his dread of vomiting up things in the presence of his father. His later association to the toilet, masturbation, and so forth, indicated an increase in his ability to let things come up in free association in my presence, a lessening of his resistances. Apparently my way of communicating to him helped me establish a working alliance with his reasonable, observing ego.

There are many elements in this dream which I did not point out to Mr. M. but which are of interest to us as examples of the function of the dream work and of the interaction of the primary process and the secondary process as well as of the interaction of the id, ego, and superego. The patient's very first sentence before telling the dream: 'I had a dream but it seems unrelated to anything we have been talking about', is an attempt to contradict and deny the very essence of the dream, namely, that it concerns his feelings about me and the analysis. The psychoanalytic situation is depicted as a telephone conversation, only a verbal exchange, and even that is held at a distance. The man he speaks to is referred to as a 'guy working in a store', not the most awesome or flattering representation of a psychoanalyst. The insights and interpretations I gave him were represented by clothes, and clothes conceal rather than reveal, an example of reversal and the use of opposites. Psychoanalysis does not strip you, it is supposed

to clothe you, a reassurance, a wish-fulfilment. His fear of close emotional contact with the analyst is demonstrated by his refusal to come in person to the store. His leaving the phone dangling and hearing the 'guy's voice' saying 'what is it, what, what', is a beautiful and hostile caricature of my analytic technique. It is as well his revenge against me for leaving him dangling hour after hour; it is not he who keeps asking desperately, but I. The vomiting is not only an expression of his forbidden instinctual impulses but it is also a self-punishment for his hostility. It is as well a rejection of the interpretations I have been forcing him to swallow and also his spiteful obedience: 'You want me to bring things up. O.K., here it is'. This is an example of the coexistence of opposites in the primary process.

One can see that the vomiting is derived from both the id and the superego. It also serves the resistances, a defensive function of the ego, by breaking off our line of communication. All this and more is in the dream *and* in the patient's associations, facilitated by the interpretations. Only a fraction of this material can be meaningfully conveyed to the patient in a single hour, but it serves a valuable service for the analyst as source material for clues that will be of use in the future.

Mr. M. continued with the theme of clothes and concealment in the next several hours. As a child of impoverished parents he was embarrassed by his shabby, dirty clothing. He was also ashamed of being skinny and had tried to hide this by wearing several sweatshirts and sweaters on top of each other when he was young. When he later became affluent he bought bulky tweed sport coats and often wore turtle-neck sweaters with a leather jacket and boots. During the post-dream interval he recalled stealing money from his father to buy a zoot suit, which was fashionable in his youth, because he wanted to make a good impression at a school dance. He also recalled having severe acne which he attributed to masturbation and which he attempted to cover with various facial creams and lotions. He tried to rationalize his stealing from

his father by recalling that his father cheated his customers at times. All this material had the meaning: 'I have to hide my true self. If anyone sees beneath my surface he will find me ugly and unlovable. I am a fraud, but so is most of the world. How do I know you are genuine and sincere in your treatment of me and will it change once I am stripped of all my superficial disguises?' (I was not merely working with the manifest dream in the following days, but with the latent dream thoughts which the patient's associations and my interventions had uncovered.)

The second dream of Mr. M. occurred about two and one half years later. The patient had to interrupt his analysis for six months because of a professional assignment abroad and returned some three months before the dream. During this three-month interval of analytic work Mr. M. was in a chronic state of quiet, passive depression. I had interpreted this as a reaction to his wife's fourth pregnancy which must have stirred up memories and feelings in regard to his mother's three pregnancies after his birth. It seemed clear to me that he was re-experiencing the loss of the feeling and fantasies of being his mother's favorite, the only child and the favorite child. The patient accepted my interpretations submissively and conceded they had merit, but he could recall nothing about the birth of his three siblings nor his reactions, although he was over six when the youngest was born. My interpretations had no appreciable influence on his mood.

Mr. M. came to the hour I shall now present, sadly and quietly, and in a somewhat mournful tone recounted the following dream:

I am in a huge store, a department store. There are lots of shiny orange and green plastic raincoats on display. A middle-aged Jewish woman is arranging other articles of clothing. Nearby is a female manikin dressed in a gray flannel dress. I go outside and see a woman who looks very familiar but I can't say specifically who she is. She is waiting expectantly

and eagerly for me near a small surrey, putting clothes in it. I feel sorry for the poor horse and then realize the surrey is detached from the horse. I lift up the surrey to connect it and I am surprised how light the surrey is, but I don't know how to hitch it up to the horse. I also realize then that I was silly to feel sorry for the horse.

Mr. M.'s associations were as follows: 'The three women in the dream were so different from one another. The older Jewish woman was a motherly type, working, doing, arranging, like my own mother used to before she became bedridden. The manikin reminds me of how I used to think of gentile girls when I was a kid; beautiful, pure, and cold, like my wife. But they taught me different. The best sex I have ever experienced was only with gentile girls. Jewish women just don't turn me on. They never did. Since my wife's pregnancy our sex life is practically nil. She isn't feeling well and I must say I'm in no mood for sex. I would like to be close to her in bed, but I don't want her to think it is a sexual demand so there is no talking even. I'd like to just be close and cuddle. My wife is so quiet of late. I feel she is getting revenge on me for all my past wrongs. I never realized before I had had such a bad temper and that she had been and still is so afraid of me. [Pause] I feel so alone in that big house of ours. I work like a horse to pay for it. Maybe I am the horse in the dream that I felt sorry for.'

I intervened. 'It might be so. You think he had such a big load to carry, but then you lift up the buggy and you are surprised to discover how light it is.' The patient interrupted me. 'That buggy is so light, it's a baby buggy, it's a baby carriage. No wonder it was so light, it was so tiny, and the woman was putting clothes on it, like diapers.' [Pause] I interrupted. 'A baby buggy is very heavy for a little boy, he has to work like a horse to push it.' Mr. M. burst in with, 'I can remember trying to push my baby sister in her buggy but it was too heavy for me. Now I see my father carrying the baby carriage downstairs as if it were a toy. I can even remember my brother

and me together trying to push it.' I interpreted and reconstructed: 'I believe you have been depressed ever since your wife got pregnant because it stirred up memories of how you reacted when you were a small boy and your mother got pregnant and delivered your brother and sisters. You didn't want to face the fact that your father was hitched up to the coming of the babies. You wished you could have been the father of the babies. But you weren't—you didn't know how to do it as a little boy and you felt left out in the cold, detached. You have been depressed about this ever since.' After a pause, Mr. M. said, 'I've always felt I'm not a real man. I act like one, but inside I still feel a real man should be like my father; strong physically, tough, and unafraid. I can fly airplanes but my hands sweat whenever I want to screw my own wife.'

In the next hour the meaning of the green and orange raincoats became clear. The patient spontaneously recalled some dirty jokes from early puberty in which the terms 'raincoat' and 'rubbers' were used to refer to condoms. He then remembered finding condoms in his father's chest of drawers and later stealing some for his own use, just in case an opportunity presented itself, which, he wistfully said, 'didn't occur for several years'. By that time the 'rubbers', the raincoats, had disintegrated in his wallet. It is worth noting how the hidden old shreds of 'rubbers' in the patient's associations were changed into the shiny new raincoats on display in the dream. Here you can see the attempt at wish-fulfilment in the manifest content of the dream: 'I can buy conspicuous sexual potency in a store or in analysis'. Later it also became clear that I too was the poor horse who had him as a big load to carry and also I was the 'horse's ass' who could not help him make proper sexual connections with his wife or any other woman.

To me the outstanding element in the manifest dream was the surrey which turned out to be so tiny and light. My translation of the word 'surrey' into 'buggy' was the crucial technical

point. I got from surrey to buggy by visualizing a surrey, which I have never seen in actual life but which brought to mind a popular song, *A Surrey with a Fringe on Top*. This led me to baby buggies with fringes on top. Not wanting to push the patient into *my* association of baby buggy, I dropped the baby part and said just buggy, to see where it would lead him. (All this flashed through my mind quickly and was not as carefully thought out as it sounds here.) But I believe I was on the right track as it helped the patient pictorialize a baby buggy. And this enabled him to recall early childhood memories that had been repressed. Once his associations became freer, I could see how the dream work had condensed, reversed, and disguised the agony of feeling abandoned, unloved, inept, and depressed, by pictorializing an attractive woman waiting eagerly for him to join her. The tininess and lightness transforms the surrey into a baby buggy and changes the adult Mr. M. into a jealous, rivalrous small boy who cannot make babies as his big father can. The dream work tries to negate the fact that the father is connected with the mother's pregnancies; the surrey and horse are not hitched together—the patient is unable to hitch a male and female together. The familiar but unrecognizable woman is the mother of his childhood years, whom he has tried to ward off in his memories, in his sexual life, and in the analysis. The hugeness of the department store is a plastic representation of him as a little boy in a situation too big for him, as his present big house makes him feel like a tired old horse. He is full of jealousy, envy, and depression, and sorry for himself.

It was not possible to work on all these points in one hour, but the surrey-baby-buggy dream led in the next hours to the conviction that his present depression and the old underlying depression from childhood, which had brought him into the analysis, were directly connected, hitched up, to his mother's pregnancies and deliveries. The repression, isolation, and denial were temporarily broken through by our work with

this dream and there were several tearful and angry hours in contrast to the quiet sadness of the previous months. Making available to the patient's conscious ego the memories and affects related to trying to push the baby carriage made it possible to reconstruct a crucial phase of this man's conflicts in early childhood, which were emotionally inaccessible to him until our work on the dream.

I believe this clinical vignette demonstrates the exceptional position of the dream. Months of what I believe to have been good psychoanalytic work on the patient's acting out or re-enactment of the childhood depression provided insight and some understanding, but no emotional or behavioral change although I am fairly sure that it prepared the way for the surrey-buggy dream. It was the dream, however, plus the patient's and analyst's work on it, that made possible the breakthrough to the hidden memories and affects. Only then did the patient develop a conviction and certainty about the reconstruction—and when he clearly understood and felt the connection between the seemingly strange, remote, and symbolic elements of the dream and the events in his present and past life. For me this is convincing evidence of the special proximity between the dream, childhood memories, and affects. To a great extent this depends on whether the patient and the analyst can use their capacity to oscillate between the primary and secondary processes in helping one another reach the latent dream thoughts hidden beneath the manifest dream. The patient contributes by his free associations; the analyst contributes by associating as if he were the patient and then translating his findings in ways that provide links or bridges to the vital and alive psychic activities in the patient which are capable of becoming conscious at the moment. This is dependent on the analyst's capacity for empathy, his ability to visualize the verbal productions of his patient, and then to translate his findings at a time and in a style and form which are real and plausible to the patient (28, 29, 30).

CONCLUSION

The dream is an exceptional and unique production of the patient. It is his special creation but can only be fully understood if the analyst and the patient work together by means of the patient's free associations and the analyst's interpretations. To work effectively with a patient's dream the analyst must subordinate his own theoretical interests, his own personal curiosity, and attempt to make contact with what is living, accessible, and dominant in the patient's psychic life at the time. He must associate empathically with the patient's material, as if he had lived the patient's life. Then he must translate the pictures he gets from the patient's verbal rendering of the dream back into thoughts, ideas, and words. Finally, he must ask himself what of all of this will be valuable to the patient's conscious and reasonable ego and how he can say it effectively to the patient.

This can be learned in one's personal analysis and in supervision in clinical work, if the training and supervising analysts are competent in working with their patients' dreams. It can be learned to a lesser degree in dream seminars and even from books and papers if the writer is a skilful teacher and uses clinical examples from his own experience. Dream interpretation cannot be taught to people who are not at home or are ill at ease with the form and content of unconscious mental activities. Obviously you cannot teach dream interpretation to those who are blind and deaf to the beauty and wit in the blending of dream formation, free association, and interpretation.

Working with dreams makes extraordinary demands on the patient and the analyst. In a sense the dream is the most intimate and elusive creation of the patient; it is so easy to forget! The patient is then asked to associate as freely as possible to the different elements of this strange material, in the presence of his psychoanalyst. He will be torn between the desires to reveal and to conceal the hidden contents which

have unexpectedly risen to the surface. The analyst must listen with free-floating attention, oscillating between the patient's and his own primary and secondary processes. Eventually, he will have to formulate his ideas in words which are comprehensible, meaningful, and alive to the patient. Sometimes he may only be able to say, 'I do not understand the dream—perhaps we shall sometime later'.

Some psychoanalysts deny the exceptional position of the dream because they have a special difficulty in learning the technique of dream interpretation. Others decrease the importance of dream interpretation to enhance certain theoretical convictions or to attack or defend the beliefs of some honored teacher. I believe that the dream is the royal road to a knowledge of unconscious activities for both the patient and the analyst, provided the psychoanalyst is not seduced into narrow bypaths and dead-end streets by technical or theoretical prejudices. My conviction of the exceptional position of the dream has been confirmed by daily work with patients, in particular their clinical responses, both immediate and long-range. This conviction has been substantiated by the results of literally hundreds of analysts whose work on dreams are listed in the texts of Fliess, Altman, the Annual Survey of Psychoanalysis, the Index of Psychoanalytic Writings, the Psychoanalytic Quarterly Cumulative Index, and the Chicago Psychoanalytic Literature Index (15, 1, 26, 31, 47, 5).

I shall close with two quotations. Kurt Eissler has graciously permitted me to paraphrase from a personal communication: 'With hard work and fortunate circumstances an analysis may stop all neurotic symptomology, all acting out, all neurotic slips and errors, and it may make the former patient the epitome of normalcy. Nevertheless, the person will never stop dreaming irrational, instinct-ridden, bizarre dreams, a perpetual proof of the ceaseless activity of the unconscious mind' (9). And from Freud, who wrote in 1933, 'Whenever I began to have doubts of the correctness of my wavering conclusions, the successful transformations of a senseless and muddled

dream into a logical and intelligible mental process in the dreamer would renew my confidence of being on the right track' (24, p. 7).

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Symbols and Symptoms

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SYMBOLS AND SYMPTOMS

PHYTOPHOBIA IN A TWO-YEAR-OLD GIRL

BY CHARLES A. SARNOFF, M.D. (GREAT NECK, NEW YORK)

One of the manifestations of the maturation of personality is a change in a symptom or in a mode of behavior. Hitherto unmanifested symptoms and behavior are used to express conflicts and fantasies in new ways. Newly acquired ego skills provide the means for more sophisticated ways of expressing conflict. In this paper, I present and discuss a case which illustrates the sudden appearance of phobic symptoms during the first half of the third year of life.

Jan, age twenty-seven months, was brought to my office because of bad dreams and a fear of seaweed. Her birth was uneventful. At nine months she had been suddenly weaned from the bottle, which was replaced by the cup along with a great deal of attention from the mother. There was no difficulty. The child was wanted and loved by parents and grandparents who gave her much attention. The mother interfered with thumb-sucking and removed any substitute object that the child might take to bed. She replaced these with attention and communication. The child developed into a highly verbal youngster who spoke full sentences at twenty-four months. She was without thumb-sucking and had no substitute objects. Toilet training was started at twenty-two months. From twenty-two months on, the child would awaken repeatedly on a given night, crying and afraid, but unable to explain. She could not describe any dream nor any thoughts to her mother. She was trained day and night for bowel and bladder by twenty-five months.

Daytime fears first appeared at twenty-six months with complaints about, and fear of, children who wore Batman masks. The mother dealt with this by buying the child a mask and

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desensitizing the child. At twenty-seven months concern about separation from the mother intensified. She refused to stay with a baby sitter whom she knew. The parents had to remain with her until she went to sleep. The following weekend she did not want to stay with her grandmother as baby sitter. The parents left her crying. Intense fear of separation from the mother was manifest. The parents and the child went to visit the grandmother the following weekend. On Friday she seemed happy and unafraid. She went to the beach and enjoyed playing in the sand and water. However, she remained highly sensitive to separation from her mother and refused the attentions of her grandmother while at the grandmother's house.

On the next evening, still with the parents at her grandmother's house, she was afraid when her mother went out. She asked if her mother would come back. The following night she awakened and said she was afraid of a toy rubber mouse in her room. The next day the family went to the beach. At first the child played in the sand. Then she went down to the water's edge with her father, who saved her from the undertow. She enjoyed facing the water while holding onto her father's legs. As they walked away from the water she insisted on being carried to avoid touching the 'green stuff' on the beach.

The next day she went to the beach with her mother. She played well in the sand. Her mother led her to the water's edge. Suddenly she reached for her mother in terror and insisted on being held out of the water. Seaweed at the water's edge seemed to have drawn her attention. 'Carry me', she said. 'Why?', asked her mother. 'What's that?', she asked. 'Just seaweed', said her mother, 'like spinach, like lettuce, like grass'. She picked up the seaweed and showed it to the child. The child recoiled in terror. She insisted on being carried across the sand and on leaving the beach. She would not touch the sand or water. Her parents provided her with a small plastic wading pool at the grandmother's house. The child enjoyed it until some grass got carried into the water on her feet. She then refused to use the pool.

That evening she and her parents slept at the home of the grandparents. (Two months before, at twenty-five months, the parents brought the child to the grandmother and left her there without difficulty for two nights.) The parents went out that evening to dinner. The child was prepared for this. She had been told the parents were coming back. That night she awoke from sleep several times crying hysterically.

She had awakened thus on occasion from the time that she was twenty-two months old. This time there were new features to her behavior. She was kicking her feet in the air, using the motions she had used to get her feet out of the water that afternoon. For the first time she could tell what had awakened her. She said that she was taking her feet out of the water away from the green stuff. She could not say what she was afraid of. While sitting on her mother's lap, she urinated.

The next day, the distraught parents brought the child to my office. With the mother present I asked the child about her dreams. Highly verbal and still very much impressed by the dream, she told me that she was trying to take her feet out of the water, away from the seaweed. 'I'm afraid of seaweed.' Her pronunciation of the last word was not clear and I repeated the slurred word with a questioning tone. She looked at me with some disbelief and said in a tone of voice that implied that she was talking about something important, that everyone must be acquainted with 'the *green* stuff'. I asked, 'What are you afraid of with seaweed?'. Her body was wracked with hysterical sobbing. I asked, 'What are you afraid it will do?'. She cried more. 'Are you afraid it will hurt you?' 'No', she said. 'I'm afraid it will hurt Mommy.'

To myself I thought that seaweed does not have hostile affects but that little girls do. I asked the child if she were the seaweed. 'Yes', she answered. 'Are you ever angry at Mommy?' 'Yes', said she. '*When she goes away.*' The child had projected her own hostility onto the seaweed. I went on to explain that children do feel anger when mommies go away and that children have a right to feel angry and that it is good to be able to

tell mother and that she can be sure if she tells mother, mother will not be angry at her.

I suggested to the mother that she encourage the child to discuss her feelings with her. The idea behind this was to re-open the conflict to the resolving effects of maturation and development rather than leave the dependency needs and separation anxieties fixated and bound by a symptom. Following this interview the child was able to swim with the help of the mother, who reminded her that seaweed was only seaweed. She could also sleep without interruptions. A month later the family went on a short vacation during which the child was often left with a baby sitter. She began to blink repeatedly. Seaweed no longer bothered her. The parents, recognizing that the child's separation conflicts had been reawakened, decided to devote more time to the child. The blinking then dropped off and soon ceased.

What had happened between the twenty-fifth and twenty-eighth month of age was a shift in the way that she expressed her conflict over her mother leaving her. The conflict was the same before and after the development of the phobia, but at first she directly expressed her feelings of anxiety, fears, and thinly masked hostility. Later she developed the phobia: her frightening aggressive feelings toward her mother were projected onto a symbol, seaweed; the anxiety over her own aggressive feelings was displaced to a fear of the seaweed.

Could it be that the child had experienced a change in her symptom picture, not to more severe pathology, as the mother had thought, but to a higher level of ego function which includes the ability to form and use symbols? In order to answer this question we need to know the answers to two others: 1. When does the capacity to form symbols first appear? 2. What is the relationship of the first symbol to specific conflicts? Are these conflicts specific for the period when ego maturation first permits symbol formation? The child suddenly looked sicker. The mother became frightened. However, the child may have

made a step forward as her phobia may have represented the development of the capacity to form symbols. Symbols are the basis of culture and civilization as well as neurotic symptoms.

A study of symbols and the literature on the psychoanalysis of young children may help us to understand the events in this child's emotional life and explain why her symptoms changed. First let us turn to the academic study of symbols. The meaning of the word 'symbol' varies among experts and among the various disciplines devoted to the study of human thinking. Usually people are really talking of metaphors when they speak of symbols. In psychoanalysis, 'symbol' has a specific meaning that has been best defined by Ernest Jones (1). According to him a symbol is formed when there has been repression of the connection between a representation and that which is represented: 'In most uses of the word, a symbol is a manifest expression for an idea that is more or less hidden, secret, or kept in reserve. Most typically of all, the person employing the symbol is not even conscious of what it actually represents. . . . Symbols [are] made spontaneously . . . and, in the broad sense of the word, unconsciously. The stricter the sense in which this is used, the truer is the statement' (p. 90). 'Only what is repressed is symbolized. Only what is repressed needs to be symbolized. This conclusion is the touchstone of the psychoanalytic theory of symbolism' (p. 116).

In pursuing this study, the word, symbol, will be used only for mental phenomena that fulfil these criteria. By this I mean that when the word, symbol, is used in this paper to describe a mental event, it implies those symbols which are brought into the service of neurotic symptom-formation, rather than symbols in a generic sense, such as a flag standing for a country, where it is clear that one is dealing with conscious and nonconflictual material.

For a mental event such as a symbol to occur, there must be an advanced level of personality organization. Memory, image retention, spontaneous recall, language skills, and the capacity for repression must have been achieved. The differentiation

of the system Cs and the system Ucs must have become functional. A large number of developmental steps must be successfully negotiated before symbols, as defined by Jones, can be formed. This will be dealt with extensively elsewhere (3). For this paper we will concentrate on the developmental steps related to the period during which symbols first appear.

The most extensive direct study of the development of such symbols in childhood is that of Piaget (2). He describes a number of preliminary steps in the development of the capacity to form symbols. He based his conclusions on direct observation of the nature of a child's relationship to the objects with which he plays. The observations that draw our interest begin after the development of thought, memory, and the use of words. This is well established by one year. At this time, one can observe a syncretic ritual response to objects. One sees only the capacity to deal with objects in a patterned manner that adds nothing to the object. At this stage the object concretely represents itself to the child and nothing more. Blocks are piled on blocks as blocks. Seaweed is seaweed.

At fifteen months Piaget (2, p. 97) saw the first examples in children of the ability to bring ideas from their own experiences unrelated to the object into the treatment of the object. They could verbalize this. For them the object had come to represent something besides its concrete presence (e.g., a child punishes a doll for being naughty). The connection between the object and what it represents remains conscious. Piaget calls this type of activity symbolic play. It is well exemplified by the child who places one block upon another and describes this as 'a child sitting on the toilet'. An object (seaweed) can mean something else and the child is aware of it. This fits the common definition of symbol.

Piaget records a step beyond the level of symbolic play. Here the connections are repressed. They are unconscious. Piaget calls this 'secondary symbolism'. He defines it in the same way as defined by Jones (1). Piaget describes the development of secondary symbolism during the period from two to four years.

In reviewing his direct observations of children at these ages (2, p. 177 *et seq.*), I could find few symbols, in Jones's sense, before the age of three. Piaget points out that at two, the child seems to be aware *in part* of the linkage between the symbols and the thing represented, but some of the link has been lost. Therefore according to his observations it seems that the personality structure necessary for the formation of psychoanalytic symbols can exist at twenty-four months.

Now let us see what we can learn from clinical cases to help us apply this information. From a study of published case reports of treatment of patients in early childhood, let us try to determine when children first become capable of using symbols in the formation of symptoms. The earliest reported treatment of a phobia in the psychoanalytic literature is in Max Wulff's *A Phobia in a Child of Eighteen Months* (6). In this paper there is no report of a true symbol nor of a true phobia. The eighteen-month-old girl showed signs of anxiety early one evening, crying, 'Mamma, don't give Linchen away'. She clung to her mother and showed clearly signs of uneasiness and anxiety. This happened several days in succession. Then she began having anxiety attacks both day and night. Her anxiety increased whenever anyone knocked on the door. She had fears of the dark window, church bells, and the sound of passing motors but no exaggerated fears in relation to a neutral object. These fears are examples of the phobic avoidance and anxiety reactions commonly seen in children at this age in response to general perceptions which stimulate drives and affects without the interposition of displacement and symbolization. They are not phobias. Wulff himself commented that the phobias he described could best be called 'incipient', and that in this case he was dealing with symptoms of anxiety rather than phobia. In his analysis of the case, Wulff found that the child had become anxious and afraid of rejection when she failed to achieve toilet training at the rate her parents demanded. The absence of symbols and neurotic symptoms is of interest to us. We see in the signs of this one-and-a-half-year-old a parallel to the first

stage of little Jan's illness. There were the physiological signs of anxiety. The capacity to manifest emotional disturbance through symbol formation and phobia was not seen. As in all the cases, the child was highly verbal, related well, and had no unusual growth or developmental pattern abnormality.

Further information comes from a paper by Editha Sterba, *Analysis of Psychogenic Constipation in a Two-Year-Old Child* (5). At sixteen and a half months, the child, a boy, showed anxiety when his mother talked to a stranger. He would not go to sleep alone, awoke screaming during the night, stood up in bed, and when his mother came, clung to her and looked anxiously around the room. He cried whenever his mother began to leave during the day. The origin of this difficulty was traced to the deflection of his nurse's interest from him when she met a man in the park. When the boy was twenty months old, the parents became aware of the fact that the child held back his stools. This symptom had begun earlier, but had been concealed by his nurse. During one four-month period constipation became so severe that all bowel movements were assisted by an adult. He was taken for treatment at twenty-six and a half months. The therapist noticed his interest and play with little wooden balls in the playroom. She said, 'I can do something much better with the ballies'. She loaded the sleeve of her blouse with them and let them fall into the box. He wanted to do the same; but after loading up, he became pale, thoughtful, and silent and said, 'I don't want to take the ballies out'. He kept them in his sleeve for a half hour. He asked the therapist to take them out. This incident at twenty-six and a half months illustrates the transition phase between symbolic play and true symbol formation. The child dealt with the balls as though they were something else. We cannot tell if the connection was conscious.

