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EGO STRUCTURE IN LATENCY

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A key to the understanding of adult character, creativity, and neurosis is concomitant to the understanding of the latency period (2, 16). In spite of this, the concept of latency is not well understood, and confusion surrounds the use of the word. There are a number of definitions of 'latency' but the word is rarely used with identifying qualifications. The most common definitions of *latency* in current usage are:

1. The time period from six to twelve years of age. Here age is taken as the sole criterion.

2. A psychic phase whose time of onset and content are physiologically determined. Clinically this phase is characterized by a well-behaved, pliable, and educable child. A change in the defensive organization of the ego is not implicated; rather modifications in the behavior of the child are attributed to a change in the drives at a preordained time—a biological lessening of drive activities.

3. A period of static defenses during which a reorganization of the ego defenses results in a stable condition in which the child becomes well-behaved, pliable, and educable. Hereditary, historical, and phylogenetic factors are implicated.

4. A period of dynamic defenses when the child experiences a complex reorganization of the defensive structure of the ego. The state of good behavior, pliability, and educability is maintained only as a result of an equilibrium between defenses and drives. This state is possible because of the evolution and ontogenesis of mechanisms of defense that can produce it. However, it is not obligatory and is facultatively present at the discretion of the culture in which the individual lives.

The purpose of this paper is to explore the historical

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origin of these views in Freud's writings. Clinical material will then be presented to support the theory that latency is a dynamic phenomenon syncretic with the establishment of a particular style of ego functioning. Elaboration of the role of the symbolizing function of the ego in latency will serve to expand Freud's concept that in latency 'a closer connection arises . . . between . . . instinct and fantasy' (9, p. 222).

HISTORICAL REVIEW

In 1908, in *Character and Anal Erotism* (7), Freud fixed the timing of latency to that period of life with which we now associate it: 'the period of "sexual latency"—i.e., from the completion of the fifth year to the first manifestation of puberty (round about the eleventh year) . . .' (p. 171). The concept of latency as the product of a 'biological lessening of drive activities' is mentioned directly by Freud only once. In his 1926 paper, *The Question of Lay Analysis* (18), he says: 'During [the period of latency] sexuality normally advances no further; on the contrary, the sexual urges diminish in strength . . .' (p. 210). The drive diminution theory emphasizes the role of biology, heredity, and the id while lessening the role of the ego. Thus latency becomes a preordained and physiologically determined obligatory stage in human development. The great influence of the drive diminution theory probably relates to the fact that it was really Freud's final statement on the subject. Though his last thoughts on latency were published in 1939 (19) and 1940 (20), there was little in these works that could be used to support a contradiction of the drive diminution theory. The concept of latency as an organization of ego defenses, both static and dynamic, was explored in depth by Freud before 1926.

The forerunner of an idea of a mechanism of defense in latency is to be found in a letter to Fliess dated May 30, 1896 (21). Freud mentions two periods, 'A and B [as] the transitional periods during which repression usually takes place' (p. 163). ' . . . Morality and aversion to sexuality . . . in

A and B, provide the motives of defence for obsessional neurosis and hysteria . . . ' (p. 165).

In *Three Essays on the Theory of Sexuality* (6) the concept of defense in latency is presented. 'It is during this period of total or only partial latency that are built up the mental forces which are later to impede the course of the sexual instinct . . . ' (p. 177). What are these mental forces? Freud points toward suppression as the mechanism responsible for latency. '[The] germs of sexual impulses are already present in the new-born child and . . . these continue to develop for a time, but are then overtaken by a progressive process of suppression. . . . Nothing is known for certain concerning the regularity and periodicity of this oscillating course of development' (p. 176).

What is the origin of this 'oscillating course of development'? Freud tells us that the ego structure in latency develops from phylogenetic and physiological-hereditary bases. ' . . . [The] period of total or only partial latency . . . is organically determined and fixed by heredity . . . ' (p. 177). The strength of the drives is seen as sustained: ' . . . the activity of those impulses [infantile sexual impulses] does not cease even during this period of latency, though their energy is diverted, wholly or in great part, from their sexual use and directed to other ends [i.e., sublimation and reaction-formation]' (p. 178). 'From time to time a fragmentary manifestation of sexuality which has evaded sublimation may break through; or some sexual activity may persist through the whole duration of the latency period until the sexual instinct emerges with greater intensity at puberty' (p. 179). One of the factors that can effect this breakthrough is seduction: ' . . . external influences of seduction are capable of provoking interruptions of the latency period or even its cessation, and in this connection the sexual instinct of children proves in fact to be polymorphously perverse . . . ' (p. 234). Clearly, at this point (1905) latency was seen as a situation in which the strength of the defenses dammed up the

drives. At any time, the defenses might be shattered and the ever-present undiminished impact of the drives revealed. Here we find the beginning of the concept of latency as dynamic defense.

Latency as dynamic defense is furthered by Freud in *Character and Anal Erotism* (7). 'During the period of life which may be called the period of "sexual latency" . . . reaction-formations, or counter-forces, such as shame, disgust and morality are created in the mind. They are actually formed at the expense of the excitations proceeding from the erogenic zones . . . ' (p. 171). The question of whether latency produces defenses or whether defenses produce latency is not clearly delineated at this point. A relationship to defense is seen as of primary importance and the drives are seen as transmuted qualitatively but not changed quantitatively.

In 1911, in *Formulations on the Two Principles of Mental Functioning* (9), Freud introduced fantasy formation as an adaptive regressive defense related to latency. ' . . . The long period of latency, which delays sexual development until puberty . . . , [results in a situation in which] . . . the sexual instinct . . . remains far longer under the dominance of the pleasure principle. . . . In consequence of these conditions, a closer connection arises . . . between the sexual instinct and fantasy . . . ' (p. 222). Satisfaction in reality is withheld from the drives. Fantasies develop for the alternative discharge of the drives. A predominance of the fantasy-forming function of the ego in the presence of immature reality testing is one of the key elements in the ego structure in latency.

In 1915, in *Introductory Lectures on Psychoanalysis* (10), Freud said: 'From about the sixth to the eighth year of life onwards, we can observe a halt and retrogression in sexual development, which, in cases where it is most propitious culturally, deserves to be called a period of latency. The latency period may also be absent: it need not bring with it any interruption of sexual activity and sexual interests along the whole line' (p. 326). Here we find the implication that latency is a cultural matter.

In 1921, in *Group Psychology and the Analysis of the Ego* (11), defenses are described as factors producing latency. Freud states, '... the Oedipus complex, succumbs ... from the beginning of the period of latency onwards to a wave of repression' (p. 138).

In 1922, in *Two Encyclopaedia Articles* (12), Freud referred to the role of latency in the transmission of ethics. 'Towards the end of the fifth year [the] early period of sexual life normally comes to an end. It is succeeded by a period of more or less complete *latency*, during which ethical restraints are built up, to act as defences against the desires of the Oedipus complex' (p. 246).

By 1922, development of the concept of latency had reached the point at which a purely psychological theory of latency as a manifestation of ego function might have been formulated. However, in 1923 Freud's writings on latency again began to turn toward hereditary, biological, and physiological factors, first mentioned in *Three Essays on the Theory of Sexuality* (6). In *The Ego and the Id* (13) he speaks of the biological and historical factors in the child's lengthy dependence and '... of his Oedipus complex, the repression of which we have shown to be connected with the interruption of libidinal development by the latency period and so with the diphasic onset of man's sexual life' (p. 35).

In *A Short Account of Psycho-Analysis* (15), Freud again describes latency in terms of defense. He says, '... sexual life reaches a first climax in the third to fifth years of life, and then, after a period of inhibition, sets in again at puberty' (p. 208).

At this point (1923) Freud's concept of latency contained two divergent points of view which might be considered contradictory. One was the sociological-psychological theory in which the defenses of the ego respond to psychological needs under the pressure of social demands; the other, the theory that latency is produced by a phylogenetic historical-physiological hereditary complex. In the latter, latency is a state in which defenses are brought to bear on the drives as part of

a developmental step whose timing is determined by heredity. In 1924 Freud's works contained both points of view.

In *The Dissolution of the Œdipus Complex* (14) published in 1924, he indicates that the passing of the Œdipus complex and the onset of latency are defensive responses to fear of castration. There is a clear statement of the role of defenses (sublimation) in the onset of latency. 'The libidinal trends belonging to the Oedipus complex are in part desexualized and sublimated. . . . The whole process has, on the one hand, preserved the genital organ . . . and on the other, has paralyzed it—has removed its function. This process ushers in the latency period, which now interrupts the child's sexual development' (p. 177). Elsewhere in the paper he describes the passing of the Œdipus complex with the appearance of latency as the 'next pre-ordained phase of development' (p. 174). In one paper, latency as a preordained phase is juxtaposed to latency as a phase which is ushered in by the ego mechanisms of desexualization and sublimation of libidinal trends. The latter point of view seems irreconcilable with the first view. Freud, of course, recognized the dichotomy and stated that 'the justice of both these views cannot be disputed' (p. 174).

In 1924, in *An Autobiographical Study* (16), Freud resolved this problem. Repression initiates latency. Reaction-formations are produced during latency. The ego that produces latency is, in turn, a product of phylogenesis. Freud states: 'For the most remarkable feature of the sexual life of man is its *diphasic* onset, its onset in two waves, with an interval between them. It reaches a first climax in the fourth or fifth year of a child's life. But thereafter this early efflorescence of sexuality passes off; the sexual impulses which have shown such liveliness are overcome by repression, and a *period of latency* follows, which lasts until puberty and during which the *reaction-formations* of morality, shame, and disgust are built up' (p. 37). In a footnote added in 1935, he said: 'The period of latency is a physiological phenome-

non. It can, however, only give rise to a complete interruption of sexual life in cultural organizations which have made the suppression of infantile sexuality a part of their system' (p. 37, n.).

At some time in the phylogenesis of man, mutation and selection provided the ego function that would permit and support latency as we know it. This much is the hereditary and physiological *sine qua non* of latency. In those individuals who live in a society that demands a latency period, and whose parents conform to the society's demands, these ego functions produce latency.

Latency, characterized as preordained, stable, and based on ego functions can be seen as having roots within the references in Freud's writings to the phylogenetic historical-physiological hereditary complex. Latency, characterized by social determinants that trigger structures of the ego to produce predictable patterns of behavior but which may not be fixed throughout the entire period, can be seen as having roots within the resolution of Freud's views on latency as reflected in *An Autobiographical Study* (16).

In 1926, in *Inhibitions, Symptoms and Anxiety* (17), Freud gave an even more detailed picture of his concept of the ego functions related to the production of latency in man. The concept of retrogression mentioned in *Introductory Lectures on Psychoanalysis* (10) is elaborated into the concept that regression is active in the establishment of latency. He says: 'The genital organization of the libido turns out to be feeble and insufficiently resistant, so that when the ego begins its defensive efforts, the first thing that it succeeds in doing is to throw back the genital organization (of the phallic phase), in whole or in part, to the earlier sadistic-anal level. This fact of regression is decisive for all that follows' (17, p. 113). Here regression is described as one of the defenses. 'We can most clearly recognize that the motive force of defence is the castration complex and that what is being fended off are the trends of the Oedipus complex. We

are at present dealing with the beginning of the latency period . . . ' (p. 114).

RECENT CONCEPTS OF LATENCY

The theory of the primary diminution of drive activity in latency is mentioned by Anna Freud in *Normality and Pathology in Childhood: Assessments of Development* (4). She speaks of ' . . . the post œdipal lessening of drive urgency and the transference of the libido from the parental figures . . . ' (p. 66). Later she states: ' . . . Extreme castration fear, death fears and wishes, together with the defenses against them, which dominate the scene at the height of the phallic-œdipal phase, and which create the well known inhibitions, masculine overcompensations, passive and regressive modes of the period . . . disappear as if by magic as soon as the child takes the first steps into the latency period . . . as an immediate reaction to the *biologically determined lessening of drive activity*' (p. 163). 'The drop in pressure from the drives at this time corresponds to the high level of social response during latency' (p. 179). In a panel discussion on latency at a meeting of the American Psychoanalytic Association in 1956 (22), Maurice Friend speculated that 'there may be a biological diminution in the libidinal drive, in addition to repression, which then allows the aggressive energy to predominate' (p. 528). In a panel discussion on Child Analysis in 1951 (published in *The Psychoanalytic Study of the Child* [1]), Berta Bornstein divided latency into two phases (five-and-a-half to eight and eight to ten). One of the characteristics of the later period is that ' . . . sexual demands have become less exerting . . . ' (p. 281).

The theory that the origins of latency lie in the defenses that make up a part of the ego was also put forth in the panel discussion and in Mrs. Bornstein's paper. She described 'surging impulses' and said that 'temporary regression to pregenitality is adopted by the ego. . . . the child [has] to evolve new defenses against the pregenital impulses. Reaction forma-

tions [are one] . . .' (p. 280). These concepts relate to those delineated in *Inhibitions, Symptoms and Anxiety* (17). Throughout the recent literature mention is made of a sustained masturbatory temptation in latency which must be continuously defended against. One can well conclude that the existence of this temptation attests to the sustained strength of the drives during the onset of latency. Nor is a diminution in drive urgency reflected in any lessening of the defenses that are maintained to balance their force (i.e., reaction-formation). The theory of latency as defense is supported by clinical findings.

CLINICAL OBSERVATIONS

These observations are based upon psychoanalyses of latency children. Occasional reference will also be made to children seen in diagnostic situations and in psychotherapy.

CASE I

When a child moves from prelatency into latency during a psychoanalysis, one can observe a shift from acting out of pregenital, genital, and œdipal wishes with members of the immediate family, to a situation in which excited feelings with the family are felt only momentarily. These are dealt with through a complex of defenses resulting in the appearance of fantasies or fantasy-oriented actions which at one and the same time conceal and reveal the true attitudes and reactions of the child. These fantasies require little energy and free the rest of the child's energies for useful work.

A little girl was brought to analysis at age six because of failure to progress to reading readiness in the first grade, lack of spontaneity, regressed behavior, and uncontrolled masturbation. As an infant she was picked up continuously; she was weaned at twenty-eight months. She walked at twelve months and talked at sixteen months. She had been toilet trained at three after a stormy and scream-filled period of

pressure from her mother. Bladder training had been delayed until this age because of a constriction of the urethra which required sounding. Concurrent with a separation of several months from her parents, which took place after toilet training had been completed, there was regression in bladder control.

At the start of treatment the child would come into the playroom without her mother, but would soon want to return to her in the waiting room. After about three weeks she began to have episodes of encopresis on the way to and during the sessions. Because of these episodes it was necessary for the mother to clean her. Just preceding the onset of this activity, the mother had stopped washing and cleaning the child's perineum when she went to the bathroom. It can be assumed the resulting diminution in stimulation was a factor in a concomitant cessation of the child's open masturbation.

I repeatedly told the patient that she wished to remain a baby and not grow up. At times she herself said this spontaneously. I pointed out to her the role of the encopresis in helping her to stay a little baby who is taken care of by mother and that if she were successful, she wouldn't learn or get to be a mommy herself. The encopretic episodes soon gave way to periods during which she would insist upon straightening up my office. During this activity she talked about how the maid would scream if she could see how messy things were. With this change of behavior, she began to report fantasies and was able to begin the first steps in reading. She had entered latency. A return to perineal cleansing and stimulation by the father after toileting evoked a resurgence of oedipal feelings. When the mother remonstrated with the father, the child ordered the mother out of the room saying, 'Go away and leave us alone. I like it.' Thus the drives were available to the child in full strength in spite of the onset of latency.

This case illustrates the association between anal regression, reaction-formations, and the freeing of energy for use-

ful work that occurs with the onset of latency, as well as the sustained availability of drive strength during the latency time period.

CASE II

Perhaps the most telling clinical observation to contradict the theory that in latency 'sexual urges diminish in strength' (18, p. 210) is the fact that sexual intercourse is possible during latency. It occurs in children who have been seduced into genital sexual activity.

A nine-year-old girl, who lived in a foster home, was seen once a week in psychotherapy because of periods of excitement and forgetfulness whenever the family was preparing to visit the foster mother's aunt. At other times she was alert and calm and did average work in school. The child had little to say about the episodes of excitement and confusion. Matters were somewhat clarified when the child's social worker received a report from the foster mother that during a visit to the aunt, the child had as usual retired with her thirteen-year-old foster cousin to his room to play. When the foster mother found that she had to leave earlier than expected, she went to the room to get the girl and found the two children 'mating'. This behavior was prohibited on subsequent visits and the child's episodes of excitement and forgetfulness stopped.

The child explained to me that she had first been introduced to sexual intercourse by her brother when she was six and he was seven. At the time, they lived with their mother in a two-room apartment with curtains but no doors between the rooms. The children, peeking through the curtain, were able to observe the mother having intercourse with a series of men each day. Eventually they imitated what they saw. The brother had initially been placed in a cottage setting with other boys but frequent attempts to seduce these boys into anal intercourse led to his placement in a foster home at the age of eight. There were unsubstantiated reports from

his school that he was accepting money from older boys for his passive participation in anal intercourse.

In these children urgency of the sexual drive was not diminished. Hence the changes that occur in latency cannot be explained in terms of a diminution in drive energies, but rather through a shift in the way they are discharged. The drives in latency may be stirred into activity at any time by seduction or sympathetic stimulation. The regression that occurs in the face of œdipal stresses results in the replacement of phallic drives with anal-sadistic drives, which are then defended against by the appearance of the mechanisms of defense that typify the character of the latency child. These are sublimation (6, 14), reaction-formation (6, 12), fantasy (9), regression (10, 17), and repression (11, 12).

Latency defenses permit the child to direct his energies toward coöperative behavior and learning. What happens when a situation in real life threatens to bring the sadomasochistic drives out into the open? What happens when the life situations reawaken the phallic œdipal wishes? In some children, as in Case II, there is a deterioration of the latency defenses. Normally, there is a protective set of mechanisms within the ego structure that comes into action and preserves the latency. When a latency child has thoughts, excitements, and fantasies about a parent with whom he is directly involved, drives may be stimulated and threaten the stability of the latency adjustment. Examples of this situation may be seen in the case of a cruelly punishing father who provokes aggressive or murderous feelings in his son, or the case of a seductive parent who stimulates fear of retaliation from the parent of the same sex. The content of the stimulating situation is repressed quickly and replaced with substitute mental events, including highly detailed fantasies. These substitute mental events take such forms as fantasies of carefully planned robberies, fears of being attacked or kidnapped, romantic thoughts of marriage, and sexual relations that are abruptly interrupted by a punishing intruder. The needs of

the moment are satisfied through the medium of fantasy. The feelings toward the primary objects or their substitutes are safely displaced onto symbols.

CASE III

An eight-year-old boy was brought to analysis because he talked back to his parents, failed to learn at school, had a diminished attention span, fidgeted, stole, had few friends, was the butt of jokes and beatings by other boys, and was a clown in class. Further, his parents feared he would become a homosexual. When first seen he was unable to pay attention to any activity for longer than three minutes. Although he tried to be coöperative, he was repeatedly overwhelmed by his feelings and frequently teased and attempted to provoke the interviewer by threatening either verbally or by action to destroy objects in the room. This behavior continued to occur frequently during the analytic sessions. More commonly, however, he would engage in the playing out of his fantasies, and invariably the stories that he played out could be related to events of the day with which he could not deal directly.

When it was discovered that the patient had stolen or failed to do his homework, his father scolded and beat him. The boy reported feelings of intense humiliation and anger. He would run from the room swearing vengeance and in his own room his mind would be filled with fantasies of killing his father. After a few moments his mind would go blank. He could then return to his father and be friendly. This is not an uncommon reaction in children after beating. However, later he would dwell on fantasies of greatness and schemes for robbing. He worked out the street plan near my office and evolved a design for a bank robbery. One scheme involved the entry of men into a house in which a great deal of money was hidden in a safe. After the owner of the house was forced to open the safe, the gang prepared to kill him. They were stopped by the police, who fought

and killed the robbers. This was acted out with gusto, the patient playing all the parts. At one time, when punishments had raised his aggressive drives to new heights, he actually broke into the house of a neighbor and stole some coins. When the lights of the neighbor's car indicated that they were returning, the patient left the house, buried some of the coins, and then re-entered the house and hid, waiting to be captured and punished.

During one session, when he was describing a particularly strong interchange with his father, he 'ran out of things to say' and decided to make up a story. He went from the playroom into my office and announced that the desk was a castle. He told the story of poor peasants who were being mistreated by a king and who were arming themselves for revolt under their leader, Marshall (the patient's middle name). They stormed the castle and took the king captive. The multitude cried, 'Kill him, Marshall, kill the king'. Marshall went up to the king with sword drawn. He raised his arm to kill. At that moment, the patient turned to me and said, 'I'm thirsty. I'll be right back after I get a drink of water.' He returned but could remember nothing of the fantasy of killing the king. It had been subjected to repression. The symbol for the father in the context of killing had lost its mask and had acquired a valence for attracting affect. The story could not continue under these circumstances. It had failed in its function.

In reflecting on the relationship of punishment, feelings of humiliation, and the creation of these fantasies, the youngster once remarked, 'I get angry. I run away and think of killing them and say to myself, I hate them. I hate them. But then I forget it and before you know it, I'm making up these stories to take out my feelings.' When he was sixteen, he reflected on the story of the peasant killing the king in association to the following dream fragment.

I'm in this hotel. I walk into a room. There is a woman there undressing. She has large breasts like my sister. She smiles. Then her husband comes into the room. He asks what I'm

doing there. I say that I was pushed down the staircase and fell into the room. He looks like he's going to hit me. I don't know whether to fight or run.

His association to this dream was, 'I can't get even with my father any more by making up stories of killing the king. I've got to find another way to handle my problems.' Fantasies were ineffective as a discharge of his parricidal wishes.

Three separate clinical pathological states are encountered in relation to latency: 1, failure to enter latency; 2, regressive deterioration of the ego structure of latency; and 3, regression to prelatency behavior.

Failure to enter latency is illustrated in Case I. It resulted from a maturational defect in an ego function. The child lacked the capacity to form symbols which impaired her capacity to form fantasies. Thus hobbled, she could not vent the drives stirred up by parental seductions and remained in a state of constant excitation. There was no energy to devote to learning. Parental stimulation together with the ego defect destroyed her 'latency' in its beginnings.

Case III illustrates regressive deterioration of the ego structure of latency. All of the ego structure of latency, especially fantasy formation, was present and operable. Latency-age fantasy formation provides for drive discharge while preserving pliability, educability, and socially acceptable behavior. As long as this child could discharge aggression toward his father through fantasies without impairing the ability to learn, he appeared to be a 'normal latency child'. When his aggression reached large proportions, he became anxious and distractible. He ceased to daydream but instead acted out his fantasy of being a robber by entering the house of a neighbor and stealing. Petty pilfering in department stores is sometimes related to similar dynamics. When fantasies are constantly being acted out, neurotic delinquency as a pattern of maladjustment results.¹ Such behavior in latency pre-sages the possibility of delinquency in adolescence.

¹ See, Anna Freud (5).

If regressive deterioration of the ego structure of latency becomes chronic, the child becomes so involved in his fantasies that he has no energy for useful work. There is a regression to prelatency behavior. Parents often participate in the acting out of pregenital fantasies. In these situations latency disappears and the child experiences difficulty in peer relationships, impulse control, and learning.

It should be noted that the latency phase is characterized by an instability which is manifested by shifts between normal latency and the three states mentioned above. There is no intimation of serious pathology when one of these shifts occurs unless the shift becomes characteristic, chronic, and results in behavior that interferes with the progress and growth of the child. The potential stability of the state of latency in a child is defined in terms of the strength of the ego structures related to the production of latency.

When a conflict or feeling that occurs during the latency time period cannot be experienced consciously by a child because of strong fears and intense feelings, the conflict cannot be dealt with on a realistic level. The ideas are repressed and represented in consciousness in the form of distorted fantasy. The repression serves as a two-edged sword for the child. It holds his reactions in check so that there can develop a period of calm when learning can take place. On the other hand, as a result of repression, pregenital and œdipal conflicts are not resolved. In adult life, the presence of wishes and conflicts more appropriate to childhood will cause emotional difficulties.

Except in those situations in which the drives are too strongly stimulated and acting out of fantasy occurs, fantasies serve to reduce tension and to help the child resolve otherwise unresolvable conflicts. I propose to designate that configuration of defenses in the latency ego that provides the stabilizing discharge by way of fantasy, 'the structure of latency'. This new term is introduced for heuristic purposes

in the belief that naming it will delineate its form and draw attention to the phenomenon.

Freud first pointed out that in latency 'a closer connection arises . . . between . . . instinct and phantasy . . .' (9, p. 222). I have attempted to expand this concept. In latency more than in any other psychological period of development, fantasy is linked to the drives as a derivative and a sole outlet. In adolescence and beyond, fantasy detracts from the solution of emotional problems through relationship with the real world and object seeking. Only in the creative artist is it seen as acceptable in the form of sublimation. In latency, fantasy gives vent to the drives and permits the child to live in peace with the parental figures.

This can be illustrated by further material from Case I. The child as the result of analytic work had developed reaction-formations and some capacity to learn. She was confronted by a frustration which stirred murderous feelings toward her mother with accompanying oedipal feelings toward her father. A description of a fantasy in statu nascendi of this six-year-old girl follows.

A friend had spent the afternoon with her. In the evening the mother took the friend home. When the mother returned she found her child in a rage. She pulled at her hair, wrenched the cloth of her dress, and said, 'I want someone to sleep with at night'. She had wanted her friend to stay. Her mother explained to her that sleepover dates are for more grown-up girls in their teens, and added that grown up means being able to study, use books, read, and be promoted. She told the child that she would not be promoted if she did not work. The child became silent and prepared for bed. Before going to sleep she told her mother the first detailed fantasy that she had ever reported.

There was a little girl. She was naughty. Her mother told her she would punish her by not letting her go to school. She went to school to tell the teacher. The girl followed her. When they got home, the girl fired down the house. The mother

was killed. When the father came home he saw the house fired down and he asked the girl what happened. He didn't punish her because she told the truth. They moved to another house. A stepmother came, but she didn't stay long. Then the girl and the father moved away to a new house where they lived together.

In this fantasy we see the characteristic shift from the primary object to a substitute. The child is represented by a little girl. All the major people in the child's life are represented, and yet the child does not recognize herself. The anger at the frustrating mother in reality was stifled. It appeared in the content of a story told at bedtime. The real mother hears the story but the anger is not directed at her. Rather, she is to be entertained by her child's inventiveness. The consuming flames that 'fire down' the house and kill the mother in the story represent the anger transmuted into a symbolic story element.

Such fantasies are the normal products of the structure of latency that help the child deal with unbearable wishes in relation to the parental figures. In prelatency the wishes are expressed directly. In adolescence, substitute objects can be sought or the wishes can be obscured by regression. In latency, these wishes normally find expression in fantasies and their derivative, play.

A prime example of such a fantasy is the well-known 'plumber' fantasy of Little Hans (8), an attempt to resolve his oedipal conflict during latency. Hans had fear of castration. He produced the fantasy: *'The plumber came; and first he took away my behind with a pair of pincers, and then gave me another, and then the same with my widdler'* (p. 98). Hans's father interpreted to him that the replacement organs were bigger than those removed. Hans agreed. Freud commented, 'With [this] phantasy the anxiety which arose from his castration complex was also overcome, and his painful expectations were given a happier turn' (p. 100). Through the use of the structure of latency, Hans set aside

his conflicts and anxieties. His improvement may be explained on the basis that he was helped less through gaining insight than through a shift of his defenses from those that produce phobias to those that produce latency.

It must be kept in mind that a technical procedure in child analysis derives from the fact of the normality of these fantasies in latency. It would have been inadvisable to return the child described in Case I to the original situation of anger at the mother. In this child, insight was overly present and was a source of anxiety that sapped the capacity to function and to learn. It is important to encourage the development and maintenance of the latency ego in children on the borderline of latency. On the other hand, neurotic children who are well into latency can benefit from the interpretation of their fantasies. This is illustrated by the following clinical example.

CASE IV

A ten-year-old girl insisted on playing out a game in the session. She did her best to dislodge some clay that she had driven into a corner. She told of the difficulty in removing it and spoke of the great value it had because it had been in the 'cave' so long. When asked about constipation problems, she spoke of her parents' concern with her constipation and of long wrangles with her grandmother about drinking prune juice. She got more attention when she was constipated. But her symptom was a mixed blessing, for she paid for her pleasure in retention with gas pains, stomach aches, and painful bowel movements. She was able to question her behavior, understand her motivation, and gain relief from her constipation. For this neurotic child, the interpretation of her fantasy opened a mine of information which she had formerly withheld. In such children, the interpretation of fantasy results in an understanding of their relationship with their parents and the nature of their fantasies. On the other hand, in the borderline latency child, such interpreta-

tions leave the child defenseless with massive aggression stirred up as a means of dealing with the anxiety which the latency fantasy had formerly quelled.

The mechanisms and techniques of fantasy formation in latency are characteristic of the period. If we define the ego as the group of functions that regulate the relationship between id, superego, and the world of reality, we would have to say that the ego of the latency child is different from that of the adult in content, conformation, and the degree of intensity with which certain mechanisms of defense are used. This can best be illustrated by describing the mechanisms of defense in latency.

