

## Bertram D. Lewin 1896–1971

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## BERTRAM D. LEWIN

1896-1971

Bertram D. Lewin, co-founder of *The Psychoanalytic Quarterly* and for many years its editor, died January 8th, 1971, at the age of seventy-four. Of all American psychoanalysts, his teaching, writing, and personality influenced psychoanalysis in this country the most. He was a man of exceptional intellectual gifts and charismatic personality. The combination of these qualities made him unique as psychoanalyst and educator. For him nothing was more exciting than exploring the world of the mind, his own mind as well as that of others. To this discipline he brought the introspective intuition of the poet, the objectivity of the scientist, and the adventuresomeness of the explorer. He enjoyed this quest with a merry wit and infectious enthusiasm throughout his life. Erudite and scholarly, imaginative and creative, a bit of whimsy with a touch of genius—such was Bertram D. Lewin.

He was born in Victoria, Texas on November 30th, 1896, and was graduated from the University of Texas some months before he reached the age of twenty. He received his M.D. degree in 1920 from Johns Hopkins where he continued as a resident in psychiatry at the Henry Phipps Psychiatric Clinic. After further work in Psychiatry and neuropathology at the New York State Psychiatric Institute, he left for Berlin to study psychoanalysis at the Berlin Institute. Returning to New York in 1927, he became a member of the New York Psychoanalytic Society.

Words, language, and ideas were his natural *métier*. Fluent in German, French, and Spanish, he also read Russian, Portuguese, Italian, and Swedish. With several of his colleagues he would exchange versified quips and parodies in Latin and other languages. Sometimes he playfully would compose verses and then render them into four additional languages.

It would seem that this gift was only one aspect of an extraordinary capacity to empathize intellectually as well as emotionally with the inner logic of systematized structures. With the same ease that he could shift from one language to another, he could switch from the logic of mathematics to that of poetry, philosophy, the primary process, the psychology of a dream, a symptom, or an institute. Many of his creative insights and much of his wit grew out of this ability to describe data from one realm of experience in terms of the logic of another. His analysis of Descartes's philosophy, the elucidation of the meaning of reality, etymological contributions concerning the roots GN, KN, CN, the explanation of the ecology of psychoanalytic institutes and training programs, the dream screen, and metaphor all illustrate the wide range of phenomena to which he applied his prodigious ability.

This thoroughgoing fluency with the inner logic of unconscious mental processes emerged in every aspect of his work. He once said, 'The most important discoveries you ever make in psychoanalysis are the ones you have first discovered in yourself'. In the same spirit he also said, 'If you are listening to a patient and you get an idea for a paper, put it down. The proof is sure to come later.' Lewin used to demonstrate his disciplined openness to unconscious mental processes during seminars on clinical methodology. These seminars were a real tour de force and have since become a legend to those who had the good fortune to attend them. Given no more than the first communications made by the patient at the beginning of a session, Lewin would proceed to anticipate the rest of the material, pursuing relentlessly the inexorable logic of the data. This was the same method that he used in elucidating the 'dream screen'. His patient described a dream which appeared like a picture on a screen. The dream was then forgotten and the screen rolled up and changed into two tumblers, obvious representations of the breasts. Lewin followed the implications of these observations to their ultimate logical culmination in his discoveries about sleep, mania, psychoanalytic technique, and the oral triad.

For Lewin the quest for knowledge was never a tedious or ponderous task. On the contrary, it was a joyful enterprise which he was only too glad to share with others. He gave respectful attention to every new idea put to him, from whatever source, and afterwards by communicating to the authors further thoughts on the subject, together with useful bibliographical references, he demonstrated that his interest was sincere and continuing.

Generous giving to his colleagues in every possible way epitomizes Lewin's relation to psychoanalysis. It began in New York but soon spread to the entire country and the world. Lewin became a member of the faculty of the New York Psychoanalytic Institute in 1932 and shortly afterwards was elected Secretary-Treasurer and then President. He participated in the reorganization of the training program and helped to infuse real vitality into it. He also served as President of the American Psychoanalytic Association and President of the Freud Archives. He was a member of the Editorial Board of *The Psychoanalytic Study of the Child*, and of the Advisory Board of the *Annual Survey of Psychoanalysis*. From 1932 when *The Psychoanalytic Quarterly* was founded, he was continuously on its Editorial Board.

It was for these reasons that Lewin was without question the logical person to direct the Survey of Psychoanalytic Education for the American Psychoanalytic Association. The summary of this undertaking, conducted in collaboration with Helen Ross, is contained in their book, *Psychoanalytic Education in the United States*. The true impact of their efforts, however, cannot be encompassed in any publication. During the years 1956 to 1959, Lewin and Miss Ross created an intellectual and educational ferment in the institutes. They helped break down the prevalent parochialism and suspicion by their tactful, patient, stimulating, and inspiring visits. Every psychoanalyst in the United States, present and future, is and will be affected by the Lewin-Ross survey team.

With the completion of the Survey, Lewin became Consultant in Psychoanalytic Education for the American Psycho-

analytic Association, leaving in 1962 to take the position of Visiting Professor of Psychiatry and Psychoanalysis at the University of Pittsburgh. Characteristically, upon finding himself once again in a university setting, Lewin regarded himself as a student and fellow resident rather than a teacher.

There is a unity in Lewin's published work which has an almost æsthetic quality. The themes of incorporation into the body, fusion, and transformation run like scarlet threads through his writings. These themes may be found in his early works on the compulsive character, the body as phallus, claustrophobia, hypomania, and learning, as well as in his later works on depression, elation, dreams, omniscience and education. Lewin was aware of this tendency and often commented on it. But no matter how bold his imagination or how speculative his ideas, his work always begins and ends with introspection and with solid psychoanalytic data. He wrote with incomparable literary grace. His style was elegant and clear, his wording precise and felicitous.

He is survived by a son, Professor David B. Lewin of Stony Brook, Long Island, a musician and composer, a daughter, Mrs. Barbara Schwartz of Coral Gables, Florida, and five grandchildren.

The nature of the man was such that everyone who knew him has his own store of anecdotes to recall the infectious enthusiasm, the wit and the warmth of this friend, colleague, and teacher. He will be sorely missed.

JACOB A. ARLOW

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## Metaphor, Mind, and Manikin

Bertram D. Lewin

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# METAPHOR, MIND, AND MANIKIN

BY BERTRAM D. LEWIN, M.D. (PITTSBURGH)

## I

### SOME OF FREUD'S PICTURES OF THE MIND

I am grateful to the Los Angeles Psychoanalytic Society and Institute for the honor accorded me of holding the Second Fenichel-Simmel Memorial Lectures. My relationship with these two men goes back very far, in fact forty-four years, when I was a candidate in training at the Berlin Psychoanalytic Institute. My very first lecture before a psychoanalytic body was in Berlin on January 4, 1927 and Ernst Simmel presided (27). I sat at his left at a long table in a not very large room and to my left sat Otto Fenichel. My admiration for the profundity of these two men was already established. With affection I recall them tonight.

The paper I read in Berlin treated of the history of the concept of consciousness, its separation from the concept of conscience, and its place in faculty psychology. I am not too sure that I am not still considering an aspect of the same subject now. I came to the present topic, some of Freud's pictures of the mind, because of studies I made and published not long ago about Freud's famous metaphor of the railway journey, where he compares the analytic situation to a train ride and the free associations to remarks about the passing scenery (28).

In some doubt about the use of such words as figure of speech, metaphor, etc., when I consulted authorities, I found that the definition was self-evident. A figure of speech was the use of one word or set of words for an object other than the one for which they were intended. ('He married a lemon'

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The Second Fenichel-Simmel Memorial Lectures of the Los Angeles Psychoanalytic Society and Institute, May 21 and 22, 1970.

—Hockett.) The dictionaries were clear enough, but to my astonishment I discovered that there were nineteen classical kinds of figure and that I had been using them all my life: not only the familiar simile, metaphor, personification, and hyperbole, but also litotes, prosopopoeia, and what I am now writing (for all I know) may be an oxymoron. Charles P. Hockett, the contemporary authority on linguistics, was reassuring: we inherited the names for figures of speech from Greek and Roman authors. Nobody knows whether they are valid for Chinese, Choctaw, colloquial English, or Menomini. Students of rhetoric are dealing with idioms and patterns of idiom formation when they talk of figures of speech. All that Hockett has to say about figures of rhetoric is contained in two paragraphs, although he would like to add *the pun* to the list (20, pp. 317, ff.). The pun that Hockett quotes is actually a joke: the classical languages department (in Ithaca) was housed on a top floor, and naturally (a wag suggested) they taught Attic Greek.

Psychoanalytic writers have usually spoken of metaphors rather than of tropes or figures of speech, perhaps using that figure which indicates the whole by a part. Ella Freeman Sharpe (41) and Jacob Arlow (1) agree in bringing the figure of speech to where it can be analyzed like any other manifest element. Sharpe is struck by the way the 'physical' is applied to the representation of the 'metaphysical'. Arlow says, 'I have found the examination of metaphor to lead directly to concrete representations of an unconscious fantasy'. These remarks, which put the metaphor in its proper light, permit extensions into many fields. Thus, one can apply to metaphors the practical classification that Freud uses for dreams and say that there are metaphors 'from above', that is, near to consciousness in respect of interpretability, and metaphors 'from below', like dreams dominated by unconscious elements (8). The metaphor from above would be readily interpretable by its author because of elements familiar to him; the metaphor from below would offer difficulties and need 'deeper'

analysis, that is, more historical information. The metaphors from above will show obvious, readily intelligible and conventional sources. Those from below may have sources that are more individual and even surprising. In a sense too the elements from above may conceal the deeper historical elements or distract attention from them.

It was indeed surprising for me to find so much history behind Freud's ostensibly practical, rather prosaic comparison of the analytic situation with a train ride. The railway journeys that determined the figure lay in Freud's infancy. What seemed on the surface a commonplace metaphor 'from above' turned out, as Freud said of proper dreams, to stand on two feet; that is, to be determined by recent material and by material from infancy.

Metaphors apparently are constructed during states of wide-awakeness, but this is not always the case. If my interpretations are correct of the metaphors that Descartes uses in the Meditation, where he debates whether he is really awake or only in a permanent dream state which seems to be real, then it is Descartes's sleepiness that makes him sensitive to messages coming from his fatigued body and leads him to somatic comparisons:

And how could I deny that these hands and this body are mine, were it not perhaps that I compare myself to certain persons devoid of sense, whose cerebella are so troubled and clouded by violent vapors of black bile, that they . . . [imagine] that they have an earthenware head or are nothing but pumpkins or are made of glass (29, p. 87).

Apparently a metaphorical conscious remark may show evidence of what we know in dream psychology as 'functional phenomena'; i.e., the dreamer's (here the philosopher's) subjective state, and in the example, particularly the state of his body.<sup>1</sup> Descartes's comparison referred to certain changes

<sup>1</sup> Cf. Freud: *The Interpretation of Dreams* (9, p. 503), with references to Silberer's original works.

of feeling in his hands and body due to weariness, and these came 'from below', while the scientific remarks about the cerebella and black bile came 'from above'; that is, from his medical studies.

The findings of dream interpretation help us in varying our practical attack on the interpretation of metaphors.

From another point of view, a figure of speech is an invention, and so one may inquire whether a given figure shares with many inventions an origin in the human body or the body image. It is easy to see the bodily origin of many mechanical gadgets and instruments. The rake is an imitation of and supplement to the fingers; even a computer ultimately can be reduced to counting and marking by means of the fingers, though the popular language ignores this and talks of 'memory' and 'storing'. Freud refers to the imitation and expansion of the body in many devices intended to enhance the power of our sense organs. He mentions spectacles, the photographic camera, and ear trumpets (10, p. 228). The article in which he does this, A Note Upon the 'Mystic Writing Pad', is built around a kind of mechanical metaphor or as we generally say 'model'.

The mystic writing pad is constructed in a way analogous to a part of the psychic apparatus. It consists of a flat slab of wax and a two-layered cover made up of a sheet of paper covered by a celluloid sheet on which one can write. After one writes on the celluloid, the script is seen where the wax sticks to the paper. By a simple device that separates the paper from the wax, the script may become invisible, while the traces are retained in the wax. Freud draws a limited comparison between this pad and parts of the psychic apparatus. Thus, the paper on which the writing appears transiently is (or is like) the perceptive system, *Pcpt-Cs*. Both can be 'cleared'. The celluloid is (or again *is like*) the protective barrier against stimuli (*Reizschutz*). The scratches left in the wax are like registered memory traces. This seems to be as far as the model can be carried. You will note that I include the mystic writing pad among the figures of speech by slight extension of the

definition. I should also include other concrete forms, whether related to words or not, in the general theory. Plainly, metaphors may be embodied as well as derived from bodies.<sup>2</sup>

Freud analyzes his mechanical metaphor from above. The device, he says, is a 'return to the ancient method of writing on tablets of clay or wax: A pointed stilus scratches the surface, the depressions upon which constitute the "writing"' (10, p. 229). Given Freud's known interest in antiquity, his associations to the classic form are expectable and intelligible. His association is obviously 'from above', from school experience, reading, and the like; and to pursue this train of thought leads us into conventional history, particularly the history of writing. Modern letters, we know, are the remote descendants of concrete pictographs, the Phoenician letters that we use having originated from pictures. Chinese ideograms are even more obviously the remains of pictures, and if we go back thirty thousand years or so we find among the pictures in Aurignacian caves the beginnings of record keeping. All this, we note, is very much from above.

It is not safe to attribute very many bodily elements to the devices that were used in writing and drawing. The stylus used on Roman wax tablets and on contemporary 'mystic pads' is of course a finger extension or substitute. If I proceed to interpret and say that the stylus is a penis, the writing a copulation and impregnation, and that an erasure is an abortion, someone might think I was interpreting as if from below. Of course, I am doing nothing of the sort; such associations don't come from below but from a book. Coming from an analysand, they are miscalled 'intellectual resistances'. I do not agree that they show much intellect.

History covers successfully the deeper roots we should like to discover in such nowadays standard devices as the wax tablet, the slate, or pen and paper. Their unconscious origins,

<sup>2</sup> I do not know whether such imaginary machines were in vogue when Freud wrote this paper. But a contemporary, Felix Klein, consistently used adding machines and other available devices to illustrate the abstract principles taught in his lectures (25).

whether in the body or in external situations, seem at once arbitrary and obscure. Perhaps standard, so-called 'universal' symbols in dreams are the nearest analogues.

The wax tablet itself is a very old picture of the memory or the mind, or of the mind conceived as memory. Plato described the memory as a wax tablet, quite aware to be sure that he was being metaphorical. Some later writers took literally the idea that imprints or traces were made somewhere within the person, usually implicating some part of the brain (16). *Mind* and *memory* (the words) along with *mania* originate from the same Indo-Germanic root. It is said that the great interest in memorizing that came down from the Greeks and Romans tended to equate the mind with memory. This rather restricted view of mind can easily get the upper hand, even in so precise a writer as John Locke, who says:

Let us then suppose the mind to be, as we say, white paper, void of all characters, without any ideas [at birth]; how comes it to be furnished? Whence comes it by that vast store [of ideas] which the busy and boundless fancy of man has painted on it with an almost endless variety? (2, p. 40).

Such a tabular view of the mind is a commonplace in Western thought, and the Mystic Writing Pad's genesis is lost in antiquity. Clinically I can think only of a few analogies to the idea of *tabula rasa*, and one of these is literally a blank piece of paper. When a patient brings to the analytic session a dream written down we disregard the text and call attention to the *paper* on which it is written. Sometimes a patient will trick himself, imagine that he has jotted down a dream before arising, or tell his dream into a dictaphone which he has forgotten to turn on, ending up with a blank sheet of paper, a blank tape or phonographic record. Such a *tabula rasa* is known to stand for 'uninterrupted' sleep (at the breast originally). Conceivably the experience of waking up and finding a dream as if erased or a dream fading away might lead to speculations about 'a blank mind' (30).

Freud, I think, makes only incidental use of the traditional figure which compares mind to paper, and mental contents to something written. Thus, he speaks of a dream *text* and says that certain gaps due to repression are *erasures*. Most important, as a derivative of the idea of a written text, is the term *censorship*, which of course is the agency that governs what can be published. The Interpretation of Dreams contains many references to graphic metaphor and the publishing trade; e.g., especially in English, Strachey's word *revision* (as in 'revised edition') and Isakower's suggestion of *redaction* to translate *Bearbeitung*, that changes latent content into manifest content (21).

The other possible metaphor in the quotation from Locke is of possibly more direct interest. The mind is said to be 'furnished'; and Berlin tells us that Locke thought of the mind as a room. To quote Berlin's paraphrase:

In the mind, conceived as a sort of hollow vessel or container, there are to be found a number (a 'vast store') of perfectly distinct and separable entities called 'ideas'. This is taken to be self-evident (2, p. 43).

And before this, Berlin explains that the British empirical philosophers applied Newton's atomic concept to the mind:

The mind was treated as if it were a box containing mental equivalents of the Newtonian particles. These were called 'ideas' (p. 18).

Looking inward, the philosopher evidently notices, i.e., sees the associations and dissociations of such ideas, 'like a contemporary chemist analyzing the ingredients and physical behavior of a compound substance'. Locke, Berlin continues, sees when he introspects.

Thought, at least reflective thought, is for Locke a kind of inner eye, corresponding to the outer physical eye which takes in the external world. . . . Locke's reflection, then, is acting like an outer eye, which can inspect two colored objects and see whether the colors match each other or not (p. 19).



I do not know whether the preceding interpretation of Locke's position is generally accepted; however, the idea of the contents of consciousness being in a container of sorts, and the metaphor of a box are very useful. This is a one-room figure of speech; everything visible to the inner eye is in that single room. The consciousness is coextensive with the mental. The figure is better suited to portray memory and imagination than any of the other mental faculties for historic reasons, which were not considered by Professor Berlin but given extensive thought by Frances A. Yates in her book, *The Art of Memory* (45). The latter author writes about systems for improving the memory, especially those employed in classic times and later during the middle ages and early renaissance.

One method is germane to our exposition. It was known to such teachers and orators as Quintillian and Cicero, and not too many years ago a comparable method was widely advertised in this country. The subscriber to the American method never forgot a name, but could say proudly, 'You are Mr. Addison Sims of Seattle'. In the antique version what one did was imagine vividly a house of many rooms that you could go through serially. In each of these vividly visualized rooms you placed mentally the picture of some object that was to remind you of a section of the speech you were going to make at a trial, in the Senate, etc. This does not strike Professor Yates as an enormous aid to memory (and apparently Quintillian too was not too well disposed to the method), yet it was widely understood and used, with apparently a surprising development of the visual imagination.

Such housings of the contents of consciousness evidently preceded Locke by many centuries. Certainly the figure of speech by which the mind or the memory was equated to a container came readily enough. It can in effect be traced back to certain books known to the scholars of classic times. This way of looking at the sources of the metaphor is again an example of going at it 'from above'. But this one-room picture of consciousness is susceptible to a deeper analysis, and I believe that this was furnished in my book, *The Image and the Past*.



In that book, I have a chapter titled *Phantoms in the Head*, where I discuss the physical basis of the room metaphor. From the standpoint of the individual and his development, I pointed out that the concept of consciousness as a box or room or cave, whether in Locke or in any of us, could be traced to a period in childhood which I called the *pictorial past*. At that time introspection would show the 'mind' as the subjectively sensed *head image*; that is, the subjective feeling we all have or had of our head as a cavernous part of our body image, furnished with images of several kinds, especially the visually pictorial.

Such an explanation is of course historical also, but in a different sense from the conventional one. I do not trace back the metaphor of the mind as a furnished house or a box to Simonides or to Metrodorus of Scepsis, which is what the classic teachers and Professor Yates did. I trace Locke's container back to Locke's head when he was a little boy. This is consonant with Miss Sharpe's point about the physical preceding the metaphysical and with Freud's aphorism about the ego being primarily body ego (11). The metaphor is traced back in individual development to the physically based head image. The mind or consciousness is thought of as a container because that is the way it feels or felt subjectively.

The idea that the mind is in the head is not considered *au fait* by present-day philosophers of science, and much has been written about why the mind is in the head (33), including some rather sarcastic remarks about persons who picture a personality 'behind the center of the eyes' in man or animals (40, pp. 216, ff.). The disturbing word here seems to be *in* (2, p. 75, 38, p. 12), which is usually considered a metaphorical localization rather than a naïve intuitive reflection of the *head image*.<sup>3</sup> Even pre-Aristotelian Greeks naïvely thought that one of their minds, the *psyche*, was located in the head.

I should not have been so explicit about Locke's idea of the mind as a sort of box or container, his one-room metaphor for the mind, and his apparently dominant notion that mind

<sup>3</sup> For more discussion of the relation of head image, localization, etc., and ideas about the mind or minds, see *The Image and the Past*.

was perception, imagination, and memory, if I had not been struck by Freud's well-known comparison of the mind to a two-room suite. Freud came to see the mind, or more accurately the psychic apparatus, as being larger metaphorically than a one-room apartment. Instead he described, with some misgivings and restrictions, a mind of two rooms connected by a door, which was guarded by a watchman (12, pp. 295, ff.).

One of the rooms, as we shall see, was Locke's old *Consciousness*, in which there was an 'inner eye', all quite according to tradition. But the new room that had been added beyond the door, into which the eye 'of the imagination', as it was also called, did not reach, could not be entered. In fact, no one mentions entering it. It is crowded with individuals wishing to get past the censoring guard and into consciousness. So far as I know, this two-room representation is original with Freud and the plan was never confused with the head image. My statement implies that the two-room suite cannot be modeled entirely on the subjectively felt head image, though the consciousness-room is evidently carried over from Locke's unicameral picture. Before further discussion, it would be profitable to remind ourselves of Freud's original statement, even though its familiarity may make this long quotation rather boring. Freud tells us:

The crudest idea of these systems [conscious and unconscious] is the most convenient for us—a spatial one. Let us therefore compare the system of the unconscious to a large entrance hall, in which the mental impulses jostle one another like separate individuals. Adjoining this entrance hall there is a second, narrower, room—a kind of drawing-room—in which consciousness, too, resides. But on the threshold between these two rooms a watchman performs his function: he examines the different mental impulses, acts as a censor, and will not admit them into the drawing-room if they displease him. You will see at once that it does not make much difference if the watchman turns away a particular impulse at the threshold itself or if he pushes it back across the threshold after it has entered the drawing-room. This is merely a question

of the degree of his watchfulness and of how early he carries out his act of recognition. If we keep to this picture, we shall be able to extend our nomenclature further. The impulses in the entrance hall of the unconscious are out of sight of the conscious, which is in the other room; to begin with they must remain unconscious. If they have already pushed their way forward to the threshold and have been turned back by the watchman, then they are inadmissible to consciousness; we speak of them as *repressed*. But even the impulses which the watchman has allowed to cross the threshold are not on that account necessarily conscious as well; they can only become so if they succeed in catching the eye of consciousness. We are therefore justified in calling this second room the system of the *preconscious*. In that case becoming conscious retains its purely descriptive sense. For any particular impulse, however, the vicissitude of repression consists in its not being allowed by the watchman to pass from the system of the unconscious into that of the preconscious. It is the same watchman whom we get to know as resistance when we try to lift the repression by means of the analytic treatment (12, pp. 295-296).

I break into Freud's text here to make the point that one source of resistance to the idea of the unconscious is clear in those who recognize only a one-room container. Such persons suffer from a lag; they were trained to think of an inner eye and of its attention to potential conscious elements. But such critics misunderstand the idea of the unconscious because they do not allow for the functions of the watchman. They accept the preconscious, perhaps, but not the unconscious excluded by the watchman. I think that such persons had felt their mind as intimately related to their head image. In their head image they could conceive the 'dark' preconsciousness of inattention and the 'inner eye' of attention. They knew the *qualitatively* unconscious and could match it with a subjective feeling; but there was no way of introspecting and including in their head image (i.e., making conscious) the elements

warded off by the watchman. Loyal to their old introspection and not seeing or feeling the watchman and the other room, they could not include it in their head image (called by them the *mind*) or more generally in their body ego (called the personality).

The gist of my preceding remarks is that unlike Locke's metaphorical single room, Freud's figure could not have arisen from an unmodified introspection of the head image alone. And it was this nearly unmodified native head image on which was fixed the old idea of the conscious mind. One originally sees that the earth is flat and the sky a big sphere above and only by an effort comes to accept Copernicus's view; so originally the mind is a one-room perception.

Freud, sensing the general resistance to his scheme, combats it in a different way, by an appeal to the methods of physical science, citing a comparable exposition of Ampère. He says:

Now I know you will say that these ideas are both crude and fantastic and quite impermissible in a scientific account. I know that they are crude; and, more than that, I know that they are incorrect, and, if I am not very much mistaken, I already have something better to take their place. Whether it will seem to you equally fantastic I cannot tell. They are *preliminary working hypotheses, like Ampère's manikin swimming in the electric current* [italics by B.D.L.], and they are not to be despised in so far as they are of service in making our observations intelligible. I should like to assure you that these crude hypotheses of the two rooms, the watchman at the threshold between them and consciousness as a spectator at the end of the second room, must nevertheless be very far-reaching approximations to the real facts (*op. cit.*, p. 296).

This defense appeals to the methods of scientific thinking and is in that sense a rationalization. What strikes me in this is Freud's choice of Ampère and the manikin, when another manikin seems much more akin to the little censor. This is Clerk-Maxwell's demon, who stands at the door that connects a two-room apartment, separating speedy molecules from

slow ones, thus upsetting entropy and permitting water to turn to ice on a hot stove. True this demon is well known to be a failure at his job, and obviously the censor is not. Yet, the two homunculi have much in common. It surprises me that Freud did not use the demon in his appeal to the scientific. In any case, Freud, Clerk-Maxwell, Ampère, and many other scientists who also teach, have an appreciation of the relation of teaching and theory (31).

To borrow the pictorial language of colleagues in a different context, I think Freud's qualms about his metaphor may have originated in a conflict between two 'internal objects'. When Freud wrote imaginatively and pictorially, he can be thought of as paying attention to his internal Goethe; then in after-thought, scientifically, he heard (and argued with) his internal Bruecke (or Helmholtz, et al.). He apparently recognized the transitional nature of his 'working hypothesis' (which is not clear to Strachey, according to a footnote). I think the character of his audience, which was not narrowly scientific, determined an excellent teaching device; his apology was to his more narrowly scientific superego. Freud was being, as we now say, 'prescientific', and he apparently felt this. Freud hesitated to elevate a blackboard diagram to a kind of reality.<sup>4</sup>

Freud nevertheless differs from Ampère and Clerk-Maxwell in an important respect, and this is evident in the name of his manikin, the Censorship. The homunculi of the physicists, for all the appearances, are not human and share only a purely physical quality with humanity: Ampère's stupid little fellow floats; Clerk-Maxwell's mechanically separates speedy from slow molecules and his tacit selective function (perhaps involving 'human' psychology) has been contested; Descartes's Diver bobs up and down in liquids with altered specific gravity and that is all. But a Censor is not just a muscular and alert watchman or bouncer; he reads and understands the nature of the would-be intruder. As has been pointed out, his is a social

<sup>4</sup> Which Kurt Lewin actually did in inventing his psychological topology. See B. D. Lewin (31).

function: as censor he keeps the reader's eye in ignorance, as gatekeeper he bounces back those who wish to crash the gate. He has human rules for this.

It is possible that the mixture of head image and social functioning does not gel, and that there is a tacit mixed metaphor. A footnote of the editors of the English translation makes this evident. An annotation to the phrase 'ideas that are inadmissible to consciousness' reads:

'*Bewusstseinsunfähig*.' The term is due to Breuer, who constructed it on the model of '*hoffähig*' ('admissible to Court', 'having the *entrée*') (12, p. 296, n.).

A reference in this footnote says: 'See Section 5 of his contribution to *Studies on Hysteria* (1895d), Standard Ed. 2, 225 n', which reads as follows:

This expression [*Bewusstseinsunfähig*] is not unambiguous and for this reason leaves much to be desired. It is, however, constructed on the analogy of '*Hoffähig*' ['admissible to Court', 'having the *entrée*'] and may in the meantime be used for lack of a better term. [Though on the analogy of '*Hoffähig*' the word is here translated '*inadmissible* to consciousness', its literal meaning is '*incapable* of consciousness'. It could equally well be translated '*incapable* of being (or becoming) conscious'. The word was adopted by Freud and frequently used by him, and the context then often calls for one of these other renderings.]

The suffix *-fähig*, in terms of what is socially 'possible', appears in many comparable combinations; thus *Salonfähig* = 'socially acceptable or fit for society'. The term implies not only *capable*, but *privileged*. Obviously Clerk-Maxwell's world of random particles is supposed to be anarchic; ambiguity enters when one considers whether the demon is treating rapid molecules as privileged or not.

There is no doubt at all that a censorship is backed by authority, that it is what in German is called an *Inстанz*, a

government agency or institution with powers to assert distinctions and determine rights and privileges. The *bewusstseinsfähig* elements in the waiting room have the privilege of becoming conscious; those that are not *fähig* do not. They would never do in the parlor; and I think a canine figure of speech would be even more apt. Some dogs are housebroken and have the privilege of entry; other dogs are not housebroken and may (but the German implies *can*) not come in. *Fähig* occupies a border position between *may* and *can*, privilege and possibility. The English 'He is an impossible person' hits this off very well: it does not mean that he cannot *exist* but that he is *vulgar*.

The unexpected switch from Locke's anatomically based container to the socially based rooms, from Ampère and electricity to imperial pomp and circumstance, raises an interesting question: Can the head image be altered by social institutions as in many ways it can be through the observation of other heads? I mean by the preceding remark about 'other heads', the knowledge that comes through the examination of the brain and the contents of the heads of other persons. So far as Freud's two-room suite is concerned, not ordinarily. So far as I know, no one introspects in a new way, taking the anteroom into the head image. Many scientists in the past have talked *as if* they could intuit the brain in their head and I am inclined to credit some very experienced brain anatomists with this talent. They somehow 'saw' a three-dimensional brain in their head—not always of course, but whenever they turned their attention to the tracts and areas of the brain.<sup>5</sup>

I doubt, however, whether Freud's description of the two rooms ever had or could have such an effect. Freud's great familiarity with brain anatomy and function was applied to other less intuitive schemes, for instance, the aphasia scheme in the diagram in *The Ego and the Id* (11). Certainly, here

<sup>5</sup> I am not completely sure but I believe the late Adolf Meyer had this talent. I infer this from having heard him describe areas and tracts in a three-dimensional brain with tacit references to his own cranium.



the head image appears to be only one part of the total ego. It will be noted that in spite of its origin, Freud disclaims any anatomic locale for the elements of the ego-id scheme.

If my remarks about the head image and the social representation have validity—that is, if Freud's figure of the two rooms is a condensation of Locke's and perhaps his own picture of the inside of the head and of a picture derived say from imperial court procedure—then the metaphor shows a situation parallel to the general development of the ego from its pristine nature as a bodily ego into one which takes into account the environment,—other persons, other heads,—and then social customs and institutions such as the censorship. The ego and the initial intuitive basis of the metaphor develop beyond the bodily ego and the physically conditioned facts.

In this connection, it is interesting that Silberer's famous example of the hallucinated representation of a mind too tired to respond to his wishes (quoted by Freud [9, p. 503]) was also borrowed from government. The tired mind was seen as a stubborn, grouchy bureaucrat. The range of metaphor making is large, large as civilization, from the random movements of particles to the rigid movements of government officials. The mind too which began as the head image of prehistoric Aurignacian man in Lascaux, then was detached from its body as the Greek psyche, after that commingled in various ways with the body and the head image through Galenic medicine, and, with the brain and skull, emerged in Freud as something beyond head image, beyond the brain scheme and the brain mythology of moderns, to be presented as a construction partly of Locke's container, partly of social rule.

I see Freud's diagrammatic two rooms with the door between not only as a pragmatic teaching device, but also a pragmatic picture answering the needs of psychoanalytic technique, which from the beginning has had to face both the anatomical and the social; and Freud's figure mirrors this practical need. The metaphor is indeed what we stated earlier—an invention, a 'picture' which brings together the anatomical



and the social in an untidy scheme, but which proves its merits, as Freud was aware. It approximates not only one set of facts; it supplies a compromise between two sets, in a brilliant didactic 'approximation'.

## II

### SCIENCE AND THE HOMUNCULUS

I find it difficult to estimate the influence upon my thinking of the two men for whom these lectures are named. Approximately, I think, when the topic is a psychophysical problem or the role of the body, unsuspected links with Simmel's ideas make their appearance. With Fenichel's work, I note many points of contact. When I contemplated the little watchman that guards the door in Freud's account of the two rooms, the Unconscious and the Preconscious, I thought of other little men and remembered one that Fenichel reported.

Freud's watchman was called *endopsychic*, which means that he is in the mind and by a very common mental trick, in the head or head image. The dwarf mentioned by Fenichel in his case report serves a very different function, one not ordinarily expressed in pictures. With some license this manikin can also be called *endopsychic*, but with many distinctions from Freud's use of the word.

Fenichel's manic-depressive patient believed that her diaphragm ached and invented an eponymous dwarf in explanation. Diaphragm in German is *Zwerchfell* and dwarf is *Zwerg* and the patient believed that the *Zwerg* was jumping around on her *Zwerchfell*, constituting a *Zwergfell*, pronounced nearly the same as the word for diaphragm. It will be noted that the dwarf functioned independently and Fenichel used him as a good clinical portrayal of an object introjected by cannibal means. Analysis showed, in Fenichel's words, that her '*Zwergfell*' was 'the same as her [recently deceased] devoured father or rather his devoured penis' (5, p. 370, 6, p. 390).

My studies of Freud's metaphor led me to believe that somehow the room called the Preconscious was very close to John Locke's picture of consciousness, and that it arose from introspections about the inside of the head. The censor-watchman thus seemed to stand at an opening into the cranium, but his functions transcended those of a mechanical valve. He had many qualities that characterize a more complex being.

The creature in the belly of Fenichel's patient too seemed more than just a piece of machinery, a part of *l'homme machine*. The diaphragmatic location sounded very concrete. So, of course, did the part-soul which Homeric Greeks called the *phren* in the same concrete location, the same word that was used later on for the diaphragm (37). The *Zwergfell* belly dwarf more nearly resembled a Homeric part-soul than a piece of machinery. And authors in a not too distant past have speculated about 'part-souls' though in a different context; e.g., a 'soul' that might be called 'the spinal soul' and the like. One nineteenth-century physician apparently attributed something like a soul to each organ, in which I recognize echoes of Greek physiology.

A little man mentioned by Freud (12, pp. 295, ff., 29, pp. 73, ff.) in connection with his two-room suite metaphor offers quite a contrast to the diaphragm trampler and to the little people of fairy stories. This was Ampère's manikin, who seems not to have a soul, or feeling, or ideas, and obviously no will of his own for it was his function, for which Ampère created him, only to swim in an electric current. Another related manikin, invented by a physicist, is Clerk-Maxwell's demon. He stands by a trapdoor that connects two vessels or rooms; he is the size of a molecule and it is his mission to push fast molecules into one room and keep the slow ones in the other, thus wrecking the principle of entropy. That is why he was invented—so that water might under such circumstances freeze standing on a hot stove. The demon is of course very small indeed, and this permits George Gamow (15, pp. 112, ff.) to demonstrate that he could not obey Clerk-Maxwell's wishes. Clerk-Maxwell's

demon (3) has to have a definite size in the world of matter and energy to serve what might be thought of as his ego purposes, entirely inculcated of course by his creator, Clerk-Maxwell. Ampère's homunculus also one presumes must have a definite size to float in any definite electric current. The diaphragm dwarf too must have a definite size, how large one does not know, though Fenichel's account gives us a hint and we may risk an educated guess. We note that the nursery rhyme says, 'I have a little husband/ No bigger than my thumb/' and we may also remember Gulliver's specification that the Lilliputians had the height of his middle finger. The dwarf, we could say, was of conventional size.

But we do not know and may never know the size of the little watchman in Freud's diagram. There is no reason to endow him with any size at all, nevertheless in our imagination we probably do since the two-room-suite idea evokes a picture. Here Freud's words suggest perspective but leave the matter of size ambiguous so that we may be arbitrary in our visualizing. The two rooms could remind one of a prosperous doctor's suite of waiting room and consultation room. A doctor's wish-fulfilment would fill up the waiting room with a crowd of patients, not all of them, for one reason or another, privileged to enter the consultation room. According to this particular train of thought, the watchman would be the size of an average office secretary. Yet when we introspect, we also take perspective into account and tend to reduce the size of the picture. The rooms are then pictures in our head with relative sizes only; they are labeled *large*, *small*, etc., but they are depicted according to scale. The secretary-size censor then becomes a homuncular model, small scale yet apparently alive; and we might reply to questioning that he was no bigger than our thumb, perhaps influenced by Freud's reference to Ampère's manikin, which might make us believe, rightly or wrongly, that Freud too saw the watchman as a little man.

On reflection, to be sure, we know that the little man and the censor in Freud's metaphor are logically what are called

variables. So when we ask for their size, we are not logical. Indeed, we know we are fantastic, and that we can assign many answers none of which are right or wrong. The topography of the mind does not deal with real space. Our naïve feeling that consciousness is somewhere in our head and that consequently the manikin that stands at the entrance is proportionately small, is a remnant from our pictorial past, when we somehow 'knew' intuitively that such pictures were in our head. Later we may be able to say something about the size of the spectator who is supposed to reside in the preconscious chamber, who brings the included elements of the room into consciousness by an act of attention.

Surveying numerous examples of dwarfs and manikins we note much variety; for one reason, because of variations in the extent to which the manikin is a total person (I do not hazard the ambiguity of saying a *real* person or a *true* person). Here we have quite a range. For instance, the Cartesian diver is nothing more than a hollow tin receptacle painted like a man. By appropriate mixture of water and glycerine he can be made to float in the liquid at any level, neither rising nor sinking. He is a manikin in name only; he is replaceable by the same material in any form. Physical scientists have tackled the more difficult task of substituting theoretical, purely physical devices for Clerk-Maxwell's demon—I gather not entirely successfully. Psychoanalysts occasionally have attempted comparable replacements for parts of analytic theory, sometimes by nerve chains, sometimes by physical devices. I do not always understand the models, but the inventors seem to take entities such as the endopsychic censor and try to change them into a sort of machine, giving us not exactly an example of *l'homme machine* but instead perhaps *l'homuncule machine*, whatever that may be.

Cartesian divers and the manikins in physics do not offer us much of a psychological problem. Indeed, reading Freud's account carefully, one finds that he does not equate his watchman and Ampère's manikin. The latter only figures as a peda-

gogically useful idea. Freud says (12, p. 296) the *ideas* he presents by means of his two-room metaphor are preliminary working hypotheses 'like Ampère's manikin swimming in the electric current' and that such diagrams are not to be despised for pedagogic reasons, 'in so far [as they make] our observations intelligible'. He does not say the censor is such a manikin; he is teaching rather than 'theorizing', two purposes not always readily distinguishable.

Besides varying in range from the purely material to the purely human, manikins also vary in respect of their location within and without the person. There is an obvious internal manikin, of which we have seen examples. There is also an external manikin and between these extremes, manikins with ambiguous location. Though the dwarf in Fenichel's patient was inside her, he was not *of* her as we say, and in the context of Fenichel's interpretation he was undigested. In contrast, Descartes's diver seems purely external, invented to illustrate and embellish the principle of specific gravity, hence rational and utilized in the interest of exposition. I purposely said *seems* purely external, cautiously, because we did not learn what fantasies Descartes might have had in association with this toy. I venture to suggest that the grandson of two physicians, with considerable knowledge of medicine, was not unaware that a foetus floats in the uterine waters, that the position of the phallus alters with changes in its specific (or unspecific) gravity; and without much education he could have noted principles of specific gravity exemplified by the contents of a chamber pot. We should have to hold these propositions to be speculations, though not very surprising ones any more.