Wulff's case illustrates the nature of nonpsychotic disorders of early childhood before the development of the capacity to develop symbols. The children develop anxiety, sleep disturbance, and somatic symptoms. Sterba's case also illustrates pre-

symbolic emotional reactions (anxiety, somatic symptoms) plus evidence of the onset of the activity of the symbolizing functions of the ego, at twenty-six months.

Melitta Sperling (4) reported the case of a girl who began treatment at twenty-three months. The chief complaints at first were attacks of paroxysmal tachycardia for which no organic cause could be found. The child would grunt and assume a crouched position. At twenty-six months, following the birth of a brother, a sleep disturbance appeared. Nightly she would wake up in fear and scream, 'A doggy (a kitty or a fish) is biting my finger'. The child carried these fears into the daytime. She avoided feeding her doll because she was afraid the doll would bite her finger and swallow it. Sperling interpreted to the child that she was the one who wanted to bite and swallow something of which she was afraid. This brought to the fore the child's jealousy of her baby brother.

In Sperling's case we see the phenomena seen in Jan. First there is the typical emotional response before symbol formation (anxiety and somatic symptoms), then the appearance of the phobia along with the development of the symbolizing function.

DISCUSSION

Jan's case resolves into two phases. There is the period before the development of seaweed phobia and the period after. I raised the question of whether the initial development of capacity for phobia formation in a child does not signal a step forward in the development of the child. To answer this question it was necessary to review germane research studies and case histories. In the works of Piaget a close study of the stages in the development of symbols was found. Three steps in the development of symbols could be seen: 1. From zero to fifteen months, the child deals with objects without distortion (syncretic). 2. From fifteen to twenty-four months, the child can deal knowingly with objects in a manner that imparts meanings foreign to the intrinsic qualities (symbolic play). 3. At twenty-four

months, the child can unknowingly use objects in a manner that imparts meaning foreign to the intrinsic qualities of the object. Through this capacity the child can express otherwise threatening and frightening feelings and thoughts (symbol formation).

To recapitulate and to add modern symbol theory to Piaget's observations: Step one represents a time when there is no capacity to form symbols. Piaget places this at zero to fifteen months. Step two represents the time of the development of precursor capacities in symbol formation. Piaget places this at fifteen to twenty-four months. The precursor capacities are four in number: 1. The capacity to perceive similarities on the basis of few and superficial cues. This is necessary for the mind to be able to establish mental linkages and perceive abstract relationship between objects. 2. The capacity for displacement. Displacement occurs along the line of the linkages made possible by the perception of similarities. These linkages are the earliest precursors of symbols. They are unstable and facultative at first. They do not provide consistent and reliable pathways for instinctual drive discharge. 3. The capacity to delay is vital. Only with the establishment of the capacity to delay is time provided for the objects of instinctual drives to be modified along the lines of displacement. 4. A need, such as the need to protect self or primary object from aggressive urges, is necessary as the motivation for displacement.

When these four factors are present, the budding personality is ready to establish true symbol precursors. They take the form of mental linkages which are constant and obligatory such as mother-nurse, penis-bird, father-king. Through such fixed pathways and motivated by defense of the body ego and primary objects, these displacements are obliged to go. I call these obligatory fixed pathways for displaced discharge of drive energies, symbolic linkages. From the standpoint of adaptation and object relations, the establishment of an obligatory pathway for discharge serves to preserve the body ego and primary objects. Through these symbolic linkages substitute objects for drive discharge are made available. Symbolic linkages are

the basis of conscious substitute representations such as the double entendre, metaphors, and similes, e.g., 'Thy two breasts are like two young roes that are twins . . .'. Symbolic linkages are the psychoanalytic analogues of the symbolic play of Piaget.

Step three represents the time of true psychoanalytic symbol formation. Piaget names this secondary symbolization, and places its onset at twenty-four months. Two new factors contribute to the metamorphosis that transmutes a symbolic linkage into a true psychoanalytic symbol. First, repression is necessary. By repression, I refer to the fact that the link to the primary object is made unavailable to consciousness. Second, reality testing is necessary. It supports the intellectualization necessary to maintain the conscious denial of the relationship between symbol and primary object. For instance a tower and a phallus can be equated on the basis of superficial similarity; and one can symbolize the other. Anxiety is avoided through the repression of this similarity. This is further enhanced by the reality-supported rationalization that they are not at all alike since there is such a realistic difference in size. Thus reality testing supports psychoanalytic symbol formation.

True symbol formation can be characterized by the situation in which a symbolic linkage is unconsciously utilized as a pathway for the displacement of drive energies from the body or primary object to the word representation of the linked environmental object. The symbolizing function effects the discharge of drive energies in such a way that more meaningful object representation is spared.

Apparently the appearance of the third step occurred in Jan at the time she was in conflict over her anger at her mother during periods of separation. In effect a new bottle had been provided for the old wine. That which had been presented in anxiety and night fears was now presented in phobias and dreams from which she awoke. Three cases from the literature show us this transition to the use of symbols and phobic symptoms as a means of dealing with conflicts during the third year of life. A more exact timing will require further and more

extensive clinical studies and investigations. Variations in the timing depend upon individual variations in children. But it seems that the course of nonpsychotic human psychopathology in early childhood is marked by a transition from diffuse representations of anxiety to the development of neurotic symptoms during the first half of the third year of life.

The ease with which the child was able to respond to the interpretation of the meaning of her symbol-determined symptoms is typical of the way children can perceive and confirm the unconscious meaning of their symbol-determined symptoms, when these are pointed out to them. Piaget observed that the intensity of the repression of the awareness of the connection between the symbol and what is represented increases with age. A parallel transition can be observed with symbol-determined symptoms.

In the case of Jan, conflicts related to the oral phase formed the basis for her first symbols even though they occurred during the anal phase. The child had evidently failed to resolve conflicts related to orality and separation and so still had them to deal with during the time period of a later phase. Unresolved oral-sadistic conflicts may carry over into the period when symbol formation occurs.

In answer to the questions introduced earlier in this paper:

1. Symbols as defined by Jones first occur as a manifestation of conflict during the third year of life. Selected material from highly verbal children indicates a time of onset during the first half of the third year of life.
2. The first such symbol for a given individual represents an unresolved conflict that is active in him at the time that symbols are first formed. When an individual develops the capacity for abstraction and symbol formation, conflictual anxieties may be expressed in phobia formation.

The change in Jan's symptoms is explained as follows: during the course of a discomforting interaction involving separation from the mother, Jan developed the capacity to form symbols. Her anger toward her mother which made her un-

happy could then be dealt with by disavowal, projection, and symbolization. A phobic avoidance reaction then completed the picture.

SUMMARY

This paper investigates the change in symptomatology that occurs as specific ego functions, related to psychoanalytic symbol formation, mature and develop during the first half of the third year of life. The manifestations of acute emotional disturbance before this time are anxiety, somatic symptoms, and sleep disturbances. After this time there may be added fantasy-determined symptoms such as phobias. This transition and its timing is illustrated through a case presentation and supported by clinical descriptions found in the literature. The symbolizing function does not arise *de novo* but is the complex end product of a series of developments. The series of steps is outlined in relation to Piaget's exploration of the appearance of symbols in childhood. Before the third year of life symbols occur which are of the conscious metaphorical and generic type, such as flags representing a nation. During the first half of the third year of life symbols with unconscious meanings appear, and the child becomes capable of producing true phobias.

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Notes on Identification

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NOTES ON IDENTIFICATION

I. ORIGINS IN FREUD

BY W. W. MEISSNER, S.J., M.D. (CAMBRIDGE, MASS.)

The concept of identification in psychoanalytic theory touches on very nearly all aspects of personality development and organization. It is a central mechanism in the process of ego and identity formation and is directly and primarily involved in superego formation. It is also one of the most important developmental mechanisms in the formation of character, and at the same time one of the most poorly defined and inadequately understood concepts in the analytic armamentarium. A few years ago Koff (21) made a serious attempt to bring some order to this state of the matter. He likened it to the Humpty-Dumpty principle that 'when I use a word, it means just what I choose it to mean, neither more nor less'. The term *identification* has come to be used in a similar fashion—each author intending it to mean exactly what he chooses it to mean, neither more nor less, a chaotic result.

In an effort to bring some order to this linguistic and theoretical confusion, I would like to return to the psychoanalytic origins of the term and in the present essay reconsider the original formulations of identification provided by Freud. The focus of the study is not merely reportorial since that would provide little of value other than a series of references to his works. The focus will rather be a critical review of his insights for the purpose of further clarification, further theoretical formulation and understanding.

The earliest mention of identification occurs not in Freud's published material, but in a letter to Fliess in December 1896 (2, pp. 181-182). He suggests that the mechanism of agoraphobia in women is an envy of and identification with the

From the Massachusetts Mental Health Center, Boston.

prostitute. The unconscious sexual wish is to put oneself in the place of the prostitute by identifying with her. His next use of the term comes in a letter written the following year (2, pp. 191-192). He advances identification as the mechanism underlying tonic hysterical spasm. By an identification with a dead person, the hysteric imitates the stage of *rigor mortis* and lies in a state of rigid immobility.¹

A few months later (May 2, 1897) Freud included in a letter to Fliess a draft in which he refers to the self-abasement of well-bred young ladies by reason of their identification with servant girls. The acceptance of an immense load of guilt and self-reproach is made possible by identification with these women of low morals who are associated sexually with the father. Freud relates this mechanism to sexual fears and fears of prostitution. This comment undoubtedly derives from a common feature of Viennese society: the head of the house not infrequently used the servant girl for more than house-keeping. Freud writes,

There is a tragic justice in the fact that the action of the head of the family in stooping to a servant-girl is atoned for by his daughter's self-abasement (3, p. 249).

Another draft at the end of the same month presaged a use of identification that comes to full amplification only twenty years later. He notes that hostile impulses against the parents are repressed at times of their illness or death. It is part of the mourning process to reproach oneself (melancholia) or punish oneself with the same state of illness that they had. The mechanism at work here is identification by which the hostile impulses originally directed at the parents are turned against the self in the form of reproach or hysterical punishment (3, pp. 254-255).²

Toward the end of 1899 he again writes to Fliess (3, pp. 303-304) to announce a new insight into the 'choice of neuro-

¹ It is interesting to note that the *Studies on Hysteria* (1893-1895) had already been written and that they contain no reference to identification as a mechanism in hysterical symptom-formation.

² This theme would find fuller expression in *Mourning and Melancholia* (190).

sis'. He renounces the sexual trauma theory and proposes a theory of distribution of the sexual drive. The lowest sexual stratum of autoerotism is succeeded by alloerotism but not replaced by it. Hysteria is a form of alloerotism which takes place through an identification with the loved person. Paranoia on the other hand dissolves the identification, re-establishes the abandoned figures of childhood, and dissolves the ego itself into these extraneous figures. The notion turns up again in his analysis of the Schreber case where he remarks:

A process of decomposition of this kind is very characteristic of paranoia. Paranoia decomposes just as hysteria condenses. Or rather, paranoia resolves once more into their elements the products of the condensations and identifications which are effected in the unconscious (8, p. 49).

It is apparent that in these early years before the turn of the century Freud had made important use of the concept of identification in his thinking. The major focus of his concern was the psychopathology of hysteria and the model of identification at this point was the hysterical identification, a process taking place unconsciously by which the subject identified with another person on the basis of a wish. The wish was repressed but still operative and the mechanism was essentially pathological.

The Interpretation of Dreams

Freud became more explicit about the mechanism of hysterical identification in his discussion of dream mechanisms. In the elaboration of hysterical symptoms, identification enables the patient to express his own and others' experiences. Freud insists—and the point will be important in defining identification as a distinct process—that hysterical identification is not the same as the familiar hysterical imitation. The hysterical capacity to imitate symptoms merely points to a path along which a psychical process proceeds, but the path and the mental act are different. Identification involves an unconscious inference that the symptom is related to a cause

and the cause is shared by the object and the subject of the identification.

'If a cause like this can produce an attack like this, I may have the same kind of attack since I have the same grounds for having it.' . . . Thus identification is not simple imitation by *assimilation* on the basis of a similar ætiological pretension; it expresses a resemblance and is derived from a common element which remains in the unconscious (4, p. 150).

Hysterical identifications usually express a common sexual element; the patient identifies in her symptoms with people with whom she has had sexual relations or with those who have had relations with the same people as herself. The fantasy of such relations is sufficient basis for the identification (4, p. 150). It seems clear that Freud is here conceiving of identification as an unconscious mechanism which he uses to explain certain substitutions in the dream work and the acquisition of hysterical symptoms. It is important to note that the discussion in *The Interpretation of Dreams* is his first published mention of identification and that it reflects the more tentative formulations of the preceding years. His distinction of identification and imitation is an attempt to move beyond the level of behavioral observation to a level of intrapsychic process. The same explanatory movement is observable in his whole treatment of the problem of dreams where the direction of his thinking is toward a formulation of the processes which constitute the dream work.

In his discussion of the means of representation in the section on dream work, Freud places identification alongside condensation as a dream mechanism. In the unification of dream elements similarity, consonance, or possession of common attributes may be present in the material of the dream thoughts or they may be constructed. In the former case Freud prefers to call the process 'identification'; in the latter case he calls it 'composition'. Moreover, identification has to do with persons, composition with things. By identification persons in the dream are linked by a common element and appear

in the dream by representation as a single figure. Only one of the persons so linked appears in the manifest content as a rule, but the covering figure appears in the dream in relations and situations which also have reference to the other persons he covers. There may also be a composition of figures in which qualities of more than one person appear in a kind of composite figure. The composite figure is constructed by the dream work while in identification the covering figure represents a pre-existing unification in terms of a common element.

Freud argued originally that dreams are completely egoistic, that every dream deals primarily with the dreamer himself. He was later to modify that overgeneralization, but in 1900 he was willing to say that whenever he did not appear in one of his dreams he could assume that his ego was indeed concealed by identification behind other figures. Conversely, when he did appear in the dream he could presume that some other person or persons were concealed behind it by identification (4). Thus identification or composition in the dream serves several functions; it can represent a common element shared by two persons, a displaced common element, or a merely wishful common element. In the Irma dream Freud wished to exchange Irma for another patient so that the figure of Irma acquired a position which belonged to the other woman (4, p. 322). A little girl wishes to be a boy and dreams of being her brother (p. 363).

At this stage of Freud's thinking the hysterical model predominates. The overriding insight into the relationship between dreaming processes and the mechanisms of hysterical symptom-formation which allows him to move back and forth between them tends to obscure the significance of apparently shared mechanisms, like identification. Despite the fact that the editors of the Standard Edition feel that the discussions of identification in hysteria and identification in dreams are about different processes (4, p. 321, n.), it seems likely that Freud was striving for some community of explanation. The

emphasis on unconscious inference in hysterical identification comes quite close to the description of unconscious acknowledgment of the common element in dream formation which issues in dream identification. Identification is as yet a functional explanatory construct in Freud's thinking. It is a mechanism for the expression of instinctual libidinal impulses which circumvents repressive efforts. It is a process by which instinctual energies are channeled pathologically—either in waking pathology or in the permissive symptomatology of dreaming. There is no hint as yet of later structural and developmental concerns to which the concept of identification will be applied. But the clear notion is already present that the subject can assimilate, and appropriate as his own, qualities belonging to an object based on a shared common element.

Intermediary Period

The decade and a half from the publication of *The Interpretation of Dreams* until about 1915 form an intermediary period. It was not a period of theoretical advance so much as one of amplification of earlier positions and clarification of his libido theory. It was also a period of working through many of his ideas in more applied ways; of the great case histories, the study of the psychopathology of everyday life, of jokes, etc. *Pari passu* the seeds are sown for a future harvest.

The concept of identification is used in explaining slips of the tongue. The patient who inadvertently refers to his aunt as 'mother' reveals that he has identified these two persons (5, p. 80). Substituting one name for another may reflect an underlying wish to be that other person, as in the case of the young physician who introduced himself to the famous Virchow as 'Dr. Virchow' (p. 85). The mechanism of hysterical identification appears in the analysis of Dora, particularly in her identifications with Frau K and with the family governess (6, pp. 83, 107). The mechanisms here do not differ from those we have already seen. Similarly he speaks of spectators of a drama identifying with the hero and thus allowing

themselves the vicarious experience and emotional catharsis through a stage character that they might not be able to tolerate in real life. The identification is transient and serves a situationally immediate emotional need.

There is also some suggestion that Freud's thinking about identification is moving in other directions not entirely consistent with the earlier model of hysterical identification. He refers to identification with the family physician as a common motive for choice of medicine as a profession. The identification is seen as serving unconscious needs of overcoming the father and finding access to privileged sexual information—both of which are associated with the physician's role. This at least suggests that Freud's thinking was moving from a symptomatic and transiently behavioral level to the level of more long-lasting and permanent aspects of personality. The identification could take place in early years yet persist to determine the choice of adult profession (5, pp. 196-197).

The closing of this intermediate period in the development of Freud's views on identification was precipitated by the emergence of his thoughts on narcissism which received their original formulation in 1914. The analysis of narcissism provided the rudiments of what was later to develop into the structural theory. That his views on identification were undergoing amplification at this time is suggested by a passing reference in the discussion of phases of development in sexual organization added to the *Three Essays* in 1915. He remarks that the sexual aim of the oral phase is incorporation of the object—a prototype of identification which later plays such an important part in development (7, p. 198). Identification then begins to be seen in a developmental perspective.

Additional hints are provided by the use of identification in *Instincts and Their Vicissitudes* in 1915. It is through the identification with the suffering object that the subject's sadistic aim of causing pain is transformed into a masochistic aim of feeling pain. Sadism is transformed into masochism by an identification of the subject with an extraneous ego and thus

a return to the narcissistic object is achieved. This form of identification is at work in the passive scopophilic instinct as well, although here the movement is not a return to the narcissistic object but a holding fast to it (9, pp. 129-132). We even find Ferenczi's term 'introject' appearing for the first time—the ego introjects objects which are sources of pleasure (takes them into itself) and conversely expels whatever in itself is a cause of unpleasure (projection) (9, p. 136). Thus by 1915 it is clear that a conceptual broadening had taken place in the use of identification and that the related terminology (incorporation, introjection, identification) had been adopted. Freud was no longer thinking of an explanatory and functional mechanism which produced certain neurotic symptoms, but was beginning to move toward a more structural and developmental view of identification. It also seems clear at this point that identification was related to the oral incorporative mode and constituted a psychologically significant way in which the subject could take in external objects and preserve them as part of his own inner structure.

Mourning and Melancholia

This paper took shape during the period when Freud's ideas on narcissism were in their greatest ferment. The final version of the paper on narcissism was not begun until February of 1914; Freud actually spoke to Jones about the ideas in the paper in January of that year. A first draft was ready in early 1915 and was read by Abraham who suggested the connection between the oral phase and melancholia. The final draft was finished in May but not published until two years later.

Freud contrasts mourning, which is depression due to the loss of an object, to melancholy, which is depression over the sense of worthlessness of the self. It is a form of object loss in the former as opposed to ego loss in the latter. But the attacks on the self really represent attacks on an object. Object loss is translated into ego loss. The breaking of the libidinal

attachment to the object produces a withdrawal of libido to the narcissistic object by means of an identification of it with the lost object. The conflict between an ego and its object becomes an intrapsychic conflict between superego and ego. 'Thus the shadow of the object fell upon the ego . . .' (10, p. 249). The mechanism permits a return to the narcissistic object which carries with it the hostile impulses originally directed outward to the object.

The process requires both a strong fixation to the object and a paradoxical weakness of the power of resistance of the object cathexis. The object choice must be basically narcissistic and thereby permit a regression to the original narcissism. Identification is really the most primitive form of object choice deriving developmentally from the oral phase. The subject relates to the object by wanting to incorporate it in a cannibalistic style. The relation is highly ambivalent since possessing the object by devouring it is equivalent to destroying it. Such ambivalence thus becomes one of the preconditions of melancholy. A double regression takes place in which the love for the object takes refuge in a narcissistic identification and the hate for the object follows suit, being directed at the substitute object. The self-torment of melancholy satisfies the subject's sadism and acquires a certain masochistically satisfying quality as well (10, p. 251).

Identification of the narcissistic type is quite different from the hysterical model of identification. In hysterical identification the object cathexis is maintained and manifests a persistent influence in symptomatic phenomena, although the attachment to the object is repressed and unconscious. In narcissistic identification, however, the object cathexis is abandoned and replaced by a regression to a more primitive form of relation to the object. As Freud wrote: 'The difference . . . between narcissistic and hysterical identification may be seen in this: that, whereas in the former the object-cathexis is abandoned, in the latter it persists and manifests its influence, though this is usually confined to certain isolated actions and inner-

vations' (10, p. 250). Both obtain by virtue of an attachment to an object. The hysterical identification serves the wish to preserve the attachment to the object by assimilating some of its characteristics. The narcissistic identification puts the self in the place of the object so that it becomes the target for the subject's own originally object-directed hate, but it does not alter the subject by an assimilation of object characteristics. The accusations directed to the object are displaced to the self, but the self does not acquire the accusable qualities. The incapable wife of whom Freud speaks 'is really accusing her *husband* of being incapable', but she does not herself become incapable (10, p. 248). The unreality of such depressive accusations is an impressive feature of the syndrome. Thus the narcissistic identification of which Freud speaks here does not constitute a modification of the ego but provides a mechanism by which the subject's own sadism can be directed inward in order to avoid the consequences of expressing it toward an external object.

As a result of this process, Freud calls attention to a split in the ego. 'We see how in him one part of the ego sets itself over against the other, judges it critically, and, as it were, takes it as its object' (10, p. 247). The critical agency, the precursor of the superego in Freud's thinking, here directs the subject's sadism against the ego as altered by identification. The conflict of ego and object is translated into a conflict of critical agency and ego. The ego's sadism thus localized to a special agency indeed modifies the ego but the identification pertains specifically to the rest of the ego which becomes a hated object for the critical agency. The identification, therefore, is quite limited in terms of the internal modification of the ego. The important aspect of Freud's formulation is the emergence of the notion of identification as a preliminary stage of object relation which enables the subject to put himself in the place of the hated (and loved) object.

As he speaks of it soon after in the Introductory Lectures (1917), he says,

From this we can conclude that the melancholic has, it is true, withdrawn his libido from the object, but that, by a process which we must call 'narcissistic identification', the object has been set up in the ego itself, has been, as it were, projected onto the ego. . . . The subject's own ego is then treated like the object that has been abandoned, and it is subjected to all the acts of aggression and expressions of vengefulness which have been aimed at the object (11, p. 427).

Freud's thinking at this stage began to move toward a more structural perspective. The focus in his treatment of narcissistic identification, though still primarily functional and concerned with symptom-formation, shifted to the relation between investment of object libido and inner alteration of the ego. This change does not in itself imply structural alteration. The distinction may be helpful in clarifying some of the ambiguities of Freud's later thinking about identification.

Group Psychology and the Analysis of the Ego

The publication of this paper in 1921 marked the next stage in the development of the concept. It is likely that Freud's thinking was very much in flux during this period. A major influence was the analysis of the Wolf-man conducted from 1910 until July of 1914, the case history of which was written toward the end of that year. The editors of the Standard Edition remark, 'It seems likely that the "cannibalistic" material revealed in this analysis played an important part in preparing the way for some of the most momentous of the theories with which Freud was occupied at this period: the interconnections between incorporation, identification, the formation of an ego-ideal, the sense of guilt and pathological states of depression' (12, p. 6).

For the first time, Freud makes extensive use of the mechanism of identification in formulating the analysis of the Wolf-man whose identification with his mother in the primal scene was a powerful motive in his illness. The price of sexual satisfaction from father was to be castrated like mother.

The organ of identification, the anal zone, expressed itself in the wishful fantasy of rebirth through an enema (copulation) given by a man (father) with the resulting production of excrement (baby). The homosexual wish fantasy repeated the material of the primal scene and expressed the anal regressive identification with the mother which the Wolf-man struggled to repudiate. He was also strongly identified with his father, his admired model. That object of identification became the sexual object of his more passive yearnings in the anal-sadistic period. The rebuff and castration threat from his Nana moved his sexual life toward sadomasochism. The sadism retained the older identification with his father and the masochism related to the father as sexual object. These factors found an ideal sublimation in the child's religious fanaticism for which the chief motive was his identification with Christ. As Christ he could express his extravagant love for the father without guilt and thus satisfy his deepest sexual yearnings. As Christ he could also find a sublime expression of his masochistic yearning as one who was tormented and sacrificed at the father's request and in the father's honor.

It is plain that the notion of identification acquired a greater significance in Freud's thinking during the second decade following his work on dreams when his view of identification as the earliest form of relation to an object appeared. Increasingly concerned with the relation between such early identifications and the subsequent development of object relations, he clarified his ideas in *Group Psychology and the Analysis of the Ego*, written in 1920.

In the famous chapter on identification, Freud calls it the earliest emotional tie with another person. This is the form of emotional tie to which the individual regresses in the narcissistic identification of melancholy. Identification, so conceived, is a derivative of the oral phase of libidinal organization; the longed-for object is assimilated and consumed. The identification with the father is accompanied or followed by the development of an anaclitic object choice of the mother.

The confluence of paternal identification and maternal sexual object cathexis gives rise to the œdipus complex. The identification with father, which has been ambivalent from the first, becomes hostile and carries the wish to replace the father in relation to the love object. Inversion of the œdipal relations can make the father the object of a feminine love as well so that the identification with the father becomes the precursor of an object tie with him.

The examples which Freud provides are essentially of hysterical identification. A girl develops a symptom of her mother on the basis of a desire to replace the mother in the œdipal situation. Or the symptom may belong originally to a loved person; Dora's cough imitated her father's cough. Where unconscious mechanisms are dominant and repression is effected, object choice regresses to the more primitive form of emotional tie, namely identification. If any distinction between hysterical and narcissistic forms of identification can be recognized, it is that narcissistic identification derives from an object relation and constitutes a regression from it to a more primitive form of relation to the object. Hysterical identification does not require such an object relation but is based on an unconscious wish to put oneself in the place of the person copied (13, pp. 106-107). Freud uses the example of a group of girls catching a hysterical fit to demonstrate that symptoms can be formed through identification without a prior object relation. Such identification by symptoms becomes a point of coincidence between two egos (13, p. 107).