The child of five is struggling to cope with unresolvable conflicts over instinctual urges. He cannot fulfil his œdipal wishes for he cannot kill his father nor can he have intercourse with his mother. But his sexual urges in relation to his parents have an exciting quality. Of course they are not viewed by the child in the same light that similar feelings are viewed by a healthy adult. To the five year old the world of excitement and gratification is frightening and overwhelming. Like the explorer whose leap into the unknown jungle is edged with fright, the child views the step into genitality as a thing of wonder and of fear. Society provides neither gratification nor explanation of this unknown realm. The child's attempts to solve the riddle or to experience this new world are met with frustration, threats of castration, and fear of loss of love, and he responds by repressing his drives. When perceptual awareness is withdrawn from the area of œdipality and genitality, attention cathexis may be shifted to such real activities as athletics. There can also be regression to prior stages of development when earlier drives and conflicts, now safely negotiated, were experienced. The child may return to the sadomasochistic, smearing fantasies of the anal stage. This is a reason that parental aggression so stimulates these children: during latency they are more attuned to aggression than to œdipal sexuality even though genital sex-

uality is the underlying problem that is defended against by the regression to anality.

Since the child is older and has further developed his techniques for dealing with his anal drive energies, clinically he looks quite different from when he was first involved in these urges. He represses them and sublimates them. He develops obsessive-compulsive defenses, such as counting, obsessional thoughts, and the collecting of stamps, coins, and rocks. Reaction-formations are developed and strengthened so that we see an industrious child who is aware of reality. Clinically at this point the child is in latency. Should œdipal or sexual situations arise, or aggression-stimulating situations threaten to undermine the defenses against anal aggression, fantasy formation can be used to quiet the stirrings that would otherwise shatter the mental equilibrium of latency. At first, the situation is remembered with full force, then it is repressed. The remembered situation—for instance, unexpected nudity in the home, seduction by an adult, sustained and unjust punishment—is fragmented. Only parts of a situation are represented in any one latency fantasy. The fragments are displaced onto symbolic representations that are then elaborated and synthesized into a series of coherent conscious fantasies. These fantasies discharge the drives and protect the mental equilibrium of latency.

DISCUSSION

The primary mechanisms of defense which characterize the ego structure that institutes and maintains latency may be summarized. 1, In dealing with œdipality and genitality: regression, reality cathexis, repression; 2, in dealing with the regression to anal-sadistic drives: sublimation, obsessive-compulsive defenses (doing and undoing), reaction-formations, repression; 3, in dealing with breakthroughs of the anal, genital, and œdipal conflicts once latency has been established: repression, fragmentation, displacement, symbol formation, synthesis and secondary elaboration, fantasy formation. It is this third group that I designate the 'ego structure of latency'.

The development of latency is strongly influenced by the environment. There are primitive societies and subcultures in which latency is not encouraged and sexual activity is encouraged, as in Case II. Here there is no latency as we know it. Since there is no biological obligation to enter latency in human beings, a parent, through his or her behavior toward the child, may lead him to manifest some infantile drive. The most common example of this is the parent who stimulates the child's aggression. The result varies. The consequence may be stable latency with occasional temper tantrums or fully disorganized children with no capacity to delay any need gratification. These disorganized children may appear psychotic because of the degree of disorganization. They rarely hallucinate, and when hallucinations do occur they are of the superego type. Should the condition continue untreated, the child in some instances will mature and even settle down. However, he will never become all that he is capable of being since so much important basic learning time has been usurped by the excitement of an interrupted latency. The child who continues to be stimulated by the parent aggressively and sexually turns intensely to fantasy formation, as in Case III, in order to deal with the overwhelming excitement that stirs within him. Direct gratification of body needs short-circuits the achievements that the interposition of delay provides. There is interference with the ego functions required in learning skills. Frequently this is at the root of learning and reading disorders.

A clinical situation that is the mirror image of the one just described is that of latency-age children who enter puberty (idiopathic isosexual puberty). These children enter latency in spite of premature pubescence. Parental and social influences, as well as phase-specific psychological development, are sometimes used to explain the phenomenon that psychological stages develop independently of the flow of hormones (24). This observation is further illustrated in adolescence by girls with Turner's syndrome (23). In these children there is no puberty in the early teens because of gonadal dysgenesis. But under the influence of

parental expectations, they become interested in clothes and boys and experience all the trials and tribulations of adolescence. In idiopathic isosexual puberty, in Turner's syndrome, and in the onset of latency, cultural factors outweigh the biological ones in determining the manifest behavior of the child in latency and adolescence.

From the standpoint of culture, latency is necessary for the formation of civilization. Latency provides the period of time in which children can learn the complicated skills needed in the society. The child learns to accommodate himself to the world. Sexual gratification is delayed during a period when there can be no genital gratification, and œdipal feelings are allayed so that the child can live in peace with those people who love him. This is vital at a time when it is necessary to have someone care for him because of his economic dependence, his need to learn social skills, attitudes, and manners of living. The child can remain within the family and continue to be an accepted part of the family, and still accept the authority of the parents. It is a period when the child consolidates his image of himself in relation to the world.

In modern usage, latency has been divided into two phases: from six to eight years (the early phase) and from eight to twelve years (the later phase). The early phase is marked by the child's preoccupation with himself. There is an inhibition of masturbatory activity, fantasies contain amorphous monsters, the superego is strict and brutal, and real objects are denied to the child as drive outlets. In the early phase, fantasy is the primary means of adjusting to emotional stresses, and becomes a defense. The child uses reality only to disengage himself from untenable and unfulfillable drives and fantasies. Cathexis of reality, for instance, in school or sports, serves as a guarantee of the secondary autonomous functions of the ego (25).

The later phase is marked by an increasing availability of the outside world as the source of objects through which

fantasies can be gratified. Masturbatory activity becomes less proscribed. Fantasies contain figures that resemble people: monsters and ghosts change into witches and robbers. In effect the child's thoughts and fantasies begin to dwell upon gratifications with objects that resemble human forms. He can accept his œdipal urges a little more, and so can represent the parents with symbols that are a little less disguised. There is an over-all diminution in the strictness of the superego. As a result of maturation, the child becomes more aware of the world, his place in it, and his relationship to the future.

This second phase of latency is thus characterized by a move toward cognition which is well grounded in reality. As a result there are more realistic creatures in the fantasies. As cognitive function and reality testing improve, the mechanisms of defense that support latency, especially fantasy formation, become less tenable and the structure of latency weakens. By the time the child is eleven or twelve, he usually forsakes fantasy as a means for drive discharge and begins to integrate reality, using fantasies for planning. He is forced to view the parents as sexual objects and develops new techniques to deal with his incestuous feelings. But infantile drives, once dealt with through repression and fantasy formation, gradually reassert themselves because of the growing strength of reality testing. Latency wavers as puberty and parental encouragement of teenage interests become manifest. The structure of latency crumbles and the child is thrown into the chaos of adolescence.

One might well ask if fantasy is given up completely at the end of latency. The answer is obviously 'no'. Fantasy merely ceases to be the primary means for dealing with the intrusion of drives. More mature object relations with the real world are developed in its stead. There are of course exceptions. In neurotics the persistence of fantasy is defended through the development of symptoms. In the artist the persistence of fantasy is defended 'to mould his phantasies into

truths of a new kind, which are valued by men as precious reflections of reality. Thus in a certain fashion he actually becomes the hero . . . [and] favourite he desired to be, without following the long roundabout path of making real alterations in the external world' (9, p. 224).

From the point of view of development late latency is a period of transition. During this time, the structure of the ego which is typical for latency is transformed; instincts are withdrawn from fantasy and are articulated in real situations and real objects. Since we are dealing with an exposition and elaboration of Freud's concept that in latency 'a closer connection arises . . . between . . . instinct and phantasy' (9, p. 222), it would be useful to pursue what lies behind the dissolution of this 'closer connection'. In prelatency, the child has been buoyed by a sense of omnipotence and a feeling of indestructibility. The introduction of castration fear, fear of loss of love, and the incest barrier make fantasies which involve the parent in sexual and aggressive contexts unbearable. The poor reality testing and cognitive function of the child permit the use of repression, fragmentation, displacement, symbol formation, and synthesis of symbols into story patterns. In this way the drives are discharged without danger to loved ones. All situations which relate to or stir up the core fantasies of prelatency are resolved by the formation of seemingly unrelated conscious fantasies.

The configuration of ego functions that produce this activity become an important part of the ego structure of latency. Formation of benign fantasy in this context provides the buffer which permits the continuation of the total structure of latency. Failure or default of these mechanisms can result from excessive stimulation of sexual or aggressive drives. School regression and aggressive outbursts in latency children are explained by this phenomenon. In the absence of these stimuli, the child may continue endlessly to guard against the incursions of drives which demand objects through the use of fantasy for vicarious problem solving.

However, latency is not endless and at the age of seven-and-a-half to eight years, improvement in reality testing and cognitive function impairs the child's use of fantasy for solving problems. Not only is there marked improvement in cognitive function but there is maturation of the capacity to appreciate cause and effect relationships between objects which are concretely present.² There is also greater objectivity and objects are no longer assimilated to the subject's wishes. The magical power of words can no longer be used to cause changes in the relationships between real things and real people. Cause and effect relationships are recognized. The structure of latency crumbles and reality becomes the obligate outlet for the discharge of the drives. The stage is set for the turmoil of adolescence. The demands of the world and pre-latency fantasies must now be faced and resolved.

SUMMARY

This paper explores the historical origin of the concepts of latency in Freud's writings. Four definable and separate concepts are found to be inherent in the term 'latency' as Freud used it. Clinical material is presented that supports the concept of latency as a socially guided configuration of ego structures and the fact that during latency, drive strengths are sustained. Of the many features of latency, fantasy formation is singled out for close study. Fantasy is seen as a means of vicarious problem solving. Through fantasy, conflicts may be played out in thought rather than reality. This spares the individual a conflict with the real objects in the environment and diminishes the impact of drives to the extent that maturation and sublimation are facilitated. In this way the relative stability and the diminution of drive pressures, typical for the latency period, come into being. In later latency when maturational improvement in reality testing gradually

² See Piaget on concrete operational thinking (26, pp. 74-75).

minimizes the effectiveness of manifest fantasy formation, there is a gradual increase in other drive manifestations. This sets the stage for adolescence.

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Interdisciplinary Study: Scrotal Sac and Testes

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INTERDISCIPLINARY STUDY: SCROTAL SAC AND TESTES PSYCHOPHYSIOLOGICAL AND PSYCHOLOGICAL OBSERVATIONS

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This preliminary report of an on-going investigation utilizes psychophysiological techniques to study the functioning of the total male genital. Our observations, we hope, will add to classical psychoanalytic concepts.

Recent psychophysiological studies involving the male genital have been concerned with the relation between REM sleep, nonREM sleep, and penile erections and detumescences. A general finding is that penile erections accompany REM sleep and that rapid detumescence occurs at the end of REM. In these investigations penile erections and detumescences have been measured by means of a mercury strain gage (9, 10, 14, 24).¹ All of these studies, except those of Muraoka and Weicker, have omitted observations on the scrotal sac and testes. Muraoka (31) found two kinds of reflexes: a slow vermicular contraction of the smooth muscle tunica dartos, and that of the striated cremaster muscle. Weicker (34) measured contractions of the tunica dartos by attaching a weight to the scrotal skin. He postulated a rhythmic con-

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¹ Fisher (11, 12) has extended this work by studying the relationship between REM erections, their fluctuations, and dream content. He reports that dreaming in the male is accompanied 'by massive sustained genital excitation'.

traction pattern of the tunica dartos which was influenced by changes in temperature, weight, psychological factors, and by drugs, fatigue, and sleep. Neither study measured testicular retraction or penile activity.

Freud (16, 17, 18, 19) too placed major emphasis on areas other than the sac and testes. In his paper on a phobia in a five-year-old boy, he minimized the role of the testes: 'It is remarkable what a small degree of interest the little sac with its contents arouses in the child' (18). Influenced by this viewpoint, a theory of genitality has evolved in psychoanalysis based largely on the physiological activities and psychological meanings of the penis alone.

In 1948 Kinsey (27, 28) categorized more precisely the sexual habits of males and females. Although Kinsey did not completely ignore the existence of the sac and testes, interestingly enough he discussed them only in his volume on the human female. Masters and Johnson's study of the human sexual response (30) included direct observations of physiological reactions during sexual activity and does, in fact, study the excursions of the testes during precoital and coital activity.

Recent clinical observations by Bell (1, 2, 3, 4, 5, 6), Glenn (21, 22), and Yazmajian (35, 36, 37) indicate that the sac and testes play a considerable role in the psychology of male development. Bell has indicated that the male, during the years two to six, is concretely aware of the uncontrollable retractile movements of his testes during fear, cold, anger, arousal, and defecation. These movements of the testes cause him a great deal of anxiety which he defends against by displacement to the penis. He is puzzled by the role of the testes. He fears losing them as a basic component of his castration anxiety. The testes are involved in early fears of object loss and later are a factor in sexual differences in bowel training, i.e., boys train later (20). The boy's helpless feeling when he cannot control testicular movement is a motivating force in his attempts at active mastery and in his identifica-

tion at age four-and-a-half to five with the seemingly powerful female who creates babies and has better protected reproductive organs. We believe that it is in the context of these ideas and the transitory identification with the mother that the early roots of bisexuality may be found. Direct observation of three to four-year-old 'normal' boys revealed rapid fluctuations in sexual identification. Their early wish to make a baby is expressed at this time. Inasmuch as the developing male is extremely vulnerable at this time, parental attitudes can push the child either into homosexuality or heterosexuality. These attitudes are subject to severe repression as the child grows older, since they expose early anxiety-provoking wishes to be female. By the age of seven or eight, the repression is clearly evident.

According to Bell (3), feminine identifications again pose a problem when the male reaches early puberty (ages eleven to fourteen), and the testes change markedly in size, weight, and sensitivity to pain. Early anxieties are once again stimulated, and may be integrated into the eventual resolution of the bisexual conflict by late adolescence.²

Glenn (21, 22) has discussed the role of sac and testes in the symbol 'three'. He also discussed sensations secondary to movement and swelling of these parts, and scrotal and testicular masturbation together with their related fantasies. Kestenberg (26) has mentioned waves of horizontal movement of the tunica dartos. In a cryptorchid patient Yazmajian described libidinization of this area and the related feminine fantasies (36). He has also discussed the testes in relation to castration anxiety and body images (35).

In view of the general omissions of the scrotal area in psychophysiological, psychoanalytic, psychiatric studies, and even in studies of child development, we decided to embark on an interdisciplinary investigation.

² Except for those who prefer scrotal manipulation in sexual foreplay, the average adult male tends to overlook this area and genital interest is largely penile.

PLAN

A psychophysiological study of the total genital was undertaken to add additional and more objective observations of the male genital to our existing concepts. Measurements of penile circumference, i.e., tumescence and detumescence, tunica dartos, and cremaster muscle activity were made. For the first time, studies of elevations of the testes by means of the mercury strain gage were used.³

METHOD

This report deals with observations made during structured psychiatric interviews.

A woman physician in collaboration with a psychophysiol-ogist recruited seven male subjects; all were college students or college graduates, five of whom were working in the psychophysiology laboratory and were familiar with methods of applying strain gages and electrodes. Five subjects were in their twenties to early thirties and two were over thirty-five. Each subject was physiologically monitored during structured psychiatric interviews. Three of the subjects were monitored on more than one occasion. All subjects were unpaid volunteers who knew they would participate in an interview while physiologic data, including penile and scrotal activity, were recorded. The interviews were conducted in a room designed for human sleep studies. The subjects' heads could be viewed by the psychophysiologic observers by way of a closed-circuit television camera. Each interview was recorded on a two-track recorder while simultaneous verbal commentary on the physiologic recordings was made. A fourteen-channel model 78 Grass polygraph was used.

Each subject was shown drawings of the penis and scrotal sac and carefully instructed to place the apparatus as follows: 1, a penile mercury strain gage (33) was snugly placed around the base of the penis; 2, a similar but longer scrotal mercury strain gage was snugly positioned around the neck of the scrotal

³ Pilot studies are now being made to correlate these observations with REM and nonREM sleep.

sac resting just above the testicles; 3, two miniature silver-silver chloride (Ag-AgCl) electrodes one-fourth inch in diameter were placed one-half inch apart over the cremaster muscle below the external inguinal ring where the spermatic cord comes closest to the surface to measure myographic activity; 4, two identical electrodes, also to measure myographic activity, were placed over the tunica dartos on the right and left sides of the scrotal sac, centered over each testicle. The gages were calibrated and adjusted for comfort with the subjects in a supine position thus eliminating slack without creating undue tension. Fixation of the scrotal and penile strain gages was such that major movements of the legs or pelvis were required to produce simultaneous responses in both gages. Such movements were performed during the control period to facilitate subsequent interpretation of movement artifacts in the two gages.

In addition to the above instrumentation, the following devices were applied by a female technician with Beckman electrode paste to measure specified phenomena: 1, Ag-AgCl electrodes were placed on the index finger, or palm and forearm of each arm, to record galvanic skin resistance (GSR) and potential skin responses (SPR); isotonic paste was used for the GSR electrodes; 2, two Ag-AgCl electrodes were placed just under the chin to measure muscle tension; 3, two Ag-AgCl electrodes were secured to each forearm to monitor EKG activity; 4, a thermistor was placed externally in the nasal air stream as an indication of respiration rate and amplitude.

Physiological measurements were recorded for at least one-half hour before the interview began. This allowed for calibration of instruments and collection of control data while the subjects were in a relatively quiescent and relaxed state. During the control period the following tests were administered: 1, the subject was asked to imagine a voluptuous movie actress in the nude; 2, a 'lie detector' test was administered in which the subject was asked to pick a number

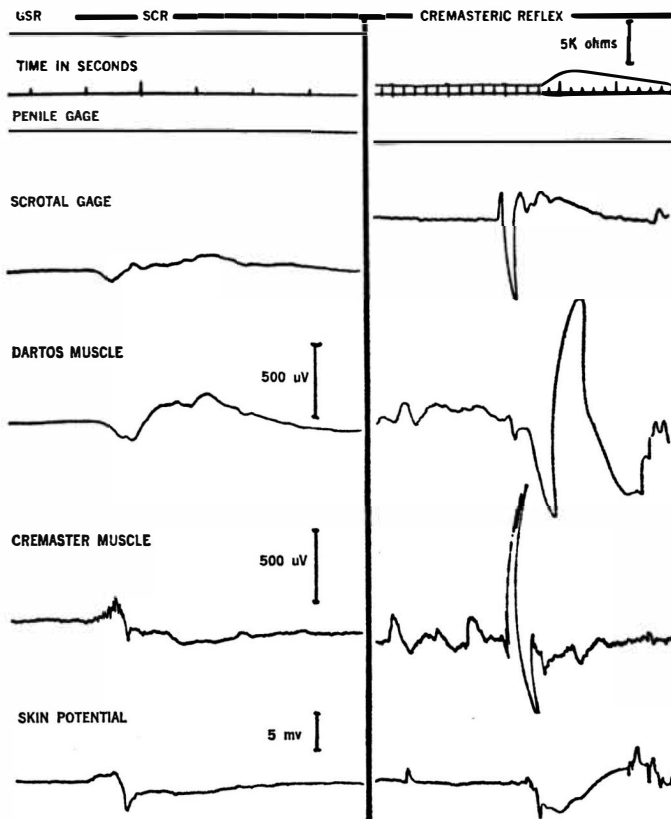
from one to ten and to deny all numbers suggested by the experimenter; 3, the subject was requested to 'pull in his anus' and to 'lift the scrotal sac'. These tests were used to evaluate the subject's general level of autonomic reactivity and the extent of his voluntary movement. Ice cubes were applied to the genitals of four subjects to elicit maximum detumescence and scrotal activity.

The interviewer did not see the subjects until after the control data had been collected. The interviewer was an older female physician wearing a white laboratory coat. She sat beside the subject at the head of the bed, and could be seen only if the subject turned his head.

The psychiatric interview followed a structured format to minimize subjective variability. For purposes of correlating psychological responses with interview questions, both the interviewer's and the psychophysiolgist's responses were recorded simultaneously on a double-track tape recorder. In addition, the interviewer pressed a button at the termination of specified questions, which placed a mark on the polygraph record. A history of each subject was taken in the following sequence: general background and relationships to parents and siblings; early childhood diseases including mumps, hydrocoeles, and hernias; questions regarding bowel training, enemas, spankings, diarrheas, and masturbatory experiences were posed. Feelings about sexual differences between male and female, passive versus active attitudes, and early theories about how babies are made were discussed. Subsequently, questions were asked about body image and awareness of changes in the sac and testes during prepuberty. Wishes to be female and make babies were explored, along with reactions to pregnancies of the mother. Discussions of current sexual activities including homosexual and heterosexual experiences were included. The subjects' feelings concerning possible examination of the genitalia were discussed. At the termination of the interview, a cremasteric reflex was elicited.

RESULTS

In presenting the psychophysiological findings, dartos and cremaster muscle activity occurring together with a testicular retraction and associated with psychologic stimuli has been designated as the scrotal complex response (SCR), as shown in Figure 1. The total response is designated as a



Figures 1 and 2

Fig. 1 [left panel]. Scrotal complex response (testicular retraction, cremasteric and tunica dartos activity) and penile quiescence in a 22-year-old male subject.

Fig. 2 [right panel]. Cremasteric reflex elicited by the experimenter.

complex since the muscle recordings include electromyographic movement, and skin potential components. (The movement component is associated with scrotal gage changes; the skin potential component is associated with the skin potential response from an immobile location.) The myographic component for the tunica dartos is a 'smooth' one, probably reflecting a kind of peristaltic activity from the many netlike smooth muscle fibers between the two electrodes; that for the cremasteric is typical of striated muscle.

Elicitation of the cremasteric reflex at the end of the interview always produced a massive SCR which included testicular retraction associated with cremasteric muscle activity, followed about one second later by slower dartos muscle, GSR, and skin potential responses, as shown in Figure 2. The contrast between Figures 1 and 2 is important since Figure 1 shows the scrotal complex response to a psychologic stimulus, while Figure 2 shows the reflex response to a physical stimulus. The psychologic response is less discrete and of lower amplitude. It must be emphasized that no penile response was observed in either situation, i.e., the penis remained flaccid.

The various tests administered during the control periods showed the following: 1. The erotic stimulus of a nude movie star routinely elicited GSR and SCR responses, slight penile tumescence, and increased dartos activity. This stimulus brought less response in the older subjects than in the younger men on all of these measures. 2. The denial of the correct answer in a 'lie detector' test was accompanied by both GSR and SCR responses. 3. 'Pulling in the anus' and 'lifting the scrotal sac' produced a tension increase in the scrotal strain gage (retraction) as well as increases in GSR, dartos, and cremasteric activity.

During both the control period and the early part of the interviews, a large amount of rhythmic peristalticlike dartos activity not associated with scrotal movement, occurring in 0.5 to eight-second fluctuations, was seen in all but one sub-

ject. As the interviews progressed, this activity was usually seen to decrease in amplitude as shown in Figure 3.

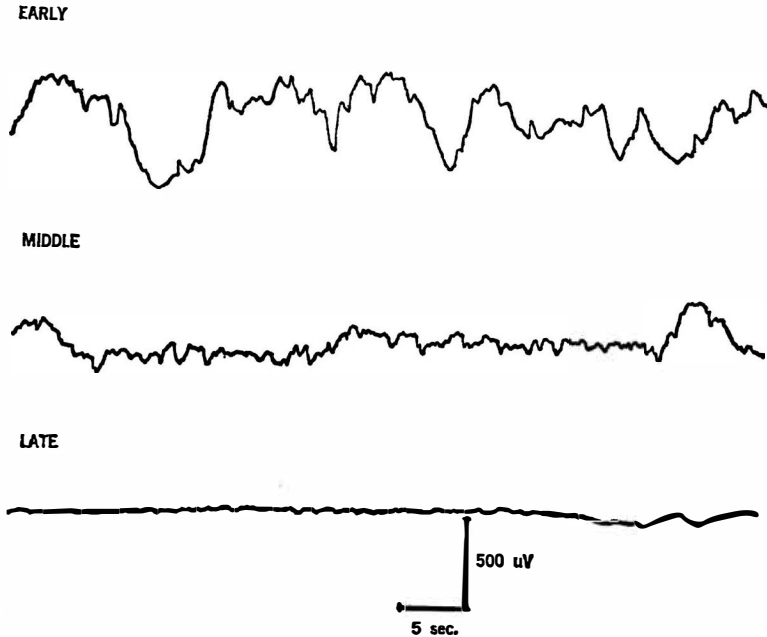


Figure 3

Amplitude and frequency of spontaneous tunica dartos activity as seen in early, middle, and late stages of a one-hour psychiatric interview.

INTERVIEW SESSIONS

During the interview, erotic material produced fluctuating penile erections with moderate SCR (scrotal responses). On the other hand, anxiety-laden material was accompanied by large SCR's, but no change in penile circumference as measured by the gage.⁴ The dartos component of the SCR was typically seen to be an increase in amplitude and frequency

⁴ The unexpanded penis gage is of such small circumference (two inches), that it registers all degrees of penile tumescence. With anxiety there is apparently maximal detumescence, hence a flat penile record.

of fluctuation. The cremaster showed a burst of striate muscle activity associated with testicular retraction (see Figure 1) as well as larger shifts attributable to skin potential and movement changes. Once a subject's spontaneous dartos activity had become quiescent toward the end of the interview, instances of relatively pure dartos activity without other components of the SCR (retraction) sometimes occurred, as shown in Figure 4.

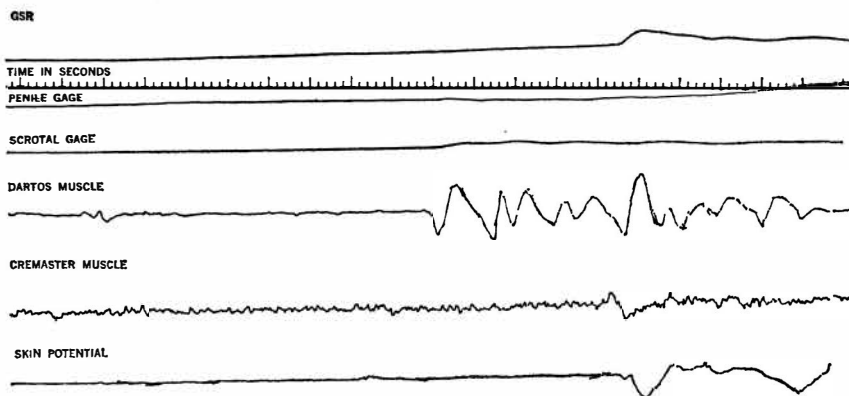


Figure 4

Interruption of genital quiescence by spontaneous tunica dartos activity late in an interview session. (See Figures 1 and 2 for calibration.)

From our preliminary findings of the interview sessions, it appears that anxiety-provoking content, which touched on deeply repressed or taboo ideas denied by the subject, elicits *scrotal*, not penile changes. Hence topics referring to early childhood experiences such as spankings, enemas, and masturbation were correlated with changes in GSR and SCR, i.e., scrotal strain gage, cremaster and dartos muscle activity, while the penile strain gage remained quiescent. Discussions of bowel training gave the largest SCR response in all of the subjects, while the response to the question, 'Who has more to enjoy sex with, man or woman?', gave the second largest response.

Under certain circumstances we noticed a time lag between SCR and GSR. These lags apparently related to the psychological content of the stimuli. In all subjects the scrotal response preceded the GSR by one to four seconds (see Figure 5) for emotionally-laden topics, which we assume are accompanied by anxiety. Such topics included age of bowel training, awareness of retractions in childhood, mumps, concepts of girls' genitalia, fantasies about how babies are born, age of first masturbation, homosexual experiences, and 'up-tight' scrotal feelings. Similar lags occurred in response to the suggestion that a female might perform the physical examination of the strain gages, and to the question, 'Who has more to enjoy sex with?'. The most frequent response was 'girls'.

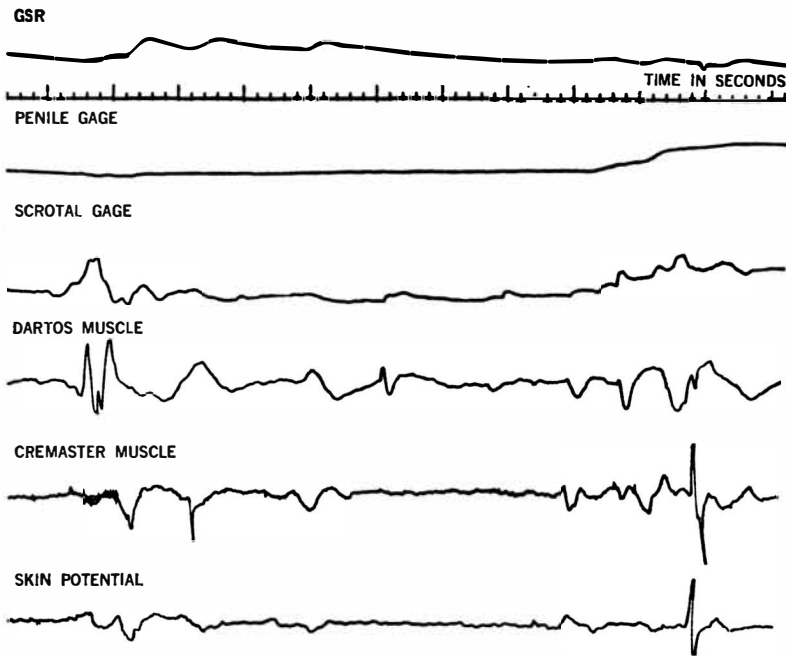


Figure 5

Scrotal complex response preceding GSR by four seconds. (See Figures 1 and 2 for calibration.)

Simultaneous GSR and SCR responses were observed when the subjects discussed topics that seemed to provoke less anxiety: 'sister dressing and bathing him, leaving old friends, childhood curiosity about scrotum expressed to parents, embarrassment that parents would notice secondary genital growth, sleeping in same room with brother'. For nonerotic, cognitive recall questions associated with little conscious anxiety (e.g., 'where did you go to school, how old are you, how old were you when you and your parents moved?'), scrotal responses were of much lower amplitude and followed the GSR by as much as six seconds.