The notion that the homunculus is a little man with a little body and sometimes a mind reminds us of what can happen in fantasy and symptom to the body image. The literature here is rather extensive; I need no more than mention Tausk (44), Schilder (39), Federn (4), Greenacre (17, 18, 19), Isakower (22). Greenacre, who studied body image variations and de-

velopments, has also studied the homunculus, in so far as the Lilliputian arose from the creativity of Jonathan Swift. The other authors were not interested in the body image of the homunculus as such.

Freud, it is true, uses the word *homunculus*, but does not speak of its body image. Instead he uses it to demonstrate a feature of the body ego. He writes:

The ego is first and foremost a bodily ego; it is not merely a surface entity, but is itself the projection of a surface. If we wish to find an anatomical analogy for it we can best identify it with the 'cortical homunculus' of the anatomists, which stands on its head in the cortex, sticks up its heels, faces backwards and, as we know, has its speech-area on the left hand side (11, p. 26).

He adds in a footnote:

I.e. the ego is ultimately derived from bodily sensations, chiefly from those springing from the surface of the body . . . besides, as we have seen above, representing the superficies of the mental apparatus . . . (*op. cit.*, 26, n.).

The scheme is of course not original with Freud, but a regular element in anatomical textbooks. It vividly explains Freud's thinking, and it is a pity that it has not been more used in psychoanalytic literature. Thus Freud says that when persons are ready for sleep, they remove whatever is removable, such as false hair, false teeth, etc., they undress, and after that 'carry out an entirely analogous undressing of their minds and lay aside most of their psychic acquisitions' (8, p. 222). The homunculus gives us one idea of the state we strip down to, a stripping of which Federn and Isakower were aware when they demonstrated the possibility of further stripping, of splits and reorganizations within this diagram, as shown in partial sleep states and similar conditions.

Freud was already aware that parts of this homunculus, which somehow avoided going to sleep 'thoroughly' could be, as

it were, refleshed and reclad and then appear projected into the manifest dream picture. The penis could reappear as a little man; the breasts could be projected as 'sisters'. This diagram, or what may correspond to it in the body, then would not be stripped away or flat. The aroused part gets represented in the dream. Freud and Scherner give many examples of such partial coming to life or awakening of the body in new guise, projected in dream pictures.<sup>6</sup>

It is not only in dreams that body parts and substance disappear. The cortical homunculus is also an example of the process called *abstraction*. The homunculus stands for an idea, or perhaps *is* an idea about the human being and the cortex. It is an abstraction, too, in the original meaning of the word, to take away from; in other words, abstraction is also a kind of undressing and removal of prosthetic devices, then a removal of what would correspond perhaps to the pictorial homuncular device itself. After stripping down to the bones, you take away the bones and have left—what? An idea of the body purely, a pure idea, a kind of ghost. In this context, the cortical homunculus seems to be a possible way station, and certain clinical findings appear to bear this out.<sup>7</sup> The cortical homunculus has lost its semantically superfluous parts in a way that reminds us of what happened to Miss Natalija A, Tausk's famous patient (44).

To refresh your memory, I must present a longish quotation from Tausk. For over six years, Miss Natalija A had been under the influence of a machine, located in Berlin (while she was in Belgrade), and manipulated from there. The machine, she said, has the form of a human body, indeed, her own form.

<sup>6</sup> Freud: *The Interpretation of Dreams* (9), *Cf.*, Index.

<sup>7</sup> All cortical homunculi are not so smooth as the one mentioned by Freud. Certain illustrations in textbooks of anatomy or physiology show monstrous homunculi in the Rolandic regions, the sensory homunculus with a gigantic tongue and lips, eyes as big as the abdomen, tiny dangling legs, etc. In politics this would be called 'proportional representation' and it indicates the density of the sensory end organs.



The trunk (torso) has the shape of a lid, resembling the lid of a coffin and is lined with silk or velvet. Regarding the limbs two significant explanations are given. At the first interview she described them as natural parts of the body. A few weeks later these limbs were not placed on the coffin lid in their natural form, but were merely drawn on it in two dimensions, in the position they would occupy in the natural state of the body. She cannot see the head—she says that she is not sure about it and she does not know whether the machine bears her own head. . . .<sup>8</sup> When someone strikes this machine, she feels the blow in the corresponding part of her own body. . . . At an earlier stage, sexual sensations were produced in her through manipulation of the genitalia of the machine; but now the machine no longer possesses genitalia, though why or how they disappeared she cannot tell. Ever since the machine lost its genitalia, the patient has ceased to experience sexual sensations (44, pp. 529, ff.).

Later in his discussion Tausk supposes that the change in the limbs from three dimensions to two indicates a transitional state of affairs. At least, he thought that if he had been able to follow the case for several weeks more, he would have found that the two-dimensional figure also had disappeared.

Psychoanalysts all know what an important case history this one of Miss Natalija A turned out to be. It determined many of our views about the bodily ego and gave us a remarkable peep into the psychology of schizophrenia. Its application in the present context is somewhat different and perhaps a bit subtle. For we find her three-dimensional body gradually turning into a two-dimensional figure, and in the transitional stage that Tausk was able to observe, it had turned into a kind of map of the body surface, a topography without feeling, bearing a strange resemblance to the map that Freud called the cortical homunculus. True, Miss Natalija's map was apparently body size, but the machine was nonetheless turning into a nonsentient manikin diagram. The process that we

<sup>8</sup> This is later explained by the remark that a dreamer also may dream of himself as faceless. In short one does not see one's own head.



call in schizophrenia removal of cathexis from the body image has the same result as the process called abstraction in consciousness psychology in relation to cognition. Miss Natalija A is abstracting, flattening her body into an image, preparatory to its fading away, like so many forgotten 'higher abstractions'.

It is noteworthy that Miss Natalija's legs and genitalia during their transformations retain for a time the shape of the organs. After the sense of flesh and blood disappear, form and shape persist in the pictures painted on the surface of the coffin-like machine. That is, they exist as pictures of genitalia and legs, then are abolished and replaced by blanks. I hesitate to speak of blanks here, for the blankness consists of the absence of pictures and feelings and Miss Natalija seems to possess the faculty of naming them. It may be that this possibility has led to the idea of word cathexis, with the words often behaving as if they had replaced the organ images, or perhaps were influenced by a resurgence with displacement of organ images, of which the best example still would be Freud's (14) and Tausk's example of the eye twister (*Augenverdreher*). On the other hand, the picture of the organ or the body is reduced more and more by this process and one wonders about the outcome at the limit of the reduction. It is again striking that the 'de-visualizing' of the ideas about bodily parts parallels a comparable process that takes place with maturation into adulthood in many if not in most 'normal' persons, when they come to rely on 'purely verbal' or on 'imageless' thought. Again this is 'abstraction'.

Instances are known when a blank bodily part (representation), such as appeared in Miss Natalija's body image, becomes filled by a newly developed image. I am thinking of a kind of micro-restitution, and this is also to be noted in Tausk's article where he summarizes some of the symptomatology of the schizophrenic chemist Ludwig Staudenmaier.

[Staudenmaier] described his sensations during bowel movements from the beginning of the movement to its conclusion,

and attributed every single peristaltic motion coming to his awareness to the activity of special demons allegedly located in the intestines and entrusted with the performance of each separate motion (44, p. 526).<sup>9</sup>

I am struck by the applicability of present-day thinking on the dream to explain Miss Natalija's and Dr. Staudenmaier's bodily representations. When the limb and genital representations in Miss Natalija's bodily image are blanked out, one is reminded of the hypnagogic reduction of mental pictures and bodily representations or images that finally ends in the blankness of sleep. On the comparable blankness in Staudenmaier's intestines, the intruding equivalents of wakers, that is, intestinal sensations, get personified, much as in a dream when intruding phallic sensations are pictured as an airplane soaring into the blue. Both dream and delusion reject the waker or intruder on narcissistic regression. Breaking through into consciousness, Staudenmaier's repudiated sensations generate a homunculus in a sort of optically conditioned form; that is, as a conscious or preconscious picture. In dreams too an asleep bodily part may appear as a person (e.g., the penis as a child, the breasts as sisters, etc.).

For comparison with Freud's scientific diagram of the cortical homunculus and with Miss Natalija's psychotic analogue, we may mention the 'little men' that appear in Schreber's autobiography. Katan has demonstrated the connection of these little men with spermatozoa (24). It was indeed at one time a respectable theory that a little man (a very little man) was crouched in the head of a spermatozoon, and one scientific observer drew an allegedly objective picture of such a homunculus.

<sup>9</sup> Tausk is using the autobiographic book by Ludwig Staudenmaier: *Die Magie als experimentelle Wissenschaft* (43). Extensive comments on Staudenmaier, with excerpts from the book, are in Karl Jaspers' *Allgemeine Psychopathologie* (22, pp. 220, ff.).

Staudenmaier himself says that pieces of his subconscious become independent and personified (*selbstständigwordene Teile meines Unterbewusstseins*).

Niederland (34, 35, 36) later showed how Schreber's description of the hallucinated little man was influenced by sketches to illustrate various gymnastic positions described in the books on physical exercises written by Schreber's father. Sketches of 'little men' are shown with dotted outlines of limbs or the head to indicate various positions they assume during the gymnastics.

Niederland uses these dotted-outline sketches to clarify what Schreber may have meant by *flüchtig hingemachte Männer*, which is not really translated by the phrase 'cursory contraptions'. Niederland writes:

The German *hinmachen* means not only to make, to defecate, to kill, but also to draw or to sketch. In the last sense, it may refer to those numerous diagrams, pictures, and drawings of male figures which illustrate a book, *Ärztliche Zimmergymnastik*, written by Schreber's father . . . (34, p. 589).

Niederland also says that some of the detailed descriptions of the little men read 'like graphic though distorted descriptions of the anatomical illustrations included in the elder Schreber's book'.<sup>10</sup>

The interpretation of the Schreber case has always been attractive to psychoanalytic students. I should like to join in with only one idea that came to me reading about the little men and their origin. I should agree that they represent spermatozoa, but in view of Niederland's studies I should specify the father's spermatozoa. After Schreber's *Weltuntergang* they participate in the restitution process, in creating a new world, in which God and Schreber collaborated.

<sup>10</sup> Staudenmaier's intestinal demons are suspiciously like personified spermatozoa. Staudenmaier describes very sensitively how he introjects objects of his admiration (or unconscious desire), such as a military commander he set up in himself and addressed as Your Highness. This personification of a part of his 'subconscious' that has become independent (to quote Staudenmaier) seems to have been exercised on a microscopic male element in the intestine. There are alchemical analogues for this fantasy (43, p. vi).



TRACTATUS PRIMI.  
SECTIONIS II.  
PORTIO III.  
De animæ memorativæ scientiæ, quæ  
vulgo ars memoriæ vocatur.  
ARS MEMORIÆ.



TRA

15 First page of the *Ars memoriae* in Robert Fludd's *Utriusque Cosmi . . . Historia*, Tomus Secundus, Oppenheim, 1619 (pp. 326-7)

Figure 1.

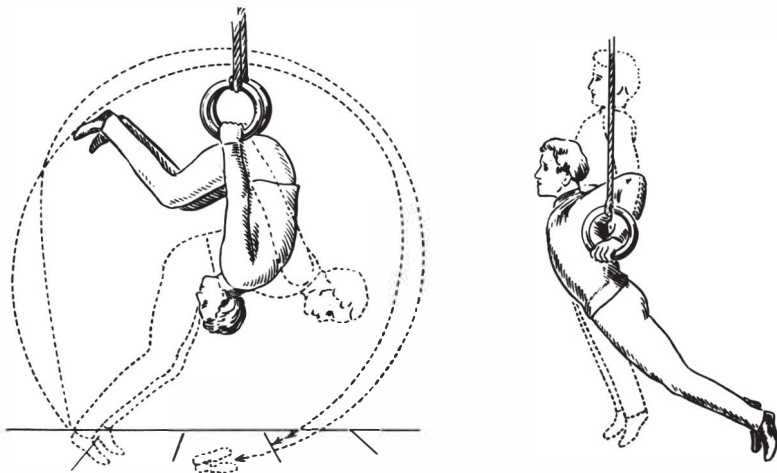
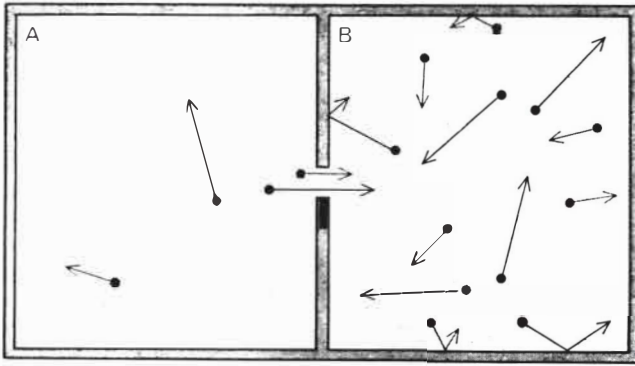
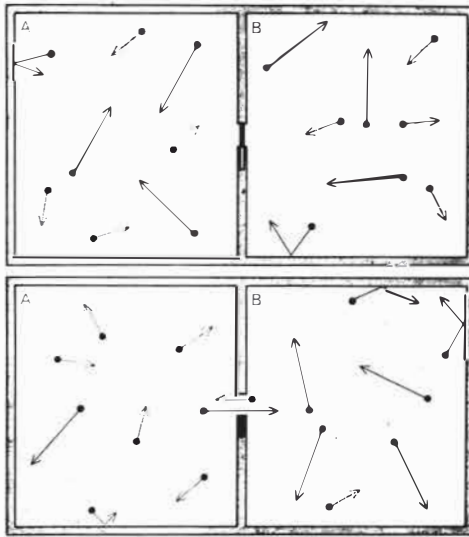


Figure 2.



ANOTHER APPROACH to the problem of designing a perpetual-motion machine that employs the services of a sorting demon also begins with equal pressures and temperatures on both sides of the division. By opening and closing the shutter at the right times the demon could allow both swift and slow molecules to pass only from *A* to *B*. The resulting difference in pressure between the two sides could then be readily translated into mechanical work.

Figure 3.



**SORTING DEMON OPERATES** by opening and closing a small hole in a division between two portions of a vessel full of air at a uniform temperature (*top*). The demon can see the individual molecules, which move at many different velocities. By opening and closing the hole so as to allow only the *slower* molecules to pass from *A* to *B* and only the *swifter* ones to pass from *B* to *A*, the demon could, without expenditure of work, raise the temperature of *B* and lower that of *A* (*bottom*), in contradiction to the second law of thermodynamics. It would then be an easy matter to design a perpetual-motion machine that derived its mechanical effect from the temperature difference between the two portions of the vessel.

Figure 4.

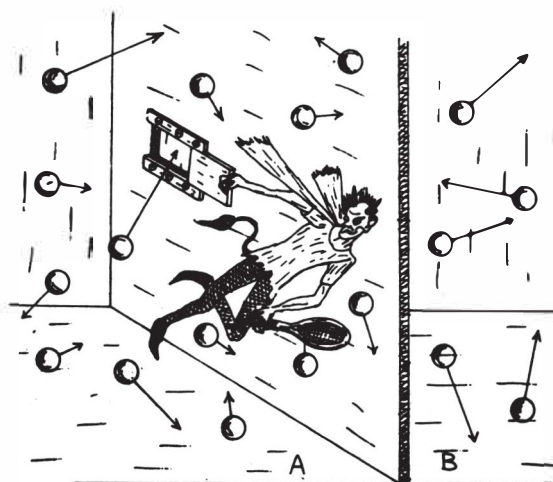


Figure 5.

# MOTOR AND SENSORY

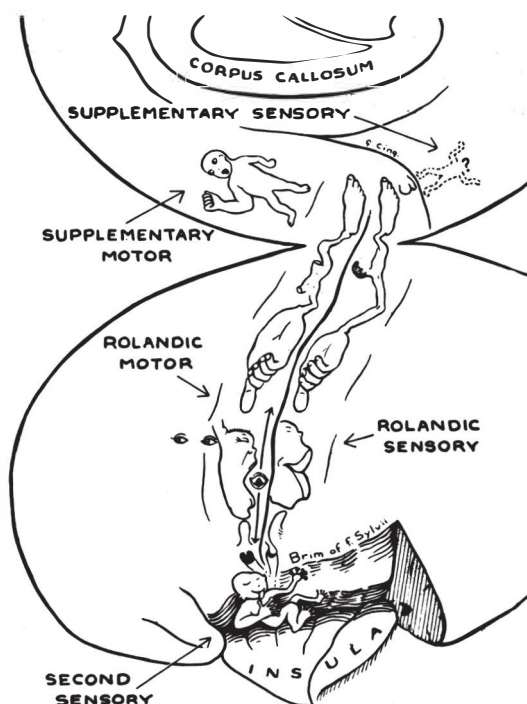


Figure 6.

### COMMENTS ON THE FIGURES

The first figure is from Frances Yates's book and shows literally 'the eye of the imagination'. It is taken from a book by Robert Fludd, *Ars memoria*, 1619. The second figure depicts the gymnastics described by Schreber's father, and is borrowed from William Niederland's article, *Further Data and Memorabilia Pertaining to the Schreber Case*. The human form is becoming abstract in Schreber. Figures 3 and 4 are from W. Ehrenberg's article, *Maxwell's Demon*. The demon is not seen as a bodily entity but rather as an abstraction; the accompanying text is full of references to the demon. This character is depicted in Figure 5, borrowed from George Gamow's *Biography of Physics*. Figure 6 shows the distortion of the 'little man' along the fissure of Rolando, and is borrowed from Wilder Penfield.

I should not like to omit from any study of body image a reference to the paper by Paul Kramer (26), a detailed clinical report relevant not only to the development of the body image but also to the matter of location of what Federn called 'mental ego feeling', that is, the spot where one situates one's subjective self, the system *Pcpt-Cs*. Kramer's patient had a complex relation to a 'little man' who alternately was in him or with whom he identified himself. The little man was a complicated personality. The role of the mirror image in this case is also interesting, but the case is too detailed for convenient summary here.

The oral-stage problem of separation from the mother and the establishment of an independent ego, including an independent body ego, is known to give way to an anal-stage analogue; namely, the separation of feces from the body. Perhaps because of their size, the homunculi have always suggested fecal masses and derivatives of fecal masses. There are 'anal babies', an 'anal penis', and the like. The extent to which a fecal mass persists in living is a familiar childhood problem, and independence from the body image of internal homunculi figures is a problem in many accounts.

The anal quality in the homunculus was evident to that psychoanalytic pioneer, Sandor Ferenczi (7), who made many contributions to the field of anal eroticism. In his study of *Gulliver Phantasies*, Ferenczi matches Swift's elaborations with clinical examples, which can be summarized in the statement that the Lilliputians may represent babies, phalloi, or feces. Among the gigantic Brobdingnagians, Gulliver takes his turn at being a baby (or foetus), a phallus, or a fecal mass. Foetuses of course are 'inside' babies, located midst the feces and urine. Undefecated masses too are inside babies, foetuses.

Silberer's early paper, *The Homunculus* (42), is relevant to our present interest, especially the matter of the little man residing in the head. Silberer's interest is predominantly in the alchemist writings. Alchemy, he quotes Jung as saying, arose as a magic of fertilization, that is, to discover a means of



producing babies without a mother (*'d.h. ein Mittel, wie Kinder gemacht werden könnten ohne Mutter'*). Silberer thinks this is going too far, yet he thinks there is a great deal of truth in the idea; and he certainly supplies much material to make such a theory plausible. The alchemists were interested in *sublimation* and *ennobling*. Noble metals, especially gold, were to arise from the treatment of baser metals, and the like; and scientifically, so to speak, the production of a homunculus was allegedly a preliminary run. If one could make a little man or even a monster out of such 'base' materials as the alchemists used, then this *Vorversuch* would be encouraging. The infantile fantasies here are fairly obvious.

The most striking, protoscientific, laboratory form of homunculus production is described by Paracelsus (1493-1541). Silberer's excerpt from Paracelsus's writings runs for seven pages. I shall try to make a further shortened account. Paracelsus recognizes two types of generation, the natural kind (*ohne alle Kunst*) and the artificial (*durch Kunst*). *Kunst*, he specifies, is *alchimia*, and he has in mind both science and technology. In short, the homunculus can be made as follows:

Place horse manure in a glass retort, introduce human semen, keep the vessel warm, irrigate with menstrual blood, and after forty days, signs of life will appear. Gradually during the time after that and up to forty weeks, a homunculus will develop, transparent at first, slowly taking on human form until he is born from the flask a complete man,<sup>11</sup> but much tinier. His subsequent growth is varied; he may become a dwarf, a giant, or other miraculous creature; but obviously the alchemist loses interest in this, his artificial brain child; or should one not specify the organ of thought and recognize that it is an artificial uterus or '*venter*' (belly) that comes into question.

<sup>11</sup> Cf. Staudenmaier's similar process of producing his personifications, e.g., 'His Highness', 'The Child', 'Roundhead' (a rubber ball), et. al., who start as pure ideas and change into independent parts that converse with him (43, pp. 29, ff.).

Paracelsus marshals many current ideas to justify this procedure. It was well known that an emission on the ground might cause Mother Earth to produce an elfin creature known as the *alraun*, an odd sort of manikin. The semen, taken literally as seed, it was thought, had to undergo putrefaction before a foetus could sprout; this thought came from agriculture, but the uterus too underwent a certain putrefaction, producing the *menstruum*, to serve as fertilizer to the planted seed. There were recorded all sorts of odd cross-fertilizations that resulted in monsters. Fertilization could also take place 'sodomitically' under certain circumstances. The word was used in the sense of animal copulation as well as anal homosexual. Apparently, a good deal of lore of this kind, not available to human scholars, was accessible to sylphs, nymphs, and other such creatures. Coprophagia after anal copulation seems to have been a recognized technique.

The retort in which the homunculus grows is called a *cucurbitula*,<sup>12</sup> a cucumber, but older writers suggested the use of a gourd by this name, causing confusion, which Silberer clears up.

The horse manure was symbolically called *venter equi*, since evidently the alchemists thought they were simulating the belly. So far as is known, the experiments were limited to the flask method, and did not employ animals in the ways suggested by the reasoning.

I do not know whether the alchemist's homunculus appeared later in science in the form of Descartes's diver and the others I mentioned previously. That is, I do not know whether this connection has been traced. More importantly, is it possible to connect the fantastic homunculi that were assigned to a horse's belly with those very scientific homunculi that appeared, for example, along the fissure of Rolando? Early

<sup>12</sup> *Cucurbitula* is not only a retort but also a cupping glass. It translates (Gr.) σικυα, a gourd something like a cucumber but eaten after it ripens, and called σπερματια, seedy cucumber. Perhaps the name was suggestive to the early scientists.

modern science was not averse to putting homunculi of that sort into appropriate parts of the body, including the head of the spermatozoon, after that cellule was discovered by the microscope. The cortical homunculus is of course in the head, but dream psychology and the obsessions teach us that the head often gets equated with the lower abdomen or intestinal tract. Paracelsus thought of producing a homunculus as a preliminary to producing gold—we should call this latter his 'ego intention'.

Our modern homunculus along the fissure of Rolando is much reduced and comes nearer to satisfying our ego intentions; he is a little scientific map, a piece of topography and not much else, even if he arose from the medieval fantasy. He is indeed, if that is the case, an unexpected success, for he is a pure sublimation, an ennoblement of a not very salubrious starting material.

All in all, the homunculus, bred in a closed vessel, is with us 'in spirit'—returns from repression—with all the alchemical implications of male cephalic parthenogenesis, in the sublimated homuncular diagrams on the brain. The *cucurbitula* has been replaced by the cranial cavity and perhaps ultimately by the psychical apparatus in its metaphorical form of two rooms and a watchman.<sup>13</sup>

The two-room psychic apparatus, besides the censor-watchman, includes a part homunculus, if one wishes to scale him in this way—namely, the permanent resident of the preconscious room who is the spectator. This spectator is clearly the traditional 'inner eye' or the 'eye of the imagination' of which the philosophers have written. In Freud's metaphor he is said to become aware of some of the contents of the preconsciousness room, which makes them qualitatively conscious.

<sup>13</sup> It is an interesting coincidence perhaps that one of Freud's patients, a chemist, dreamed of himself replacing the zinc in a retort, in Grignard's synthesis (9, p. 382). The manifest dream contains a reference to the disappearance of his body image, which is dissolving in parts.

Besides an eye the spectator must have other anatomic equivalents, for instance, the muscles which permit the eyes to travel, the extraocular muscles attached to the eyeballs. This inner eye also has whatever parts it takes to permit three-dimensional vision, or accommodation. Though this eye has been portrayed, its dimensions are much more uncertain even than those of the watchman, and I suppose much more variable. Sometimes it seems to duplicate the physical eye, at other times to be very large, as if it occupied most of the inside of the cranium and coincided with the inside head image. As its concreteness diminishes, it resembles the abstract 'subject' of system *Pcpt-Cs*.

This suggests a dualism, not only in Freud's two-room diagram, but in general where the homunculus is presented. I do not know what relationship exists between such subjectively experienced actions of the 'inner eye' and the objective extraocular eye motions, observed as a presumed correlate or accompaniment of dreaming.

I should like to end by, repeating the idea that I introduced earlier, namely, that of *sublimation*. Beginning with the infantile fantasy of the anal child, which was private, the idea of the homunculus received truly alchemistic treatment at the hands of Paracelsus and the other medieval and early renaissance magi. It is probably important that such work was not only imaginable but publishable, so that the recipes for making a homunculus became public, later to be used either as a fantasy in fiction (for example); or else in a further refined state *via* retorts and sophisticated chemistry and biology to serve as a sketch for real research. Even today, the idea that a baby might be produced in a test tube has been received with considerable alarm by our times, and the investigators no longer have Paracelsus's boldness. As to behavioral science, it still studies how one may best banish the little man in the head from the brain and the mind.

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## Altered States of Consciousness: An Experimental Case Study

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# ALTERED STATES OF CONSCIOUSNESS: AN EXPERIMENTAL CASE STUDY

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## INTRODUCTION

Consciousness as an ego function and states of consciousness of the total organism have been areas of renewed interest and psychoanalytic study in recent years. In addition to a number of clinical psychoanalytic investigations into the nature and function of altered states of consciousness, at times referred to as archaic ego states, there have been a number of experimental studies in this area. Among the latter is an extensive research study by my associates and myself into the altered states of consciousness induced by d-lysergic acid diethylamide (LSD) (21). It is the purpose of this communication to present a further aspect of these investigations by reporting material related to earliest memory recall in the waking and altered state by a single, intensively studied subject. The presentation includes observations regarding the dissolution under LSD of the screening function of this subject's earliest recollection with the revelation of a screened memory.

Since I have recently reviewed in some detail the development of the psychoanalytic thinking in regard to consciousness (21), I will here briefly summarize the conclusions of that survey as an orientation for this contribution. As developed by Freud (6, 8, 9, 10, 11, 12), and refined particularly by Rapaport (26, 27, 28, 29), Klein (15), and Gill (13), the term consciousness currently has two major uses in psychoanalytic theory. The first refers to consciousness as a primary, relatively autonomous ego apparatus or function—a structure within the ego which gives to experiences a quality of awareness and which operates through scanning available stimuli and dispensing to

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them a limited amount of attention cathexis or hypercathexis. The second usage of consciousness refers to a state of the total organism and is defined along a multiplicity of parameters referable to virtually every dimension of psychic functioning, each of which may vary with, or cause variations in, the level of consciousness. These parameters characterize the state of consciousness as a totality, a cognitive organization. They include directly observable dimensions such as those which describe the awake-asleep continuum, those referable to the manifestations of how attention is dispensed and distributed, and those related to the contents of awareness. Beyond such manifest dimensions are those inferred from behavior and conceptualized metapsychologically, such as anticathectic organizations of defense, instinctual drive organizations, memory organizations, cognitive styles, and the like. Among these, the hierarchical organization of memory-fantasies is the focus of the present study.

In this context, two previous sub-studies of our subjects under LSD serve as background for this report. The first dealt with the problem of the extent of communication and overlap between the waking and LSD states of consciousness (22, 25). This was investigated through questionnaire responses, by comparing the waking recall of the drug experience on the day following its ingestion with the direct report of this experience while under the drug. Three major styles of this recall were found and each was associated with a specific personality constellation and a distinctive altered state.

Briefly, the first style was that seen in 'adders'—subjects who reported in retrospect many aspects of their drug experience originally omitted under LSD. These subjects had experienced a pervasive altered state under LSD which included changes in their self and body images, somatic symptoms, alterations in their perception of the environment, and impaired controls. Personality data indicated that these subjects were schizoid with poorly integrated personalities and considerable psychopathology.

The second style was that of the 'subtractors'—subjects who, in their waking recall of the altered state, failed to report many aspects of their drug experience originally described while under LSD. These subjects had an altered-state experience characterized by a preponderance of changes in their manner of experiencing and relating to the environment. In regard to their personalities, they were well-defended obsessive-compulsive characters with paranoid features.

The last style was that of the 'accurate recallers'—subjects who recalled their drug experience much as they had originally described it under LSD. Their altered state was a minimal one in every area; their personalities those of inhibited obsessive-compulsive characters with tight controls in all spheres.

The second sub-study investigated the effects of the LSD states of consciousness on first memory recall (20). Most relevant here were the findings that, compared to the placebo group and to their own waking state recollections, the 'adders', while in their particularly archaic altered state of consciousness, recalled significantly more new and regressed earliest memories. 'Subtractors' and 'accurate recallers' recalled essentially the same earliest memory they had reported in the waking state.

These two studies are indicative of the individual differences which prevail in regard to the development of altered states of consciousness, the communication between different states of consciousness, and the availability of archaic memory-fantasy content for report in different states of consciousness. For the study to be described here, I have selected a subject from the 'adders' who reported a new and regressed first memory while experiencing a particularly archaic LSD altered state. Through the material developed with this subject, I will focus on the following problems: 1, the relationship between first memories and personality; 2, the nature of the alterations in instinctual drives and ego functions in an archaic altered state; 3, the differences and similarities in the cognitive organization of memory-fantasies in waking and altered states; 4, the relationship between the screened memory and the memory it screens.

### CASE STUDY

The portrait of S is based on a pre-experimental clinical interview, autobiography, Rorschach test, Thematic Apperception Test, Wechsler-Bellevue Scale, and an extensive, probing interview five years after the initial research was completed.

At the time of the study, S was an actor in his early thirties. He was the youngest of several children, and described a lonely childhood in which he played mostly with girls. Attempts to play with boys failed; one hit him with a brick over his eye. He received an injection and stitches, and a gift of a huge pencil from his mother after this injury. He had a preoccupation with a solitary game in which he crowned queens and then beheaded them. He was a bedwetter. He slept in a room with his siblings. There was an atmosphere of overstimulation in the family: mother had a male visitor whom father suspected was a lover and S suspected was a homosexual; father was flirtatious with other women. To S, his parents were remote. Mother disciplined him harshly at times; she also fostered in him an interest in housework. She was an anxious, tearful woman who was often ill with both surgical and medical problems. Father, a laborer, was seldom around, but when he was at home, he barely spoke. S enjoyed being with his sisters but felt distant from his brothers. One brother was the object of his first homosexual experience: when S was about eleven years old he approached the brother in the kitchen, fondled his genitals, and performed fellatio. This experience was associated with a dream from that time.

I am in a factory and a man is going to [or does] hang me up, possibly by the penis.

This was described as a 'satisfyingly frightening' dream; his associations to factory were castles and large, stone-walled, bleak places.

S was impotent with women and lived as a homosexual. He feared venereal disease. Although generally passive and supported by his lovers, many quarrels marred his relationships.

The psychological tests, particularly the Rorschach and the Thematic Apperception Test, provided a picture of S's character structure. He was consciously anxious and acutely insecure ('falling') much of the time; he often felt hopeless, extremely vulnerable, and in need of support.

The major sources of S's anxiety were castration fears and related fears of bodily damage. He was preoccupied with sex: sexual intrusions he felt interfered with his work and other relationships. He viewed women as powerful whores, and dreaded and avoided them. He denied 'female castration' by viewing women as phallic despite perceptions of the vagina. His avoidance of women was related to his dread of father who was seen as powerful and castrating. S's object relations were narcissistic and shallow; he put up a false social front and was lonely. His controls were poor, his superego isolated and ineffectual. Repeatedly, anxiety prompted him to turn to perverted behavior. Similarly, aggression, perceived as ego-alien, was denied and then acted out. His self-image was that of a young boy, deformed in body, who submits to an older man who becomes his protector and provider.

S's Rorschach responses included a perseveration of sexual and body responses, especially of the vagina. The vagina was perceived as bloody and engulfing, but the percept was poorly integrated and primitive, leading to great anxiety. His critical judgment became poor and wishful primary process thinking dominated reality, but rationalizations followed which enabled him to recover from his disturbance. Men became confused with phallic women (queens). His perception of phallic women led to symbolic interpretations and poor separation of himself from objects. These disturbances were then repaired by other rationalizations and by intellectualization. The Rorschach also suggested that S feared his father's penis, which might attack him from the rear. His defenses against this phallus included a passive, sucking attitude, an avoidance of mother, and a search for phallic re-enforcements, notably through exhibitionism and homosexuality.

In the pre-test (non-drug) condition, S was instructed to describe his earliest memory. He reported two, both from age five.

1. 'The very first complete memory I have . . . is one day . . . I was with my mother . . . and we went to visit my granny in her home . . . and they were in another room . . . I think having tea or talking . . . and I wandered into the hallway . . . where there's a big statue my granny had. It seemed enormous to me then . . . and it was a female statue . . . and I climbed up (though I don't remember the actual climbing up . . . when we talked later). I must have tried to climb the statue to kiss her on the mouth. It was a female statue . . . and I guess the statue was old and dry . . . sort of chalk statue . . . it crashed down on top of me and all I remember was my granny came rushing out and she was very upset about it all . . . and my mother saying, "Well, as long as the boy is all right". My mother was more concerned about me, I remember . . . and my dad tried to replace the statue for my granny though my granny wouldn't have it replaced, she was so upset about that one being broken . . . she wouldn't accept my dad's offer to have one replaced. She . . . granny . . . was much more concerned about her statue than about me.'

2. 'When I was very young . . . and I was wandering in a street . . . and I was lost . . . in front of a big building, I remember . . . and I'm sure I was lost.'

Under LSD-25, S referred to the statue memory but then searched for an even earlier recollection. An excerpt from his rambling, which actually revolved around the later age of six, runs as follows.

An early memory. Let's see . . . we lived in a house in A . . . it was what they call a tenement house . . . and there were three, two sisters . . . there was a woman . . . see . . . there was one thing they used to call the close . . . the close to the house . . . oh dear . . . if I could only explain it in another language . . . it's a passageway . . . in an old tenement house . . . called a close . . . and there are always two houses in a close . . . and

in one of the houses was this family . . . a woman . . . she had two daughters, the Court girls . . . and they were Roman Catholic girls . . . all my playmates were all Roman Catholic and I was Protestant. I'm trying to think of any memory with these girls. Well, they had these wonderful dolls and things. I don't know . . . somehow or other I think of Shirley Temple. . .

Oh . . . I must have an early memory of one of these girls, but I can't think of any particular one . . . nor of anything else. No memory that actually stands out in my mind . . . really. Let me see if any memory stands out . . . no, no, no. It is very funny . . . it is as though I am always going down myself through the days . . . and I can see the stairway . . . I can see that room . . . I can see where we played . . . and the wall, and played with the dolls on the floor. Yet I . . . I remember once thinking that I would have liked a doll that was all gold . . . I remember . . . all gold . . . and very small . . . I've always liked very small things. I don't know why I wanted this gold doll . . . except oh, I know what it was . . . I wanted a doll . . . and I thought . . . what was the most perfect doll . . . so it would be solid gold . . . a solid gold doll . . . and I don't know . . . then I thought of things like silver . . . it would have something of silver . . . hair of silver . . . metal silver . . . it was a doll . . . it wasn't a . . . I remember that now . . . yes, a doll of solid gold . . . I . . . and it would be a small doll . . . it would be so neat and so perfect. For some reason I think of the Christ thing . . . the Christ and the crib, you know? The Christmas thing for some reason. And I think of something earlier . . . I thought of a gold and white image of the God . . . the white on white . . . where the black on black . . . when we were talking about the colored uh . . . and while I think of a colored man . . . I'm wandering again . . . I'm sorry.

Yes, I remember wanting a doll very badly . . . a doll like the Court girls . . . then I remember at one time wanting this particular gold doll . . . I don't think I ever mentioned it to anybody . . . and I don't think it was a strong wish . . . I don't remember.

Oh, but let me tell you what did happen . . . if I may . . . let me interject something here . . . talking about Shirley Temple and dolls . . . someone gave me . . . you know how in

those days . . . they had . . . in your daddy's . . . in your father's cigarette packet a picture postcard of film stars . . . well, for some reason . . . it wasn't because I collected all the others or anything . . . but for some reason I don't know who gave it to me . . . some one in my family I know . . . gave me . . . out of a brand new packet . . . I remember it was brand new . . . so clean . . . and so crisp and fresh . . . a brand new picture of Shirley Temple . . . and to me . . . although I ignored the other cards in the set . . . I guess there must have been an awful lot of other cards in the set . . . to complete the set . . . I had this one picture of Shirley Temple and I thought it was a prize possession . . . and I went racing down the street . . . to show it to somebody . . . I can't think . . . and their grubby little filthy paws . . . they crushed it in their hands.

One other recollection that S reported spontaneously very soon after he took the drug will complete this presentation. He first thought of a coffin lined in gray or black, of his granny lying in the coffin, of asking who died recently, of a queen who was beheaded, and of a spider. He reported this recollection.

She [grandmother] is in her kitchen . . . the family were there and they are all going up and they're kissing the old lady . . . she's dead in her coffin . . . and they asked me to . . . I had to go up and kiss her . . . and I did. . . . I don't think I was frightened . . . I feel a little sick now though. . . . I've never thought of this before . . . why am I laughing . . . I never thought of this when writing [my autobiography, and when asked] what my earliest memories were.

Five years later, S offered another early memory of a lodger, a big man, taking him to the park and of running in the grass while the lodger watched. He then returned to the statue memory as his earliest and, in repeating it, added references to the pedestal on which the statue stood near a window, to its being an old, dried-up thing, to his trying to kiss the 'white lady', and to his grandmother saying he should be whipped or spanked.



At the same time, S added that under the drug five years before he had recalled an older uncle after whom he was named, and of how the uncle smelled of tobacco. In this last interview he failed for some time to mention the drug memories of his grandmother's death, his female playmates, the Shirley Temple doll, and the crushed picture, despite extensive inquiry. Instead he spoke at length of the grandmother in the pre-drug statue memory, his maternal grandmother. Probing finally revealed that it was the paternal grandmother who had died when S was eight years old, and only then did he mention the drug memory of her death again. In this telling, the grandmother was lying on a bed and when S kissed her he noticed hair on her face—whiskers—and he had 'a terrible fit of giggles' after kissing her.