Freud summarizes his formulations on identification in three lapidary formulae:

First, identification is the original form of emotional tie with an object; secondly, in a regressive way it becomes a substitute for a libidinal object-tie, as it were by means of introjection of the object into the ego; and thirdly, it may arise with any new perception of a common quality shared with some other person who is not an object of the sexual instinct. The more important this common quality is, the more successful may

this partial identification become, and it may thus represent the beginning of a new tie (13, pp. 107-108).

Noteworthy is that the description of narcissistic identification as a regressive substitute for a libidinal object tie is made in terms of introjection of the object into the ego. Freud repeats this formula in describing melancholy as introjection of the lost object so that the self-depreciation and self-reproaches apply to the object as in the ego (13, p. 109). The ego is thus divided into two parts, one altered by introjection of the lost object and the other, which rages against the first, comprising the critical agency of the ego (conscience, ego ideal). This form of narcissistic identification is not really a regression to an original form of object tie but depends on the introjection of a previously cathected object.

But Freud now means to use identification in a new sense which is neither hysterical, narcissistic, nor regressive, does not require a preceding object relation, and provides the basis for his analysis of group formation. He approaches the problem of the constitution of groups by a comparison of identification with being in love. In the former the ego enriches itself by introjecting the object and thus acquiring the properties of the object. In the latter the ego, impoverished by its surrender to the object, substitutes the object for its own ego ideal. The object is thereby retained and is hypercathected at the expense of the ego, whereas in identification the object is lost but is then set up again as a partial alteration within the ego. The formulae used to describe identification are quite close to those used in the treatment of melancholy and narcissistic identification. The relation of being in love parallels that of hypnosis and Freud postulates the hypnotic relation as a specimen of two-member group formation which provides a model for the relation between the individual member and the group leader. The subject puts the hypnotist in the place of his ego ideal just as the lover puts the love object in the place of his ego ideal (13, pp. 115, 143). Thus the formula for the libidinal constitution of groups is evolved: a number of in-

dividuals '*put one and the same object in the place of their ego-ideal and have consequently identified themselves with one another in their ego*' (13, p. 116; 19, p. 67).

The social feeling so characteristic of groups is based on a reversal of originally hostile feelings (15, pp. 37, 43). The envy of the older child for the younger is changed to identification in the face of the impossibility of maintaining hostility without damage to himself. Young girls idolizing a popular singer renounce their jealousy in the face of the unattainability of the object and thus identify themselves with each other (13, p. 120). The reversal of hostility takes place by virtue of a common affectionate tie with a person outside the group. Identification carries with it a demand for equalization which applies to the members but not to the leader. 'Many equals, who can identify themselves with one another, and a single person superior to them all—that is the situation that we find realized in groups which are capable of subsisting' (13, p. 121). Thus libidinal structure of groups is derived from a double kind of tie: identification and the substitution of object for the ego ideal. A good soldier identifies with his comrades but he also takes his leader as an ideal. In the other great group which Freud takes as an example, the Christian church member identifies with other Christians and, like the soldier, takes Christ as an ideal; but in addition he must identify with Christ and love other Christians as Christ loved them (13, pp. 130, 134).

Note that, as in the analysis of melancholy, identifications pertain to the ego specifically as distinct from the critical agency or ego ideal. Moreover, the mutual tie between group members is in the nature of an identification based on the sharing of a common quality, the emotional tie with the leader (13, p. 108). This is the form of identification indicated by Freud in the third formula—one arising from the perception of a common quality shared with some other person who is not an object of the sexual instinct. It is also important to note that Freud does not use the term 'introjection' in describing

this form of identification whereas he uses it quite consistently in speaking of the narcissistic identification in melancholy. He also uses it in describing the genesis of a type of homosexuality in which intense œdipal fixation on the mother does not transfer to other sexual objects at puberty but is transformed into an identification with her. The object is renounced but a substitute for it is provided by introjection of the lost object into the ego (13, p. 109; 14, p. 230). The effect is to remold the ego in its sexual character according to the model provided by the object. In these cases the identification is by reason of the introject which does not pertain to the ego ideal but to the other part of the ego. That other part, as is clear in the analysis of group formation, can identify itself with other persons without any prior object relation and without any introjection.

The Ego and the Id

With the publication of this paper in 1923 many of the preceding tendencies toward emerging structuralization in Freud's understanding of identification came to a more decisive formulation. With the crystallization of his ideas about the superego the tripartite theory of psychic structure was established. The mechanism of identification became intimately involved in the formation of the superego and thus identification acquired an explicit structuralizing function which had until then been more or less implicit.

The examination of melancholy provided the insight that object relations could be replaced by identifications. Freud now focused on the contribution such identifications make to determining the form of the ego—important contributions to the formation of character (15, p. 28). The mechanism by which sexual objects are given up through identification has more general application than melancholia. It may be the sole condition on which the ego can surrender its objects. The giving up of a sexual object is accompanied by an alteration of the ego through the setting up of the object within the ego.

This introjection of the object is a kind of regression to the mechanisms of the primitive oral phase in which object cathexis and identification are indistinguishable (15, p. 29).

The character of the ego can therefore be regarded as a precipitate of abandoned object cathexes. Characters differ in the degree to which they resist or accept the history of their erotic object choices. Also possible are simultaneous object cathexis and identification in which case the alteration in character occurs before the object has been surrendered. Thus object loss is not a necessary condition for identification. The formation of character through such alterations of the ego gives the ego a measure of control over id impulses since it presents itself to the id as a substitute for the object. Object libido is transformed into narcissistic libido with a consequent abandonment of sexual aims. The result is a desexualization, a kind of sublimation. Freud questions whether all sublimation does not take place through the change of sexual object libido to narcissistic libido mediated by alteration in the ego (15, pp. 30, 45-46, 54). If such identifications are too numerous, too powerful, or incompatible, they can become cut off from one another by resistances with consequent disruption of the ego and pathological results (15, pp. 30-31).

What is the relevance of these mechanisms to the formation of the superego? The model is obviously that of narcissistic identification developed in the analysis of melancholia, but at this point Freud only refers to 'alterations of the ego' or 'traits of character'. The ambiguity resides in whether the use of 'ego' here is to be taken as excluding or including its specialized and split-off portion, the superego. The reference becomes more explicit in dealing with early identifications of the child with his parents. The first and earliest identifications with the parents lie behind the origin of the ego ideal (superego). These identifications precede any object cathexes and thus fall under the first type described in 1920—the original form of emotional tie with an object (15, p. 48). Later object choices result in further identifications which re-enforce the

primary one. The little boy identifies with his father and develops an object cathexis for his mother (breast). Out of an intensification of sexual wishes for the mother and the perception of father as an obstacle to gratification of these wishes, the œdipal situation develops. The identification with the father becomes increasingly ambivalent (15, pp. 31-32).

The subsequent dissolution of the œdipal situation, in which the boy must give up his loving attachment to mother, can result in either an identification with her or intensified identification with the father. The latter alternative is more normal and consolidates the masculinity in the boy's character as well as permitting the retention of an affectionate relation to the mother. The former alternative is what we would expect on the model of narcissistic identification since the abandoned object (mother) would be introduced into the ego. This sometimes does happen when boys identify with the mother instead of the father and girls become more masculine instead of identifying with the mother. Freud appeals to the balance of masculinity and femininity in the child's disposition to account for the direction these identifications take. The œdipal relation is at once positive and negative; the little boy identifies with his father but also displays an affectionate attitude toward him with a corresponding hostility to his mother. In the dissolution of the œdipus complex the identification with father both preserves the object relation to the mother and replaces an object relation with the father (15, pp. 32-34). Freud concludes by saying:

The broad general outcome of the sexual phase dominated by the Œdipus complex may, therefore, be taken to be the forming of a precipitate in the ego, consisting of these two identifications in some way united with each other. This modification of the ego retains its special position; it confronts the other contents of the ego as an ego ideal or super-ego (15, p. 34).

Freud returned to this subject in 1924. He refers to the object cathexes in the œdipal situation as being replaced by identi-

fications. Paternal authority is introjected into the ego and forms the nucleus of the superego which takes over the father's severity. The libidinal trends of the œdipus complex are desexualized and sublimated, probably an effect of every transformation of libido into an identification (15, pp. 45-46; 16, pp. 176-177).

While the analysis at this stage is cast primarily in terms of libidinal relations, Freud is well aware of the problems of aggression in relation to the superego and of the severity the superego can show to the ego. Identification is a form of desexualization accompanied by a defusion of instincts and a consequent liberation of aggressive instincts in the superego. In struggling to gain control over libido, the ego exposes itself to the danger of attack from the superego. Behind the ego's dread of the superego is the fear of conscience formed around the dread of castration once threatened by the superior being who is the ego ideal (15, pp. 56-57). Freud would later add that every renunciation of aggression is taken over by the superego and increases its aggression against the ego. Thus the aggression of the child against the parental authority that frustrates his infantile satisfactions is expressed only at tremendous cost. The child is obliged to renounce the satisfaction of aggressive revenge and identify with the unattackable authority. Through identification the authority becomes the superego which takes possession of the aggression the child would have directed against it (18, p. 129).

In his fascinating essay on Dostoevsky (1928), Freud drew attention to the deathlike attacks the great author suffered even as a boy. They represented an identification with someone who was dead or whom the subject wished dead. The hysterical attack is a form of punishment for a death wish against the hated father. The boy's hate for the father along with positive tenderness for him combine in his identification with the father. While admiring and wanting to be like father, the boy also wishes to replace him. If the father is cruel and harsh, the superego acquires those characteristics. At the same

time the ego develops a passive, feminine need for punishment and finds satisfaction in superego severity. Dostoevsky's attacks are thus understood as a father identification by the ego, permitted by the superego as punishment. Both ego and superego carry on the role of the father (17, pp. 182-186). The development of the structural theory was closely linked to the emergence of identification as a primary mechanism of structuralization, being both the mechanism of superego formation and a contribution to the development of the ego.

The superego is built on narcissistic identifications (introjections) and the ego is also developed out of identifications, but do the latter differ in kind from the introjective identifications of the superego? The closest Freud comes to clarification is to suggest that ego identifications are more on the order of hysterical identifications. The structural aspect of such identifications is left completely in the dark. Related to this is the question of what is internalized from the object. At times Freud speaks as if he were referring to whole objects; at other times he speaks of attributes of objects such as authority and aggression. This raises the question of whether all that is introjected becomes part of the superego or whether some part is internalized into the ego. What determines which parts end up where? Obviously some clarifications are necessary.

New Introductory Lectures on Psycho-Analysis

In 1932 Freud undertook to recast some of his ideas on identification and superego formation. He speaks of identification in terms of the process by which parental relations are translated into the superego:

The basis of the process is what is called an 'identification'—that is to say, the assimilation of one ego to another one, as a result of which the first ego behaves like the second in certain respects, imitates it and in a sense takes it up into itself. Identification has been not unsuitably compared with the oral, cannibalistic incorporation of the other person (19, p. 63).

The formulation is familiar but the use of 'ego' in its more general sense to include superego should be noted. Freud adds several thoughts to this formulation. Identification is a form of attachment to another person and is probably the first form of such attachment, being distinguished from object choice. Identification and object choice are independent but can occur in conjunction—one can love and identify with the same object. And, as we have seen, loss of an object can be compensated by identification so that 'object-choice regresses, as it were, to identification' (19, p. 63).

It is through the identifications which replace libidinal attachments to the parents in the œdipal relation that the superego emerges. These identifications take place after the model of narcissistic identification and intensify the identifications already present. Secondary identifications re-enforce the primary ones which precede the object cathexes of the parents. The amalgamation of preceding and succeeding identifications constitutes the nucleus of the superego. Subsequent identifications may compound the product, but the emotional significance of the first transformations gives them a central role in superego formation. The superego may acquire other identifications from persons who take the place of the parents—teachers and ideal models of various kinds (19, p. 64). Usually such parental and other authorities follow the precepts of their own superegos in instructing and directing children. The superego of the child is thus constructed on the model of the parental superego (19, p. 67).

There may be additional identifications which do not relate to superego formation. The growing child subsequently identifies with his parents later in life and these are often important identifications for the development of character. These subsequent identifications are assimilated in the ego rather than the superego which is concerned only with the earliest parental imagos. In listing the factors contributing to character formation, Freud allocates the incorporation of former parental agencies in the superego along with identifications

with both parents of a later period; identifications with other influential figures; identifications formed as precipitates of abandoned object relations; and finally, reaction-formations to unwished-for instinctual impulses (19, p. 91). Some of these identifications are assignable to the superego and some are not. They may be submerged, repudiated, repressed, or overcompensated only to emerge as character traits later on in the life cycle (20, pp. 79, 125).

In this last systematic formulation Freud helps to clarify certain points that had been until then ambiguous. But again the sticky question of what is meant by identifications which take place neither as primitive emotional relations nor as precipitates of abandoned object relations is left unresolved, though it receives passing mention in the context of character formation and of group formation (19, pp. 67, 91).

DISCUSSION

The development of Freud's ideas about identification paralleled the emergence of his structural hypothesis, which is not surprising since identification emerges as one of the primary mechanisms of structuralization. The first formulations were concerned with symptom-formation and focused almost exclusively on functional aspects. The primary model for these early considerations is hysterical identification. The first decisive landmark in the move toward structural thinking came in the theoretical analysis of melancholia. The moving force was his emerging concern with narcissism. The mechanism was that of narcissistic identification which involved abandonment of an object cathexis and regression to a more primitive form of emotional attachment, identification. There is a suggestion of structural change in the phrase 'alteration of the ego', but it is only a suggestion. The question of whether the alteration of the ego could be conceived in structural terms was not answered.

In *Group Psychology and the Analysis of the Ego*, the formula for narcissistic identification makes it clear that intro-

jection of the object is involved. Thus narcissistic identification becomes the basic working model but other forms of identification are recognized. Early primary identifications are achieved without the elaborate mechanism of object introjection. Identification which arises from the perception of any common quality need not involve introjection or object loss. By the time the structural theory has been evolved, introjection of parental imagos is part of the identifications which constitute the superego. Other introjects are applied to the development of the ego itself. What is clear is that Freud uses introjection only where something is taken in from the object and that identification accomplished by this means does not exhaust the extension of the term.

Thus Freud does not use 'identification' and 'introjection' as interchangeable terms, as has been suggested (*1*). There is an ambiguity in the treatment of narcissistic identification. It is seen on one hand as a regression to a primitive form of object attachment which precedes an object relation and, on the other hand, it is described as achieved through introjection of an object. These seem to be two independent processes which Freud combines but which are better kept separate. The early objectless form of identification precedes self-object differentiation and involves no introjection. The later form of narcissistic identification occurs as a function of an object relation, involves introjection, and is in no accurate sense a regression to the earlier objectless kind of identification. Thus introjection is limited to identifications which involve abandonment of object cathexes. This mechanism is given the predominant role in formation of the superego. Freud seems to limit introjects in superego formation to parental superego elements. He does not say it explicitly but other aspects of parental introjects may relate to ego development. He does say that such identifications are involved in character formation not related to superego formation.

There are some basic problems which Freud's formulations leave unresolved. His most appropriate and clearest analysis

is that of superego formation; it is easier to grasp what introjection signifies here. But when the same mechanism is suggested for development of the ego, we are left considerably more in the dark. Further, what does identification without introjection or object loss mean? When we reach the level of structural concerns, what does such nonintrojective identification accomplish in terms of structuralization of the ego? It is not at all clear that the introjection involved in melancholia produces a structural effect in the ego comparable to the structural effect produced by introjection in resolution of the oedipal relations.

We suggest that as Freud moved toward the structural theory and as identification came more to the fore as the mechanism of structure formation, these problems became more complex. Freud was able to cover only some of the ground. He did this by exploiting a basic model of identification—originally hysterical identification and later narcissistic identification and introjection. These models had a range of appropriate application but beyond that range they became less meaningful. The model of hysterical identification was not adequate for the understanding of structural development. The model of narcissistic identification was no longer adequate for understanding the structural development where replacement of an object by introjection was not operative. What Freud did not clarify was the nature of identification as a structural mechanism where preceding object relation and introjection were not involved. It is also unclear why some introjects are brought into the ego and retain a certain distinctness which allows them to form a separate structural entity within the ego while other introjects blend into the structure of the ego itself.

An additional point that is mentioned in passing has to do with the desexualization that accompanies the shift from object libido to narcissistic libido in the introjection process. Freud questions whether all such sublimations do not take place by way of identification. There is an implicit relation be-

tween structure formation, desexualization or neutralization, and identification. Neutralization has been extended more recently to aggressive drives as well. There are difficult metapsychological as well as clinical problems in this area. Does identification always involve a neutralization? Does neutralization of aggressive instincts take place in identification, or must there always be a defusion consequent to the desexualization in identification and a liberation of aggression in the superego? Do such transformations take place in forms of identification which do not involve a shift in libido and consequently do not involve desexualization as conceived by Freud? The questions relating to the regulation and direction of psychic energy to subserve functions of evolving ego and superego structures as formed through identificatory processes are yet to be concluded.

SUMMARY

This survey of the evolution of Freud's notions of identification reveals the following types of identification which received varying degrees of emphasis throughout their development.

1. Dream identification: a form of condensation in dreaming by which the subject's ego represents itself as other figures in the dream's manifest content.

2. Hysterical identification: the assimilation of a property or symptom of an object by the subject as an expression of a resemblance derived from a common element which remains unconscious. The assimilation is functional and symptomatic and has no relation to structuralization.

3. Primary identification: the original and primitive form of emotional attachment to an object prior to any object relations. The model for this relation is the incorporation of the oral phase of libidinal development.

4. Narcissistic (secondary) identification: the form of identification following abandonment or loss of an object which regressively replaces the abandoned object relation by introjection of the object. Oral incorporation is again appealed to

as a model but in a different sense, as dictated by the precedence of an object cathexis. Introjection implies that something is taken in from the object. This has primary application to superego formation but is also extended to ego formation. The explicit intention of this form of identification is structural.

5. Partial (secondary) identification: a form of identification based on the perception of a common quality which does not depend on an object relation. The mechanism does not involve introjection and pertains to the development of structure within the ego. It is an important mechanism in character formation and in group formation.

The clarification of these mechanisms and their theoretical and clinical implications is a continuing problem and concern which is part of the heritage Freud has left with us.

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Our Permissive Society and the Superego

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OUR PERMISSIVE SOCIETY AND THE SUPEREGO

SOME CURRENT THOUGHTS ABOUT FREUD'S CULTURAL CONCEPTS

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(NEW YORK)

It is easy, as we can see, for a barbarian to be healthy; for a civilized man the task is hard (1, p. 185).

After psychoanalysis had developed from a method of treating neurosis into a scientific psychology, Freud turned his interest toward cultural questions. However, his studies in this area—for instance, *Civilization and Its Discontents*—have not been completely accepted by many of his followers and disciples. Statements about cultural problems cannot easily be proved; the attitude that the individual assumes is largely dependent upon subjective views. But even if analytical statements about the development of civilization cannot be verified in analyses, they can encompass, though silently, predictions which are either confirmed or disputed by the evolution of civilization.

Freud's concept of civilization grew out of his clinical work. The conflict between the different agencies in the mind of the individual leads to neurosis; the conflict between the instinctual drives and the demands of civilization stands in the center of his cultural concepts. The present-day situation, the obvious change in the civilization and in our patients' behavior and experiences, challenges us to examine anew the questions of the discontent in the civilization posed by Freud.¹

Freud has been accused of being a 'pessimist', particularly in his works on society. Yet one of his predictions about what to expect in Russia was cruelly confirmed a few years later. In regard to the promises of the Bolsheviks, in 1929 he wrote:

¹It is beyond the scope of this paper to discuss the work of numerous sociological and psychoanalytical authors who have dealt with similar problems.

'One only wonders, with concern, what the Soviets will do after they have wiped out their bourgeois' (2, p. 115).

What then can be said of Freud's views today? The pictures of neuroses as well as of society show far-reaching changes. As early as 1910 Freud pointed out that certain neurotic manifestations, whose existence depended on the disguise and lack of recognition of the substitutive gratification of drives, would become impossible (3, p. 148). This prediction has been confirmed by the development of hysteria and the changes in it. But hysteria is not only changed because its symptoms have become transparent. As hysteria results from the repression of sexuality in the child's upbringing, the marked change in society's attitudes toward sex has made the conspicuous symptoms disappear. This can be confirmed by the occasional occurrence of the former symptoms of hysteria in areas where family upbringing has not changed. Where the environment has changed, the symptoms of hysteria have been replaced by a multitude of character neuroses and psychosomatic manifestations. Optimistic views, not shared by Freud, that liberation from sexual prohibitions would eliminate neurosis and make for a healthier society have proved to be wrong.

Freud's pessimism consisted in seeing at the same time the dangers of the suppression of instinctual drives and the dangers of their liberation. He saw the development of civilization necessitating drive restriction. For many, however, this restriction of libidinal and aggressive drives is not possible without neurosis. Others save themselves from neurosis but feel impaired in the enjoyment of life. The ability of sublimation is not given to everyone to the same degree.

While drive restriction provokes hostility to civilization and thus endangers its continuance, Freud warned of the danger on the other hand that drive liberation also threatens civilization. He saw the drives as always ready to break out of their domestication. These thoughts appear in many of his works during different periods of his life. Freud said:

In consequence of this primary mutual hostility of human beings, civilized society is perpetually threatened with disintegration (2, p. 112).

Human civilization rests upon two pillars, of which one is the control of natural forces and the other the restriction of our instincts. The ruler's throne rests upon fettered slaves. Among the instinctual components which are thus brought into service, the sexual instincts, in the narrower sense of the word, are conspicuous for their strength and savagery. Woe, if they should be set loose! The throne would be overturned and the ruler trampled under foot. Society is aware of this—and will not allow the topic to be mentioned (4, p. 219).

In 1927 Freud remarked that every individual is virtually an enemy of civilization. Thus civilization has to be defended against the individual.

For our mind . . . is rather to be compared with a modern State in which a mob, eager for enjoyment and destruction, has to be held down forcibly by a prudent superior class (5, p. 221).

In circumstances that are favourable to [aggression] . . ., when the mental counter-forces which ordinarily inhibit it are out of action, it also manifests itself spontaneously and reveals man as a savage beast to whom consideration towards his own kind is something alien (2, pp. 111-112).

Civilization has to use its utmost efforts in order to set limits to man's aggressive instincts . . . hence, the restriction upon sexual life . . . (2, p. 112).

Freud's concepts of the power of the drives led to the splits within the analytic movement in which the dangers of the drives were more or less denied.

The question has to be asked here whether the drive-liberation in the education of the last decades (seemingly in agreement with psychoanalytic concepts) is not based on the same denial of the power of drives which had led to the splits in psychoanalysis. In place of the denial of infantile sexuality

we have the 'permissiveness' which, as it were, does not take the drives seriously.

Freud hoped that the 'effects of repression' (namely, a relative control of the drives) could be replaced 'by the results of the rational operation of the intellect. . . . In this way our appointed task of reconciling men to civilization will to a great extent be achieved.' Freud was not in favor of religious education. He assumed that the 'relative atrophy of the radiant intelligence of a healthy child' is caused by the education which inhibits the child from thinking clearly. The essential to him was development of the mind of the child: '. . . we have no other means of controlling our instinctual nature but our intelligence' (6, pp. 47-48).

Freud was critical of the sexual mores of his time and wished for more sexual freedom, but his view of the dangers of instinctual drives was not essentially different from former thinkers. Without regret he saw the inevitable dwindling of religion and advocated a rational education which would lead to the control of drives and the preservation of civilization. If this failed, he would have to say: '. . . man is a creature of weak intelligence who is ruled by his instinctual wishes' (6, p. 49).

Although Freud saw 'civilized society perpetually threatened with disintegration', apparently he did not foresee how far society would go in the liberation of instinctual drives. It is not easy to estimate to what extent his discoveries have contributed to the change of the cultural climate. In this development psychoanalysis may be only one factor among many others. The rapid growth of the physical sciences, of technology and communication, and the resulting decline of religious belief, all have contributed decisively to this change.

Freud may not have foreseen that it would be a difficult task for parents to consciously recognize infantile sexuality without being seduced into the role of a participant. The incest taboo lost its firm ground with the lifting of the parents' repression and is now only half-heartedly observed. In large parts of the

population there is little discipline over the pregenital, and particularly the oral, drives of children. The aggressive drives meet with weak control. Television, in itself a constant passive-oral indulgence, stimulates and satisfies sadistic fantasies; at the same time it blunts responsiveness to one's sadistic impulses. Here are the roots of the regressive trends in adolescence and in adult life.

Another consequence of the changed upbringing is a less marked latency period in many children. Freud emphasized the importance of the latency period for the cultural development of the individual, and hence the society. He pointed out that the latency period is absent in primitive societies and is found only in higher cultures.

The discontent with our civilization has obviously grown in the last four decades. Freud attributed this discontent to the inevitable suppression of drives and hoped that a greater freedom of drives and a greater satisfaction of human needs through technical development might facilitate reconciliation of man with civilization. Yet the liberation has apparently not led to acceptance of civilization; rather in many layers of society, particularly the affluent ones, it has led to an intensification of restlessness and discontent.

Drive liberation, the consequence of the exercise by the older generation of less pressure on the younger generation, has not diminished the conflict between the generations, but heightened it. Sexual liberation and the easier opportunity of sexual gratification for today's youth have not produced a lessening of aggression.

We are aware of concentrating here mainly on one aspect of a complex development; there is not only a change in relation to instinctual drives but also a tremendous technical development that has influenced life and the growth of youth immensely. The change in the total psychological climate in which a child grows up today can hardly be measured.² It is noteworthy that Freud, as early as 1930, many years before the

² Cf., Henry, Jules: *Culture against Man*. New York: Vintage Books, 1963.

first atomic bomb, ended Civilization and Its Discontents with the following words: 'Men have gained control over the forces of nature to such an extent that with their help they would have no difficulty in exterminating one another to the last man. They know this, and hence comes a large part of their current unrest, their unhappiness and their mood of anxiety' (2, p. 145).