Examples of the relationship of psychological content to the physiological responses are as follows. One subject when questioned about the possible 'wish to make a baby' replied with typical defenses of denial and rationalization, but his record showed definite rises in SCR and GSR responses suggesting a high degree of emotional turbulence. Significant SCR responses with no change in the penile gage (Figure 6) were observed when one of the subjects described a monkey 'eating his feces and sucking his penis', a very disgusting topic to the subject.

In view of the apparent male denial of concern with the scrotal sac and testicles, of particular interest is the response of one subject when asked, 'What is the important part of the male genital?'. He replied, 'The penis'. No response in penile or scrotal indicator was observed. When questioned about the rest of the genital, i.e., scrotal sac and testes, he showed SRC and GSR changes with no change in the penile indicator. This response pattern is consistent with findings when anxiety-laden material was discussed.

There were a number of conditions which did show increases in penile tumescences: a, the erotic stimulus used in the control period; b, discussions of current sexual involvement (Figure 7); c, a female technician entering the room; d, when memories of sex play with a sibling and memories of mother's breasts and body were touched on.

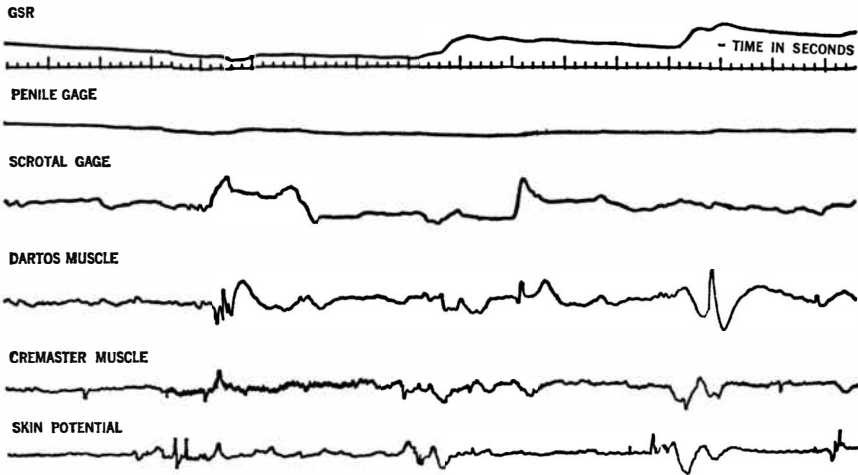


Figure 6

Scrotal activity associated with anxiety-provoking discussions; note penile quiescence. (See Figures 1 and 2 for calibration.)

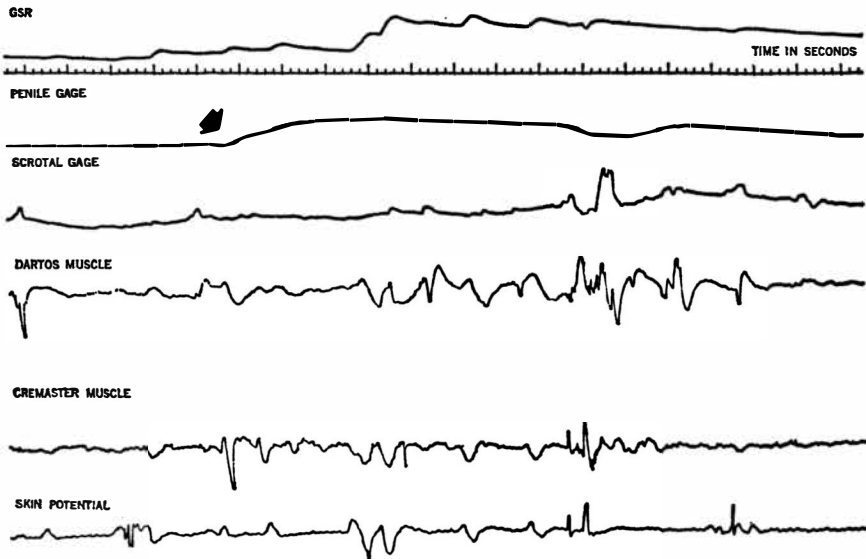


Figure 7

Penile erection occurring with discussion of current sexual activity. (See Figures 1 and 2 for calibration.)

FINDINGS

Under the experimental conditions described above, we were able to observe marked activity of the muscles of the scrotal sac and of the testes in response to anxiety-provoking interview content. Under these same conditions, the penile circumference did not change. Only material with erotic content showed evidence of tumescence on the penile gage.

From the psychophysiological point of view it would seem that the activity of the cremaster and tunica dartos muscles, and testicular retraction constitute very sensitive indicators of changes in psychological mood or functioning. Such findings are consistent with the clinical observations made by Bell to the effect that the scrotal sac and testes are of importance in the understanding of the psychosexual development of the male. Each subject responded with the greatest SCR and retractions to questions about bowel training.

The clinical findings that the male regards the female as more powerful and makes a feminine identification in his early years, later repressed due to anxiety, is apparently supported by the responses during the psychiatric interview since questions concerning these topics brought the second largest response of the scrotal cremaster complex (SCR).

The repression of any awareness of scrotal activity is another finding of considerable significance. Although we found repeated evidence of scrotal response associated with anxiety during the interview, some of the subjects were completely unaware of this activity. When questioned the next day and shown the graph they expressed surprise.⁵

⁵ Although we do not feel ready to report on the sleep study because of an insufficient number of subjects and observations made only on the first night, one finding is worthy of mention. We report it primarily in the hope that others will be motivated to include this area in future dream studies. When the scrotal strain gages and electrodes were applied, each subject insisted that he was not made uncomfortable by their presence. Yet each subject reported much discomfort during sleep and tried to pull off the scrotal instruments. These attempts were consistent with the dream content. No such effort was made relative to the penis nor was discomfort reported. In the literature there are no reports of discomfort due to the penile gage.

Some distorting factors present in the interviews are worthy of mention. One subject who did not present the typical response to anxiety stimuli, i.e., scrotal movement with dartos activity and no penile change, had undergone repair of an inguinal hernia. He tended to show penile activity as well as the described scrotal responses. Another subject, who had been smoking marijuana for much of the week preceding the session, did not show spontaneous dartos activity during the interview. He exhibited long periods of dartos quiescence. In an earlier session with this subject, the typical spontaneous dartos rhythm had been observed; thus drug effect as well as variation attributable to individual differences must be considered.

DISCUSSION

The foregoing psychophysiological study enables us to demonstrate on adult subjects, under experimental conditions, that the testes and scrotal sac do move uncontrollably in response to anxiety-provoking material, and that at the time the male is not conscious of this movement. This would be consistent with Bell's earlier findings about the importance of the experience of testicular movements in the development of the young boy. It does not diminish the importance of the penis but stresses differences in meaning and function for each part.

Our findings during these experiments indicate that as far as the male is concerned, the penis is the organ of erotic response, and the sac and testes respond in situations of anxiety. As we have seen above, the graphs showed fluctuations in penile tumescence when erotic material was discussed, and marked scrotal responses with *no* penile responses when anxiety-provoking material was discussed. Early in each interview we saw increases in amplitude and frequency of contractions of the dartos muscle and bursts of striate activity of the cremaster muscle which subsided later. It is possible that the initial part of the interview aroused more anxiety than the latter part.

In this connection, a very interesting observation merits discussion. *We found that questions about bowel training evoked the SCR response of greatest magnitude in all subjects.* We suggest that the universality and magnitude of the SCR to questions about bowel training may confirm Bell's (2) findings on bowel training difficulties in boys. She found that boys have greater difficulty in being trained because of the retractions of the testes simultaneously with sphincter closure at the end of defecation, a physiological phenomenon she feels is universal. The fear of uncontrollable movement and possible loss of the testicle plays an important role in this difficulty. It would seem that these fears, long repressed, show themselves as large SCR's in the physiological response of the adult male. The fact that movements of the sac and testes are sensed by the male kinesthetically, visually, and tactilely from infancy on is of great importance. Undoubtedly great anxiety develops about this area. The boy soon mobilizes defenses against this anxiety, as we have seen from our clinical studies. Among these defenses are denial, repression, and displacement to the penis.

The universality of these defenses in the male would in part account for the long-standing omission of this area in studies of the male which for the most part are done by males. Our cultural attitudes, that is, taboos about sex and the custom of covering the genital area tend to re-enforce the omission.

Observations in therapy have revealed that the tendency to refer to the penis as all inclusive is another of the reasons for overlooking the sac and testes. For many a male the term 'penis' really means the entire genital. Since the meaning and function of each part is different, it would be well to study this aspect more carefully. By the same token what we have heretofore considered anal activity is, in fact, an anal-scrotal composite.

During the experiment questions about the relative ability of males versus females to enjoy sexual activities showed the second largest response. The clinical findings that the

male regards the female as more powerful and makes a feminine identification in his early years, later repressed, is confirmed by the responses during the psychiatric interview, since these questions brought the second largest response of the scrotal cremaster complex (SCR).

Both of these questions dealt with subject matter which was deeply repressed and was associated with denial of affect. In contrast, consciously perceived anxiety-laden topics which were more superficial did not provoke this reaction. These results imply that repressed anxiety manifests itself in physiological or somatic responses, whereas consciously perceived anxiety does not provoke the same magnitude of physiological response.⁶

SUMMARY

An interdisciplinary investigation of the total male genital was undertaken. Preliminary findings are reported here. Psychophysiological observations demonstrate that in adult subjects under controlled conditions, utilizing structured interviews, the activities of the testes, cremaster muscle, and tunica dartos are very sensitive indicators of changes in psychological mood and are particularly relevant to both consciously and unconsciously perceived anxiety. Pronounced scrotal activity occurred with anxiety-provoking discussions on topics relating to bowel training, castration anxiety, passivity, feminine identification, bisexual trends, body image, and heterosexual and homosexual activity. During these same discussions the penile strain gage showed no changes; it responded only to discussions of current sexual activity or to past sexual activity and to immediate erotic stimuli. These findings tend to support the earlier theories of Bell derived from studies of children, adolescents, and adults (1, 2, 3, 5, 6). The findings also point to the need for more thorough investigation of 'analogy' in the male and a more intensive

⁶ This is a fundamental finding in the treatment of very sick ulcerative colitis cases which Bell has utilized in the past with success (4).

study of the mechanism of displacement from the scrotum to the penis.

In addition to a scrotal complex response (SCR) elicited by anxiety, a large amount of rhythmic dartos muscle activity was observed to occur spontaneously during the interviews.

This preliminary study is presented as evidence of the vital role played by the scrotal sac and testicles in the psychosexual development of the male. It is our hope that measurement of scrotal area activity will be included in future research concerning male genital function. From this study it seems that additional investigation of wakefulness and sleep, with more carefully delineated anal-scrotal observation—i.e., electrodes on the perineum and peri-anal region—is clearly indicated. Interviews should be conducted by men as well as women, and there should be more careful evaluation of stress experiences through standardized audiovisual techniques.

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On Time, Death, and Immortality

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ON TIME, DEATH, AND IMMORTALITY

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

Time is one of the concepts that has engaged man throughout the ages. Philosophers, physicists, psychologists, and psychoanalysts have attempted to understand its many ramifications, yet no consistent theory of time has been presented.

Psychoanalysts, in their daily work, in content as well as in schedule, are constantly involved with time. Objective measured time is linked to the setting of definite appointment schedules for periods of forty-five to fifty minutes, four or five times a week. Units of time are measured in years of treatment. These practical considerations are intimately linked to the fee structure of analytic work. We are paid for the time we spend with our patients. The analytic situation also involves another dimension of time—subjective, personal, psychological time. Recall, remembering, reconstruction, transference neurosis, repetition compulsion, fixation, regression, genetic point of view are but a few of the clinical and theoretical constructs that differentiate past from present, therapy from reality, here and now from then and there. These differentiations as they include time perspectives are crucial for our work and our understanding. The linkages of objective measured time with subjective emotional time are important for the patient and for the analyst.

To the psychoanalyst, time is important in so far as its qualities are subjectively significant; properties that may refer to an objective structure in nature are less so. Man is situated in time and his external reality is linked to objective time referents; however, certain temporal qualities such as duration, sequence, continuity, eternity, or progression toward death are subjectively and individually significant, especially as these have direct bearing on memory, self-concept, and differentiation.

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Kermode (8) has written that we spend our lives with time: our failures are failures to live with it, our communications depend on our respecting it, and our sanity is reflected in our power to measure it. We are born containing clocklike mechanisms, yet we spend our childhood arduously learning the nongenic tradition of time. As we age time moves faster and we think about it more and more. Our central nervous systems contain not only histories but timepieces. Our future is long and ends, as we know, with death. Our needs are much more than simple food, territory, aggression, and sex. By thinking about threats of the future, we discover the past. Speculating continually about time, we represent it as destroyer and redeemer, or are baffled by thoughts on being and becoming, permanence and change.

Time is that without which we cannot be human, and that which denies us the eternality we feel we were meant for, but can experience only in unconsciousness, where it is a trouble to our dreams. As Heidegger remarked, 'We perceive time only because we know we have to die' (8).

Meyerhoff (9) has addressed himself to a study of time and its relationship to literature. To him the self is experienced as a continuous, internally related, and fairly unified system of thoughts, feelings, actions, memories, and intentions. The experiential links between one's own past and present become important in understanding not only the past and present, but also the goals and objectives of the future. Psychological time is private, personal, subjective, and experiential. Public, objective, and shared time may be psychologically significant, but this is to be distinguished from measured time which utilizes watches, calendars, lunar, solar, and sidereal cycles. Measured time is used to synchronize our personal experiences with a base that can reliably and validly be substantiated by others.

Saint Augustine, in his *Confessions*, was one of the first to advance an ingenious philosophical theory based entirely upon the momentary experience of time combined with the psycho-

logical considerations of memory and anticipation. What happens, happens now, he argued; that is, it is always an experience, idea, or thing which is 'present'. Nevertheless, we can construct a meaningful temporal series accounting for the past and future in terms of memory and expectation. By 'past', is meant the present memory experience of a thing past; by 'future', the present expectation of a future occurrence. As psychoanalysts, we know that the actual past of our own lives is different from our recollections of it. In the transference neurosis, however, we find nonconsciously remembered aspects of the past repeated in the present. One of our therapeutic tasks involves changes in this 'memory-experiential balance'. Consciously we are aware of time measurement, time order, and time direction. The metric of time is necessary for reality action and communication. However, subjective relativity of time is characterized by unequal distribution, irregularity, and nonuniformity (9). Time duration refers to the experience of time as a continuous flow, with successive moments and change. This psychological conception does not have an adequate correlate in the physical concept of time.

Meyerhoff (9) notes that memory (past) and expectation (future) are vague, ambiguous, and often fuse and overlap in the future. Forgetting, repressing, distorting, projecting introduce into subjective time possible error and deception. The psychoanalyst is less concerned with the objective serial order of time than with the effects of antecedents on consequents. Since the past leaves its traces, tags, marks, or records, the analyst is involved in understanding the effects of these memories, or records, on present functioning. Since the future leaves no memory traces, future is viewed as a manifestation of the past and present. The dynamic, economic, topographic, structural, and adaptative associations of the past constitute the genetic point of view. Thus time becomes meaningful in terms of the personal experiences of the past and present and not primarily as an objective, measurable notation. Temporal succession and sequence of different events and their residues are

stored in the mind. The actual day, date, year is only a memory tag to which is coupled the subjective experience (*11*, *12*). The human mind is not a passive recorder but actively perceives, registers, interprets, organizes, synthesizes, and stores what impinges upon it. Meyerhoff observes:

The self is experienced as exhibiting a certain quality of continuity. Despite the rapid succession of different temporal moments, and despite the physical and organic changes of the body, the self is not simply a convenient label attached to a bundle or collection of these elements, but seems to be a kind of structure exhibiting continuity and unity of which the individual is directly aware in calling himself the same person throughout his life time. Both . . . aspects are experienced as characteristic of the self, and give rise to some sense of correlation and integration among the multiplicity of heterogeneous parts which we associate with personal identity (*9*).

This statement is in accord with more current ideas of ego and self psychology. We know that man is not just a repository of perceptions and memories, but is actively involved with self-regulative and synthetic functions which utilize relatively conflict-free autonomous ego activities. Thus, present time is handled in accordance with reality testing and reality principle functioning, and as such, is connected with the system ego, as shown by Cohn (*3*) and others. The pleasure-pain principle does not take into consideration time delay or detour. Immediate discharge is the goal. Hence a sense of timelessness, very early described by Freud, characterizes these id-primary process strivings. I have discussed this elsewhere (*10*). Memory involves a sense of past and present, a sense of time differentiation, and, as such, is a later development of mind. Though linked to objective dates, times, or days, these are of secondary importance. The anniversary reaction can be seen as a time-date-event linked response that seemingly has little to do with current objective time (*11*, *12*). The current time-date-age acts as the trigger which allows the repressed unconscious to emerge into the present, and this in turn results in reactions and symp-

toms. There is a specificity of the time (date, age, holiday, event) which links to the originally traumatic situation, but the crucial factor in the pathogenic process is not the objective time measure but the repressed conflict.

Although Saint Augustine first recognized the nature of memory as a key to the structure of time and the self, he did not have available to him the concept of the unconscious and its significant associated mechanisms, e.g., repression. Saint Augustine, however, comes close. In Book X of the Confessions, he states:

Great is the power of memory, a fearful thing, O my God, a deep and boundless manifoldness; and this thing is the mind, and this am I myself. What am I then, O my God? What nature am I? A life various and manifold, and exceeding immense. Behold in the plains, and caves, and caverns of my memory, innumerable and innumerably full of innumerable kinds of things, either through images, as all bodies; or by actual presence, as the acts; or by certain notions or impressions, as the affections of the mind, which even when the mind doth not feel, the memory retaineth, while yet whatsoever is in the memory is also in the mind—over all these do I run, I fly; I dive on this side and on that, as far as I can, and there is no end. So great is the force of memory, so great the force of life, even in the mortal life of man.

Recollection and remembering are active, not passive reproductions of stored memory traces or tags. Analytic work repeatedly affirms the various aspects of this process, first described by Freud and confirmed by many others. The recollection of a single, unique event only rarely allows the reconstruction of one's entire lifetime, although literary figures such as Proust have indicated the significant clue features of a single event in the unraveling of the understanding of the personality. Reconstruction of the past involves repeating, some recalling and remembering, and understanding. I emphasize this because the anniversary date, though only a single day or event, has compressed into it many antecedent, concomitant,

and consequent experiences. Thus the anniversary reaction far exceeds the temporal significance of the event itself.

Meyerhoff interprets Proust as saying, 'that the single event remembered in all its qualitative richness and concrete reality seems to be freed from the date it originally had in the chronological order of time; and that the same holds for the self imaginatively re-created through this act of recollection' (9). I would agree with this, and note that although the event is physically time-bound to a date, actually it is timeless. There is liberation from objective time (chronological order in time), but not from the elements or qualities of time on the occasion of emergence or appearance. Thus the anniversary reaction may be triggered by a time or age, but what emerges is not necessarily connected with time as such. When, in the course of analytic work, the experience is externalized, examined, worked through, and differentiated, the repression is lifted and therapeutic resolution is in order.

Thus understanding the date or temporal age index attached to the appearance of symptoms is important in understanding the significance of this trigger. However, what emerges is not specifically time-bound in the metrical sense. Usually in our work we establish these time-day linkages after the reaction has occurred. Thus anniversary reactions are retrospectively applied labels to symptomatic responses that only on the surface are time-bound. In the unconscious the quality of the experience is preserved in a state close to its original one, relatively immune to the passage of physical time. The unconscious response or anniversary reaction, though independent of present time, is related to a past linkage of time-event and existing personality structure. Nonetheless, the repressed elements are themselves timeless. Thus the contents of these repressed elements are not really affected by the 'date they bear'. They are situated outside of the scope of time, though linked to time and age (time duration). In his paper, *The Unconscious*, Freud (6) states that the events of the unconscious system are timeless. They are not ordered in time, are not changed by the

passage of time, and have no relation to time. Temporal relations are connected with the workings of the conscious system. In the New Introductory Lectures, he expands this idea in accordance with the newer structural theory of mind (7). In the id there is nothing corresponding to the idea of time, and no alteration of mental processes by the passage of time. Conative impulses which have never got beyond the id, and even impressions which have been pushed down into the id by repression, are virtually immortal and are preserved for whole decades as though they only recently occurred. Marie Bonaparte (2) in *Time and the Unconscious*, distinguishes three aspects of 'timelessness': 1, the unconscious has no knowledge of time; 2, the unconscious is completely unaffected by the process of time; and 3, the unconscious does not perceive time. When considered from the point of view of the pleasure-pain-primary process principle, in contrast to the reality-secondary process principle, this is quite acceptable and points to the distinction between ego and id time relations discussed elsewhere (10).

The transitoriness of life, time's inexorable march to death, the progression of time in human life from birth to death, has been a preoccupation of man from the beginning of time. Unlike all other forms of life, man has a foreknowledge of his own death, even if it is only on an intellectual level. This transitoriness has given rise to the religious notion of immortality and to the dichotomy of body and soul, a precursor to the later psyche and soma division. According to this conception, the body dies and is buried, cremated, or destroyed. The soul or spirit, however, is immortal and indestructible. Thus the notion of immortality is a way of arresting or reversing the irreversible flow of time toward death. The soul is beyond and outside of time—it is eternal. In some religions, resurrection, salvation, and eternal life include the eventuality of bodily restoration; however, this optimistic hope of a world to come, where time has stopped and there is reunion and everlasting continuity, is a defense against the total helplessness associated with the 'nothingness' of nonlife, be it death or the earliest states of

infancy. The various death, burial, mourning, and anniversary rituals evolved in order to functionally handle this basic anxiety through public, private, and mystical means.

Róheim has related the split into body and soul to the notion of the double or *Doppelgänger*. He writes,

We love ourselves too dearly to comprehend or admit the possibility that we may perish, and as reality has taught us that our body is not everlasting, we desire and therefore believe in the existence of a hidden likeness of ourselves in a shape that cannot perish, eternal like a rock and full of the germs of life. But these children of our wishes, although they owe their existence to our phantasies, are yet firmly rooted in reality. It is quite true to say that we lead a double existence, that of a real man and of a hidden being (14, p. 105).

Eliade (5) explains that the regeneration of time, linked intimately with rituals that govern the renewal of alimentary reserves, i.e., rituals that guarantee the continuity of life in its entirety, is connected with the festivals annually celebrating the new year. Essentially, there is a conception of the end and the beginning of a temporal period that is related to the periodic regeneration of life. This implies a new creation that is periodic, i.e., cyclical regeneration of time. Eliade describes the whole series of periodic ceremonies which involve driving out or extinguishing the old or the bad, and then starting the new. As part of these new year rituals, there are ceremonies involving the souls of the dead and their return to the houses of the living. The expulsion of demons, diseases, and sins coincides, or at one period coincided, with the festival of the new year. The abolition of the past year and past time, through these purification rituals, Eliade maintains, is the way of resuming time from the beginning. Thus every new year is the start of 'pure' time and in this way the creation of the world begins anew. This permits the return of the dead to life and maintains the hope of the faithful in the resurrection of the body. Time is suspended and then begins anew as the repetition of creation. The new year is frequently depicted as a newborn baby,

whereas the old year is represented by an old man who is being swept away by the scythe of time. In Japan and in Germany, Eliade notes, the last night of the year is marked by the appearance of funerary animals and funerary gods and goddesses. In the West, the new year begins with the circumcision feast of the eight-day-old Christ child, and the Judaic new year is ushered in with the repetition of the annual reading of the Old Testament, beginning with the Book of Genesis.

Among some people, a new era begins not only with every new year but with every new reign, every consummation of marriage, the birth of every child. These are all times of regeneration with the same end: to annul past time, to abolish death, to begin creation. Viewed from this perspective, the rites of passage involve death and re-creation. Eliade discusses this idea in *Birth and Rebirth* (4), where he recounts how initiation rites and symbols include mourning by the parents for the puberty initiate whose childhood is dead, and the return and rebirth of the initiate. In some cultures the newly initiated returns as a different person, i.e., new name, new role, new identity, and new series of relationships. In order to be created anew, the old must first be annihilated. Thus we find in connection with the new year: first, the death and resulting chaos (e.g., extinguishing fires, expelling evil and sins, return of the dead); and second, the new creation (e.g., lighting new fires, departure of the dead, predicting weather for the coming year). In the scenario of initiatory rites, death of the previous state is a precursor to providing a clean new slate for the 'new' being. Initiation is viewed as a rebirth or resurrection. The novice has attained another mode of existence inaccessible to those who have not undergone the initiatory ordeals—who have not tasted death. Eliade emphasizes this characteristic of the archaic mentality: 'the belief that a state cannot be changed without first being annihilated'—without the child's childhood dying. In some rituals, mystical death is suggested by ritual aggressiveness when the novice is separated from his mother. Thus among the Hottentots, the initiate is allowed to insult

and even manhandle his mother as a symbol of his emancipation from her. In Papua the novice walks over his mother's body, deliberately stepping on her belly. This gesture confirms his definitive separation from her. The initiate may be painted white to signify the death of his past child-self. But the dead return and so does the novice.

Reik (13) has also called attention to death and resurrection as part of puberty rites, especially of boys, in different parts of the world, e.g., Africa, Australia, New Guinea. He attempts to show a comparison of these rites with the Isaac story, where the adolescent boy is supposed to be slain but an animal is sacrificed instead and he lives on in a new role.

Eliade parallels burial in the foetal position, certain initiation rite foetal positions, and rebirth. The dead are regarded as undergoing an initiation, and the foetal position signifies rebirth, the start of new time. Similar practices occur in the rituals surrounding shamanic initiations. These repeated rituals appear to represent 'man's eternal longing to find a positive meaning in death, to accept death as a transition rite to a higher mode of being. . . . Death prepares the new, purely spiritual birth, access to a mode of being not subject to the destroying action of time' (5). Time can be annulled. The regeneration of time is thus continually effected within the interval of the year. Here Eliade suggests the tie to the moon. 'The moon is the first of creatures to die, but also the first to live again' (5).

Lunar myths have been connected with death and resurrection, fertility and regeneration, initiation, etc. The moon's phases measure time. Month, moon, and menses seem to be derived from the same Latin root, *me-*, which relates to the word 'measure'. Just as the disappearance of the moon is never final since it is followed by a new moon, the disappearance of man is not final either.

Boas, in discussing the philosophical approach to the acceptance of time, notes that a thing which is changing has both ceased to be but is not yet anything—a transition. Since change

entails the loss of something, time can be viewed as a destroyer and there is a quest for eternalism in order to attain stability. He writes,

We attempt to frustrate the passage of time by preserving the dead words of our predecessors, just as we attempt to direct the future by our last wills and testaments. One of the results of accepting time would be the admission of the reality of death, of the death of ideas, of works of art, of cultures, of people. . . . The most elaborate devices have been perfected to defeat the coming of death and to disguise it when it has come, devices running from the library and the museum to statute law and textbooks in correct grammar. The word 'immortal' has become a term of high praise and we use it often to simply indicate our regard for the things to which we apply it—immortal heroes, immortal poems, even immortal deeds. It is in vain that philosophers have pointed out clearly and distinctly that no quality is changed by lasting forever. . . . The freezing of contemporary culture forever would . . . make for stability, but since we have no way of freezing it, it would appear to be more prudent to adjust ourselves to the brute fact of change. And since the change cannot come about without death, it will be necessary also to learn how to loosen our grasp on what we have and build a philosophy of life upon the premise that nothing whatsoever is immortal(*r*).

Mourning is an adaptation to change and permits planning for the future. The acceptance of time is the acceptance of change and therefore of death, but it is also the acceptance of multiplicity, growth, and further development. Perhaps this is the deeper meaning of Eliade's formulation of birth, death, and rebirth.

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The Oral Rape Fantasy and Rejection of Mother in the Imagery of Shakespeare's Venus and Adonis

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THE ORAL RAPE FANTASY AND REJECTION OF MOTHER IN THE IMAGERY OF SHAKESPEARE'S VENUS AND ADONIS

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I

It has not previously been emphasized that in Shakespeare's vast portrait gallery there are two significantly empty spaces: that of the well-treated, fortunate, happy child, and that of the 'ideal mother, tender, constant and true, sympathetic alike in the prosperity and adversity of her children' (30, p. 1). Detailed study has led me to the conclusion that in Shakespeare the child is almost always presented as maltreated and that the mother (or nurse) is almost always cold, neglectful, cruel—or simply absent physically from the child's emotional hemisphere.¹

The limited scope of this paper precludes offering more than a hint of the findings of my projected study: for example, the overwhelming proportion of infants and children in Shakespeare's plot actions and imagery who are killed; deprived of a parent (usually only one); abducted; abandoned; rejected; have unhappy or interrupted nursing experiences; are symbolized as evil in the womb, as baby serpents, as buds that are cankered; have bitter sibling rivalries in the nursery; are threatened with being eaten, starved, poisoned, burned, drowned, smothered, buried alive, being castrated, being whipped—in fact, threatened with a veritable check list of the terrors and injustices known to 'the eye of childhood/ That fears a painted devil' (*Macbeth*, II, ii: 54-55).

This paper is a chapter in the author's larger study (still in progress) of child-mother relationships in all of Shakespeare's poems and plays.

¹ Both Mary Bradford Whiting (30, pp. 1-2) and Sir Arthur Quiller-Couch (24, pp. 10-12) point out that in Shakespeare a kindly father or father figure often replaces the absent mother in a child's life.