### DISCUSSION

While the present study is limited in that it deals essentially with manifest memory content and a single subject, the material nonetheless offers an opportunity to compare highly condensed and important memory-fantasies drawn from two distinct states of consciousness. As previously discussed (17, 18), there are naturally limitations to an approach such as this. However, if we adhere essentially to the manifest content of these memories and to what may be most readily inferred from this content, using a somewhat freer modification of our previously described scoring system (17), we can glean from these productions considerable material of relevance to the psychoanalytic theory of consciousness.

1. If we compare the assessment of S with his pre-test earliest memories, we can recognize that, as has been demonstrated in recent group studies (17, 18, 19, 20), these memories reflect central aspects of S's personality. Briefly, we may note S's conflict with, and aggressiveness toward, women; his severe castration anxiety; his loneliness; his poor object relationships; his poor controls. All of these are reflected in both the pre-test memories and his assessment.



The extent to which the memories in the drug state reflect S's basic personality is less clear, and a group study of this question is not available. It is my impression that altered-state earliest memories also reflect enduring personality dimensions and conflicts.

2. The style of report of the altered-state earliest memories differs from that in the waking state. We can observe in the drug state, but not in the waking state, a fragmentation of contents; an inability to focus or cathect a selected, stable, single memory; intrusions of nonmemory content; an open associational flow; an emphasis on imagery and, particularly, on fantasy; and a feeling that experienced mental contents cannot be communicated through the usual means of language. These changes are a reflection of the cognitive organization and its tools in the altered state. We may conceptualize these as changes in a number of ego functions, among which the regulation and style of dispensing and distributing attention cathexis is particularly significant. Compared to the waking state, these cathexes seem to be less controlled by the ego and more easily overwhelmed or pre-empted by shifting contents. The probability that it is drive-related mental contents that are most likely to capture attention cathexes in this state is suggested by the nature of the memory material and our information about S.

Thus, our data indicate that both the contents cognized and the attention-cathecting function of consciousness itself are modified in altered states of consciousness. This observation may illumine aspects of Rapaport's hypotheses (*cf.*, 28).

3. The pre-test (waking state) and experimental (drug state) earliest memory reports (ignoring for the moment the screened memory of the death of S's grandmother) suggest certain hypotheses regarding the two cognitive organizations which are tapped by these sets of recollections—one the waking recall of earliest childhood and the other the altered state recall of this period. These may be described both in terms of the differences and similarities between the two states of consciousness.

Differences in the two states suggested by these data include the following which refer to the altered state as compared to the waking state: memories are organized to a greater extent in the primary rather than the secondary process mode; drive derivatives play a greater role in the memory content and, further, do so through the expression of more 'primitive' derivatives; the structural balance between id, ego, and superego is altered; and an entirely different repressed fantasy system is revealed, which is essentially absent in the waking state productions. Similarities in the two states suggested by these data include the following: aspects of the balance between ego, id, and superego are comparable; and there are shared or bridge-like fantasy elements common to both states.

We conceive, as do Rapaport (27), Klein (15), and Arlow (1, 2, 3, 4), of memory and fantasy organizations as existing as schemata layered in a hierarchy from drive-dominated, primary-process organized to reality-related, conceptual, secondary-process organized. In our two sets of recollections, the waking state memories are more strongly fixed in reality and in specific well-delineated object relationships, with a suggestion of symbolic representation, as in the reference to the statue. The latter probably reflects the roots of this memory in earliest childhood (*cf.*, 23, 30). The altered state memories, on the other hand, and particularly the 'doll' recollection, center around a fantasy-wish with a strong symbolic dimension. In these memories there is a fluidity of contents, shifting from the girls to the doll to the picture, which may reflect not only the difficulties in focusing attention under LSD-25 but also mobility of cathectic investments and an ease of displaceability in these cathexes. Thus, we may have observed directly some features of the primary process.

Let us now attempt an assessment of the structural balances reflected in the recollections from the two states. In the waking state, id derivatives may be seen in the wish to kiss the statue and cling to it. There is also the destruction of the statue which has ego-alien and control-loss qualities in being accidental. In regard to the ego, the object relationships reflected in this

memory are adequate although an inanimate object is central. There is separation and loneliness, and ultimately object loss and bodily damage to S. There may be attempts at mastery implied in the effort to climb and in turning to father for assistance, though both fail. There is a positive note in mother's concern for S. And finally, the superego derivatives are represented in this memory through S's misbehavior when he was not watched, in grandmother's punitive reaction to the accident, and in the concern expressed by mother and father.

In the altered state recollections, id aspects include the play with the Court girls and the central theme of the memories: the implied wish to become pregnant and have a 'Christ child', including the related wishes for the perfect doll and for the picture of Shirley Temple. Aggression is directed toward S by an indefinite figure, and there may be a punitive element to it. Regarding the ego aspects of these drug memories, compared to the waking memories, there is a more open suggestion of a strong feminine identification; indications of more peripheral object relationships in the vagueness of the persons mentioned and in the central role played in the memories by inanimate objects; comparatively less regard for reality since a wish is the major theme of one of the memories; a more extensive utilization of symbolism; and little success in achieving the goals S sets for himself.

Over-all, we may infer that the relationship between the psychic macrostructures bears considerable similarity and some differences in the two states of consciousness. One major difference is the appearance in the altered state of a pregnancy fantasy as a central memory theme. This fantasy system may have appeared under LSD-25 because of shifts in the countercahelic alignment of the ego's defenses as well as an intensification of instinctual drive expressions. The appearance in awareness of such an unconscious fantasy in the altered state of consciousness serves to exemplify the relationship between these two phenomena. In another vein, these findings suggest that gross structural balances are largely comparable and enduring in

different states of consciousness, while selected substructures are altered.

In addition to the similarities noted structurally, there are striking comparabilities in the raw fantasy elements in the memories from each state of consciousness. To note them briefly, both include references to two women; the statue is paralleled by the dolls; the crash-destruction of the statue parallels the crushed-destruction of the doll-related picture of Shirley Temple; the prized quality of the statue for grandmother corresponds to S's feeling that the picture was a prized possession; and father as the source of restitution by way of the offer to replace the statue corresponds to his being represented as giving S the picture, these offers being unsuccessful in both instances.

These manifest elements may be bridges that link the total cognitive and fantasy-memory organizations in the two states and indicators that there is a relationship between the mental contents organized in the various states of consciousness. These bridges may derive from schemata shared by the organizations (*cf.*, 27), and they appear to be comprised of related drive and ego expressions. One is reminded of selected manifest dream elements which are the key to crucial clusters of latent dream thoughts, and of phrases in free association that connect the manifest themes on which the patient is consciously focusing to the unconscious themes that lie latent beneath them. Put another way, these bridges are apparently selected for their capacity to both screen and represent what is concealed, much as Freud demonstrated for screen memories (7). This leads, then, to a discussion of S's screened memory.

4. The countercahctetic and other alterations in the psychic apparatus induced by LSD-25 revealed a repressed memory that was screened in part by S's waking earliest memory. This is an unusual form of screen memory: an earlier recollection (of S's maternal grandmother and the statue) screening a later traumatic experience (the death of S's paternal grandmother). Freud, in his paper on screen memories (7), also dealt with such a screen, which, as Strachey notes (31), has seldom been

mentioned in the subsequent literature. In that paper Freud drew a parallel between the screening process and symptom-formation: there is a conflict between remembering and resistance-forgetting—between, we might add now, the id and the ego or within the ego itself—which is handled by means of a compromise. Through the use of displacement, a traumatic experience and the fantasies associated with it are repressed and a substitute derivative memory is recalled.

In Freud's analysis of what was apparently his own memory (14, 31), an early recollection preceded and screened associations to a teen-age experience that involved sexual fantasies. We might note, as did Jones (14), that in keeping with the level of analysis of his own dreams, Freud did not generally expose the infantile roots involved in such material (8). While the early memory momentarily served as a screen for an adolescent fantasy, it also undoubtedly screened infantile fantasies and memories, and these latter fantasies were probably the precursors of the former. Similarly, with S, the earliest memory of the statue screened the repressed death scene but undoubtedly also screened earlier, infantile experiences and fantasies, possibly related to his mother.

In comparing the waking earliest memory with the memory of S's grandmother's death, we can again identify common elements which form the two sides of the screen. In other terms, these are the links between the two cognitive organizations in which the two memories are embedded. To exemplify these, grandmother and kissing are referred to in both recollections, while climbing is paralleled by going up and the dried-up white lady statue has its counterpart in the dead grandmother. Structurally, id elements in the memory of grandmother's death include kissing and total destruction: death. Regarding ego aspects, the central object is a dead woman although distant relatedness is reflected through the pressure from others to kiss grandmother.

In recalling the screen instead of the screened memory, certain gains for S seem evident. In understanding these, a concept

of 'memory work' I suggested elsewhere (17, 18) might prove useful. This is a term analogous to 'dream work' and refers to the mechanisms used by the ego to modify the latent memory experience to produce a manifest screen memory. The dynamics and economics of this work account for the repression of the traumatic experience, a repression which is maintained by countercaustic forces.

If we turn to S's two memories, certain differences are striking. The screen memory offers the recall of a living grandmother instead of a dead one, of a minor injury to S and the destruction of a potentially replaceable statue instead of the death of a loved one in all of its finality, and of attempts to replace the lost statue instead of the helplessness of the death situation. The ego has 'reworked', through displacement, denial, and other means, the memory of a devastating experience into a far less traumatic one. While one could speculate further, it is best to consider this point as one limit to our work with manifest content and await further data with which we might develop these formulations in greater depth.

5. If we cautiously consider S's historical and assessment material in conjunction with the memories he reported, we can develop certain additional hypotheses. The data suggest an extension of Rapaport's (27) and Arlow's (1) demonstrations that the same concept or conflict receives different representations at different levels of consciousness. Our material suggests that similar basic anxieties, and a person's attempts to cope with them, may be represented differently in various states of consciousness. This is a concept strongly akin to one presented by Arlow (1, 2, 3, 4) that there is a hierarchy of fantasy life grouped around basic instinctual wishes and different historical attempts of the ego to resolve the intrapsychic conflicts over these wishes. My own thesis, however, was developed independently from the data presented by Arlow.

To exemplify this in a tentative manner, S's history and assessment suggest that castration anxiety is a major motif in his life. If we follow this thread through the recollections re-

ported by him (with the understanding that other material condensed in these memories will not be discussed here), we can view the fantasy-memories from each state as different cognitive attempts to recall and cope with situations related to this anxiety at different levels of consciousness. Thus, the waking recollection of the statue presents S's bodily anxieties, hints at its relationship to women, and presents reality-oriented attempts at restitution, which fail. The altered state memories present the bodily danger in terms of death, hint at fantasies of restitution beyond real possibility, such as through pregnancy, and again give the impression of failure to cope. Incidentally, these failures to resolve the anxiety are also amply demonstrated in S's life and in his test protocols.

These remarks, while speculative, are presented to indicate the need for study in detail and depth of the unconscious cognitive organizations and the specific memory-fantasies embedded within them.

6. The discovery of distinctive fantasy systems in the altered state may be compared with another means of access to these cognitive organizations: the painstaking work in the course of a psychoanalysis which leads to the revelation of unconscious fantasies. This slow process has been discussed by Arlow (4) and detailed by Kris (16), while Niederland (24) has described the more dramatic appearance of such memory-fantasies during analysis through a sudden alteration in the state of consciousness, an event which more closely resembles the conditions of the present study. In this context, it is of note that in the waking state interview long after the drug experience, S's memories of grandmother's death and of the dolls which had been reported under LSD were not spontaneously recalled, but were mentioned only in response to a detailed inquiry concerning grandmother. It would appear then, as suggested by the work of Kris (16) and Niederland (24), that these recollections were not integrated into the waking mental organization through the 'release' of the memories under the drug, but were subsequently 'unremembered' because analytic working



through and synthesis did not follow. Put another way, they were not integrated into the waking cognitive organization.

### SUMMARY AND CONCLUSIONS

This paper describes a study of earliest childhood memories reported in the waking state and in the altered state by a subject selected because of the archaic state of consciousness he experienced under LSD and because of the series of regressive shifts observed in his earliest memory recall under LSD, which included the revelation of a screened memory. The following conclusions are drawn from these observations.

1. Waking earliest memories can be related to central personality attributes and anxieties; this may also be true of earliest memories reported in altered states.

2. In the altered state, there appears to be both a change in the ego function of consciousness, particularly in its role as the distributor of attention cathexis, and in the mental contents most likely to be cathected by attention.

3. Differences in the cognitive organizations prevailing at the two levels of consciousness could be detected in our subject. These included a predominance in the altered state of primary process mechanisms, of drive derivatives which were generally of a more primitive nature, and of a fantasy system which was not detectable in the waking state. The structural balance between id, ego, and superego in the two states revealed features suggesting both differences and similarities. Shared manifest elements, conceived of as bridges between the two states of consciousness, could also be detected.

4. The screened memory revealed in the altered state of consciousness suggests that 'memory work' is done by the ego to revise a traumatic experience into a less threatening memory, allowing for repression of the trauma. This repression was lifted by the changes in the mental apparatus caused by the drug-induced altered state of consciousness.

5. The material suggests the hypothesis that in a given person, fantasies at different levels of consciousness are organized



around similar central anxieties, and that the means of expressing and coping with these anxieties find different form and content in keeping with the relevant cognitive organizations.

6. The failure of our subject to spontaneously recall five years later the recollections reported in the altered state indicates that without working through and synthesis by the ego, such material fails to be integrated into the waking cognitive organization.

It is hoped that this paper may contribute certain refinements to the psychoanalytic conception of states of consciousness and that it will lead to more careful research in which the role of individual differences and that of psychopathology receive greater attention.

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## Envy and Jealousy an Attempt at Clarification

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# ENVY AND JEALOUSY

## AN ATTEMPT AT CLARIFICATION

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Confusion between the concepts of envy and jealousy is not only evident in everyday usage but also in the course of clinical work. Often the two words are used either interchangeably or in conjunction with one another, as 'the patient's envy and jealousy'. Even the same color, green, is associated with both emotions, as in the popular phrase 'green with envy' and in Shakespeare's Othello: 'jealousy—the green-eyed monster'.

When patients refer to envious and jealous feelings, one listens for the specific dynamic content. Patients often shift from one to the other in their descriptions. For example, a young, divorced, and childless woman was annoyed with a pregnant friend. She acknowledged her envy but then spontaneously spoke of her jealousy. Her envy referred to the wish to have a baby like her friend; her jealousy, to her wish that the friend not have the baby. Jealousy for this patient was the stronger and more objectionable affect since it was connected with hate and aggression. Similarly another woman stated, 'If I were a child and my neighbor, a little boy, had a dog that I wanted without caring that he had one too, then I would be envious. But, if I wanted his dog and didn't want him to have a dog at all, that would be jealousy. Jealousy is the stronger feeling. More hate is involved.'

Envy and jealousy are used differently in the two-person and in the three-person situation. In the two-person situation

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they can be used as qualitatively different: envy bespeaks the desire to have what someone else has; jealousy is this as well as wanting the other person not to have it. Though jealousy is commonly sensed as the stronger emotion, envy, in the past and to some extent in the present, has been considered as strong or even stronger. Recently, however, the intensity of feeling associated with the term 'envy' has apparently been weakened.

In the triangular situation, hidden elements of both admiration and resentment of the other two persons make the dynamics more complicated. For example, a young woman reported that she was jealous of a female friend who, at a party, captured the attention of an attractive young man. Though her rivalry with the woman for the man was implied, the patient admired the woman's social poise and resented the woman preferring the man to her. This patient felt rivalrous toward two people. Triangular situations often involve both envy and jealousy.

The distinctions between the terms involve clinical, metapsychological, and etymological issues. Envy and jealousy are, on the one hand, affect states, and on the other hand, concepts or terms referring to affect states. There has been a tendency for a long time toward synonymous usage in the nonanalytic as well as the analytic literature with some noteworthy attempts to distinguish between them. Though there are definite differences, something similar about them contributes to the blurring.

## DEFINITIONS AND DERIVATIONS

### ENVY

In envy one is unhappy that another person possesses something one would like to have for oneself and feels inferior because of not having it. This may be a thing, a person, or both; or it may be a quality such as success, reputation, or happiness. Envy may also include admiration of the envied thing or person, covetousness toward the envied thing, hatred or resentment of the person possessing the envied thing, a wish to harm the envied person, and, perhaps, a wish to rob the person of the

envied thing. Crucial to the definition is that the interpersonal configuration is a two-person one in which the other person has possession of that which is envied.

*Derivation:* The Latin root of envy is *invidia* from the verb *invidere*, meaning 'to look maliciously upon' (20), 'to look askance at' or 'to look with enmity' (25), and, according to Elliot Jacques, 'to cast an evil eye upon . . .' (16). A translation of *invidia* from Cicero is 'to produce misfortune by his evil eye'. Yet another translation of the Latin verb is 'not looking at, or looking at in a contrary direction' (3). Envy first appeared in modern English usage in the fourteenth century. The Oxford dictionary definition of envy is 'the feeling of mortification and ill-will occasioned by the contemplation of superior advantages possessed by another' (20). Webster defines envy as the 'chagrin, mortification, discontent, or uneasiness at the sight of another's excellence or good fortune, accompanied by some degree of hatred, and desire to possess equal advantages; malicious grudging' (25).

There are two important aspects of these definitions of envy: first, lacking something and being mortified by that lack; second, the difference in aggression. Webster speaks of 'hatred'; Oxford only of 'ill-will'. To Oxford's earliest, and now obsolete, usage of 'malignant or hostile feeling, ill-will, malice, enmity and "active evil, harm, mischief"', Webster adds 'spite'. The malice in the old usage of envy is beautifully expressed by Spenser in *The Faerie Queene*.

And next to him malicious Enuie rode,  
Upon a rauenous wolfe, and still did chaw  
Between his cankred teeth a venomous tode,  
That all the poison ran about his chaw;  
But inwardly he chawed his owne maw  
At neighbors wealth, that made him euer sad;  
For death it was, when any good he saw,  
And wept, that cause of weeping none he had,  
But when he heard of harme, he wexed wondrous glad (23).

Such exclusively aggressive usage of envy extended to no later than the beginning of the eighteenth century (20). Subsequently the hostile, malicious, or aggressive component diminishes or disappears.

*Emulation and Envy:* The word 'emulation', of Latin origin (from *aemulatio*) appearing in modern English usage in 1552, is defined by Oxford as the 'endeavour to equal or surpass others in any achievement or quality . . .'. An obsolete usage of emulation signified 'ambitious rivalry for power or honours; contention or ill-will between rivals . . . grudge against the superiority of others . . . jealousy'. Envy has also been used in benign contexts similar to the current usage of emulation. For example, throughout the seventeenth century, envy also referred to 'wish, desire, longing, enthusiasm', or had a qualification of 'without notion of malevolence' that included the 'desire to equal another in achievement or excellence; emulation'. For example, 'honest envy', 'virtuous envy', and 'innocent envy' (20).

Aggression differentiates emulation and envy, according to the Encyclopedia of Religion and Ethics. Emulation has a noble or uplifting quality, unlike envy or jealousy. Emulation 'is the condition of progress and healthy development in the individual. . . . It is manly and proper to wish to excel in a race, and to strain every nerve to accomplish that end; but when the runner, finding himself likely to be outstripped by his opponent, tries to jostle him or trip him up, that is emulation degraded to envy; honorable rivalry has been replaced by conduct that is dishonorable and mean' (6).

#### JEALOUSY

In jealousy one experiences apprehension, anxiety, suspicion, or mistrust concerning the loss of a highly valued possession, or the diversion to another, a third person, of affection and love. It is often associated with an attitude of vigilant guarding against the threatened loss and an effort to preserve the status quo, to maintain possession. In sexual love this might involve

an attempt to exact exclusive devotion from the love object. The possession, or valued 'good', in jealousy tends to be a person or the affection of a person rather than an inanimate object or quality, but this is not always so. Rivalry with a third person is typically involved and highlights a crucial aspect of jealousy; it occurs in a three-person situation in which the jealous person fears a third person will intrude upon a two-person relationship and take possession.

*Derivation:* The word 'jealous' is derived from the Greek word '*zelos*' which signifies emulation, zeal, and jealousy, and denotes intensity of feeling, as in ardor, fervor, and intense or earnest devotion to a person, cause, or thing. Only much later in Middle English and Old French (twelfth century) were the words 'jealous' and 'zealous' distinguished so that jealousy appeared for the first time as '*gelos*'. The close connection of jealousy and zeal was still evident in the early definitions of 'jealous' (obsolete by the seventeenth century) which stood for 'vehemence in feeling, as in wrath, desire, devotion . . . ardently amorous; covetous of the love of another, fond, lustful' (20). Modern usage emphasizes first the attitudes toward one's possessions, and second a suspicious attitude toward rivals.

Oxford says of jealous:<sup>1</sup> 'troubled by the belief, suspicion, or fear that the good which one desires to keep for oneself has been or may be diverted to another; resentful towards another on account of known or suspected rivalry'. This may obtain '1, . . . in love or affection, especially in sexual love; apprehensive of being displaced in the love or good will of someone; distrustfulness of the faithfulness of wife, husband, or lover; 2, . . . in respect of success or advantage; apprehension of losing some desired benefit through the rivalry of another; feeling ill-will towards another on account of some advantage or superiority which he possesses or may possess; grudging, envious; and 3, . . . in biblical language, said of God: Having a love which

<sup>1</sup> The adjectival form of the definition is more nearly complete and therefore cited.



will tolerate no unfaithfulness or defection in the beloved object' (20). Webster's definitions are essentially the same (25).

As the rivalry shifts from persons (sexual lovers) to things, qualities, or possessions, envy appears as a definition of jealousy. It is much less common to find jealousy as a definition of envy. This suggests that jealousy is the broader, more complex concept since it can include envy as a special case of jealousy. Various nonanalytic sources differentiate envy and jealousy (3, 25). The Encyclopedia of Religion and Ethics states:

Jealousy is grounded on some estimate of what is due to self; it is not a mere consciousness of inferiority, as in envy. In the next place, there is a twofold source of irritation and displeasure to the jealous man arising from the circumstance that three persons are involved in the situation, so that he is dealing, not with one rival but with two individuals or groups of individuals (6).

That no verb form of jealous is in common usage may contribute to the confusion between envy and jealousy. The transitive verb, 'jealouse', extant in the sixteenth century and now essentially obsolete, meant 'to suspect a thing or person, to have a suspicion *that*, as in "I jealouse you" ' (20).

### ENVY AND JEALOUSY IN THE PSYCHOANALYTIC LITERATURE

References to envy are uncommon in the psychoanalytic literature except for 'penis envy'. The few extant references usually state: 'see "penis envy", see "jealousy", or see "oral envy" '.<sup>2</sup> Only among the neo-Freudians and Kleinians does one find discussions of envy, and particularly of the confusion between envy and jealousy. Klein (19), Riviere (21), and Segal (22) refer to the confusion between envy and jealousy. Sullivan (24) notes their indiscriminate, synonymous usage and feels there is a fundamental difference in these experiences and in the

<sup>2</sup> An exception is *The Psychoanalytic Quarterly Cumulative Index, Vols. I-XXXV, 1932-1966*. New York: The Psychoanalytic Quarterly, Inc., 1969.

interpersonal situation in which they occur. Envy occurs in a two-person situation while jealousy always occurs in a group of three or more. In envy 'one contemplates the unfortunate results of someone else's having something that one does not have'. It may also be

... an active realization that one is not good enough, compared with someone else. Although it involves primarily a two-group situation, one of the two may be a more-or-less mythological person. . . . Jealousy, on the other hand, never concerns a two-group situation. It is invariably a very complex, painful process involving a group of three or more persons, one of whom may be absolutely fantasized. Jealousy is much more poignant and devastating than envy; in contrast with envy it does not concern itself with an attribute or an attachment, but rather involves a great complex field of interpersonal relations (24, p. 348).

Jealousy can be paranoid when, as the result of delusion, 'the sufferer sees that the second person in the threesome—the link—is doing things to make him jealous out of pure malice' (24). Sullivan's view of jealousy as more intense and painful than envy parallels the distinction previously cited.

Let us now consider *envy* and *jealousy* separately.

#### ENVY<sup>3</sup>

Freud was primarily concerned with 'penis envy'. In general he stressed jealousy, rivalry, and oedipal situations in the extreme. It was only in considering the fate of penis envy that he suggested something about the relationship between envy and jealousy.

<sup>3</sup> Joffe, in his paper, A Critical Review of the Status of the Envy Concept (17), provides an excellent history of the usage of envy in psychoanalysis, its central position in Kleinian theory, and a systematic treatment of envy in relation to drive and affect theory and to ego development. I agree with most of Joffe's formulations, but there is a point of difference, or perhaps emphasis, about the origin of envy. Joffe stresses that envy can arise at any level of psychosexual development. This is consistent with my formulations but I stress the oral roots of envy within the framework of a two-person relationship.

Even after penis envy has abandoned its true object, it continues to exist; by an easy displacement it persists in the character trait of *jealousy*. Of course, jealousy is not limited to one sex and has a wider foundation than this, but I am of the opinion that it plays a far larger part in the mental life of women than of men and that that is because it is enormously reinforced from the direction of displaced penis envy (12, p. 254).

Thus jealousy is a more complex, inclusive state of which envy is only an early component.

In regard to penis envy, Freud points out that the girl regards the penis as a valued object which the boy possesses and she does not, and which she covets. Also she may not want him to have it, and she may hate and despise him, and wish to harm him. Freud describes penis envy as follows:

[girls] are overcome by envy for the penis—an envy culminating in the wish, which is so important in its consequences, to be boys themselves (9, p. 195).

We have learnt from the analysis of many neurotic women that they go through an early age in which they envy their brothers their sign of masculinity and feel at a disadvantage and humiliated because of the lack of it (actually of its diminished size) in themselves. We include this 'envy for the penis' in the 'castration complex'. . . . During this phase, little girls often make no secret of their envy, nor of the hostility towards favoured brothers which arises from it (10, pp. 204-205).

They notice the penis of a brother or playmate, strikingly visible and of large proportions, at once recognize it as the superior counterpart of their own small but inconspicuous organ, and from that time forward fall a victim to envy for the penis. . . . [The girl] makes her judgement and her decision in a flash. She has seen it and knows she is without it and wants to have it (12, p. 252).

In these descriptions the main emphasis is on the narcissistic wound, the injured self-esteem connected with not having what

is regarded as a prize possession. Hostility is not essential. It is not necessary that the boy be deprived of his penis, merely that the girl have one like it. In the clinical illustrations cited at the beginning of this paper, aggression was the crucial differentiating factor between envy and jealousy; these women were distinguishing between malignant and benign envy, or between envy and emulation. Jealousy was not involved.

With the development of psychoanalytic characterology beginning in the early 1920's, envy is discussed as a character trait of oral origin. Manifestations at later psychosexual stages are considered transformations of an underlying oral envy. In 1922, M. J. Eisler stated:

Envy in particular seems to me to be always a narcissistic side-stream arising out of the oral instinct, and is an important clue towards establishing a character trait based on this component instinct (5, p. 35).

Abraham, in 1921, clearly designated envy as of oral origin:

The envious person . . . shows not only a desire for the possession of others, but connects with that desire spiteful impulses against the privileged proprietor (1, p. 382).

In Abraham's discussion of the subject, the attitude toward possessions, one's own or another's, is of central importance. Oral envy involves the covetous and aggressive reactions to the possessions of another, originally the mother. This oral or acquisitive attitude may be transformed in the anal stage, and also reversed, so that what is finally expressed is an attitude of obstinately holding onto possessions or 'an inordinate desire to possess, especially in the form of abnormal parsimony and avarice' (2, p. 398). These are the anal roots of envy.

Wulff (26), stressing the anal origins of jealousy, referred to 'anal jealousy', etymologically more accurate since one has possession and does not want to give it up. To state it another way, an original attitude of envy connected with the wish to possess what another owns has been transformed into an attitude of jealousy as a wish to hold tenaciously what one already

possesses. Similarly, while the little girl exhibits penis envy, the boy exhibits 'penis jealousy' (usually called castration anxiety), since he wants to retain what he has.<sup>4</sup> In any event, envy comes earlier and jealousy later; envy can influence the later development of jealousy. This sequence often appears in the analytic literature.

Other analysts relate envy to the oral phase. Glover states:

Impatience, envy, and ambition constitute the oral triad: a sense of immediate urgency, a necessity to 'get the thing over,' an accompanying motor restlessness, an envy of the achievement of others, a desire to climb, a hankering after the plums, and yet behind it all a feeling that the silver spoon is or ought to have been in the mouth (14, p. 23).

Fenichel points out:

The sight of a younger brother or sister at the breast often turns out to be the underlying factor in connecting envy and jealously with oral eroticism (7, p. 490).

However, it is Melanie Klein and her co-workers (19, 21, 22) who give envy a central position in personality development.<sup>5</sup> Their theories derive from Abraham's description of the oral phase. Envy, for Klein, is operative from the beginning of life

<sup>4</sup> In discussing hostility and jealousy in the young child (age one to three), Wulff alludes to the importance of cognitive or ego developmental factors in clarifying the nature of these affects. For example, he cites the lack of a clear-cut concept of self together with the concepts of 'belonging to me', 'my', and the ability to distinguish 'my own' from 'not mine'. Since the entire discussion of envy and jealousy rests on the perceptions of difference and discrepancy between individuals, it seems worthwhile to study other mental concepts as they unfold in the young child and become manifest in language—for example, 'more', 'less', 'many', 'lots', 'few', 'big', 'little', 'gone', 'lost', 'hidden', etc. A study of the sequential development of concepts of quantity and quality and their representation in language would be most valuable. Piaget has already undertaken investigations of this kind but, as far as I know, they have not been systematically applied to very young children in relation to affect development.

<sup>5</sup> Though there is a general acceptance of Klein's contributions to the understanding of early development, there is considerable, and in my opinion justifiable, question about the complexity of the thought processes she attributes to infants.

when a constitutional 'primary envy of the mother's breast' exists, based on the infant's feeling that the breast possesses everything he desires, and that it has an unlimited flow of milk and love which the breast keeps for its own gratification even if the infant is well fed. The infant's attitude toward the breast involves the wish to take it in since it is the source of all goodness, but also to attack it sadistically, to scoop out its contents greedily, or to spoil it by putting bad excrements (urine, feces) into it. This spoiling, destructive aspect of envy is quite crucial to Klein's formulation of envy and differentiates it from greed, which aims to devour and incorporate the contents of the breast without necessarily destroying it. In greed the destruction is incidental; in envy it is the primary aim. The damage inflicted by putting bad things into the breast is the projective aspect of envy, a notion consistent with the Latin meaning of envy which emphasizes the projective, destructive attitude by inflicting damage through the eyes. A complication may occur when the envied object is spoiled and therefore cannot be taken in, resulting in a state of deprivation and then further greed.

Klein feels that excessive envy has profound consequences for personality development. It diminishes the capacity for enjoyment; it interferes with the taming or neutralization of aggressive impulses. There may be early and premature guilt resulting in a vicious cycle of envy, guilt over envy, inhibition of gratification because of guilt, consequent greed, further guilt, and so forth. The premature onset of guilt in the oral situation with the mother may lead to a flight from orality and a premature turning to genitality, leading ultimately to obsessive masturbation and promiscuity. Defenses against envy are described by Klein as: *a*, idealization of or exalting the envied object; *b*, the flight from mother to others to avoid hostility to the breast; *c*, devaluation of the self and object; *d*, stirring up envy in others; *e*, the urge to make reparation and the need to help the envied object.

Abraham (*1*), as well as Klein, has discussed envy in the negative therapeutic reaction in psychoanalysis. Unless envy is ana-

lyzed, the patient may devalue and criticize the analyst's efforts and reject interpretations. The patient is then caught in the vicious cycle of rejecting the envied offerings of the analyst, feels guilty about it, and then finds himself unable to take in the good offerings because he feels himself to be undeserving.

Envy in the oral phase is related to primitive part-object relationships, primary narcissism, and infantile omnipotence. In this early nondifferentiated state the breast or bottle is part of the infant. Eidelberg describes the earliest recognition by the infant that this is not so: 'A narcissistic mortification is the sudden experience by the total personality of a sudden loss of control over internal or external reality, or both, accompanied by the emotion of terror' (4). For the first time the infant experiences a limitation of his powers. He cannot control the intensity of his own needs or gratify them completely, nor can he make the mother gratify his needs. This is the basis for the sense of lack that one feels in envy. The infant attempts to restore the primary narcissistic or omnipotent state by regaining control over the gratifying part-object. However questionable the concept of part-objects may be, it nevertheless is useful in describing a state of affairs in which the emphasis is on restoring a pleasurable internal state without concern for the feelings of others, or even the recognition that they exist apart from the desired 'thing' they possess. Envy, I believe, is rooted in this stage of object relationships.

Klein (19), Riviere (21), and Segal (22) discuss the distinctions between envy and jealousy on the basis of who has possession, the two-person, three-person, and part-whole object issues, and envy as the earlier phenomenon. Riviere states:

. . . 'triangular situations', which might be supposed to express the height of object-love, may yet be rooted in narcissism.  
. . . In persons whose psychical composition includes either jealousy or infidelity as a major pattern, my conclusion is that the 'loss of love' or the 'search for love' in question refers ultimately to something deeper than a genital relationship to the desired parent. The quality of the attachments in such



people, moreover, is often that to a part-object, thus facilitating the change of real objects and explaining the relative indifference shown in their objective personality. The 'search' or the 'loss' in such cases can be traced back to *oral envy* (21, pp. 420-421).

Fenichel, without naming envy, describes the oral roots of jealousy.

. . . it can be assumed that in people in whom jealousy or compulsive unfaithfulness are essential traits of their personality, loss of love and craving for love do not so much have a genital character, but rather arise from the longing to take possession of partial objects in order to incorporate them. This makes the relative unimportance of objects and their frequent changes comprehensible (8, p. 359).

It is this developmental distinction between envy and jealousy that provides for Klein, Riviere, Segal, and Fenichel an understanding of the dynamic relationship between these concepts as well as a dynamic basis for the confusion between the two. Klein emphasizes how penis envy and the development of the oedipus complex are influenced by oral experiences. Envy is a precursor of jealousy and the development of jealousy is influenced by experience with envy. Jealousy may serve as a defense against envy or as a means of working through envy. Jealousy is felt to be more acceptable to the ego than envy and gives rise to much less guilt than the primary envy. By bringing in a third person, jealousy allows for a distribution of the intense feelings against the mother and a displacement of such feelings onto the father or siblings. Riviere and Segal, in pointing out that the confusion between envy and jealousy is almost always in the same direction (the incorrect substitution of jealousy for envy), suggest that it is based on the need or wish to deny envy, which in this conceptualization is more primitive, malevolent, and objectionable, while jealousy is related to love and therefore more mature and ego-syntonic.



On the other hand, Horney (cited by Freud) alludes to envy as defensive, suggesting that it wards off œdipal wishes and associated jealousy and guilt.

Karen Horney . . . is of the opinion that we greatly overestimate the girl's primary penis-envy and that the strength of the masculine trend which she develops later is to be attributed to a *secondary* penis-envy which is used to fend off her feminine impulses and, in particular, her feminine attachment to her father (13, p. 243).

Distinction becomes more difficult and confusion more likely when there is disagreement about the developmental capacities of the child—for example, the child's capacity for two- and three-person relationships. In general, non-Kleinian analysts feel that three-person situations, even genital-œdipal ones, exist in the first year of life. And it is to this matter—the simultaneous presence of, and capacity for, two- and three-person relationships—that they relate the confusion between envy and jealousy. Riviere states:

I would mention here the very prevalent confusion between the words 'envy' and 'jealousy' which finds a quite precise derivation in [the] oral primal scene experience in which the two feelings would be indistinguishable. This and only this experience furnishes a rational basis for the acute and desperate sense of lack and loss, of dire need, of emptiness and desolation felt by the jealous one of a triangle and reversed by the unfaithful (21, p. 421).

#### JEALOUSY

The main theoretical contributions to the psychoanalytic study of jealousy are by Freud (11), Jones (18), Riviere (21), and Fenichel (7, 8).

*The components of jealousy:* Freud and Jones emphasize: *a*, fear or anticipated grief at the thought of losing the loved object; *b*, the narcissistic wound or the loss of self-esteem, and a sense of inferiority; *c*, anger or hatred against the rival, including the possibility of hatred of the faithless mate (18); *d*, a sense of self-criticism. Fenichel regards jealousy as a mixture

of depression, envy, and hatred or aggression. Envy is the pain experienced at the unfavorable comparison with another, while jealousy is a combination of that envy with the natural hatred toward the envied person (8).

*Types of jealousy:* Freud described three types: *a*, competitive, or normal rational jealousy even though it has roots in the œdipus complex; *b*, projected jealousy in which one's own impulses of unfaithfulness are assigned to the partner with consequent relief of guilt (simply, the formula is: 'It is not I who have unfaithful impulses, it is you'); and *c*, delusional jealousy. Though projected jealousy may also be considered delusional, Freud viewed it as reversible and more amenable to analysis. Delusional jealousy involves a homosexual impulse which is repressed according to the formula, 'I do not love him; she loves him'. The homosexuality is projected.

*Homosexuality and jealousy:* While homosexuality is regarded as a consistent factor in jealousy, it may vary in degree. Freud and Fenichel stress this point. Fenichel is most explicit:

... a bit of such projection of homosexuality is to be found in every case of jealousy. Usually it can be demonstrated that a jealous man is irritated not merely because his partner is interested in another man but also because the man pays attention to [his wife] and not to him (7, p. 433).

*The defensive function of jealousy* is noted by Freud, Jones, Riviere, and Fenichel. Fenichel says, 'If jealousy were a simple painful reaction to a frustration, it might be expected that it would be warded off as much as possible' (7, p. 512). However, jealousy actually tends to become an obtrusive, obsessional idea. Jones illustrates this when he describes the persistence of the jealous person who seems to want to be assured that the actual betrayal has taken place: 'He almost implores the woman to assure him that this is so and is obviously dissatisfied when she denies it, however truthfully' (18).

The tenacity of jealousy serves a defensive function similar to that of screen memories where something is remembered and

highly cathected in order to repress something else. What is repressed may vary from situation to situation: in projected jealousy it is the guilt or an impulse to unfaithfulness; in delusional jealousy it is the homosexual impulse, or perhaps its associated affective state—hostility, helplessness, inadequacy, admiration, fear, guilt, etc.

Jones (18), in stressing the obtrusive quality of jealousy, views its defensive function as directed against unconscious fear, guilt, and shame arising out of the oedipal situation. There is an underlying sense of inferiority, lack of self-confidence, and a fear that this will be exposed. A woman's exclusive love may reassure a man suffering in such a situation; but if this is not forthcoming, jealousy by offering a 'justification to hate' may put the man in the right again, ward off guilt and inferiority, and restore self-esteem.

Riviere (21) described a patient who actually provoked situations in which she felt jealous in order to ward off a 'dominant' oral fantasy involving robbing another person (her mother) of a valued possession, thus despoiling that person. When the fulfilment of this fantasy—the 'ruling passion of her life'—was about to be realized, anxiety would develop and could be relieved only by a projection of her impulses onto others and by a masochistic turning of the sadistic and predatory impulses against herself. Consciously she believed she was being robbed by her husband and 'the other woman'; unconsciously, in her flirtation and unfaithfulness, she was trying to do this herself. In a sense this is similar to Freud's projected jealousy but the difference is in the emphasis on the oral nature of the impulse to unfaithfulness. Riviere's patient's underlying robbing fantasy was of oral origin, related to her mother, and had little to do with genital or oedipal desires.