Instinctual drives themselves do not change in a short span of time, but the superego and ego are greatly exposed to environmental influences. No doubt the superego has gone through decisive changes in recent decades. A striking historical example of the changeability of the superego is the fact that in Germany during the Nazi rule a great part of the population put the Führer's superego in the place of their own. (Göring remarked: 'My conscience is Adolf Hitler'.)

The transformations of today's youth are by far more complex. Freud reminds us in many of his works that the superego is the heir of the œdipus complex. The superego draws its strength from the power of the infantile drives against which it is directed: '. . . [the conscience] is a real contrast to sexual life, which is in fact there from the beginning of life and not only a later addition'. The installation of the superego can be described as a 'successful instance of identification with the parental agency'. It is of decisive importance that 'the super-ego is stunted in its strength and growth if the surmounting of the œdipus complex is only incompletely successful' (7, pp. 61-64).

All moral rules, it seems, derive their strength from the original incest taboo and lose their reliability if this taboo is weakened. But the consequences of an unresolved œdipus complex look quite different today from the way they looked in Freud's time. The question is how the sexual liberation in family and society has altered the development of the superego. 'Permissiveness' has reduced the father's role as the strong and forbidding one. We have always seen that the milder

father does not lead to a milder superego but to an increase of fantasies and projections. For the development of the superego the projections are decisive; power and cruelty of the parents are magnified by the fantasies, as shown, for example, by castration anxiety.

There has always been a wide discrepancy in the superego between the infantile image of the parents and the later one in which the characteristics of the real parents predominate. The changes in our civilization have considerably enlarged this discrepancy. The image of the real parents contrasts more and more with the early infantile one, and this contrast includes others who became part of the superego, teachers and other authority figures.

The core of the superego is determined by the earliest parental imagos (7); the later influence of parents is less on the superego and more on the ego. Thus today we have the following problem: the inhibiting, controlling, and guiding function of the superego, which largely merges with the ego, is weakened through the weakness of the parents, through indulgent education which fails to train the ego, and through the general social climate of permissiveness. The sexual and aggressive instinctual drives are much less under the guidance of rules. But the severe superego of early childhood still lives in the individual. The result is restlessness, discontent, depressive moods, craving for substitute satisfactions.

Freud stressed that the superego is the carrier of tradition and undergoes changes only slowly. This assumption, apparently sufficient in a stable civilization, has to be modified today. The controlling function of the superego which draws its strength from the identification with strong parental figures, and which can protect the individual from conscious and unconscious guilt feelings, functions poorly; its punishing and self-destructive power seems still to affect many.

We have not only a dwindling of the latency period but also a changed situation in adolescence. The final stage of the genital phase, the decision for health or neurosis, and the

essential character formation occur in adolescence. So does the maturing of the superego.

The youth of today are being deserted by their parents in regard to the superego development. The ego alone—particularly when not strengthened in the upbringing—can hardly solve the task of control and sublimation. Parents seem to have abdicated; schools and colleges also fail in this task. Youths, therefore, have no choice other than to strive for group formations, to support one another, to find new rules, to create new ideals. For many young people the organizing strength of an ideology is necessary. They need ideas and ideals that have the power to express and to channel their unconscious stirrings, still interwoven with infantile conflicts. This task, the creation of new constructive ideals, has hardly ever been accomplished by youth alone. Ideals have always been developed over long periods of time as the result of historical evolutions and through exceptional personalities.

Young people feel cheated by their parents without really knowing of what they have been deprived. Their heroes reflect their psychological needs; disappointed by the weak father, they not only look for a strong one but try to identify with men who fulfil at the same time infantile sadistic fantasies, such as Che Guevara or Mao Tse-tung. It is characteristic that group formations encompass increasingly younger age levels, as the parental authority declines early. In contrast to former days, group influence today has become so powerful so early in the child's development that the psychoanalyst now has to concern himself with problems of group psychology in order to understand the problems of the individual.

The disappointment in the parents, the justified reproach that they do not get from parents what they need, leads to youth's contempt of civilization, of cultural tradition, and to the opinion that there is nothing to be learned from the history of human development.³ Today's revolutionaries show little

³ It is interesting to note that about a hundred and fifty years ago Goethe composed these lines in *Faust II*:

interest in earlier revolutionaries. Therefore they also lack the narcissistic satisfaction provided by the cultural ideal which facilitates reconciliation with society.

In connection with this attitude of contempt for history we see a kind of primitive animism, a regression to infantile theories. Whereas primitive man personified the incomprehensible forces of nature, today's youth is inclined to personify the incomprehensible social forces. Instead of attempts to study them, all evils are attributed to wicked individuals. The weakening of the father's role and the decline of monotheism seem to create a return to a kind of idolatry, an inclination toward primitive Eastern religions, astrology, etc.

The neuroses and their analyses reflect this situation. Nowadays one can say, though this is oversimplifying, that the decisive repressions do not concern the id but the superego. The constant verbalization of the id impulses in today's culture makes their repression less possible and also less necessary. Therefore, in analysis, their exploration is less difficult, while the guilt feelings are repressed or denied. To analyze the repressed parts of the superego is difficult in a social climate where the superego is thought of as a superfluous appendix.⁴

Bachelor of arts: Experience! Mere foam and fluff!

A peer of mind? No trace of that is showing.

Confess: what men have ever known is stuff

And absolutely not worth knowing . . .

Mephistopheles (disguised as Faust): I long have thought so, but

I was a fool,

Now to myself I seem right flat and dull.

Bachelor: What have you done? Thought, nodded, dreamed away,

Considered plan on plan—and nothing won.

It's certain! Age is but an ague cold,

Chill with its fancies and distress and dread.

If more than thirty years a man is old,

He is indeed as good as dead.

'Twere best to kill you right away.

Mephistopheles: The Devil, here, has nothing more to say,

(Translated by George Madison Priest)

⁴ Cf., New York Times Book Review, Feb. 23, 1969, Interview with Philip Roth: 'There is certainly a personal element in the book, but not until I had got hold of guilt, you see, as a comic idea . . . '.

This development seems to be one of the main reasons that analyses require more and more time.

The specific problems of the superego configuration seem to be characteristic of a type of neurosis found frequently nowadays. In 1965, the authors made a study of the applications for treatment at the New York Psychoanalytic Institute. The majority of the applicants had the same complaints: dissatisfaction, self-hatred, tension, depressed moods, no motivation in life, a feeling of emptiness, and an inability to love. The diagnosis in all these cases could be discontent with civilization. There seems to be a typical development: the œdipus complex is not fully resolved; the superego, incompletely developed, cannot sufficiently support the weak ego. The social superego is also ineffectual and its representatives give no support. Thus the ego is not capable of successful integration with the other components of the psychic apparatus. The individual gains no narcissistic gratification from his ego ideal. His affects are governed by guilt feelings, not accessible to his conscious mind. Here we have a repetition of the childhood in which the parents' weakness contributed to the unconscious need for punishment.

'But everybody hates his mother', remarked one of these applicants as a commonplace not worth talking about. This defense mechanism is freely provided by the present environment, serving as an effective denial of the œdipal situation. It apparently impedes the necessary separation from the parents (which Anna Freud compared to the mourning work), a factor which might be a significant cause for the inability to love. These patients are capable of sublimation in their work, but such activities are soon felt as meaningless and carried out without free libido, probably for the same reason as their inability to love.

Sexual satisfaction itself, it seems, has lost its value for many young people. In 1912 Freud wrote:

But at the same time, if sexual freedom is unrestricted from the outset the result is no better. It can easily be shown that

the psychical value of erotic needs is reduced as soon as their satisfaction becomes easy. An obstacle is required in order to heighten libido. . . . In times in which there were no difficulties standing in the way of sexual satisfaction, such as perhaps during the decline of ancient civilizations, love became worthless and life empty . . . (8, pp. 187-188).

This development seems to be the main reason why so many young people seek their happiness in drugs. They obviously have not found it elsewhere and have lost their faith in happiness through love.

A few fragments of case histories may illustrate the present psychological climate.⁵

I

A was a young girl, the only child of a prominent pediatrician in an affluent suburb. Her development was warped by her parents' permissiveness and their overidentification with the child's drives. The atmosphere was one of general social indulgence. After treatment of several months with an analyst, she had been diagnosed as schizophrenic, and hospitalization was recommended. On the way to the hospital she convinced her parents with reasonable arguments that she did not belong in an institution. She was sent to me for a last attempt at psychoanalytic treatment.

When I saw her for the first time—a couple of years before 'anything goes'—I was ready to agree with the previous diagnosis. Her appearance was bizarre: rubber bathroom slippers on naked feet, too tightly fitting black pants, a striped pajama top, embellished with an exquisite antique necklace. Her long uncombed blond hair framed an unwashed face, sleepy eyes peering out of drastic make-up. To my surprise she emerged as an intelligent, articulate young woman with whom contact was easily established. Her main complaints were emptiness, frustration, and an indefinable feeling of guilt.

Her enlightened parents fully understood a child's sexual desires and the justification of the *œdipus* complex. But it was

⁵ These cases were analyzed by Dr. Yela Lowenfeld.

just this very knowledge that prevented them from curbing the girl's sexual wishes. More unfavorable was the fact that the parents themselves were sucked into a climate, not uncommon today, in which the incest taboo was observed without the power of conviction. The girl's sex life started at the age of fourteen without any inner involvement. All sexual encounters were accidental and meaningless. They were carried out at home, diminishing to a degree the tension in the family. Although the father was unhappy about his daughter's loose love life, he did not trust his disapproval, always suspecting his motives as an expression of his possessive jealousy. The mother made only one condition, that the girl's sex life was to take place at home where it was 'clean and safe'. (She was entirely unaware of her own feeling of triumph in the competition for her husband.)

A period of promiscuity was followed by a clinging attachment to a young man who was basically homosexual. When he eventually succumbed in the struggle and killed himself, she was left in a state of shock and despair. Her next attachment was a young man who needed a wife to get out of the draft, married her, and, after she had served the purpose, abandoned her. She reacted with violent despair to the ending of this make-believe marriage, which to her was another traumatic repetition of false promises. A period of entirely indiscriminate promiscuous life with drunkards, hoodlums, addicts followed, now no longer under her parents' roof. All attempts to continue her education beyond high school ended in failure, as she was unable to tolerate frustration and intellectual discipline. Depressions between her sexual bouts intensified, and her total lack of self-preservation in a dangerous environment frightened her. In the course of her analysis, with rich dream material, it became apparent that her basic problem centered around typical œdipal conflicts.

This case illustrates how unresolved œdipal problems (which formerly might have produced a typical hysteria) may today lead to a state of unrestrained and self-destructive acting

out, and to delinquency, simulating a picture of psychosis, as the ego remains weak and the superego ineffectual in the face of uncontrolled drives.

II

B was an adolescent boy whose loving parents failed to help their son cope with his instinctual drives.

The boy was sent for treatment at the age of twelve (on the insistence of the school principal) because of the sudden onset of a school phobia which coincided with his transfer from a small elementary boys' school to a large coeducational institution. The child was a shy boy with a cherubic face and an ingratiating manner. In contrast to his appearance, he suffered from self-hatred, shame, continuous self-damaging behavior, and an overwhelming fear of being found out—for what he did not know. What emerged in the course of treatment was that the presence of girls made it impossible for him to repress his secret incestuous past. From the age of six until recently he had lived a free sex life with a sister five years older who had seduced him, and had fulfilled his oedipal wishes. By her assuming all responsibility, he was able to repress any guilt. When he was twelve, she left him for college and a boy friend. He regressed into the original oedipal situation without having developed any of the mechanisms for solving the problem. Now he was clinging to his mother like a three year old, unable to bear any frustration. The permissive and indulgent father gave the boy no support to cope with his drives and sadistic fantasies. He became increasingly paralyzed by guilt and anxiety. When after the sister's departure the boy suffered from nightmares, the father would leave his marital bed to join his son for the night.

During the treatment the boy joined a Communist youth group, became more masculine and energetic, and participated in protest marches and picketing and even dared to wear the party button in school. However, when his father confided in him that he too was a Communist, the interest in the cause

dwindled, and the boy soon exchanged the party button for a series of buttons with obscene words. These attempts to find sublimations helped him to ward off his homosexual fears. The contrast between the easy availability of the unconscious material and his understanding of it on the one hand, and the helplessness of the weak ego in coping with his conflicts on the other created special problems in the treatment of this adolescent. The analysis and working through of his anxieties eventually freed him from his phobias and enabled him to finish high school and enter a college out of town.

One can speculate that this boy might some day join one of the rebellious students who fight the establishment in an astonishingly infantile way, expecting at the same time not to be punished and to be granted full amnesty for their transgressions, just as a small child would expect from an indulgent parent.

The following case may illustrate the impact of the peer group and the social superego on today's youth, which can be enormously effective even where the upbringing in the family has not been different from earlier times.

III

The patient was the second oldest of five daughters born into a family of strict religious beliefs and practices. Aggressive behavior was highly disapproved of. When the children fought with each other, they were bodily punished by the father and had to make up by embracing each other. The patient was a pretty, sensual, sexually precocious child who experienced her father's disapproval of her seductive behavior as great humiliation. She managed to be mother's favorite by becoming prudish and at the same time intellectually slow and vague. In spite of her attractive appearance she was socially a failure with girls and boys.

At twenty she married a young student who had taken her virginity against her will; marriage seemed the only way to

quiet her shame and disgrace. As her complete frigidity threatened the relationship which both wanted to save, she hoped analysis would cure her frigidity and save the marriage. During the analysis she remembered the wild outburst of jealousy against her mother that she had experienced when her future husband visited her family for the first time. The mother had displayed a kind of flirtatious approval of the young man, and he had admiringly commented on the mother's beauty. This experience was obviously a revival of her infantile conflict with mother. Marriage with an elaborate wedding ceremony seemed to be the only solution to secure her position against her mother. One would have expected that the patient should have solved her sexual problem and be cured after analyzing, understanding, and working through the mechanism of the development of her frigidity as a reaction-formation to her bold childhood desires for her father, his rejection, and the fear of competition with her four sisters.

And indeed, she was freed of her frigidity. She became more intelligent and lost her vagueness, and I expected her either to be satisfied in her marriage or, if this relationship was too burdened by the neurotic beginning, to leave her husband and find a more suitable partner. Yet the rebellious youth groups into which she happened to fall encouraged her to live out all childhood fantasies. She became promiscuous and entirely indiscriminate in choice and number of her sex partners. I was unable to keep up with all the individuals she slept with at first meeting, young ones, old ones, worthless characters, decent ones, perverts, hoodlums, always with the feeling of enriching her life by sexual orgasm. There was no trace of guilt, shame, or fear. 'I could shriek with joy over my liberation', she used to say.

I was unable to convince her of the pathology of her sexual behavior and of the danger she exposed herself to constantly. I seemed to her to have become as prudish and forbidding as her pious parents. Had I not been afraid that she might

perish any day, I would have ended the treatment with the cure of her frigidity. Yet to protect her from being destroyed, I made an effort to re-instate a discarded superego which would help her to master the uncontrolled drives, by showing her that a total lack of self-preservation was a form of self-punishment out of guilt, and not a proof of total liberation.

Another aspect, up to now only briefly touched upon, is that the aggressive drives today are much less controlled in early childhood than in the past. An inevitable consequence is an increased ambivalence of the parents and of adults in general toward children, which lessens the children's trust in their love. Parents also avoid the formerly typical confrontations with the children in their adolescence. Of course they had other standards than the children and hoped that the children would follow their example. But nowadays parents anxiously try to imitate the children. Youth has a natural need to create a world of its own before entering into adult life. Grownups today intrude into adolescent life by imitating their language, using their slang, dressing like them; women particularly try to affect the appearance of little girls. Aggression of the young people which does not meet with resistance leads to frustration. In vain they look for a contrast with the adult world in the family which is yielding and running after them. To block out the adults, youth is often driven to absurd behavior and appearance.

In the case of sexual gratification man's aggressiveness also remains unsatisfied. Rape, strangely frequent in a time of easily available sexual satisfaction, then becomes the last resort. As the aggression is not needed in the sexual sphere and does not find any outlet in it, instinctual drives lose their fusion and unmixed aggression grows. The glorification of pure aggression has given philosophers, who advocate destruction to make room for a new culture, a charismatic role among the young.

Society has also developed a new attitude toward pregenital drives, which are given a special value and are highly esteemed. Whereas formerly only a few writers (such as de Sade and Sacher-Masoch) propagated their practice, today they play a decisive role in our culture, literature, art, music, theater, and movies. The freedom in the growing up of the child allows fixation to the pregenital phase and facilitates regression to it. Today many young people fail in the task of maturing into the genital phase in adolescence, a process which apparently needs much time; they do not fully outgrow the phallic stage. The separation of sexuality and love can be understood in the same way, today widely disseminated as a new '*Weltanschauung*'.

The development during the last decades is too complex to be understood in its multiplicity of causes. But one aspect appears of greatest importance in studying the superego problems. The generation of fathers who drew their standards from religion, thus speaking in the name of divine laws, possessed an entirely different strength in the education of their offspring from the following generation. It was also easier for their child to bear the religiously founded superego, by which the father made his demands not only out of his own choice but in the name of a higher being to whom he had to submit as the child had to submit to him. A generation which follows a religious one still develops a superego deriving its strength from the identification with the unshaken father.⁶ Thus Freud (and his generation) could say: 'Morality is always a matter of course'. This saying seems to have lost its validity today.

In former times parents considered it their task to teach children moral values. Although infantile sexuality was not consciously perceived and therefore denied, nevertheless the child was considered impulsive and unbridled; the educational

⁶ The religious moral commands derive their strength in the last analysis from the same root: the infantile situation is transferred to God (father); the ethical rules lose their power in the fatherless society.

task consisted in changing the child from a savage into a valuable member of civilized society. Upbringing was a positive task. In recent decades parents and educators, insecure in this task, have been mainly afraid of harming the next generation and of losing its love.

SUMMARY

Freud's ideas about the development of civilization and its dilemma between freedom and restriction of drives, which derived from his study of the conflict in neurosis, have been remarkably confirmed by the events and the change of the cultural climate of the last fifty years.

Sexual freedom has, in accordance with Freud's conception of repression, considerably transformed the manifestations of the neuroses; however, it has not produced greater mental health but only new neurotic constellations. The lesser repression of infantile sexuality has, as he feared, reduced the control of aggression. The hostility against the culture which forces the individual to restrict his libidinal and aggressive drives has grown, although the repression of drives is diminished. The task of 'reconciling men to civilization' is not made easier through the liberation of drives.

In a period of cultural stability, the infantile, irrational demands of the superego which conflicted with the mature superego could be worked out in the analytic process. The protecting and controlling function of the superego could be left to the influence of the surrounding society. The present cultural chaos confronts psychoanalysis with entirely new tasks. Culture is based on a balance of psychological forces and is threatened if this balance is impaired by losing one of its supports. The decline of the superego disturbs the equilibrium to a dangerous degree.

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Maternal Psychopathology and Nocturnal Enuresis

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MATERNAL PSYCHOPATHOLOGY AND NOCTURNAL ENURESIS

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Psychoanalytic contributions to the understanding of nocturnal enuresis have been repeatedly challenged; and organic factors such as allergies, urinary tract disorder, and central nervous system disturbance have been invoked to explain this perplexing problem. While I do not contest the fact of organic causes in some cases (5) and possible organic predisposition in many, I regard the child's inner emotional disturbance as fundamental in most cases. Anny Katan (2) and Melitta Sperling (7), summarizing many of the unconscious conflicts found in enuretic children, discussed the importance of developmental conflict in relation to trauma (e.g., physical illness, surgical operations, the birth of a sibling) and to passivity and passive expression of aggression. They also noted the relationship of enuresis to bisexuality and masturbatory conflict. The enuresis expressed both the state of castration and the bisexual wetting and being wet simultaneously. Katan mentioned one family in which seven out of eight children suffered from enuresis. The parents found it comparatively easy to accept the situation since they themselves had suffered from the same symptom. This emphasizes merely the acceptance, not the parental instigation of the enuresis.

The focus in this paper will be on the unconscious maternal conflict and its role in stimulating enuresis in the child.¹ Such maternal influences may be neither necessary nor sufficient for all cases of enuresis, but I believe that they are sometimes of vast importance. The paper is based on data derived from the psychoanalysis of the mother of three enuretic children. The data, derived from associations, memories, dreams, transference, and the mother's direct observations, have an inner consistency and represent a confluence of what would otherwise

¹ In this paper enuresis primarily refers to its classical form of *enuresis nocturna* or bed-wetting.

seem to be diverging streams of unrelated facts and experiences. I shall show how the mother fostered, directed, and re-enforced the enuresis of her three daughters.

My patient's children were thirteen, ten, and four years old at the time she started analysis. The oldest was enuretic until she 'outgrew' her symptom in prepuberty; the middle daughter was dry only during her third year of life; and the youngest achieved bladder control at seven during the third year of the mother's analysis. The conscious reasons for the mother's entering analysis were marital conflict, indecision about divorce, and depression attributed to her husband's withdrawal. She had no awareness of any relationship between her own problems and her children's enuresis. In fact the first mention of her children's enuresis emerged in association to repetitive water dreams. When the analyst confronted her with the recurrent images of dams bursting, rivers overflowing, falling into pools and puddles, rocking and floating in boats, among other fluid associations, the patient casually mentioned her house being inundated with her children's urine. She was initially resistant to seeing herself in these dreams, rationalizing that there was a constant urinary stimulus living in her home. She felt that the children stimulated her dreams. As the analysis progressed, however, the patient's fluid currents of thought and feeling made her aware of her own primary urinary preoccupations and her role as organizer of the enuretic household. The spontaneous emergence and convergence of the fantasies and memories wove a detailed picture of childish urinary preoccupation and its later influence on her own children.

The patient, thirty years old, was an attractive, well-groomed, intelligent, and highly verbal housewife. She rapidly developed an erotized transference. She announced that she had completely fallen in love with her analyst, that she was ready to leave her husband and drown her children if only the analyst would marry her and eliminate his family. This patient was not psychotic. Despite severe regressive tendencies

she was gradually able to acquire insight into the nature of her transference and her life situation. She sustained a therapeutic alliance, and developed ambitions and idealistic analytic goals.

When she was a child her parents worked. She actually had two sets of parents since she was cared for by her grandparents at home. There was a particularly close and affectionate relationship with her grandfather who fed, cuddled, and adored this favorite granddaughter. Her grandfather accompanied her to the toilet as a little girl and took her to the public men's room when he had to urinate. This behavior was also fostered by the father, permitting the partial acting out of incestuous fantasies with excretion in both the grandfather's and the father's presence. When she became a parent, she tended to repeat with her own children derivatives of her earlier urinary overstimulation. This 'benevolent intimacy' was never questioned until analysis. The mutual seduction of the generations led to an erotized transference and difficulty in distinguishing transference and real adult love. Fantasies had been verified by reality and the patient expected the same behavior from the analyst.

Other historical facts were of great importance: the patient was considered 'the golden girl' who never caused difficulty and placated the parents during periods of family irritation. However, her sister, two years older, was enuretic and had a ferocious temper. An unmarried maternal aunt had a urinary tract disorder with chronic cystitis and urinary frequency, which often required catheterization of the bladder. So 'sister', both to the patient and to her mother was associated with urinary incontinence.

The mother had early informed her that she was the survivor of an attempted abortion from which foetal tissue had been obtained. A boy twin had died. She had a central masturbation fantasy of being surrounded by admirers, standing on a table holding a torch, and then having simultaneous rectal-vaginal intercourse with two men. Doubly impregnated by father and

grandfather, vaginally and rectally, she was in guilty search of her ambivalently loved twin. She considered herself a living abortion. She needed and expected special love as both unwanted and chosen. The parents had made no attempt to abort the older sister whom the patient unconsciously regarded as more loved by the mother. Her loving and appeasing attitudes covered her terror of abandonment and destruction at the mother's hands. The mother re-enforced the twin theme by describing how a male baby had been brought to her to nurse by mistake after the patient was born; and when both girls reached puberty, nearly simultaneously, the mother had them dress in twin clothes. She and her sister were treated by the mother as symbiotic complementary parts of the same individual. She was left-handed, the sister right-handed; she played, sister sang; she was beautiful, sister intellectual; she good-natured, sister ill-tempered; she dry, the sister wet.

Water imagery embellished the mother's language. She was fond of talking in terms of 'not having a pot to piss in' to describe the family's borderline indigence. The attempted abortion of the patient was related to the lack of money and the patient was to be 'slopped into a bucket'; death itself was 'going up the river' and economic security meant 'the ship would come in'. Her mother was always 'up to her ears between the dishes and the douches'. A huge borscht bowl was proof that they would always have a 'pot to piss in'. Later, as a mother, my patient spoke a water language to her own children and told them watery stories.

In one hour of the analysis she spoke in gushing imagery of a long line of dreams. In the last dream the content centered around a line of people waiting to use a telephone booth. The location, shape, and events surrounding the booth reminded her of a bathroom stall; and she associated the memory of wetting her underwear while waiting in line to use a ladies' room. On several occasions during childhood and adolescence the impulse to wet broke through during the day but never at night. On one of her earliest dates, too embarrassed to ask or

look for a bathroom, she quietly urinated in a subway while standing next to her boy friend.

I have already alluded to the important masturbation fantasy of her standing on a table, holding a torch. This proved to be an identification with her sister, idealized as the beautiful Helen of Troy who had launched a thousand ships. The beautiful lady on the table was also the Statue of Liberty on a pedestal; and my patient urinated through her underpants at the top of the Statue of Liberty when she was six years old. This dramatized her identification with her enuretic sister. She had begun analysis nearly ready to drown herself in depression. Soon she was saying that she was ready to drown her daughters and, like Helen, run away with her lover (the analyst). She recalled that with the birth of each child she had frequent daydreams which were repeated in disguised variants in the transference. In these daydreams children were drowning and only the youngest was saved. During her fifth year her sister had nearly drowned in a pool and had been narrowly rescued, requiring artificial respiration. The patient had an intense ambivalence for her sister who also stood for her loved and hated dead twin. In identification with her mother this patient had several abortions during her marriage. Thus she attempted to master the trauma of being unwanted. The rupture of the membranes and gush of the waters at birth were the opposite of the drowning death.