Here we shall only consider the mother-child relationship in the imagery of *Venus and Adonis*. Such detailed, psychoanalytically oriented examination of a single work of Shakespeare may be a first step toward further objectives: 1, better understanding of the psychology and creative struggles of Shakespeare himself; 2, broadening of reader response to Shakespeare's writings as a whole (19) and to Shakespeare's illumination of the world of the child in particular; 3, clarification of the way in which a great poet-dramatist may coördinate his imagery, characterization, and plot action so as to create what Holland has aptly called the 'central or nuclear fantasy' of a literary work that gives it its 'organic unity' (19, p. 310); 4, insight into the manner in which Shakespeare's chains of recurrent symbolic child-mother and/or nurse imagery underlie the themes, plot actions, and characterizations not only of single works but, with fine consistency, of all of Shakespeare's writings—in a manner analogous to that in which recurrent, unconscious dream wishes may underlie (and transform) the manifest content not merely of single dreams but of most dreams of the same dreamer.

II

Few works of literature illustrate the dynamics of psychoanalytic theory as clearly and in such wealth of detail as does Shakespeare's long narrative poem, *Venus and Adonis* (c. 1593). It has been found that the poetic imagery in Shakespeare constitutes a kind of obbligate or second theme below the surface of the dialogue and action in many of his poems and plays (4, 7, 18, 21, 28, 29). In the recurrent chains of symbolic imagery in *Venus and Adonis*, we are presented with such an obbligate parallel to, but independent of, the surface level of the story. And through Shakespeare's imagery the attempted seduction of Adonis by Venus is revealed to be substructured by a preœdipal conflict between an overactive, too-loving mother and her resistant nursing infant. On a still deeper level of the imagery the seduction becomes the fantasy of an oral rape of a passive infant's mouth by the breast or mouth of his aggressive mother (or nurse), with results that are ultimately fatal to the infant.

The psychoanalytic foundations for this interpretation must begin with Freud's enunciation of the principle that 'What is bad, what is alien to the ego and what is external are, to begin with, identical' (16, p. 237). Referring to what he calls the oldest instinctual impulses, i.e., the oral ones, Freud reconstructs what he infers to be the infant's first choice in life: '“I should like to eat this” or “I should like to spit it out”' or, carried a stage further: '“I should like to take this into myself and keep that out”' (16, p. 237). This statement seems to follow from what Freud had concluded some ten years earlier: 'Hate, as a relation to objects, is older than love. It derives from the narcissistic ego's primordial repudiation of the external world with its out-pouring of stimuli' (15, p. 139). Thus, Freud believes that once the mother's breast itself is recognized as external to the infant, it is regarded by the pleasure ego as alien and intrusive.

Freud hypothesizes the development of an area of critical sensitivity in the infant as the pleasure ego splits off one part of itself into the reality ego (16, p. 237). Since, Freud believes, the child introjects all pleasure as part of the ego and projects all displeasure as external stimuli, it follows that 'when a child receives a passive impression it has a tendency to produce an active reaction' (13, p. 236). In other words, Freud infers that the infant reacts to pleasure as if it were the result of his own activity, while reacting to displeasure as if it were part of the hostile external world of which he is a passive victim. Freud thinks that the child shows a distinct preference for the active role. The infant's feeling that he is being suckled by his mother gives place to active sucking. Later, the infant's active fantasy of eating the breast results in his fear of being eaten or otherwise destroyed by his vengeful mother (13, p. 237).

Many writers have elaborated upon Freud's theory that the child prefers the active to the passive role. Ferenczi propounds the argument that if we may assume a child to be capable of going from the passive to the active role and back again, then he may also be capable of acting out the double role of mother and child with his own body (11, p. 23). Helene Deutsch and Otto

Rank suggest the possibility that in the act of coitus there may be an extended analogy between the act of breast feeding and that of adult coitus (8, 25) whereby an act experienced *passively* in infancy may be repeated *actively* during adult sexuality.

More recently, Bettelheim has expressed his theory that it is extremely important for an infant to become active rather than passive during the very first nursing experiences in his life. Developing his inferences from his work with autistic children, Bettelheim believes that the infant's ability to become active rather than passive may be critical in determining whether he develops into a normal child or one that withdraws into autism. The critical arena in which the infant's success or failure in life may be put to this test, Bettelheim suggests, is that in which he is 'nursing and being nursed' (3, p. 17). Bettelheim proposes that the central fear of a newborn infant may be fear of an aggressive or indifferent mother who may hold the infant rigidly instead of gently, who may force breast or bottle upon him instead of allowing him the sense of actively participating in sucking and grasping the breast himself. This fear, Bettelheim theorizes, may be as critical in the mental life of an infant as the fear of starvation or anoxia. For, according to this hypothesis, the infant's terror of an overactive mother may spring from a fear of his being relegated forever to the passive role and of being thus forced to abdicate in his very first attempt to contribute to his own survival through his own activity. This, says Bettelheim, is the psychology of frustration that may be operating in both infantile marasmus and Spitz's hospitalism (3, pp. 44-47).

Anna Freud's review of the conflicts that may arise between mother and child in the feeding situation stresses that 'where mothers for their own reassurance, force the child to eat against its will', eating may become the symbolic focus of a struggle between mother and child in which the child may find an outlet for passive or active, sadistic or masochistic tendencies toward the mother. Victory in this struggle may then become more important for a child than eating (12, p. 121).

Thus, according to a considerable body of psychoanalytic literature, an infant's fear of a mother's oral aggression may be tantamount to a fear of death, and the real or fancied aggressiveness of the mother may provoke a child to react by either rejecting the mother, withdrawing into isolation, or reversing passive-active roles with the mother in fantasy.

How perceptively Freud has described what he conceives to be the child's general resistance to the passive role and his tendency to respond to the passive experience in an active way by reversing his role with mother, nurse, or other adult. 'When a doctor has opened a child's mouth, in spite of his resistance, to look down his throat, the same child, after the doctor has gone, will play at being the doctor himself, and will repeat the assault upon some small brother or sister who is as helpless in his hands as he was in the doctor's' (13, p. 236).

Shakespeare was deeply concerned with this same theme—i.e., the child's resistance to passivity—which Freud some three hundred years later conceptualized in psychoanalytical language.

It would be an error to think of Shakespeare as having *consciously* used psychological principles. But he did make free use of 'the system of psycho-physical and psycho-ethical thought which was current among cultivated Elizabethans' (1, p. 4) and which was embodied in the writings of Pierre de La Primaudaye, Pierre Charron, Sir John Davies, Thomas Phaire, Robert Greenham, Sir Thomas Elyot, and other popular writers of the time. In a pre-Lockean version of *tabula rasa* psychology, La Primaudaye (22) and Charron (6), for instance, believed that the child in the womb was subject to having the devil-inspired desires and images of the mother's 'fancie and imagination' imprinted upon the soft waxlike material² of his own mental faculties. The newborn babe, moreover, was thought to 'follow after wickedness as if we had sucked iniquitie with our mother's milke' (22, II,

² A link between the *tabula rasa* concept and evil in the young is traceable as far back as Horace. In *De Arte Poetica*, Horace speaks of the child who has a new passion for every hour and of 'the beardless youth' who is 'soft as wax for moulding evil'.

p. 166). The infant thus had forced upon him, via womb and breast, a heavy share of original sin (p. 168). The stern educational philosophy resulting from this view (6) of child development held it necessary for parent, nurse, and teacher to tame the child's wicked nature 'with staie and bridle, yea spurres, wherebye to be broken and tractable as men used to deal with younge colts' (22, I, pp. 502-503). Little extenuation of child guilt was made in Elizabethan times for the helpless, passive condition of childhood.

Yet despite Shakespeare's debt to these rather harsh, psycho-physiological theories, his artist's instinctive compassion seems to have made him run counter to the 'child psychology' of his day in one important respect. It made him sympathize with a child who was placed in a passive position by despots in the nursery. Shakespeare virtually always sides with infant or child as opposed to oppressive womb, breast, mother, or nurse. 'Even at thy teat thou hadst thy tyranny', says Lavinia to Tamora's sons in *Titus Andronicus* (II, iii, 145) and, as they are about to cut out her tongue and lop off her hands, she cries, 'The milk thou suck'dst from her did turn to marble' (II, iii, 144). By raping Lavinia orally and genitally and then amputating her hands, Tamora's sons have literally done unto her what Lavinia has alleged their tyrannical mother did to them at her breast, i.e., made them passive and helpless to feed themselves. In *Romeo and Juliet*, Juliet's old nurse recalls somewhat callously how she weaned Juliet in the usual abrupt manner of those days, but she faithfully describes the pitiful reactions of the then three-year-old Juliet to the experience:

When it did taste the wormwood on the nipple
Of my dug and felt it bitter, pretty fool!
To see it tetchy and fall out with the dug (I, iii, 30-32).

And in *The Winter's Tale*, the child, Mamillius, rejects the attentions of his mother's lady-in-waiting by saying, 'You'll kiss me hard and speak to me as if/ I were a baby still' (II, i, 5-6).

Numerous other instances of Shakespeare's instinctive sympathy for the child who is forced into the passive role by adults

can be found throughout his writings. But nowhere does he concentrate his imagery and understanding more fully on the response of passive child to aggressive mother (or nurse) than in *Venus and Adonis*, which work Shakespeare called 'the first heire of my invention'.

III

Superficially, *Venus and Adonis* is the story of a seduction: a passionate, forward woman woos a beautiful, shy youth. Soon the imagery, like symbols mocking the manifest content of a dream, undermines the action of the poem and exposes the pre-œdipal substructure of the fantasies in the minds of the lovers.

Let us begin by focusing attention upon a simile near the end of the poem, for it is a key to the major theme in the imagery. Venus has heard the sounds of the boar hunt and, sensing danger to her adored Adonis, plunges through the forest toward the hounds. Shakespeare's simile describes Venus as follows:

Like a milch doe, whose swelling dugs do ache,
Hasting to feed her fawn hid in some brake.

This simile illuminates the thematic obligato beneath the surface action, which we will find to be: *A child upon whom the breast is forced by a too-eager, overactive mother or nurse will rebel against his enforced passivity and may be destroyed in the process.*³ We may note that in the above figure of speech Venus is not represented as a lover trying to seduce an adult male, but as a mother planning to urge the milk of her dugs upon her passive offspring. The erotic level is oral, not genital. Furthermore, the clause 'whose swelling dugs do ache' suggests that this particular mother's desire to nurse her infant is motivated as much by her wish to relieve her own ache as to slake the thirst of her baby. It underlines the overactive role of the insistent mother and the passive role of the resistant infant. It apotheosizes the dramatis personae in an oral rape fantasy.

³ Other examples of pre-œdipal substructure under the surface conflict between a man and a woman are to be found in *The Rape of Lucrece* and *The Taming of the Shrew*, as revealed by the imagery.

Almost all of the imagery in the prolonged seduction scene points up the existence of an oral rape fantasy underlying the action. An infant's mouth, it says, is being ravished by his mother or nurse. However, the thirsting and yearning for food and drink shifts back and forth between the aggressor and the transgressed. Venus frequently seems to regress to the child's role, seeking nourishment from Adonis's face and lips as if he were the giver and she the receiver; then without warning Shakespeare reverses their roles, and Venus is once more the mother or nurse offering her breasts as 'pleasant fountains' to satisfy her 'infant' Adonis's resistant thirst. This facile interchanging of child-mother roles in the imagery offers an interesting parallelism to the double role of mother and child⁴ hypothesized by Ferenczi in *Thalassa: A Theory of Genitality*, i.e., that 'every human being, whether male or female, can and does enact with his own body the double role of the child and of the mother' (11, p. 23).

Let us now examine the symbolism in the imagery of *Venus and Adonis* in detail to see how Shakespeare works out his obligato fantasy of an oral rape. At the outset, Venus is cast in the role of insistent giver of nourishment. She woos Adonis 'like a bold-fac'd suitor', offering him, however, almost exclusively oral pleasures. She promises him a thousand 'honey secrets'; she will 'smother' him 'with kisses'; yet she will not cloy his lips with satiety, 'But rather famish them amid their plenty'. As the 'boy' blushes and pouts with 'dull disdain', Venus drags him off his steed and he comes 'with leaden appetite'. Then as he 'burns with bashful shame', she showers his face with kisses. Here we get our first intimation of the underlying note of tragedy in the oral rape fantasy: for the imagery

⁴ Another example in Shakespeare of mother and child acting out double roles is to be found in Cleopatra's metaphor as she places the asp to her breast in her death scene. First inquiring, 'Will it eat me?', she asks:

Dost thou not see my baby at my breast,

That sucks the nurse asleep? (*Antony and Cleopatra*, V, ii, 308-309)

Here the baby is the giver of comfort (poison) and the nurse is the recipient.

contains a forecast that Venus's attempts to force her kisses upon Adonis will result in his death.

What follows more she murders with a kiss.

With a poetic sleight of hand Shakespeare begins interchanging the roles of the lovers. Suddenly Venus is the thirsting one, yearning for succor from Adonis's lips. The imagery describes her as 'an empty eagle, sharp by fast' who devours Adonis until she is gorged. 'Even so she kiss'd his brow, his cheek, his chin'. It is almost impossible at some places in the poem to follow the glissando-like reversals of parts and to say who is nourisher and who is nourished in the imagery. As Venus smothers him with kisses, this is the picture of Adonis:

Forc'd to content, but never to obey,
Panting he lies, and breatheth in her face;
She feedeth on the steam, as on a prey,
And calls it heavenly moisture, air of grace.

Is he suckling infant or ravished breast? Whatever he is, he is certainly cast in the passive role. Shakespeare calls the boy a bird lying 'tangled in a net', so fastened is he in Venus's arms. This is his reaction to his enforced passivity: 'Pure shame and aw'd resistance made him fret'. Yet his face exudes 'heavenly moisture' that partly feeds the thirst of Venus. Is she aggressive suckling infant or insistent wet nurse?

At moments, Venus appears to be playing the role of infant on the action level as well as in the imagery. She swears, 'From his soft bosom never to remove'. (Hardly a literal description of a virile young man's chest.) As she begs Adonis for a kiss, Shakespeare elaborates on her feelings, still chiefly in terms of thirst:

Never did passenger in summer's heat
More thirst for drink than she for this good turn.

Moreover, as Adonis remains 'obdurate, flinty, hard as steel', Venus appeals to his childhood memories of his mother as a background for his pitying his seductress's present plight:

Art thou a woman's son, and canst not feel
What 'tis to love?

When he still does not yield to her request to touch her lips 'with those fair lips of thine', she suggests that by rejecting her and withdrawing into himself, he is rejecting his own life. Even so, she says, Narcissus, wooing himself, 'died to kiss his shadow in the brook'.

We may note that, according to Bulfinch's *Age of Fable*,⁵ the actual cause of Narcissus's death was that he 'lost all thoughts of food and rest while he hovered over the brink of the fountain, gazing at his own image' and then 'pined away and died' (5, pp. 124-125). Freud has conjectured that the wound to an infant's narcissism resulting from his being dependent upon a mother who appears as something external, hence bad, may lead the infant to reject the mother, and, along with her, his nourishment (15). Shakespeare's imagery parallels the Narcissus myth in a number of interesting respects: Adonis shows his resistance to Venus's advances by rejecting the offer of her 'pleasant fountains', and he retreats into self-sufficiency, even as Narcissus, also hovering over a 'fountain', rejects Echo's adoration and all nourishment in favor of self-love. Both die, although Adonis is killed by the vengeance of his symbolic mother (as we shall see), and Narcissus pines away in a kind of marasmus as a result of his devotion to his own image and his neglect of nourishment. Shakespeare follows through on the parallelism to the myth to the extent of having Adonis turned into a 'purple flower' after his death, even as the dead Narcissus was turned into a purple flower (5, pp. 124-125) that became his namesake. The withdrawn behavior of both Adonis and Narcissus in reaction to the advances of forward women shows a striking resemblance to the reaction patterns (subdued behavior and loss of appetite) of children over six who have been the victims of actual or attempted rape (26).

⁵ Bulfinch derived most of the 'classical legends' in his book from Ovid and Virgil (5, p. vi). Shakespeare was certainly familiar with Ovid (2) and may have taken parts of the Narcissus myth from that source.

In desperation at Adonis's continued coldness, Venus now hurls at him, 'Thing like a man, but of no woman bred'. He cannot have been brought up by a woman, she says, since he apparently never had a mother to teach him how to love and be loved. Indeed, she goes on, if Adonis's mother had 'borne so hard a mind' as he, she would not have given life to him but would have died childless. Obviously, Venus is asking Adonis to accept the same kind of love that a normal mother would bestow upon her baby. And Shakespeare seems to be saying something similar to what animal psychologists like M. K. and H. F. Harlow (17) and social psychologists (9, p. 116, 20, 23) have recently been deducing from studies in their own frames of reference, namely, that in the family of primates, a baby brought up without mother love or its equivalent, may develop with an inability to mate sexually when it reaches maturity and may become a cold or abusive parent itself if it should somehow manage to have offspring.

Shakespeare's phrase 'of no woman bred' bears close examination, for it seems related to the phrase Shakespeare later applied to Macduff, i.e., 'not born of woman' (*Macbeth*, V, iii, 4, ff.). There is reason to believe that at least in the cases of Caesar, Macduff, Posthumus, and Richard III, Shakespeare equated the child of a Caesarean birth with a chick or a baby serpent that has broken out of its eggshell without aid from its mother and that, therefore, is an offspring which has grown up without the normal sense of dependence upon or love for its mother.

... think him as a serpent's egg

.

And kill him in the shell (*Julius Caesar*, II, i, 32, 34)

says Brutus of Caesar, the man whose manner of birth gave Caesarean birth its name.

With this egg image, Shakespeare creates a symbol that is virtually identical to one which Freud later explored psychoanalytically as an embodiment of the infant's fantasy of self-suf-

ficiency. In a long footnote to his Formulations Regarding the Two Principles in Mental Functioning, Freud compares the bird embryo in an egg to a child who attempts to maintain 'the dominance of the pleasure principle' by pretending 'complete psychical detachment from the parents'. Freud calls the chick embryo 'a neat example of a psychical system shut off from the stimuli of the external world, and able to satisfy even its nutritional requirements autistically, . . . the care provided by its mother is limited to the provision of warmth' (14, p. 220). Comparing the child Caesar (as well as both Banquo's and Macduff's children) to a serpent's offspring, Shakespeare conceives of him as a creature who wishes to be autistic and independent of his parents. For the serpent's egg, unlike the chick's, does not even receive the provision of warmth from its mother, that task being left to the sun in the case of a reptile's egg. Hence Macduff, the man 'not born of woman' who nevertheless survived his infancy, is depicted by the witches in *Macbeth* as a virtually invincible being.

By saying Adonis was 'of no woman bred', Shakespeare is imagining that (like Macduff) Adonis has grown up independent of maternal care and is, hence, without any feeling toward woman.

Failing to reach him through the memory of his mother, Venus therefore reverses the mother-child roles again. She once more sees herself as the nourisher, offering Adonis her entire body as food and drink; in particular, her breasts:

I'll be a park, and thou shalt be my deer;
Feed where thou wilt, on mountain or in dale;
Graze on my lips, and if those hills be dry,
Stray lower, where the pleasant fountains lie.

Some eight times in Shakespeare's writings, woman is symbolized as a fountain or source of drink.⁶ With the exception of

⁶ For example, *Othello*, IV, ii, 58-63; *A Lover's Complaint*, lines 254-256; *The Rape of Lucrece*, lines 575-577, 848-851, 1707-1708; *The Taming of the Shrew*, V, ii, 142-145; *The Winter's Tale*, II, i, 39-45; *Venus and Adonis*, lines 233-234.

the above metaphor describing Venus, these comparisons liken woman to a poisoned, muddied, emptied, or dried-up fountain. Yet Adonis refuses to drink even at Venus's 'pleasant fountains'. His objection is not to any poisoned, muddied, or dried-up content in them, but to the manner in which they are being forced upon him, relegating him to a passive role that makes him feel like a passive infant.

Significantly, the enormous scale used in the imagery turns Venus into a giantess in proportion to Adonis and re-enforces the underlying fantasy of a nursing mother-suckling infant relationship between the lovers. Venus conceives of herself as a large park upon which Adonis is to be but her 'deer' (Shakespeare intended the pun [27, p. 288]) grazing upon her lips, feeding upon her mountains and dales. The relative sizes of mother and nursing infant are further carried out when Adonis cries, 'You hurt my hand with wringing', and when Venus confesses that her heart shakes Adonis on her breast 'like an earthquake'. The adult-to-infant scale is further maintained by Venus's description of the earth mother on 'whose hollow womb' Adonis's courser tramps like 'heaven's thunder'. Adonis's resistance to his enforced passivity persists, yet he is generally depicted as lacking the physical strength (and size) to ward off his seductress. At one point he cries, 'you crush me; let me go', as if he were a baby in the grip of a giantess, instead of an athletic young man—a hunter of the wild boar, no less—rejecting the advances of an undesired woman.

Meanwhile Venus herself cannot remain forever in the role of the nourishing mother. The imagery draws her back into the role of suckling child—though understandably into the role of an extremely active suckling child. She continues rhapsodizing upon Adonis's fragrant face, calling it the 'nurse and feeder' of her other four senses as well as of her sense of taste:

But Oh! what banquet wert thou to the taste,
Being nurse and feeder of the other four;
Would they not wish the feast might ever last.

Promising to let Adonis go if he will give her one kiss on the lips, she breaks her word, seizes him like a 'yielding prey' and 'glutton-like she feeds, yet never filleth'.

The insult felt by Adonis at being coerced into the passive oral role is stated unequivocally:

Her lips are conquerors, his lips obey,
Paying what ransom the insulter willeth.

Like a 'vulture' then, Venus attempts to draw his 'lips' rich treasure dry'. As in a previous image where she was 'an empty eagle, sharp by fast', Venus is depicted as a bird with a sharp, piercing beak, attacking Adonis's mouth and face as if he were her helpless prey. The theme of oral rape by a beak-like object that penetrates the boy's mouth is patent in the symbolism.

Shakespeare's picture of the passive outraged 'infant', Adonis, is entirely consistent with that which Freud gives of the infant whose mouth has been passively victimized by the examining physician (13, p. 236). We must observe, however, the peculiarly reverse manner in which Shakespeare's beak-like oral rapist operates. She works in reverse, sucking up liquid (nourishment) from the raped mouth to herself. For example, Venus steels herself against letting Adonis discourage her advances, lest when he frowns:

Such nectar from his lips she had not suck'd.

The perversity of such images seems to be the inevitable result of the interchanging of child-mother roles by the two lovers, wherein nourishing liquid may flow in either direction.

Such reversal of child-parent (passive-active) roles is, incidentally, a recurrent theme in Shakespeare's plays—in the action as well as in the imagery. In Cleopatra's death scene the fanged asp ('my baby') injects poison into the nurse's breast, putting her to sleep. In *King Lear* the 'discarded father' begs the gods to give his own child 'a child of spleen' that she may feel 'How sharper than a serpent's tooth it is / To have a thankless child' (I, iv, 289-290); again pain-poison is injected into the

parent by the child in the fantasy. There is also the remarkable image in *Timon of Athens* where War, the breeder (parent) and Peace (its child) are likened to leeches sucking poison out of one another (V, iv, 83-84).

The image of 'amorous' death sucking life out of Juliet's lips in the tomb scene of *Romeo and Juliet* is of the same genre, wherein Shakespeare exchanges the natural roles of nourisher and nourished in the love relationship. As for reversal of child-parent roles in the action of the plays, perhaps the most vivid examples are to be found in *King Lear*, the two main plots of which are the attempts by Lear's 'pelican daughters' to displace their 'child-changed father' and by Edmund to dispossess his father, Gloucester. Lear himself apotheosizes the capability of a parent to regress to the passive role of his own child's child, a capability which Lear's faithful Fool recognizes when he chides his king:

... thou madest thy daughters thy mother;
for when thou gavest them the rod and puttest
down thine own breeches,
Then they for sudden joy did weep . . . (I, iv, 170-173).

Up to this point of our discussion Venus has been rapidly switching roles with Adonis in the imagery, she being by turns active profferer of nourishment from her 'pleasant fountains' and active sucker of nectar from Adonis's face and lips. Adonis for his part has been both reluctant receiver and unwilling giver of liquid refreshment. Hereafter the preponderance of the imagery hands Adonis the part of the passive, rejecting infant whose mouth and person are assaulted by his too loving, too violent mother or nurse. Henceforth, too, the infant as a direct symbol for Adonis rises boldly to the surface of the poetry. The resistant, exhausted Adonis is described as,

Hot, faint, and weary, with her hard embracing,
Like a wild bird being tam'd with too much handling,
Or as the fleet-foot roe that's tir'd with chasing,
Or like the froward infant still'd with dandling,

He now obeys, and now no more resisteth,
While she takes all she can, not all she listeth.

There can be no doubt that Shakespeare has pictured Adonis as Venus's overfondled, abused infant.

Full of shame at Venus's advances, 'the froward infant still'd with dandling' finally breaks away from 'those fair arms which bound him to her breast' and 'leaves Love upon her back deeply distress'd'. Meanwhile, Venus's mind is full of metaphors suggesting the regret of a mother whose overflowing breast has been rejected by her baby. She sees the sun rising from the silver breast of morning; she greets the sun-god, and proudly compares its light to that of Adonis:

There lives a son that suck'd an earthly mother,
May lend thee light.

Of course, these last two lines are wishful thinking on Venus's part, for earlier she has accused the unresponsive Adonis of having been 'of no woman bred'. But the later reference nevertheless pinpoints Venus's fantasy. She wishes Adonis would suck her breast as a normal child would his mother's.

Venus's underlying craving to suckle Adonis as her infant presently bursts forth in the simile:

Like a milch doe, whose swelling dugs do ache,
Hasting to feed her fawn hid in some brake.

And we may therefore now repeat our formulation: *Underneath the adult seduction scene of this poem lies a preœdipal fantasy of powerful dimensions. Venus, to end her own 'ache', fantasizes forcing her overflowing breast upon the mouth of her metaphorical, resisting infant, Adonis.*

The ending of the narrative introduces two important new symbols: the boar which kills Adonis and the purple flower into which Venus ultimately changes the slain youth. The first thing Venus notices about the boar is its frothy, reddened mouth. 'Like milk and blood being mingled both together'.

Thus Venus has associated death with the nursing process.⁷ But it is not until she actually sees the gored Adonis and re-constructs the scene of his death that she identifies herself with the boar as the true killer of her lover. The boar must have fallen in love with the beautiful Adonis, she thinks, and attempted to detain him with a kiss even as she herself did the previous day.

But by a kiss thought to persuade him there;
And nuzzling in his flank, the loving swine
Sheath'd unaware the tusk in his soft groin.

The symbol of the boar now becomes apparent. Venus admits the resemblance between her own aggressive attentions to the boy and those of 'the loving swine' that has killed him with its tusks. Venus admits:

Had I been tooth'd like him, I must confess,
With kissing him I should have kill'd him first.

The sharp-tusked boar has become her symbolic breast or beak-like mouth that in her fantasy has raped her infant's mouth and killed her baby with kindness. Venus herself becomes a living symbol of angry, rejected mother-love.

For further confirmation of the boar-breast-mouth symbolism, we may observe that Venus's imagery once more refers to Adonis as an infant. Berating death for having hit the wrong target in killing Adonis, she cries:

Thy mark is feeble age, but thy false dart
Mistakes that aim and cleaves an infant's heart.

⁷ Hermione in *The Winter's Tale* likewise points up the irony in the fact that her infant has been murdered while his mother's milk was still in 'its . . . innocent mouth' (III, ii, 98-99). In *Coriolanus*, Volumnia also associates milk and the nursing child with the future and bloody murder of that child. Volumnia says:

. . . the breasts of Hecuba,
When she did suckle Hector, look'd not lovelier
Than Hector's forehead when it spit forth blood
At Grecian swords, contemning (I, iii, 41-44).

Note that Hector's forehead 'spits' blood, not milk.

Just before the discovery of Adonis's corpse, Venus had momentarily re-exchanged roles with him in her fantasy. The sounds of the hunt had evoked the image of herself as a babe:

A nurse's song ne'er pleas'd her babe so well.

But discovering the boy's body, Venus quickly reverts to the aggressive mother's part, identifying herself with 'the loving swine' that killed Adonis.

At the poem's conclusion Venus changes the slain youth into a purple flower, 'And says within her bosom it shall dwell'. Thus the flower becomes a symbol of a dead infant at his mother's breast. Like Narcissus, another purple flower, Adonis is an infant that rejects symbolic food in favor of self-sufficiency—and dies. Venus, however, comforts the flower, saying that it is as good for it to wither at her breast as in the sterile blood of Adonis who rejected her love. Upon her breast, which was its 'father's bed', she vows:

Lo! in this hollow cradle take thy rest,
My throbbing heart shall rock thee day and night.

And so the oral rape fantasy ends with the death of the rejecting child and the remorse of the rejected, aggressive mother.

IV

We may now summarize the chief points in our analysis of this poem. The bulk of the sense imagery cited in *Venus and Adonis* has centered around the oral zone of pleasure. In the continually interchanging roles between the seducer and the seduced in the imagery, we are witnesses to a symbolic drama in which an overactive mother forces herself upon her passive infant. In Venus's frequent reassignments to the thirsty child's role in the imagery, we have seen vivid illustrations of the child's ability to act out both the mother's and child's (active and passive) roles on his own body. Although on the surface the story is about the seduction by a full-grown woman of a full-grown male, the imagery reveals the preœdipal substructure beneath the adult sexual act itself.

Analyzing the deeper significance of the poem's ending—in which Death, in the form of a symbolic tusky boar-mother, murders an infant with a kiss—, we may see an illustration drawn by one of the world's great intuitive geniuses of an infant's hyperbolic fear of the passive role. For the symbolism dramatizes an infant's deep suspicion that he may be killed through a form of oral rape by a too-loving mother or nurse during the nursing process itself.