Fenichel (8) described a similar case in which jealousy warded off an underlying oral fantasy involving a woman's wish to rob her mother of a desired possession and to harm her. He stated that 'oral envy and jealousy' was the basic issue, apparently preferring not to distinguish between them. Riviere defi-

nately called the crucial element oral envy. Fenichel regarded the jealousy as not only serving a defensive function to ward off the wish to rob; it also served the purpose of gratification as, by identification with the fantasied robbing woman, the oral fantasy was realized.

*The genetic roots of jealousy:* Freud and Jones stress the œdipal origin of jealousy; Fenichel and Riviere stress its oral origin. More specifically Riviere speaks of 'oral envy' and Fenichel of 'oral envy and jealousy'. Fenichel criticizes Jones for stressing the superego functions in jealousy and for overlooking the oral aspects of jealousy-prone characters—their tendency toward narcissistic object relationships in which external narcissistic supplies are constantly needed to regulate self-esteem.

Despite these considerations, there is the definite implication that jealousy is basically a more mature phenomenon than envy; it is related to the child's concepts of possession and loss, and his capacity for more complex triangular object relationships. The œdipal situation is such a triangular relationship but one in which the genital element is crucial, although jealousy could apply to nongenital triangular relationships arising earlier in development. The confusion about the terms can be further resolved if we accept the view that jealousy has its early roots in envy (18, 19, 21, 22), that envy is always present in jealousy, that jealousy may hide envy, or envy hide jealousy. These issues relate to the technical difficulties in differentiating and interpreting preœdipal and œdipal content in psychoanalytic treatment.

*The normality of jealousy:* Psychoanalysts have emphasized the abnormal, irrational nature of jealousy, and tended to destroy the idea that jealousy is a sign of strength of love, of power and virtue. Riviere believes that normality depends 'on whether the subject's own anxieties about unconscious impulses to rob and despoil parental figures of each other's love-objects and possessions are great enough to need the reassurance and absolution of passively suffering an attack of [this] kind "in reality" himself' (21, p. 423).

### DISCUSSION

For clinical as well as metapsychological reasons it seems useful to maintain a distinction between the affects, envy and jealousy. A basis for this point of view is expressed by Glover.

Theoretically regarded *a simple affect is a specific emotional response to any given vicissitude of a particular instinct*. In practice it should be found in association with a fixed psychic situation having a standard unconscious content and it should be incapable of further reduction on analysis. Thus, for example, grief is often a simple affect, a direct reaction to the loss of a love-object. In course of development and as a result of the fusion or interplay between different components of instinct, simple affects inevitably tend to merge and form *compound or fused affects*. Once fused they are not ordinarily capable of reduction into their elements: or rather, stimulus of any one component tends to release the total affect. Compound affects are however capable of reduction under special circumstances; first, when mental disorder takes a mainly regressive form and earlier phases of development are reactivated, together with the simpler affects originally associated with them: and, second, during the psychoanalysis of any mental disorders in which a compound affect has been an important pathogenic factor. In many instances it can be observed that the disturbing affect is reduced or disappears only after it has been broken up into elements, each of which is associated with a characteristic nexus of unconscious fantasies. . . . While grief is an early reaction to the *absolute* loss of a libidinal object, jealousy is a later and more complex reaction to the *threatened* loss of that object (15, pp. 45-46).

#### ENVY AND JEALOUSY COMPARED

Applying Glover's idea, let us analyze the compound affects of envy and jealousy.

*Envy* is compounded of the following affect states:

1. *Emulation*: This feeling is based upon the perception of excellence (regarded as a possessed quality, thing, or person) in another, the admiration of the other person, and the wish

to equal, imitate, or surpass that person with respect to that excellence. While it signifies a situation of rivalry, that rivalry has a 'noble or uplifting, healthy quality' (6), and implies no great mortification in the sense of a wound to self-esteem nor significant malevolence directed toward the person to be emulated. In a metapsychological sense it must be connected with processes such as identification and idealization wherein it can serve as a stimulus to development and a defensive or adaptive function designed to manage feelings of anger and narcissistic injury.

2. *A narcissistic wound:* This is the most consistent and crucial aspect of envy. It may be expressed in varying degrees of severity and intensity. There is a sense of lacking something which is connected with feelings of inferiority, smallness, or injured self-esteem. It can be mild and experienced as a disappointment, or it can be severe as in feelings of mortification and humiliation. Or it may be felt as a sense of inadequacy at not being able to realize one's ambition. This is sometimes connected with unconscious guilt so that the inadequacy is regarded as a punishment.

3. *A longing for the desired possession:* This is usually what is meant by covetousness.

4. *A feeling of anger at the possessor:* This seems to be the most variable ingredient in the compound affect of envy. Some etymologists and psychoanalysts ignore or minimize this component; others, the Kleinians in particular, consider it vital. Again there are quantitative and qualitative variations in the expression of this feeling. In mild form it may be experienced as chagrin or discontent; in moderate form, as resentment or ill-will; and more severely as spite, maliciousness, malevolence, hatred, and the wish to harm the possessor. In its most extreme form, as expressed by Klein, it is connected with impulses to spoil and destroy the envied object. If anger is not overt in a situation of envy, it may be denied and warded off by a reaction-formation defense. In such a situation the envious person makes a show of admiration of the envied possession (emulation).

*Jealousy*, however, consists of envy with something added. Hence we may list the components of jealousy as follows:

1. *Envy*: The important distinction here is that envy involves two people, whereas jealousy involves three. Envy is a part of the triangular situation. For example, the jealous man with a strong component of underlying homosexuality actually envies the woman for her relationship with the man. From another point of view, the jealous person may feel not only that he has to guard against a loss, but that he is already sustaining the loss. If this is the case, the rival would be envied for possessing the woman or for his greater ability as a lover. If, where jealousy exists, the love object is regarded as a part-object rather than a true libidinal or genital love object, then envy is more appropriate.

Some analysts have emphasized the oral roots of jealousy or the persistence of envy in jealousy.

Since envy is a component of jealousy, most of the components of envy listed above will of course also be found in jealousy. In jealousy, however, the components of envy will have a somewhat different significance.

2. *Emulation* will be inconspicuous or absent in jealousy.

3. *The narcissistic wound* is probably much the same in both states, though in jealousy there may be more awareness of one's own self-blame for failures.

4. *Anger* is more consistently acknowledged as a component of jealousy than it is of envy.

5. *Longing for the desired possession* occurs of course in both states, though the emphasis may be different in the two. Jealousy includes the element of loss as well as longing.

But jealousy has two components not found in envy.

1. *Tension due to unconscious homosexuality*, which is most usually described as a factor in jealousy and never in envy. Glover states that this tension is 'activated when a



heterosexual striving is threatened with frustration'. Jealousy, by involving two objects, usually a man and a woman, inevitably includes a homosexual and a heterosexual impulse, though the homosexual impulse is apt to be more unconscious.

2. *Suspicion or mistrust*, a paranoid trend quite characteristic of jealous individuals, is experienced on a continuum ranging from vague apprehension, doubt, or uncertainty about the motives of others to a strong conviction about their evil intent. Strictly speaking, this is not a basic affect state but rather one resulting from the consequences of defenses such as projection, projective identification, and externalization of libidinal or aggressive feelings.

As Glover states, it is under the special condition of psychoanalytic treatment that compound affects undergo reduction. It is at such times, in my experience, that confusion arises in the use of the terms 'envy' and 'jealousy'. The following brief excerpt from an analysis illustrates this confusion.

A young woman entered analysis because of difficulties with men and an inner feeling that she was an extension of her mother. She belittled and lamented the parents' unhappy marriage. She felt that her father had ignored her mother and thus caused her depression; she felt that her mother was competitive with her father and thus caused his unhappiness. Mounting sexual frustration in the transference produced 'tormented' feelings, leading to her taking a vacation before mine. She first related this to rivalry with her younger sister who always took trips and in this context spoke of both her 'envy' and 'jealousy' of the sister. On the patient's return a characteristic 'blocking out' maneuver was analyzed; this was related to a childhood experience when the father was hugging the sister and the patient 'blocked out' that image and thought that the father was hugging her. She acknowledged her sadness and frustration in not receiving the father's full attention, and her guilt connected with feeling like a spoiled, selfish brat. Memories emerged about her father taking many business trips during her oedipal period.



At this period in the treatment, the mother was graduated from college and the patient sent her a card stating that mother was now old enough to know about sex. She recalled that her mother reluctantly taught her to sew; she felt that her mother did not want the patient to emulate her but rather wanted to keep her 'down'. Interpretation of the rivalry with her mother led to envious and jealous feelings and again a confusion of the terms. Jealousy always referred to the bitter competition with her mother and sister; envy consistently meant benign rivalry, and she preferred to think of her rivalry in this manner; that is, she preferred to think of herself as envious rather than jealous.

Next she experienced intense resentment toward her mother for 'taking away' her pride in achievement and physical appearance, and for taking 'credit' for whatever she or her father accomplished. She then felt resentment toward her father for turning away from her to the mother. Other minor themes in the analysis involved rivalry with father for mother, with mother for sister, and with sister for mother, and in each instance there was the confusion of terms. The patient tended to use 'envy' when she wanted to defend herself against the bitterness, hatred, and resentment associated with jealous feelings, an illustration of the importance of aggression in both differentiating and confusing 'envy' and 'jealousy'.

This clinical example also demonstrates the importance of the two- and three-person configurations (the rivalry with women was not always connected with father), the factor of who has possession, the presence of envy in jealousy, and the close relationship of envy, emulation, and jealousy.

### SUMMARY

This paper attempts to define and distinguish envy and jealousy. Envy involves two persons; jealousy, three. They also differ in their origins early in life and in the nature of the object relationships they involve. Aggression plays a different part in each, but the part played by aggression has helped confuse the two concepts. Today, envy often stands for simple emulation. And

in its hostile and intensely painful quality, envy has become almost synonymous with jealousy. But the aggressive feelings in envy are different from those in jealousy; there is greater ambivalence in jealousy.

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## Schizophrenia: Conflict and Deficiency

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# SCHIZOPHRENIA: CONFLICT AND DEFICIENCY

BY MILTON WEXLER, PH.D. (BEVERLY HILLS, CALIF.)

The suggestion that a curved line may be the shortest distance between two points encourages me to approach my subject in a somewhat roundabout fashion. While there is no special virtue in being circuitous, it is nevertheless difficult to discuss therapeutic technique without some antecedent reference to theory. And it is equally difficult, and often sterile, to discuss metapsychology without giving its base in clinical observation.

Much of the material presented here is culled from consultations and follow-up treatment of patients observed following psychotic decompensation in the course of their treatment. However, the same behavior is common in clinical practice with so-called borderline cases and clearly schizophrenic patients. Although these clinical observations may seem at first to represent somewhat disparate and unrelated symptomatology, basic and coherent linkage points for all these manifestations exist.

Surface bodily phenomena can be seen in such patients. The inward looking eyes are frequently opaque, unresponsive, and out of focus. They seem to look on a void, an inner emptiness, and find it hard to remain in contact with the world. They sometimes have an odor, stale and rancid. Their physical movements warrant special attention. Sometimes gestures are stilted, stiff, and awkward. Sometimes postures are excessively pompous, strained, and histrionic. Sometimes motions seem to express some inner fantasy or image, such as walking like a grand lady, like a slinking bawd, like a little child, or like a tiny shadow who would rather not bother

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anyone at all. Many of these patients are stumblers, bumpers, ash droppers, furniture scratchers, and ink smearers. They give the impression of being singularly contemptuous of or horrified by their bodies, or strikingly unaware of their behavior and appearance. Less often one sees the reverse, an intense overevaluation of the body accompanied by much apparent self-conscious posturing.

The list of surface phenomena could be extended almost indefinitely. These sketchy observations are offered primarily to emphasize an aspect of clinical diagnostic study which not only deserves greater interest but better theoretical understanding. For if the ego may be regarded as a mental 'projection of a surface' of the body (8), it is also true that the surface of the body tends to become a physical projection of the ego.

In terms of ego function, one of the outstanding characteristics to be found in these patients is what Rapaport, in psychological testing, referred to as 'loss of distance' (9). Rather than define the phrase, it can be illustrated by a typical psychological test situation. On Card IX of the Rorschach Test a patient sees an ice cream cone. Her description becomes so precise, real, and affect-laden that one gets the impression the patient has lost sight of the test situation and the artificial, experimental nature of the stimulus, and has been swept close to a kind of reality experience of her perceptual construct. We would agree, under such circumstances, with a remark of Varendonck that 'This co-existence of hypothesis and reality is remarkable . . .' (11).

In many ways, such phenomena are discoverable in the clinical situation. For example, these patients appear to be terribly shaken by dreams of an ominous content, even when reporting them days or even a year later. This is due not simply to archaic convictions about the prophetic nature of dreams; such patients find it difficult to achieve some objectivity and psychological distance from the dream. Long afterward they experience it as a kind of reality. Just as they give evidence of the conceptually fluid boundaries between self

and object, between past and present, word and deed, suggestion and command, observation and criticism, helping and loving, so they evidence the crumbling barriers 'between reality-thinking and daydream thinking' (11). Even the early, almost unshakable terror of the analytic situation shown by some patients bears on this problem of the failure of reality to give correction and distance to fantasy and anticipation.

One can frequently observe such a malignant 'loss of distance' in the early transference reactions of such patients. Many of them develop an extraordinarily intense, positive, highly sexualized transference to a therapist of the opposite sex. Some are highly sophisticated concerning psychoanalysis and so long as they maintain any objectivity and distance, they tend to rationalize their subjective sensations of love and sexual excitement as necessary and valuable concomitants of the therapeutic process. But such explanations tend to disappear rapidly and the idealization of the analyst and of the relationship assume more and more real qualities for the patient. A number of these patients rapidly reach the point of settled convictions that they are really in love with the analyst, are loved in turn, and that some marital or sexual union will eventuate. The development of such an extreme conviction generally coincides with other overt psychotic symptoms, most characteristically a considerable megalomania with implications for saving the world, saving the analyst—generally from wife or husband—, and saving psychoanalysis. In keeping with the extraordinary narcissism and orality of such patients, they themselves become 'psychoanalysts' patterned after the idealized images of their transference fantasies, and in this role show the utmost contempt for the realistic intrusions and interpretations of their own therapists.

What is important to observe concerning such early infatuations, or equally irrational early hatreds and suspicions, is the extreme disability these patients characteristically exhibit in accepting or being affected by reassurance, reality explanations, or transference interpretations. The extreme rigidity of their

attitudes, the urgent rationalizing concerning their emotional experiences, the reality quality they attribute to each thought, fantasy, or feeling already spells out that loss of distance which, in the later extreme, spells out a delusion. With these patients there is a more than ordinary incapacity to realize the true nature of the therapeutic situation. They can rarely understand why gratifications are not forthcoming, why they cannot be comforted on demand, supported, visited, or even fed. Similarly, they can little comprehend the unrealistic nature of their demands for extra hours or special preferences. Interpretations of such demands are either angrily rejected or swallowed passively but made no part of the self. The demands will be repeated anyway.

Many interpretations are felt by such patients to be criticisms; they cannot comprehend that their attention is merely being called to some aspect of their behavior. A friend or lover who mentions a shortcoming always runs a considerable risk that this will be taken as an expression of distaste or hostility. It is somehow inconceivable to these patients that the therapist serves a different role with a legitimate and uncritical relationship to their problems. In this they lose some part of the judging, observing ego which permits of sufficient distance from the situation to make for reality corrections. Though all patients in analysis tend to treat transference reactions as prompted by reality, they can with some readiness recognize unreality in the reactions when it is called to their attention. In the group of patients under discussion, this capacity is generally minimal, even in those who overtly object very little to the interpretations. They may passively avoid the situation but it is clear that they neither accept nor clearly understand the special nature of the analytic situation or its aims and special tools.

In such patients a sense of humor is noticeably absent. This capacity, which represents the 'best security against the pride of knowledge and conceits of imagination' (Richard Milnes), calls for a special kind of distance from one's self. A prereq-



uisite is the possibility to treat the self as an object, to stand apart neither in vile self-judgment nor blind self-indulgence. These patients rarely achieve such objectivity. They hold their noses close to the grindstone of their misery. They are terribly afraid to display weakness and almost never recognize in this attitude an essential weakness in itself. Despite this obvious anxiety, masochistic self-depreciation is quite widespread while at the same time they display resentment and hurt at any therapeutic demonstration of their failings. Characteristically it is necessary for them to be in advance of the therapist in the realization of any shortcoming as if this would be some protection against sudden assault. As much as these patients narcissistically overvalue themselves, dream of world salvation through their efforts, aspire to special creativity, beauty, and power, so they also deride and condemn themselves.

Schizophrenia has been aptly termed the masochistic neurosis. The prepsychotic picture in most of these patients also gives evidence of powerful masochistic fantasies and behavior in both the sexual and social spheres. They can indulge in self-deprecatory clowning or reveal a satirical and sadistic wit. Some are excellent mimics and can be ultimately destructive of themselves or others. But none show that capacity for separation, for distance which is so implicit in the kind of humor which makes gentle fun of the self.

Some of the phenomena I have been describing bear an intimate relationship to what Zilboorg (12) considered a principle indication of the prepsychotic state, namely dereistic thinking. In these patients, minimally or to a major degree, the basic test of reality lies not in verification by way of external experience but in the subjective perception of wishes, feelings, or fantasies. They constantly communicate to us in a multiplicity of ways that something must be so because they think it, feel it, want it. In their autistic logic the wish is father to the thought, the thought equivalent to the fact.

These phenemona are often detectable long before they

extend to the point of delusion formation. I have already mentioned types of patients who experience unabated fright of the analytic situation or who seem to live just as intensely in the past as in present reality. A current reality is incapable of correcting an inner fantasy. In much smaller but no less suspicious ways, one can hear echoes of a comparable narcissistic position in the following. The doctor says to the patient, 'I would like to help you but my schedule does not have an opening at the present time'. To which the patient responds, 'But that can't be. I have already arranged a loan in order to begin treatment with you now.' Or, in another instance, the analyst indicates treatment will begin in June and then a postponement until July becomes necessary. The patient is enormously disturbed and unbelieving since the inexorable pressure of this new reality of postponement cannot in any way be reconciled with the inwardly established and unshakable reality development by way of wish and expectation. We are prone to dismiss such things with some magical scientific term like 'rigidity'. In so doing, we may sometimes neglect what lies behind this rigidity, the aura of dereistic thinking which may spell out later difficulties. In isolation, such expressions mean little beyond serving as illustrations. In the total diagnostic context, such expressions may spell out rather specific warnings against ordinary therapeutic interventions.

A primary deficiency can be seen in the remarkable uncertainty and confusion which appears concerning personal identity. These patients are unsure of their sexual roles, their roles as husbands, wives, parents, or their social and professional roles. They ask in many subtle ways who they are and what they are. Only rarely can they perceive and report on their own body structure and functioning with any degree of sensitivity or accuracy. Uncertainty, sometimes to the point of perplexity, can be observed both as to appearance and as to behavior. They alternately see themselves as very beautiful or very ugly; wise, creative, and imaginative or dull, ineffectual and incapable; small, weak, and childlike or strong, in-

dependent, and adult; sexually potent, attractive, heterosexual or frail, homosexual, and inept.

Not only do they lack some consistent and stable identity but they seem incapable of developing one by any process of internalization. Though they can sometimes imitate, such a primitive mode of identification seems not to lead to any inwardly determined behavior patterns marked with any degree of continuity. In relatively fixed and stereotyped circumstances, they often operate as if they had inwardly determined and consistent personalities. Yet they function mainly on the basis of intellectually appreciated formulae or on the basis of external cues which can guide them to the behavior anticipated by others. They are often bewildered or angry if the analyst steps out of some preconceived role, particularly when this implies some deviation from God-like patience, wisdom, and sometimes silence. Similarly, they can be enormously grateful and sentimentally overwhelmed if the analyst provides them with something so simple as a cue to appropriate behavior in some fairly obvious situation. As a general rule, new and unexpected circumstances produce in these patients indignation or anxiety since they lack stable self-perceptions, stable value systems, inner models for flexible response.

Partly as a cover for such uncertainties, these patients often employ fairly elaborate intellectualized devices. This, however, has little in common with a similar device employed by the obsessional neurotic who uses his intellectual ruminations in a hostile, argumentative, affect-depreciating way. Rather it spells out the barrier and distance between the patients and their objects, a separation which forecloses empathy and understanding. It signals an intense need to ward off the opposite hunger to approach and incorporate in order to fill some inner void. These patients are for the most part patently incapable of building out of the analytic relationship those elaborated and flexible structures which lead to new and more effective ways to think, behave, and feel. Indeed their histories seem to suggest that psychoanalysis has succeeded mainly

in dissipating values, ties, and models in the face of a severe incapacity to replace them. When these are gone such patients readily collapse, as if the loss of a past ego state was identical with the loss of the 'self' (3).

For some patients, so long as the analysis continues, the principle source of integration consists of some symbiotic relationship to the analyst himself. When the analyst goes away—on professional business or on an extended holiday—these patients decompensate. It is as if they are emptied of all old supports and are unable sufficiently to maintain internal object constancy which might carry them through the briefest intervals of separation. On entering treatment with someone else, their behavior is often quite consistent with this state of affairs. They rapidly become deeply dependent, but primarily in the sense of some primitive symbiosis which shows few or no real signs of identification beyond superficial imitation and acquiescence.

The intense effort to cling to some portion of reality, to maintain some object ties occasionally manifests itself in sudden increases in sexual activity. While, as in the Schreber case (6), it can be observed that homosexual libido is immediately in the background, sudden, intense heterosexual behavior is apparently something more than just a defensive camouflage for unacceptable impulses. It is also an expression of the ego's need for maintaining contact with outer world objects and has all the qualities of a desperate antidote for inner desolation.

Similarly there is a predominance of oral problems in such patients. Incorporation seems to represent both a restitution and a potentially dangerous destruction of the object. The patients are either gluttons or ascetics, or marked mixtures of both. Problems about sedation, alcohol, weight, and eating hold a prominent position in almost every instance. The mouth plays a large part in sexuality, either in fantasy or fact. Both prior to and after decompensation the clinical picture is characterized by a fairly patent sucking dependency, with many

demands for special consideration, rewards, support, guidance, praise, and compromise in the analytic procedure. These are the patients who consistently raise issues about drinking water and trips to the bathroom. With the onset of psychotic elements during therapy, strong sadistic and masochistic components in the oral fantasies are frequently revealed. Should they emerge the symbiosis with the therapist, so urgently sought, displays itself as an urgent aim to swallow and destroy. In one case sexual fantasies included the literal eating of the sexual partner and, at the same time, being eaten by the sexual partner. Physical symptoms are often localized around the mouth and include feelings of deadness, swelling of the lips and contiguous facial areas, tics involving the tongue and lips, excessive salivation, and a general disturbance even in mouthing words. In one patient, eating was so dainty as to avoid all contact between food and lips, and swallowing was preceded by minimal chewing. As might be expected in patients with so little objectivity, it was impossible for them to associate such oral disturbances with any psychological difficulties; they could only see this behavior as either entirely appropriate or as justly meriting contempt from the world or guilt from the conscience.

These clinical observations could be extended to the estrangement and depersonalization phenomena, the deep organic insecurities and associated hypochondriacal reactions, and to the characteristic denial and projection mechanisms, the archaic fantasy material, and the frequent negative therapeutic reactions. But my purpose is not to round off the clinical picture of preschizophrenic or schizophrenic states but rather to raise what seems to me a most pertinent question, mentioned at the beginning of my discussion: do these phenomena have a coherence and an underlying unity which demand our attention?

As early as 1894, in the *Neuropsychoses of Defence* (5), Freud undertook to differentiate the mechanisms of hysteria, obsession, and psychosis. At this point in his thinking it seems

clear that all three maladies were seen in the same fundamental frame of reference. An unacceptable idea or affect is defended against, setting up a severe conflict, and the various methods of handling either the idea or the affect eventuate in the separable clinical pictures seen in each illness. To use a segment of Freud's language, the ways in which 'the ego has fended off the incompatible idea' produces the variability in the clinical picture. By the time of writing the Schreber case in 1911 (6), a significant alteration had taken place in Freud's thinking about psychosis. True, the mechanisms of paranoia are described in terms of conflict, repression, and the return of the repressed, a description that forms the core of the classic third section of the paper which explains the homosexual base for persecutory ideas. But in no way is this considered by Freud as the core of the psychosis. Rather, it is emphasized that this noisy aspect is part of a process of reconstruction. What is fundamental to the schizophrenic illness 'happens silently', in Freud's language. It occurs by way of the detachment of libido from people, or things. It is to this basic development, which Freud termed 'repression proper', that we must attribute the most significant alterations in psychic functioning, leading inevitably to the clinically noisy reconstruction efforts. The most significant elements at the root of the illness appear in the form of a sense of some internal catastrophe, a world destruction fantasy. As Freud noted concerning Schreber, 'his subjective world had come to an end since his withdrawal of his love from it'.

But at this point, Freud was not altogether clear as to the nature of this special process of repression. Years later he was to express a strong doubt that this type of repression had much in common with repressive processes to be found in neurosis (7). Certainly he did not make it clear in the Schreber case whether the libidinal withdrawal is mainly connected with external objects or internal representations, or both. The answer to this decisive question came most succinctly in his great metapsychological contribution, written in 1915, *The Un-*

conscious. After discussing how, in the transference neuroses, object cathexes are maintained with great energy in the system *Ucs*, he goes on to differentiate the process in schizophrenia with utmost clarity:

In the case of schizophrenia, on the other hand, we have been driven to the assumption that after the process of repression the libido that has been withdrawn does not seek a new object, but retreats into the ego; that is to say, that here the object-cathexes are given up and a primitive objectless condition of narcissism is re-established (7, pp. 196-197).

By this statement, Freud did not mean only the withdrawal from external reality objects. He specified repeatedly that 'in schizophrenia, this flight consisted in withdrawal of instinctual cathexis from the points which represent the unconscious presentation of the object'. Here was the really crucial differentiation between neurosis and psychosis. Here was the real basis for the clinical experience of inner and outer world destruction. Here was the central theoretical construct by which one could understand that if the ego was a 'precipitate of abandoned object-cathexes' (8), then the dissolution of those representations must necessarily lead to the psychic disasters of schizophrenia. Here also came Freud's remarkable insight into the meaning of the peculiar phenomenon of the stilted and precious speech of many schizophrenics. The verbal representations are but pale shadows of the lost object representations. Like delusions and hallucinations they represent 'the first attempts at recovery or cure which so conspicuously dominate the clinical picture of schizophrenia'. But they are poor and inadequate substitutes for the original object representations and lose the quality of meaningful and drive-invested reality.

The fundamental theme that unifies all the clinical data offered in somewhat random form earlier, may now be stated



clearly. As the silent inner disaster proceeds, due to a progressive disintegration of higher-level, more complex and elaborated object representations involving both ego and superego, there is a progressive loss of identity both at the psychic and physical levels, accompanied by enormous anxiety and energetic but unrealistic efforts at reconstruction or restitution. The clinical picture is dominated by intense interactions involving the primitive residues of mature, whole objects—namely, part-objects and the symbolic substitutes for objects. This is the true meaning of the emptiness and fear to be seen in the schizophrenic. This is the ultimate meaning of the stilted, stiff, and awkward movements. This is what destroys the sense of a unified identity and drives the schizophrenic to create all manner of weird and unreal identities to replace what has been destroyed or distorted. This is what pushes patients to that loss of distance which translates symbols into concrete objects, dreams into reality, early transference feelings into sexualized possession, wishful thought into imminent gratification. This is what, at the onset of such disturbances, often creates an urgent hypersexuality, a craving for objects in reality or fantasy. This is what brings the focus on the mouth and eating and swallowing, or an intense fear of this urgency. And finally, this is what makes every separation an overwhelming danger to be equated with psychic, if not actual, death.

It needs to be spelled out explicitly that schizophrenia involves a progressive disintegration and disappearance of object representation and must, therefore, be assessed from both a structural and an economic point of view. It must also be understood that such representation is essential for all functions of the ego, but most especially for reality testing since these memory traces are indeed the 'road map' (*10*), to use Rapaport's term, to assessment of the external world. Even more important is the inevitable consequence that self-representations must also disappear progressively since these are so intimately linked with object representation, how we think the world looks on us, what it expects of us, what we



can anticipate from it. Regressive destruction, however, is followed immediately by noisy, lifesaving struggles and what dominates the picture throughout will be ineffectual, unreal object clinging, whether in fact or fancy.

There are practical consequences attached to this type of formulation which are of the utmost importance. In general, theory derives from clinical observation. But technique derives mainly from theory. The logic of classical psychoanalytic techniques is dictated by metapsychological explanations of the transference neuroses. Here the clinical picture leads to formulations concerning conflict, repression, resistance, and transference phenomena, and the rational consequence of such a theory leads to free association techniques, the couch, and interpretation. If the theoretical understanding points in the direction of a learning difficulty, the logical technique would be educational in nature. If poor conditioning is found to be the basic source of the problem, the logical technique would be in the direction of some type of reconditioning.

What then shall we suggest as the logical technical extension of our theoretical understanding of the essential problem in schizophrenia? How applicable is the usual psychoanalytic technique in dealing with such a problem? A number of analysts now suggest that classical analytic technique is just as applicable to borderline and schizophrenic cases as to the transference neuroses. Not all of these analysts are of Kleinian orientation (1, 2). My own convictions lie in a very opposite direction on this question, partly on the ground of clinical experience and partly on the logic of how one proceeds from theory to practice.

Let me start with two of the significant accoutrements of psychoanalytic practice, the couch and free association. I suggest that both are not only inappropriate but dangerous with psychotic patients. Given the idea that withdrawal from objects and from object representation are central to the schizophrenic problem, then the separation involved in the use of the couch can only serve to re-enforce the sense of object loss, increase

the anxiety, and destroy the potential for increased internalization processes which are at the core of the recovery process. Moreover, free association can serve to increase psychotic fantasy. Inhibiting free association and directing the patient's attention cathexes to reality objects serves the reconstruction process far better, provided, of course, one is convinced that the nature of the illness lies more in the direction of ego deficiency than in the realm of conflicting impulses and ideas, however rich these may also be in the clinical picture.

These are more or less negative considerations. On the positive side, the therapeutic effort must be primarily directed at making contact and insuring communication. The curative process lies in the direction of facilitating internalization of consistent, reliable, trustworthy objects to replace the loss in representation which has so impoverished the ego, and undoubtedly the superego. Sudden separations of any type and radical alterations in the patient's environment or daily routine represent a severe danger. We must be chary of these easy comfortable recommendations to hospitalize patients or remove them from their families. While this may certainly be necessary in many cases, we must carefully assess the risk that every loss of contact entails—namely, a further threat to object representation with its potential for pushing acute conditions into chronic illness. Some time ago I learned that on one Caribbean island chronic conditions of schizophrenia rarely occurred while acute states were fairly frequent. What interested me was to hear that there was not a single mental hospital available on the island, so the afflicted of necessity were cared for at home. While this may be subjected to various interpretations, perhaps there is a positive element that needs to be explored. And we should not forget how successful the Dutch have been in reducing first hospitalizations and also reducing suicide rates with an intense home-care program that focuses on keeping psychotic patients at home.

If our desire is to make contact with our patients, to give them a sense of the possibility they will be understood, to offer

them an object for imitation if not for identification, then we shall take a somewhat different distance from the patient than is true in classical psychoanalysis. It may prove quite relevant to give support to the patient's superego in the struggle to control rampant and dangerous drives. Or to side with one impulse over another. Impartiality and objective dissection may serve an excellent purpose in the analysis of neurosis. In psychosis we may have to select the point of least resistance, the point of greatest contact, and assume parental roles. Otherwise, we find ourselves extruded, rejected, and devoid of any leverage in the treatment situation.

The same is true in dealing with delusions and hallucinations. However clear the meaning may be, a challenge by way of interpretation will always carry some danger. More central is the sense of tact and timing that permits understanding of the restorative function of the delusion, avoids a useless logical or psychological battle which cannot be won, senses the counter-transference threat to one's own grasp on reality that every delusion in another creates, and centers attention not so much on the falsity of the delusion but rather on the satisfaction of the urgent object seeking generally being expressed. Of course, serious and disruptive conflicts are also involved, both in the conditions antecedent to the development of a psychosis, during its existence, and in its aftermath by way of reconstructive maneuvers. In the usual psychoanalytic mode, interpretation plays a significant role in this therapy.

Freud's hypothesis concerning the basic core of psychosis points to a significant emphasis in treatment. One could even go further and assert that it is only within the framework of Freud's structural hypothesis concerning schizophrenia that we are able to fit most other technical suggestions for the treatment of this illness. It is within this framework that one can welcome the recommendations of Adolf Meyer for educational approaches, of Paul Federn for his dynamic understanding, of Harry Stack Sullivan with his suggestions relative to interpersonal transactions and the appropriate treatment

milieu, of Rosenfeld, Segal, and Melanie Klein for interpretative analysis, of Karl Menninger for tender loving care, of Sechehaye for symbolic realization, and many other contributors in both the theoretical and technical realms.

Posing the question of a structural as well as an economic differentiation between neurosis and psychosis has far-reaching implications. Ego deficiencies may no longer be considered as mere incidents, occasionally and even indifferently associated with neurosis and psychosis. It may be necessary to clarify and define our thinking in order to differentiate more sharply between conflict disorders and deficiency disorders. We will undoubtedly be confronted with very different admixtures of both types of problems in neuroses and in psychoses. In our theoretical and technical thinking, however, we may be compelled to keep these differences clearly in mind. It may prove the basic orientation point around which we decide how much of a 'real relationship' (4) is called for in therapy and how much we can rely on classical or orthodox modes of psychoanalytic treatment. There is a considerable difference between interpreting conflict and building structure. In practice it often proves illusory to assume that inevitably, regardless of the degree of ego defect, the clarification and interpretation of conflicting elements will automatically provide the atmosphere in which ego growth and development will take place. This may generally be true in classical transference neuroses without gross lacunae in ego structure and functioning. In my experience, it is rarely if ever true in schizophrenia or related deficiency disorders.

#### SUMMARY

Clinical experience with patients who decompensate in the course of psychoanalytic treatment points up a wide variety of symptoms closely associated with a loss of internal object representation and a variety of urgent restitutive efforts. These re-enforce Freud's thesis that schizophrenia is to be sharply differentiated from neurosis, with loss of object rep-

resentation in the former and retention of such representations in the unconscious in the latter. These concepts clearly suggest specific technical approaches in the treatment of schizophrenic patients. They also raise the general question as to whether there is value in differentiating more sharply between conflict disorders and deficiency disorders.

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## Lactation as a Denial of Separation

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# LACTATION AS A DENIAL OF SEPARATION

BY ROY N. ARUFFO, M.D. (PITTSBURGH)

Galactorrhea can occur in a number of well-recognized clinical states. Probably the most common is persistence of small amounts of milk in a woman's breasts for long periods after a pregnancy. Lactation in the newborn is not uncommon and is attributed to lactogenic hormones received from the mother. Some women apparently lactate after menopause or after removal of their ovaries, and there are numerous examples in connection with endocrine tumors. Recently there have been a number of reports of galactorrhea in women who have received substantial doses of phenothiazines for a long period of time (7).

Foss and Short (5) have reviewed the medical literature on abnormal lactation. After discussing the physiology of the pituitary gland and breast, they conclude that 'sucking in combination with strong psychogenic symptoms may initiate lactation in nulliparous or even virgin women'. Probably the most common psychopathologic state associated with lactation is pseudocyesis, and in 1937 Bivin and Klinger (2) published a massive survey compiling four hundred forty-four instances of this condition. In seventy-six of two hundred and two cases of pseudocyesis, milk was present; five of these cases were unmarried women.

In 1935 Briehl and Kulka (3) published the only study I have found of lactation in a virgin who was in therapy. After a year and a half of analysis, when their patient, unmarried and in her thirties, was deeply involved in working through an oral pregnancy fantasy, she developed pseudocyesis with abdominal distention and severe retching and belching. At this point, for

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a reason not mentioned in the report, she discontinued analysis. She resumed treatment on three occasions during the next two years, each time quickly reviving the previous conflicts and after a few weeks discontinuing her sessions. Before her last attempt to go on with treatment she had been practicing breast manipulation and during one analytic hour reported having discovered milk. Shortly thereafter she discontinued analysis altogether for 'external reasons'. Briebl and Kulka established in this case that galactorrhea can occur in nonpregnant women without organic disease. They pointed out that in many primitive societies a woman other than the infant's mother may take on the breast-feeding of a child and that this 'nursing mother' may range from an unmarried adolescent to a post-menopausal grandmother (3, 10, 11). In such cases apparently all that is necessary is several weeks of stimulation at the breast and a desire on the part of the substitute mother and the infant to accomplish feeding. Margaret Mead has described this well in her observations on adopted children of the Mundugumor Tribe (9).

It is clear that women can produce milk at times other than *post partum*. As strong pregnancy fantasies are so common, one wonders why lactation in our patients is not more frequently reported.

### CASE REPORT

The subject of this history was a seventeen-year-old white college student only fifty-eight-and-a-half inches tall, moderately obese (one hundred forty-three pounds), with fat distribution characterized by large thighs and buttocks, relatively thin extremities, and tiny hands and feet. Her hair was somewhat thin, coarse, and oily with seborrheic dermatitis, and her eyes were closely set, her eyebrows quite thin.

Previous psychotherapy by a psychiatrist had been carried out one hour a week for two years. Then, after graduating from high school, she went away to college where she consulted me about continuing her treatment. Because she tended to enter



dissociative states and had very intense oral longings, it was decided to engage her in psychotherapy rather than psychoanalysis. She was seen sitting up twice each week with occasional extra hours. She suffered from anxiety attacks, abdominal and breast pains, dizzy spells, and occasional incapacitating headaches. She also complained of inability to have a comfortable relationship with either of her parents; she had frequent anxiety-laden verbal fights with her mother, and a tense, affectionate, fearful relationship with her father. Most of her life she had spent as much time as possible away from them, often staying for months at a time with her maternal grandparents who lived nearby. Her overt symptoms had begun at age fourteen when she experienced a deep sense of loss at the death of her much loved grandfather. She had been present at the onset of his fatal coronary attack to which she responded with tears, cloudy double vision, dizziness, and anxiety about a strong wish to touch him. Soon she was almost continually anxious, developed abdominal pain, and suffered too much to work efficiently at school. She was eventually hospitalized for gastrointestinal studies and a consulting psychiatrist recommended psychotherapy.

With me she proved very coöperative, eager, and highly intelligent. She quickly developed an anxious, strong, positive transference similar to that which she had had with her previous therapist. In the early treatment hours her associations were relevant; she thought much about the conflict she felt with her mother over whether or not her wish for treatment, and her symptoms, indicated wishes of which she should be frightened. She had always been a histrionic person whose fantasy life had a pictorial quality. In the course of treatment, episodes of eidetic imagery began to occur. She was easily startled and was often frightened by sudden noises, at which times she would ask that the door to my office be left open, looking up as if to confirm that she could leave. Frequently she entered a dissociated state, concentrating on her own thoughts, with or without visual imagery and seemingly ignoring my presence. Such states would

last up to a minute and usually ended with a brief outburst of emotion followed by considerable resistance to talk about the thought content. As the treatment progressed, she developed during the hours a host of functional symptoms including numbness, dizziness, nausea, pains in many areas of her body, uncoordinated eye movements, blinking tics, and involuntary movements of her head, neck, and shoulders. This last symptom consisted of closing her eyes, thrusting her shoulders forward, and alternately hyperextending and flexing her head—almost like a rooting reflex. There was never any loss of consciousness but she was indifferent, like the classical hysteric, to her conversion symptoms.