She complained bitterly of her husband's continued preference for oral intercourse with ejaculation in her mouth. He was an ice-cold lover who 'pissed in her face'. He constantly humiliated and degraded her. A dream of bringing him a glass of water while he shaved in the bathroom led to a memory of her irritable uncle to whom, as a child, she had brought a glass of water directly from the toilet bowl. To her great delight and later shame, her uncle unknowingly drank the water. This savage revenge on a slighting uncle was associated with fantasies of talion retaliation. The dream also affirmed her fantasy of urinating not only in front of the parents but on the parent

who eagerly incorporates the urine. Behind this were fantasies of the parents blissfully and angrily urinating on and into each other and of impregnation by drinking urine. She once dreamed of a physician urinating in torrents in front of the temple, inundating the community. The associations led to her pious grandfather, the patriarch of the entire family and in many respects more her father than her own father. Her urinating grandfather in her fantasies impregnated her grandmother, mother, and herself.

While the patient continued to deny her own enuretic interest, analysis of her adolescence lent further confirmation. Her menstruation was often hemorrhagic in onset. She recalled wearing a diaper to a camp masquerade in early puberty. In one of her dreams she did not know whether to put a diaper or Modess on her daughter. Menstruation was a shameful form of enuresis and the castrated genital was incapable of urethral control. She did not have a stop-cock. At the time of menarche an important and frightening event occurred. In front of her visiting girl friends, she was so ashamed of her foreign speaking, aged, and poor grandmother that she did not permit her grandmother to cross the room to go to the bathroom. The old lady was forced to urinate into a bucket. That very night her grandmother died, and the next day the patient first menstruated. This first enuretic menstruation was 'the punishment of God' for her despicable act. She felt sure that her grandmother had died of humiliation. This scene of humiliation, castration, degradation, and supreme punishment crystallized many aspects of her enuretic complex. She had made her grandmother incontinent and this was a paradigm for her unconscious wish to make others incontinent, as she was later to do with her three daughters.

The patient was fearful of bleeding onto the couch during her period. This represented her wish to wet and soil, but also her dread of retaliation for making grandmother, sister, and children incontinent. During menstruation she dreamed of pulling away another woman's raincoat. The associations to

raincoat led to tampons and condoms. She had unconsciously wished to expose both the premature ejaculation of her husband and also humiliate a girl friend who was having a menstrual period by stripping away sanitary protection and exhibiting her bleeding genital. She was fearful of uncontrolled urination, e.g., when sneezing or coughing. Early in analysis she had sought gynecological advice for possible stress incontinence. She would weep after orgasm. This she first connected only to her disappointment in marital love. Early interpretations of the equation of tears and semen with urine were met with denials: the analyst was 'all wet'. It was painful and guilt-provoking for her to gradually recognize that though she supported bowel-sphincter morality, she had corrupted her children's bladder control.

She dreamed of her daughter swimming and crying out that she had to urinate; the patient yelled to her daughter, 'Go ahead, go ahead'. In analysis she began to see that she must be sending such messages to the children. Though she instructed her children as toddlers to call her if they had to go to the bathroom at night, she would not apparently hear their call. This highly selective maternal withdrawal—she responded if the children were ill—contradicted her verbal instruction and must have suggested condonement of the enuresis. At the same time she unconsciously arranged for her husband to take the children to the bathroom and have them repeat her own experience as a young girl urinating in the presence of father or grandfather. Moreover, she encouraged her husband to bring the wet child into their bed. She cuddled the wet child who wet her and the parental bed. Thus the children were rewarded for their enuresis with an undue degree of gratification and stimulation. She turned on the faucets when the children were to urinate, as if they needed extra stimulation. While she urged the children to achieve control, withheld fluids at night, and woke them up before going to sleep, she prided herself on never being rejecting and joined the children in a tolerant conspiracy of silence about their enuretic problem. Thus she was

able to foster and re-enforce enuresis in her daughters. She had the complicity of her husband who had been a childhood enuretic. His malice toward her and the children encouraged her to use the children as instruments of revenge, discharging her anger and sexual frustration. She used her children to urinate on her husband, as she felt he did on her.

DISCUSSION

Analytic literature has been concerned with the analysis of enuretics, or individuals who were enuretic, rather than the psychoanalysis of the mother of enuretic children. My case was particularly illuminating because the mother was not an enuretic and had no awareness of her unconscious urinary fixation. Nor did she display any of the later derivatives of enuresis in the adult such as urinary tract disorder, spastic colitis, somnambulism, pyromania, frigidity, or delinquency. She was surprised during treatment to see the emergence of the urinary stream, even in the manifest content of her dreams. She was perplexed, amazed, and profoundly guilty to see the relationship between her unconscious impulses and their vicarious expression in her children's complementary enuresis (1, 3, 6). She might be described as a urethral character with a urethral identity. Her parents had contributed to this by referring to her as a 'little pisher', 'a long drink of water'.

I have already described her close identification and rivalry with her enuretic sister who also stood for her aborted twin. She created her sister in her children, allowing them gratification of enuresis which she could vicariously enjoy. At the same time she felt humiliation for them as she had for her sister. She identified with her mother who had an enuretic child and who used her own children for narcissistic purposes; and she identified with her mother's sister who had chronic cystitis. With her father and grandfather she participated in urinary exhibition. She had unconscious needs to create and to abort, to have her twin born and drowned, and to drown her own

children. Her children filled the need of her missing penis and twin. She was disappointed in her daughters whom she regarded as castrated and defective like herself. She appeared to share both the mother's fantasies and guilt over the aborted twin. Her primal scene fantasies were elaborated in terms of urinating sadistically and being wet masochistically. The central masturbation fantasy of the Statue of Liberty revealed the phallic but enuretic woman. The enuresis represented both active and passive attitudes, male and female, phallic and castrated. But the primary emphasis was on castration, humiliation, and masochistic failure. However, while the mother's central unconscious fantasies were urethral, her influence on the children began during their bladder training and continued through their childhood.

How is it that she was able to remain free of enuresis, yet become the mother of enuretic children? A partial answer is that the tendency to act through a vicarious object or proxy (especially her sister) was established in childhood (8). She remained the 'golden dry twin' while ambivalently re-creating the lost and enuretic twin. Later her unresolved urethral conflicts became the apparent focus of shared fantasies with her daughters. A vulnerable child may express for the mother what the mother does not display or dare to do, providing a complementary symptomatic action to the mother's fantasy. Mother and child then enjoy their special urogenital gratifications (6, 7) while the mother defensively disowns the forbidden evoked activity.

How did she communicate her urinary fantasies to the children? Through her urinary language, imagery, stories. Occasionally she even told her dreams to her children. Moreover, she was inconsistent in bladder training, condoned nighttime wetting, arranged for urinary exhibitionism with her husband, and had him bring the wet child to the parental bed, symbolically enacting a urinary primal scene. This mother unconsciously created a urinary climate which influenced her stimulation, discipline, and direction of the children.

The thesis of this paper does not rule out the possibility of a somatic basis for the predisposition to enuresis. Indeed, somatic compliance and psychological factors in mother and child are synergistic. In this case, the mother's use of her children to act out her unconscious enuretic fantasies seems to account for a major contribution to enuretic 'psychophysiology' (4). The mother's unconscious conflicts interfered with mothering in a specific area and served to stimulate and re-enforce her children's enuresis. Her influence was far more subtle than overtly harsh, seductive, inconsistent, or apathetic bladder training.

SUMMARY

Psychological determinants of nocturnal enuresis are many and diverse. This paper focuses on maternal influences.

Analysis of a mother of three enuretic daughters revealed unconscious conflicts over her own intense desires to wet. These conflicts were multidetermined and involved ambivalent childhood relationships with several figures, including her enuretic sister, her stillborn twin brother, and her father and grandfather. She played out her conflicts by having her daughters wet for her. Thus she could enjoy wetting without awareness or apparent responsibility. With the help of her husband she was able to organize a urinary household in which her daughters were stimulated and rewarded for their enuresis. The mother's fostering of her children's enuresis began during their prephallic toilet training and continued beyond the urethral phase into later childhood.

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Heinz Hartmann 1894–1970

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HEINZ HARTMANN

1894-1970

The passing of Heinz Hartmann on May 17, 1970 brought to a close one of the most influential and significant careers in the history of psychoanalysis. For more than two decades Hartmann was without question the outstanding theoretician of psychoanalysis and its leading intellectual figure. His work centered on ego psychology. He saw it as the integrating element of psychoanalytic theory and practice, as well as the basis for a theory of general psychology. In his own writings and also in the remarkable collaboration with Ernst Kris and Rudolph M. Loewenstein, Hartmann constantly endeavored to clarify psychoanalytic concepts and to bring psychoanalytic propositions into appropriate correlation with each other and with the findings of related disciplines. A vast knowledge of the humanities, the social sciences, psychology, and philosophy lent a sense of broad perspective to his thinking so that even the most minute clinical observation could be viewed as having implications of major theoretical import. Elegance is the quality which perhaps best describes the nature of his work.

Elegance, in fact, epitomized the man and his life. Tall and with proud bearing, Hartmann's manner was at one and the same time aristocratic and affable, shy and good-humored. (He once told me that he regretted that our psychoanalytic journals did not have a humor column!) His hands were large but sensitive and the ever-present cigarette in the long cigarette holder only enlarged the arc of the graceful flourishes his hands made when he spoke in social situations. The strength of his intellect and character clearly predestined him for leadership in his profession.

Hartmann was born in Vienna in 1894. His father was a historian and diplomat, having served as Ambassador to Germany. His mother was a talented artist. After completing his studies in medicine at the University of Vienna, Hartmann decided to specialize in psychiatry and was for fourteen years associated with the Department of Psychiatry of the University. From this experience he published important works on twins and the Korsakoff syndrome.

Psychoanalysis, however, turned out to be the ideal discipline for his wide-ranging intellect. Freud was quick to appreciate the high level of Hartmann's intelligence and held this new disciple in high regard. The publication of *Ego Psychology and the Problem*

of Adaptation in the late 1930's, at about the same time that Anna Freud published *The Ego and the Mechanisms of Defense*, established Hartmann along with Anna Freud as the authoritative representative of the structural approach to psychoanalysis. *Ego Psychology and the Problem of Adaptation* has since become a classic of psychoanalytic thought. The ideas contained in it were extended and applied to problems of theory and practice by Hartmann, his collaborators, and many subsequent authors.

The Nazi invasion of Austria brought Hartmann to the United States after brief stays in France and Switzerland. Hartmann seemed comfortable in his new country and confident of the future of psychoanalysis in America. In New York, he soon became a leader in the scientific and educational work of the society and institute. He served as the first director of the Treatment Center of the New York Psychoanalytic Institute. He was particularly interested in encouraging younger colleagues to engage in psychoanalytic research and to assume early in their careers the responsibilities of psychoanalytic education. He pursued these goals actively as president of the Society and as a member of the Educational Committee and the faculty. He was constantly aware of his role as leader and teacher and managed quietly and discreetly to fulfil this role for all colleagues who knew him.

For many years Hartmann was a member of the Central Executive Committee of the International Psychoanalytical Association. He served two terms as president of the International and upon retirement from the office, fittingly enough, was elected honorary president, a position he held until his death.

Hartmann was married to Dora Karplus Hartmann, a colleague and faculty member of the New York Psychoanalytic Institute. With her, he shared his abiding interest in beauty—the beauty of nature, poetry, music, and brilliant ideas, and, above all, the beauty of his close friendships. In addition to his widow, Hartmann is survived by two sons, Ernest and Lawrence, both psychiatrists, two grandchildren, and a sister, Dr. Else Paneth of London.

The individual contributions Hartmann made to the literature of psychoanalysis are too numerous to mention; his ideas have affected in a decisive way the direction of psychoanalysis in this generation.

Herman Nunberg 1884–1970

Peter B. Neubauer

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HERMAN NUNBERG

1884-1970

Dr. Nunberg belonged among those outstanding pioneers whose life and work have become an essential part of psychoanalytic history. In expressing our deep sense of loss, and in paying tribute to the rich legacy that he has left behind, one may wish to trace the main events of his life. Nevertheless, as Anna Freud said in her introduction of Nunberg's recently published Memoirs, 'even our most determined attempts in this respect fall short inevitably of the intended aim to recreate for the present generation of analysts the true picture of a man and his work'.

Dr. Nunberg was born in Poland, where he spent his childhood. He went to medical school in Cracow and later to the medical school in Zurich, from which he graduated. At that time, the Swiss school of psychiatry was the outstanding one in the world and Dr. Nunberg was able to absorb the psychiatric contributions of its leading spirit, Bleuler. Later, he took part with Jung in studies on association. He then went to Vienna where he became a member of the Vienna Psychoanalytic Society. Later, he married Margarete Rie, the sister of Dr. Marianne Kris and the daughter of the pediatrician who attended Freud's children. In 1931 he was invited to Philadelphia to teach psychoanalysis there. He immigrated to the United States with his family in 1933 and after staying in Philadelphia for a year, moved to New York.

His first major work, published in 1932—*Allgemeine Neurosenlehre auf Psychoanalytischer Grundlage* (it appeared here in translation as *Principles of Psychoanalysis* in 1956)—fully revealed Nunberg's specific scientific approach. His contributions, both before and after, were to become classics, milestones on the road to psychoanalytic progress. Nunberg always avoided speculation and, even more, formulations without a firm clinical basis. When he felt himself ready to formulate a paper, it was because by that time he knew the paper would be able to express a clear unity between his clinical data and his theoretical propositions. His insistence on the close interrelationship between practice and theory—with the former always holding the position of primacy—was recognized by Freud in his highly laudatory foreword to the *Neurosenlehre*. It was

also outlined by Dr. Nunberg almost thirty years later when he described his aim in preparing his paper, *Curiosity*, for the Freud Anniversary Lecture in 1960: 'I had in mind . . . to demonstrate by means of a fragment of an analysis how a theoretical understanding of certain problems *gradually evolves*, and how *cautious* one should be in his theoretical conclusions' (*italics added*).

Nunberg himself had an endless curiosity. All his other interests, and they were many, were overshadowed by his fascination with analyzing, exploring clinical phenomena. For this he was able to draw on seemingly limitless energies throughout his life, even when his physical condition was to place limits on his ability to utilize his vast intellectual resources.

He was a pioneer, able at one and the same time to explore unknown regions and to take an active part in the building of new traditions. His formulations, rooted as they were in a clinical base, never reflected a preoccupation with some favored theoretical proposition. He preferred to state clearly that psychoanalysis has not as yet found the answers to certain questions, rather than to offer premature formulations as if they were answers.

Side by side with his continually synthesizing role, Nunberg maintained a truly historical approach which linked the explorations of the past with the ever-changing individual clinical phenomena that lay before him. This profound historical sense found particularly effective expression in his last published works—in the three volumes of *Minutes of the Vienna Psychoanalytic Society* (which he edited and for which he supplied an invaluable Introduction as well as many footnotes), and in his *Memoirs*.

His interests took in all facets of the history of peoples and cultures, including the early stages of civilization. They were expressed, for example, in the way in which he approached his appreciation of works of art: he would discuss not only their content but also and always their history, and the lives of those people who were in any way connected with them. His faculty of being forever involved in an exploration of the human condition was linked to his characteristic quality of being both cautious and critical. This stemmed from a deep-rooted requirement for honesty, an honesty that was manifested in every aspect of his own life—in his relationship to his own work as well as to other people and their work, and finally in the character of his criticism.

As a teacher, he felt that training in seminars and supervision were only the beginning of the contribution he wished to make. It is of interest in view of present discussions about early training that more than twenty-five years ago Nunberg proposed that the prospective analyst be allowed 'to begin his training analysis while he is studying medicine. In that way he would not only be able to start the rest of his training much sooner, but would also benefit greatly from his understanding of his patients, regardless of whether they were physically or mentally ill.' Dr. Nunberg was forever available, after the termination of the 'official' part of their training, to continue to discuss with his students any theoretical or clinical aspects of their analytic work. This continuous availability, along with the limitless generosity with which he shared his thinking and creative talent with others, furnished the basis for a teacher-pupil relationship that every one of his students must feel to be unique and inspiring.

It was his desire to keep in motion the discussion of the clinical and theoretical aspects of psychoanalysis that made Dr. Nunberg accept the presidency of The Psychoanalytic Research and Development Fund, whose creation he had himself stimulated.

Dr. Nunberg's complete dedication to psychoanalysis was supported and shared by Mrs. Nunberg in her unparalleled devotion and assistance to his work.

PETER B. NEUBAUER, M.D.

From Learning for Love to Love of Learning. Essays on Psychoanalysis and Education. By Rudolf Ekstein, Ph.D. and Rocco L. Motto, M.D. New York: Brunner/Mazel, Publishers, 1969. 282 pp.

Margaret E. Fries

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BOOK REVIEWS

FROM LEARNING FOR LOVE TO LOVE OF LEARNING. Essays on Psychoanalysis and Education. By Rudolf Ekstein, Ph.D. and Rocco L. Motto, M.D. New York: Brunner/Mazel, Publishers, 1969. 282 pp.

This collection of twenty-six essays makes a very real contribution to both psychoanalysis and education. Almost half have been written by Ekstein alone and a few with Motto, while the remaining thirteen are by other well-known authorities in both disciplines. Despite the many contributors, there is a remarkable continuity in the development of the topics. The editors are to be congratulated on their painstaking collection of data as well as on the clarity of presentation of such difficult material. The result is in no sense similar to the usual textbook and hopefully will be used as a model for future exploration into the contribution of psychoanalysis and other disciplines.

The first of five parts is devoted to the historical relationship between psychoanalysis and education. In Europe in the early phase, psychoanalysis was considered an educational procedure applied to the training of child analysts and pedagogues. In the second phase after World War II, the emphasis frequently moved toward seeing the teacher as an educational therapist. The accent changed from analysis as post-education to education as prevention of emotional illness. Since then education and psychoanalysis have emerged as distinct entities. By applying psychoanalytic concepts to educational problems, education has moved out of the area of mental health toward problems of learning and acquisition of skills. In 1948 Kris wrote *On Psychoanalysis and Education*, envisioning 'a process of communication between experts trained in different skills in which cross-fertilization of approaches is likely to occur'. In most psychoanalyses, child and adult, educational problems arise in one form or another as the patient is learning and acquiring new skills, as well as in his job adjustment.

Many of the other essays in the sections on Discipline, Curriculum, and Learning Tasks, involve not only external factors, but also the significant role of inner conflicts in the learning process. They emphasize that the difference between education and psychoanalysis lies in the methods of approaching the same concepts.

The resolution of unconscious conflicts is the task of therapy and not of education. But the educator must be familiar with dynamic psychiatry; the resolution of these same unconscious conflicts is important for learning readiness. Many of the contributors discuss how these conflicts start from birth—the earliest struggle being that between the nursing infant's need for instant gratification and the mother's role in helping him learn to postpone it. The outcome of this developmental phase and of each successive one is important for learning readiness.

Ekstein stresses the need for the teacher to evaluate the emotional development of the student so that he can offer the student learning tasks commensurate with his development. In the earlier phases especially, repetition is an essential element; that is, when the child works for love and external rewards. Only gradually is the reward process internalized and replaced by the gratifications that come with insight learning and the pleasure gained from the development of positive process.

Similarly, educators' teaching readiness depends on the resolution of their own inner conflicts. The importance of the resolution of unconscious conflicts for both learning readiness and teaching readiness indicates the need for including analytic concepts and experience in the curriculum for teachers in training and post-graduate courses. The analysis of teachers is helpful in making them more mature adults. But it is essential to bear in mind that they are training to be teachers and not therapists. Finally, 'A systematically defined psychoanalytic learning theory would need to encompass propositions concerning individuation and separation—concerning internalization process'. The parallelism between insight learning in therapy and problem solving in education is clear.

Ekstein and Motto deftly interweave frequent quotations rather than give their own interpretations of references, as is usual in a textbook. In this way, the reader himself participates in evaluating the references. The other thirteen experts are also well versed in one or both fields. As one peruses the book, one is impressed with the achievement of successfully rendering into written form a complex interdisciplinary dialogue. In fact, this dialogue represents not only intellectual effort but symbolizes a collective social effort in which many are involved and which influences other areas.

MARGARET E. FRIES (NEW YORK)

ADOLESCENCE: PSYCHOSOCIAL PERSPECTIVES. Edited by Gerald Caplan and Serge Lebovici. New York: Basic Books, Inc., 1969. 412 pp.

This book approaches the topic of adolescence with a wide angle lens; thirty-three different authors address themselves to the subject divided into six major sections. The responsibility for choosing the papers lies with the editors who made their selections from a pool of preparation for an international congress and from the International Preparatory Commission that had convened over four years prior to the congress in 1966.

In order to indicate the scope of this book, it may be helpful to present the titles of its sections. The first three address themselves to the general psychological problems of the adolescent and his environment: Development Issues, The Adolescent and His Family, and The Transition from School to Work. The remaining three sections deal with Psychiatric Disorders, Psychiatric Treatment, and Community Mental Health Services for Adolescents. Only four of the thirty-one chapters deal with adolescence as a developmental phase, while the rest comprise an examination of the adolescent. If one is looking for an overview of formulations and findings at present available in this field, he will find this a very informative book—either in terms of the different theoretical propositions presented, or with regard to the many aspects of adolescent life under consideration.

There are many psychoanalysts among the authors. The first chapter, by Anna Freud, offers a short, concise statement about her views on Adolescence as a Developmental Disturbance. This formulation is further discussed by others throughout the book, some of whom stress the integrative and coalescent aspects of the phase, others the regressive preœdipal conflicts or adolescent conflicts reflecting the disorders of the society. Moreover, there are thoughtful investigations that explore the problems and prejudices that adults have in response to this age group. The contents of this volume were clearly not compiled in order to convey a cohesive, integrated point of view; instead, the choice of papers is obviously meant to expose the reader to the current differences in viewpoint.

It is refreshing to find that in the introduction the editors pose for our consideration many essential problems that have not been included in the book, chiefly because there is not yet sufficient

knowledge. This book leaves one with the impression that the great progress made in this field has taken place primarily through considering the large variety of factors that need to be taken into account in any attempt to understand this age group—for example, the biological maturational sequences, the psychodynamic conflicts, and the variety of social conditions—all of which exercise a continuous and interacting effect. Many of the authors have made their contributions by defining more precisely the questions that stem from such an approach, rather than by offering any new explanatory statements as to the complex and overdetermined process of adolescence. There are difficulties in coördinating formulations arising out of an understanding of the internal psychic processes with those from the sociological and 'psycho-social' sphere. It is significant to note that the psychiatric sections explore the following topics: Anorexia Nervosa, Obesity, and Depression and Suicide. Thus they refer to problems obviously connected to early developmental difficulties.

The editors in introductions to each section establish a continuity to the theme, as well as a bridge between the formulations of the various authors. The most noteworthy feature of this book is the extent to which it makes available a variety of statements outside of one's own preferred area of interest. Books made up of contributions of a large number of authors generally turn out to be uneven in style and in formulation. The editors of this volume, however, have brought together an unusually large number of papers of prime quality that alone would make the book worthy of being highly recommended.

PETER B. NEUBAUER (NEW YORK)

A PSYCHOANALYTIC STUDY OF THE MYTH OF DIONYSUS AND APOLLO.

Two Variants of the Son-Mother Relationship. By Helene Deutsch. New York: International Universities Press, Inc., 1969. 101 pp.

This monograph is an expanded version of the 1967 Freud Anniversary Lecture of the New York Psychoanalytic Society which originally concerned itself with bisexuality and immortality in the Dionysus myth. The subject matter has been expanded in order to contrast the maternal relationship of the two great

mythic figures of Dionysus, as the son who saves, and Apollo, as the son who kills. Legends of both Apollo and Dionysus are most complex, consisting of numerous variations of scores of adventures, very few of which are known as usable information by even fairly cultivated people in our mythologically uninstructed age. I make a point of this to illustrate one of the primary and wholly unnecessary difficulties one will have with this book: too often the myth itself is communicated to the reader only tangentially in the course of drawing psychoanalytic deductions. This is a process that both confuses the reader and makes the deductions seem arbitrary.

Dr. Deutsch's approach to the myths is a unique one and would require the most careful deductions from mythic facts to psychoanalytic theory in order to be convincing. She has taken the mythic elements and treated them as though they were fragments of a patient's case history or, in some cases, his dreams. The legendary hero then becomes a real analysand and his story is connected by means of interpretations and reconstructions. This anthropomorphizing process has a tendency to reduce itself to the appearance of fictionalization unless a tight control is exercised by the author. Unfortunately this tendency is not guarded against sufficiently. For example, speaking of Dionysus: 'He always carried with him the inner knowledge that there was only one way to become immortal', or 'there is nothing he would not do at that time to achieve his goal'.

Dr. Deutsch sees Dionysus as a man whose life was marked by his fight for masculinity over his feminine impulses and his desire to achieve immortality. She can thereby explain much of what was fragmentary or puzzling. Bacchus, often used as another name for Dionysus, she sees as his feminine alter ego on whom Dionysus projects his feminine impulses. The task of immortality means that he must first bring his mother back from the dead to achieve immortality for her and with her. His aim then was an eternal symbiotic reunion with his mother. In the course of her analysis Dr. Deutsch's material draws near some subjects one wishes she had developed further: e.g., the drive for orgiastic reunion with the mother which has no scruples in its attainment and which brings to mind many observations about hippies, drug addicts, and certain types of suicidal patients.

The study of Apollo, the god who kills his maternal objects, is far less satisfying, particularly since the mythical evidence for this seems more strained. To the extent that Apollo's relationship with women is hostile, it would seem a paradox that the god of the arts and many other aspects of what are called civilization should be hostile to women, until we bring analytic knowledge to bear on the situation. Apollo is seen as a homosexual to whom women were only rivals for the affection of Zeus, his father. Again Dr. Deutsch has many insights that stimulate the reader to speculate further and hope that Dr. Deutsch will do so at length. In this category she makes the interesting observation that in Greek mythology there is more womb envy in men than penis envy in women. It seems a pity not to hear her theories as to why this should be so.