One passage in *Venus and Adonis*, furthermore, casts some light on what Erikson has assumed to be a psychosocial crisis of trust versus mistrust in the oral stage of an infant's life (10, pp. 247-251), the outcome of which does not, says Erikson, 'depend on absolute quantities of food or demonstrations of love, but rather on the quality of the maternal relationship' (p. 249). Thus, when Venus sees how her 'infant' Adonis has been killed by a kiss from 'the loving swine', his symbolic mother, she declares that henceforth all the pleasures of love

. . . shall be fickle, false, and full of fraud,
 Bud, and be blasted, in a breathing-while;
 The bottom poison, and the top o'erstraw'd
 With sweets that shall the truest sight beguile:

.....

It shall suspect where is no cause of fear;
 It shall not fear where it should most mistrust.

Shakespeare's message seems plain: a child always has to fear being killed by an outwardly loving but deeply aggressive mother or nurse.

Finally, the poem hints that an infant's reaction to the threat of aggressive love on the part of mother or nurse may take the form of total withdrawal from love itself. Shakespeare's extended parallel between the fates of Adonis and Narcissus has made his implication clear in this respect. In addition, Adonis's ultimate reply to Venus's entreaties on her 'over-handled theme' is to swear that by 'black-fac'd night, desire's foul nurse' the more she forces herself on him, the more he likes her 'worse

and worse'. He will resist her blandishments as he would the bewitching 'mermaid's songs'. (Observe that the image of 'mermaid' has a preœdipal character, i.e., a woman conceived of as having breasts but no visible genitals.) He will not let the 'deceiving harmony' of love 'Into the quiet closure of my breast'. Speaking of his heart in diminutive terms as that of a helpless infant instead of a full-grown male, Adonis says:

And then my little heart were quite undone,
In his bedchamber to be barr'd of rest.
No, lady, no; my heart longs not to groan,
But soundly sleeps, while now it sleeps alone.

The reaction of Adonis to the loving overtures of a 'lady' is in the direction of withdrawal into self-sufficiency and aloneness. It recalls the inferences both Erikson (10, p. 248) and Bettelheim (3, p. 63) draw as to the omnipresent fear of death in the psychotic and autistic children who retreat from 'love' into isolation.

Most vividly, the imagery of *Venus and Adonis* reveals the preœdipal substructure underlying the seduction of an adult male by an adult female. The work is a play within a play, a poem within a poem that suggests Shakespeare's intuition that the child is deeply preoccupied with the fear of death and, moreover, has a high potential for rejecting all love satisfactions in favor of autistic retreat. Shakespeare's poetic inference seems based on a hypothesis that a child fears oral rape and that he fears being relegated to the passive role by a 'loving swine' of a mother or nurse.

V

In conclusion, a word more about this paper's implications for the broader objectives mentioned earlier. Suppose the works of Shakespeare are found to contain other subsurface but central fantasies referring to child-mother relationships, similar to the oral rape fantasy in *Venus and Adonis*. Surely, then, the biographer and literary analyst will have found a passkey to

hitherto locked chambers in Shakespeare's creative personality. For it seems likely that further psychoanalytic readings of Shakespeare's recurrent, symbolic imagery will generate important inferences of the nature of Shakespeare's own relationship to his mother and of the personality development of the man who, in the imagery of one work, made a mother (Venus) force her overflowing milk upon her reluctant infant, and who, in another work, had Lady Macbeth fear her husband's nature for being 'too full of the milk o' human kindness', had her invite the forces of murder to 'Come to my woman's breasts/ And take my milk for gall' (I, v, 47-48), and had her fantasize plucking her nipple from her infant's gums—'while it was smiling in my face'—and dashing his brains out (I, vii, 56). Multiplied hundreds of times in Shakespeare and often worked in as counterpoint to his plot actions, such parent-child imagery must then be elevated to thematic function. If the resultant child-parent themes should be found to carry over not merely from scene to scene but work to work throughout Shakespeare's lifetime literary production, that fact might well spur further investigation into the role which Shakespeare's responses to his own mother played in his creative development.

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The Maid: Her Importance in Child Development

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THE MAID: HER IMPORTANCE IN CHILD DEVELOPMENT

BY LISBETH J. SACHS, M.D. (BROOKLYN, NEW YORK)

The child psychiatrist of today studies not only the patient, but also scrutinizes the child's environment: the influence of his mother, father, and siblings on the patient's development. Occasionally consideration is also given to grandparents, aunts, and uncles, especially if they live in the same household. Less attention has been paid in the literature to the maid in the house, with whom a child may spend many hours each day.

Freud (5) describes a patient who 'was looked after by a nurse, an uneducated old woman of peasant birth, with an untiring affection for him. . . . His Nanya disillusioned him; she made a serious face (when he masturbated in her presence), and explained that that wasn't good: children who did that, she added, got a "wound" in the place. . . . He became . . . a tormentor . . . his principal object was his beloved Nanya, and he knew how to cause her enough pain to make her burst into tears. In this way he revenged himself on her for the refusal he had met with. . . .' In addition there was the English governess who turned out to be an eccentric and quarrelsome person, and, moreover, to be addicted to drink. To her he could 'express openly . . . the aversion . . . he had developed against his sister as a result of his seduction'.

In Berta Bornstein's case of Frankie (2) there was the good nurse 'who would never leave him alone' in contrast to his mother who left for the hospital and for a vacation. Frankie 'had exaggerated his affection to his nurse because he wanted to take revenge for the disappointments he had suffered at the hands of his mother'. In Bornstein's analysis of an obsessional child (3), Sherry showed 'her negative feelings toward her mother' by quarreling with the maid. Anna Freud (4) reports the case of a boy who 'furiously pealed the bell', experienced anxiety over doing so, and subsequently allayed the anxiety by upbraiding the maid before the latter could upbraid him. In

Marie Bonaparte's case (1) the wet nurse took the place of the girl's mother, who died in childbirth. Bonaparte states: 'The nurse seemed to be a very good wet nurse'.

The following case material is offered to demonstrate the role which the maid may take in shaping the character structure or neurotic symptomatology of children.

CASE I

Ara, a very bright twelve-year-old girl, stormed into my office saying: 'I told her [mother] to get me those French designer boots. "Right away", I said, "or else . . ."' Full of rage, she pointed her thumb at the door behind which her mother was waiting. 'Or else?' I asked. 'Or else the maid goes', she said. She was full of sarcasm: 'And I wonder how my dear little mother will manage: cleaning, cooking, shopping, and still get to all those luncheons and parties.' Ara almost hissed her words now: 'I have fired many maids, only she [mother] does not know it. This one will go too.' Then, as if to prove her determination, she kicked a chair over with her foot. Ara's mother knew only too well that many maids left because of the child's bossy, insulting behavior, such as ordering them around and calling them names. But Ara's mother did not realize that much or most of this was done for the purpose of hurting her.

Ara, a schizophrenic child with tremendous hostility, expressed her sadism to her mother in her handling, or rather mishandling, of the maids. The maids served mainly as an impersonal, dehumanized tool to hurt. Ara could just as well have broken mother's best piece of china, but firing of maids was a much more effective way of hurting her mother. Together with this indirect expression of aggression toward her mother through the maids, the direct pleasure of hurting the maids played an additional though minor role in Ara's behavior toward them.

CASE II

Boyd, a ten-year old, complained again and again that his mother's cooking was miserable and her meals inedible. He refused to touch any meal she had prepared but ate voraciously

large quantities of food that a new maid supposedly had prepared but that had actually been cooked by his mother while Boyd was at school. He not only praised the new maid lavishly for her meals but also became quite chummy with her, telling her about things that had happened at school and talking about his teachers, friends, and ball games, matters that he never mentioned to his parents. The father and mother were concerned only with keeping the child 'under control'; there was little interest in him as a human being and no warmth or love was shown to him.

Up to the time of the maid's arrival, Boyd had shown no eating or other problems. He had been a very quiet boy, though at times quite stubborn, who, according to the father, 'with a little slapping around would always toe the mark'. Both parents conceded that he had always been moody, depressed, 'a sourpuss'. Shortly after the maid's arrival, Boyd became quite sassy and hard to handle. The parents were perplexed. Should they let the new housekeeper go? Did she have 'a bad influence' on their child?

Of interest was a remark that Boyd made when he and his parents had been in treatment over two years. By that time he had passed through a stage in which he would eat TV dinners heated up by his mother, but not food prepared by her. Finally he accepted her apple pie. Soon thereafter he stated: 'Sometimes it's better to talk to them [the parents]. They know more about baseball and basketball and stuff and current events and stuff than the maid. But I still talk a lot to her [the maid] and kid around with her because she nursed me when I was sick.' On being questioned, he stated that he was alluding to his emotional illness. With this remark Boyd acknowledged the therapeutic role of the maid.

The parents were persuaded not to discharge the maid, whom they originally blamed for the child's problems.

CASE III

Chester, almost eight years old, was brought for treatment because he had been seen several times in front of a mirror

wearing his mother's jewelry and her high-heeled shoes. Once, when frustrated by his mother, he tried to choke himself by pulling his tie tight around his neck. He was described as an easy child who usually tried to please but occasionally broke into a temper. Of his father, he said: 'He is either out at work or asleep'. His mother was the absolute ruler of the house. Her only contact with the children occurred when she disciplined them. Otherwise she left their care completely to the maids. Since Chester's birth she had hired only French-speaking maids who had just come to this country and knew no English at all. (She felt that they cooked better, were less demanding than American servants, and, as an afterthought, might teach the children some French.) From the beginning of treatment Chester brought out a great deal of anger against the many different French maids. (After having acquired some knowledge of English, they usually left the job for better working conditions.) He remarked during a session that they were stupid not to have learned English: it was frustrating for him not to understand or not to be understood by them. My suggestion that he might be angry at mother for hiring these French maids was met with a blank expression.

Chester progressed very slowly in therapy. He remained unable to communicate with the French maids. In the fourth year of treatment Chester started French in school. From the beginning the boy, who was of normal intelligence and did well in all other subjects, had a great deal of trouble with French. He was unable to learn even the simplest words or sentences. Chester now realized that it was his frustration in trying to communicate with the French maids that produced anger which, in turn, made it impossible for him to learn French. It was only at the beginning of puberty (fifth year of treatment) that he permitted himself to realize that he was 'furious at mother' for hiring these French maids and thereby introducing problems of communication. Now, with this insight, he could have perhaps improved in French but he had no knowledge of the fundamentals. I suggested that he have his parents hire a tutor. At first he refused, but when finally he was

able to permit himself the benefit of tutoring, he produced a new symptom: he had an obsessive thought of a knife and hurting himself with it. This symptom appeared at a time when his mother was again pregnant. 'She is silly to keep on having babies in her old age. I hope she won't make that baby suffer with those French-babbling maids.' His knife obsession disappeared as he now vented his anger at his mother in our sessions, but only in terms of the unborn baby condemning the mother's expected misdeeds, such as punishing and emotionally neglecting the baby. Once, however, he added: 'I know it all from personal experience and, believe me, it was pretty awful. She spoiled my whole childhood, with those maids.'

One reason why this patient had to displace his aggression onto the maids may have been the magnitude of his hostility because of his mother's threatening behavior. Another reason may have been that he did not dare risk a break with his only parent, as his father, until he entered treatment, was nonexistent for the boy. And finally, we must consider the fact that this patient, even though in a negative œdipal phase, was nevertheless an œdipal child and as such had both the desire to please and guilt over his rage. As treatment of the family continued and his father began to take over the reins while his mother assumed a more passive, nonthreatening role, the boy was able to direct his aggression from the maids onto his mother. Moreover, he now had reached puberty and his dependency needs had decreased. The expected birth of a rival also may have played a role in his permitting himself to express anger at mother instead of at the maids. At this time practically all of his hostility was expressed in our sessions and very little spilled over in the home. To put the blame for the child's disturbance onto frustration by the foreign maids and to convince the mother that these maids had no place in the house, would not have been helpful in conducting this patient's therapy.

CASE IV

Celia, seven years old, was brought to treatment because of marked depression, fear of going to school, upper abdominal

pain, lack of appetite, nausea, and vomiting. The child complained over and over again of having a small, 'a teeny weeny' stomach and not being able to eat 'even the best food'. She seemed tremendously worried about not gaining weight or growing because of her small food intake. Celia told me that the only time she was able to eat was when her mother was out and the maid served her lunches or dinners. When I questioned her about the quality of the maid's food, she told me that it was often food that mother had prepared beforehand and that 'any old sandwich' would do when she ate with the maid. In one of the subsequent sessions Celia pushed a pillow under her dress and played 'baby mother' with her being Daddy's wife and Mommy being baby Sandy inside of her. She then went on to tell me that her 'grand-grand aunt', now ninety-five years old, had shrunken in recent years from Mommy's size to baby size. She showed me with her hand the size of a newborn. 'And she only weighs seventy-five pounds. It could happen to Mommy', Celia whispered.

In spite of the fact that she was able to express much oedipal anger in our sessions, she still was quite depressed and unable to eat a full meal in her mother's presence, though her school phobia had disappeared. She wrote me a letter: 'Why do I get angry so often; why do I get stomach-aches and headaches and sore throats before I get angry?' I told her that she was angry at Mommy for being married to Daddy. She nodded seriously. I continued, saying that she was unable to express all this anger to Mommy and that this produced her pains, because Mommy would just not permit it, and would punish her severely for it. Celia again nodded with a grave expression on her face. Then she said: 'Better call Mommy in from the waiting room and explain it to her'. She ran out and dragged her mother by the hand into the office. The mother sat down. Celia, suddenly exuberant, threw herself in gay abandon and with all her weight into her mother's lap, against her breasts and abdomen. She giggled and laughed in the act and repeated it many times. The desire to hurt her mother in this supposedly playful

manner and her happiness over being successful at it showed clearly. Her anger against her mother, compounded by this woman's punitive attitude and her inability to tolerate the child's hostility, came out clearly in this session as it had many times before. It seemed that Celia was able to express aggression only in my presence, as I was a protector from mother's wrath.

In the light of all this, we assume that the maid's presence had a meaning for Celia similar to my presence in the session during which she invited her mother into my office. We both were protectors, shielding the child from the mother's wrath when Celia brought out oedipal anger. But more importantly, the maid's kindness helped Celia to overcome, at least temporarily, her guilt over her impregnation fantasies by father. These, to judge from her symptoms, were oral in character and made food intake especially taboo. It should be mentioned here that Celia often asked me for food even though her sessions took place right after her dinner. Once she remarked, 'With you it's easy to eat, just like with my maid'.

CASE V

Didi's mother and older brother had been my patients for two years when the mother began to worry about her little girl. Didi always had been a happy, delightful, bright child. Shortly after her fourth birthday, her mother noticed that she was somewhat overbearing, loud, and irritable. She also had frightening dreams. She began to question her mother about her love for her, and assured and reassured mother often of her own love. One day she told the maid that she did not love her any more, that she 'hated her a lot', that she did not have to love her because she was not a member of the family, that her last name was not even Smith (the family's name), and that she was only a maid. Didi's mother was greatly disturbed over the child's 'haughty, prejudiced attitude' to the maid, especially since all along she had expressed great fondness for her and had felt happy and secure with her. She asked me to talk to the child.

When her mother brought her in Didi quickly settled in a chair. She began: 'I hate my sister. She is mean. She kicks me with her knee in the back and she hits me on the head. Here!' she pointed to the back of her head. 'And she is a big liar. She told my Daddy she did not do it.' Her facial expression was that of great suffering. Then she went on: 'I love my big brother. He hits my sister for me. I tell everybody I will marry him but'—her voice lowered to a whisper—'I really want to marry my Daddy when I am big. If he wants me', she added coyly. 'I love my Daddy very, very much. My Mommy doesn't mind, she says. She understands, she says. When she was little she wanted to marry her grandpa, she says. She loves me very, very much, she says. I love my Mommy very, very much. I love her more than the whole world.' She leaned over, reached for a pillow on the couch, and hugged it, trying to show me how much she loved her mother. Then she went on: 'I don't love my nanny any more. I don't have to love her. She is not a relative; she is only a maid. You know,' she whispered, 'her name is not even Smith'. Her voice and facial expression conveyed the idea that she had just told me a fact of major importance. With this she crawled out of the chair and, visibly upset, walked over to the window. Then, in a barely audible voice: 'My brother told me a secret. When my mother was little, her name was not Smith. She had only grandma's name.'

Her last statement made the child's dilemma clear. Her irritability, her frightening dreams, her sudden need for frequent assurances of her mother's love, her exaggerated expressions of her love for mother, coupled with anger at the woman who 'did not even have the name Smith', were all expressions of oedipal anger, not vented directly at the mother but displaced onto the maid.

CASE VI

Ellsworth was an extremely bright, precocious youngster whose mother was in treatment with me. Shortly before his third birthday the child told his mother that he wanted to marry

her. It was two months after his birthday that I happened to see him. His mother had nobody to take care of him, the maid had not returned from her day off in time, so she brought him to her session. I asked Ellsworth what he wanted to be when he grew up, and his answer was a nonchalant 'fire engine man and lawyer' (father's profession). To my question if he planned to marry, he responded in the affirmative. Then he turned around so that he faced the bookcase, with his back to me. He fumbled with my books and said in a firm voice: 'I'll marry Mommy'. I asked him how father would react to that, and, his back again turned to me, he said softly: 'We will share'. The mother told me that he even had arranged the details: the daytime for him, the night for Daddy. Then she explained that she had introduced the concept of sharing: sharing his room with his baby brother, sharing toys, and, above all, sharing Mommy with the baby. I questioned him about what would happen if his father did not accept his idea of sharing mother. Playing with the books, but by now pushing them forcefully into the back of the shelves with his little fists, he said determinedly: 'Then we have to get rough'.

A few weeks later the mother reported an upsetting experience. She had been playing with the two children in the nursery with the maid present. Suddenly Ellsworth stated that he hated the maid; that he did not want her to undress or feed him, and that he wanted only his mother to take care of him. The mother was perplexed, as he had always expressed strong positive feelings toward the young, pretty maid. The mother decided after a few hours of deliberation that she would have to try to remedy the situation with the maid, for she was worried about losing her. While the maid was in the kitchen, the mother approached her to explain the child's anger. The maid interrupted her laughingly: as soon as she had sat down in the kitchen, Ellsworth had run over to her and, creeping into her lap, had assured her that he was 'only fooling', and had hugged and kissed her. A week later he told his mother that he might marry the maid. This statement came soon after his mother had

severely put him in his place by telling him that he could never marry her, that she was married to Daddy and would not consider anybody else.

I had no occasion to see the child again for over a year when the mother asked me to prepare the younger brother, two years old, for a bilateral eye operation. She brought both children into my office for several sessions. All this time Ellsworth impressed me as a well-adjusted, pleasant child. He appeared very much a child who had successfully handled his oedipal struggle and was in the beginning of latency: he was interested in the world around him; he had learned the letters of the alphabet and addition by himself. He begged his mother repeatedly to send him to school. He imitated his father in the way he walked and talked. His father's interest in bullfighting and watching ball games became his interest.

Three months later (Ellsworth was four years eight months now) the mother asked for an appointment for Ellsworth. The friendly, pretty young maid had become pregnant and had told Ellsworth so. She also told him that she now intended to marry. The child reacted to this by becoming very upset. He could no longer fall asleep at night, tossed and turned, and demanded his mother's presence all evening, falling asleep only about midnight each night. He said he was afraid to fall asleep because he dreamed of monsters. During the day he was sullen, short-tempered, angry at the slightest provocation. He would often strike and punch his parents and even the maid lightly, something he had never done before. He picked his nose so fiercely that it was swollen and bright red with inflammation. He refused to go out to play with his friends. Television became his only diversion, but one of the parents had to sit with him while he sat in front of the TV for hours, not really concentrating on the programs. The parents were not allowed to step out of the room, let alone out of the house. Attempts by either parent to leave him were accompanied by scenes of begging, crying, and striking. He talked baby talk a great deal, something he had never done before, even when he was a baby.

In the evening, before falling asleep, he played 'baby'. Talking baby talk, he demanded that his mother hold him in her arms like a baby as he drank chocolate milk out of the baby bottle that his younger brother had discarded.

When the mother brought Ellsworth to my office, I barely recognized the formerly smiling, self-assured child. He appeared depressed and frightened. He was reluctant to leave his mother and enter my office; formerly he had always led his little brother gayly into the office. He chanted baby talk: 'Gugu, gaga, not want leave momma'. He leaned against his mother while pushing his index finger forcefully into one nostril. I suggested that we play with toys. He immediately grabbed a baby bottle, sucked on it vehemently, talking baby talk, then picked up a baby doll and fed it with the bottle. 'I stick the nipple in his mouth so that it hurts his gums a lot.' He pushed the bottle into the doll's mouth. Then he stated that the baby is 'an ugly baby, very, very ugly' and he dropped it hard on the floor. Then he took some toy soldiers and shot them with a gun. 'I make statues out of them, I statuize them. No, I only statuize the silver soldiers. No, I statuize only one, his name is Max.' (Max is the name of the maid's fiance, a soldier.) Then my little patient put his head and upper body onto the seat of a chair, thereby hiding his face: 'I know a little boy who was very, very bad and they put him into prison and he died'. He appeared greatly upset and his voice trembled. Feeling that he needed reassurance urgently, I told him that the little boy was not really bad, that all little boys sometimes have bad thoughts about grown-up men and babies, that his daddy too had such bad thoughts when he was little and he was not put into prison or punished. Ellsworth insisted that the little boy he knows 'is very, very bad and has to die'.

In a further attempt to alleviate his suffering, I said that little boys are never put into prison, that there is a law against it (his father is a lawyer, so he is well acquainted with this concept). 'Yes,' the child answered, 'I know, but this little boy ran away from prison and that's why he has to be killed'. I argued again

that he never could have been put into prison in the first place because he was only a little boy. The child in desperation retorted: 'Okay, then, the boy was not four years old, he was eight'. Again I argued that even an eight-year old could not be put into prison for thinking angry thoughts, whereupon he replied: 'Okay, then, the boy was fourteen or sixteen or eighteen years old'. 'Okay, this man was special bad, he ran away from prison, that's why he had to be killed, I know.' My reassurance that nobody is killed for angry thoughts was not accepted.

In succeeding sessions Ellsworth continued to play out his hostility to babies using the dolls, killed off soldiers (Max) by 'statuizing' them, and by way of the transference indicated his love for the maid. Gradually his hatred abated and his need for punishment diminished.

Two days before the wedding of the maid he assured me that he was only a little boy, that his parents knew what was best for him, and that they had decided that he should go to the wedding of Ninnie and Max. On the day of the wedding, however, he confided to his mother with a deep sigh: 'I don't know if I will last through the wedding and the reception'. In our first session after the wedding when I asked him about it, he responded by hitting me in the abdomen with his fist and telling me to keep my big mouth shut. Then, nestling his face on my shoulder, he whispered: 'I was dying, you know, I was dying'. He added: 'I don't want anybody to know my thoughts, only you. But the other day I gave out some thought samples to my mother. I played I am a baby, just born, just coming out from under the kitchen table. When I play baby, I talk baby talk and then she does not know what I am thinking about. Oh, yes, and I told her I am a good crime fighter. Just for a thought sample, you know.'

At one of the following sessions, he entered my office smilingly, while pounding my abdomen gaily with his fist. He said: 'Now listen, I don't want you to ask me about the angry man any more. Anyway, he was just made up by me, he was never real, just pretend, and he is gone for good.' Ellsworth then took

a baby doll out of the toy closet, fed it with a bottle, and stated: 'We should play more with the baby. You give me the baby and say, "He just came out of my belly"! I'll wrap him in a towel and diaper him. I am the doctor. Gently, gently, it's a new-born baby. Now he lies in a soft crib. I rock him. I hypnotize the baby. What is hypnotize? Is that sleep? Will he stay asleep forever? Will he come out of it? How? I am the baby now!' He curled up in the big swivel chair and closed his eyes, smilingly. 'How do we know that babies curl up like that in the belly? Mommy says when they are born they are nine months old. Why? Why? I want to call my Ninnie to find out where she lives. I want to write her a letter tonight and tomorrow and the day after and the day after', he said smiling dreamily. Suddenly he jumped out of the chair, ran over to the toy soldiers and shouted in a loud, militant voice: 'Enough of the baby stuff, we still have a job to do, we have to fight the war in Vietnam, Max is in it, right in the middle of it. Bang, bang, bang, he gets hit', Ellsworth chants lustily. Then, banging the soldiers against each other, he stated, 'There is a soldier, his name is Sachs, he protects Max so he would not die from his wound, all the others have to die, bang, bang, bang'. He jumped up from the floor where this last battle took place, kicked the soldiers with his foot, and stated with a determined voice: 'From now on we play only with your games, no more toys'. He opened the game chest for the first time: 'Oh, you have so many beautiful games, hundreds'.

The second œdipal conflict involving the maid had been mastered; the latency child was re-emerging. In the last session with me, he told me that he would be able to go to school in the fall, all by himself, without his mother, while during his illness he had expressed great fear of school.

The epic of his second conflict is told by Ellsworth step by step. We see the victory of the superego over his instinctual desires unroll in front of us. As a conscientious author, Ellsworth even acknowledges my part in it in the form of the 'soldier Sachs'.

DISCUSSION

The six cases cited show the many different ways a child makes emotional use of a maid. I introduce the word 'use' deliberately since the presence of the maid had a useful purpose in the child's emotional development. Ara, the schizophrenic girl, was an exception. While the maid as a dehumanized tool was useful to the patient in expressing her rage at her mother, she was not useful for the child's emotional development.

Boyd dared to get rid of his anal anger, as seen in his moodiness and depression, with self-destructive ideation only when the kind, motherly houseworker arrived. She acted as a place of 'rest and recreation' in his furious war against his mother. The maid was used much as the permissive therapist is used in the beginning of treatment before a transference situation has been established. Boyd knew the maid would accept him even if his parents, especially his mother, rejected him because of his anal aggression. His refusal of food, after the maid's arrival, suggests the formula: mother equals food. His later desire to please the maid, even though she had outlived her usefulness, was perhaps a displaced desire to please mother now that he had entered the œdipal phase in treatment. (It is easier to please the pleasant maid than the forbidding mother.) Without the presence of the permissive maid, the child would have remained in his depression and probably would never have moved out of the anal stage of psychosexual development.

Chester, the transvestite, entangled in a negative œdipal conflict but nevertheless in the œdipal stage, had, before treatment began, the guilty need to turn his rage onto himself in the form of suicidal ideation and to prevent himself from learning French. The anger at noncommunication with a succession of 'French-babbling maids' was only partly realistic. The maids served largely as a screen onto which he would displace his anger toward his mother. It was mainly the castrating mother, the absolute ruler of the house, who had produced the child's rage and, of course, his faulty sex identification. The importance of the French maids rested in the fact that the patient was able to vent his anger at them instead of at himself.

Celia, clearly psychoneurotic, at age seven was still in the throes of her œdipal struggle. The œdipal anger, heightened by the mother's harsh, punitive behavior, produced increased guilt. The relationship to the permissive, friendly houseworker served, as in the case of Boyd, as a place of 'rest and recreation' in her momentous struggle. Here again we can compare the maid's role with that of a therapist in the beginning of treatment before the emergence of a transference situation. Without the maid this child too might have harmed herself seriously by her inability to eat.

Didi was a normal child in the œdipal phase of development. The mother's loving and understanding attitude made it difficult or even impossible for Didi to vent œdipal anger directly against her mother. Œdipal guilt, it seems, is not only heightened by the punitive, harsh attitude of a mother, as in Celia's case, but also by too great kindness and understanding of the child's œdipal desires. ('Mother is so good, how can I hate her?') Increased œdipal guilt prevented expression of anger to the parent of the same sex. Therefore, the maid's presence was of great therapeutic importance for little Didi.

In Ellsworth, during the first observations of œdipal desires at age three involving both mother and father, we have too few productions for any definite conclusions. The concept of 'sharing' was probably introduced too strongly and too early—that is, when his baby brother was born and Ellsworth was not yet two years old. Perhaps his mother was too forbidding and definite in declaring her unwillingness to marry him, so that he had to turn to the maid for love and abandon his mother as a love object. Ellsworth entered the first œdipal struggle at a very early age, before he was three years old. The triangle was the classical one with father and mother involved, the maid at that time playing only a temporary role. The child then entered what appeared to be a phase of latency, which lasted for approximately one and a half years. At four years, eight months he entered a second œdipal conflict, and the triangle this time involved the maid and her fiancé.

Are these double œdipal conflicts so painful for parents that they are unable to observe them, or to admit that they exist?

Ellsworth's parents claimed they had no knowledge of his romantic triangle with the maid and her lover. They were concerned, loving, and intelligent parents, and blamed themselves for the child's emotional disturbance. It is of interest to note that Ellsworth in the beginning of this second romance was severely depressed and guilt-ridden but at the same time showed anger. In sessions with me, the anger was gradually expressed. He emerged as the 'sheriff' who only occasionally lapsed into the 'deputy' who 'does a few bad tricks', and then finally changed into the good man—a crime fighter. His 'bad' thoughts were kept well under control so that at last he did not have to feel 'so guilty'. This bright, verbal child developed his second œdipal conflict involving the maid right in front of the psychiatrist's eyes.

CONCLUSION

In the six cases described, the maid played an important role not only in furthering each child's maturation but in helping him resolve some of his œdipal conflicts. By and large, in this small sample the part the maid played was a useful one.

The role of the maid, and mother substitutes in general, deserves further study from a psychoanalytic viewpoint. Such an investigation could have important implications for child-rearing and education as well as the organization of society and the ultimate role of the family.