#### EARLY HISTORY

This patient had had a difficult life. Her family was well-to-do; her father was a lawyer. She described him as a gruff, rough, rugged man who loved playing and wrestling with his daughters which was both frightening and alluring to the patient. Her mother was an anxious woman who was said to suffer from a chronic heart ailment. She was prone to episodes of syncope, several of which occurred during arguments with the patient: after collapsing, she would be carried to bed and spend several days in her room, leaving the child plagued with guilt and the grandmother prophesying that my patient would one day 'be the death of' her mother. Her maternal grandparents were salient figures. They took her in during periods when she was most wretched at home and in their house she felt physically warm and well loved. Through the years this dichotomy was a source of many painful inquiries by mother about whether she loved mother or grandmother more. A sister, six years older, was her only sibling. The sister, described as a beautiful girl, was everything the patient felt her parents wanted in a daughter.

Her mother's first labor apparently had been prolonged and difficult; the obstetrician recommended a cesarean section for the second delivery. The baby weighed just over five pounds; she was fed with difficulty, lost weight, and was kept in the

premature nursery for several weeks following her mother's discharge from the hospital. With distress the mother recalled that she was not allowed to feed or hold her newborn infant. Further, the parents were stunned when they were told that their baby was a cretin (a mistaken diagnosis based on her general appearance and not confirmed by further study). After discharge from the hospital, the infant continued to eat poorly, suffered from a 'milk allergy' associated with colic, and slept erratically. The usual adjustments in formula did not offer relief, but two or three years later she 'grew out of' what was described as a trying and exhausting period for the family.

Until she was three years old, her family employed a mentally retarded maid who, according to the patient, revealed to her many wild cannibalistic and erotic fantasies connected with the treatment the maid had received in a state hospital for the retarded. The patient was convinced that this woman engaged her in some anal sex play and had told her that having her temperature taken was part of what doctors 'did to you'. In these early years the patient suffered from a 'vitamin deficiency' which led to multiple furunculosis, frequent minor surgery, and many painful and frightening injections. Prior to school age she developed a temporary deafness which was treated by radiation to her nasopharynx. At age four a tonsillectomy was a terrifying experience. At seven she developed a limp which eventually was diagnosed as Legg Perthe's disease; as considerable damage had already been done to the femoral head, it was necessary for her to be confined to bed and wear braces on her leg. Walking was forbidden for four years so she did not attend school but was taught at home by a tutor for several hours a week. Finally at age eleven she was allowed to walk and returned to school. At this time her first menstrual period occurred. Shortly thereafter she underwent surgery to prevent growth in her undeformed leg. Sexual feelings experienced while being examined by the doctor prior to this operation and her ordeals with the mentally retarded maid figured prominently in the rape fantasies which unfolded in treatment with me.

## THERAPY

Initially therapy was quite difficult for this patient. She was silent for at least half of every hour. Gradually, however, we were able to work on her fear of the affectionate feelings she had had for her previous doctor, her inability to trust her feelings about me, and her continuing suspicion that it was somehow 'wrong' to want to be in psychiatric treatment. Toward the end of the first year she began to work hard in therapy and there was an erotic transference. Oral conflict always played a prominent role in her thoughts and indeed colored all she said. Conscious and intense worry about her ability to trust another person, as well as unspoken fears as to whether I could be trusted, was repeated frequently during the first six months. During the next two years countless variations of rape fantasies gradually appeared; these were related to the operations of her childhood, intense penis envy, castration anxiety, and a number of childhood sexual theories, all strongly cast in oral terms. Details of the 'anal seduction' prior to the age of three were brought out in a series of dreams, as were experiences of toilet training. Her associations were chiefly anal-erotic, but she now experienced her first consciously recognized sexual feeling. This was a whole-body phenomenon that became localized anally in subsequent weeks and was accompanied by dreams of being raped by nurses who inserted thermometers and performed examinations. With this there were various fantasies expressing strong wishes to be my wife, to bear and rear my children, to wash my clothes. As treatment continued, and as she gradually became comfortable with her anal sexual feelings, she responded with panic to occasional genital feelings that accompanied intense wishes to have a baby.

The second summer vacation during her treatment with me was, she said, the most comfortable period of her life. Then a few weeks before she was to return to school and to therapy, she again developed abdominal and breast pains. The family physician was consulted but because of the difficulties in ex-

aming such an anxious patient, she was hospitalized for a pelvic examination under anesthesia. No organic cause for the pain was discovered but her uterus was described as 'infantile'. A dilatation and curettage was performed and the gynecologist reported that aside from the infantile uterus there was no evidence of recognized endocrine disturbance.

After psychotherapy was resumed she developed severe abdominal pains and heightened sexual (genital and anal) feelings. At this time she recalled a 'possible real' attempt at seduction by her father when she was eight years old. Accompanying this were memories of her father slaughtering cattle and dreams that she was being murdered. Treatment became extremely difficult for her. On one occasion abdominal pain became so intense that she consulted a local physician who suspected appendicitis; she quickly took a plane home, but fortunately no surgery was performed. In the next few treatment hours some childhood sexual theories were revived: she had thought that a woman becomes pregnant by kissing a man after eating scrambled eggs, the baby being delivered through the anus; defecating, which she found sexually exciting, could produce a baby and was therefore forbidding. She made desperate attempts not to move her bowels; after a movement she dreamed of being murdered. With her oral pregnancy fantasies she had thoughts of fellatio, memories of her father performing minor surgery on her mouth—a difficult, painful procedure—, and finally she recalled her tonsillectomy. The equation of mouth and vagina was complete when she 'tasted blood' in her mouth just before becoming aware that she was menstruating. Typical associations from this period were: 'Last night I had sexual feelings in my mouth—you put a thermometer in my mouth and I panicked—it went through my neck—it was sharp—now my throat hurts. . . . The rest of me, except my mouth, is numb except the inside of me which is empty. . . . In high school I wanted to have sexual feelings so I took coke and aspirin—I got really sick, had terrible pains in my stomach—I'm getting sleepy now.'

Oral pregnancy fantasies and abdominal pains were now regularly present, as were breast pains. The thought content became more oral and she developed an insatiable appetite. A desperate, hopeless feeling of emptiness seemed to be the focal point of her anxiety and transference. After several weeks she had the following dream.

You came to see my parents and were talking to them. Father and I were out in a motor boat in a lake—he started kissing me and it felt really horrible. I tried to get away. The more I struggled, the more he did—my lips started to hurt. Then he started putting his hand inside me. I started kicking and fighting. Then I told you about it. You said it was all right. I wanted to kiss you instead but didn't like that either. You said it proved I couldn't love anyone.

In another dream of the same night she was baby-sitting and found a baby in the bathtub. The following is an excerpt from a series of dreams reported in the succeeding hour.

My mother, grandmother, and I were in some woods. We came across a man's body. He was stabbed to death. We found his house all ransacked. There was a body of a woman. They were cutting her up—it was horrible. They were cutting triangles out of her. Then I was at grandmother's. I was going to have a baby. I was going to the bathroom. There were horrible witches there. A nurse told me I didn't have to go to the bathroom if I didn't want to. They started sticking spears into me. I doubled over and my stomach hurt. The spears were thermometers, very sharp and very long. Then I was at grandmother's. She gave me some candy. I was eating it and gave my uncle some too.

Eating candy expressed an oral-regressive reaction to intense castration anxiety; also it was a direct defense against the patient's devouring the mother and the analyst. At the same time it was a protection against the unconscious fear that her mother might punish her by withholding food or giving her spoiled

food. Until these dreams, it had been difficult to relate the transference to the parents of her childhood. I hoped this might represent a turning point in the treatment.

#### SEPARATION AND REGRESSION

Within a few months the patient became fearful about having to miss several therapy hours, and also about the impending summer suspension. I gently mentioned that she was symptomatically much improved, that we had done considerable work on her problems, and that we should take stock of where the treatment stood and what she hoped to accomplish in the future. She became extremely uneasy about termination<sup>1</sup> and within a week telephoned me in a state of panic to request an extra appointment. In this interview she told me that she had milk in both breasts. This was seven and a half months after the pelvic examination.<sup>2</sup>

At this time the patient was involved in a father transference; her conscious fantasy life was filled with tender, somewhat realistic wishes for marriage, having a number of babies, and a house of her own. Just at this point I had confirmed what in her mind must have been an intense and frightening unconscious expectation that she would be punished orally. A deeply regressive mother transference then developed.<sup>3</sup> These two transferences alternated for several months. The conflict implicit in them was resolved by further regression, the patient becoming at one and the same time my wife, my infant, and my mother. In essence, she condensed the fantasies and became her own lactating mother and her own nursing infant. She

<sup>1</sup> In retrospect I realize that at the time I introduced the possibility of termination of treatment, I was deciding to conclude my own psychoanalysis and much preoccupied with problems of separation.

<sup>2</sup> The presence of milk in her breasts, though minimal, was confirmed by an endocrinologist, Dr. Frank Mateer. Absence of any organic condition which could explain the lactation was confirmed by both Dr. Mateer and Dr. Campbell Moses.

<sup>3</sup> Dr. and Mrs. Michael Balint, in consultation, pointed out that during this stage of the treatment, the transference switched from a three-person œdipal system to a two-person mother-infant relationship.



denied her need for me, and fed herself. Six months later, while still lactating, the patient reported a fantasy in which she was being held up by her heels in a hospital; she had given birth to herself.

As the regression deepened, her œdipal fantasies faded into the background and she engaged in much projection and introjection. She was continually preoccupied with her lactating breasts, which were a source of pride and pleasure to her. Daily she expressed the milk, noting its color, consistency, and taste. There developed conscious wishes to nurse me, to be fed by me, and finally to feed herself. In connection with this latter fantasy she recalled an early childhood concept of the human body: at a time when she had been feeling painfully empty (just as later she was to feel in treatment), she recalled early thoughts of her abdomen and thorax being a large single cavity into which all food and fluids poured. The mystery of the difference between the sexes was solved by the notion that boys' breasts had been pushed into this cavity from above, causing the penis to protrude below; conversely, if the penis were pushed in from below, then breasts 'popped out' above. She also thought that in order to grow big and have a baby inside her, she must eat a great deal and not allow feces or urine to escape (a conjecture that had contributed to her moderate obesity); any act of elimination was accompanied by intense anxiety and withholding.

With her oral aggressive wishes went a marked fear that she herself would be swallowed, and in childhood this worry had applied itself to going to the toilet, which she perceived as a large gaping mouth into which she might disappear. She suffered keenly from the absence of a penis, which she compared to the plug needed to keep the water in the bathtub. And now, lactating, she wanted her breasts to turn inward so that she could feed herself, fill up her vacuum, and have a baby (penis), which would act as a plug to prevent her constant sensation of loss associated with elimination. As in the transference, infant and mother were combined in the fantasy; she was feeding herself. Masturbation at this time was accompanied by fantasies



of stuffing food into her vagina. Eventually she had dreams of being eaten by wolf dogs, of eating herself, and of being eaten from the inside.

At times her body image was regressive to the point where she was 'all mouth', where she did not differentiate herself from me, nor outside from inside. Shortly after lactation began, she became aware of my curiosity about it and responded by withdrawing from me. She spontaneously brought in a milk sample in a small (aspirin) bottle, but she then took it with her when she left. For two days her anxiety took the form of sensing that she was suffocating inside a bottle. The therapeutic transaction was then taking place between a hungry, erotic, fearful, devouring mouth and smothering milk. Differentiation between animate and inanimate was at times lost; her hunger was my hunger, her wishes mine. As her feelings of helplessness deepened she developed a strong need to reassure herself of my ability to control her behavior; any minor incident that belied my omnipotence produced severe anxiety, and she assumed that in a magical way I knew all of her thoughts. Love was equated with food, and indeed she reported orgasmic sensations in her mouth, associated with thoughts of eating or masturbation with food.

The extent of her regression was seen in some unsettling fantasies: before returning home for Thanksgiving, the patient was distraught at the prospect of being met at the airport by her mother; she dreaded the impending hugs, kisses, and closeness to her mother's 'soft and squishy body'. While discussing this she underwent an anxiety attack with the fantasy of smothering in my chest. Some time later she dreamed of a menacing lion with an enormous cavity which, in telling the dream, she perceived as both a mouth and a vagina. She hallucinated this animal sitting in the corner of my office, watched the cavity gradually enlarge until it encompassed her abdomen, thorax, and ultimately her mouth; she then was one immense, vacant cavity, and the fantasy concluded with a terrifying sensation that she was disappearing. She was both the eater and the eaten.

This same visual hallucination was repeated much later in connection with her worry about being swallowed by a toilet. It was linked to an old elementary school memory: she had frequently come home without her underpants, considerably puzzling her parents. In the treatment, she recalled that, frightened by the consuming toilet, she had used her pants to choke the swallowing mouth and to prevent her urine and feces from disappearing down the hole. She combined swallowing with dread of being swallowed and finally with dread of disappearing, as did her food, her feces, and the hospital patients in her retarded nursemaid's fantasy. A fear of death reverberated through all this material and was associated with the conviction that she was a malevolent person.

The onset of lactation vividly revealed some hitherto untouched problems. She felt that she now had something very precious, that I would want to take it from her—her breasts and milk. My suggestion that a milk sample be provided for examination was met with her refusal to 'feed' my ego through establishing what an unusual patient I had. As I thought a medical examination necessary, a long, tedious struggle was precipitated in which the patient felt that she was being exploited—used as a guinea pig before being discarded. When a nurse entered the room during her physical examination, the patient experienced severe anxiety and fainted, fantasizing the nurse's instructing the doctor to cut off her breasts. Other thoughts included giving me her breasts, my wringing them dry, and then discarding her; consequently she was worried about her wish to exploit me—drain me of all my knowledge, then toss me away empty, deflated, useless. Envy of her mother, sister, and all women became almost too intense to bear. She was convinced that she could never have their beauty, a normal life (husband and children), and, most important, a body like theirs. Having enlarged breasts with milk in them became her unique source of pride, but only somewhat ameliorating her frantic envy; for, with any decrease in the amount of milk which she daily expressed, panic overcame her.

The patient's lactation continued for more than thirty months. There was a split in the mother transference. As in the past, there was a 'bad'—soft, squishy—mother, and a 'good'—loving and protecting—grandmother; then there were her mother and I. The patient needed to be near the good mother, far away from the bad, and when vacations came near and she must return to see her family, she invented some example of my having hurt her. Later, interruptions in treatment were preceded by uncontrollable eating—gorging herself for hours at a sitting—until her stomach would ache and she would regurgitate with the prediction that only thus would she ever be able to get love.

What sort of treatment situation allowed such rich and primitive psychic material to evolve? After about two years, her associations had become very loose; she frequently would slide off into a dissociative state where the thoughts were visual and followed primary process patterns. Dreams were abundant. This state of openness did not follow a long period of ego analysis, but rather the therapy was characterized by a lack of the usual defenses and by the use of ego regression as a defensive maneuver. Fenichel (4) mentions the kind of patient who all too quickly brings oedipal material into analysis. He intimates that this is a defense, and states that if one proceeds to analyze the resistance (usually involving the current life situation) the oedipus complex comes again into the analysis but from a different angle.

My patient's fear of destructive rejection was of decisive importance. It led her to feel that she must keep up my interest by giving me 'good' and 'fascinating' material. It was a way of feeding me. The central transference issue became the maintenance of a varying, fragmented object relationship with me. At the same time her regressive behavior and imagery were both expected and accepted by both of us. They became a factor which stabilized the therapeutic alliance and a vehicle for reliving and recalling the past.

Thus, even though much material that is at times mobilized in psychoanalysis was verbalized by this patient, there was little of the structural change usually seen in successful analytic working through. As Milton Wexler (12) has pointed out, in the treatment of schizophrenics, 'the therapeutic task centers on contact, communication, and understanding in order to facilitate the operation of primitive imitation, incorporation, introjection, and ultimately identification'. With my patient, then, it was continuously necessary to integrate the flow of material with her ongoing life and to work out more realistic feelings about her parents and me.

### DISCUSSION

As one would expect, lactation had many meanings to this patient, and it soon became a part of her other conflicts. She dramatically portrayed the same dynamics as Briehl and Kulka (3) found in their case. She related to her own breast as if it were her mother's breast, her father's penis, her own penis, and her own breast. In these fantasies the breast secretion equated milk, urine, and semen. The patient's dynamic situation centered around feelings of having been castrated and wishes for redress by swallowing father's penis, thereby becoming pregnant and having her own baby to nurse. The conflicts involved mainly centered around triangular relationships between the mother, the father, and the penisless child. Briehl and Kulka's case differs from the one reported in this paper only in the intensity with which my patient felt the conflicts around the various meanings of the breast. More striking is the similarity seen in the intense oral regression. In my case there was relatively little penis envy but a great deal more emphasis on the breast as the breast of the fantasied mother, a two-person system stressing oral more than phallic wishes. Both patients were concerned about the termination of their treatment when the lactation began. My patient's need for dependent love was greatly stimulated by the premature suggestion that therapy be terminated. She met this crisis with the primitive defenses

of introjection and projection. She incorporated her mother-therapist and became the person who meets the needs of the vacuous dependent infant, while the anger was projected and the mother transference was split. She began to relive, both actively and passively, the infantile and previously unfulfilled mother-child symbiotic situation described by Benedek (1).

In the post-ovulative phase of the menstrual cycle, every woman is preparing to lactate, as seen in the breast swelling and occasional secretion that occurs at this time. This is presumably the phase in which these two patients began lactating. Certainly the associative material is quite close to Benedek's findings as with the lactation there came a shift in my patient's thoughts away from outwardly directed heterosexual concerns toward a greater concentration on her own body. Benedek states:

This [the post-ovulative] is the phase of the cycle during which the woman's desire for pregnancy, or her defense against it, dominates the psychoanalytic material. At the same time, or some days later in the cycle, the analytic material may show preoccupation with the care of the child. However, as if the mother and the child were identical, or interchangeable. The tendency towards child care may be expressed at one time actively, as a wish to nurse, to feed, to take care of the baby, and at other times the same woman may express the same tendencies passively, as the desire to be fed, to be taken care of (1, p. 340).

In the pregnant or lactating woman, as in my patient, there is a narcissistic regression to the mother's own infancy and an identification with the mental image of the mother at this time of her life. Benedek's description of the oral regression as experienced by the lactating mother is as follows.

During lactation both the active and passive receptive tendencies gain in intensity. They become the axis around which the activities of motherliness center. The woman's desire to nurse the baby, to be close to it bodily, represents the

continuation of the original symbiosis, not only for the infant but for the mother as well. While the infant incorporates the breast, the mother feels united with the baby. Identification with the baby permits the mother to 'regress', to repeat and satisfy her own passive-dependent receptive needs (1, p. 344).

These tendencies can be seen in the many women who themselves eat, drink, or salivate as they feed their infants.

In order to handle the terrifying anger at being separated from me, my patient developed a split-mother transference with the intense need to keep the 'bad' mother part separate. Then envy of her mother became the dominant theme of the treatment. The envy had been expressed directly and was best seen when the patient felt overwhelmed by a fearful fantasy of her mother's destructive, envious reaction when my patient was to graduate from college. The envy itself was projected as was her wish to destroy the object of her envy—her mother. As this came into focus, much of the oedipal material and the feelings about her father could be recast as envy of the mother's relationship with the father. This partly accounts for the way in which the oedipal conflict seemed to mask the much more important oral fixation. The father was psychologically a possession of the mother, much as were her enviable breasts and her adult figure. This dynamic situation is very similar to that described by Melanie Klein (8), who found envy of the mother to be one of the fundamental and most primitive emotions. The infant sees the mother (breast) as the ultimate source of all goodness. She is idealized, greatly admired, and the child wishes himself to possess these very qualities. If this is not possible, the infant strives to destroy the object and thus relieve the envious feelings.

Benedek has described how a pregnant woman feels a sense of unity with her unborn child. With delivery may come a disruption of this feeling, as well as a feeling of emptiness and loss on the part of the mother. If all goes well, the unity will be

re-established at the breast through physical contact with the baby and feelings of love for him. It is at times essential for both the mother and the infant that this be accomplished quickly and easily. My patient was born prematurely and perhaps with an immature gastrointestinal tract. Feeding difficulties began almost immediately. The nature of the therapy suggests that the mother did not have an opportunity to establish again a feeling of oneness with her infant. Instead, she had to prepare herself for the consequences of having delivered a premature cretin who might die or be mentally retarded. The mother had to expect separation and simultaneously to re-establish her symbiotic feelings with an infant she could not touch. A satisfactory mother-infant unity seems never to have been established. As the 'milk allergy' continued during the first years, the patient participated in a severe and continuing trauma at a time in her life when psychic and somatic modes of expression were not yet differentiated. She was left with an intense fear of being deserted, hungry, empty.

The lactation, then, occurred when a number of factors converged on this infantile fear. Continuation of her treatment was threatened; her therapist was facing a separation himself and, consequently, was in a sense hungry; the patient faced imminent interruptions in her treatment because of school holidays. She had always maintained primitive object relations which in the therapeutic situation led to unusually powerful unconscious wishes to be fed and treated as an infant. At the same time, she was struggling with desires to have a baby of her own. She was in a dynamic position almost identical to that of the nursing mother who in her identification with her infant is able to feel both parts of the mother-infant symbiosis. She needed milk, and she produced it herself spontaneously. This fits in well with the fact that in nonliterate societies substitute mothers are regularly able to produce milk when the desire and stimulation are present, and with the fact that psychological forces by themselves can produce milk in pseudocyesis.



It might be argued that the galactorrhea and threatened termination of treatment were simply coincidental, but unrelated, events; and further, that if separation played an important part in initiating the lactation, then with the continuation of therapy one could expect the lactation to stop. To the first point there can be only a limited answer. The patient was intensely attached to her mother-therapist. The idea of a permanent separation was met with much of the feeling and regression attributed to an infant separated from his mother. We can reasonably expect an event of this magnitude to be reflected in physiological processes. That the lactation continued after the termination threat ceased is more easily explained. Intellectual awareness that we were going to continue our work did very little to change the patient's oral needs and conflict. She still felt that she had to give to me—to feed me—in order to keep up my interest and not be deserted.

Several diagnoses were considered for this case. Initially, the appropriate diagnosis seemed to be 'psychoneurosis, conversion reaction'. This was supported by the symptoms themselves, the nature of the transference, and the dynamics that seemed to center around penis envy, wishes for a baby, and fears of being mutilated by the father-doctor at the mother's instigation. The major resistance was her fear of strong positive feelings. The treatment was cathartic, dramatic, intense, and yet there was always a feeling on the part of the therapist that insight came too fast and too easily. However, once the separation anxiety was brought into focus and the lactation had started, a different diagnostic picture appeared; a psychotic character disorder became manifest.

Frosch (6), in describing the psychotic character, recognizes in both neurotic and psychotic characters a well-crystallized, predictable set of responses to stress. Although there may be any combination of presenting symptoms, it is the characteristic modes of ego functioning that identify these patients. In the psychotic character, these ego mechanisms resemble those of psychosis but differ from psychosis itself in that there is 'a



relative preservation of the capacity to test reality; a relatively higher level of object relations; a capacity for reversibility of regression, giving transience to the appearance of psychotic symptomatology; and the presence of a reality-syntonic adaptation'. Frosch examines the position of the ego from three points of view: the relation with reality, the feeling of reality, and the capacity to test reality. In general, the psychotic character may have large but transient distortions of relations with reality and feelings about it, but the capacity to test reality remains relatively intact.

My patient showed many bizarre and distorted perceptions. Interestingly enough these mainly centered around her mouth or some representation thereof. Often her first awareness of a menstrual period started with the taste of blood in her mouth and with panic associated with a feeling that she was bleeding to death. Feelings of hunger were perceived as profound emptiness presaging her complete disintegration. External perceptions, such as noises in the building or quite banal changes in my behavior, were momentarily caught up in intense and frightening fantasy.

Transient and reversible changes in her body image occurred often, as, for instance, in the lion fantasy. She sometimes failed to differentiate herself from me, for example, when her own hunger led to fears of being eaten. Although she never regressed to an objectless state, she sometimes persisted for several hours in a state where all objects were reduced to milk and food. The inability to separate the self from the inanimate world was seen in a fantasy in which she identified herself with milk in a bottle, and at times when she treated my office and furniture as if they were her own body. Several times she greatly feared her feelings of emptiness and wanted to prevent further losses and emptiness by using food to plug up all the holes in her body; she impulsively stuffed Kleenex into the cracks in my desk and couch. Her object relationships varied from a breast-mouth union to a symbiotic relationship; at other times she recognized the independent existence of objects.

As in psychosis, this patient's anxiety was at times all-pervasive and much closer to objectless tension than to the defensive anxiety of the neurotic patient. Frosch has pointed out the lack of harmony among the psychic structures and the closeness of the ego to the id in psychosis. My patient's intense perception of sexual feelings over her whole body, as well as in her mouth and anus, attested to this, as did her strong need to replace reality by wishful fantasy. Yet, as in Frosch's examples, she was rather well able to test reality. She had a very real awareness of her own tendency toward distortion and, in fact, worried about what would happen if she were unable to reverse this behavior at the end of her hour. One could not question the transient quality of these perceptions and feelings. She was able to function well at college and had a limited number of friends. Changes in the environment were met with intense anxiety and slow reality-syntonic adaptation.

### EPILOGUE

After more than two years of treatment during which the patient was working primarily with early mother-child relations, her interest in her breasts and feeding decreased. The lactation was mentioned only infrequently but apparently there was always some fluid in the breasts. However, she was still very clinging and dependent. A difficult, and painful, surgical operation suddenly precipitated a prolonged medical hospitalization and an eight-month break in the treatment. During this time her anxiety was often overwhelming and accompanied by considerable regression. Her hostility toward her mother vacillated, but under the pressure of her extreme needs, she succumbed to her wishes for mothering. Several times she became incontinent and at other times could only be comforted by her mother's caresses or by telephone calls to me.

By the time psychotherapy was resumed, there was a well-established pattern of telephone calls to me, and my affectionate quiet concern became too obvious to her. This led to unmentioned fears that neither of us could control the situation; at

the same time, my concern was gratifying to her. She soon frantically demanded to be seen more and more frequently, insisted on permission to make calls at will, and openly demanded affection. This eventually led to a crisis over my firm insistence that there be no telephone calls and that I determine the frequency of her visits. For several weeks following there was marked relief from the anxiety as well as anger that 'you let me get away with too much'.

Shortly thereafter lactation briefly became important again. She had been frustrated in her efforts to make a nice birthday present for her father. After working for many hours on it she became afraid that she would not finish it in time and suddenly became aware of a spontaneous flow of milk. Soon there was an overwhelming and openly erotic father-transference. Her perception of the recent operation as rape and castration was briefly worked over; there followed intense demands for sexual love. Only for brief periods during her treatment hours was her ego in control. In fantasy and dreams, her father and I were interchangeable and many frightening hours were spent longing for a penis in her mouth or vagina.

The genetic material accompanying these hours was sparse but significant. The main theme developed around the fact that father had stepped into mother's role when the child was still an infant; whether this represented his own maternal needs or whether mother had abdicated her role was uncertain. Father had attempted to relieve the early feeding problem by feeding the baby himself. He also played a large part in the toilet training, very often put the child to bed at night and later got up and took her to the bathroom. Until puberty he bathed her and, most important, comforted her when she was frightened. From an early age, and up to the present, the patient was comforted by spending the night in her father's bed—her fears and tears subsiding as he rubbed her back, stroked her thighs, and kissed her. This threw a new light on the intensity with which she demanded that I do something to relieve her anxiety. With shame she revealed that even during the time of

her treatment, she and her father would wrestle playfully in bed and chase each other around the house, while mother remained silent in the background.

At this point we could no longer sufficiently control the anxiety. Her work deteriorated and she feared that her employer would fire her. She vacillated between wanting her father and me, and made long daily telephone calls to him. At this time the father became too anxious to work properly and developed a 'spastic neck'. The patient decided to relieve her anxiety by visiting her comforting father, only to return even more frightened after spending two nights in his bed. Soon she was unable to go to her job at all, and made a suicidal gesture. Her parents then withdrew their support of the treatment and had her return home.

### SUMMARY

A patient, suffering from a psychotic character disorder, began to lactate in response to a premature attempt to terminate her psychotherapy. Treatment continued for several years thereafter and gave ample opportunity to study an unusual psychophysiological reaction. Although many other factors were involved, the most important conflict in the galactorrhea centered around an intense oral reaction to possibly losing a feared, loved and hated mother-therapist. This contrasts with the only similar case reported, by Briehl and Kulka, which mainly involved phallic conflicts. However, the nature of the oral regression is strikingly alike in both cases.

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## Temporal Anniversary Manifestations: Hour, Day, Holiday

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# TEMPORAL ANNIVERSARY MANIFESTATIONS: HOUR, DAY, HOLIDAY

BY GEORGE H. POLLOCK, M.D. (CHICAGO)

For the vulnerable individual a specific time of day, a specific day of the week, a specific season of the year, or a specific holiday can serve as a trigger or activator for the appearance of a symptom related to anniversary reactions. In earlier discussions (17, 18), I have suggested that anniversary reactions derive from pathological or uncompleted mourning. With the resolution of intrapsychic conflicts through analysis, these symptoms disappear leaving only a memory as a memorial.

## SYMPTOMS RELATED TO A SPECIFIC HOUR

A young woman in her late twenties, whose father died suddenly when she was thirteen years of age, described a daily depression each evening at 5:30 when her husband returned to the house. As the patient heard the key turn the lock, the depressed feeling would be triggered. In analysis, the patient discovered the meaning of this circumscribed reaction. As a child, she was very close to her father—his presence excited her and she waited eagerly each evening for him to return home from work. There were mutually seductive elements in the situation. After the father's sudden death, the patient affectively denied his loss and did not mourn. In analysis, she recovered her fantasies after his death, including the 'waiting at the door for his key in the lock'. She was able to recall a repetitive dream she had following his death—'Father was on a cross like Christ'. And she was able to recognize the wish in the dream—'I believed in the Resurrection. I would

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see father again.' In her first year of analysis, she made a slip calling Memorial Day, Labor Day. Her analysis of this slip was: 'Labor Day refers to delivery of a live baby—that's better than remembering the dead'. That same year, she was acutely depressed on Father's Day.

In *From the History of an Infantile Neurosis*, Freud mentions the five o'clock depression in his patient:

From his tenth year onwards he was from time to time subject to moods of depression, which used to come on in the afternoon and reached their height at about five o'clock. This symptom still existed at the time of the analytic treatment. The recurring fits of depression took the place of the earlier attacks of fever or languor; five o'clock was either the time of the highest fever or of the observation of intercourse. . . . Probably for the very reason of this illness [malaria], he was in his parents' bedroom. . . . He had been sleeping in his cot, then, in his parents' bedroom, and woke up, perhaps because of his rising fever, in the afternoon, possibly at five o'clock, the hour which was later marked out by depression. . . . When he woke up, he witnessed a coitus *a tergo* [from behind], three times repeated; he was able to see his mother's genitals as well as his father's organ; and he understood the process as well as its significance (7, p. 37).

The five o'clock depression in Freud's example might be seen as marking the daily anniversary of his loss of the oedipal mother.

#### SYMPTOMS RELATED TO A PARTICULAR DAY OF THE WEEK

A man in his mid-thirties revealed during the course of his analysis a depressed feeling with anxiety that appeared each Thursday afternoon. Initially he felt apprehensive but soon thereafter was overcome by grief. Analysis of this reaction revealed that his mother had died suddenly on a Thursday afternoon when he was fourteen. He had returned home from school and entered the living room where he saw her sitting on the sofa. As he approached, he saw her mouth and her eyes



open, but could not elicit a response. He screamed. A neighbor hearing the noise appeared, called the doctor, the boy's father, and then attempted to comfort the boy. The entire sequence was dramatically re-enacted in the analysis.

Ferenczi, in his paper on Sunday neuroses, described symptom oscillations that occur on a particular day of the week. These 'nervous conditions had developed—mostly in youth—on a certain day of the week, and had then regularly recurred' (6, p. 174). In his cases, the periodic symptoms returned mostly on Sundays and consisted of headaches, depressions, gastrointestinal disturbances, and oversleeping. Ferenczi also noted that his patients had a tense boredom, that those affected with it were unable to dispel it by any means of diversion, and that it was accompanied at the same time with an incapacity for work painful to them. 'Laziness with qualms of conscience. . . . A laziness which you can't enjoy'—these are the expressions with which one patient attempted to characterize this state.

Ferenczi relates these Sunday symptoms to vacation neuroses, and suggests that the Sunday symptoms appear because the patients cannot allow dangerous impulses to get out of control and so the hypersensitive conscience reacts. In addition to the danger of repressed impulses breaking through, Ferenczi also suggests that self-punishment fantasies are mobilized as a result of the activation by the holiday and thus no enjoyment can occur on the day of physical and psychical rest—the day on which 'we are our own masters'. Ferenczi states:

We know . . . since Freud established it psycho-analytically, that psycho-neurotics—so many of whom . . . suffer from repressed memories—cheerfully celebrate the anniversary or the time of year of certain experiences significant for them by an exacerbation of their symptoms (6, p. 174).

This significant statement provides us with one explanation for anniversary reactions—the time, day, date, or significant event acts as a trigger which allows the repressed to 'return' and with this 'return' we have symptomatic behavior, expression, or exacerbation.

Abraham (1) also writes about an increase or temporary exacerbation of 'nervous conditions' in relation to Sundays, holidays, feast days, and vacations. He observed that work or studies could be used as a defense to re-enforce repression of conflictful impulses. When work was interrupted by external influences, the mental balance was upset and symptoms appeared. When work began anew, the patient felt better and was free of symptoms. When such a person was forced into inactivity by illness or accident, the outbreak of a neurosis or the worsening of an existing one was not an infrequent consequence. Work allows for the discharge of accumulated excitation instead of being overwhelmed by it.

Ferenczi and Abraham describe two related but different mechanisms for the appearance of these symptoms which are not anniversary bound. Abraham emphasized the defensive use of work, while Ferenczi mentioned the relaxation of the repression barrier which coincides with the external relaxation induced by the holiday or rest day. Neither discussed the reaction resulting from an absence from analysis on these days. The emerging symptoms might result from this break in contact.

### SYMPTOMS RELATED TO HOLIDAYS

A woman in psychotherapy related that she had an abortion when she was three months pregnant. At the time of the abortion, she fantasied her child to be a boy. Following the interruption of the pregnancy the patient developed a severe reactive depression, for which she sought therapy. After two years of treatment with apparent symptom remission, the patient developed an acute depression accompanied by dreams of 'babies floating about'. Through a series of associations, the patient realized that her most recent depression occurred on the 'fantasied second birthday' of her aborted baby. In her past history, her younger brother died at the age of two, when the patient was five years old. The brother died on the Fourth of July, the 'birthday' of her aborted child. Until this

'second birthday' episode, the patient did not recall particularly depressing holidays, except as a child when her family went to the cemetery to visit the brother's grave.

Cattell (3) described the holiday syndrome as the occurrence of symptoms during the period from Thanksgiving continuing through Christmas and lasting until after New Year's Day. The reactions were characterized by anxiety and regressive phenomena including marked feelings of helplessness, possessiveness, and increased irritability; nostalgia or bitter ruminations about holiday experiences in youth; depressive affect; and a wish for magical resolution of problems. Some of these regressive phenomena were acted out with members of the family, family substitutes, or a contemporary love object. Although the patients denied the meaningfulness of the holidays, the emotional components and unconsciously motivated behavior were apparent. The holiday period between Thanksgiving and New Year's Day is a time to be with one's family, a time for giving gifts, and a time of feasting. These are special occasions of emotional closeness and intimacy with family and friends, with additional emphasis on the presence of father, God, Christ, Santa Claus, and Father Time. Cattell finds the holiday syndrome in individuals having a history of family disruption due to separation or divorce of the parents, or death of one or both parents. The patients have feelings of being unloved, unwanted, or not belonging to a family group, and react to the holiday season with the appearance of symptoms.

Rosenbaum (19) has also described such holiday symptoms, especially in relationship to Thanksgiving—a feast that permits a regression toward the oral level. This oral regression can be used defensively against predominantly œdipal conflicts. In addition to the oral regression, hostile family interactions, especially among siblings, may be seen with the 'gathering of the clan'. Genetic factors may play a role in the specificity of the response. Rosenbaum explains the symptoms in the following way:

The reality trappings of the holiday . . . function as a stimulus in the same way in relationship to the patient's productions (symptomatic or associative) as a day residue does in dream formation. That is, the patient uses the current orally oriented reality as a cover for and an expression of exciting guilt- and fear-ridden oedipal strivings.

Jones (16) notes that the greatest number of festivals was held at one or another of the four cardinal points in the earth's journey around the sun. Man has always associated his aspirations and emotions with these fundamental changes relating to the source of all life, the sun. He divides religious festivals into two broad groups, happy or cheerful ones, and unhappy or solemn ones. The former indicate moods of easy conscience, the latter of uneasy conscience. December 25th was celebrated by heathens as the birthday of the sun. It was the birthday of Persian, Phoenician, Egyptian, and Teutonic sun-gods. December 25th was reckoned as the winter solstice and hence as the Nativity of the Sun, when the day begins to lengthen and the power of the sun to increase. The sun was a source of security, its heat and light were necessary for life to go on. Ferenczi has also described the psychic effect of the sun bath. 'The sun was a father symbol' which his patient 'gladly let shine upon him and warm him' (5, p. 365). Independent strivings were believed to best occur when the sun was at its height and greatest strength. Failing strength, impotence, old age, and death were related to the diminishing strength of the sun. The rebirth of the sun was associated with rebirth, hope, and the Deity reborn. Thus a god was periodically (annually) reborn—a central theme of many religions. Christmas, the birth of Christ and a pagan festival in its origins, may be related to the birth of the sun. Christmas has been the focus of several psychoanalytic essays. Jekels has written about the psychology and origins of this holiday (15).

Eisenbud (4), writing on negative reactions to Christmas,

associates it with the 'greatest relaxation on the part of the superego of society'. Sterba (20) emphasizes Christmas as an acting-out of childbirth in the family. He notes that the legend of St. Nicholas is associated with childbirth. Boyer (2) has observed that depressions occurring during the Christmas season are primarily the result of reawakened conflicts related to unresolved sibling rivalries—competition stimulated by the newborn Christ, the favorite of his mother. The associated gift giving and receiving are connected with conflicts over oral drives. However, he questions the existence of the entity of the 'Christmas neurosis' and regards the depressive reactions as essentially the same that exist at other times of the year. Although acknowledging that 'the constellation surrounding Christmas makes it a more important holiday and a more powerful trigger for reactions in the predisposed', he still feels that the crucial factor is the internal vulnerability based upon the past history of the individual and not the holiday itself.

Inman (8) has written about anniversary symptoms, exacerbated by various holidays. He described a patient who developed acute glaucoma on the anniversary of his son's birthday, while discussing his own death. Three years later, on the twelfth anniversary of his wife's death, this patient went with his son to visit her grave. From that day his health began to fail, and after a fortnight's illness (acute nephritis), he died on the day appointed for the remembrance of the dead, All Soul's Day. Inman (9) noted the association of onset of glaucoma, conjunctivitis, and iritis with Good Friday, 'the day of days for the remembrance' of misdeeds. He connects the deaths of several of his patients on Good Friday with oedipal guilt, noting that 'Good Friday is the day when the Son dies to propitiate the angry Father'.