M. DONALD COLEMAN (NEW YORK)

DIFFICULTIES IN THE PATH OF PSYCHOANALYSIS. A Confrontation of Past with Present Viewpoints. By Anna Freud. New York: International Universities Press, Inc., 1969, 88 pp.

This little book contains the Eighteenth Freud Anniversary Lecture given by Anna Freud for the New York Psychoanalytic Institute in April 1968. After commenting on the difficulties seen by Freud in his 1937 paper, *Analysis Terminable and Interminable*, Miss Freud turns her attention to developments in the last thirty years. She reports on her impressions of difficulties met in the field of child analysis and lists at least four personality characteristics that lead to failures in therapy.

In directing attention to the various suggestions for improving analytic efficiency, Miss Freud cites several current changes and movements in psychoanalytic technique and theory formation. She stresses particularly the analysis of the first year of life with the purpose of therapeutically modifying the impact of the earliest happenings. Freud's discovery that every adult neurosis is preceded by an infantile neurosis, which must be analyzed before the neurosis can be reached, is carried further. Every infantile neurosis in the oedipal period is preceded by fateful interactions between infant and mother in the first few days and months of life. It is this archaic preverbal phase which has to be revived in the

transference and analyzed before the later infantile neurosis can be approached effectively.

Although Miss Freud expresses doubt about trying to deal with processes which are totally different from the results of the ego's defensive maneuvers with which we feel familiar, she strikes a more hopeful note when she concludes her essay:

However that may be, one look at the analytic scene of today can convince us that the desire to unearth ever earlier and deeper antecedents, not only of the ego but of human emotions, anxieties and struggles in general has taken hold of the analysts' imagination. . . . The newly discovered facts about early and earliest life need to fall into place within the dynamics, the economy and the structure of the personalities for which they prepare the ground. Only in this way can metapsychology regain its former status. It is also only in this way that we shall approach once more what the Ad Hoc Committee for Scientific Activities calls hopefully 'a creative era in psychoanalysis'.

Anna Freud has given us a thoughtful and timely essay that will be of great interest to all psychoanalysts, be they research, clinically, or pedagogically minded.

LOUIS B. SHAPIRO (CHICAGO)

BROTHER ANIMAL. The Story of Freud and Tausk. By Paul Roazen. New York: Alfred A. Knopf, Inc., 1969. 221 pp.

Psychoanalytic history has become increasingly attractive to a variety of behavioral scientists and in all likelihood 'psychohistorical' studies of Freud and his students will become even more appealing to a new generation of sociologists, political scientists, and historians. Paul Roazen is an excellent representative of this 'new breed'. His book entitled *Freud: Political and Social Thought* (Knopf, 1968) was an exciting sociopolitical exposition of the context in which psychoanalysis developed. While working on this earlier manuscript and preparing a 'broader account of Freud, his patients, and his pupils', Roazen came upon a story that fascinated him. He attempted to unravel its apparently mysterious aura by uncovering new data and engaging in deductive 'detective-work'. The mystery involved the story of Tausk and his relationship to Freud. Roazen was led to believe that a collective repression barrier had been erected by psychoanalysts around Tausk and he became eager to lift the barrier. The book, *Brother Ani-*

mal, represents Roazen's interpretation of the Tausk-Freud relationship and its significance for the evolution of psychoanalysis.

It is easy to appreciate Roazen's excitement as he began to penetrate obstacles standing in the way of gaining information about Tausk. Upon interviewing psychoanalytic informants regarding the early days he was told, 'No one will tell you about Tausk'. This spurred persistent investigation and it is understandable that Roazen became stimulated by what seemed to be an information barrier in a group of psychoanalysts. The introduction to the book is exciting and promises to unravel a major mystery which in turn would clarify significant aspects of psychoanalytic history. Unfortunately the body of the book is disappointingly meager. Roazen was careful to state that he did not intend to write Tausk's biography. What is surprising, however, is that *Brother Animal* does not provide a clear picture of Tausk as a human being. Roazen had selected the book's title from Andreas-Salomé who said, '... from the very beginning I realized it was this very struggle in Tausk that most deeply moved one ... the struggle of the human creature. Brother Animal. You.' Unfortunately, the portrayal of Tausk is so thin that the reader has little basis to empathize with such a poignant struggle.

The book does have interesting sections. Tausk, Freud, and Andreas-Salomé were engaged in a complex triangular relationship. To some extent this triangulation was repeated in Tausk's short analysis with Helene Deutsch who had started analysis with Freud almost simultaneously with her becoming Tausk's therapist. Roazen depicts Freud's difficulties and disappointments with several of his followers and attempts to characterize Freud as an all-encompassing leader who had special problems with innovative students. The case he argues for Freud's preoccupation with plagiarism is a strong one, but I did not become convinced that the specific problems with Tausk hinged on the issue of the 'master' being threatened by a creative student. In the early phases of the book the reader anticipates that Tausk's suicide will be a critical denouement leading to a fuller understanding of the early history of the psychoanalytic 'movement'. While Tausk's suicide note is a moving document, the author's explanation of the circumstances leading up to this tragic event and the discussion of its consequences seem superficial.

Psychoanalytic history should continue to be a fascinating area to behavioral scientists and historians. Brother Animal gave promise of being a significant contribution, but the author was overly optimistic in expecting that this book would lead to newer understanding of the 'movement'. Tausk remains an enigma and the 'objective' psychohistorical approach to psychoanalysis still awaits a more penetrating analytic and integrating review.

MELVIN SABSHIN (CHICAGO)

ON SIGMUND FREUD'S DREAMS. By Alexander Grinstein, M.D.
Detroit: Wayne State University Press, 1968. 475 pp.

It is the destiny of great men to generate a great deal of curiosity in the wake of their lives and accomplishments. The curiosity, however, may be expressed in various ways. Ideally, it is directed toward a fuller understanding and appreciation of the legacy of greatness. In less fortunate instances it breaks down and becomes the vehicle for the gratification of the researcher's scopophilic and rivalrous impulses. When this occurs, there results either a preoccupation with personal, intimate details of the great man's life, or an attempt to outdo him in one way or another, or both. Few giants of modern times have been the object of more curiosity than Sigmund Freud. Among the least attractive products of this interest have been certain attempts, undertaken with more ambition than good taste, to re-analyze Freud's dreams with the aim of exposing more of his private life, his motives, and his conscious and unconscious wishes than he himself chose to do in *The Interpretation of Dreams*.

On Sigmund Freud's *Dreams* by Alexander Grinstein is a superb antidote to these unfortunate, unwelcome efforts.

In preparing this volume Dr. Grinstein set himself the monumental task of researching, examining, and elaborating the many allusions and references contained in eighteen dreams which Freud dreamed between 1895 and 1900, in one dream recalled from childhood, and in Freud's associations to these dreams. The results of this work include biographical sketches of historical and contemporary figures; translations and synopses of poems, novels, and other literary works; and a wealth of background and source material concerning current personal, social, and political events re-

lated to the dreams. These are presented not for the purpose of adding to Freud's own interpretations, but to enrich our knowledge of the over-all context in which Freud's classic dreams were dreamed. So successful is Dr. Grinstein that, at times, one feels transported back into the social and cultural climate that characterized Vienna in the 1890's. More significant, perhaps, is a new feeling of familiarity—akin to what the analyst experiences when working with the dreams of his own patients.

Dr. Grinstein's meticulous literary and scientific standards required him to adopt a format in which each chapter deals separately yet simultaneously with five categories of data; (a) the manifest content of Freud's dream; (b) Freud's associations to the dream; (c) Freud's comments on, and interpretation of, the dream; (d) the author's source and background material; (e) the author's commentary on, and synthesis of, the first four categories. This requirement must have made this a difficult book to write. Correspondingly, it must be read carefully if it is to be fully appreciated, and the serious reader will occasionally find himself leafing backwards for clarification and to check details. As though he anticipated this, Dr. Grinstein ends each chapter with a concise, masterful summary.

In addition to its historical value, *On Sigmund Freud's Dreams* will undoubtedly serve as an excellent advanced textbook in dream interpretation. The detailed presentation of allusions and references illustrates fully the scope, depth, and condensation that may be discerned even in the briefest of dreams. The author's handling of the material is an example, par excellence, of the technique of dream interpretation.

With the *Index of Psychoanalytic Writings* Dr. Grinstein showed himself to be a man with a penchant for major works. *On Sigmund Freud's Dreams* falls into the same genre. It will occupy a unique and permanent place in the literature on the history of psychoanalysis.

SIDNEY S. FURST (RIVERDALE, N. Y.)

ENCYCLOPEDIA OF PSYCHOANALYSIS. Ludwig Eidelberg, M.D., Editor-in-Chief. New York: The Free Press, 1968. 571 pp.

The cogent reasons for undertaking the compilation of the Encyclopedia are specified in the Introduction—the confusion about

psychoanalytic terminology occasioned by early definitions that were vague; the borrowing of terms and concepts from other sciences or the common language, altered but never properly redefined; translation difficulties arising from contributions from many different languages; and the dynamic development of the concepts themselves. The editors also correctly anticipated certain difficulties—that the compilation would be necessarily incomplete and that the selection of terms and the interpretations given would be controversial. For this reason, as well as the arduous labor involved, Eidelberg and his fellow editors deserve credit for their courage in proceeding. One can only hope that they are prepared for the reproaches that are inevitable.

The project, supported by grants from the National Institute of Mental Health and the A. L. H. Foundation, required over six years for its completion. The result is a beautifully bound volume, printed in large type—so that it is pleasingly legible—in two columns on each page. The English style is more than usually readable, and the book is well edited. There is a list of six hundred forty-three entries, many of them clinically illustrated, with mention of related concepts and selected references following each topic. A bibliography at the end, unfortunately extending only through 1963, lists together the fifteen hundred references cited from the literature, and a carefully prepared index contains not only subheadings of the entries and the subject matter, but also the authors mentioned in the text and references.

The reviewer's criticism of an encyclopedia is necessarily impressionistic. It must deal with the general expectations of such a work rather than the definitions and interpretations specifically, although the latter may be cited as examples of shortcomings in the attainment of over-all objectives. An encyclopedia should be comprehensive, authoritative, and representative of the field covered. Since all such works have certain practical limitations—in this case an attempted coverage in one volume—a careful selection of the entries to be included is necessary to achieve these objectives. The strictly psychoanalytic subject headings listed by the Committee on Indexing of the American Psychoanalytic Association vary in number from seven hundred fifty to eighteen hundred, depending on the significance attached to the terms. Some omissions and compromises were therefore necessary. With

so many psychoanalytic terms from which to choose, however, the value of the inclusion in this encyclopedia of such general terms as *envy*, *jealousy*, *love*, etc., seems questionable even though they are presented from the psychoanalytic viewpoint.

While most of the important psychoanalytic terms and concepts have been included, there are some important omissions, especially of more recent concepts. Thus neither *separation anxiety* nor *separation-individuation* are mentioned. *Therapeutic alliance* is omitted, and *identity* is discussed only from the standpoint of sense of identity. *Conflict* is not discussed separately as a concept basic to psychoanalysis, though it is abundantly indexed. In fairness, it must be said that the adequate index makes up for some of these deficiencies. Nevertheless, the handling of these subjects—by separate entry or index heading—can give a distorted impression of the emphasis attached to them by psychoanalysts. The important topics of *objects* and *object relations*, comprising some thirty-nine listings in the American Psychoanalytic Association Index, are reduced to a single entry relating to anaclitic and narcissistic object choice, and the concept of the *self* is similarly reduced in importance. Conversely, two or more entries of some length are sometimes employed when one would have sufficed. Specific examples of a more general process (e.g., *instinctualization of smell*) when listed separately give an exaggerated significance to one aspect without mention of its applicability to other phenomena. *Sleep* is covered in half a column, from the psychoanalytic standpoint only and that incompletely, giving the impression that psychoanalysis remains isolated from the data derived from other sciences relating to this important biological state. The same may be said about *dreams*. Though more space is devoted to it, an adequate integration of the subject is not achieved. A number of syndromes encountered rarely in the psychoanalytic literature might have been better left to psychiatric dictionaries. *Polycrates complex* hardly deserves a column, and such occult terms as *raptus actions*, *hostilodynamics*, *petrification*, *progerism*, and *interego* seem scarcely worthy of separate entries. The term *Instinct of self-assertion* seems far removed from current psychoanalysis, as are a number of other listings. Criticism of the inclusion of these items would not be valid were it not for the space limitations of the one-volume encyclopedia. However, they illustrate the re-

viewer's impression that Eidelberg's list of entries is a highly idiosyncratic one.

The 'systematic presentation of both current and historical thinking in the field' does not fulfil expectations, and the actual biographical data included is disappointing, not because of its content but because only three persons, Freud, Abraham, and Ferenczi, have separate biographical articles about them, while other associates of Freud are discussed only briefly in the one on Freud. Separate entries are devoted to several of Freud's important papers, and though they are incomplete, these brief summaries of the contents are useful.

Only the biographical articles and one on drugs give the names of the authors. Some indication of the authorship would have been desirable for many items, since one expects a treatise in an encyclopedia to be written by an acknowledged authority on that subject. An uncertainty seems to have existed as to whether the aim was simple definition or comprehensive discussion, and neither objective is consistently attained. In fact, there is considerable unevenness in the quality of the interpretations. While some are excellent, others appear poorly organized and cover only a selected aspect of the topic. The one on *affect*, for example, does not adequately define the term but deals instead with a specific controversial issue, leaving the nonanalytic readers at a loss to understand what it is about. Many of the clinical examples are taken from Eidelberg's books or papers without the revision that would have sharpened their relevancy to the topic. Their length is sometimes detrimental to the definition. The most striking example is that of *psychopathy*, in which a definition a third of a column long is followed by a clinical example seven columns long. An adequate integration of quotations from original sources with the definition is not accomplished in many discussions.

It is to be expected that a volume of this nature will bear the imprint of the editor-in-chief; in this case, however, it seems too pervasive. Despite the availability of a highly capable group of associate and assistant editors, the work often appears one-sided and to have been used as a vehicle for promoting many of Eidelberg's personal views and reprinting much from his previous publications. Even the prologue, for example, a somewhat exhortative and philosophical personal credo which seems unnecessarily de-

fensive about authority in psychoanalysis, had been published previously in altered form in *Revue Française de Psychanalyse* and American *Imago*. Long passages from *Studies in Psychoanalysis*, *An Outline of a Comparative Pathology of the Neuroses*, and *Take Off Your Mask* are quoted with such frequency as to make Eidelberg's listings in the index second only to those of Freud. 'Narcissistic mortification' and 'destrudo' crop up repeatedly, although neither term has found general acceptance, for whatever reasons. Terms from the common language adapted to psychoanalytic usage must have a certain 'fit' to be accepted. Regardless of the validity of Eidelberg's explanation of the phenomenon he describes as 'narcissistic mortification', the confusion created by an analytic usage inconsistent with the common English one cannot be overcome by definition. *Destrudo* is not felicitous despite the case that can be made for having a term applicable to the aggressive drive as a counterpart to libido. *Destrudo*, interestingly enough, is not defined in a separate entry although there are forty-one references to it in the index, and in the definition of *Thanatos* Eidelberg admits that the meaning of the term, first suggested by Edoardo Weiss, is somewhat uncertain. This is not a cavil about two terms. By pushing his own preferences consistently Eidelberg gives to the untutored reader the impression of common usage and general acceptance and thereby to some extent rewrites psychoanalytic history. Especially in the definition of *narcissism* is this distortion apparent, for the interpolation of *destrudo* in parallel with *libido* may mislead the reader into thinking that Freud employed the term, whereas he never encompassed the role of the aggressive drive in his concept of narcissism.

Unfortunately, the shortcomings of the Encyclopedia will not be as readily apparent to readers in allied professions, and so it may establish a regrettable 'standard for understanding and judging the value of those concepts that are an inherent part of classical psychoanalysis'. Critically read, it can be of more value to the psychoanalyst. As previously mentioned, some of the interpretations are indeed excellent, and the discussion of the subjects included in the volume, together with easy reference to original sources, will provoke thought as well as further effort toward clarification.

BURNES E. MOORE (NEW YORK)

MASSIVE PSYCHIC TRAUMA. Edited by Henry Krystal. New York: International Universities Press, Inc., 1968. 369 pp.

The Wayne State University Workshop Proceedings have been well edited so that a coherent and highly readable book on psychic trauma emerges. The thirty-five participants offer a genuine scientific contribution resulting from their examinations of the survivors of Nazi German concentration camps, the survivors of Hiroshima, and/or the data of their colleagues. While the project began with examinations for disability compensation of the victims, the demands upon the mature and experienced examiners for a deeper understanding of the plight of the survivor soon made itself felt. To comprehend and to permit the revelation of pertinent data required that each examiner adopt a position in which he could empathize, without counteridentification; objectify, without dehumanizing a traumatized person; be (sympathetically) evaluative, without revenge motivation; and, finally, arrive at a demonstrable conclusion and judgment of the extent of disability and the causes thereof specifically related to the horrifying brutality to which the Survivor Syndrome sufferer has been subjected. The ramifications of 'survivor guilt' and the resistance to therapeutic intent complicated the situation further.

As the book has only a seven-page historical introduction to the fifteen hundred years of preceding anti-Semitism, the reader is catapulted into participation in the proceedings. He misses the strange mythology of a part of the Western world where ancient accusations of *deicide* leveled against the Jews have undergone bewildering transformation into a rationalized persecutory system that requires that they be punished by *genocide*. The sole capital crime which each victim has committed is that of having been born of Jewish parents, and his acculturation and its effects are only touched upon in case histories occasionally. The examiners, however, need no orientation. It is perhaps an oversight not to have prepared many readers who are unfamiliar with the progressive isolation and dehumanization of the baffled accused as to why there would be no appeal, no defense, and no escape. However, individual case material does demonstrate how the average expectable existential basis for daily living was gradually torn away by new laws. One is reminded of Loewenstein's observations (in

his book, Christians and Jews) that those whose sadistic fantasy life materialized into the extermination camps were not only anti-Jew but anti-Christian as well.

Niederland provides a comprehensive bibliography of psychic trauma and points up the special qualities of 'survival guilt'. He describes the impact on the ego of the condemned of the brutality of the camp guards, and the process of leveling of the superego values among them (in their competition with each other for survival). The progressive stages of involution leading to the moribund or Musulman phase of helpless and hopeless dejection are, indeed, clearly documented. John Dorsey then discusses the genuine problem of 'self-insight' required of examiners devoted to 'humane medicine', when confronted with such overwhelmingly inhumane data.

The chapter on the dynamics of post-traumatic symptomatology covers the attempts of the ego to meet the destruction of the elemental existential basis of human life by denial, depersonalization, derealization, automatization of the ego, regression, identification with the aggressor, and 'living dead' behavior leading in turn to stupor and death. This is then followed by an outline of the *survival* period, in which depressive and paranoid components, anxiety dreams, nightmares, personality changes may be delineated. Finally the clinical entity, Survivor Syndrome, rounds out the diagnostic section. Included is a triad: insomnia, nightmares, and somatization. Niederland, Tanay, Meerloo, Bychowski, Sterba, and others contribute to the discussion.

Dorsey's position statement, exemplified by the quotations of the Declaration of Geneva, makes clear the regression of those physicians who engaged in concentration camp experiments with human life. The thin veneer of civilization and the process of sublimation had been removed in favor of a primitivization of mental processes.

Venzlaff carefully formulates a forensic psychiatry of schizophrenia, going well beyond some contemporary anachronistic and nondynamic views. Wangh, Tanay, von Brauschitsch, Grobin, and Groner bring in slightly divergent views of the structure of illness, although seemingly in agreement with the dynamic character of the thesis. The case of Carter vs. General Motors serves to highlight both the problems and the enlightened compensation laws being formulated by contemporary lawmakers in the United States. Lif-

ton's chapter on Hiroshima survivors brings out the similarities and differences between the Japanese victims of the Hiroshima bombing and Jewish survivors of the Nazi German camps.

Finally a noteworthy section on the basis of psychotherapy and rehabilitation of the survivors of massive psychic trauma may become a classic for those involved in making civilian defense plans for major catastrophes. Even the effect on subsequent generations of emotional 'freezing' in survivors is considered. The 'slave' orientation of camp inmates is compared with the effects of slavery upon the American Negro, to help in the evaluation of acculturated character change and its alteration.

The participants and the editor are due considerable credit for their painstaking scientific work under circumstances of the most demanding character. The workshop format is most revealing of their superlative discipline.

HERMAN M. SEROTA (CHICAGO)

SCHIZOPHRENIA AND THE NEED-FEAR DILEMMA. By Donald L. Burnham, M.D., Arthur I. Gladstone, Ph.D., and Robert W. Gibson, M.D. New York: International Universities Press, Inc., 1969. 474 pp.

From Chestnut Lodge, a private psychiatric hospital of high reputation, which has done pioneering work in the psychoanalytic therapy of psychotics, comes this comprehensive volume, the result of years of long research and collaboration. The authors availed themselves of the unique opportunity offered by the setting of Chestnut Lodge to observe and study for years schizophrenics engaged in therapy as well as in interaction with the hospital environment. Untrammelled by the restrictions imposed by the treatment of patients in private practice or the economic exigencies limiting the stay of patients in most community or even teaching hospitals, the Chestnut Lodge team could study patients for periods of time, which from the vantage point of an average observer seem almost unlimited.

In the conduct and analysis of their studies the authors chose as the focus of their orientation what they call the need-fear dilemma. They believe that at least in one group of schizophrenics the inborn psychic apparatus is normal, while in another

group there is a genetic weakness; however, in both groups the family environment at an early age contributes to deficient or otherwise distorted object relations. This, in due course, leads to an ego whose weak and deficient structure predisposes to disorganization. Deficient autonomic development (or to use the terminology introduced by Mahler, individuation) of the ego accounts for an excessive need of objects, while faulty structuring of the internalized image of reality contributes to the fear of objects and of closeness. The ensuing conflict between the need and fear of objects leads to a variety of patterns and defenses.

In formulating their basic hypothesis the authors have at their disposal a large body of their own observations and of the literature. As is well known, numerous researchers have accumulated detailed observations and added some important theorizing regarding the early development of personality and its distortions. The latter are now generally considered a function of interaction between the young ego and its familial environment. The conflict between the need and the fear of closeness is paralleled by the problems of autonomy versus heteronomy, in other words, of symbiosis versus individuation as formulated in all their sharpness by Mahler. Here belongs also the antinomy between differentiation and integration.

The great value of the book lies, above all, in the way that these theoretical formulations are applied to the analysis of clinical observations. The book contains most detailed case histories of six patients; the longest observation extended over a period of seven years. The scientific value of these observations is considerably enhanced by careful consideration given not only to the interaction between the patient and his psychotherapist but to the interaction between the patient and the total hospital milieu as well. These data were collected by careful observation as well as by a most detailed and lengthy questionnaire submitted to various staff members concerning all aspects of the patients' behavior and interaction.

Among many valuable chapters I would like to mention the discussion of the role of time in the personality of the schizophrenic. His integration in time and in his perception of social reality in that category is grossly deficient, which inevitably contributes to his social maladaptation.

Another valuable statement and explication is offered in the study of the onset of the psychosis. Here the authors, not content with the general discussion of vulnerability to the schizophrenic dedifferentiation and disintegration, discuss in a laudably detailed way the role of the transition crisis, notably the moment of transition from heteronomy to autonomy, the crisis of separation, the transition to marital and parental roles, the loss of role leading to 'social disarticulation' (one of many felicitous expressions coined by the authors), transition to college, army and navy life, social isolation, identity crises, and collapse of the defense system because of overburdening.

Separation anxiety signals the impending disorganization of the tenuous internal structure of the schizophrenic personality. This process is further fostered by ambivalence and lack of object constancy. In his attempts to reverse helplessness into active mastery, the schizophrenic ego may distort reality. In his despair over the basic conflict, the schizophrenic ego oscillates between the two poles of clinging and avoidance of love-hate objects. The exaggeration in either direction accounts for a great deal of secondary schizophrenic symptomatology.

The longest treatment of cases described lasted seven years. If, with all this care and wisdom, the therapeutic results in cases described seem rather meager, one has to face the problem of reversibility of some grave basic disturbances in schizophrenia. The authors of this valuable study refrain from the discussion of this basic problem. It would be of the greatest interest to hear at some future time about the follow-up of these profound and thoroughly conducted clinical studies.

GUSTAV BYCHOWSKI (NEW YORK)

SCIENCE AND PSYCHOANALYSIS, VOL. XIII. THE DYNAMICS OF DISSENT.

Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., 1968. 176 pp.

This volume is essentially a collection of essays by psychiatrists, psychoanalysts, psychologists, and sociologists. Each essay is followed by a brief discussion by a different discussant. It is divided into four parts: I, Historical and Biographic; II, Individual Dynamics; III, Differential Regional Studies; IV, Social Dynamics.

After a rather phlegmatic and frustrating beginning it picks up interesting momentum. The word 'dynamics' in the title is rather misleading because the essays, on the whole, lack the depth and thrust of what one looks for psychoanalytically in terms of an emphasis on psychological forces, their direction, magnitude, and resultants as outlined by Rapaport and Gill. There is a mutual contamination of individual and group issues that partially precludes a thorough and lucid pursuit of either; this is especially true in the Individual Dynamics section. Charles A. Pinderhughes's essay, *The Dynamics of Dissent*, suffers from this in its failure to probe more completely into individual genetic and dynamic considerations and becomes diffuse by shifting too broadly and superficially to group collations. Kenneth Keniston's essay, *Psychological Issues of Young Radicals*, is a provoking synthesis, as far as it goes, of social and individual dynamics, with some philosophical forays present such as 'the growing sense of rightness', but it fails in an expected specificity as its discussant, Robert J. Weiss, states, 'I agree with Professor Keniston that there are no special psychological characteristics of development or of personality which identify the young radical from the rest of society'.