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THE HISTORY AND MEANING OF CALIFORNIA: A PSYCHOANALYTIC INQUIRY

BY WILLIAM G. NIEDERLAND, M.D. (NEW YORK)

Psychoanalytic contributions to the study of sciences outside the field of clinical analytic work *strictu sensu*—that is, contributions to the sharpening of our understanding in the domains of anthropology, biology, sociology, prehistory, archeology, biography—are well known. In the words of Ernest Jones, Freud 'was all his life engrossed with the great problem how man came to be man' (4), and Jones attributes to this Freud's lifelong interest in the early history of mankind. We also have Freud's personal testimony on this in a letter to Stefan Zweig in which he writes: 'I . . . have actually read more archeology than psychology' (2).

In my papers pertaining to applied analytic research (6, 7, 8) I have attempted to demonstrate that psychoanalysis can indeed contribute to the understanding of historical phenomena, including geographical and archeological pursuits and sociopolitical developments. Rarely, however, has an attempt been made to explore a specific regional historicogeographical entity along psychoanalytic lines. In this communication I shall examine analytically the special position that *California* holds in the psychological, social, and cultural fabric of the history of North America and, in fact, the civilized world. In so doing, I wish to emphasize that attention will be focused on factors of an unconscious yet analytically accessible nature; those factors that refer to economic, political, religious, and other determinants, though not underestimated, will be omitted from this brief communication.

California offers, with unusual clarity, an example of certain psychodynamic forces that go into the making of history. Its very name and existence, as far as civilized man is concerned, originated in the imagination of one individual, the Spanish writer García Ordóñez de Montalvo, to whose work I shall return presently. But there were notable psychological influences operative long before

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the publication in 1510 of Ordóñez's *Las Sergas de Esplandian* and these precursors must be considered first. In fact, to understand more fully the position held by California in the minds of men, we must turn our attention to some of the oldest and most cherished notions of mankind: the idea of the *Insulae Fortunatae*, the islands of fortune and bliss, and the fantasy of the *Hortus conclusus* which dominated the thinking of learned men throughout the middle ages. The existence of the Fortunate Islands was an accepted part of the ancient world view, and there is a record of continuous, if elusive, search for them from Homeric or even pre-Homeric days on, until the end of the eighteenth century.

These islands can be found on most ancient maps, usually in pairs or multiples of pairs. The presumed existence of such legendary islands was a matter of consuming interest for centuries and by the time of Columbus's voyages, the oceans were replete with imagined islands.¹ The Fortunate Islands, formerly called also *Insulae San Brandani*, were supposed to have been visited by an Irish monk named Brendan who in the sixth century undertook a sea voyage in search of Paradise and to whom the island group he reached was Paradise. St. Brendan's Island, a stock subject of romance throughout centuries, is usually associated with Madeira. On the famous Behaim Globe in 1492, whose original name *Erdapfel* with its oral and maternal connotations is worth noting, St. Brendan's isles appear at the site of the Canary group where a merman and mermaid are shown sporting. On later maps, their site is moved to an area west of Ireland. There were two other phantom islands located off the Irish coast, *Daculi* (from the Italian *culla*, cradle) and *Bra*, which appear on the Pareto map of 1455 and, according to the inscription, were helpful in situations connected with pregnancy and childbirth. The famous Fra Mauro map of 1459 shows the earthly paradise as a distinct, walled-off island in a transoceanic location. There is a group of six *Fortunatae Insulae* on the Hereford Mappa Mundi of the thirteenth century, whereas the earlier Beatus maps, stemming from the tenth and eleventh centuries, usually depict

¹ In speaking of them as 'legendary', 'imagined', 'fictional', it is well to bear in mind that such qualifying notions were entirely lacking through millenia of geographic imagery. The very concreteness of these beliefs led to such long sustained efforts as the search for Atlantis, the 'Fountain of Youth', the kingdom of Prester John, the 'Isle of the Seven Cities', etc.

paradise as an island which is referred to as 'Garden of Delights'. Also the controversial Vinland map depicts Vinland as a transoceanic island with all the characteristics of a Fortunate Isle. The search for the 'lost' continent *Atlantis*, of which Plato spoke and which survives in our language (Atlantic Ocean), belongs to the same cluster of ideas. The legendary garden of the *Hesperides* was an island where grew the golden apples that Gaea, Mother Earth, had given to Hera as a wedding present. To obtain some of these apples was one of the labors of Hercules.

The fact that some of these mythical islands appear on nautical charts as late as 1759 indicates the strength of the belief in them. As the earlier charts often showed them in locations where no islands were later found, their sites were moved to other areas on succeeding maps, for instance to the West Indies, the estuary of the Delaware River, or more distant western locations. Two centuries after Columbus, Portuguese expeditions were still searching for them until finally their mythical character was established and it was found that even moving them from one imaginary position to another on successive charts was no effective remedy for their non-existence.

As for the medieval idea of the *Hortus conclusus*—the walled garden away from the turbulence and strife of the world—it draws on two main strains in the Bible and other ancient writings: the Paradise garden with its rivers of fecundity, temperate climate, birds singing in accord, a central font surrounded by fruit trees, etc., and the *Cantus Canticorum*, the Song of Songs, filled with delight and sensual love. The literature and part of the iconography of the later middle ages are replete with this theme, from Andreas Capellanus's *De Arte Honeste Amandi* and the *Roman de la Rose* to Chaucer and Thomas More's *Utopia*, published in 1516.

The extraordinary strength and 'staying power' of such beliefs demands an explanation. In our assessment of the unconscious factors at work in their persistence and symbolic connotations, with the familiar implications of everlasting happiness, bliss, paradise, it is not difficult to recognize the underlying infantile concept of a utopian life without pain or restriction, a kind of eternal infancy lived out in happy lands where all wishes can be gratified. Viewed analytically, it is likely that the numerous legends associated with the idea of an island Paradise express our deepest feelings

about birth, death, and mother and that 'the geographical fact of insularity' attaches itself in the unconscious to fantasies of 'woman, virgin, mother, and womb' (3). In those insular lands, according to common belief, men lived in freedom, innocence, and beauty, without restraint or laws.

By way of this 'psychohistorical' detour we have arrived at last at the deeper meaning of California to which the name's originator, García Ordóñez de Montalvo,² associates geographical insularity with all the virginal and maternal attributes mentioned. Since his description of California reads like a condensation of the fantasies about such insular lands, permit me to rescue from oblivion the pertinent passage about California, at that time still undiscovered:

Know ye that on the right hand of the Indies there is an island called California, very near the terrestrial paradise and inhabited by black women without a single man among them and living in the manner of Amazons. They are robust of body, strong and passionate in heart, and of great valor. Their island is one of the most rugged in the world, with bold rocks and crags. Their arms are all of gold, as is the harness of the wild beasts, which, after taming, they ride. . . .

. . . Over this island of California rules a queen, Calafia, statuesque in proportions, more beautiful than all the rest, in the flower of her womanhood, eager to perform. . . (5).

On most early maps California is shown as an island.³ And a further set of fantasies must be considered in relation not only to California's presumed insularity but also to its geographical location—far out West—and the unconscious imagery pertaining to it. The ancient historicogeographical view of the world carried, with regard to the west, both the idea of lands where all infantile wishes were fulfilled and that of the final abode of the dead, i.e., of lands to which the dead souls depart on their journey from east to west, from birth to death. In the unconscious, sundown, west, oblivion, and death are equated (1). This piece of analytic knowledge may help us to explain a historical fact that has puzzled geographers as well as historians in the past and present.

² The author's name is given in three slightly different versions in the earliest edition of the book (1508): García Rodríguez, García Ordoñez, and García Gutiérrez de Montalvo. (I am indebted to Bertram D. Lewin for this and other references.)

³ The first explorer to recognize that California was not an island, the learned Jesuit Eusebio Francisco Kino, wrote rather pointedly at the beginning of the eighteenth century: 'California "no es isla" ' (9).

After the initial penetration of California by Spanish and British explorers, no definite settlement on the part of European immigrants occurred for close to one hundred and fifty years. This long interval is usually explained in terms of economic and political considerations, the arid nature of the country, and similar causes. As mentioned earlier, analysts have no intention of underestimating such well-recognized reality factors. But on a deeper level, I am inclined to believe that the special position of California in the minds of European men—that of a supposed isle of fortune far out in the west—lent itself to being longed for and sought after on the one hand, avoided and dreaded on the other. In other words, so long as the lure of California remained unconsciously associated with the fear of it, no permanent settlement on a large scale could occur, for psychological reasons as well as for the familiar conscious ones.

Perhaps it needed events of an unusual and almost overpowering nature, first the threat of a Russian colonization from the north and later the gold rush, to make the 'lure' outweigh the 'dread'. When the masses of settlers during the gold rush and post-gold rush days arrived, they did so with the utopian image of a huge isle of fortune firmly implanted in their minds, i.e., with the unconscious wish of sharing in the bountiful mother's plenty and other magic attributes. The fact that California provided living space and bounty for many *in concretu* served but to re-enforce these notions and to concretize them in the manner familiar to analysts: the 'nucleus of truth' as the organizer and concretizer of deep-seated wishes and fantasies centered—in terms of its popular name—on the Golden State and the special meaning attached to it. The title of a recently published popular history of California is Everyman's Eden (9). The Tiepolo painting of America and the State Seal of California with 'Eureka' and a representation of Minerva, the virginal Mother Goddess *found*, are graphic illustrations of these observations about the unconscious island imagery of California, and its symbolic equivalents.

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A Fragment of Freud's Library

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A FRAGMENT OF FREUD'S LIBRARY

BY ERNEST HARMS (NEW YORK)

It is known to very few that the library of the New York State Psychiatric Institute in New York City has part of Freud's private library in its possession. The library owes this acquisition to the professional alertness of the Institute's former librarian, Dr. Jacob Schatzky. When Freud left Vienna in 1938, he was unable to take with him a considerable part of his library and many of his books came into the hands of a particular bookdealer. In a cleverly phrased advertisement which concealed from the uninitiated the fact that these were Freud's books, the dealer offered the entire collection to the psychiatric book collectors forum. Dr. Schatzky correctly deciphered the text of the advertisement and purchased the collection unexamined.

Private libraries can be an impressive documentation of the personality, philosophy, and working habits of a scholarly individual. Selection of works, composition of the collection, and last but not least personal annotations in the books have provided unique and valuable information on intimate and otherwise secretly held opinions and experiences. Of course, the relatively small part of Freud's library at the New York Psychiatric Institute cannot offer a comprehensive picture; for that one would need to study the larger part of Freud's library in England. However, even this small collection offers the examiner interesting facts about Freud not to be found elsewhere.

In these books Freud did much underlining and crossing out as well as making many short and long annotations. An over-all examination reveals that his was not only a purely professional working library but that he tried to acquire a library covering the wider aspects of his fields of interest. The collection contains, for instance, works for which he can have had only more or less historical interest: by Wepfer, Willis, Robert Wyeth, Boerhaave, Etzel, and Gall. There are some rarities like Schubert's *Symbolik des Traumes* and the monographs of Karl Kahlbaum. There are also a considerable number of works from the fields of sociology and criminology, such as Lombroso's writings. In addition to books on academic and popular psychology and psychological testing,

there are works falling outside his scientific frame, such as books by Ennemorer, Gall, Carus, and Flournoy. It is also noteworthy that the collection has a wide international range. As one would expect, there are many French books related to Freud's own interests. One of the most interesting is a fine edition of Charcot's collected works, with the author's personal dedication. Additionally, Italian, British, Scandinavian, and American authors are represented. In the American group we find Stanley Hall, Morton Prince, Boris Sidis, J. T. McCurdy, J. H. Robinson, Yerkes, and P. D. Brown. Only a small number of these books bear Freud's personal ownership inscription, and, of course, the collection does not represent the scientific areas with which Freud was most concerned at the time he left Austria. We must assume that it represents works of such secondary value to him that he felt he could leave them behind.

Although this collection cannot give us a definite profile of Freud as a scholar or a man of science, it is possible to find specific traits and interesting individual facts. For instance, while nothing can be inferred from the fact that Freud very often used totally undecipherable stenography, his longhand notes are a good source of information. There are spontaneous statements as well as thoughtful objective discussion and annotation. There are expressions of temperamental response, especially about authors to whose ideas Freud had serious objections. One of these seems to have been the German psychologist and psychiatrist, Theodor Ziehen who wrote a number of substantial works. On the margin of Freud's copy of his *Leitfaden der Physiologischen Psychologie* we find notes such as 'foolish, stupid, how come?' and 'no, no'. In French books he wrote his notes in French: one of the French authors enraged him so that he wrote in the margin, 'Bêtise'.

Unfortunately, there are no clues as to the actual time when Freud studied the individual books, nor are there any clues as to what use Freud made of them in the course of his studies and writings. However, there is one item of interest that I chanced to notice a few years ago when I had an opportunity to examine this fragment of Freud's library. I was drawn to an examination of the copy of Griesinger's *Pathologie und Therapie der psychischen Krankheiten*. Although Griesinger is mentioned only indirectly in Chapter I of *The Interpretation of Dreams* (p. 91), on leafing

through this volume it seemed to me that Freud may have studied it intensively. Griesinger's volume has no margin notes, but has very carefully executed underlining in pencil. Most interesting to me was the amount of penciling on the pages where Griesinger presents his ego theory in which he postulates the concept of 'metamorphoses' of the ego. There is no doubt in my mind that Freud's id-ego-superego theory was influenced by this source. But Freud does not mention Griesinger's theory in his ego monograph.

Another volume in this collection that, from its margin notes, evidences Freud's intensive study is Wundt's *Vorlesungen ueber die Menschen- und Tier-Seele*. These notes include a number of explanatory remarks and invented graphs by the aid of which Freud apparently tried to make Wundt's theories clear to himself pictorially.

However, none of the books in this collection seems to me to be of more interest biographically than the one-hundred-eighty-page monograph by Karl Kahlbaum, entitled *Die Gruppierung der psychischen Krankheiten und die Einteilung der psychischen Krankheiten* (The Grouping of Mental Diseases and the Division of Psychic Disturbances). Kahlbaum was an important and creative writer in the field of psychiatry during the nineteenth century. He was both a great individualist and a perfectionist. But as he was unable to subordinate himself, he could not advance in the German academic structure. Unable to go beyond an instructorship, he resigned and took over a somewhat run-down private psychiatric clinic which he built into the renowned Reimer's *Nervenheilanstalt* in Goerlitz. He developed the first institutional school for mentally diseased youths, which he called '*Pedagogicum*'. Bresler, Cassierer, and Theodor Ziehen prided themselves on having been his students. Although Kahlbaum wrote no textbooks, in his few monographs he offered contributions of a most original character. He was concerned with reorganization and clarification in the field of psychiatry; he renamed and reclassified many traumatic entities, such as catatonia and hebephrenia. His monograph on reclassification of psychopathology reviewed some previous literature on classification and presented his own concepts. Apparently he was unfamiliar with the work of Chiarugi, the earliest classifier of psychopathology, which had been translated into German by Ideler. Nor did Kahlbaum go back further than Plater,

Sauvage, Guislain, and Esquirol. But he did attempt to categorize in a rather original way the entire field of psychopathology.

From his margin notes and comments, Freud apparently thoroughly studied Kahlbaum's monograph on classification of psychopathology. Where important names and facts were in danger of becoming lost in Kahlbaum's text, Freud repeated them by hand on the margin of the page. Sometimes he went beyond Kahlbaum and referred to authors not mentioned; for instance, he referred to Erhard and Fr. Hoffman where Kahlbaum discussed Friedreich. He translated into German certain foreign words used in Kahlbaum's text. In Nasse's classification he found the term *melancholia* used in a much enlarged form and therefore referred back to Pinel's interpretation. It is interesting that he did not add one word to Kahlbaum's lengthy presentation of Pinel. Apparently not satisfied with the rather differentiating classifications of Diez, he coördinated his concepts with those of others. Baillarger and Heinrich Neumann's concepts occupied him intensively; his remarks in the margin show that he tried to form his own opinion about these concepts. In the case of the French psychiatrist, Morel, dealt with rather critically by Kahlbaum, Freud took up his defense, believing that he understood him better.

In the second part of the monograph Kahlbaum presented his own concepts, and here Freud annotated extensively. In the speculative introductory paragraphs, the author developed as his basic point of view the opinion that the pathologic-anatomic aspect was more important for psychopathology than the so-called general natural-scientific aspect. This appears to have been an important point to Freud. He preferred to speak of metamorphoses rather than mere differentiation of forms, and in the margin formulated his own new concept of '*metamorphosierte Verlaufsbilder*', in which he pointed out that certain specific diseases designated as mild psychopathologies can develop into more serious conditions which are then given different names, a fact not presented by Kahlbaum. Similarly, where Kahlbaum discussed occasional severe psychopathology in connection with menstrual disturbances, Freud added that such acute conditions are liable to become chronic.

Freud was apparently dissatisfied with the psychopathological classification offered by Kahlbaum, and following Kahlbaum's pattern, attempted to make the system more definite. One becomes

impatient with Kahlbaum's lengthy and rather hectic method of formulating; Freud wanted the system clear, simple, and definite. He divided the pathologies into four groups. If one turns to page 133 where Kahlbaum gives a systematical presentation of his system, the difference becomes clear. Kahlbaum ended with five groups, out of which Freud made four: 1, *Vesania typica*; 2, *Vesania progressiva*; 3, *Vecordia*; 4, *Dysperenia* (which was Kahlbaum's fifth group). A few pages later Freud summed up his criticism of Kahlbaum's systematization in the margin: 'Why so much differentiation applied to so little material?'.

Although Freud apparently accepted the major part of Kahlbaum's terminology, on occasion he considered these new terms unnecessary. At one point, Kahlbaum proposed '*ergetische*' processes; Freud added 'Why not simply "*Bewegung*"?'. On the other hand, he was seemingly pleased with certain stronger differentiations by Kahlbaum. One of Kahlbaum's terms, *turbatio*, could be translated either as confusion or derangement. Freud also seemed to be pleased with Kahlbaum's differentiations of *vaga*, *desipiens*, and *atonia*.

Freud never discussed Kahlbaum's systematization point of view in his writings but it seems at a certain time to have occupied him and perhaps effected his efforts to work through his own thinking on this subject. Despite having no accurate indication at which period of his professional career the reading of Kahlbaum's monograph occurred, one may assume that it was before he formulated the concept of psychoanalysis. For Freud, leaving behind the sphere of academic psychiatry did not mean eliminating from his thoughts the neuropsychiatric speculations which occupied him in his early years and which he presented in his pre-analytic writings.

Psychoanalysis and American Medicine: 1894-1918. Medicine, Science, and Culture. By John Chynoweth Burnham. Psychological Issues, Vol. V, No. 4, Monograph 20. New York: International Universities Press, Inc., 1968. 249 pp.

Richard F. Sterba

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BOOK REVIEWS

PSYCHOANALYSIS AND AMERICAN MEDICINE: 1894-1918. Medicine, Science, and Culture. By John Chynoweth Burnham. Psychological Issues, Vol. V, No. 4, Monograph 20. New York: International Universities Press, Inc., 1968. 249 pp.

This reviewer is most favorably impressed with the scholarly and careful study that resulted in this book. The author not only presents in a very lucid way the tentative and cautious beginnings of the psychoanalytic movement in the medical profession of the United States, but with deep understanding and sensitivity he presents the sociological and intellectual currents at the beginning of this century that enhanced or hindered the progress of the new science. He brilliantly elucidates what he calls the complexity of a historical study of this type by dealing with 'three themes that are sometimes separable, sometimes not. One is the actual process by which American physicians came to learn about psychoanalysis. A second is the preparation and circumstances that account for the fact that attention given psychoanalysis was as favorable as it was. Finally, there are the particular factors that accounted for resistance to Freud's ideas or that caused them to be misunderstood and distorted' (p. 214). In his presentation Burnham blends the three themes in masterful fashion.

For the psychoanalyst it is fascinating to follow the vicissitudes of his science starting from the year 1893 when *On the Psychical Mechanism of Hysterical Phenomena: Preliminary Communication* by Breuer and Freud was abstracted by William James in *Psychological Review*. After a first flickering of interest there came a period of neglect from 1896 until 1904. In 1905 Adolf Meyer, who occupied a central position in American psychiatry, began to disseminate psychoanalytic ideas. In 1906 the term 'psychoanalysis' appeared in print for the first time and James Putnam published the first article dealing specifically with Freud's work. From then on the interest grew steadily, A. A. Brill being most prominent as a pioneer of the new science. In 1908 Ernest Jones, then in Toronto, became an ardent and aggressive propagator of psychoanalysis during his frequent visits to Boston. Freud visited the United States in 1909, and Brill brought out the first transla-

tion of Freud's work. In 1911 the American Psychoanalytic Association was founded, and in 1913, the *Psychoanalytic Review*. In 1914 Paul Federn visited the United States. By 1916 all major works of Freud were available in English. Psychoanalysis was well established by 1918 in the United States, predominantly in the northeast.

The author makes a very careful evaluation of the sociological and cultural setting in which psychoanalysis established itself among American physicians. He skilfully traces the factors that favored the dissemination of Freud's new psychology. In a special chapter he deals extensively with the controversies that surrounded analysis in America, and in another chapter, with the specific persons and institutions responsible for the transmission of psychoanalysis within the medical profession. The last chapter describes the fates to which Freud's teachings were exposed by simple misunderstanding, empiricism, eclecticism, and piecemeal usage. A special part of this chapter is devoted to the concept of sublimation and its immediate and widespread acceptance. The book is of great interest to any analyst, and invaluable for the historical scholar of psychoanalysis.

RICHARD F. STERBA (GROSSE POINTE, MICH.)

PSYCHOANALYTIC INTERPRETATIONS. The Selected Papers of Thomas M. French, M.D. Chicago: Quadrangle Books, Inc., 1970. 560 pp.

Thirty papers by Thomas French, some almost forty years old, others never before published, and almost all of them introduced with a currently written brief summary by French himself, are presented in this recently issued volume.

Thomas French has been associated with the Chicago Institute for Psychoanalysis throughout his psychoanalytic career. His collaboration with Franz Alexander at the same institution is well known. Their book, *Psychoanalytic Therapy*, written in conjunction with some of their colleagues at the Chicago Institute, evoked much controversy both in this country and abroad, and stimulated both Alexander and French to undertake further studies of the therapeutic process. French and Alexander were also active collab-

orators in their work on psychosomatic medicine. Many jointly written and compiled books and papers focusing on the physiological and psychological reactions of an organism and the consideration of these reactions as two aspects of an essentially unified process emerged from their research. French, in addition, was a scientist investigating and writing about his own areas of concentration. Some of these studies have appeared in his books; especially to be noted is the research on dreams.

In the book under review, the papers are divided into four major sections, each reflecting a particular area of French's work. The first section, on the therapeutic process, contains more than half of all the papers in this volume. Starting with the essay, *Interrelations Between Psychoanalysis and the Experimental Work of Pavlov*, the reader is taken on a literary journey through learning theory, dream theory, ego psychology, the therapeutic role of guilt, shame, and hope, and finally, the cognitive studies of behavior. The second section, on therapeutic method and research method in psychoanalysis, contains five papers that should be of interest to teachers and students of psychoanalytic research methodology and philosophy. The third section, on psychosomatic medicine, contains several general papers on the theoretical assumptions of psychosomatic relationships and on choice of neurosis as well as two papers on bronchial asthma and French's early pioneering paper published in the 1929 *International Journal of Psycho-Analysis*, *Psychogenic Material Related to the Function of the Semicircular Canals*. The book concludes with three papers that emphasize the relationship between individual psychological and social problems. The last essay, *Psychodynamic Analysis of Ethical and Political Orientations*, published in 1952, illustrates the freshness of French's ideas when he first wrote the paper, as well as its relevance today.

French's papers demonstrate the synthesizing mind that he brought to bear on his scientific work. Thus while concentrating on the intrapsychic in individuals, he was also interested and able to study interpersonal and social psychological aspects of behavior in the family and other organizations. This latest volume presents much of what formed the scientific quest of Thomas French.

GEORGE H. POLLOCK (CHICAGO)

MAN AND HIS CULTURE: PSYCHOANALYTIC ANTHROPOLOGY AFTER 'TOTEM AND TABOO'. Edited by Warner Muensterberger. New York: Taplinger Publishing Co., 1970. 411 pp.

This timely reader in applied psychoanalysis serves two laudable ends. It brings together a remarkably well chosen series of articles, most of them published previously and each saliently introduced by Dr. Muensterberger's brief and pithy remarks. Included are classics written by renowned social scientists and psychoanalysts, as well as thoughtful, thorough, and insightful contributions by some who are as yet less famed than they merit. *Man and His Culture* also pays homage to Géza Róheim, the independent thinker and lonely man who 'against all odds in the field of anthropology' fought almost alone for a 'psychoanalytic approach to the science of man'.

Róheim was the first trained psychoanalyst to study preliterate peoples directly. On the basis of his observation of central Australian aborigines, he developed an ontogenetic theory of culture that questioned, on psychoanalytic grounds, Freud's assumption of the primal horde theory. He assumed the differentiation of cultures on the basis of infantile trauma in a specific environment. Currently his great pioneering work is unjustly neglected by anthropologists and psychoanalysts alike, both of whom periodically 'rediscover' findings originally unearthed by Róheim. Dr. Muensterberger is to be commended for directing our attention to his valuable contributions by including three of them in this volume.

In general the articles have been selected from publications that are not readily available; one has been translated from the German. Well-known and easily found contributions such as Erikson's work pertaining to the Sioux and Yurok, are omitted. Of special interest are two recent contributions. In one, the Australian anthropologist, Derek Freeman, reappraises *Totem and Taboo* from a dual approach. He 'discusses the questionable hypothesis in terms of recent ethological findings and then ventures the psychoanalytic interpretation of Freud's theory of the "primal murder" and comes to the conclusion that it is based on the strong ambivalence the founder of psychoanalysis had towards his own father'. The other, *Is the Œdipus Complex Universal?*, written by Anne Parsons, gives evidence that her premature death has deprived us of the products of a most fertile mind. This illuminating study

focuses cogently on the Jones-Malinowski debate. Malinowski had found that among the Trobrianders the œdipal reaction was shaped by social organization in such a manner that the little boy's hostility was directed against mother's brother and his incestuous desires were concerned with his sister rather than his mother. Dr. Parsons showed variations of the same theme among southern Italians.

This book is well suited to serve as a text for students of culture and personality, and psychoanalytic candidates; it can be read with benefit by social scientists and all others who are concerned with the interactions among social structure, socialization, and personality organization.

L. BRYCE BOYER (BERKELEY, CALIF.)

SCIENCE AND PSYCHOANALYSIS, VOL. XIV. CHILDHOOD AND ADOLESCENCE. Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., 1969. 258 pp.

This collection represents the scientific proceedings of one meeting of the American Academy of Psychoanalysis. It is comprised of fifteen papers, with a discussion of each, and is grouped into four sections: Historical and Ethnic, Techniques of Child Therapy, Family Therapy, and Social Psychiatry. These are preceded by an opening chapter, Psychoanalysis and Psychiatric Training, the presidential address by Harold I. Lief.

The book is well edited and of consistently high quality throughout. Worthy of note is the contribution by Zira Defries, et al., The Treatment of Secondary Reading Disability in Young Boys. Secondary reading disability refers to reading problems that are of emotional rather than neurological origin. After a well-controlled study of several groups of third graders, the authors conclude that 'no significant difference in reading improvement occurred between therapy and control groups. All made gains.' Therapy groups, however, made meaningful gains in attitude, self-confidence, and behavior.

In a report on family therapy, Salvador Minuchin discusses the different frames of reference of this treatment modality and clearly delineates the overlapping of individual and group dynamic theory as well as the ambiguity this may engender in the therapist. He presents his approach to family therapy as an ecological psychiatry and emphasizes the danger of taking too narrow a view

of the family. Within an ecological context neither the complexities of social transactions nor the opportunities for new modes of intervention can be ignored.

Lester Gelb's study, *Psychotherapy in a Corrupt Society*, focuses on the developmental shortcomings of psychoanalysis: it has not applied itself to societal deficiencies and their influence on mental health. He criticizes psychoanalysts for their irresponsibility as citizens in not promoting social amelioration. His anger is directed against 'the many psychoanalysts who still downgrade community mental health programs as a dilution or a compromise of psychoanalysis or psychotherapy'. This reviewer is of the opinion that Gelb has created a straw man in order to have a target for attacking classical psychoanalysis, which is in no conflict whatsoever with the development of other forms of psychotherapy. He resurrects that worn-out canard that the psychoanalyst approves of the values of our society and encourages patients to 'adjust' by accepting them. The reader will surely sympathize with his plea for social awareness and his call for social action—two demands to which the conscience of any citizen must respond. Nevertheless, his broad indictment of psychoanalysis ignores the many positive developments of recent years that constitute a response to these pressing dilemmas. He ignores the limitations our current knowledge of human behavior imposes; he expects psychoanalysis alone to fulfil what is actually the proper task of all the behavioral sciences working in concert.

The wide variety of approaches, frames of reference, and points of view contained in this volume both implicitly and explicitly comment on the theory and practice of psychoanalysis. Whatever the reader's reaction may be to any individual paper—be it agreement, exasperation, or perplexity—he will not be bored.

MORTIMER J. BLUMENTHAL (NEW YORK)

A PSYCHOANALYTIC MODEL OF ATTENTION AND LEARNING. By Fred Schwartz and Peter H. Schiller. *Psychological Issues*, Vol. VI, No. 3, Monograph 23. New York: International Universities Press, Inc., 1970. 134 pp.

Following the tradition established by Rapaport, the editors of *Psychological Issues* believe that experimental as well as clinical studies can contribute to a general psychoanalytic psychology.