Inman (10) also called attention to anniversary reactions of illness and deaths on the occasion of national holidays, particularly Guy Fawkes Day. In 1962, Inman (11) pre-

sented clinical reports demonstrating the association in time of increased eye disorders with anniversaries of events related to sexuality, procreation, and birth. He once more comments on Easter as the holiday connected with the 'terrible unconscious solution of the Oedipus complex'. In 1965, Inman (12) presented additional clinical reports of ophthalmic disorders associated with Armistice Day, wedding anniversaries, and sibling pregnancies. In this report Inman mentions that his own mother died on his birthday, perhaps one explanation of his considerable interest in anniversary reactions.

Inman's 1967 paper (13) dealt with the correlation of temporally significant events with later anniversary symptom appearance of malignancy and disseminated sclerosis. Inman's data are highly suggestive of the deterministic role of the death drive in these anniversary tragedies. He implies that Winston Churchill's death on the anniversary of the death of his father, who died seventy years earlier, may be related to this 'wish to die'.

We can observe an extension of holiday reactions from days of religious or national significance to days and dates of personal crises associated with specific rites of passage. Thus Jackel (14) has described situations where, under the impact of impending temporary separations due to vacations or holidays, patients express a wish to have a child. This occurs in both men and women, and Jackel believes this to be primarily a preoedipal phenomenon. It is an attempt to re-establish the mother-child unit in which the patient is both the mother and, by identification, the child, and is in this way avoiding anxiety that would be created by 'desertion' by the analyst.

In the cases cited above, although there was a coupling of symptoms with specific times, dates, or holidays, the internal unconscious determinants were the significant factors; the external temporal referents served only as a trigger for the release of the repressed conflict, which appears as an anniversary reaction.

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## The Fee as a Therapeutic Tool

Arnold Allen

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## THE FEE AS A THERAPEUTIC TOOL

BY ARNOLD ALLEN, M.D. (DAYTON, OHIO)

The therapeutic interaction at whatever level the therapy is geared, whether supportive or expressive, involves a relationship between patient and therapist in which the therapist's strengths and weaknesses are constantly being assessed, probed, and tested by the patient to see if they conform to past images and relationships. Foremost in all of this is a test of the therapist's integrity in conforming to, or being different from, past interactions with corrupt though well-meaning parental figures with whom, or with some aspect of whom, the patient has often identified. The therapeutic situation is for many patients their first life experience with someone who is careful to respect both the patient's rights and the therapist's rights without corruption or dishonesty. One area in which the therapist is often exposed to this type of testing is that of the patient's payment or nonpayment of his fee and the therapist's method and mode of dealing with this problem.

Gedo (1) states: 'When a patient in psychotherapy fails to pay his bill he has violated an explicit and agreed upon responsibility'. I would like to add that, conversely, when a therapist ignores or fails to properly deal with the whole area of payment or nonpayment of his patient's bills, he too is violating an explicit and agreed upon responsibility—namely, that of effectively functioning as his patient's therapist. Gedo's major thesis, as I understand it, is that the withholding of payment for psychotherapy is best explained in the conceptual framework of the transitional phenomenon of Winnicott (6): when the withholding of payment is an attempt by the patient to deny his separateness from the therapist, the retained money represents a transitional object. Confirmative of the symbiotic aspects of the fee, as mentioned by Gedo, is a case in the practice

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of a colleague (5). He continued to be owed a substantial sum of money by his slow paying patient long after therapy had been terminated. Repeated letters and phone calls were to no avail. Although I suppose some might argue that this was mere coincidence, the patient finally paid her bill in full a few days after her receipt of a note from him saying, 'Don't you think it's time you cut the cord?'. I am, for the most part, in agreement with what Gedo says. However, more is involved.

The payment or nonpayment of a fee may represent many different things on different levels to different patients, or even to the same patient. It may represent the giving or withholding of milk or nourishment, gifts or smearing, a vehicle for control, a phallus, power, or a bribe. It may function in the service of the id, for example, in obligating the therapist to give; in the service of the superego, as expiation for not contributing to the therapeutic alliance ('I pay you, therefore I need do nothing more and need feel no guilt about it.');

in the service of the ego and various defense mechanisms, as in enhancing a faltering self-image by paying a substantial fee. Or it may subserve all three psychic agencies in a variety of ways, or be a realistic adaptation to the therapeutic situation where the fee is part of a mutually agreed upon bargain between patient and therapist.

The negative consequences of the failure to effectively deal with the fee situation were strongly brought into focus in my work with residents and in supervision of the psychotherapy of younger colleagues. It became clear that the fee can be a problem to the therapist as well as to the patient. The transition from supervised work in a clinic setting with low or only token fees, which do not accrue to the resident, frequently leads to neglect of this problem by the resident. This allows some patients to incur substantial debts without the matter being dealt with. The consequence is that this can often be to the patient's disadvantage in a variety of ways. On occasion it may lead to flight from therapy because of guilt over the non-payment. At other times it can lead to contempt for the therapist and his therapeutic capabilities, and ultimately to a flight

from therapy. It can also lead to a depreciated concept of one's self by the patient, with concomitant anxiety based on his misconception (often enough this is a correct percept) that the therapist's absence of firmness in this area reflects his concept of the patient's fragility. Anxiety over this may then foster a variety of antitherapeutic defenses among which may be further regression or disastrous acting out in an attempt to reaffirm or re-establish the patient's self-concept of strength. In some patients, male as well as female, it can be viewed as a seduction by the therapist, giving rise to anxiety either over the stirring of heterosexual or homosexual impulses.

As the resident begins the private treatment of psychiatric patients there is considerable anxiety on his part concurrent with his taking a firm stand on the issue of the payment of the fee. He is frequently blocked by the fear that he will lose the patient, who is expected to react with anger to any firmness, or that he will not be liked. Another problem frequently seen is that of the young psychiatrist's feeling that since what he had contributed to the therapeutic interaction as a resident warranted only a very small fee, now that he is charging more he must produce more and contribute more. Conversely he may expect or demand more from the patient in the form of greater or faster proof of progress as evidence of the fact that the fee is warranted, or as a way of expiating the therapist's own guilt over the fact that he too is benefiting from his interaction with his patient. A difficult hurdle to overcome in psychiatric training very often is the concept that a therapeutic interaction cannot be of benefit to both patient and therapist without one or the other being hurt or deprived proportionally.

The area of the management of the fee can have a variety of implications of therapeutic value in and of itself. Among these are the facts that the therapist can function as a representative of reality, set limits, provide constructive firmness or constructive permissiveness, provide structure, and provide himself as a model for a healthier identification for the patient either in terms of being more disciplined or more flexible. In cer-

tain situations he can also help the patient by setting a fee with the condition that it will be increased as the patient becomes better able to pay. In this way he can indicate his expectations that though he accepts the patient as he is, he expects that the patient is potentially capable of more. Thus, he can provide an opportunity for the patient's identification with the therapist's view of the patient's growth potential as indicated by Loewald (4) who states, 'The patient, being recognized by the analyst as something more than he is at present, can attempt to reach this something more by his communications to the analyst which may establish a new identity with reality'. The importance of providing structure for the patient, especially in patients with borderline character structures, is emphasized by Kernberg (2). The value of selective limit setting and selective permissiveness is clearly stated by Levine (3) in his Weil Lectures.

Meriting consideration is the issue of third-party payment, which in the United States is becoming an increasingly important factor. Where the third party has been a member of the patient's family, or a private individual, my experience has matched that of Gedo in so far as I too have found this tie often greatly interferes with the collection of the fee. However, when the third party has been an insurance company, I have found this to be no problem at all if handled in a certain way. I have accomplished this by indicating to the patient that any financial responsibility to me is solely his and any contractual agreement is purely between us. However, I indicate my readiness to fill out any necessary insurance forms that may legitimately benefit him, and upon my receipt of such payments have either credited them to his bill, or, as in some cases of overpayment, have returned the excess amount to the patient. In this way the patient's responsibility for payment has been preserved and the relationship is entirely between the patient and the third party and never between the therapist and the third party. I might add that my initial concern that this type of arrangement might constitute an obstacle in psychotherapy or psychoanalysis

turned out to be entirely without foundation. I would also like to add that in my experience the oft-repeated claim that the patient had to make some sacrifice financially in order for therapy to be effective does not stand up under scrutiny.

The following clinical vignettes are offered as illustrations.

#### CASE 1

A thirty-four-year-old married professional with a diffuse character disorder was seen in analysis. On one occasion he cancelled his appointments for two weeks for what seemed to be realistic reasons. On his return two weeks later he informed me that he had decided not to leave town. He had considered calling to see about his keeping his appointments, but had decided he might as well use the time to 'take it easy'. When I told him I would charge him for the missed hours he threatened to quit the analysis and indicated that since he still had a long way to go, his quitting would undoubtedly cost me considerable money in lost income. Further, he felt I would be stupid to incur this loss just for the paltry sum for which I was holding him responsible. I informed him that his actions represented his acting out of unresolved conflicts in past relationships but, nevertheless, his threat could not deter me from doing what I felt was indicated. He thereupon agreed to payment and successfully pursued the analysis. My firm stand on his payment for the missed hours served to undercut a repetitive pattern of reliving his conflictual childhood relations and faulty identifications with a passive, aggressive father and a mother with a corrupt superego. Had I not charged him I would have been seen as weak and destructible. Had I backed away in the face of his threat to quit, I would have been viewed as being as corruptible as his mother and himself.

#### CASE 2

A twenty-six-year-old female artist with a borderline character structure was seen in psychotherapy. At the outset her mother had agreed to assume financial responsibility for her daughter's therapy and had in fact pushed her to see a psychiatrist. The mother then reneged, leaving the patient in a diffi-

cult position. A rather unusual situation ensued. The patient indicated that she would be able to pay for therapy herself, albeit irregularly, depending upon her periodic income from blatantly illegal activities. I indicated to her that I recognized her right to take whatever risks she chose. However, I also indicated that I was more conservative than she and did not choose to take risks in the manner she did. I asked for example how she would pay me if caught and jailed. She acknowledged that she had not really considered this possibility. After wondering if it was all really worth the risk, she finally decided to abandon her illicit business and seek 'safer' and more legitimate ways of earning money to pay for her therapy.

This case illustrates at least two interesting points. First, it confirms Gedo's experience that where the payment of the fee is contingent upon a third party, rather than being the responsibility of the patient, the problems are compounded. Second and more important, it demonstrates how the question of the payment of the fee was used as an opening wedge in getting the patient to face and deal with areas in her life operations in such a way as to recognize their self-destructive aspects and to modify them in a more constructive way. This involved the setting of limits by the therapist as a way of providing structure and also of setting himself up as a better model for identification than other more corrupt models in the patient's past.

### CASE 3

A twenty-nine-year-old married college teacher with a sexual inhibition was seen in psychotherapy. Following the session in which she talked of how she had often feigned illness as a child to avoid unpleasant situations she canceled her appointment with just a few hours' notice. My tentative formulation was that she was repeating with me the feigning of illness as she had with her mother to avoid facing her angry feelings toward me. She accepted this very passively, as she always had whatever her mother had dictated. Subsequent sessions brought forth material indicating that I had been wrong in my formulation and that she had indeed been ill and unable to come. I used the

first glimmer of her expression of dissatisfaction with the charge to indicate to her that I had certainly been wrong in charging her, that I was pleased that she was able finally to see it as unjustified and would certainly correct it. The patient reacted with marked surprise and relief that in contrast to her past relationships with parental figures she for once could be respected as being right, and the parental figure could not only be wrong but able to honestly acknowledge it.

#### CASE 4

A thirty-four-year-old married school counselor with a situational depression was seen in psychotherapy. She assumed full responsibility for a missed appointment resulting from a transportation difficulty which she had been aware might develop but had deliberately put off correcting. She expected that I would charge her. In view of her past relationship with a rigid overly demanding mother who never gave an inch, I felt it important with this patient not to charge her, as a technique aimed at the correction of her transference onto all authority figures of a picture of her sadistic, punitive, ungiving mother.

#### CASE 5

A twenty-two-year-old female patient, suffering from numerous psychosomatic complaints and identity problems with an underlying depressive core, missed an appointment because she had made another appointment to conflict with her therapy hour. This act appeared to express her strong need for limits which neither parent had ever been able to provide despite her repeated attempts to provoke this. I indicated that I had enough respect for her to expect her to do the mature and responsible thing and therefore I would insist that she pay for the missed hour. She seemed genuinely elated that for the first time in her life someone 'cared enough' to impose limits on her.

#### CASE 6

A thirty-two-year-old female art teacher with a borderline character structure was seen in weekly psychotherapy. She was the daughter of a psychotic mother and a passive father, and



handled both her life and her finances in an utterly chaotic fashion. Her body, her home, and her relationships all demonstrated her hostile, anal, smearing level of operations. She, of course, proceeded to handle her payments to me in the same manner. After some months of interpretation and confrontation about this, I finally told her that I respected her right to mess up and mess in her own life for whatever her reasons might be, but that I insisted on the right to run my own life in an orderly fashion and that I would not permit her to mess up my life and my finances as she had hers—in other words that I could not permit her to 'shit on me'. I indicated to her very firmly that unless her bills were paid regularly and promptly treatment would be terminated. Approximately a year has passed since this occurred. It would be unrealistic to say that these remarks were entirely responsible for the consequences, but it must be noted that since then this patient has paid her bills promptly, not only to me but to others in a regular and orderly fashion. Further, she improved the care of her own appearance and now even keeps a clean house.

Cases 1, 2, 5, and 6 of these vignettes illustrate the use of selective firmness or limit-setting in situations where either limits or structure were felt to be needed by the patient. Cases 3 and 4 indicate the utilization of what has been referred to as 'selective permissiveness'. In each of these cases the management of the charging or not charging, the payment or nonpayment of the fee had therapeutic impact which not only affected the therapeutic interaction in a positive way but had a 'carry over' or 'radiation' effect which served to modify in a positive way the patient's feelings and interactions in extratherapeutic relationships. The interaction in this area also served as one of many nuclei for the formation of each of the patient's identifications with the therapist's way of operating as an alternative to his own less effective way, resulting either in increased self-discipline and ego or superego strengthening, as indicated in some of these cases, or to the lessening of the rigidity of the superego as seen in the others.



## SUMMARY

As an avenue for the expression of selective firmness and selective permissiveness in psychotherapy, the handling of the payment or nonpayment of the fee is discussed. Some clinical vignettes are described to illustrate either firmness or permissiveness in fee handling, based on dynamic and genetic considerations, as being constructive to the patient's progress in therapy. The interaction on this level can play an important part in terms of defining and affirming reality, providing structure, strengthening the ego and superego, or in helping the patient to achieve a greater degree of flexibility, using the therapist as a model for identification. When the charges and fee are not considered in terms of the total therapeutic interaction, a valuable therapeutic tool is being overlooked.

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## The Freudian Left. Wilhelm Reich, Geza Roheim, Herbert Marcuse. By Paul A. Robinson. New York: Harper & Row, Publishers, Inc., 1969. 253 pp.

Henry Lowenfeld

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## BOOK REVIEWS

THE FREUDIAN LEFT. WILHELM REICH, GEZA ROHEIM, HERBERT MARCUSE.

By Paul A. Robinson. New York: Harper & Row, Publishers, Inc., 1969. 253 pp.

The author of this work had the interesting idea of studying what he calls the 'question of Freud's ideological location along the spectrum from conservatism to radicalism'. He is obviously intrigued by every concept that is 'radical'. To the term, radicalism, he assigns different meanings: sexual, political, and 'stylistic', by which he refers to a 'propensity for extreme statement, for pursuing a line of argument in a relentless, some would say inflexible, fashion'. Robinson likes to apply remarks like reactionary or progressive, which would seem somewhat out of place in a scientific book. But they point to his major interest, which is more political or ideological than psychological. His book has found a wide audience and is much discussed in academic intellectual circles. It is a lively and challenging book which deserves to be read by psychoanalysts.

Robinson explores the intellectual biographies of three interesting thinkers. Reading it, one is often not clear whether he is dealing with psychology or with politics. Was Freud, the author asks, truly the 'apologist' of sexual and political repression, or was he a revolutionary? In the author's opinion the sentiment of the majority is that 'Freud's great enterprise implied instinctual renunciation and political reaction'. In the writings of Wilhelm Reich, Géza Róheim, and Herbert Marcuse, Freud appears as 'a prophet in the tradition of Karl Marx'.

Robinson begins with Reich who is for him the social philosopher 'who, perhaps more consistently than anyone else, worked out the critical and revolutionary implications of psychoanalytical theory'. Reich tried to create a synthesis of Marx and Freud. He fought for a sexual revolution which would secure once and for all the sexual rights of children and adolescents. Only after the revolution would the prevention of neurosis be possible. He encouraged childhood masturbation and adolescent sexual intercourse, assuming that this would prevent juvenile delinquency, neurosis, perversions, etc. Aggression was also a manifestation of the inhibition of sexuality. The family structure and child-rearing practices main-

tained the economic structure of society. For Reich, as Robinson writes, 'the patriarchal family had emerged precisely in order to shore up the system of exploitation and domination'. Thus, in this Marxist phase, Reich saw, as Bernfeld discerned in 1933, the neurosis of the individual as an effect of capitalist exploitation. He maintained that the sexual oppression to which the lower middle-class child was exposed created the basis for Nazism. Reich also came to the conclusion that the disastrous outcome of the Russian revolution was inevitable since the economic and political revolution was not accompanied by a sexual revolution. His passionate struggle for sexual reforms brought him into conflict with the Communist Party which eventually expelled him.

After this phase of his intellectual life, Reich left Freud and Marx behind, although he maintained that his science of 'orgonomy' was the inevitable consequence of psychoanalysis. In the next two decades of his life he felt that he had discovered the physical reality of libido.

It should not be forgotten that Reich contributed some important ideas to psychoanalysis. The original edition of his *Function of the Orgasm* (1927) is still a valuable book if one keeps in mind that its author is always obsessed with one idea to the exclusion of any other aspect of the problem. The same can be said about his *Character-Analysis* (1933). The exploration of character resistances owes a great deal to his work.

Robinson assumes that Reich's 'commitment to complete sexual fulfillment was a source of anxiety to the aging Freud' and that Freud 'harassed' him. Here Robinson's fascination with radicalism and his essentially political attitude make it difficult for him to understand the true scientist who tried to protect the scientific character of psychoanalysis.

In the life of Reich a consistent thread can be seen: even in his earlier writings we find the battle between good and evil; nature is good, society is bad; the matriarchal family is benign, the tyrannical patriarchy destroys this paradise. In his later life this attitude loses a realistic basis and dissolves into paranoid ideas. Robinson's sympathetic study of Reich's work and intellectual life shows a major and tragic figure in the history of psychoanalysis.

Robinson then turns to Róheim. He was apolitical, but he belonged to the 'Freudian Left' since he was 'a revolutionary by virtue

of his single-mindedness. . .'. Robinson hopes to establish that 'Géza Róheim is an unduly neglected intellectual, a figure of major importance in the history of psychoanalysis. . .'. Róheim supported his anthropological hypotheses with highly original ideas. The wealth of these ideas makes it difficult to review this part of Robinson's book. It may suffice to mention a few basic thoughts. The original motives for creating and inventing are not economical but libidinal. Differences between cultures are a product of different infantile traumas. Man is distinguished from other animals by his prolonged infancy, as his sexuality is growing before he is physiologically mature. Thus repression is a physiological defense in order to tolerate the disequilibrium between his physical and sexual development. Although Róheim accepted the inevitability of repression, he maintained that civilization had created much more repression than was necessary. Man's main trauma was the separation from the mother. In all his cultural enterprises man sought substitutes for his lost mother; to overcome separation anxiety man created culture. Civilization has made man sick, and the price we have paid for it is too high. Although Róheim's emphasis on the libidinal basis of society is non-Marxist, Robinson states that Róheim belongs in that ongoing tradition of post-Freudians who have interpreted Freud's work as an indictment of contemporary civilization and 'a call to arms'.

This leads Robinson to the part of his book that is obviously most important to him—his essay about Herbert Marcuse. Marcuse has become a charismatic figure for the youth of the whole world. As he has reached his present philosophical position through his encounter with Freud's work, it is of particular interest for psychoanalysts to follow his development.

Robinson introduces the reader to Marcuse's former work, especially about Hegel whom he had interpreted as a revolutionary. Robinson finds a remarkable similarity between Marcuse's *Reason and Revolution* (1941) which deals with Hegel, and his much later work, *Eros and Civilization* (1955). 'In the case of both Hegel and Freud, Marcuse sought to rescue a major European intellectual from the grips of interpreters who . . . argued that the great innovator was fundamentally a conservative.' Marcuse's other great interest, Karl Marx, did not have to be rescued. But when the rise of Nazism destroyed revolutionary expectations and the Moscow trials crushed

the hopes that the Russian experiment had fostered, Marcuse felt that new critical concepts were needed, and he turned to a deeper study of Freud. He accepted, says Robinson, Freud's most pessimistic assumptions, yet he managed to reach 'positive' conclusions. 'It is this sense of dialectical emergence of human fulfillment out of the depth of depravity and oppression which gives "Eros and Civilization" its uncanny dramatic impact, a quality which . . . is to be encountered in equal degree only in Marx's Capital.'

Marcuse, as he writes in the introduction to his work, uses the terms, repression and repressive ' . . . in the non-technical sense to designate both conscious and unconscious, external and internal processes of restraint, constraint, and suppression'. This may serve his purpose well but is often misleading and confusing. Through the global success and influence of Marcuse's books, the term 'repressive' has spread all over the world and has become a foreign word in other languages. Freud distinguished repression, meaning removing from consciousness, from suppression and restriction, or conscious control of drives. In Marcuse's use of the term this distinction gets lost, and even where the term obviously means external oppression, the freudian meaning hangs on.

Marcuse, like Reich, aims in his work to unite psychoanalytic theory with Marxist thinking. His main and original concept is 'surplus repression' (cf., Marx's surplus value) which implies that the larger portion of sexual repression in modern civilization is not necessary any more, and is only maintained in the service of 'domination'. Freud's 'reality principle' has changed into the 'performance principle' which Marcuse describes as a particular form of Freud's principle at the stage of capitalist domination. This is an interesting idea and may throw some light on the fact that different historical periods have had quite different attitudes toward sexual behavior.

Capitalist society is interested in desexualization of the body and of the pregenital drives, promoting 'genital tyranny', since it needs the rest of the body as an instrument of labor and not of libido. Marcuse writes: 'The perversions express rebellion against the subjugation of sexuality under the order of procreation, and against the institutions which guarantee this order'. They are a protest against genital tyranny. Here Marcuse is obviously in opposition to Freud who saw sexual development as leading from the poly-

morph-perverse state of the infant to the genitality of the adult. It seems to me that Marcuse wants to reverse this development.

Robinson points out that Marcuse makes 'practically no mention of the family', in contrast to Reich for whom the family was the vehicle through which capitalist society enforced its order. The reason for this may be that Marcuse realizes that in our society the role of the family, and particularly the father's role, has declined considerably.

Robinson emphasizes that Marcuse does not intend only 'to augment Marx's classical analysis of exploitation with the critical insights of psychoanalysis'. Marcuse believes that 'sexual repressiveness' increases not only unpleasure and toil but also threatens civilization's self-destruction. Accepting Freud's concept of the death instinct, he supposes that destructiveness can be held to a minimum only through complete liberation of sexuality. He describes the sexual drive only in terms of subjective pleasure, not as an instinctual drive seeking satisfaction; he neglects the fact that a drive, when satisfied, leaves body and mind free for other purposes. This concept influences his ideas about sublimation which he describes simply as suppression of sexuality, as if there were no pleasure or satisfaction in sublimated activities. He neglects the fact that they can be solutions for conflicting drives, for aggression, etc., and are the main source of narcissistic pride. Sublimation begins in infancy and is a necessary part of the child's maturing. Only in a new world order does Marcuse envision a 'nonrepressive sublimation'.

Robinson next discusses Marcuse's later work, *One-Dimensional Man* (1964), in which Marcuse unexpectedly comes to a negative assessment of the sexual permissiveness of contemporary American society. Greater sexual permissiveness is now seen by Marcuse as conducive to the continued survival of the repressive order of our society. He calls this type of permissiveness 'repressive desublimation'. And in contrast to his former assumption, he has to admit that advancing permissiveness has not led to a decline, but rather to an increase of destructiveness. Robinson touches only lightly on Marcuse's recent works, finding in them a return from Freud to Marx, from psychology to politics. But it seems, in spite of this return, Marcuse has found a kind of basis for his present ideas through his deep involvement with his version of freudian thinking, especially the concept of 'repression'.



Like Reich, Marcuse has looked all his life for a utopia. Disappointed by the failure of all his former ideals, he emphasizes the 'great refusal' and endorses destructive violence. Robinson suspects that Marcuse treats sexuality with great abandon at the level of theory, but when confronted with the untidy reality of sex, says: 'That's not what I meant at all!' The same could be said with even more emphasis about his endorsement of violence which has had a tremendous influence on the immature youth of the world. It seems that he understands instinctual drives only theoretically. He detects the 'violence' in the domination of capitalist society, he accepts Freud's theory of the death instinct, but the potential horrible reality of human violence seems to be far distant from his writing desk. Marcuse is a thinker, a philosopher, not a clinician. His intellectual encounter with analysis has not let him experience the power of unconscious drives and the frightful danger of their uncontrolled release. His utopian image of man, after capitalist domination is destroyed, as a peaceful, harmonious, playful, loving human being, seems remote from human reality.

Robinson's book shows the fecundity of psychoanalytic thinking and, at the same time, the danger of its unlimited, anarchic element if it is used in the service of political or philosophical ideals, and if the firm ground of clinical experience is abandoned. Marcuse holds that psychoanalytic theory 'which appears to be purely biological, is fundamentally social and historical'. Thus the biological side of man gets lost in his thinking, and his utopia seems to be suspended in midair.

HENRY LOWENFELD (NEW YORK)

**OBJECT LOVE AND REALITY.** An Introduction to a Psychoanalytic Theory of Object Relations. By Arnold H. Modell, M.D. New York: International Universities Press, Inc., 1968. 181 pp.

The author holds that, broadly speaking, the focus of interest of psychoanalysis in the course of its history has gradually shifted from symptoms and dreams and their unconscious meanings and determinants, to the analysis of character, resistance, ego defenses, and, more recently, to the problem of object relations. 'The area of clinical experience that awaits better conceptualization is that of disturbed human object relationships. What is needed is a model



that would better conceptualize the ego's relationship to the environment and would encompass progressive and regressive alterations in object relations' (p. 125). He feels that the contributions of many contemporary analysts have prepared the groundwork for a unified theory of object relations, singling out in his preface such authors as Winnicott, Hartmann, Jacobson, Erikson, and Hendrick.

In order to approach a better conceptualization of the ego's relationship to the environment, Modell begins with a consideration of certain manifestations of the mental life of primitives by exploring aspects of paleolithic art in their bearing on the problem of magical and mythical thought and the original identity of 'image' and 'thing'. He goes on to consider Winnicott's concept and description of transitional objects and transitional phenomena, since these represent a stage between identificatory and object-cathecting processes—an intermediate stage in the formation of objects and self as distinct from each other. The development of the sense of identity (i.e., identity of the self) and of the acceptance of separateness is a crucial—in a sense the final—step in the progression from a magical, identificatory reality structure (where subject and object are not separate entities) to reality as divided into an inner world and an outer world of objects. Throughout the book frequent reference is made to clinical observations of psychotic and borderline patients as they lend themselves, more than neurotics, to the study of regressive alterations in subject-object relations. In the chapter titled *Some Pre-Freudian Concepts of 'Inner' and 'Outer' Reality*, the author discusses 'ingrained' and 'unspoken metaphysical assumptions . . . concerning the nature of reality' which, as he rightly points out, 'the psychoanalyst shares with the philosopher' and which are most relevant to the problem of distinction between subject and object. He briefly describes the philosophical origins and developments of this distinction, culminating in Descartes's distinction between *res extensa* and *res cogitans*; and he calls attention to the rise of the notion of individuality and the increasing value placed on it in the course of Western civilization. I found particularly useful what Modell has to say about the impact on psychoanalytic theory of Locke's concept of object representation.

It is implicit in the discussions of the first five chapters that a psychoanalytic theory of object relations cannot take the the sub-

ject/object dichotomy for granted if it is to arrive at an understanding in depth of the complexities of individual/environment relations, of the multilayered structure and functions of 'object love', and of the original and persisting, although eventually highly differentiated, intertwining of 'inner' and 'outer' world or reality. To raise and consider these issues in the context of his topic and from such varied perspectives is an important contribution of this book. But it is probably the variety and range of viewpoints and of Modell's far-flung interests that interfere with a successful integration and unitary focus in the later chapters. Modell's own formulations concerning the structuring of inner and outer reality and their mutual relations, and concerning the many levels of meaning of these terms, his thoughts on reality testing, identity formation, object formation, the role of autonomous ego apparatuses, magical thinking, and anxiety, 'topographic regression' and 'structural alteration', object loss and the acceptance of painful reality in their bearing on the development of mature object relations,—all of these, contained in the later chapters, suffer from a lack of clear focus and precision of concepts. They tend to fall back on terms and formulations which his earlier discussions, implicitly or explicitly, had put in question, thus failing to do justice to the important basic issues raised in earlier chapters. In the welter of theoretical problems brought up and often too narrowly viewed or too briefly considered, and of observational and clinical material not always relevant, one frequently loses sight of the central problem of object love and object relations theory.

Such shortcomings notwithstanding, this is a thoughtful, broadly oriented and thought-provoking study on a topic of theoretical and clinical importance in current analytic thought and practice.

HANS W. LOEWALD (NEW HAVEN, CONN.)

**THE OVERT HOMOSEXUAL.** By Charles W. Socarides, M.D. New York: Grune & Stratton, Inc., 1968. 245 pp.

This book begins on an optimistic note that is contrary to the views of many older analysts: 'There is no question that at the present time we have sufficient evidence . . . to demonstrate that homosexuality can be cured or at least, in most cases, its symptoms and suffering greatly alleviated by medical psychoanalysis. This

book, a comprehensive and unified medical work, is not only a compendium of the accumulated psychoanalytic knowledge on the problem as well as a presentation of the author's clinical experience and observations but also presents a definite theory as to the origin of homosexuality, the mechanisms involved in its development and the procedures most efficacious for its treatment.'

Socarides insists that the condition is entirely psychogenic, not innate: 'There is no connection between sexual instinct and the choice of sexual object. Such an object choice is learned, acquired behavior; there is no inevitable genetic or hormonal inborn propensity toward the choice of a partner of either the same or opposite sex. The male-female design is taught and . . . perpetually maintained and only overwhelming fear can disturb or divert it.'

After a comprehensive review of the literature Socarides presents a developmental theory of male and female homosexuality. The male form takes more room throughout the book and is, so to speak, the prototype. The male infant who later develops homosexuality has an overintense affective relationship with his mother, often with conscious incestuous desire, which starts in the separation-individuation phase of earliest infancy, fails to be dissolved, and ends in a severe ambivalence conflict. The infant is terrified by the engulfing possessiveness of the mother as well as by his own oral sadistic drive, the impulse to penetrate and destroy the mother's body, especially the breasts. The attempt to detach himself from the mother leads to identification with her where he remains fixated. This is the 'nuclear' conflict on which the later oedipal conflicts are superimposed, adding new dimension to the pre-established pattern. The father in a typical case plays a secondary role. He is either inaccessible to the child, ineffective, or fear-inspiring through cruelty. Castration fear is very strong but nonspecific, as in other neurotics, and may lead to masochistic submission. The boy then offers himself to the father or father-image as a substitute for the mother. There are two principle forms of male homosexuality: in one form the homosexual man seeks contact with younger males who narcissistically represent himself and whom he loves as he either was or had desired to be loved by his mother; in the other form he seeks apparently virile men, identifying with their masculinity and their penises to give himself a sense of masculinity in order to counteract his feminine identification. The latter, how-

ever, is acted out by the offer of his anus as a substitute for the vagina. These men show strong anal-sadistic competitive features, a tendency to rob the partner (father) of his penis. There is an imperative need for neutralization of anxiety through homosexual orgasmic contact.

In the female the picture is more complicated due to the vicissitudes of female sexual development. However, the nuclear conflict which leads to homosexuality is very similar to that in the male: the inability to pass successfully through the symbiotic and the separation-individuation phase of early childhood leading to identification with, instead of object love for the mother, and ending in intense hatred for her. Penis envy and the wish to be a man are at the center of the female castration complex, promoting an identification with the male which regressively repeats the pattern of dependence on the mother. The importance of the penis appears in its substitution by a finger, the tongue, or the nipple (reviewer's observation) to produce orgasm. Oral erotism is in the foreground as compared with anal erotism in the male. The usual activity of homosexual women consists of the mutual playing of mother and child.

The central part of the book is the theory of the precædipal origin of homosexuality. Its genesis lies in disturbances of earliest object relations, resulting in the nuclear conflict described above. Severe ego deficiencies result. Frightened by the introjected mother image and the added castration threat, the male homosexual runs away from all women and displaces his sexual object onto the penis as a substitute for the breast. Homosexuality as a symptom has an important defense function. It is an ego-syntonic compromise to protect the personality against extreme regression to a reinstatement of the primitive mother-child unity which would mean dissolution of ego boundaries, i.e., psychosis. Overt homosexuality is crucial for the survival of the ego. Socarides believes that this is so in all overt homosexuals.

Space prevents me from going into more detail about the psychodynamics of homosexuals. The homosexual's mind is a maze of fixations, regressions, ambivalences, and changing identifications. It is impressive how Socarides unravels this maze. There are instructive chapters on the role of aggressions, on relations to other clinical states such as psychoses, neurotic and character disorders,

etc., and of particular interest, on adolescence. The special features of homosexuality during this critical age are described and suggestions are offered for therapeutic intervention. In a clinical section the author presents six extensive case histories, three male and three female, which are skilfully analyzed and reported with great clarity. Finally, there are valuable suggestions regarding selection of patients and modifications of technique.

This is a very important book. Although the last word about overt homosexuality has not been spoken, Socarides presents nevertheless, a considerable advancement of our knowledge. A thorough study of his book will be most rewarding.

BERNHARD BERLINER (SAN FRANCISCO)

THE LETTERS OF JOHN ADDINGTON SYMONDS. Edited by Herbert M. Schueller and Robert L. Peters. Detroit: Wayne State University Press. Vol. I (1844-1868), 1967, 867 pp.; Vol. II (1869-1884), 1968, 1011 pp.; Vol. III (1885-1893), 1969, 931 pp.

These three massive volumes comprise a collection of more than two thousand letters of John Addington Symonds who is described by the editors as a 'Victorian historian, poet, translator and essayist'. The history of English literature has relegated Symonds to a secondary position, almost to oblivion, but his personal life which involved a hopeless struggle with homosexuality and physical illness will arouse the interest of the psychoanalyst.

Symonds's homosexuality was marked by conflict and depression. The conflict is expressed in his letters by a never-ending search for the love of men and his idealization of the beauty and strength of youth. It appears in a derivative form in his study of ancient Greek 'friendship', in his privately published studies on homosexuality, and in his fruitless efforts to modify British laws affecting homosexuals. The conviction and imprisonment of Oscar Wilde marked his failure in the latter direction.

The editors introduce the first volume with an illuminating biographical essay. They describe Symonds as burdened with a 'traumatic homosexual drive intensified by an exaggerated moral idealism'. They write: 'His social philosophy combined both his sexual drives with a breadth of liberal thought which crossed classes and

in a sense eliminated them, forming in their place what he liked to call "bonds of comradeship" '.

Symonds found in the poetry of Walt Whitman a voice resonant with his own, and his admiration of the Calamus poems in *Leaves of Grass* reached a level of adulation close to idolatry. But his cautious query to 'My dear Master' in a letter in 1890 (No. 1814) remained unanswered. He asked: 'In your conception of Comradeship, do you contemplate the possible intrusion of those semi-sexual emotions and actions which no doubt do occur between men? I do not ask, whether you approve of them, or regard them as a necessary part of the relation. But I should much like to know whether you are prepared to leave them to the inclinations and the conscience of the individuals concerned?' (original italics). Whitman vigorously denied any homosexual meaning to his poems. Symonds wrote to Ernest Rhys (No. 1819): 'It is odd, however, when he speaks so decidedly about the consequences of excess & bad habits in other sexual affairs, & when he cannot be ignorant of what history & Society have plainly to tell about the nature of passion between people of the same sex, that he should have left this aspect of Calamus quite open—without an ethical suggestion of any kind'.

Symonds's own ideas were expressed explicitly. He wrote to Edward Carpenter (No. 2079): 'The blending of Social Strata in masculine love seems to me one of its most pronounced, & socially hopeful, features. When it appears, it abolishes class distinctions, & opens by a single operation the cataract-blinded eye to their futilities. . . . If it could be acknowledged & extended, it would do very much to further the advent of the right sort of Socialism.' In another letter to Carpenter (No. 2070) he considered 'the physiological grounds for this passion' and stated that 'I have no doubt myself that the absorption of semen implies a real modification of the physique of the person who absorbs it, & that, in these homosexual relations, this constitutes an important basis for subsequent conditions—both spiritual & corporeal'. The similarity to the unconscious fantasies of homosexual patients seen in psychoanalysis needs no emphasis.

Symonds was, according to the editors, a pioneer theorist of sexuality. In 1883 he published privately *A Problem in Greek Ethics*, a study of homosexuality among the ancient Greeks. This was followed in 1891 by *A Problem in Modern Ethics* which the author describes as a book about 'unisexual love'. The second book was also published privately but appeared later in a pirated edition.



Of special interest is the collaboration of Symonds and Havelock Ellis in the study of homosexuality. The two men never met and the work was first published in 1896 in German after Symonds's death with the title *Das Konträre Geschlechtsgefühl* and subsequently in English in 1897 with the title, *Sexual Inversion*. The English version was adjudged obscene by the British courts. Symonds's family suppressed the issue of the book and when a later modified reissue was published, Symonds's name was eliminated from the title page. The editors of the Letters note that this work, though altered, eventually became Volume III of Ellis's *Studies in the Psychology of Sex*. Symonds's name does not appear as co-author.

The publication of Symonds's autobiography is being withheld until 1976. When it is published it should afford, along with the Letters, the basis for a rewarding psychoanalytic study not only of the author but also of the social and psychological approach to the problem of homosexuality before the advent of psychoanalysis.

DAVID BERES (NEW YORK)

SELECTED PAPERS OF EDMUND BERGLER, M.D., 1933-1961. New York: Grune & Stratton, Inc., 1969. 981 pp.

Edmund Bergler, who died in 1962, was one of the most prolific analytic writers of our time. He published twenty-four books and some three hundred articles, of which seventy-nine were selected for this collection. Though he explored an extraordinary variety of theoretical and clinical topics, he persistently reiterated his central theme—oral masochism.