Rather than dynamics the word descriptions seems more appropriate in the title. And sociological descriptions are this book's delightful forte. Details of the social evolution of the Negro are most informative. The dissent of the young, especially the young black, is featured. Sheldon Cohen's essay, *Rebel and Reactionary, Siblings Under the Skin?*, is a type of Eriksonian attempt to fuse psychosocial forces based on individual dynamics but the reader wishes that more could be developed in depth from Erikson's theme on adolescence such as, 'The adolescent mind is . . . an ideological mind. . . . In order not to become cynically and apathetically lost, young people must somehow be able to convince themselves that those who succeeded in their anticipated adult world thereby shoulder the obligation of being the best.' Ego ideals are implied in these essays but only abortively developed and it seems that there is a rub in transmuting them to social and group ideals; in that rub, the thread and thrust inherent in the meta-psychological concept of dynamics is smudged.

It is only when sociological phenomena are actually and vividly described that the reader begins to feel that finally something

quite worthwhile and in vogue is unfolding. A good example is the scintillating account, euphonically written, by L. J. West and J. R. Allen of their day-to-day life in the Haight-Ashbury district of San Francisco titled, *Three Rebellions: Red, Black, and Green*.

In setting a relatively more imaginative and profound tone and theme to this kind of work, which then might be more stimulating to both the investigator and the reader, the apt philosophical offering of Camus seems to be in order and could be what was missing in the beginning of the book: 'What is a rebel? A man who says no, but whose refusal does not imply a renunciation. . . . A slave who has taken orders all his life suddenly decides that he cannot obey some new command. . . . Rebellion cannot exist without the feeling that, somewhere and somehow, one is right.'

EDWARD W. HUGHES, JR. (AMHERST, MASS.)

SCIENCE AND SUBJECTIVITY. By Israel Scheffler. New York: Bobbs Merrill Co., Inc., 1967. 132 pp.

In May, 1965, Oberlin College invited Professor Scheffler of Harvard University to deliver the Mead-Swing Lectures on the theme of science and subjectivity. These original four lectures, elaborated by the author during a sabbatical year at the Center for Cognitive Studies at Harvard, plus a final chapter and index, comprise the present volume. The final result is a consecutive series of closely reasoned, highly polished professorial discourses on the nature, vicissitudes, and fate of objectivity in the changing world of science. A slight, soft-bound, handy volume, it is, however, heavily weighted with the dialectics and rationalisms characteristic of discourses in modern 'scientific' philosophy. The author takes for granted that his readers are well grounded in nineteenth century scholastic philosophy. In a short preface, he states his thesis:

. . . the ideal of objectivity [in science] is beyond question. The philosophical task is to assess and interpret this ideal; to ask how, if at all, objectivity is possible. . . . The notion of a fixed observational given, of a constant descriptive language, of a shared methodology of investigation, of a rational community advancing its knowledge of the real world—all have been subjected to severe and mounting criticism from a variety of directions.

Professor Scheffler expresses his concern over the fact that the conception of scientific thought as a responsible enterprise of 'reasonable men' has been called into question. In the spirit of pure inquiry, he feels threatened by the 'extreme alternative' view that theory is not controlled by data but that data are manufactured by theory: '. . . that scientific change is a product not of evidential appraisal and logical judgement, but of intuition, persuasion, and conversion; . . .'. In countering the challenge of this threat which would reduce the concept of responsible scientific endeavor to a 'huge illusion', the author mobilizes the full force of his armamentarium:—logistics, polemics, dialectics, and semantics. He uses his impressive mastery of rational analysis in the hope of bringing to bay the elusive and mischievous workings of man's mind. The result is an intellectual exercise which leaves the reader more knowledgeable, and fatigued, but no closer to the sought after 'ideal'.

These lectures, diligently prepared and carefully documented, are reminiscent in style and content of nineteenth century classical philosophy. Yet, they are by no means dated, for the author addresses himself to problems emanating from contemporary, loosely reasoned, existential attitudes. Unfortunately, his presentation is too intricate. Ideas are so condensed, overlapping and interpenetrating, and assertions so reiterative, there is a temptation to skim over the text rather than to absorb its rich content. To this reviewer, the book was a constant reminder of how far apart philosophy and psychoanalysis have been and still are.

The author does not limit the applicability of his concept of 'the ideal of objectivity' to physical (*de facto*) sciences, as contrasted with 'history, philosophy, and human affairs'; though the social sciences, psychiatry, and psychoanalysis are never mentioned by name, they are collectively included under 'human affairs'.

The author's unawareness of the role of unconscious mental life in the perceptual evaluation of observational 'givens' is strikingly evident throughout. This incomprehensiveness of the role of psychic forces is overshadowed by logical positivism and rationalism. The fascinating subject of human endeavor and the ubiquitous problem of 'subjectivity', a term that appears only in the book's title, is lost sight of and is never again mentioned. Professor Scheffler seeks to find, but can only idealize objectivity. And so, he

finds himself not only at variance but at cross purposes with behavioral scientists.

This slight book is dense, dehumanized, unpalatable, and humorless. The lofty aim to bring science closer to truth and to enhance the concept of responsible scientific endeavor falls short of its goal. Unhappily, the interdisciplinary gap between philosopher and psychoanalyst persists. Under such an idealized standard of scientific objectivity, the historic hiatus existing between the physical sciences and the humanities will not be narrowed.

MEYER A. ZELIGS (SAN FRANCISCO)

BASIC APPROACHES TO GROUP PSYCHOTHERAPY AND GROUP COUNSELING. Edited by George M. Gazda, Ed.D. Springfield, Ill.: Charles C Thomas, 1968. 323 pp.

INNOVATIONS TO GROUP PSYCHOTHERAPY. Edited by George M. Gazda, Ed.D. Springfield, Ill.: Charles C Thomas, 1968. 310 pp.

In these two volumes the editor, George M. Gazda (Professor of Education at the University of Georgia and a faculty member of the Medical College of Georgia) has collected a useful group of papers which describe some basic and some new approaches to group therapy and group counseling. As is usual in such compilations, some of the contributions are good, and some are rather inadequate. But the books do render a distinct service in bringing together in a readily available form some of the older and newer methods used in the rapidly expanding field of group therapy. In the volume titled *Basic Approaches to Group Psychotherapy and Group Counseling*, Gazda, in his introductory chapter, gives a brief history of psychotherapy and attempts to define the terms 'group psychotherapy' and 'group counseling'. Unfortunately he does not succeed too well. Generally, group counseling and guidance are considered to be methods of discussing the group members' conscious, emotional reactions and attitudes to specific reality problems or difficulties. However, this becomes blurred in Gazda's as well as the other contributors' presentations.

Part One of the book deals with group psychotherapy and includes descriptions of five different group psychotherapeutic methods. J. L. Moreno, the founder of psychodrama, and D. A.

Kipper contribute the chapter Group Psychodrama and Community-Centered Counseling and they give a good, clear summary of this form of treatment. The next chapter, Psychoanalysis in Groups, is written by Alexander Wolf, one of the original proponents of this method. His account is a sketchy but fairly good one. Thomas Hora describes Existential Psychiatry and Group Psychotherapy in a repetitious and lengthy chapter. To this reader his description is vague and somewhat confusing. Next, Arnold A. Lazarus gives a clear, well-organized summary in Behavior Therapy in Groups. In the last chapter of Part One, Haim Ginott briefly discusses group play therapy with children and tries to distinguish it from activity group therapy.

Part Two contains descriptions of three methods of group counseling. Rudolf Dreikers, one of the pioneers in the Adlerian approach, and M. Sonstegard, give an excellent description of the method of educational group counseling originated by Alfred Adler. In the next chapter W. M. Lifton discusses a 'non-directive . . . humanistic existential approach'. His account is impressionistic and not at all clear. In the last chapter, A Functional Approach to Group Counseling, Gazda describes an 'eclectic' type of group counseling in which he utilizes concepts from learning theory and behavior therapy. The description of the method is not clear either.

A notable omission in this book is an account of the psychoanalytically-oriented group psychotherapy developed by Wender, Schilder, and Slavson in this country and by Foulkes, Sutherland, and Ezriel, et al., in England. Except for Ginott, the contributors do not give clear-cut indications for the use of group psychotherapy and group counseling. Most contributors do not indicate clearly the nature of the relationships and the dynamics of their approach. It seems that most of the papers describe therapist-centered operations with the discussions being actively guided and directed by the therapist. Despite these limitations, *Basic Approaches to Group Psychotherapy and Group Counseling* is a useful book which contains several good descriptions of different kinds of group therapeutic approaches.

The second book, *Innovations to Group Psychotherapy*, is an attempt to 'bring together a representative sampling of ' . . . [several] recent innovations in the field of group psychotherapy'. These include two descriptions of what are called 'accelerated treatment

procedures'. The first of these, by R. J. Corsini, is called Immediate Therapy in Groups. Here 'a crisis-type, self-confrontation type of scene is developed and when the patient appears to be upset he is sent out of therapy to work out his own solution', a procedure that obviously can be highly disturbing. The second one is on Marathon Group Therapy, by F. H. Stoller. This is a 'pressure cooker' method in which the group meets continuously for twenty-four to thirty-six or more hours to heighten the intensity of the emotional interaction. The leader deliberately knows little or nothing about the participants in order to be free to approach them with trust and without preconceived notions. Also the leader participates actively as a group member, giving personal material and reactions.

The next two methods Gazda designates as 'mass means for treatment of leaderless groups'. J. R. and L. M. Gibb describe one in Emergence Therapy: The TORI Process in an Emergent Group. This is based on the theory that naturally occurring processes of personal and group growth emerge as people interact in groups, which represents a movement toward 'Trust, Openness, Realization and Independence'. The description of the process is not clear but apparently large groups are used and they are exhorted to achieve 'personal growth'. O. H. Mowrer describes a similar exhortative method titled Loss and Recovery of Community: A Guide to the Theory and Practice of Integrity Therapy. Here one member's 'confession of past errors' to a large group seems to be the basis of the group discussion. Again, the method is not very well described. Although they are called leaderless, an active exhortative type of leadership appears to be used and a religious atmosphere seems to be created. Both of these methods address themselves toward self-betterment.

Experiential Groups: Instruction for Groups, by E. J. Gendlin and J. Beebe, is a poorly written chapter in which the authors give, in an exhortative fashion, rules for group members to study in order to achieve 'openness', 'honesty', and 'contact'. F. H. Stoller in Focussed Feedback with Videotape gives a good description of how videotape playbacks are used to confront group participants with their reactions. This serves, in part, to increase their self-awareness in the ongoing, therapeutic group process. V. M. Satir in Conjoint Family Therapy presents her views of family group treatment in which the therapist actively participates in order to

give examples of 'directness and sharing of feelings'. Haim Ginott, in *Innovations in Group Psychotherapy with Pre-Adolescents*, describes only superficial technical modifications of play-group therapy. Neither Satir nor Ginott give any description of the relationships, interactions, and therapeutic mechanisms occurring in their groups.

Innovations to Group Psychotherapy is a laudable attempt to bring together new approaches in group psychotherapy. Like all compilations of this sort, it suffers from the poor quality of some of the contributions. The papers by Corsini and Stoller are clear and good descriptions of widely used innovations in group therapy. The other chapters are superficial, largely uninformative, and not clearly written.

The contributions in the book indicate that many of these new approaches emphasize self-improvement or self-betterment. At times a semi-religious attitude is present. An active, exhortative, manipulative approach is used by the leader, even in the so-called 'leaderless groups', to put pressure on the participants for more active emotional interaction with each other and the leader. Often the participants are not screened or selected, and no special training seems to be required of the leader. These facts, together with the intense pressure for emotional participation, can and do lead to dangerous disturbances in the participants. The group discussions do not focus on the member's psychopathology. In fact they often try to deny or evade this. Frequently, the leader and the members obtain relief, comfort, and support from the unconscious gratification of transference needs. This is rarely understood and almost never acknowledged.

By contrast, in group psychotherapy proper, as it is usually conducted under mental health auspices, the leaders are well trained, and patients are carefully selected for their group and the groups for the patients. Conditions are set up to safeguard the patients and to facilitate the treatment. The group discussions center around the psychopathology of the members. The interactions and relationships are utilized for this, and resistances and transferences are recognized, and utilized or worked out.

THE TRAGIC ENGAGEMENT. A STUDY OF SHAKESPEARE'S CLASSICAL TRAGEDIES. By Judah Stampfer. New York: Funk & Wagnalls Co., 1968. 336 pp.

In *The Tragic Engagement*, Judah Stampfer undertakes a full, unifying study of Shakespeare's classical tragedies. Beginning with *Titus Andronicus* (1591-1592), he moves chronologically through *Julius Caesar* (1599), *Troilus and Cressida* (1602), *Timon of Athens* (1607), *Antony and Cleopatra* (1607) to the 'drier, more arid' world of *Coriolanus* (1608-1609). With emphasis on plot and characterization, and with liberal use of pertinent quotations, Stampfer, an Associate Professor of English at State University, Stony Brook, New York, presents each play separately with skilful analysis, understanding, and erudition, tracing the development of Shakespeare's art. The analysis of each play stands well by itself, and merits careful reading by all interested in the classical tragedies. The weakness of the author's approach, however, lies in his attempt to provide unifying factors to tie all six plays together.

To Stampfer the classical tragedies reveal three heroic types involved in the 'tragic engagement'—the ethical hero, with high principles and 'Christian' ethics, exemplified by Brutus; the politic hero, with cold strategy and reason, exemplified by Octavius; the willful hero, with impulsive emotions and personal interests, exemplified by Antony. As far as the willful hero is concerned, the author reaches the height of his analysis in his finely detailed scrutiny of *Coriolanus* deeply involved with his mother, *Volumnia*, whose all-reaching maternity engulfs him in destruction. *Coriolanus's* struggle, according to Stampfer, is the struggle of the boy to free himself from the mother.

Also of interest to psychoanalysts is Stampfer's conjectured correlation of Shakespeare's emergence into 'bitter' tragic creation with the death of his father in 1601, and the cessation of such creativity with the death of his mother in 1608. The writing of the last four classical tragedies fell, then, between his two great parental losses. Tenuous as such conjecture always is (and particularly so with William Shakespeare), Stampfer's hypothesis leaves Shakespeare's comic creativity, following the death of his only son, Hamnet, in 1596, a mystery. Following this event (which must have

been a deep and bitter personal blow), Shakespeare produced his great golden comedies—*Much Ado About Nothing*, *As You Like It*, *Merry Wives of Windsor*, and *Twelfth Night*. Even if we take into account well-known defense mechanisms against painful affects, applying Stampfer's hypothesis systematically highlights the knotty problem of equating dramatic production with personal experience. He seems well aware of the pitfalls of such an approach.

Joseph Conrad once said that everything a writer writes is autobiographical. The autobiography is not clearly written, however, for the later scholar to detect.

HARRIET JOSEPH (SCARSDALE, N. Y.)

THE ANGRY BOOK. By Theodore Isaac Rubin, M.D. New York: The Macmillan Co., 1969. 179 pp.

In his latest book, which promises fresh insight into 'the least understood of human emotions'—anger—Dr. Rubin presents the thesis that there are three blocks which interfere with the free expression of angry feelings. He calls these 'the secret pact' (a fantasied belief that if a person does not get angry, the object will not get angry); the 'mind your own business syndrome' (a state of noninvolvement to avoid being hurt); and finally the need for control and mastery. Blocked anger becomes subject then to 'perversions' which convert healthy anger into a 'slush fund of perverted emotions'. The 'slush fund' presses for expression, and by means of a process he calls 'twisting', it is expressed in distorted 'grotesque shapes' or 'poisons'. 'Twisting emotional slush to poison is an unconscious process.' Rubin's 'perversions' of anger include 'putting it down', 'putting it off', 'putting it on', 'diluting it', and 'freezing it'. No doubt is left that blocking and then perverting anger is pathological. It is therefore distressing to find that the author's description of 'putting it down' could include such universal mechanisms as successful repression, reaction formation, neutralization—none of which are even mentioned in the book. To Rubin 'putting it down' (repression) means that the 'slush fund grows and the pus and its poisons spread'. Similarly, 'putting it on' is the author's term for displacement but there is no mention of this as a normal, universal mechanism of defense. Instead we read that it is 'splashing the slush fund onto others'. 'Putting it off' is synonymous with suppression,

'diluting it' emphasizes denial, and 'freezing it' is a combination of all the other 'perversions'. It comes as a great surprise indeed, after reading about the universally pathological nature of these 'perversions', to note that the author then adds 'we all of us combine' these perversions. It should be evident that normal or universal mechanisms of defense cannot constitute perversions in any sense.

We learn in the section, 'Twisting It—The Assorted Poisons', that 'perverted anger' is in effect the cause of all known human psychopathology. It is the cause of anxiety, depression, guilt both conscious and unconscious, overeating and starvation, phobias, obsessive compulsive phenomena, insomnia and hypersomnia, all forms of somatization, denial, paranoia, catatonia, peculiar thoughts, and potency problems. We even find that dreams can be a form of poison if they are 'slush-laden'.

Looking beyond the colorful, simplistic, jocular catch phrases so popular in humorous books of our time, it is clear that Dr. Rubin is caught up in a form of id psychology. It is as though he has not yet discovered the ego and its complex role in mediating between the pressures from the id, superego, and external reality. Predictably his book is a plea for the freer expression of angry feelings. He says one need not stifle any feelings. Questions of degree and the need for limits are simply ignored in favor of the idealization of the free expression of id impulses. What if this should involve impulses to mutilate or to murder? The author's only comment pertaining to the question of degree is that, in his view, anger seldom reaches uncontrollable levels and if it does, it is 'invariably a slush fund hemorrhage'. Such an out of hand dismissal of questions of degree taken with the appeal for and exhortation to open expressions of hostility, does a disservice to the subject matter and to society at this time when realistic limits and moral checks are very much needed. One has a right to expect that a professional person today would offer more than a plea to express one's anger. An interesting aspect of this book is that despite the author's abundant use of pungent phrases about slush and slush funds, their tendency to be saved, splashed, or hemorrhaged, as well as the terms poison and pus, there is not a single mention in the book of the important role played by the anal phase of libidinal development in the manifestations of hostility.

The Angry Book is not addressed to a professional scientific audience. Its superficial approach and jocular tone make it unsuitable for sophisticated lay people. And although the author's affinity for repetitive words and phrases such as 'sleep sleep', 'sweet sweet sweet', and 'talk talk talk' suggest an appeal for children, the inaccuracies in the book make this too a poor choice of audience.

DAVID MILROD (NEW YORK)

THE FEAR OF WOMEN. By Wolfgang Lederer, M.D. New York: Grune & Stratton, Inc., 1968. 360 pp.

'We must admit and face our fear of woman—and as therapists make our patients admit and face it—the way the heroes of old faced it and, facing it, conquered fear and woman and the monsters of the unconscious deep, of night and death. . . . We have forgotten, or tried to forget, how much we are in awe of woman's biological functions, her menstruating and her child-bearing, and how much we abhor the smelly fluids of her organicity, the many secret folds and wrinkles of her inevitable decay. We are trying to deny her threat to our manhood, her serpent's tongue and the sharp teeth in her two bloody mouths. We refuse to believe in the lure of her depths, and the infinite demandingness of her void. We belittle her sexual challenge and deride, uneasily, her fighting strength; the edge of her cruelty we sheathe in silence. . . .

'In the course of history man has, since those first heroic victories, attempted many a defense against woman: during the Dark Ages, he tried to banish femininity; during the Middle Ages, through the inquisition, he sought himself to devour the all-devouring Kali; since then, woman has been the toy of the Rococo, the doll (Ibsen's Nora) of the bourgeoisie. The proletariat, out of brotherly love, mass produced denim-blue female comrades shorn of all feminine appeal. Each social system, in its own way, tried to limit her magic. . . .

'I am prepared to be criticized. . . . It may indeed have been remarked, and frowned upon, that in the preceding chapters I hardly ever bothered to separate fact and fiction, freely mingled historical event and artistic phantasy, and hardly even, with regard to my topic, distinguished between what women are and what they are, by man, presumed to be. Indeed, it makes little difference. What they

are presumed to be, they will live up to—they will even live up to unconscious presumptions! And truly, what women *really* are, and what they are only thought to be, I would not venture to decide—being myself a profoundly participant observer. And so it is not what women *are* I am writing about, but *what men fear them to be*—regardless to what extent these fears be founded or groundless; they will be equally active in either case.'

Res ipsa loquitur. . . .

JOAN B. ERLE (NEW YORK)

Journal of Nervous and Mental Disease. CXLIX, 1969.

Harold R. Galef

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ABSTRACTS

Journal of Nervous and Mental Disease. CXLIX, 1969.

Psychosexual and Ego Regression in the Male Transsexual. Nikolas Golosow and Elliott L. Weitzman. Pp. 328-336.

The authors describe in detail the case of a man hospitalized for a severe depression fifteen months after a 'sex conversion' operation. They refer to Stoller's description of a specific family constellation in male transsexualism in which the mothers are bisexual, empty, depressed, excessively permissive, and have a tendency to keep their infants close to their bodies too long. The fathers are passive and distant. In this setting a strong unambivalent mother-child symbiosis develops, producing a feminine core gender identity. In the authors' case much of the same pattern obtained, with disturbances of pregenitality leaving the patient unable to cope adequately with the oedipal and later stages of development. They stress the increasingly regressive ego and psychosexual attempts at solution culminating in the surgical procedure.

HAROLD R. GALEF

Journal of Nervous and Mental Disease. CL, 1970.

Role of Fantasies in Psychotherapy and Psychopathology. Aaron T. Beck. Pp. 3-17.

The author writes within the framework of behavior therapy and presents as his main point the usefulness of dealing with fantasies, both spontaneous and induced. It appears that the attempt is to extend the range of material considered useful in the more circumscribed types of desensitization treatment. His view of the importance of fantasies will come as no surprise to the psychoanalyst; this paper may represent a step toward bridging the current gap between insight and behavior therapy.

Psychotherapy in Primary Anorexia Nervosa. Hilde Bruch. Pp. 51-67.

This is an excellent paper presenting the author's views of the development of anorexia nervosa as well as her mode of psychotherapy in dealing with such cases. She begins by differentiating between genuine or primary anorexia nervosa and unspecific states of malnutrition in connection with a variety of psychiatric problems. In the true condition she recognizes three areas of disordered psychological functioning: a disturbance in the body image of delusional proportions with a dramatic denial of illness; a disturbance of the accuracy of perception or cognitive interpretation of stimuli arising in the body; and a paralyzing sense of ineffectiveness that pervades all thinking and activities. She conceives of anorexia nervosa as shouting 'an unrelenting NO, which extends to every area of living, though most conspicuous in the food area'. It seems genetically related to the parents' pervasive attitude of doing for the child and superimposing their con-

cepts of his needs with disregard of child-initiated signals. Bruch's psychotherapeutic approach, well illustrated by a case report, was developed because of the inadequacy of the traditional psychoanalytic procedure. It attempts to evoke awareness in the patient that there are feelings and impulses that originate in himself and that he can learn to recognize them. It views the illness as a disorder in which the body is used in a bizarre way to establish a sense of identity and selfhood. This approach, requiring much time and sensitivity, is the type of psychotherapy so often indicated with schizophrenics and borderline cases.

HAROLD R. GALEF

American Imago. XXVI, 1969.

Thomas Mann's Death in Venice. Harry Slochower. Pp. 99-122.

In this rich, many-layered article Slochower traces Aschenbach's transition from a controlled, prudent individual to one gradually overwhelmed by long repressed forces. He succumbs to a dreamlike state during which he falls in love with a young boy and surrenders to 'the waves of his homo-erotic impulses'. This struggle repeats a leading motif of Mann's works: the relation between discipline and dissolution, a polarity derived from the competing influences of a German businessman father and a warm, musical, Mediterranean mother. Mann manipulates the affective response of the reader by a skilful interweaving of concrete detail with passages that evoke feelings of transcendence. Thus he gives 'the unreal a measure of reality'.

Death in Venice: The Aesthetic Object as Dream Guide. Raymond Tarbox. Pp. 123-144.

Tarbox views depressive behavior in terms of a four-phase 'ecstatic suicidal process'. The first phase is a depression in which contact with reality is maintained. The second is a hypomanic reaction to the first. The third phase is an intrapsychically oriented depression; external objects have lost significance. The fourth phase is blissful sleep. Manifestations of these stages are demonstrated in Aschenbach's deterioration and death. Apt comparisons are made between symbolism employed in this novella and in Hemingway's *Snows of Kilimanjaro*, Melville's *Daniel Orme*, Ibsen's *The Master Builder*, and other works of Mann (*Buddenbrooks*, *Tonio Kröger*). Tarbox supports his thesis with references to the psychoanalytic literature, relying heavily on Lewin's concept of the oral triad. The article contains many penetrating observations.

The Manifest and the Latent Content of Two Paintings by Hieronymus Bosch: A Contribution to the Study of Creativity. Erika Fromm. Pp. 145-166.

Miss Fromm subjects *The Garden of Earthly Delights* and *The Hell of Music* to scoring by the Holt-Rorschach method and finds they indicate Bosch was in control of his polymorphous-perverse fantasies and was not psychotic. She speculates that Bosch was a homosexual (and possibly impotent) who substituted fantasy for pleasures he could not attain.

Popular Art Styles in Mariachi Festivals. Arthur E. Hippler. Pp. 167-181.

Latin American, especially Mexican, families typically contain an absent father and a mother who is both seductive and rejecting. As a consequence the male children tend to develop a feminine identity which is defended against by the *machismo* syndrome. These dynamics were evident in the Mariachi festivals attended by the author in San Francisco in 1963.

Prufrock's Defenses and Our Response. Leon Waldoff. Pp. 182-193.

Prufrock shrinks from heterosexual pursuits in order to avoid the anxieties related to castration, rejection, and overwhelming instinctual forces. His principal defenses are regression to oral receptivity, masochistic turning against himself, and passivity as a reaction-formation to assertiveness. He derives pleasure from a sense of mastery over his drives, self-pity, and, to a degree, realization of 'the oceanic feeling of primary narcissism'. The reader's anxiety is aroused inasmuch as Prufrock's anxieties are universal. The reader's anxiety is controlled, however, by Prufrock's defenses; he is presented as self-deceiving and pathetic, thus discouraging more than transient identification. In this way the reader also avoids the despair which Prufrock's unenviable state of emptiness, feeble purpose, and neurotic self-absorption would otherwise arouse.