The authors of this volume, an experimental psychologist and a gestalt psychologist, pursue Rapaport's unfinished task of 'extending psychoanalytic theory to cover the area of attention and learning'. The entire study is oriented toward the measuring of psychic energy through experiments, an approach originated by Rapaport. The authors were sceptical at first, but at the end subscribed to Rapaport's ideas to such a degree that they regretted 'he was unable to write this monograph himself'.

How far a method, useful in the field of psychology, can bring order into psychoanalytic theory is an important question. An example may elucidate the fundamental difference between psychoanalytic methods of approaching an issue and those used in experimental psychology. Freud produced innumerable clinical examples to show that concentration on a given subject may so lessen the intensity of censorship that portions of the repressed can become manifest in jokes, slips of the tongue, and dreams. From this he concluded that psychic energy withdrawn from censorship is added to attention cathexis. A typical experiment used by the authors to test the limits of 'attentional energy' consists of presenting experimental subjects with a list of numbers or words and measuring the time needed for the recall of the first items after more items had been added to the original list. The numerous experiments, some simple and some ingenious, are scientifically valid from the viewpoint of academic psychology. By borrowing from psychoanalytic insights, the authors enrich psychological research immeasurably. Despite their scanty reference to clinical material and their need to restrict themselves to the economic point of view, they have something to offer to psychoanalysis as well. They present a challenge to compare psychoanalytic methodology with theirs and to delineate it more precisely as a unique and distinctive research tool.

The authors discuss the results of their experiments in separate chapters related to the five postulates they wished to test: 1, consciousness as an apparatus; 2, the limits of attentional energy; 3, entropy (displacement of energy); 4, binding (negative entropy) and structure formation; and 5, automatization and its role in structure formation. In the last chapter the authors evaluate their postulates, but take up the experimental data only in a tangential way. They link psychoanalytic propositions with the views of

various psychologists on attention and learning. The reader becomes very conscious of the fact that a psychoanalytic learning theory is not yet available. Since Freud's early work on attention and Hartmann's exploration of the conflict-free sphere of the ego, psychoanalytic interests have turned largely to the investigation of the development of ego functions within the framework of object relations.

The authors' effort at reviving and improving on theories of attention and learning constitutes an excellent springboard for a fruitful interdisciplinary discussion. The following example from the last chapter is only one of many illustrating the advantage of combining the experimental with the clinical psychoanalytic approach to research. Schwartz and Schiller favor the idea that consciousness involves the awareness of meaning. They do admit the possibility that there exists consciousness of sensations without meaning attached to them. The latter is the type of consciousness, I think, that emerges in young infants at the beginning of psychic awakening. Interrelated with the genetic point of view—needed to discriminate between awareness with and without meaning—is the dynamic interplay between the repressed and the repressive forces, which influences the meaning and selection of what we perceive and remember. Data from psychoanalytic observations and psychoanalyses of young children who manifest transitions from awareness without meaning to awareness with meaning, and from primary to secondary repression, may be helpful in organizing the authors' views on consciousness within the framework of metapsychology.

Because of my interest in comparing nonverbal modes of functioning with verbal manifestations of psychic phenomena, I was surprised that the authors hardly touch on the problem of psychomotor patterns in attention and learning. They make a special point of being concerned with a hypothetical psychic energy alone. This may be the reason for their lack of consideration of discharge through motor channels. They are, of course, familiar with what they call the 'postural preparations' for attention. No doubt they are also familiar with Freud's and Ferenczi's views that psychic processes are modeled after motor mechanisms and that excess psychic energy can overflow into motor discharge. It is also interesting to note that the authors rely on verbal information

in preference to observations of changes in muscle tension. They disregard the fact that verbalization cannot occur without past or present participation of speech muscles. Paying attention through tensing, through free-floating attending, and through spatial focusing or following are all phenomena observable in infants and adults, measurable and verifiable through introspection. Their study might help the authors to expand their theories on the limits of attention and on structuralization and automatization in learning.

Perhaps the most important questions that arise from reading and rereading this stimulating book are: Is it possible for psychoanalysts to consider structure formation through binding of psychic energy and through the creation of relationships between already existing structures without the study of the influence of objects on these processes? Can we, without analyzing transference or observing learning via relationships to objects, gain psychoanalytic insights and construct a psychoanalytically useful model of psychic functioning? We must be grateful to Schwartz and Schiller for bringing up stimulating ideas and provoking us to renew our effort to sharpen psychoanalytic methodology and use it in research, be it strictly psychoanalytic or interdisciplinary.

JUDITH S. KESTENBERG (SANDS POINT, N. Y.)

ATTACHMENT AND LOSS, VOL. I. ATTACHMENT. By John Bowlby. New York: Basic Books, Inc., 1969. 428 pp.

Attachment and Loss represents the work of years of inquiry into the nature of a child's intimate relationship with his mother. This problem has had currency in man's imagination at least since Moses's time, or that of Romulus and Remus. With Freud's startling discoveries nearly seventy-five years ago that this powerful early relationship was also unconscious, a new era in the psychology of intimacy opened. Its effect on both scientific and intellectual thought has continued.

While Bowlby's initial frame of reference was psychoanalytic, he found that it limited him. In Attachment and Loss he has attempted to bridge the gap that he believes exists between what he considers the end-products dealt with by psychoanalysis and so-called 'primary data' consisting of the observations of infants and young children.

Studies of human behavior have continued to suffer, without relief, the unresolved argument as to whether the direct observations of the behavior of children furnish a more reliable index of their motives than an adult's cheating memory and halting associations about his childhood. Bowlby favors observation of infants to form his hypotheses concerning the basis of attachment to their mothers. He proposes that by applying Norbert Wiener's cybernetics to the mother-child relationship, we could have the essence of what we need. He believes the basis for this relationship is a 'feed back'. 'Information of a sort from a mother to her baby institutes the control system as a regulator.' This then forms the operational basis for the nature of the attachment between mother and child. The same system discovered to have such a profound effect upon some of our most modern and complex instruments, Bowlby says, is replicated in living organisms. Although this is how Bowlby states his thesis, could he not argue it the other way around?

We have, as an example from Bowlby, what has become a popular contemporary supposition: mechanical systems that men have devised or discovered must be some version of what exists more perfectly in nature. In short, the electrical circuitry within our own physiology, whose complexity we have only begun to appreciate, is to Bowlby the structure upon which human attachment is built. The extension of his studies has brought him to an examination of subhuman primates in comparison with babies. His view is that the evolution from the lowest primates to Western man constitutes a continuum. Since in varieties of primates an infant's attachment to its mother may be amply demonstrated, Bowlby reasons, then no more than some evolutionary distinctions exist between the ties of a child to his mother and a baby marmoset clinging to its parent.

Bowlby's work is formed about two systems. One is the 'control' system through which the attachment of mother and child is executed. Second is the evolutionary process that we share biologically with our fellow creatures. From these twin sources our ties to our mothers are formed. The departure from Freud in favor of cybernetics with the added employment of Darwinism to explain the mother-child attachment indicates that the powerful attraction of theories of behaviorism over the past century has only been lessened at times, not lost.

The enormous difficulties encountered in attempting to understand the nature of a child's earliest relationships, especially with his mother, are never better illustrated than by Bowlby's efforts. His relinquishing of Freud for Melanie Klein's theories of infant psychology years ago furthered his disappointment. His recent turning to studies of primates and control systems in the hope that this will be a more rewarding direction may content him but it will disappoint his reader. Bowlby can convince only if one grants his broad suppositions, is willing to overlook the important distinctions between infants and young primates, and accepts the notion that circuitry between living organisms and robots have little to distinguish them.

After the conclusion of his own work, Bowlby provides an excellent critique of Piaget's work relevant to this subject and also a review of the psychoanalytic literature, showing what serious limitations continue to exist in our understanding of a child's emotional attachment to his mother. Bowlby calls attention to the many formulations that have been advanced to explain it. They fall into three main classes based on learning theory, theories of drives, and theories of ethologists. Bowlby favors the ethologists. He is thus in the company of the father of them all, Darwin, the first to make scientific observations of babies whom he compared with lower animals. In the century since Darwin's studies, ethology has evolved to join with some of the social sciences. Bowlby has attempted here to bind them together with psychoanalytic theory. He has succeeded in demonstrating something other than he intended. It is that the emotional attachment of a child to his mother is not adequately explained by behavioristic theories, psychoanalytic theories, or control theories; nor can weaving them together produce a whole fabric of theories that would do justice to the remarkable phenomenon Bowlby has labored hard to explain.

GREGORY ROCHLIN (CAMBRIDGE, MASS.)

THE PSYCHOLOGICAL WORLD OF THE TEEN-AGER. A Study of Normal Adolescent Boys. By Daniel Offer. New York: Basic Books, Inc., 1969. 286 pp.

The psychiatrist-author takes strong exception to the analytic view of normal adolescence as a time of turmoil. Conclusions about the

stressful nature of normal adolescence constitute an unwarranted generalization on the part of clinicians whose knowledge is gained primarily from contact with disturbed young people, Dr. Offer claims. He points to the absence of studies of normal adolescence, a lack his book attempts to remedy.

Defining adolescent turmoil as 'a significant disruption in the psychic organization of the adolescent that leads to psychological disequilibrium and tumult, resulting in fluctuant and unpredictable behavior', the author apparently assumes that analysts believe normal adolescents are in a continuously chaotic state, despite analytic recognition of the adolescent's constructive and adaptive ego mechanisms.

The seventy-three subjects for this study were selected from the freshman classes of two suburban Chicago schools. These fourteen-year-old boys were selected for their normalcy chiefly on the basis of a self-administered 'Self-Image Questionnaire' constructed by the author who considers it a valid tool because 'adolescents are in touch with their own feelings'. It is Dr. Offer's contention that these boys were 'highly accurate in their capacity to evaluate themselves and to report these self-evaluations', yet he reports negative correlations between these evaluations and teacher ratings in quite a few items.

Each boy was seen on an average of three times a year for the following three years in a 'semi-structured' interview in which a series of questions was asked about thoughts, feelings, fantasies, anxieties, etc. The one interview with parents was similarly structured. Projective tests and teacher ratings provided additional data.

The author appears to believe that a high degree of motivation, resulting from engaging the young boys in a 'research alliance', can cause unconscious defenses and repressions to melt away. He accepts at face value answers to such questions as, 'What are the three most difficult problems which an adolescent has to overcome during the high-school years?'. Hence he reports: 'Interestingly, relations with parents and sexual feelings were not rated as difficult or important problems by the majority of our teenagers' (p. 32). The rating was based on the frequency with which a problem was mentioned and its numerical order in the list of three.

Over the years problem areas were revealed by the youngsters and the author stresses their unfailing ability to cope with whatever the problems were. There was no evidence of emotional up-

heaval in the majority of subjects, the author reports. And with his inexplicable disregard of unconscious processes, Dr. Offer indicates his belief that had there been temporary states of turmoil during the four-month intervals between interviews, they would have been recalled and accurately reported by the subjects.

The book contains occasional verbatim excerpts of conversations with subjects and glimpses of school life that are extremely interesting. It is to be regretted that Dr. Offer did not present much more of his valuable raw material in place of the lengthy statistical analyses of data. It would be of great interest to analysts to study the individual answers to direct questioning within the context of the interview and all other available data. Perhaps Dr. Offer will eventually publish these seventy-three 'case histories'.

RHODA L. LORAND (NEW YORK)

THEORIES OF ANXIETY. By William F. Fischer. New York: Harper & Row, Publishers, Inc., 1970. 174 pp.

The aim of this book is to integrate current theories of anxiety. Each of its first eight chapters is devoted to an exposition of the writings of an 'important theoretician': Freud, Harry S. Sullivan, E. Jacobson, Stanley Schachter 'and other physiologically oriented theoreticians', Dollard and Miller, Eysenck, Kierkegaard, Ernest Schachtel, who is a member of the faculty of the William Alanson White Institute, and K. Goldstein. The three final chapters contain some of the author's own ideas on the subject.

The book fails of its purpose as far as the psychoanalytic theory of anxiety is concerned for two major reasons. One is that its author has failed to understand correctly certain aspects of Freud's theories of anxiety, and especially certain of the changes which he introduced in *Inhibitions, Symptoms and Anxiety* in 1926. Thus, for example, the author attributes to Freud's final views on the subject the same distinction between 'realistic' and 'neurotic' anxiety that characterized his earlier formulations. He also uses the terms 'neurotic anxiety' and 'free floating anxiety' as synonymous.

The second reason for the book's failure seems to be more fundamental. The author takes no account of the fact that psychoanalysis is a method for studying the human mind which yields data concerning its functioning that are both more accurate and

more extensive than those accessible in any other way. To him, what is important about Freud's theories are their 'metaphysical' assumptions: e.g., that man is an animal and that anxiety is something to be described and studied as it occurs in persons (patients) other than the observer. It is not only, therefore, that the author has failed to grasp clearly that after 1926 Freud considered both 'realistic' and 'neurotic' anxiety to be responses to danger, whereas before 1926 this was considered to be true only of the former while the latter was believed to be transformed libido associated with the failure of repression. What is of even greater importance is that the author, like so many others who are without clinical experience in psychoanalysis, does not appreciate the full importance of unconscious processes in mental life: neither their 'depth', i.e., the strength of the defenses against many of them, nor the close connection they have with the instinctual life of childhood. As an illustration of the consequences of this lack of understanding of what might be called the very essence of psychoanalysis, neither the chapter on Freud's theories nor the one on Jacobson's theories contains any reference to castration or to the œdipus complex.

It seems unlikely that psychoanalysts will find much of interest in this volume. Unfortunately, readers who do find it interesting will be sadly misled concerning what psychoanalysts do and what they think about anxiety.

CHARLES BRENNER (NEW YORK)

THE SCHIZOPHRENIC REACTIONS: A CRITIQUE OF THE CONCEPT, HOSPITAL TREATMENT, AND CURRENT RESEARCH (Proceedings of The Menninger Foundation Conference on the Schizophrenic Syndrome). Edited by Robert Cancro, M.D. New York: Brunner/Mazel Publishers, 1970. 293 pp.

This volume is arranged, as was the Menninger Foundation Conference in Topeka out of which it grew, into three sections corresponding to the three topics listed in the subtitle. At that Conference a total of nineteen participants (including several psychoanalysts) presented formal papers and participated in a following panel discussion in their respective sections. This book is a record of the proceedings.

Authors in the section on the concept of schizophrenia in addition to the editor, Robert Cancro, are Paul W. Pruyser, Mark D. Altschule, Silvano Arieti, Leopold Bellak, Roy R. Grinker, Sr., Karl Menninger, and David Shakow. Their points of view for the most part are well known from previously published works, and in this volume are succinctly summarized by David Shakow in his introductory remarks to the panel discussion. There are no surprises in the form of substantially altered opinions on the part of the authors as a consequence of the give-and-take in the discussion period. There is also no agreement on the concept of schizophrenia, nor on the problems of classification and diagnosis. As a matter of fact, the participants were chosen because of their known differences in opinion. Most, but not all, expressed the conviction that there is indeed such a thing as schizophrenia. But the individual patient is often hard to categorize. Like the elusive Yeti who allegedly exists on the peaks of the Himalayas and who leaves only a hair here and footprint there, the schizophrenic sometimes defies convincing characterization. It is noted in another section of the book that the frequency of diagnosis of schizophrenia has decreased and that of manic depressive psychosis has increased since the advent of lithium carbonate as a treatment for mania.

In the second section on the indications for and value of hospital treatment, prominent consideration is given to social and economic as well as clinical factors both in the matter of admission and of discharge. Merely to list the participants sheds some light on what points of view to expect in this part of the book—Herbert C. Modlin, Robert W. Gibson, Ernest M. Gruenberg, Alfred H. Stanton, and Otto Will, Jr.

Research on the schizophrenic syndrome is the topic of the third and last section of the book. In his introductory remarks, titled *A Review of Current Research Directions: Their Product and Their Promise*, Cancro permits himself this comment: 'Of what relevance is it to review directions in an area in which there are virtually no stable coördinates? It is almost as meaningless as speaking of north and south in intergalactic space.' He emphasizes that it is the problem of diagnosis and the validity of the concept that underlies frustration in research. In spite of this rather gloomy prelude one can find much that is instructive in this section. For example, Donald L. Burnham's paper, *Clinical Research*, is of interest not only for

his remarks on the explicit topic but also because it offers a conceptual guideline for therapy. Burnham, by the way, is the only author to refer formally to Freud's papers on the psychoses. Other contributions in this section are Philip S. Holzman's Perceptual Dysfunction, Seymour S. Kety's Genetic-Environmental Interaction, and David Rosenthal's Genetic Research. Herbert E. Spohn, Paul E. Thetford, and Robert Cancro collaborate on a paper, Attention, Psychophysiology and Scanning in the Schizophrenic Syndrome.

Like all books that are worthy of interest, this one raises more questions than it can answer. Perhaps the reader will find himself asking even more questions. In any event the book is stimulating although, as might be expected, the various chapters are not all equal in quality. For whatever it might mean, there are practically no references to the contributions of psychoanalysis to be found in these pages—none at all to recent papers; on the other hand, there is only one conspicuous disparaging remark.

WARREN J. BARKER (PITTSBURGH)

PROGRESS IN COMMUNITY MENTAL HEALTH. VOL. 1. Edited by Leopold Bellak, M.D., and Harvey H. Barten, M.D. New York: Grune & Stratton, Inc., 1969. 272 pp.

This book is the first volume of what the editors hope will be a series published every other year or so, dedicated to the broad scope of community mental health. It is an updating and elaboration of the basic Handbook of Community Psychiatry and Community Mental Health¹ edited by Bellak in 1964 in which he refers to community psychiatry as the third psychiatric revolution, following the second phase initiated as the result of the development of psychoanalysis by Freud.

Since the implementation of the Community Mental Health Centers Act in 1963, community mental health has been a burgeoning field that has led to broader concepts of medicine and to innovations in the theory and practice of psychiatry. The literature and variety of experiences in this area have expanded so rapidly that a multi-authored survey, with chapters of varying styles, interest, and competence, is deemed a necessity despite its inherent drawbacks.

¹ Cf., review, *This QUARTERLY*, XXXV, 1966, p. 617.

The book consists of three sections entitled Organization and Objectives, Direct Services, and Indirect Services. In the first section Stanley Yolles, formerly director of the National Institute of Mental Health, gives an excellent presentation of the background of the community mental health movement and projects the trends, as he sees them, into the 1980's. He emphasizes the need for psychiatrists to practice as community leaders and activists as well as clinicians treating individuals, and for psychiatry to fulfil its promise as a preventive science, thereby exerting a truly creative force. In the same section a superb chapter by David Mechanic discusses the sociological issues in mental health. He points out the need for detailed investigation of the effectiveness of the various models and systems of delivering mental health care. He decries the administrative assumption that the same approach to care, whether it uses an educational or medical model, is equally effective for all individuals presenting a diverse spectrum of social and psychological disability. Alan Levenson reviews varying forms of organizations and operational patterns in different loci. He anticipates modifications in the organizational structures, especially as they relate to service programs outside of the mental health center, and to the increasing involvement of consumers in the planning and direction of centers. As has been repeatedly documented in the daily press, this type of interaction is fraught with many pitfalls. Hopefully, psychoanalytic insights may be of assistance in diminishing the all too frequent explosive outbursts accompanying such involvement. Such outbursts work to the detriment of all. Unfortunately, this aspect of community mental health is not explored in this volume. Perhaps it will be in future issues.

The section on direct services contains a survey of brief psychotherapies based upon some degree of dynamic understanding of the patient. Group approaches, family therapy, psychiatric rehabilitation, and services for children that can be made available in a mental health center are reviewed.

The final section on indirect services deals with prevention of mental illness as an integral and, indeed, mandated aspect of publicly supported community mental health programs. With a well-documented bibliography, William Bolman describes some current preventive projects, beginning with prenatal services and preschool programs, and extending through school programs and the neighborhood service center. He urges a change in emphasis by

professionals in this field from a treatment orientation to one that focuses on prevention. The final chapters cover mental health consultations and include a contribution by the senior editor on community mental health as a branch of public health. The wide scope of Leopold Bellak's interests are further affirmed by this broad-ranging chapter as he opts for action programs patterned after public health approaches. These include actively seeking out high-risk individuals and insisting upon enforced treatment if necessary for community protection; central case registries despite a regrettable further invasion of civil liberties; and annual mental health checkups for children even with full realization of the limitations in our knowledge. Whether one agrees with him or not, his points of view are lucidly and unmistakably expressed.

This book, as the first in a series of progress reports, is a worthwhile addition to the literature on community mental health and should be of special interest to those psychiatrists and psychoanalysts who are community oriented.

S. MOUCHLY SMALL (BUFFALO)

BRIEF ENCOUNTERS. Brief Psychotherapy. By Karl Kay Lewin, M.D.
St. Louis: Warren H. Green, Inc., 1970. 268 pp.

As a therapy, psychoanalysis is being challenged these days by the need and the demand for methods that consume less time, money, and personnel. Serendipity in the conduct of psychoanalysis may be of epistemological importance, but there are increasing signs that our economic system may consider such meandering too much of a luxury. The financial involvement of third parties, development of community health centers, and shortages of psychiatrists and other mental health professionals have made it imperative that briefer treatments, consistent with analytic theory and practice, be developed. Otherwise, a Gresham's law will obtain in which 'common sense' techniques will drive out the carefully constructed disciplines that have gained acceptance in psychiatry over the last half century. A generation ago, Franz Alexander emphasized the role of separation and termination, and their manipulation in time-limited psychotherapy, yet there has been little enthusiasm for these methods in the profession during the ensuing years.

Karl Kay Lewin is a member of the Staunton Clinic, University of Pittsburgh School of Medicine, where briefer methods of

therapy are being fashioned and tested. He offers in this book a description of his own therapeutic rationale and method together with generous samples of verbatim process material from his practice. Lewin's tenets are based on freudian theory and his method employs direct interpretation and confrontation, requiring sound grounding in analytic theory, quick and lucid thinking, verbal dexterity, imagination, and temerity.

During the initial interview, ninety minutes in length, Lewin rapidly focuses on evidence of psychic masochism, indicating the patient's own role in his suffering and in his fate. He liberally interprets evidence of dependency, introjects, and the patient's negative feelings. He indicates his invulnerability to the patient's hostility, and thereupon offers his own superego as substitute for the patient's. Though the treatment described above may appear stark, the actual encounters are lively. While this initial session offers direction and goal, the following hours are reminiscent of more traditional psychoanalytically oriented psychotherapy. Comments on the nuts and bolts of private psychiatric practice are offered.

Some caveats. This somewhat Procrustean approach necessarily runs the risk of driving some patients out of therapy. There are insufficient attempts to set criteria for patients with whom this therapy should be used. It would not be as effective with representatives of subcultures in which outward expression of rage is encouraged. Lewin emphasizes that the patient should consider the therapist's fee one of the latter's chief satisfactions and makes no provision for the low or no-fee patient. The author underestimates the potential uses of the termination procedure within the context of time-limited psychotherapy. Occasionally he appears glib in his interpretations of nonverbal hints and character defenses.

The publication of this book required courage in that the author dares to question assumptions that early interpretations and negative transference are counterproductive. This form of goal-limited brief therapy is promising, and deserves to be further studied, used, and refined. It is a healthy sign that more and more therapists are experimenting with short-term therapy. This bodes well for the future development of theory and practice and, it is hoped, for the future involvement of the psychoanalytic profession in the larger community.

PAUL E. KAUNITZ (WESTPORT, CONN.)

A HANDBOOK OF CONTEMPORARY SOVIET PSYCHOLOGY. Edited by Michael Cole and Irving Maltzman. New York: Basic Books, Inc., 1969. 887 pp.

This book is a collection of papers by over thirty prominent Soviet psychologists, neurophysiologists, and neuropsychologists. The American editors have studied in the Soviet Union; their intention in this volume is to present a broad review of psychological research and concepts now extant in that country. It is not possible for an American reviewer who is without other knowledge of the Soviet psychological literature (and is relatively unfamiliar with non-clinical aspects of American psychology) to judge whether they have been successful. Nevertheless, this work provides much information and its extensive bibliographies are helpful to anyone who wishes to pursue the presented material further. There is a foreword by three eminent Soviet psychologists and a preface and foreword by the American editors that give a historical introduction to Soviet psychology and enable the reader to follow the development of the psychological concepts in the context of scientific progress and political influences.

Once the reader comes to understand the difficulties of Soviet scientists in having to consider Marxist-Leninist doctrine, the cult of personality, and the godlike state of Pavlov every time they devised an experiment or wrote a line of a paper, he can read these essays more sympathetically. Objectively, work done under irrelevant handicap is less productive, but subjectively, one can admire the worker all the more for it. With such understanding, one ceases to be annoyed with the apologia and incantations that introduce many of the chapters and appreciates the content of the text.

The editors inform us that the current publication contains fewer political polemics than had been customary in the recent past. The principle remaining example of ideological refutation of scientific theory is in F. B. Bassin's chapter, *Consciousness and Unconsciousness*, in which freudianism is attacked with the same vehemence American John Birchers use to attack sex education as a communist plot. This chapter has a very brief bibliography in which Freud does not appear, an honest omission because it is evident from the text that the author is not familiar with Freud's writings beyond the earliest days of the topographic theory, and the non-freudian term, *subconscious*, is repeatedly used as a psychoanalytic

term. Unconsciousness is retermed 'noncognized forms of psychic activity' and is explained simplistically as a variant of the theory of set. However, the presence of the chapter indicates that Soviet psychologists agree with Pavlov that important higher nervous activity does not necessarily become conscious; the reviewer is inclined to chide them sharply for using freudian bourgeois explanations for such manifestations.

The section headings of the book correspond to the generally accepted divisions of Soviet psychology: Developmental Psychology, Abnormal and Social Psychology, General Experimental Psychology, and Higher Nervous Activity. The book opens with a paper on the psychology of primates, describing observations and experiments on the mental development of a chimpanzee. There are interesting comparisons with human infants and the authors conclude that the mental processes of apes and human children are different after the child begins to use language. This difference is important in any psychological experiments on animals that are extrapolated to humans.

Chapters on the psychological development of preschool children, on the personality of children, and on the problems of education present a holistic approach to psychology that differs from the detailed examination of special functions with which most of Soviet psychology is occupied. The pedagogical modality of child and developmental psychology stems from a historical period under Stalin when psychological studies were in general disfavor except for a state-directed effort to discover methods of conditioning human behavior in the interest of malleability. Many psychologists at that time took refuge in pedagogy and were published in educational journals. Consequently, these studies consider drive demands, affects, and motivation more than any other chapters in the book. Psychoanalytic concepts are simultaneously used and denied in the study of children. Several workers advise observations in natural settings rather than devised experimentation on children.

Studies on the mental processes of retardates have practical application in pedagogical techniques that are applicable to normal children. For example, introducing the same material in different contexts teaches more efficiently than repetitions of the same material in the same context. Verbal behaviors acquired by

retardates do not play the same role in influencing their thinking as in normal children. The work of Luria and Vygotskii in concept formation is applied to the study of the alteration of thinking in retardation, aphasia, and schizophrenia.

The study of social psychiatry is a departure from classical Marxist ideology. The development of neuroses is attributed to imperfect family relationships. The excuse still lies in the fact that remnants of bourgeois family structure persist and result in a less-than-perfect family relationship. There has been considerable interest in Moreno's study of small groups. Moreno is personally criticized as bourgeois and mystical, but his techniques of small group studies have been adopted in the field of engineering psychology. The Soviets are empirical and eclectic in their attempts to adopt any useful theoretical approach in solving their important problems of human productivity and industrial organization.

Studies on schizophrenics are concerned with isolating the basic cognitive defect. A breakdown in the probability-prognosis mechanism as well as a difference in the orientation reflexes are described. One chapter on schizophrenia opens with a logical dissertation to prove that schizophrenia is a brain disease and concludes with the statement that the psychological findings are different from those of any known organic brain defect.

The Soviets are especially interested in the subject, higher nervous activity, a term used by Pavlov to point the way toward understanding all behavior and mental processes by physiological data. It is a common erroneous belief in the United States that Pavlovian psychology is mechanistic and concerned only with reflex arcs. In truth, Pavlov's own experimental work was only physiological; the study of the conditioned reflex developed from investigation of phenomena which were interfering with his work on gastrointestinal functions. However, Pavlov fostered interest in a holistic approach to the study of behavior. It is in this spirit that the Soviets are investigating the integrative functions of the higher brain centers.

Toposcopic studies using as many as one hundred EEG points show the interrelationships of brain areas and the educability of some areas to take on the functions of other areas. There is a marked increase in the number of intercorrelated points, particularly in the frontal lobes, in problem solving. The frontal lobes

show the greatest amount of activity in the early phases of problem solving but later the region of the central gyrus shows the greatest activity. Administration of a tranquilizer virtually eliminates frontal lobe activity while leaving other areas relatively unaffected, and there is a concomitant deterioration of problem-solving performance. Other studies show that there are qualitative differences in muscle potentials in different species and give further warning about extrapolating animal behavioral experiments indiscriminately to humans. Several reports describe advances in the study of conditioned reflexes in animals; there is only one chapter on the study of conditioned reflexes in man. In man, it is more heuristic to think in terms of a reflex loop rather than the traditional reflex arc. This study leads into cybernetic concepts. Beratashvili is perhaps the outstanding Soviet psychological physiologist, and his work demonstrates how far Soviet psychology has advanced from early Pavlovian concepts. He believes that there are two kinds of learning: the learning of images, or perceptual learning, and the learning of conditioned reflexes, or motor skills. Image learning occurs in a single trial and is relatively permanent. Conditioned reflex learning takes many trials and is relatively unstable. There is a qualitative difference between psychological activity, voluntary activity, and conditioned reflexes. Voluntary activity in young children is image-directed behavior while in normal adults it is behavior-directed or regulated by plan. Orienting behavior is based upon sensory complexes in the archipaleocortex. Reading these studies emphasizes the oversimplifications of the behavioral therapies extant in the United States.