According to his presentation, it is important to distinguish between the genetic and clinical pictures of masochism. From the genetic standpoint, infantile megalomania is disrupted by the inevitable frustrations in being fed and having other needs met, followed by feelings of motoric helplessness and rage. The aggression rebounds against the ego, and the guilt is libidinated. The superego 'objects' to the newly won pleasure and the ego turns to a new defense, presenting itself as an innocent victim. This sequence leads to the clinical picture, manifested by the following triad of the 'mechanism of orality'. (1) The individual repeatedly seeks out or provokes situations in which he is disappointed, refused, and humiliated, identifying the outer world with the 'refusing' preœdipal mother; (2) he responds with 'pseudo-aggression' toward those who

have frustrated his wishes; (3) he then reacts masochistically, indulging in self-pity and enjoying the 'wrongs' that others have inflicted upon him. He gains pleasure in self-damage through the restoration of his infantile megalomania. He unconsciously believes that it is not the mother or her surrogate who punishes him but rather that he himself brings about the punishment, gaining mastery by turning the original passive situation into a current active one.

Through his insistent polemic that oral masochism underlies all neuroses, Bergler detracts from the valid points in his argument. In his keystone book, *The Basic Neurosis—Oral Regression and Psychic Masochism* (1949), he emphatically declares, 'I would like to register *my conviction that there is only one basic neurosis and that neurosis is oral in genesis. All other nosologic groups, based on anal and phallic regression, are but rescue stations from the oral "danger"*' (p. 38, his italics).

He thus falls into the trap of reductionism. Even exploring the much emphasized oral phase, he does not venture widely but restricts his explanations to the formulations cited above. He neglects, for instance, the varieties of mother-child relationships, the problems of early individuation and identity formation, and the oral triad of Lewin. His devaluation of the anal and phallic phases contradicts the empirical findings of most analysts, and his emphasis on the danger of oral masochism results in relative neglect of castration anxiety and separation anxiety. In regard to the ego, he portrays the role of the defense mechanisms in psychopathology but does not consider disturbances in the autonomous ego functions. He postulates the superego to be a combination of the ego ideal and the 'daimon' whose sole function is to torture the individual, conveying an oversimplified, anthropomorphic conception.

Notwithstanding his Procrustean tendencies, Bergler makes many interesting and enriching contributions. His analytically informed delineations of character types and syndromes are often perceptive. He adds to our understanding of beating fantasies and, in particular, supplements Freud's formulation with the preliminary sadistic fantasy in the male of attacking the mother's breast. He provides much thought for the analytic practitioner with his explications of 'leading and misleading' identifications, of magical gestures (elaborating on Ferenczi's work), and of mechanisms of coping with superego prohibitions.



Unfortunately, these insights tend to get lost in the relentless repetition of the theme of oral masochism. It is also regrettable that this volume is burdened by extensive quotations, sometimes several pages long, from previous articles by the author.

ROBERT S. GRAYSON (NEW YORK)

**TRAINING ANALYSIS.** A Report of the First Three-Institute Conference. Chicago. Pittsburgh. Topeka. Prepared by Charlotte G. Babcock, M.D. Pittsburgh: Pittsburgh Psychoanalytic Institute, 1969. 299 pp.

This is a report of the first Three-Institute Conference on Training Analysis of the Chicago, Pittsburgh, and Topeka Psychoanalytic Institutes held in April, 1965. It contains two important psychoanalytic presentations: Therese Benedek's Training Analysis—Past, Present and Future, and Jacob Arlow's Myth and Ritual in Psychoanalytic Training. There are also statements by the conference consultants: Ralph Tyler, Helen Ross, and Jacob Arlow; however, the bulk of the report (spiral bound) contains summaries of the discussions of the participants of the conference. Following Henry Brosin's erudite foreword, the preface states that the report is 'for the most part concerned with the definition of the training analysis and with issues and problems to be met during its conduct as an integral part of psychoanalytic education'. This purpose was achieved, with the result that many issues were opened up, discussed, and left to be solved in the future.

Dr. Benedek reviews the evolution of training analysis through her own experiences and focuses on the psychoanalyst and his double role as therapist and educator. The report of her early training experiences in Leipzig and her direct involvement with the development of psychoanalytic education, were grounds for considering that training analysis has no special technique but does have the additional aim of education. Because the 'correct technique' to be applied in training analysis has many shadings, she believes that the goals and methods of training are still difficult to formulate. There is a strong plea for recognition of the educational aims of training analysis, which in her case was achieved with help of her supervisory experience. Yet she cautions against knowledge which blinds the perceptions of direct experience of the emerging unconscious and

interferes with the ultimate goal of self-analysis. Benedek's experiences have apparently made her less concerned than are many training analysts about the problem of syncretism in training analysis, and she is optimistic about solving this problem.

Dr. Arlow traces the effect of certain unconscious fantasies, which are shared to a degree by all analysts, on psychoanalytic training and the professional career of analysts. He discusses the aura surrounding the position of the training analyst, and the effect this has on the candidate, especially of becoming a mythical hero and lending himself for confusion with an archaic ego ideal. Arlow believes that if this remains unanalyzed, the analysis cannot be 'terminated' until the analysand has achieved his omnipotent fantasies in the form of appointment as training analyst. The affective influence which this image of the training analyst exerts on the educational process is traced through group process and myth formation, and, through identification, this becomes built into institutions and formalized in ceremony and rituals. Arlow notes the similarities of the entire process of psychoanalytic education to primitive initiation rites, and states that in almost every instance, candidates introduce material which represents these rites through blood brother activity, group codes, and attitudes toward leaders. The faculty, in turn, may be unreliable in judgments of their own analysands or sponsor certain candidates through their training. His thesis rings true, and brings out the need for training analysts to analyze this aspect not only of their analysands, but of themselves as well.

By dealing with a special kind of interference with training analysis, Arlow points the way to the solution of the syncretistic dilemma through the use of the analytic method itself. In this way he and Benedek seem to agree that the psychoanalytic method itself is one of the principal means of solving the problems of psychoanalytic education. Miss Ross accents this theme in stating 'the inner chorus could be heard throughout [the conference] "analyze, analyze, keep on analyzing"'. Another dimension was added by Dr. Tyler, an educator, who presented and discussed major areas to be considered in planning an educational program for a profession.

A report of group discussion is limited in conveying freshness of ideas and spontaneity of exchange because the information is extracted from personal interplay rather than a formal presentation of ideas. However, in spite of this, Dr. Babcock skilfully assembles

and edits the proceedings and gives liberal samplings of individual views. One is left with the feeling that it would have been a stimulating experience to have participated in the conference, but be content to answer questions raised in his mind by the excellent presentations and the discussion of the participants.

CARL ADATTO (NEW ORLEANS)

THE PSYCHOANALYTIC FORUM, VOL. III. Edited by John A. Lindon, M.D. New York: Science House, Inc., 1969. 348 pp.

The present volume continues the already much applauded policy of publishing original contributions followed by their discussion, covering a broad range of topics in current psychoanalytic thought and practice. The discussants, nonanalysts as well as analysts, seem to have been carefully chosen with an eye toward their anticipated diversity of opinion. The effort to achieve an atmosphere of lively and stimulating exchange with the author, who is given an opportunity for a concluding response, is unquestionably successful. The reviewer's experience of reading the volume straight through was particularly rewarding, as much for the varied, uneven, but occasionally most illuminating discussion as for the papers themselves. The contents include: an edited version of a recent panel discussion on the family; clinical studies on various topics including migraine, the use of drugs, the erotized transference; an inquiry into the 'two cultures' dilemma; a review of the work on the psychoanalysis of schizophrenia; a contribution to the problems of psychoanalytic education; and a study of the emotional reactions of psychiatrists when confronting survivors of persecution. The Forum, because of its particular editorial policy and format, is a most worth-while additional voice in the psychoanalytic community, and should receive the support and continued attention of all psychoanalysts.

STANLEY GOODMAN (BERKELEY, CALIF.)

THE SCHIZOPHRENIC SYNDROME. Edited by Leopold Bellak, M.D., and Laurence Loeb, M.D. New York: Grune & Stratton, Inc., 1969. 879 pp.

During the twelve years that have passed since the publication of Dr. Bellak's first multiauthored volume on the schizophrenic syn-

drome, there have been many similar efforts. The benefits and limitations of multiauthored books are clear since chapters will invariably range in quality, although this is compensated for by the specialized expertise of the contributors. That a number of editors have felt the need to call upon a score or more of contributors when writing about the schizophrenic syndrome is presumptive evidence that we are not dealing with a discrete disease entity.

The twenty chapters and two appendixes range from some of the senior editor's personal and highly interesting reminiscences to community psychiatric approaches. Unlike many similar efforts, this volume includes psychoanalytic and psychotherapeutic considerations. This is not only refreshing but to be lauded since some workers in the field seem to have lost sight of the fundamental fact that the patient is a person and not a schizophrenic.

It may be more useful to examine critically some of Dr. Bellak's ideas rather than to comment on specific chapters. In recent years he has spoken eloquently against the concept of schizophrenia as a disease entity. He has argued that it represents a syndrome which is the final common path of ego defects secondary to various etiologies. The etiologic and pathogenic factors that he lists are genogenic, chemogenic, psychogenic, and neurogenic. There is a danger that the reader may reify these factors which are only helpful as theoretical formulations, i.e., cognitive aids. Certainly the distinction between chemogenic and genogenic factors is of doubtful validity when considered in physiologic terms. The inclusion of psychogenic with organic factors involves the mixing of two different universes unless we are to believe that psychogenic factors operate through means other than genes, chemicals, and nerves. It is not clear whether we are dealing with a final common path or simply with a nosological category that does not have adequately defined boundaries. If the concept of the schizophrenic syndrome is to have any value it must be restricted to those patients who have a genetic predisposition in order to rule out a variety of conditions, e.g., toxic psychoses, which share some of the clinical symptoms but are fundamentally different disorders. It may be best to think not in terms of the variable contribution of genetic factors, but rather that these genetic factors are necessary but not sufficient causes. Despite these rather technical differences, this reviewer is in substantial agreement with Dr. Bellak's theoretical formulations.

In this volume the high standards of scholarship that were set in the earlier effort are continued. The references are quite thorough and broadly representative of the literature. This is not a book for the uninitiated but rather is directed to those who have some basic knowledge concerning the schizophrenic syndrome. It can be highly recommended to busy practitioners as an effective means of reviewing the literature on the schizophrenic syndrome of the last decade in a finite amount of time. Unfortunately, it will probably be cited more often than it is studied, since there is a well-known inverse relationship between the thickness of a volume and the frequency with which it is actually read. For those who believe in the value of the multiauthored source book, this reviewer can strongly recommend this volume.

ROBERT CANCRO (HARTFORD, CONN.)

L'HOMME ET SA PSYCHOSE (Man and His Psychosis). By Mme. Gisela Pankow. Paris: Aubier Montaigne, 1969. 303 pp.

Mme. Pankow, a neuropsychiatrist and psychoanalyst practicing in Paris, presents in this book the distillation of many years of experience in the use of psychoanalysis for the treatment of schizophrenia. She has developed a new understanding of this condition and a method of treatment based on this perception. In formulating her theory and method, which she calls the method of dynamic structuration, she has formed a synthesis of the ideas of Freud, Kretschmer, and the existential thinkers.

Mme. Pankow's central theme is that the schizophrenic process involves 'dissociation' (*Spaltung* is her original term). She uses two images to describe this. First is that of Narcissus who drowned because he dissociated himself from his reflection to such an extent that he saw the latter as another entity with whom he fell in love. The reflection represented himself but was also divided from himself. Narcissus died because he saw his reflected image not as part of himself (that part seen from the outside) but as a totality. Thus the image of the body has two aspects: the contained and the containing—oneself subjectively experienced, as Narcissus perceiving the reflection, and oneself objectively experienced, as Narcissus reflected. Another perspective on this dissociation is given in the use of a character in a novel who is driven to an act of folly

because he perceives a part of a person (a lock of hair) as fully representing the whole person. The examples of the expression of this phenomenon are largely taken from art, especially graphic art, because the author feels that graphic art is particularly provocative of the realization of the possible conflict between the two aspects of existence, outer and inner. This problem is comprised, for her, in the state of being-in-the-world. For the same reasons, graphic artistic productions by her patients form the actual basis of her technical innovation.

Mme. Pankow understands Freud to have felt that psychosis was not amenable to analytic psychotherapy because no '*dialectique*' was possible between the patient and therapist. She feels that by seeing concrete formulations expressed through graphic art in terms of the image of the body, she has surmounted this obstacle and has found a 'language' in which such a dialectic can be carried out.

The technique employed varies somewhat according to the kind of disorder she is called upon to treat. Since she feels that her approach is specifically suited for psychotics,—those with a dissociated body image as opposed to neurotics whose body image is merely fragmented—most of her examples deal with psychosis. The two cases that she does not consider psychotic have sufficient disturbances beyond the psychopathic and obsessional conditions, on which she focuses her therapeutic attack, so that many observers would consider them psychotic as well.

Basically her method involves the development of what she terms a 'structuring fantasy', that is, the patient's fantasy of his body image or of the limit of his body. She develops this by requesting her patients to produce a model or a design which she then sees as representative of the subject's state of being-in-the-world. The model symbolizes his conception of his body image as a resolution of the conflict between the inside and the outside, between his *experience* of himself and his *perception* of himself as, for example, seen in the mirror. Using her own interpretations of these designs based on her knowledge of the patient and the material gathered from the patient's explanation of and associations to these productions, she gains insight into the nature of the problem. Analysis or analytic therapy then proceeds in the usual manner except that she and her patients seem to perceive and play out conflict through alterations in the image and sense of the body.

The focus of attack utilizing the method of dynamic structuration involves the use of this 'structuring fantasy' basically in two ways, depending on the structure of the psychosis. Having been a student of Kretschmer, she recognizes two different structural types which are termed the Randpsychosis and the Kernpsychosis. Randpsychosis, or marginal psychosis, does not involve a complete destruction of the image of the body, but simply an image which contains 'zones of destruction'. These have appeared as a result of a conflict between the patient's concept of his body image and his concept of what it *should* be. The latter concept, which she refers to as the 'law of the body', is a value system derived both from early narcissistic pleasurable (good) and nonpleasurable (bad) sensations and from later stages when the body is conceived as a potential object having definitions in space and in interpersonal relations. Mme. Pankow presents, as an example of this kind of psychosis, a woman, catatonic since the birth of her second child, who had the fantasy of detaching her hand from her body to give it 'in marriage' to her father with whom she had had regular sexual relations. In such a case the structuring fantasy acts as a means of introducing a 'dialectic' between the body image and the law of the body. In Kernpsychosis the body image is 'dissociated' and the structuring fantasy leads to a 'dialectic' between the form and function of the body.

The difference between Mme. Pankow's approach and the usual analytic approach in the treatment of schizophrenia appears more theoretical than practical. Graphic and behavioral representations of the self and the emotional state are regularly seen and employed in play therapy and the drawings used for diagnostic purposes. For those who can read French, her case presentations are clear and vivid and proceed with a drama reminiscent of a detective story. One would have hoped, however, for clearer explanations of the concepts, such as the law of the body and dissociation, of which she makes basic use.

The importance of this work, I feel, lies in the great insight that we are given into the schizophrenic experience and especially into the experience of perceiving the world and emotions in terms of the body. Those who use analysis in the treatment of schizophrenia should profit from reading this book.

JEREMY MACK (NEW YORK)



**THEORIES OF SCHIZOPHRENIA.** Edited by Arnold H. Buss and Edith H. Buss. New York: Atherton Press, 1969. 175 pp.

There may be some justification for making a book out of seven already published articles. If so, these papers should be of superior quality and welded together by inspired editorial comment. This book, however, consists of flimsy speculations on the nature of schizophrenia, pedantically expressed, and given coherence by the editorial discovery that man is a biological, psychological, and social creature.

Paul Meehl's genetic-neural-psychological musings on a possible inherited defect which may predispose to schizophrenia are at least attractively daring and knowledgeable. The same cannot be said for those papers dealing with cognitive theory based on attentional deficit, learning theory based on anxiety as an interfering drive, communication theory based on Bateson's double bind hypothesis, and social isolation hypotheses based on community rejection. The problem of psychological regression is taken up in two papers, one a naïve regurgitation of some of Harry Stack Sullivan's thinking, a psychiatrist noteworthy for clinical skill but theoretically inept, and the other a somewhat more sophisticated development of the ideas of Heinz Werner. Freud, of course, is considered outmoded.

To top off this dismal mélange we have the editors' clear pronouncement that schizophrenia is merely the end point of three different dimensions of psychosis. There is a 'nuclear, process, nonparanoid, true schizophrenia' and, radiating from this core will be found psychotic depressions, atypical psychoses, and paranoid schizophrenia. Such nosological nonsense is in keeping with the general theoretical level of this book.

MILTON WEXLER (BEVERLY HILLS)

**CONFLICT AND RESOLUTION. A STUDY OF HUMAN RELATIONS AND SCHIZOPHRENIA.** By Helm Stierlin, M.D., Ph.D. Garden City, N. Y.: Doubleday & Co., Inc., 1968. 267 pp.

Dr. Stierlin is obviously erudite and cognizant of philosophy and literature. He has expended great effort in writing a book in which he elucidates the thesis that conflict and its resolution are central to human growth and adaptation, and to some methods by which we learn and organize our knowledge. Nevertheless, Conflict and



Resolution is difficult and disappointing. Although the author is a psychoanalyst, he writes in the style of a Teutonic philosopher, using categorical statements sometimes of unusual complexity, esoteric arguments, and what appear to be idiosyncratic interpretations of others' work. While the bibliography is extensive the reader who is not well acquainted with the psychoanalytic literature would be hard pressed to check Dr. Stierlin's understanding of others' contributions. For example, Melanie Klein's name appears once in the book without specific citation, but four of her books are listed. Again, four of Mahler's articles are included in the bibliography but one never becomes certain how her formulations have influenced Stierlin's conceptualizations. Likewise, no mention is made of authors whose works are included among the references.

One struggles through this formidable book, always hoping to find something new and expecting that ultimately a psychoanalytic or at least a psychoanalytically oriented psychotherapeutic approach for the treatment of schizophrenia will be presented. But the search is in vain. Instead psychoanalytic and other hypotheses are restated within a framework of what appears to be Hegelian dialectic. Thus we learn that human development depends upon the successive resolution of five phase-specific antithetical situations or forces: moment vs. duration, difference vs. sameness, gratification vs. frustration, stimulation vs. stabilization, and closeness vs. distance. The schizophrenogenic mother fails to help her child resolve the five forces adaptively, both within himself and between himself and the outer world. She prevents his differentiating himself from her, and fosters adaptations which are destructive to his individuation and his interactions with others. The therapist must serve as a good mother substitute and simultaneously work somehow within the framework of the structural theory. Yet the brief clinical examples given exclude interpretations made by the therapist. We are told that the therapist enables the patient to readjust the five crucial balances by communicating to him in the therapeutic situation the therapist's own ability to reconcile himself to the conflicts of his own existence. But we are never told what steps are taken, or when, or why. I found one statement which indicated what Dr. Stierlin might actually do in the therapeutic situation. He wrote that he had tried to act differently from the patient's traumatic mother.

One must wonder to what extent Dr. Stierlin's treatment of schizophrenic patients is psychoanalytic. For example, he expresses great

admiration for the works of Sullivan and Sechehaye, but does not indicate to what degree he uses the quasi-analytic procedures of the former, or the nonanalytic techniques of the latter. It is difficult to understand how he communicates to the patients his own techniques of reconciliation of the conflicts of his existence without distorting severely ordinary psychoanalytic techniques, including parameters. In the one statement cited above, Dr. Stierlin may have indicated that he consciously enters into role-playing. He never tells us clearly what he considers the role of interpretation to be, or how interpretations are aimed at resolving the five significant areas of conflict.

One final note: Dr. Stierlin elucidates the differences in theoretical and therapeutic orientations of the majority of continental and North American psychiatrists. He attributes the differences in part to the historical and social climate, and also to the nature of the pioneering work done by Sullivan, Fromm-Reichmann, Bullard, and others in North America. Although he cites in the bibliography a number of analysts of the Kleinian school, he ignores the important role they have played in stimulating psychiatrists to use psychoanalytic principles in the treatment of schizophrenics. He mentions not at all similar pioneering work done by South Americans, particularly of the Argentinian school.

L. BRYCE BOYER (BERKELEY, CALIF.)

**ENVY. A THEORY OF SOCIAL BEHAVIOR.** By Helmut Schoeck. New York: Harcourt, Brace & World, Inc., 1970. 408 pp.

This reviewer feels some embarrassment, as may other analysts, that the first comprehensive volume on so basic a psychodynamic force as envy should come from a sociologist, not a psychoanalyst. The author, a professor at Mainz, who spent a year at Yale and eleven years as professor at Emory, has contributed a book which, modest in size, is compendious in scope and remarkably insightful in depth. He has reviewed with thoroughness just about every area and academic field, including psychoanalysis, for the sources, effects, and interactions, inner and outer, of envy—e.g., its childhood sources, envy in animals, in psychology, in the social and behavioral sciences as well as in philosophy and literature, in politics, criminology, law, and emotional life, to mention only some. Such a work confirms the impression that psychoanalytic understanding of the intrapsychic

is impossible without including the interpersonal, which is obvious logically because the superego originates in relation to the parents: it is an interpersonal introject which is then projected.

It is a question of some interest and importance why major emotional forces in the psyche such as envy, dependence, and hostility have received relatively little attention from the main stream of psychoanalytic study. This broad, penetrating, scholarly study of envy may help to broaden this stream and be of value to analysts culturally as well as shedding light on a phenomenon of such importance clinically.

LEON J. SAUL (PHILADELPHIA)

**THE HANDS OF THE LIVING GOD.** By Marion Milner. New York: International Universities Press, Inc., 1969. 444 pp.

Marion Milner has devoted years of psychoanalytic study to problems of creativity and, especially, to the creative role of body feelings and self-perceptions. In *The Hands of the Living God* (the title is from D. H. Lawrence) she continues her exploration of these matters in the context of the detailed report of the psychoanalytic treatment of a psychotic young woman. In the course of treatment extending over some twenty years, Mrs. Milner deepened her awareness of the significance of her own body states through her intimate and deeply intuitive grasp of her patient's struggles with the most primitive levels of self-perception and body image differentiation. She uses the patient's spontaneous drawings, of which endless quantities were produced over the years, as the basis for interpreting the fluctuations in her dawning sense of separateness and ego emergence.

Unfortunately, for this reader at least, all this is couched in the language and constructs of the Kleinian school; distinctions between symbol and metaphor are lost and reconstructions of the earliest self and object representations are derived from dream interpretations without benefit of associative confirmation from the patient. It must be said, too, that the variations in the patient's clinical state seem to have been determined far more by external events than by the analytic work described by the author. Indeed, whatever impact the analysis had appears to have been based less on the accuracy of Mrs. Milner's interpretations than on the patient's awareness of her profound concern and her sensitive, empathic, and untiring efforts

at understanding and support. Mrs. Milner, to her credit, acknowledges as much.

The author is to be commended for her honesty in self-revelation and for the consistency of her scientific investment in the special area of psychic experience on which she has focused over the span of her career. Her book is, frankly, heavy going for a non-Kleinian, but for those interested in the questions with which she is concerned, it will, no doubt, offer its rewards.

AARON H. ESMAN (NEW YORK)

TOWARD A UNITY OF KNOWLEDGE. (Psychological Issues, Vol. VI, No. 2). Edited by Marjorie Grene. New York: International Universities Press, Inc., 1969. 302 pp.

Psychoanalysts should welcome the publication of the proceedings of the Study Group on Foundations of Cultural Unity held at Bowdoin College, Brunswick, Maine in August 1965. They should welcome it for two reasons. First, they will share with the participants of this colloquium the belief that reductionism in science has failed to describe man's position in nature and his relationship to his fellow man. Moreover, existential philosophy's response to mechanism has merely provided an extrascientific description of man as a sensuous, value-seeking being. Secondly, it is heartening and challenging to read the opinions of scientists of varying disciplines suggesting that there is an essential unity in the process of scientific creativity regardless of whether the problem is in physics, biology, or art. That this unity demands both intuition and discipline is not surprising, but the book does clarify the idea that the process of creative investigation seems to depend on the harmonious participation of both preconscious and unconscious operations as well as conscious deliberation.

This book should evoke a sense of humility in most readers because of the scope and range of insight demonstrated by the men who participated in this panel. They are, in William James's terms, 'tough-minded philosophers' whose intellect ranges over as broad a span of life enterprises as the very range of the conference itself. They are not only sophisticated in the methodology of science but in the practices of scientists. They are also self-consciously interested in their own cognitive and emotional instruments as sensitizers to their discovery and work.

The program was divided into four large sections with two to three papers each. Appropriately edited discussions from the group follow each paper. Part I is titled *The General Task Before Us*, Part II, *The Reform of Epistemology*, Part III, *Science and the Living Subject*, and Part IV, *New Approaches to Psychology*. As might be expected from these general titles, the specific papers cover a wide range of topics from *Epistemology of Quantum Mechanics* by Eugene Wigner and an essay, *Creative Imagination* by Michael Polanyi, to man's artistic endeavors explained in a paper titled *Collage as Model* by Donald L. Weismann. There are some biological papers such as *Organism and Environment* by C. F. A. Pantin and a paper as delightful as its title by Helmuth Plessner, *A Newton of a Blade of Grass*.

The reviewer can only refer to a few representative remarks from each of these papers to give the reader an idea of the humanistic approach to science of these observers. Wigner describes science as a potential pivot for cultural unity while decrying the 'idealization of the observer as a data-taking automaton'. Polanyi talks convincingly about what he calls 'tacit knowing', describing the content of empirical statements as 'three times indeterminant', involving clues which are 'ultimately undefinable' concerning a 'reality which is inexhaustable'. Weismann describes collage-making as a problem in coherence and 'rightness'. According to some of the writers, similar judgments are used as the index of elegance of theorizing and model-making in much of science. Koch rounds out the talks by discussing the value properties inherent in all of scientific activity.

A reader of this impressive volume could select any single paper and gain major insight into the mental processes of scientists. Readers should not be frightened by the somewhat philosophical tone of most of the presentations. The discussions following each of the articles are illuminating and clarifying to the reader whose background may be inadequate. The psychoanalytic reader must be impressed and encouraged by the breadth of understanding displayed by these scientists. Such a volume should also call forth a greater sense in the analyst of belonging to the larger community of those interested in man as an intuitive being working in a culture for expanding knowledge. While the book provides an antidote to scientism it also provides a rigor in thinking and understanding that demands attention.

THEODORE SHAPIRO (NEW YORK)

INSIGHT THERAPY. Methodology, Psychosystematics and Differential Dynamics. By Tibor Agoston, M.D. Columbus, Ohio: Ohio Department of Mental Hygiene and Correction, 1969. 334 pp.

This volume is said by the author to be the 'outgrowth of lectures delivered to residents in psychiatry' and to fill a need for the 'missing instruction in methodology' which has been the source of the 'therapist's self-doubt and lack of self-confidence'.

The material is presented in outline form with numbered and subnumbered headings. It is divided into Historical Background, Psychoanalytic Theory (which the author calls 'Psychosystematics'), Methodology, and Differential Dynamics. This is a great deal of material to present in so small a volume and almost no clinical data are presented. Much is so condensed that it becomes very complex and must be carefully thought through by the reader. It is difficult for an analyst to follow the author's thoughts in many places, and one wonders whether some portions could be understood by the residents and young psychiatrists to whom it is addressed. There is a great deal of repetition in the volume. For example, almost all of pages thirty-nine and ninety-two are the same, word for word. Repetition is a good teaching technique and binds the lectures together, but carried over into a book, it can become rather tedious.

Dr. Agoston has done a great deal of research for this volume and obviously has put much thought and hard work into it; yet this reviewer wonders whether it really fulfils the role he hoped for—to supply a methodology for 'insight therapy'. Except for a brief excursion into cybernetics, the psychology presented is standard dynamic psychology; except for a few words coined by the author, the wording and definitions are those generally considered psychoanalytic, and except for the briefest consideration of the use of drugs in conjunction with psychotherapy, the methodology describes the technique and process of psychoanalysis. What is the therapy the author is trying to teach to residents and young psychiatrists? Although in this work it is applied to neurotics, character disorders, and psychotics with only slight variations in technique, insight therapy is presented as giving the patient a full understanding of his unconscious forces by interpretations based on material gained from his free associations, dreams, parapraxes, etc., and in which the transference is used to further the treatment process exactly as in psychoanalysis. In my opinion the treatment described is psy-



choanalysis even though no mention is ever made of the couch.

The treatment delineated bears such a close resemblance to psychoanalysis that the danger exists that this teaching will encourage, or even produce 'wild analysis'. People without adequate training will be taught to interpret unconscious forces that seem to be present in their patients. If this book is used as the primary source of their understanding and technique, the possibility of their interpretations being both correct and properly timed would be remote indeed. On the other hand, if this book is used merely as an outline or text for a long series of lectures and clinical seminars wherein all of the clinical material, technical considerations, dangers, and limitations of the technique are added, the volume might be useful in the teaching of that form of psychotherapy usually referred to as 'psychoanalytically oriented'. However, the author, as far as can be determined from the introduction, seems to feel that the book in itself supplies the methodology. Another danger lies in the fact that it presents to the psychiatrist-in-training the seeming possibility of acquiring a therapeutic technique every bit as effective as psychoanalysis without the prolonged and arduous training required for the latter. This may divert well-qualified young people from analytic training.

The section of the book dealing with differential dynamics is interesting and would be a valuable teaching adjunct. The author has taken almost every conceivable psychiatric nosological heading and given a brief summary of the dynamic forces usually found in the condition. In most instances the summary is accurate and easily understandable in spite of the brevity and paucity of clinical examples. There are a few instances where the descriptions are vague, difficult to follow, or questionable, but these are the exceptions. The book is not intended for analysts and would be of no value to them. However, with careful selection some parts of the book should prove to be valuable for the teaching of psychoanalytic theory to residents.

MERVIN H. HURWITZ (NEW YORK)

THE TWINS WHO FOUND EACH OTHER. By Bard Lindeman. New York: William Morrow & Co., Inc., 1969. 288 pp.

This is a biographical study of the identical twins, Tony Milasi and Roger Brooks, who had been separated at birth and grew up miles

apart. The author met them shortly after their reunion and soon undertook a two-year research into their individual backgrounds, the events leading to their finding each other, and their decision to live and work together. In his introduction to the book, Amram Scheinfeld calls it '... the most thorough and perceptive account ever written about the lives of long-separated and then reunited twins ... a human document which will have special meaning for all who are personally or professionally concerned with twins and their problems.'

In my opinion this book will be of more interest to the layman than to the professional. Lindeman's approach is journalistic. He has woven the events in the lives of Roger and Tony into a vivid story, depicting the attitudes and feeling of the brothers as well as of those close to them, with great empathy. Nevertheless, there is very little in the account which enables us to increase our psychoanalytic understanding of the twin relationship.

Throughout the book attitudes toward twins characteristic of our culture appear repeatedly: the ideas, for example, that twins are 'destined by fate to be together', that separation constitutes a serious deprivation, and that twins experience extrasensory perception. Whether or not Lindeman actually believes in this 'twin mystique' is not always clear, but it certainly pervades his writing. Under his pen the twinship takes on the characteristics of a magnetic force inevitably drawing the brothers toward a reunion and then holding them captive. When he reports that both boys, as children, had daydreamed about having a twin, he implies that even before they actually knew a twin existed, they had somehow 'sensed' it. Of course, we cannot criticize Lindeman for not knowing that many nontwins enjoy a fantasy of having a twin. Nor should we expect him to know that very many adopted children have strong desires to know more about their antecedents, their 'real' parents, in order to establish an identity and that, in this instance, the search for the twin served the same purpose.

The twins were reunited in their early twenties by virtue of their striking physical resemblance which led to an incident in which Roger was mistaken for Tony. Once they had met, they found the similarities to be more than skin deep. They shared many tastes and interests including food, clothing, and sports. Evidence for the influence of heredity on personality development seems incontroverti-



ble. Confirmation by psychological tests would have been even more convincing had the tests been performed before the twins had been living and working together for four years. During that time such a strong intertwin identification had developed that differences existing at the time of their meeting may well have been obliterated.

One might have supposed that the twins, brought up as individuals, and having led distinctly different lives, would have had a need to maintain their individuality. Actually, Roger showed a tendency in this direction. After the brothers had been together for three years, he felt so submerged by Tony's dominance, that he actually initiated a separation. However, Roger soon rejoined Tony, influenced as much by his brother's need for him as by his own inability to manage without the relationship. Thus at a stage in life at which most identical twins have succeeded in attaining some degree of detachment, of identity as individuals, these brothers had reversed the process. They appeared to have regressed to an interdependency reminiscent of twins observed during the preoedipal phase. At the time the book was written it appeared likely that their relationship would remain fixated in this almost symbiotic bond.

Lindeman, aware of the detrimental factors in this interdependency, expresses misgivings concerning what the future might bring. 'In the five years during which I have watched them grow close as brothers, I have also witnessed a blurring of their personalities until Roger Brooks becomes, if only temporarily, a mirror twin to Tony Milasi. He is then a reflection of his monozygotic partner, subordinating his will and his life-style in order to share his brother's attention and love.'

Even though Lindeman foresees the possibility of great loneliness should destiny once again separate the brothers, he seems unaware of an even greater danger—that of living one's life in the unreality of the fulfilment of a childhood dream. Serious pathology has been known to occur when a close intertwin relationship that has endured into adulthood, is interrupted. We must hope for Tony and Roger that the intensity of this relationship will lessen; that in the near future other relationships—in particular the marriage of each—will no longer be of only secondary importance. Only then might the possibility of severe loneliness or pathology be averted.

MARJORIE R. LEONARD (STAMFORD, CONN.)

THE HIGH SCHOOL ADOLESCENT. UNDERSTANDING AND TREATING HIS EMOTIONAL PROBLEMS. By Morris A. Sklansky, M.D., Sylvia W. Silverman, and Helen G. Rabichow. New York: Association Press, 1969. 256 pp.

This book is written for 'counselors' of adolescents; the term counselor 'in a broad sense intended to include persons with training and experience from various disciplines who are working with adolescents in a professional role with the goal of helping them to deal with their problems more constructively'. This fact sets the tone of the book as well as the range of treatment modalities. In other words, though Dr. Sklansky is a training analyst of the Chicago Institute, the book is essentially written not for analysts but for a much broader professional group. This is not to say that analysts will not find the book enjoyable and readable. I certainly did.

The authors use as background for their comments the psychoanalytic framework and theories of development, and particularly the psychoanalytic understanding of the adolescent stage and process. They proceed to take the reader through the multiple vicissitudes of the problems of adolescents, problems that range from the minimally to the very seriously disturbed. Similarly their therapeutic approach, their therapeutic hints and suggestions range from milieu manipulation and supportive psychotherapy to insightful or uncovering forms of psychotherapy.

The authors have taken some pains to describe for their intended audience the earlier developmental processes influencing and leading to the adolescent stage. Naturally, in a book with this scope it has had to be done in a highly condensed manner. Thus occasional important aspects of personality development are simply glossed over; perhaps the best example is their treatment of the phallic oedipal phase. Here, unfortunately, the complexity of the oedipal development of girls is not referred to. In different chapters the authors give a good descriptive account of the characteristics of the ego of the adolescent, the typical regressive steps, ego defenses, etc. Then they describe the process of treatment of adolescents (perhaps we should say counseling of adolescents), referring to the initial contacts, the establishment of a working relationship, general and special considerations regarding treatment and termination, the handling of parents, and transference and countertransference problems.

The book has, as well, an interesting chapter describing the most common dynamic factors behind some of the learning inhibitions or learning difficulties of this age group. The final chapter rightly avoids describing the 'personality' of an effective counselor, pointing out that there is no such thing, while highlighting those character traits of counselors that are desirable and may well be used by adolescents for purposes of identification, ego ideal formation, etc.

The authors discuss the dangers of premature diagnostic labels in adolescence, showing how these can handicap the prognostic and treatment outlook unnecessarily. They rightly state that human beings are 'unique and there are no duplications in human personality although there may be in behavior'.

All in all, this is a valuable and informative book that should greatly assist those dealing with the high school adolescent in a variety of capacities. The experienced psychoanalyst may not find much that is new to him, but he will find the book interesting. I can imagine, too, using this book as an introduction to adolescence (theoretical and practical) in the training program of psychiatric residents.

HUMBERTO NAGERA (ANN ARBOR, MICH.)

COMMUNITIES IN DISASTER. A SOCIOLOGICAL ANALYSIS OF COLLECTIVE STRESS SITUATIONS. By Allen H. Barton. Garden City, N. Y.: Doubleday & Co., Inc., 1969. 352 pp.

This sociological study of community responses is limited to *minor localized disasters*, such as tornadoes and floods. It concerns itself with the analysis of the type of members of the community who respond by helping the victims, and probes the factors which influence these responses. It also explores the role of government and voluntary agencies in setting up emergency procedures, and the effect of preparatory drills.

Barton's basic conclusions are that, by and large in the situations studied, government and officials as constituted before the actual disaster can function only in a limited way, and then only if they and their families are safe. When local government fails, the members of the affected community and nearby communities may help the victims. Barton studied the factors that influence the giving of

help and isolates seventy-one of them. One factor favoring the tendency to help victims is 'sympathetic identification with the victims'. This in turn is influenced by the perception of their deprivation; the severity, suddenness, and randomness of the impact; proximity to the deprivation; moral standards which would require helping; contact with the victims; and knowledge of their plight through mass media. Potential helpers are discouraged when they experience themselves as deprived also. Condemnation and blaming of the victims are favored in gradual and predictable onset of a disaster.

I have picked out just a few of the forces and factors involved to illustrate the subject matter and concerns of the author. The book suffers from the fact that much of the original information is derived from interviews, and the answers are accepted at their face value. The author seems to have no suspicion of the existence of unconscious reactions to disaster, e.g., experiencing it as a punishment, or that 'blaming the victims' could be projection. As a result he is at a loss to explain why things work out differently in various disasters.

Though the author quotes William Langer's<sup>1</sup> belief that long range disasters may affect the character of the victims, he is innocent of the suspicion that a short term disaster may have a lasting psychological effect upon individuals and families, if not entire communities. As a result, although *Communities in Disaster* may be of some interest to people organizing civil defense instrumentalities, it has hardly anything of value for the psychoanalyst.

HENRY KRYSTAL (SOUTHFIELD, MICH.)

**THE WHITE CONSCIENCE.** By Frank H. Tucker. New York: Frederick Ungar Publishing Co., 1968. 353 pp.

Frank H. Tucker, a specialist in Russian and Far Eastern History at Colorado College, has presented a valuable summary of the white man's rapacious imperialism, greedy capitalistic exploitation, and militant self-serving nationalism during the past four hundred years. The reader of this book will be struck by the ugliness of

<sup>1</sup> Langer, William L.: *The Next Assignment*. *American Historical Review*, XLIII, 1958, pp. 293-309.

actions committed by all the major white Western powers, acting almost in concert, against the victimized Africans, Asians, American Indians, and Jews. Although it is clear that Western people have denied or minimized the significance of any such thing as a collective sense of guilt, Tucker feels that vigorous efforts must be made to confront the West with its misdeeds in order to mobilize conscious awareness and conscience, and to check the spread of such dehumanizing aggressiveness before it captures the newly developing Asian and African people.

It is in the attempt to explain and explore the underlying causes of such collective hostility that the book is less rewarding. The psychology of Freud (by mentioning and giving examples of return of the repressed, compartmentalization of guilt, the narcissism of minor differences, for example) and of Jung (collective unconscious, collective guilt) are invoked to explain the fact that much of this evil was done in the name of God and goodness, to spread the Gospel, to save the infidel heathen, to spread and disseminate the blessings of modern science and technology. Moreover, the Protestant Reformation as well as the Marxist Socialist influences failed utterly to reverse or moderate this degrading and expansionist Messianism. We are left with the primarily Jungian view that modern man, ever since the scientific and industrial revolution, has been overcome by an extroverted or outer-oriented reality at the expense of an impoverishment of his inner reality. May heaven help us if we have only this bit of tired wisdom as protection.