Freud's Dreams Revisited. Leonard Shengold. Pp. 242-250.

Shengold's predominant reaction to Grinstein's *On Sigmund Freud's Dreams* is the feeling that a great man has been disparaged and reduced to his oedipus complex. While making *pro forma* acknowledgments of merit, he stresses defects of the book, among them the inclusion of irrelevant data, questionable reliance on Grinstein's own associations to dream details, and faulty analysis of literary works alluded to in the manifest content of the dreams.

Federico Fellini. David Herman. Pp. 251-268.

This article seeks to examine Fellini's psychodynamics through a study of limited biographical material and analyses of his films. Several themes are suggested but not convincingly demonstrated. Nevertheless, the ideas are interesting as are the biography and photographs.

Camus' The Fall: The Icarus Complex. Michael A. Sperber. Pp. 269-280.

Sperber shows that Clamence, hero of *The Fall*, fits into a personality pattern described by Henry Murray and called the Icarus complex. Elements of the complex include cynosural narcissism, fantasies of ascension and falling, and urethral eroticism.

Camus' Stranger: His Act of Violence. Julian L. Stamm. Pp. 281-290.

Stamm skilfully summarizes *The Stranger* and explores the dynamics of the protagonist, Meursault. His explication of the sadomasochistic homosexual struggle is well documented.

Camus' The Stranger: The Silent Society and the Ecstasy of Rage. Harry Slochower. Pp. 291-294.

This brief communication supplements Stamm's contribution. Prior to his crime Meursault was apathetic, noninvolved. Slochower understands this feeling state as both a defense against and a passive expression of aggression. The discharge of aggression associated with the shooting of the Arab and the attack on the chaplain brought with it liberation from apathy, a sense of being alive, and the possibility that his aggression could be turned toward constructive pathways.

The Background of Freud's 'Disturbance' on the Acropolis. Max Schur. Pp. 303-323.

According to Schur, Freud's disturbance on the Acropolis was determined by guilt toward Fliess from whom he was withdrawing. Freud had received an angry letter from Fliess accusing him of plagiarism shortly before starting his trip in August, 1904; the effects of this letter must have been reverberating in him at the time of the derealization experience. The emphasis on the childhood relationship with the father is understood as a defense against the current conflict with Fliess.

Sigmund and Alexander Freud on the Acropolis. Mark Kanzer. Pp. 324-354.

Kanzer, on the basis of analysis of the letter to Romain Rolland and biographical material, explores Freud's relationship with his brother Alexander. He finds that from birth Alexander was included within Freud's own self-image, a device which protected him from death wishes originally directed toward the deceased intermediate brother, Julius, and the father.

Freud's Repressed Feelings about Athena on the Acropolis. John A. Abbott. Pp. 355-363.

Freud's failure to mention Athena in his letter to Romain Rolland is explained as a reaction to her as a frightening, phallic woman symbolic of a part-image of his mother, a castrated and castratively threatening woman whose lack of a penis is denied.

The Problems of Depersonalization in Freud's 'Disturbance of Memory on the Acropolis'. Julian L. Stamm. Pp. 364-372.

Stamm cites as determinants for Freud's experience oedipal components (competition with father), preoedipal components (wish for union with mother), identity crisis, ego splitting, and economic considerations. The disagreement with Fliess was a precipitating factor.

Freud's 'Déjà Vu' on the Acropolis. William G. Niederland. Pp. 373-378.

Among the themes developed in this article are the arguments that the ascent to the Acropolis had for Freud the symbolic meaning of sexual union with the mother, and that Freud was ambivalent to Rolland.

Moses in Median: The Burning Bush. Dorothy F. Zeligs. Pp. 379-400.

The author explores the symbolism in Moses's experience with the burning bush and concludes it was a trial preparatory to the more significant theophany on Mt. Sinai when the children of Israel became consecrated as a 'kingdom of priests, and a holy nation'.

JOSEPH WILLIAM SLAP

Revue Française de Psychanalyse. XXXII, 1968.

Acting Out in Its Relation to the Cure and in Its Clinical Aspects. Julien Rouart. Pp. 891-988.

This is a well-documented paper with a comprehensive bibliography. The author tries to make a distinction between acting out in the transference and other impulsive behavior which is called acting out.

On the Subject of Acting Out. J. Sarkisoff. Pp. 993-994.

The author considers acting out to be an identical structure in all cases. It consists of a projection of a 'bad' object which the patient, incapable of accepting or transforming by conscious or unconscious elaboration, tries to get rid of by the motor activity of acting out.

'Direct' Acting Out and 'Indirect' Acting Out. M. de M'Uzan. Pp. 995-1000.

The author proposes to differentiate two types of acting out in the analytic situation: 'direct' and 'indirect'. The former is not equivalent to a memory and has little or no symbolic value. One sees such acting out in patients who develop transference reactions rather than transference neurosis, in psychosomatic cases, and in those cases having an elemental and essentially destructive superego. 'Indirect' acting out is the type observed in classical neurosis. In such cases the superego is formed in the phallic phase in relation to the passing of the œdipus complex.

Genesis of the Transference and Structure of the Analytic Field. S. Viderman. Pp. 1011-1024.

Although the analytic situation does not create the affects and phenomena that appear in it, it is not possible to separate the analyst as a pure observer of what happens in it. It seems more and more difficult to support the idea that the patient's behavior and transference relation reflect faithfully, passively, and purely repetitively the history of his relations with significant original objects. The transference is not an immediate reproduction of the history of the subject, a reliving in all its points similar to the historical experiences that have modeled his existence. It is a mediate, approximate, and deformed construction. However well grounded and applied, the technical rules actively influence the transference.

Free Association: Its Relation to Omnipotence of Thought, Silence, and the Words of the Analyst. J.-Cl. Sempe. Pp. 1041-1048.

Free association is closely related to omnipotence of thought. With imagination, thought can accomplish anything, the word can act on the psychoanalyst to make him talk or to make him silent, and the patient can make himself act by his own word.

Acting Out and Action. Terminological Difficulties. Daniel Lagache. Pp. 1055-1065.

Acting out is a metapsychological model of actions that lets the analyst see what is hidden. What is shown is an alloplastic operation, material or symbolic, effective or ineffective, impulsive or meditative. What is hidden is an unconscious wish, a fantasy, or an anamnestic structure. 'True action is every action making the objective and rational relations that exist between the agent and the action; i.e., between the one who acts and the goals, the objects, the means of his action.'

The Transition to Acting Out. S. Nacht. Pp. 1067-1069.

For the author acting out during treatment appears to be an attempt to break a tension caused by hostile, aggressive reaction to the analyst who does not give concretely the love the patient wants. The guilt provoked by this aggressive reaction calls for a repetition of the acting out as if the patient were trying to reassure himself that there is no danger of castration.

HUGO DEL BOSQUE

Revue Française de Psychanalyse. XXXIII, 1969.

The Nightingale of the Emperor of China: Psychoanalytic Essay about the False. J. Chasseguet-Smirgel. Pp. 115-141.

The subject matter is Andersen's fairy tale. 'The false' is taken as a phallus but is really only an anal fecal penis trying to pass as a genital. Lack of an adequate paternal identification is the chief determinant of the problem. In patients presenting this picture, there is a paranoid homosexual nucleus. The author draws upon psychoanalytic material as well as works of literature, Strindberg's in particular. This is an interesting, well-written paper.

Study of the Body Image in Urticaria. Sami-Ali. Pp. 201-226.

This paper presents theoretical and clinical reflections on the process of somatization in a case of urticaria. The psychosomatic symptom has no primary symbolic meaning; it has more to do with problems of differentiation between ego and nonego. The subject cannot view himself as separate from the mother, nor as fused with her. The author makes some observations on the correspondence between body image and transference movements in an analysis of an urticaria case.

Clinical Observations of a Psychosomatic Case. J. Llorod. Pp. 255-272.

Llorod offers clinical observations from the viewpoints of differential diagnosis and suitability of analytic treatment.

Moral Narcissism. A. Green. Pp. 341-374.

Green proposes differentiating moral masochism from moral narcissism on the basis of the differences in early object relations.

On Irony. J. Alexander. Pp. 441-450.

The author describes irony as a form of mental representation, conceptualizing it metapsychologically. He discusses irony in the arts and its use as a 'parameter' in psychotherapy, as well as its intrapsychic functions.

On Personalization. Solomon Resnik. Pp. 451-462.

This is a clinical paper on the process of developing a concept of self and is based on a four-year analysis of a schizophrenic paranoid.

HUGO DEL BOSQUE

Cuadernos de Psicoanálisis, IV, 1968.**Science and the Analytic Situation.** Santiago Ramirez. Pp. 25-33.

The psychoanalyst uses the scientific method in the analytic situation more often than he is consciously aware of. Initially psychoanalysis used a great number of analogies derived from the then current physical model, the Newtonian. Nowadays the analogies are based on cybernetics. From the standpoint of games theory the analytic situation is a two-person game in which the central theme is one of the participants. As the analyst listens with free-floating attention, the free associations appear to have a recurrent pattern that is repeated as obsessively as the theme in Ravel's Bolero. The analyst, functioning as a 'computer', records and groups, and builds hypotheses. The method is always logical even when the object of observation is not. The hypotheses can be verified by any observer willing to play the game adhering to the rules. The communications received and grouped in the manner described are used to make predictions with a high degree of validity.

The Notion of Distance in Psychoanalytic Treatment. Rafael Barajas. Pp. 93-114.

An analysis is a dialectic experience. This word has an old and prestigious philosophical connotation. But the author uses it in the sense of modern materialists, emphasizing that etymologically it signifies 'dialogue'. From the beginning the dialogue aims at showing the incongruences of the opponent as much as the elucidation of truth. This dialectic experience takes place between subjects with one subject confronting his own subjectivity against that of another. This is what gives psychoanalysis its human dimension.

The notion of distance in the course of psychoanalytic treatment refers to the intersubjective distance that the patient establishes at different points of the process. And this distance varies depending on the levels of regression achieved. All regression in the analyst implies countertransferential problems. The ideal situation is when the analyst places himself at such a distance that he can grasp with his own unconscious the conflicts of his patient. He can be neither too far nor too near. He must be vigilant of this notion and any variation of the 'distance'; for instance, not understanding or understanding too much are signals that must be investigated quickly. From the standpoint of the patient we must be cognizant of the frustrating character of the analytic relationship which is, nevertheless, an object relation. The patient's silences, his manner of speech, his absences, indicate the distance at which he places himself. This distance is one of the characteristics of the patient's object relations. Its meticulous study shows his style of object relations regarding the analyst and its evolution in the process of cure.

To better understand the notion of distance as a characteristic of object relatedness, a contrast is established between pregenital relations and genital relations. The first is a binary relation in which one of the persons is omnipotent and indispensable, while the other is the immature part of the patient—the mother-child relationship. The second relationship is a triad and represents the oedipal situation. Technically the patient establishes the distance in every session and the analyst, recognizing this, functions at this distance, avoiding 'deep' interpretations when the patient is too far away (too resistive); or avoiding familiarity when he moves closer since this may be taken as a seduction.

The Feeling of Injustice as Cause for Passional Homicide. Ricardo Díaz Conty. Pp. 139-151.

This is a preliminary report of observations made during one year in the women's prison of Mexico City. The material was obtained by means of interviews with prisoners accused of homicide or aggravated assault. A profound feeling of injustice of variable intensity and duration was consistently present in their formative years; all had been physically abused during childhood. The majority had lost one of the parents between the ages of one and four. As children they were mischievous and restless, and were frequently labeled 'the black sheep of the family'. The criminal act in all instances was triggered by the threat of losing the love object. The desertion was seen as a terrible injustice which mobilized uncontrollable rage. Reference is made to Freud's *The Exceptions* as part of the dynamics of these cases, but in addition an ego defect is postulated due to the early traumata which altered the capacity to neutralize aggression. In comparing psychopathic actions with passional homicide there is a difference in the role of the superego. In the former the superego cannot control behavior and the id becomes allied with the ego, re-enforcing the impulse. In passional homicide the feeling of injustice re-enforces superego impulses which collaborate with the id, altering reality and the concept of justice prevalent in the external world. The homicidal act is an alloplastic psychotic acting out which prevents disintegration. In this sense it is a defensive and symptomatic maneuver of the ego.

Psychoanalysis as Science. Héctor Prado Huante. Pp. 153-160.

When there is no clear and definite conception of what should be considered a science, the tendency is to apply the criterion of quantitative exactitude to grant or deny scientific status to a certain knowledge. Mathematical knowledge is no more rigorous than historic-philologic knowledge. It has exactitude which is not equivalent to rigor. What is important is that the process of explicating the object we study be rational, systematic, objective, and methodic—the characteristics of any science. To increase our vision we have invented lenses; the analytic process has increased our ego potency by removing old inhibitions that impeded our insight. In psychology the observer and the observed belong to the same ontologic order: the psychical can only be analyzed with the psyche. The substantial difference between the psychoanalytic research position (therapeutic situation) and the research position of other sciences lies in the quality of the subject who records the experience. In other sciences the subject is protected by instruments devised to reach more deeply into the phenomena observed, while in psychoanalysis the subject is also the instrument which partakes of the experiment. This permits better recording and subsequent elaboration of the material resulting from the experiment.

ALBERTO DE LA TORRE

Revista Uruguaya de Psicoanálisis. X, No. 3-4, 1968.

This combined issue contains the contributions of those who attended the Seventh Psychoanalytic Congress in Latin America at Bogotá in 1969. The articles cover the focal subject of the Congress, the theory of technique. Jose A. Infante Vial of Chile discusses the technique of the first interview and other technical problems. It seems that Chilean analysts treat practically anyone and do not consider anyone unanalyzable. They do not put emphasis on superego manifestations, but actively use symbolic and countertransference material. This is strikingly different from the typical psychoanalytic approach in the United States and England. Luis E. Yamin H. of Colombia presents a paper focusing primarily on the treatment hours of a patient, demonstrating clinically the part played by the transference, countertransference, and extra-transference. By extra-transference he means the technical approach, the way an interpretation is constructed, how it is formulated, the manner in which the interpretation is offered to the patient, etc. Drs. Ribeiro, Zimmerman, and Wagner from Porto Alegre, Brazil, discuss not only the goals but periodic evaluation techniques used by the different psychoanalytic organizations comprising the C.O.P.A.L. Some Latin colleagues base their technique on the theory of ego psychology; some are strictly Kleinian. There are local variations on one or the other of these. Even among those who follow a particular theoretical orientation there are, of course, individual differences that can be perceived in interpretations and conclusions drawn from clinical data.

GABRIEL DE LA VEGA

Revista de Psicoanálisis, XXVI, 1969.

The Meaning of Time and Transient Regression in Psychoanalytic Treatment.
Madeleine Baranger. Pp. 265-299.

Taking the position that any historical datum is not an unchangeable element, Baranger describes how she handles the transient changes in meanings and regression in specific patients. Her aim is to prevent the freezing of internal mental representations into inaccessible symptoms. If the internal mental representations (introjected love objects) are not fluid, the analytic situation will become a chaotic mixture of fantasies and mechanisms of defense. In successful treatment the infantile love object representations will be worked through and eliminated; they will no longer dominate the present and the future of the subject.

About Masculine Perversion. Nora E. R. de Bisi. Pp. 301-341.

With the presentation of three clinical cases, the author concludes that the chief genetic determinant of male perversion is the perverting mother who characteristically frustrates any erotogenic demands except the oral ones. The perversion is viewed as a defense against psychosis. In no case is there a strong, good father. The father may be seen as simply operating within the equation breast=penis. In other cases the father is fantasied as the 'giver' substituting for the mother in that role. At times the father is seen as weak or nonexistent; at other times as aggressive and castrating.

GABRIEL DE LA VEGA

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Meetings of the New York Psychoanalytic Society

Isaiah Rubin, Joan B. Erle & David L. Mayer

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

May 27, 1969. PROBLEMS IN THE PSYCHOANALYTIC THEORY OF AGGRESSION. Charles Brenner, M.D.

Dr. Brenner discussed several problems raised by the psychoanalytic theory of aggression as an instinctual drive. In 1920, Freud derived the aggressive drive from a postulated biologically universal active drive to die; in 1949, Hartmann, Kris, and Loewenstein stated that the aggressive drive should not be tied to the existence of a death drive. Freud wrote in 1915 that a satisfactory drive theory should be based on biological as well as psychoanalytic data since a drive represents the demands of the body on the function of the mind; in the case of the sexual drive he had been able to find biological evidence for its existence and its possible origin. Because he had no comparable evidence in the case of aggression, he postulated a universal death drive.

Dr. Brenner notes that in daily clinical work the difference tends to be obscured between our knowledge of the source of the sexual drive and our ignorance of the source of the aggressive drive. The analyst does not deal directly with very primitive drive manifestations but with mental phenomena expressive of conflicts aroused by infantile wishes that are already drive derivatives. Hence, on the psychoanalytic evidence, the analyst must assume that sex and aggression both have been present from birth and play their part in the development of the mind and its later functioning. In the case of the sexual drive these assumptions are supported, but in the case of aggression we have no support thus far that an aggressive drive is present from birth.

Freud felt aggression was directed at destruction of the object, a formulation that apparently is still accepted. Where the object is animate, this is equivalent to death of the object. Dr. Brenner questions this assumption; it is an unwarranted generalization to assert that destruction of the cathected object is a necessary condition for fully adequate discharge of aggression. Without non-psychological data pertaining to the operation of the aggressive drive, our knowledge appears too limited for us to decide on criteria for 'full discharge' and to be precise on the aims of aggression.

Regarding the pleasure-unpleasure principle, Freud thought the vicissitudes of aggression as an instinctual drive bore no relation to it. Guided by the clinical data related to self-directed aggression, he viewed aggression as governed by a need to repeat, a law older than the pleasure principle. The sexual drive followed the pleasure principle; accumulation of libido was associated with unpleasure and discharge with pleasure. Only when aggression is altered by fusion with libido will it follow the pleasure principle. Following Hartmann, Kris, and Loewenstein, the generally accepted view today is that aggressive energy bears the same relationship to pleasure and unpleasure as does libido. This constitutes a fundamental revision of Freud's position: one consequence is that the notion of a repetition compulsion is no longer necessary; secondly, the relationship between aggression and pleasure reflects our current view that the deriva-

tives of aggressive drive play a role similar to those of the sexual drive in the production of intrapsychic conflict. There is a danger of overestimating the role of aggression in conflict at the expense of libidinal derivatives.

In conclusion, Dr. Brenner emphasized the close relationship between the psychoanalytic theory of aggression and the psychoanalytic method. The theory of aggression closely fits clinical observations, explains and predicts clinical phenomena, and thus rests or falls primarily on psychoanalytic data.

DISCUSSION: Dr. Theodore Lipin suggested that the question about the source of aggression be altered as follows: 'What physiological activity patterns (or processes) of aggression are reciprocally related to psychological patterns of aggression?'. Regarding the aim, he feels that all aggressive activity patterns have in common the over-all aim of 'differentiation of the organism at the expense of and peril to everything else'. In view of the fact that our clinical examples are composed of blended derivatives of aggressive and libidinal activity patterns, we cannot make a scientific inference about the discharge characteristics of pure aggressive activity.

ISALAH RUBIN

June 10, 1969. A CONSIDERATION OF THE NATURE OF THOUGHT IN CHILDHOOD PLAY.
Eleanor Galenson, M.D.

Galenson explores some aspects of the underlying thought processes in both the verbal and nonverbal components of play, and proposes two alternative developmental lines: one leading from play toward creative work and sublimation, and one eventuating in acting out.

Many authors have considered language and conscious thought as essentially unitary. Greenacre has written of nonverbal communication as manifest in body language as well as acting out, and relates such forms of communication to a preverbal form of thinking. Vigotsky describes thought as having its own structure distinct from speech. Langer questions that language is the only means of articulating thought, and distinguishes two types of symbolism. Furth and Vernon have demonstrated that severe or total language deficiency may be present without loss of the capacity for logical thought and symbolization. Piaget has characterized the mental organization of the first two years of life as 'sensori-motor intelligence'. Action and ideation are a continuum: early action patterns devoid of imagery gradually give rise to representational thought in which imagery is present.

Various attempts have been made to define the structural or organizational properties of play in terms of modes derived from body function. These patterns have 'vectorial properties', or organizing principles, such as direction, force, balance, rhythm, and enclosingness. Clinical examples illustrate a method of categorizing and recording the derivatives of body sensations and affects through a structural or organizational frame of reference. In contrast to the symbolic richness of the artist's work, and the wide variety in the play of normal children, there is clinical evidence that the symbolic play of disturbed children tends to be narrow in variety, richness, and originality. There is also a greater proportion of direct expression of impulse by way of bodily movement. Such impoverish-

ment in early symbolic play may result in restriction of the routes available for the expression of bodily sensations and the mental processes connected with them—a restriction that may finally eventuate in certain forms of acting out and other pathological behavior.

DISCUSSION: Dr. Phyllis Greenacre re-emphasized the need to understand non-verbal communications during the analytic hour; they sometimes derive from preverbal responses as well as from experiences which had not or could not be verbalized at the time they occurred. When we consider the interacting relationship of play with ideation and word formation, biological considerations are relevant. The keynote of play in humans and other animals is anticipation of modes of activity characteristic of adult life. The earliest forerunners of play lie in the variable stimulation of responses by the mother over and above what is necessary for the maturational stage. This maternal contribution becomes integrated into the infant's internal functioning and subsequent reactions to maternal activities take on a more definitely imitative or complementive character, and gradually these patterns become the child's own. The deepest roots of acting out are to be found in disturbances in the period in which action as a way of communication is being supplemented and supplanted by speech. Regarding the development of creativity, special characteristics are inborn in the potentially gifted child.

Dr. John B. McDevitt emphasized the role of object relations in the onset, nature, configuration, and structure of symbolic nonverbal play. The earliest social games and symbolic nonverbal play are intimately and inherently tied with the mother-child relationship and the child's need to cope with threats of object loss as well as his need to achieve a sense of separateness from the mother. In addition to endowment, the quality and nature of the child's object-relationships are probably a major factor in determining whether early play eventuates in creative work or in acting out. Dr. McDevitt agrees that certain types of pathology can interfere with the development of imaginative symbolic play and its progress toward creative work. Clinical experience makes it doubtful that the degree of pathology is necessarily the crucial factor.

JOAN B. ERLE

June 24, 1969. SOME SUPEREGO CONSIDERATIONS IN CRIME AND PUNISHMENT. Stuart S. Asch, M.D.

Dr. Asch reviews criminal acts and criminals, and discusses the various aims of legal punishment and its effectiveness. Consideration is limited to normal and neurotic characters and to those with severe superego defects; the psychotic criminal is not dealt with in his paper. He criticizes the naïve belief that a fully developed, stable superego insures the 'normal' adult against committing crimes. Superego restrictions may be evaded by several routes, as through group action or through displacement of responsibility away from the self onto an outer agency. Some antisocial acts result from intrapsychic conflict. A strict, inflexible superego is also an unreliable bulwark against antisocial impulses and may itself be the stimulus for antisocial behavior, as with 'criminals from a sense of guilt'. However, in the majority of criminals defective superego development may underlie the antisocial acts. Two major ego defects also tend to characterize

sociopaths—a heightened narcissism expressed in a sense of worth and invulnerability and a defect in reality testing that interferes with ability to evaluate risks to themselves. Another group of antisocial acts associated with poorly structured superegos are impulsive and senseless acts of violence, occurring in impulsive character disorders.

Regarding punishment, Dr. Asch observes that without external support or nutriment there is superego atrophy. The aim of punishment as imposed by society is to 'express a formal social condemnation of forbidden conduct, buttressed by sanctions calculated to prevent it'. With regard to the aim of reformation, the courts tend to be unrealistically optimistic in their expectations of psychiatric knowledge and facilities. The majority of lawbreakers have severe superego and ego defects which render both threats of punishment and actual punishment ineffective. However, retribution may have an analytically justified basis as an aim of punishment; some form and degree of retribution may be necessary to help society keep its own aggressive impulses in check. Incarceration for the protection of society may be the only practical aim of punishment for those who indulge in crime for material gain.

DISCUSSION: Dr. Jacob A. Arlow questioned the deterring effect of the superego, the universality of reality-testing defects in real criminals, and the meaning of what appears on the surface as a sense of invulnerability in sociopaths. He suggested that deterrence is based on a positive identification with the possible victim, and thus on early object ties and libido patterning. Dehumanization of the victim is then an important preliminary to crime.

Dr. Jay Katz thought it would be more useful to study particular crimes rather than criminality. He doubted that punishment is an effective deterrent in neurotics or that there are diminished guilt conflicts in 'real' criminals. We do not know whether either type of criminal is benefited by treatment or punishment. Psychoanalysis may be useful to the law as a potential to instruct those individuals concerned with the law about human feelings.

DAVID L. MAYER

The Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held at the Waldorf-Astoria Hotel, New York City, December 18-20, 1970.

The Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will be held in Denver, Colorado, April 2-4, 1971. For further information write: Peter H. Knapp, M.D., Chairman, 265 Nassau Road, Roosevelt, New York, 11575.

The Third International Congress of Psychosomatic Medicine in Obstetrics and Gynecology will be held in London, March 29-April 2, 1971. For further information write: International Congress Coordination Center, 9 East 38th Street, New York City, 10016.

The State University of New York, the College at Purchase, in coöperation with the WESTCHESTER PSYCHOANALYTIC SOCIETY, presented a series of lectures on Applied Psychoanalysis in the Spring of 1970. The program explored psychiatric and psychoanalytic concepts as applied to individual and social problems.

A new annual, PSYCHOANALYSIS AND CONTEMPORARY SCIENCE, will begin publication in 1971. The editors would welcome contributions in the field of behavioral and related sciences. Manuscripts should be sent to Mrs. Martha H. Gillmor, Executive Editor, Research Center for Mental Health, 4 Washington Place, New York City 10003.

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