JAMES L. CURTIS (ST. ALBANS, N. Y.)

**CHOOSING A SEX ETHIC. A JEWISH INQUIRY.** By Eugene B. Borowitz.  
New York: Schocken Books, Inc., 1969. 182 pp.

This book, published by Hillel Foundation, is a propaganda tract against sexual expression outside of marriage. Disguised as the 'impartial' presentation of four different types of sex ethics, it preaches to the young that orgasm is just a momentary selfish expression of sexual urges and therefore to be condemned. The sexually inhibited youth who might be tempted to read this book will undoubtedly be reassured by the author's contention that even in marriage deeper values such as companionship far outweigh the momentary pleasure of orgasm. Thus marriage assumes the

advantage of middle age dullness while sexual behavior is deprived of all the 'baser emotions'.

The author's view of orgasm as 'selfish' in nature deserves attention. He must be talking of male orgasm only, and thinking of it as taking 'advantage' of the female partner. The pleasure the male might have in 'giving' orgasm to another person is not mentioned. No distinction is made between the emotional experience of orgasm through masturbation or through intercourse.

The ethic of this book is obviously only for the young and unmarried. No help is offered for the widowed, the divorced, or the elderly. Yet this group often stands in need of guidelines for behavior more desperately than our young who usually look forward to marriage anyway as an ultimate goal.

The author quotes from psychoanalytic literature only to prove his points and is not genuinely interested in the concepts of sexuality he might find there. In fact, this book has not one redeeming feature to recommend it for people who work with youth or for the type of professional who is apt to read this journal.

LORE REICH RUBIN (PITTSBURGH)

## International Journal of Psychoanalysis. L, 1969.

Lawrence H. Rockland

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## ABSTRACTS

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

This issue celebrates the Fiftieth Anniversary of the Journal, which first appeared in 1920 when Ferenczi was president of the International Psycho-Analytical Association; Ernest Jones was the first editor. The contributors to this issue were asked to write on a theoretical topic illustrating the development of psychoanalytic thinking during the past fifty years.

**Trauma and Object Relationship. Michael Balint. Pp. 429-435.**

Balint traces the progression of Freud's theories of psychic trauma, particularly the change from trauma as an external event impinging on an unprepared organism, to trauma due to a fantasy produced by the individual himself, leading to powerful strains between parts of the psychic apparatus. He then proposes a three-stage theory of psychic trauma: 1, the child is involved in a dependent, trusting relationship to the adult; 2, the adult unexpectedly does something very exciting, frightening, or painful to the child (this need not be sexual, but something that causes intense overstimulation of the child, or profound rejection); and 3, the child again approaches the adult for further stimulation or for comfort while the adult denies the previous situation and acts as if it never happened. Our present theory focuses on Stage 2, but understanding of all three stages is necessary for a complete theory of psychic trauma.

**Training Analysis—Past, Present and Future. Therese Benedek. Pp. 437-445.**

Benedek reviews the history of training analysis and training analysts, recounting many experiences of her own. She points out that although there have been significant changes in theory and technique since 1920, particularly the emphasis on ego psychology, the significance of this expanding psychoanalytic knowledge for the goals and techniques of training analysis has not been systematically investigated.

**Social Climate and Resistance in Psychoanalysis. Gustav Bychowski. Pp. 453-459.**

When the patient's resistances find support in the general social climate, serious obstacles are raised to the success of the analysis. Shallow object relations, sexual promiscuity, drug addiction, and radical confrontation are all common in today's society and are frequently utilized by patients as rationalizations for the acting out of unconscious conflict. The author cautions about the therapeutic limitations in these cases; he suggests systematic questioning of all rationalizations, socially sanctioned regressions, and prejudices without, however, the analyst intruding his own value system into the analytic relationship.

**Irreverent Remarks About the Present and Future of Psychoanalysis.** K. R. Eissler. Pp. 461-471.

Eissler presents a somewhat depressing view of psychoanalysis. As a therapy psychoanalysis 'does not have a bright future'. Few patients can successfully accomplish the task of psychoanalysis, a true reconstruction and resolution of the infantile neurosis. Drugs can exert a therapeutic effect in certain states far greater than can psychoanalysis; analysis is not very successful with many major problems in today's society, i.e., anomie or addiction. Analysts of the future may confine themselves to patients whose illness does not respond to pills or to less intensive therapy. The future of psychoanalysis as a science also has its limitations. Eissler feels that Freud essentially learned what there was to learn from the psychoanalytic situation, at least as far as the construction of models is conceived. Future contributors to psychoanalysis as science will come more from outside the 'couch situation', i.e., the dream laboratory, Masters and Johnson, etc.

Eissler ends on a more hopeful note. He sees psychoanalysis as a major fortress against the increasing dehumanization of modern society. 'The psychoanalytic situation is just the opposite of a dehumanized one; it is, if anything, concentrated humaneness.'

**The Origin and Fate of New Ideas in Psychoanalysis.** Ralph R. Greenson. Pp. 503-515.

Psychoanalysis is not dead, but then again, it is no longer moving very quickly. Greenson relates this to the fate of new ideas. Clinical material is presented to illustrate the birth of new ideas; frustration and discontent in the individual seem necessary to the creation of new ideas. Freud as 'conquistador' is held up as the model of the innovative psychoanalyst. Always exploring new territory, he does not set out to destroy old ideas; rather he constantly reworks and revises his older theories, realizing the limitations of his own knowledge. Current 'schools' of psychoanalysis, i.e., orthodox, classical, Kleinian, neo-Freudian, are described and deplored. They become establishments, protected in their insularity from the 'false believers'. Each school resists intrusion of new ideas; there is lack of progress because there is a lack of openness to new and different points of view. It is no longer reasonable to defend or attack Freud's theories; it is reasonable only to pursue further learning.

**A Critical Review of the Status of the Envy Concept.** Walter G. Joffe. Pp. 533-545.

Melanie Klein considered envy to have a constitutional basis. The author disputes this view and concludes that envy is a secondary motivating force, having adaptive as well as pathologic consequences. It is related to possessiveness, destructiveness, and aggression and has contributions from all levels of psychosexual development. Envy is closely related to narcissism and the individual's feeling of self-esteem.

**Reflections on the Development of Psychoanalysis: Technical Implications in Analytic Treatment.** Jeanne Lampl-de Groot. Pp. 567-571.

This paper reviews aspects of the development of psychoanalytic theory and technique over the past fifty years. Both negative and positive effects of the intermingling of psychoanalytic theory with related fields of behavioral science, i.e., psychiatry, psychology, and philosophy, are discussed. Comments on technique focus on working with preverbal material in the transference and the great benefits that have accrued from direct infant observation by psychoanalysts.

**Developments in the Theory of Transference in the Last Fifty Years.** Rudolph M. Loewenstein. Pp. 583-588.

Loewenstein discusses some of the changing concepts of transference. The role of theories of aggression and of repetition compulsion are examined in relation to transference. Negative transference is not equivalent to 'resistance', just as positive transference is not equivalent to 'therapeutic alliance'. The author wishes to limit the concept of transference, differentiating it from similar phenomena occurring outside the analytic situation, and also from 'externalization' in which 'the person of the analyst is used to represent one or the other part of the patient's personality structure'.

**Choice-Conflict and the Decision-Making Function of the Ego: A Psychoanalytic Contribution to Decision Theory.** Leo Rangell. Pp. 599-602.

Human decision-making has become a subject of great interest to diverse social scientists. Psychoanalysts can add to this body of knowledge, focusing on genetic factors and on unconscious processes in general as they influence the decision-making process. Rangell reviews his model of intrapsychic functioning as it applies to the decision-making function of the ego. The ego function of decision-making has been generally neglected in the literature, though it is probably the most central function of all. The adequacy of the decision-making function is a major factor in determining ego efficiency and ego strength.

**The Fifty Thousand Hour Patient.** Emilio Rodrigué. Pp. 603-613.

Rodrigué uses the metaphor of the title to discuss his twenty-five years of experience as a practicing analyst. Analysis in becoming more respectable, has lost its revolutionary spirit. Thinking is good, while action always borders on acting out. Change is regarded with suspicion. There is often significant ambiguity between the patient's wish for cure and the analyst's aim to 'seek the truth and transform a person'. To see the clinical analytic setting as research and treatment as experimentation is an unfortunate distortion of rationalization. Finally, the author comments on the confusion between clinical and metapsychologic theory, often leading to a spurious idealization of metapsychology, based only tangentially on clinical observations.

**On the Treatment of Psychotic States by Psychoanalysis: An Historical Approach.** Herbert Rosenfeld. Pp. 615-631.

The author presents a scholarly and thorough review of the attempts by psychoanalysts to treat psychotic patients, from Freud to the present. Freud was pessimistic about the therapeutic results of analysis with psychotic patients because they could not establish the transference necessary for successful work, i.e., they suffered from a 'narcissistic neurosis'. Abraham was more optimistic and reported that manic depressive patients could establish a transference and respond to psychoanalytic help. Rosenfeld discusses every psychoanalytic author of note who has worked with psychotic patients. He points out that they tend to fall into two groups as far as treatment philosophy is concerned. The first group sees the patient's narcissism as caused by early environmental deficiency; the therapist's task is to provide the patient with a 'new and better mother'. Fromm-Reichmann (early) and Winnicott are representatives of this viewpoint. Waelder, Jacobson, and Federn also deviate markedly from a classical analytic stance with psychotic patients; they maintain a primarily positive transference and use it to help 'sublimate the patient's narcissism'. The second group treats psychotic patients from the usual analytic position with only very minor modifications. This group is heavily influenced by Melanie Klein and includes Segal, Bion, and Rosenfeld.

**Affects and Cognition.** Max Schur. Pp. 647-653.

Schur poses some central questions pertaining to the psychoanalytic theory of affects. Are there unconscious affects? Can the signal concept be applied to affects other than anxiety? What is the relationship between cognition and affects? In this very erudite discussion he concludes that there is no reason not to postulate unconscious affects, the signal concept is usefully applied to all affects, and the cognitive element is a basic part of all affects.

**The Masochistic Contract.** Victor N. Smirnoff. Pp. 665-671.

The essential phenomenon of masochism is not in the suffering but in the masochistic role in the 'masochistic contract'. It is the masochist who lays down the rules, controls the relationship, and views the torturer primarily as a slave or at least an employee. The masochist's passivity is only apparent; in fact he is the director of the whole performance. Basically, the gratification of the masochistic position involves a symbiotic fusion with the primary love object. Numerous quotes from Sacher-Masoch's *Venus in Furs* are used for illustrative purposes.

**Psychoanalysis in the Post-Industrial Society.** John D. Sutherland. Pp. 673-682.

Although the basic task for psychoanalysts remains the improvement of theory, practice, and training to the highest possible levels, the application of psychoanalytic knowledge to community problems will greatly enrich psychoanalysis itself. Psychoanalysis should undertake more ambitious study of the

'self' because with rapid changes in the society, it is the threat to the self that is very basically involved in much of the anxiety we see today. Psychoanalysis should become more involved in philosophies of education. In terms of meeting community needs, the author speaks of 'specialist centers' of psychoanalytic psychiatrists, involved as a 'pivotal resource' for the entire network of agencies concerned with delivering health services. 'Far from being on the "way out", psychoanalytic knowledge could, and should, be more than ever on the "way in".'

LAWRENCE H. ROCKLAND

**International Journal of Group Psychotherapy. XIX, 1969.**

**Phobics in Group Psychotherapy. Hassan A. Al Salih. Pp. 28-34.**

Group psychotherapy helps to lessen the sense of uniqueness found in many phobics and to counteract the dependency in individual therapy that is directed toward the therapist. Six phobic housewives met one hour a week for nine months. For the first five months individual psychotherapy was also given. At the beginning, the members exaggerated their symptoms and showed increasing dependency on the leader whose role was passive. Disorganization and regression appeared. At the sixth session, when the therapist became more active, the members drew closer to each other and very intimate sexual and aggressive fantasies were ventilated. Competition to win the leader's approval began and led to relinquishing of phobias. Following this, the members became less cohesive, renewing old friendships outside the group which their phobias had caused them to give up.

Group therapy was preceded by about three months of individual treatment to build a strong rapport with the leader. The effective factors in this experience were: 1, sibling rivalry; 2, the clearcut nature of the target against which group pressure was directed; and 3, the group serving as a defense against depression and a school for behavioral patterning that offered a sense of identity and rewarded behavioral improvement.

**Psychoanalytic Treatment of Severely Disturbed Juvenile Delinquents in a Therapy Group. Girard Franklin and Wallace Nottage. Pp. 165-175.**

Incorrigible juvenile delinquents with character disorders are markedly resistant to therapy aimed at accomplishing character changes. However, when such a group was involved in hourly sessions five times a week, the members developed highly productive and significant understanding of themselves. They were motivated to join the group because it was an alternative to immediate or inevitable penalization. The therapeutic goals of the group were: 1, dilution of the intense hostility directed against the therapist as representing authority; 2, exposure of distrust and fearfulness as shown in mutual transference response; and 3, peer support, especially against passive dependent longings. The frequency of the sessions was dictated by the members' low tolerance for frustration and anxiety, their predilection for discharging tension through impulsive behavior, and their need for uninterrupted support in facing their sense of per-

sonal worthlessness. Remarkable insight was shown by these youths and, gradually, a measure of strength among them was their ability to admit doubts and fears previously denied as shameful. The dignified self-confidence that followed passing such a test encouraged those still maintaining a defense of bravado. The distortion of perceptions of others became modified and replaced by positive reactions not expressed before. Such reactions became reflected in improved attitudes toward society.

**Diagnosis and Treatment Planning for Couples.** Henry Grunebaum, Jacob Christ, and Norman Neiberg. Pp. 185-201.

This paper offers criteria for choosing the type of therapy for couples with marital difficulties.

1. Individual therapy for each partner with a different therapist. This is indicated for immature persons whose marital problem is largely an expression of developmental difficulties; when one partner is psychotic; when one partner is content with the marriage as it is; when communication between partners is seriously impaired; and when the therapist is too inexperienced to deal with both partners.

2. Therapy of both partners by a single therapist. The advantages are: distortions and acting out are diminished while affect and reality testing are increased. Transference of a rivalrous or oedipal nature may be increased unbearably. This is most useful when each spouse recognizes that problems with partners are not the sole source of difficulties, and when communication between partners is adequate.

3. Conjoint treatment. This method is indicated in cases where problems are ego-alien and acute and both partners are committed to therapy, or when mutual blame is of recent origin.

4. Couples' group therapy. This form of treatment is recommended for couples with chronic ego-syntonic problems, when problems are a way of life (e.g., neurotics with fairly good premarital adjustments), or for people who do poorly outside as well as in marriage.

**Working Through in Analytic Group Psychotherapy.** Henriette T. Glatzer. Pp. 292-306.

In group psychotherapy the id projects its archaic wishes in the transference, where they can be exposed. Processes designated by Slavson as emotional contagion, splitting of the transference to the therapist, target multiplicity, peer identification, mutual support, and universalization induce regression which, at an early stage, reveals chronic infantile behavior patterns. The presence of fellow group members provides a quick check with reality. The sadistic superego offers the masochistic gratification of exhibiting oneself to the group. Alexander pointed out that the superego, mollified by pain and depression, will accept disguised id wishes. However, the group assumes the role of the mature superego and helps the patient avoid neurotic acting out or 'acting in'. A patient who is confronted with a novel idea or insight tends to reject it be-

cause it is an affront to his unconscious narcissism. Interpretation to fellow group members with similar chronic problems lessens this narcissistic hurt. Interpretations from peers are more acceptable than those of the therapist. The narcissistic wound of individual interpretations is lessened by sharing with other group members. This also counteracts a latent tendency to passivity.

**Acting In and the Therapeutic Contract in Group Psychotherapy.** Louis R. Ormont. Pp. 420-431.

'Acting in' is defined as not telling a life story to the group verbally, but re-enacting significant situations in the session. This serves as resistance which the leader counters by analyzing the group's reaction to it. To understand the origin of 'acting in' behavior, the leader must fortify the patient's ego, develop his coöperation, and show the patient the inappropriateness of his behavior. In a group this is difficult because the members involuntarily incite each other to 'acting in' responses often difficult to interpret.

**The Interpretation of Projective Identification in Group Psychotherapy.** Ernest G. Masler. Pp. 441-447.

In group psychotherapy, the therapist has an opportunity to observe members reacting to each other and to detect inappropriate responses without personal involvement. Group members involved with each other in a noncritical way become sensitized to such responses also. Patients are seen to displace onto the group as a whole and onto individuals, feelings originating in their family experience. Frequently projective identification also occurs, i.e., a member perceives the group as a whole, or individual members, as having one or more of his own characteristics and reacts to them as if this were so. This is particularly true when the group becomes a superego to the individual, in which case the punitive aspects can be interpreted and modified.

GERALDINE PEDERSON-KRAG

**Psychiatry.** XXXII, 1969.

**The Insanity of Place.** Erving Goffman. Pp. 357-388.

Goffman has written an interesting, if discursive, account of some of the epiphenomena of mental illness as observed in family and community. This paper serves to further define, in useful terms for this reader, some of the extratherapeutic interactions of which most therapists are cognizant, but which are usually insufficiently integrated into a coherent case formulation. The 'is mental illness an illness?' question is noncontributory to the central theme.

**Emotional Problems in Pregnancy.** Naomi K. Wenner, et al. Pp. 389-410.

This report describes a study of the impact of pregnancy on fifty-two women and their husbands, and relates the experience to certain attitudes and relationships, both current and past, of the subjects. Although there appears to



be insufficient attention to the importance of pregnancy as the culmination of interacting determinants during the months and years immediately preceding conception, and although some of the statements about personality traits are unsubstantiated, the report is well worth careful reading.

JOHN HITCHCOCK

**Psychoanalytic Review. LVI, 1969.**

**Pathological Vindictiveness and the Vindictive Character.** Marvin Daniels. Pp. 169-196.

This is a profound and well-written study of a character type previously discussed by Horney. In pathological vindictiveness one is willing to sacrifice everything to attain revenge. The differences between sadism and vindictiveness, and the differences between the identifying child who becomes authoritarian and the lost child who becomes vindictive are discussed. Daniels emphasizes the passion for justice and the feeling of having been cheated. Horney had emphasized injured pride. This is mentioned without including mastery of the threat of loss of continence in the formation of pride. *Paradise Lost*, *Moby Dick*, and *The Scarlet Letter* are cited as examples from literature in which there is a vindictive hero. Technical problems, including countertransference in the analysis of the vindictive character, are delineated.

**Psychoanalytic Speculations about Play: Tennis—The Duel.** Roy M. Whitman. Pp. 197-214.

Tennis is compared to golf and contrasted with body contact sports. It is a game evolved in England by the upper classes which lends itself to both sexes over a wide age range. It has a clearly defined etiquette around the major function of the game, the aggression-guilt axis. The author applies Peller's four developmental phases and Erikson's eight stages to the game in detail. There is an interesting discussion disagreeing with Anna Freud's statement that work is the goal of development. The author contends, and it seems rightly so, that there is such a thing as mature play. It is different from work and the two can develop together.

**Towards an 'Uncertainty Principle' for Psychology.** Michael L. Glenn. Pp. 215-224.

The author borrows Heisenberg's term pertaining to the fact that the observer influences what is observed. He argues against Freud's determinism although he could have quoted Freud's doubts about determinism and his statement that if an observer is added to analysis it is no longer analysis. Instead he quotes K. Lewin, Buber, and Finch that our knowledge of man is probable, not certain or determined. Freud might have been able to agree with this in his remarks about the artist. Despite the author's views, determinism is still clinically useful even though it seems to resemble 'medieval theology'.

**On Elephantasy and Elephanticide.** Roger D. Abrahams and Alan Dundes. Pp. 225-241.

Successful jokes provide an acceptable way of relieving tensions that build up from forbidden sexual and aggressive drives. Jokes are passed by word of mouth (with phenomenal speed) in cycles. The author explains the current cycle of elephant jokes as dealing with the anxiety aroused by the increase in size and power of the Negro, combined with a wish to belittle and destroy him by those who feel threatened. This dual trend is reflected in the two different types of elephant jokes.

**The Œdipal Experience and the Development of the Self.** Arno Gruen. Pp. 265-270.

This well-written paper is a summary of a great deal of experience and deserves a better title because of its implications about psychoanalytic training. If an analysis is conducted by an analyst who avoids his own sense of impotence, it may be that preœdipal problems such as a feeling of emptiness are overlooked or explained with œdipal interpretations. If this happens, the patient does not go through a complete educative experience. The patient's unresolved experiences of impotence and rage lead to a re-enforcing of ambition, competition, and aggrandizement without humanization and love.

**Historical Materialism, Cultural Determinism and the Origin of Ruling Classes.** G. William Domhoff. Pp. 271-287.

Before discussing the origins of ruling classes, the author contrasts Róheim's theory of the importance of childhood experience in culture formation with the more Marxian views of Erich Fromm and his 'social character'. The contrast is psychological determinism by various traumata versus environmental determinism. Domhoff would place greater emphasis on the former but not to the exclusion of the latter. He points out that Róheim never meant his theories to be applied as generalizations to large groups of people. Norman O. Brown stated that repression and the return of the repressed are the dialectic of history. Separation anxiety leads to repression and later to dissatisfaction and guilt. Western civilization developed out of guilty people offering their produce as gifts to the nonworking shaman. The shamans formed a ruling class with a group of professional assistants. Out of this grew the city which eventually led to the industrial revolution. The gifts to the shamans evolved into money. The ruling class has now become those who control the money. The abstractor believes this is a simplistic view.

**Learning Disability and Its Relationship to Normal Phantasy Formation.** Vivian Jarvis. Pp. 288-298.

The dread of knowledge found in learning disability is based on the need to repress a specific fantasy. It helps to free energy for learning if this fantasy is analyzed. The author cites material from three groups of children: those who

are adopted at birth and are told about this at a preœdipal time; girls in puberty who are in a symbiotic relationship with the mother; and a group of black children who use stupidity as a mask for counteraggression.

**Patients from an Emotionally Deprived Environment.** Herbert J. Freudenberg and Annette Overby. Pp. 299-312.

After reviewing familiar findings on the importance to the infant of sustained close contact with the mother, the authors describe several cases of anaclitic depression. Institutionally reared young children with separation symptoms observed at Hampstead Nurseries later developed severe character disorders. A peripheral adult or peer figure may rescue the child from deprivation by the mother. Lower class families are more apt to produce those who avoid intimacy, externalize blame, or act out. Winnicott has described the patient who complains of a feeling of hollowness and something missing inside. This emptiness turns out to be an encapsulated deprived child. The patient is not psychotic, shows an extraordinary lack of inhibition, and keeps going from person to person, from one analyst to the next, feeling empty, abandoned, and devalued. No label is suggested. Since the authors stress the homelessness of these people, it may be that this will become the useful adjective.

**Psychoanalytic or Experiential Group Psychotherapy: A False Dichotomy.** Ruth C. Cohn. Pp. 333-345.

The author begins with the simple dilemma of a young group therapist who has one supervisor encourage him to express his own feelings to group patients while another supervisor cautions him to think it over first. Two hypothetical case examples are set up that use the same group of patients. In the first example, the therapist is 'analytically oriented' and is said to be objective (which he is not) with the goal of insight. The other therapist is 'experientially oriented' and is said to be subjective with the goal of awareness of feelings by an 'authentic encounter'. (What is authentic?) The author concludes that there isn't much difference after all, as suggested by the title of the paper. Her beliefs about how therapy works seem idealized and generalized, and she emphasizes the here and now.

**Psychotherapy of a Male Homosexual.** Leon Wallace. Pp. 346-364.

This well-written article is clinically useful. The connection between clinical material and theoretical formulation is cogent. How the patient worked out his own way to insight is clearly described. One line seems excellent: 'Once a person is able to love he need never feel desperately alone again'. 'Fairies' are aptly named because of the grandiose fantasies they have during their homosexual experience in an effort to solve the threat of loss of contact with reality. The confusion in sexual identity is based on a larger ego identity problem, but with perversion rather than psychosis as the clinical picture.

**Touch and the Psychoanalytic Tradition.** Elizabeth E. Mintz. Pp. 365-376.

After giving a brief historical account of magical healing involving touch, the author quotes Karl Menninger to the effect that physical contact with the patient constitutes evidence of the incompetence or criminal ruthlessness of the analyst. A few examples of what the author considers acceptable touching are given. Contact should be forbidden if it is primarily to gratify or infantilize the patient, thus fostering dependence. Any touching that is done, and avoidance of touching too, should be discussed. Touch the patient only when it conveys genuine feeling. Inappropriate touching is that which suggests either foreplay or full sexual satisfaction. This is in response to J. L. McCartney's article, *Overt Transference*, published in the *Journal of Sex Research*. The reviewer would add that this article was used as the basis for a lurid article in *Medical Economics*, July 8, 1968, in which McCartney was referred to as a psychoanalyst. For the administrative results of his article, see McCartney's open letter in the *Journal of the American Psychoanalytic Association*, October 1969.

**Psychotherapy with Children of Psychotherapists.** Herbert S. Strean. Pp. 377-386.

Children of parents who are therapists have been overprotected and never allowed to release their aggression onto the parents. In therapy the child, as a rule, is able to do this without guilt. He leaves therapy on his own decision, without thanking the therapist, and can then criticize his parents who did not join him in the therapy. The therapy is successful because the therapist becomes the bad parent and the child can give up his guilty depressed feelings and his self-punitive poor academic work.

**A Psychotherapeutic Corroboration of the Meaning of the Smiling Response.** Ned N. Marcus. Pp. 387-401.

The author pays tribute to Spitz for emphasizing the role of the eyes in psychic development. The smile is seen by the infant not only at the mouth, but also in the eyes. Two case examples are given having to do with patients who regressed in their behavior and, with the smiling encouragement of the therapist, told about very early oral-visual developmental experiences. Without the smile of the therapist, the patients told of feelings of intense deprivation. Compulsive smiling, blinking, and wearing of sunglasses are discussed.

**Comments on Psychoanalytic Biography with Special Reference to Freud's Interest in Woodrow Wilson.** Joshua A. Hoffs. Pp. 402-414.

Hoffs attempts to soften some of the criticism of what is still a bad book, pointing out that it is a book by Bullitt on Wilson with a claim of co-authorship with Freud. He justifies psychoanalytic biography, but includes in his list two books which have also had negative criticism: one by Bernard Meyer and one by Meyer Zeligs.

**John Ruskin: Radical and Psychotic Genius.** Robert J. Joseph. Pp. 425-441.

Ruskin's influence on art, architecture, and social reform was very great. His concern with justice and human rights is surprisingly modern. The author describes Ruskin's symptoms in the last ten years of his life when he was psychotic. It is suggested that Ruskin's fascination with, and fear of, light spots on a dark background might account for his attacks on Whistler, the painter. Ruskin admitted his mental illness and attributed it to the deprivations of his childhood. He had unusual and difficult relationships with women and young girls. The author's attempt to apply a psychiatric diagnosis to Ruskin seems awkward and far-fetched. He acknowledges that creativity such as Ruskin's is beyond the scope of his paper.

**'I Am Misanthropos'—A Psychoanalytic Reading of Shakespeare's 'Timon of Athens'.** Stephen A. Reid. Pp. 442-452.

The author applies the theory and the language of Melanie Klein to the play. Timon's beneficence and his misanthropy are rooted in the paranoid-schizoid position; in this position the sometimes gratifying and good, sometimes frustrating and bad breasts are incorporated. The child is consequently possessed by both protective and persecutory objects, and begins to experience depression. He tends to deny this in a manic defense which in effect denies the destruction of the bad breast. The author runs the same risk of simplistic absurdity as Melanie Klein in reducing the play to the infant's supposed preoccupation with breast introjects.

**The Antiachiever: Dynamics and Treatment of a Special Clinical Problem.** Frank Wexler. Pp. 461-467.

In contrast to the underachiever, the antiachiever is not unhappy with failing grades; he rejects and opposes academic goals or 'whatever you've got'. The antiachiever has been criticized and humiliated, and feels he is treated as a slave. He chooses friends with a similar view. A therapist needs to provide a corrective emotional experience by actively finding a common interest that is comfortable for the patient to discuss.

**Sexual Symbolism and Archeology.** Ira E. Robinson and Francis J. Clune, Jr. Pp. 468-480.

Despite Freud's warning against too exact an equation of symbols with what they are supposed to represent, the authors repeatedly equate snake with penis in a simplistic fashion. The paper does give, however, an interesting description of Aztec, Mayan, and Toltec courtyard ball games.

STEWART R. SMITH

## Meetings of the New York Psychoanalytic Society

Lester Schwartz & David Milrod

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## NOTES

### MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

September 30, 1969. SUPEREGO ANALYSIS. Charles Brenner's Section of the Ernst Kris Study Group.

In an attempt to identify superego manifestations in analytic material, feelings of guilt and shame, moral pride, ideas of punishment (both external and internalized), penance, forgiveness, depression, feelings of inferiority, inhibitions, negative therapeutic reactions, and ideas about values and ideals were included. Superego functions were designated as direction-giving, enforcing, self-critical, and rewarding. Questions were also raised about levels of identification in relation to superego formation, factors in male and female superego development, and the role of masochism in superego formation. Much of the group's discussion, however, focused on technical questions regarding the processes involved in resolution of superego conflicts. The consensus was that superego analysis was an aspect of character analysis and that classical interpretation of resistances, defenses, and unconscious fantasy was of paramount importance. There was controversy about the significance of patients' identifications with the analyst's values in resolving superego conflicts. Cases were presented that provided material about conscious and unconscious guilt reactions as well as deficient guilt reactions.

In superego analysis, and in analysis in general, the analyst's conveying of values (intentionally or not) becomes a major issue. From the analyst's values, the analysand may discern what is to be selected for comment and interpretation. The group differed about the issue of the analytic ideal of not imparting moral values.

DISCUSSION: Dr. Robert Bak discussed the question of the analyst's values. While standard technique stresses not imparting values, he felt this must be modified in dealing with patients with gross superego deficiency. One implicit value, however, is reflected in our ideal of free association, which conveys the analyst's not being judgmental toward any of the patient's mental productions.

Dr. Phyllis Greenacre commented that it was difficult to evaluate and predict changes in the superego. She mentioned other factors that might have been considered by the study group: 1, aberrant sexual identification leading to complexities in the castration complex and thus in the superego; 2, immutability of the superego due to its defensive exhibitionistic use and strong narcissistic investment; 3, gratification through erotization of the superego and its availability for sadomasochistic satisfaction; 4, defensive use for fantasized castration. Working with superego problems is particularly difficult as even cruelly demanding superego activities are usually ego-syntonic.

Dr. Martin Stein spoke of variations that may affect the functioning and integration of ego and superego, as manifested in the patient's tendency to find moral dicta in the analyst's interpretations. He regards the use of the terms 'superego analysis' and 'superego conflict' as inaccurate and misleading.



Dr. Samuel Atkin felt that analysts tend to undervalue their unstated moral values and that the idea of the ultra-rational analyst is a utopian fantasy. Dr. Rudolph Loewenstein discussed the difference between moral values and therapeutic values; he felt that in every analysis superego demands should become subordinated to the reality testing of the ego.

In conclusion, Dr. Brenner emphasized that the group had attempted to investigate the usefulness of concentrating on one aspect of the analytic process without neglecting other aspects. In communication of values, he considers our roles as not so much to be 'real persons' as to be 'real analysts'.

LESTER SCHWARTZ

October 14, 1969. THE PLEASURE PRINCIPLE, THE CONSTANCY PRINCIPLE, AND THE PRIMARY AUTONOMOUS EGO. William Needles, M.D.

Empirical observations contradict the constancy principle, which holds that the psychic apparatus seeks to avoid excitation or keep it at a minimum. The pleasure principle refers to a tendency on the part of the psychic apparatus to operate in a way to achieve pleasure and avoid its opposite; the constancy principle refers to economics and deals with quantities of excitation. Freud believed there was a correlation between the two principles, unpleasure coinciding with a rise in quantity of excitation, and vice versa. The phenomenon of forepleasure, where there is both an increase in excitation and in pleasure, posed a problem for Freud but he held to this principle. Needles believes there are many situations in life in which an individual strives for stimulation without discharge. The exquisite pleasure in orgasm is due to sensory stimulation of the urethral mucosa by ejaculation, and is contrary to the constancy principle. Needles cited Schneirla's research which demonstrated that in all organisms, at an early ontogenetic stage of development, low intensity stimulations evoke approach reactions and high intensity evokes withdrawal.

The author believes that the constancy principle pertains to the id and not to the psychic apparatus as a whole; the ego has been excluded from consideration. But the ego plays a role and other stimuli (visual, tactile) produce pleasurable excitation. Dr. Needles emphasized the presence of ego activities in perception, memory, and the capacity to produce an image. The id can produce pleasure only by discharge; in the ego pleasure may come from certain excitations. An addendum to the constancy principle could be that the psychic apparatus tends to re-create a situation of pleasure that is equated with certain modes of excitation.

DISCUSSION: Dr. Victor Rosen questioned the interchangeable use of the terms 'stimulation' and 'excitation'. Stimulation without excitation is possible, as is excitation without stimulation. The ego may seek stimulation rather than excitation; the experience of pleasure may be associated with the discharge of excitation rather than sensory stimulation. Rosen believes that psychology and physiology were confused in this paper.

Dr. Milton Horowitz felt that the paper crossed over many levels of psychoanalytic discourse from clinical data to metapsychology and did not

clarify the differences. Dr. David Milrod believes that in focusing on neurophysiological stimulations and excitations, there is danger of overlooking the psychic apparatus. He briefly summarized different levels of maturation of the psychic apparatus showing that pleasure depended in the earliest undifferentiated stage on lowering of excitation levels (constancy principle).

DAVID MILROD

## MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

October 20, 1969. SECONDARY REVISION, SECONDARY ELABORATION AND EGO SYNTHESIS.  
Austin Silber, M.D.

Secondary revision in dreams is a complex function which serves the ego, superego, and other structures, and uses primary and secondary processes. *Secondary revision proper* employs defenses within the ego to obscure from the dreamer the meaning of his dream. It is autonomous and relatively stable, affected only by drives and external stimulation. Embedded within it is the synthetic function, which is unique to the secondary process and independent of the demands of instinctual drives and of reality. Silber suggests that *secondary elaboration* be reserved for functions that pertain to the dream and to the maintenance of its disguise. It is less autonomous than 'secondary revision'. It is affected more by 'experience', such as the analytic situation.

The manner of operation of *secondary elaboration* and its synthetic function drastically affect the efficacy of treatment because the synthetic functions embodied in it are bound up with the oscillations in the state of the relationship with the analyst, and with the intensity of the resistance encountered in the treatment. The synthetic function which forms part of *secondary elaboration* can probably be altered by 'experience' and can be put to a defensive use by the patient. It would be an interesting observation. Integration of interpretations and acquisition of insight may thus be affected by the state of the patient's relationship with the analyst as much as by the cogency of his remarks. Intense resistance manifested during recitation of a dream brought about changes in function that permitted observation of the process. The energy of synthetic function in *secondary elaboration* (or its correlate during analytic work) perhaps continually varies according to the relationship with the therapist and the intensity of resistance.

DISCUSSION: Dr. Mark Kanzer suggested that secondary revision or elaboration of the remembered dream is brought about by waking thought, usually dominated by the secondary process. So is the censorship.

HERBERT J. URBACH

November 17, 1969. MANIFEST AGGRESSION AND MENTAL STRUCTURE. Theodore Lipin, M.D.

Dr. Lipin began with aggression as a basic biologic attribute of living organisms. It profoundly affects the process of analysis. It is difficult to 'detect, delineate

and dissect' aggressive actions that are channeled into the confines of the person's own mind and body. Psychological patterns of aggressive and libidinal activity are of two kinds. In one type, displacement, condensation, and regression of the energy charge readily occur. These activity patterns with readily transferable energy seek out and use the pleasurable aspects of a situation and avoid the unpleasurable. In the other type of activity pattern, energy is fixed and resistant to transfer. These different activity patterns are typical of certain phases of organization. In the repetition compulsion, energy charges are relatively non-interchangeable and unmodifiable. When they are energized they acquire a quality of compelling impulsion that is unaffected by considerations of pleasure and unpleasure.

Freud's discovery of the repetition compulsion was the first clinically detectable indication of instinctual drive representatives that are highly resistant to the transfer of the energy by displacement, condensation, or regression. Drive representatives of this class bind their energy strongly and consequently have the necessary stability to produce accurate and detailed reproductions of the traumatizing experience. The aggression inherent in the repetition compulsion 'may be a facet of a biologically innate, reparative process of almost the same intensity as the growth process'.

In some analysands we can observe defects of mental structure that result from the transfer-resistant patterns of aggressive activity isolated from the integrated part of the mind, thus causing excessive quantities of the freely mobile form of aggression to be discharged. They also cause such defects in mental structure as 'excessive looseness of thinking, weakness of memory retention, and frailty of percepts'. Initially such analysands are generally unaware that 'their mind produces such vast and virulent aggression and sets it loose within'. As analytic work progresses they begin to appreciate the extent and the nature of the impairment and then to curb, to a small extent, these aggressive wishes, impulses, and fantasies. As this happens in the analytic working through the 'transfer resistant patterns are reintegrated and succeed in constructing a less deficient and defective mental structure'. Also the innately generated aggression 'tends to materialize in a bound form that coordinates and protects the newly formed healthier structure'.

EUGENE HALPERT

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The Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held at the Shoreham Hotel, Washington, D. C., April 29 to May 3, 1971.

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THE WORLD CONGRESS OF PSYCHIATRY, organized by the World Psychiatric Association, will be held in Mexico City from November 28 to December 4, 1971. For further information write: Dr. Juan Luis Alvarez Gayou J., Insurgentes Sur 1748-503, Mexico 20, D. F.

The American Division of the INTERNATIONAL ASSOCIATION OF SOCIAL PSYCHIATRY will hold its first Congress in Chicago, from May 7-9, 1971. For further information write: Jules H. Masserman, M.D., Northwestern University, 305 East Chicago Avenue, Chicago, Ill. 60611.

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An international conference on schizophrenia was held in Leningrad, U.S.S.R. in September 1970. Participants from the United States were Drs. Samuel Beck, Eugene Brody, John Romano, David Rosenthal, and David Shakow.

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ERRATUM: Henri F. Ellenberger, M.D., Faculté des Sciences Sociales, Université de Montréal, has written us regarding errors that appeared on page 273, n. and page 291 in the article, *Anna O—A Study of Her Later Life*, by Ellen M. Jensen, This QUARTERLY, XXXIX, 1970. He writes: 'I have been surprised to read in the article [on Anna O] that I denied, or was not convinced of, the identity of Anna O. and Bertha Pappenheim. Quite on the contrary: as I wrote to Mrs. Jensen in a letter of May 25, 1966, I checked in the "Heimat-Rolle" in Vienna the date of Sigmund Pappenheim's death and found it identical with the death of Anna O.'s father, as mentioned by Breuer. Furthermore, the identity of Anna O. and Bertha Pappenheim was confirmed to me by members of both the Breuer and the Pappenheim families. What I question is not the identity of Anna O., but the details and chronology in Jones' account of her illness: the reasons are explained in my book, "The Discovery of the Unconscious" (N. Y. Basic Books, 1970) pp. 480-484.'