The chapter by Anokhin, *Cybernetics and the Integrative Action of the Brain*, presents a physiological model of the brain that he believes is useful in the analysis of behavioral acts. He asks not only how an action takes place, but why it occurs at a specific time. His description of afferent inputs and the dynamics of activity is easily correlated with the schema of psychic structure propounded by Sandler in the psychoanalytic literature.

Reading this book has been an unusual experience. It gives a vista of the history of the development of psychological thought in the Soviet Union, a sense of the tribulations of scientists whose findings must not offend official dogma, and an appreciation of the efforts and results of the men who have written the papers. It was

also highly informative to me although I cannot say how informative it will be to those who are more familiar with the entire field of psychology. It gave me no new insights that could be immediately stimulating in psychiatric or psychoanalytic clinical work. It appears to be a work of great breadth and each chapter (except the chapter, *Consciousness and the Unconscious*) has an extensive bibliography. This volume should be on the reference shelf of every psychological, psychoanalytic, and psychiatric library.

ABRAHAM FREEDMAN (PHILADELPHIA)

WESTERN PSYCHOLOGY. From the Greeks to William James.

Edited by Gardner Murphy and Lois B. Murphy. New York: Basic Books, Inc., 1969. 296 pp.

This admirable volume is the second in a series aimed at integrating and interpreting the central ideas of those outstanding thinkers who have written about human nature in a systematic sense during mankind's history. The first in the series, *Asian Psychology*, explored the psychology of India, China, and Japan; projected future works will deal with developmental and psychoanalytic psychologies, as well as with the Soviet system of psychology and with altered ego states. In this volume, for each five-hundred-year period since 500 B.C., a historical correlation is attempted by outlining the broad characteristics of each epoch's economy, politics, military development, religion, science, philosophy, and psychological assumptions.

The section on Greek psychology by Professor Richard P. McKeon of the University of Chicago provides a rich commentary on each phase of development. First to be considered are the pre-Socratics: the natural philosophers seeking material principles; the mathematically oriented who emphasized plurality or sought unitary principles; the atomists; and the sophists whose focus on knowledge as sensation resulted in the strengthening of operationalism. The discussion proceeds to consider the contribution of Socrates who turned attention from the world of nature to ethical matters, with major advance in the use of inductive processes; Plato's dialectic method of inquiry into operations of the universe and of man's understanding based on sense experience and reason; and finally, the monumental contributions of

Aristotle whose concept of the soul as a function of the body placed psychology on a scientific basis by separating human life and thought from problems of matter and motion. Excerpts from the original works, quoted throughout this section as well as in those following, add valuable dimension and firsthand impact in portraying the foundation for the natural sciences. If anything, this section is so rich in detail that it tends toward some diffuseness that might have been avoided by a classifying summary even along such an oversimplified line of division as that of cosmology and rationalism, showing respective contributions from each.

The book's second section, *From the Classical to the Medieval*, goes on to trace the influence of religion in bringing to the fore the question of will and of the conflict between love and sin. Particular attention is given to the contribution of St. Thomas Aquinas in integrating the teachings of Aristotle with Christian theology. Perhaps some mention should have been made of the reliance of St. Augustine on Platonism, and the critique of this influence provided by the Aristotelian-Thomistic synthesis that was foremost in advancing the integration of Greek ideas into Christian thought. The brief section on Islamic psychology, principally covering Avicenna and Averroës, stresses their reliance on and propagation of the ideas of Aristotle.

The last two sections of the book come alive with the vitality and excitement of the Renaissance and Enlightenment and the shaping of an evolutionary psychology. Here, the rebirth of the Greco-Roman spirit is portrayed in the context of the age and spirit of discovery, from the development of associationism through experimentalism to evolutionism. This reviewer found the excerpts of classical works and the intelligent commentary and synthesis to be most fascinating and rewarding, offering an unusually clear picture of the steps that led to present-day frames of reference.

The roles of the two leading spirits who ushered in the new era in psychology are detailed: first, Descartes, whose contributions advanced the empirical method and led to discovery of the machinery of the body while at the same time dwelling on Platonist concepts of mind-body dualism. Second, there is an illuminating exposition of Hobbes's return to an empiricism pushed further than ever before, explaining man in the same scientific terms that had been applied to the world of nature (based on Democritus's

and Epicurus's theories of matter and motion), laying the foundation for a psychology of man interacting with society and for an associationism opposed to Descartes's innate ideas.

Locke is portrayed as going still further, under the influence of Newton and the strong impact of scientific method, in proposing the *tabula rasa*: all is association or reflection of ideas and experience, with sensory impression as its base. A welcome perspective is offered on the advance of Hartley's thinking which gave associationism its name and provided a basis in brain physiology; on Bentham's extending of the principle to indicate the motivating power of pleasure and pain; on James Mill's strengthening of associationism; on John Stuart Mill's highlighting of the affective life; and on Thomas Brown's demonstration of the effects of the life of feeling and impulse.

The advances of the German school are clarified in an interesting presentation of the work of Herbart. Herbart postulated a dynamic system of inner stresses to which sensations and experiences with the outer world add impact and set up alterations and strivings between the various elements for consciousness and dominance. This anticipated Freud and the modern schools. The dynamic push and pull of the romanticism of the era are depicted, with influence on psychology as well as on the arts and with subsequent backlash in the form of biological and physiological dominance: Weber, Fechner, Müller, and Helmholtz developing psychophysical principles, measurements, and the basis for experimental psychology.

Thus are portrayed the sequences from the age of rationality through romanticism to scientific discovery and, finally, to the evolutionary theory of the nineteenth and twentieth centuries. The latter demonstrated that life processes involve impulse, action, and feelings that are as important as thought and, in fact, serve to condition thought; and that emotions are part of the patterns of defense required for survival. Darwin is revisited, Galton is touched on, and Nietzsche is richly excerpted. His notions of the constant flux between superman and slave mentality foreshadowed later ideas about man's striving for power. Finally, William James is considered at length for his profound insight into mind, feelings, and will, seen as part of simpler structures developed for the evolutionary purpose of adaptation and survival (relativism and

pragmatism). The antecedents having been described, the stage is set for future consideration of Freud and his ultimate delineation of the implications of impulse life.

In the concluding Retrospect the authors opt for a view of the development of world psychology based more on personal circumstances than on any *over-all* historical process, although they do give due recognition to the significance of multiple historical, cultural, social, and economic factors in each period. The influence of individuals is given heavy emphasis along with recognition of the inevitability of each development in the light of ongoing progress in human thought from contributions of earlier epochs. That existentialists find a different reality from that of psychoanalysts or behaviorists is cited as evidence of the operation of individual differences and unconscious needs. Although it is maintained that 'the history of psychology in the West is just as fully rooted in biography as it is in Western culture', one might raise the question of the possibility of a superordinate principle operating as a determinant of philosophical and psychological systems, as has been suggested for theological and mythological systems in Joseph Campbell's *The Masks of God*. Thus, rationalism, will, and like concepts may express the shamanistic principle derived from patriarchal influences serving the hunting tendencies dominant in the culture at a given time; while associationism and evolutionism as cosmological concepts may flower under planting-based tendencies that promote a subordination of the individual to the whole.

Such an ad hoc hypothesis might be proposed as an alternative to the pessimistic outlook of the authors who, though offering such a wealth of data and multiplicity of determinants, are nevertheless persuaded that a 'universal psychology' has to be relegated to the remote future. In any event, their book is highly recommended to all who deal with the mind or who are concerned with the evolution of psychological systems through the ages.

DANIEL S. JAFFE (WASHINGTON)

THE GLORY OF HERA. Greek Mythology and the Greek Family.

By Philip E. Slater. Boston: Beacon Press, 1968. 513 pp.

Professor Slater has written a pathography of a culture. He sees Greek family life of the classical period as determined by the ambivalent but predominantly antagonistic relationship between

a mother and her son: the woman, slighted in a male-dominated society, turns to the son she can dominate in the household for satisfaction and revenge. This mother/son relationship is a narcissistic one that threatens the child's individuation as well as his potency. Greek literature, history, and especially myths are presented to show the central importance, the nature, and the consequences of this family constellation. The author brings in the observations of many psychiatrists, including Freud, to support his rather idiosyncratic views on the psychopathology involved. He concludes, for example, that 'maternal dominance in the home . . . [generates] with equal facility, homosexuality, schizophrenia and achievement drive'.

All myths, all literatures, all cultures can be scrutinized meaningfully in relation to narcissistic and preœdipal intrafamily ties, and it is obvious that these relationships were particularly important in classical Greek society. Unfortunately, the author's thesis is tendentious—charged with a moral fervor one feels he is not fully aware of. What is set forth is a concentrated and narrow point of view that leaves out too much; especially neglected are the healthy and creative aspects of Greek life. The author states that he is not interested in individuals but in 'collectivities': the Greek family, the Greek mother, the Greek male. The sense of individuals in a culture is lost and, therefore, so is verisimilitude. Thus Slater considers that 'the Heracles that emerges from the total agglomeration of Greek myth is a far more complex and interesting figure than Achilles'. Achilles is called 'a gorilla'—a typical reductive denigration. In contrast to Homer's Achilles, who has individual human (although larger than life) character, Heracles of the myths is an 'agglomeration', a 'collectivity'. He is of more interest only because the author finds Heracles more useful in illustrating his thesis. For example, the irony of the name Heracles meaning 'the glory of Hera' (the Hera who persecutes him and drives him to his death) provides the title of the book.

The author's involvement with his centrally determining mother/son relationship has an obsessive quality that distorts his vision and, despite his many brilliant and even original observations about myths, symbols, and clinical data, makes him an unreliable guide to Greek culture.

LEONARD SHENGOLD (NEW YORK)

THE POWER TACTICS OF JESUS CHRIST AND OTHER ESSAYS. By Jay Haley. New York: Grossman Publishers, Inc., 1969. 146 pp.

This small volume's title essay, appearing in print for the first time, is an effort to find similarities between the mass movement of two millenia ago that resulted in the establishment of Christianity as a world force and more recent mass movements, such as the rise of communism. The leaders of contemporary movements can find precedence for all of their most reliable tactics in the methods of Christ. Viewed in this way, Christ becomes the first great activist, a genius who discovered single-handedly the basic principles of forming masses through leadership, protecting the mass movement from the authorities, and eventually arranging a showdown between the movement and the establishment. This thesis strikes this reviewer as plausible and refreshing in contrast with the usual view that makes Christ simply a saint whose teachings were appropriated for political purposes by a power group. The essay is documented by Biblical quotations—the only one of the essays having any documentation. Haley uses these passages to reconstruct a historical personage. Yet it would seem inevitable that these later Biblical writings are subject to the same distortions in the course of time as are other emotionally charged and oft repeated texts. The gospels are still being subjected to the defensively determined revisions of theologians; they have become myth as well as history. Rather than take them as data for biographical reconstruction, it would be more fruitful to think of them as documents relevant to the question of how masses of people go about making and using their heroes. In that light, what Haley views as individual biography would become a glimpse into the mythopoesis by which people endow their leaders with certain qualities. Haley's essay only repeats the inadequate notion that the masses are 'led' by 'leaders'.

The more clinical five essays reprinted in this volume continue the general theme of a power struggle, but they are often odd, obscure, and contorted in sound. I think Haley is saying that he is opposed to any sort of procedure involving the duality of a treated person and a therapist; that there is something not quite right about a person's setting out to do something *for* another, just as there is evil in setting out to do something *to* another. To Haley, they are one and the same. It would appear that he feels psycho-

therapy is a derivative of the broad world style of our times in which all sorts of adversary procedures, from colonialism to religious proselytization to capitalism, have been revealed in all their shoddiness. Revulsion from the evil of exploitation makes Haley see psychotherapy, and perhaps all of medicine, as callous applications of brute force. This idea is not new, of course; it has found perhaps its most extensive treatment thus far in medical literature by Thomas Szasz.

The essay, *The Art of Psychoanalysis*, portrays the analytic situation as a power struggle in which patient and analyst mutually distrust and reciprocally deceive. The patient is 'cured', says Haley, when 'he no longer cares who is one-up'. The analyst then 'dismisses him, timing the maneuver just before the patient is ready to announce that he is leaving'. The most charitable comment one can make on this essay is that in content it does not do justice to a difficult subject. Moreover, in its effort to disparage analysts, it also mocks the sufferings of the patient, a much more serious and regrettable thing. But if the author's content is disappointing, his style gives the reader even more trouble. It is a little reminiscent of C. Northcote Parkinson, that great wit who has given us his series of 'Parkinson's Laws'. Since Parkinson is dealing with a field (modern economic enterprise) in which the power struggle is all, his devices of mockery, satire, and derision are quite effective. When these devices are applied to the subject of the treatment of the sick, the reader is justified in concluding that the author has descended to a mere marketable cynicism.

The essay called *The Art of Being a Failure as a Therapist* is couched in a flip, slick style and sets forth twelve rules that will insure therapeutic failure. A sample: 'Perhaps the most important rule is to ignore the real world that patients live in and publicize the vital importance of their infancy, inner dynamics, and fantasy life. This will effectively prevent either therapist or patient from attempting to make changes in their families, friends, schools, neighborhoods, or treatment milieus. Naturally, they cannot recover if their situation does not change. . . .' Good old environmental manipulation is, after all, so much more comfortable and simple than the intricate mechanisms that Freud first described. Haley's implication is that the whole of present-day therapy is a deliberate hoax.

In a thirty-six page paper called *Whither Family Therapy?*, the author is clearly on ground where he has experience and about which he has thought a great deal. But again he resorts to a style that seems unsuited to an exposition of his thoughts. In describing the various forms of family therapy, he gives them such names as the Dignified School, the Brotherly Love School, the Great Mother School, the Chuck It and Run School, etc. It would be more useful to name the actual schools so that the reader might judge for himself. As it stands, the schools are both lampooned and protected by being given a cryptic label. Haley's own brand of family therapy appears to be this: the therapist finds a way of using each individual to alter the family system by acquiring different responses to old family pressures. Some change in the family system, presumably fairly long-lasting, is necessary for any change to occur in an individual within the family. We see here a paradox: the individual cannot change except through the family, which cannot be altered except through his changing. The implication is also made that a family can be treated only if it is treated *as a family*—meaning that all members sit down together with a therapist. The fact is, as every analyst has had occasion to observe, when any individual is made healthier, desirable changes can be observed throughout his family. This is true even when the other family members have no knowledge of any therapeutic effort on the part of the changed individual.

The *Amiable Hippie* is an essay that finds Haley at his own amiable best. It is a warm account of the San Francisco hippie scene of a few years ago. Because of its evident sympathy and admiration for the hippie, it is especially puzzling that it takes no notice of the sufferings of the hippie. And this is the recurrent difficulty of this book: the realities of psychic pain are glossed over in favor of either oversimplified therapies or callous mutations of suffering into sport. In the last essay, *The Art of Being Schizophrenic*, the author seems to admit the existence of a person who can be singled out as 'schizophrenic'; but the schizophrenic is portrayed as a person who has only one preferred role: to harass his doctor. Example: a schizophrenic patient says to his doctor: 'I am 187 years old'. Haley goes on: 'The doctor suddenly has that lost feeling of one who suspects he is being put on and has been provoked into making a fool of himself and yet cannot be sure.

The result is a continuing suppressed fury and desperation as the game goes on and the doctor finds himself constantly provoked into saying what he would rather not say.' Here Haley returns to his central thesis: a power struggle built up by a doctor who is inherently villainous and a patient who is skilful at bringing out his worst. For Haley there is no such thing as a decent doctor, a suitable countertransference, nor a grateful patient. Any explanation of the genesis of such a position can be found only in the details of personal experience, and these Haley does not supply.

ALAN W. FRASER (NEW CANAAN, CONN.)

SELF-LOVE. By David Cole Gordon. New York: The Macmillan Co., 1970. 96 pp.

Gordon has divided his book into two parts. The first part, he says, '. . . is a discussion of the prevalency of masturbation; the origins of the practice; the source of guilt; how guilt is reinforced; what flows from the guilt; the relationship between autoerotism and suicide; the connection between guilt and masturbatory fantasies; the practice of onanism as it relates to narcissism and homosexuality; the benefits of autoerotic activity; and the conventional medical and psychoanalytic therapies for autoerotists'.

This reviewer is of the opinion that the author falls far short of clarifying these issues. In this first section he presents some very interesting statistics on masturbation and some interesting historical facts. Gordon clearly has a smattering of psychoanalytic information but much of it is superficial. Psychoanalytic terms are used and psychoanalytic concepts are bandied about but misunderstood. The book is replete with examples, but space permits only the demonstration of a few. In an inaccurate interpretation of Freud's views, Gordon states: "'Infantile", "immature", "personality defect" is just name-calling and the substitution of Freudian pseudoscientific language for the prohibitions of the Talmud. But this is name-calling with not just a vengeance but a difference. The name-calling is being done by analysts who are responsible for the mental health of many patients and who also happen to head the departments of psychiatry in hospitals and medical schools and act in many cases as supervising and training psychoanalysts' (p. 27). If and when these terms are used, we, as analysts,

know that they are not being used from the standpoint of name-calling, but rather as an attempt to categorize or further understand and describe material with which we are dealing. Obviously, everyone who masturbates is not considered by an analyst to be immature or to have a personality defect.

Over and over again the author states that masturbation results in conflicts manifested by depression and anxiety. He does not consider that masturbation may result from conflicts. Another example is very revealing: 'Freud believed that neurasthenia was caused by masturbation and that the consequence of abandoning the habit was anxiety neurosis, thus leaving the individual, who obviously had become a patient through concern over the habit, between Scylla and Charybdis, damned if he does indulge and damned if he doesn't, with normal sexual intercourse the only way out . . .' (p. 29). The author here is referring to the very earliest works of Freud and is either unaware of freudian theory or is purposely confusing the issues. In the same context Gordon gives Freud the benefit of the doubt: 'Freud believed correctly that anxiety neurosis was brought on by refraining from indulgence' (p. 30). He does not realize that he is referring to Freud's early chemical theory, corrected by Freud in 1926.

In the second section of the book the author deals with his theory of 'unification'. The reviewer is unfamiliar with much of the literature cited by Gordon (mystical experiences described by Bucke, the peak experiences reported by Maslow, and the satori experiences recounted by D. T. Suzuki). In this section Gordon again treats freudian concepts in an erroneous fashion. For example, 'As we have seen, Freud found two basic instincts, the familiar life and death instincts, or Eros and Thanatos. The death instinct may be defined as the sum of the impulses aiming at destruction. . . . The life instinct may be defined contrastingly as the impulses of self-preservation and reproduction . . . sometimes used by Freud as synonymous with libido. Both definitions are vague and really explain nothing' (p. 54). The author here is confusing Freud's death instinct theory (not validated by most psychoanalysts) with his bipolar instinctual theory according to which a part of the individual's psychic apparatus is governed by his libidinal instincts on the one hand, and his aggressive instincts on the other hand.

Throughout this section, in addition to freudian misconceptions, there are many statements that this reviewer finds difficult to understand. Some of this lack of understanding may be due to the fact that he is not familiar with the authors referred to above. For instance, 'Unification experiences also occur when the normal state of tension we live in is subtracted or abstracted, even momentarily. . . . All narcotics give the user a high which in effect is a unification experience' (p. 61). 'Many criminals experience a unified state during the commission of a crime and frequently urinate, defecate, masturbate or have an orgasm at the scene of the crime after its commission. . . . The crime is committed not for the fruits or spoils, but for the unification which the criminal experiences when committing the crime, as he is totally involved, totally concentrated and one with himself' (p. 62). 'One other parenthetical remark concerns anger, rage, laughter and the lowly sneeze. In all of these experiences man is spontaneously unified, his thinking stops and he finds the experience immensely satisfying' (p. 64). This reviewer sometimes had the impression that in certain instances the author's description of 'unification' coincides with what is obviously a transient schizophrenic episode; in other instances it represents early regressed states of mother-child unity.

One more inconsistency, among many, in this section: 'It is that procreation is the creation of life itself and, therefore, the unification experience par excellence. . . . We quoted earlier the famous dictum that coitus is a poor substitute for masturbation' (p. 66). Thus Gordon says that procreation is the essence of unity, but more often he states that masturbation is the utmost in unity.

The book could have been much more useful if the author had elaborated on some of the historical and statistical material referred to in the first section, and had spent less time conveying his misunderstanding of freudian psychology by the use of freudian concepts out of context. The theory of 'unification' is one that this reviewer cannot pass on other than by showing some of the more glaring inconsistencies.

JAMES F. BING (BALTIMORE)

Revue Française de Psychanalyse. XXXIV, 1970.

Jeremy Roger Mack

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ABSTRACTS

Revue Française de Psychanalyse. XXXIV, 1970.

Solitude and Transference. Michel Neyraut. Pp. 81-100.

To illuminate aspects of character neurosis, the author presents a study of solitude and what he considers to be its opposite, transference. Patients in this diagnostic category feel they are the loneliest of the lonely. Neyraut cites Winnicott to the effect that the capacity to be alone is an ego function and can only be mastered in the presence of another. This mastery involves the acceptance of aggression in the other; without this acceptance the relationship becomes one of transference. Therefore, it is not only the analyst's neutrality but also his intrinsic aggression that facilitates the patient's capacity to be alone.

Instinct and Sound. Ivan Fónagy. Pp. 101-136.

An attempt is made to identify the instinctual dispositions conveyed by sounds. In some cases—such as the sweet sound of 'l' in *lait*, for example—the author has discovered not only that the sound stimulates thoughts of a particular activity (drinking), but also that the oral activity of making the sound has as its prototype a related act (sucking). He finds that the vowels formed anteriorly in the mouth are judged more clear than those formed posteriorly, the latter being associated with vulgarity. Using similar analytic devices, he discusses open, hard, and erectile sounds.

Narcissism in Therapy. Denise Braunschweig. Pp. 191-206.

The economic difference between transference and narcissism furnishes to a great extent the energy for the analytic process. The analytic requirement of verbal expression of every thought sanctions disregard of superego censorship and reality testing. Encouragement is thus given to the hallucinatory realization of desire and to the expression of narcissistic omnipotence. Transference love involves the projection of this desire onto the analyst. The frustrating asymmetry of the relationship, however, causes the return of this love to the ego. The concentration of libido in the ego then permits the patient to use himself in the service of the maintenance of his psychic equilibrium.

Pessimism and Freud. Pierre Bourdier. Pp. 207-231.

Bourdier cites three pessimistic landmarks in the evolution of Freud's concept of analysis: 1, the denial of sexual pleasure through the mechanism of drive renunciation and identification; 2, the enunciation of the aggressive drive; and 3, the view that in the face of castration anxiety sexual satisfaction

can be obtained only by dispensing with reality testing. The author feels that Freud, in part of his work, may be seen to have explicitly sanctioned perversion and the satisfaction of the partial instincts.

JEREMY ROGER MACK

Cuadernos de Psicoanálisis. V, 1969

Regression in the Analytic Process. Alfredo Namnun and Santiago Ramirez. Pp. 9-16.

The most essential requirement that the analytic process demands of the patient is the split of his ego into an observing part and an experiencing part. The latter regresses to archaic infantile levels while the former maintains a sharp level of maturity and sophistication. The conditions that favor regression are the basic rules—abstinence, the analyst's anonymity, and the recumbent position. The regression does not involve the whole psychic apparatus. Some functions regress markedly while others remain sharply in contact with reality. The *anlage* of the regressive relationship is the early mother-child relationship. The optimal degree of regression is different for each individual. In the countertransference there is also a regression, and 'complementary identification' is the best instrument for understanding the regressive object relations of the patient. Regression is also utilized by the patient for defensive purposes. In the terminal phase the balance must favor autonomous functioning over regression.

Notes regarding Regression in the Analytic Situation. Antonio Mendizabal. Pp. 21-26.

The 'regressive process' in the analytic situation has a dynamic character of its own produced by the regressive object relation with the analyst (transference and countertransference), so long as it is correctly interpreted with sufficient frequency and with good timing. The regressive process is inevitable and useful, and its intensity and amplitude are determined by the pathology of the patient, the tolerance of the analyst, and his technical modality. The study of countertransference reactions, especially the countertransference neurosis, helps the analyst avoid using the patient as an object of his own regression. This limits the mutual tendency toward acting out, and emphasizes interpretation as the only valid and effective element in the attempt to help the patient acquire a greater degree of mental health.

Regression and Progression in Psychoanalytic Treatment. José Ruben Hinojosa. Pp. 47-51.

Regression in analytic treatment is as normal as dreaming, but is different in that it happens under controlled conditions. In the course of analysis the transference neurosis develops. The interpretations restore to the patient the parts of his 'self' that were dissociated and placed onto the analyst. This favors regression and at the same time, with the acquisition of insight, permits the

integration of the dissociated parts. Thus regression and progression are two functions the ego utilizes to modify the significant figures that were deformed by neurotic conflict. Progression is any ego activity that tends to integrate dissociated parts, attempts behaviors other than the ones used up to that point, and acquires and integrates new experiences that strengthen the ego. Experiences of feeling different and of growing characterize the constant movement of progression after the regression of certain areas of the ego.

ALBERTO DE LA TORRE

Cuadernos de Psicoanálisis. Vol. V, 1970.

Reflections on the Technique of the First Analytic Sessions. José Remus Araico. Pp. 19-22.

It is difficult to define the first analytic session since the diagnostic process tends to become confused with the therapeutic process. Perhaps the first analytic session takes place when the patient, having had little contact with the analyst, accepts the use of the couch and the analyst accepts working with the patient. In Kleinian technique everything the patient says is related to the 'latent transference'. Therefore, the analyst from the beginning tries to make conscious as much of the transference as the patient can understand. Using his counter-transference, the Kleinian analyst seems to take more 'risks'. In the technique based on ego psychology the task is to prevent an uncontrolled regression. Everything the patient says is not considered latent transference. In this technique the analyst waits until a therapeutic alliance, as well as a split in the ego, has developed. The goal of the early sessions is to accustom the patient to work in a dimension and modality that is unknown to him. The author illustrates his technique with borderline patients, character disorders, psychoneurotics, and candidates. He feels he has achieved an integration of Kleinian and ego psychology techniques that works for him.

Some Considerations regarding the First Analytic Hour. Amapola G. Gaitan. Pp. 65-70.

It can be said that the first analytic hour occurs when the patient and analyst get together for the first session. But many analysts feel that the first hour of analysis follows preliminary interviews during which a history is obtained and an opinion formed about the analyzability of the patient. In certain clinics the preliminary interviews are done by someone other than the analyst, but the information necessarily appears again in the analytic relationship. The author feels that we should speak of an initial phase of analysis since it is difficult to say which session is more analytic than another. Everything that plays a role in the decision to seek analysis—the precipitating factors that alter psychic equilibrium, the anxiety experienced, the patient's planning of how he will relate what he wants to relate—invests the first analytic hours with transference elements. Hopefully the analyst will grasp some of the more significant features, though obviously not all of them. The patient initiates his relationship with

the analytic situation from the moment he begins to consider the possibility of entering analysis. Of course, he must know of the existence of psychoanalysis and have some ideas, right or wrong, of its methods. These data become meaningful only when the patient begins to develop his fantasy of what his analysis will be like. The author includes a lucid clinical vignette to exemplify a significant transference element appearing in the first analytic contact.

ALBERTO DE LA TORRE

American Journal of Psychiatry. CXXVII, 1971.

The Destructive Potential of Humor in Psychotherapy. Lawrence S. Kubie. Pp. 861-866.

The influence of the therapist's use of humor in individual, analytically based psychotherapy is explored by Kubie with a wary eye turned toward its effect on the flow of associations and on transference. An impressive list of adverse effects of humor in interpretations is proposed. These include evocation of doubt in the therapist's sincerity (Is he only joking?), enhancing the patient's resistance to insight (strengthening denial and reaction-formation), blocking expression of affect (such as the patient's anger), enhancing self-deprecation, and aiding the therapist in acting out in a masked way countertransference angers, anxieties, or seductive responses. A most telling issue is the genetic role of humor in the patient's early object relations, which must be explored with the patient and known to the therapist before he may judge the effect of his own humorous interventions. Kubie does see a cautious use of humor in the hands of experienced therapists as an aid in incorporating new insights during the working-through phase of therapy, and points to its ego integrative potential. Humor at the termination phase presents fewer hazards, but again may be used defensively in view of impending separation or may prematurely precipitate termination. The therapist's interventions, and especially interpretation, are most powerful tools and must be used with reflective caution. Finally, the use of humor by the therapist is seen as having very little place, if any, in analytically based treatment.

A Developmental Approach to the Borderline Patient. Elizabeth R. Zetzel. Pp. 867-871.

Accurate diagnosis is a key issue in determining treatment mode in borderline patients. The key diagnostic tool is extended observation of the doctor-patient relationship. Basically, borderline patients show partial though varying failure in these ego attributes: self-object differentiation, the capacity to tolerate loss and narcissistic injury, and the internalization of an ego identity and self-esteem that permits autonomy of function and stable personal relations. The author stresses the need to differentiate among patients whose dysfunction stems from: a, problems determined by unresolved intrapsychic conflict; b, regressive

changes attributable to a period of serious developmental or situational stress; and c, significant failure to establish certain ego functions. The latter group is the concern of this paper. Because of the borderline patient's inability to tolerate painful affect and to perceive and accept limitations of reality, Zetzel warns against the use of therapeutic modes that foster the emergence of a regressive transference reaction. She emphasizes techniques demanding a minimum of psychiatric attention. A stable, reality-oriented, and consistent doctor-patient relationship is indicated, with marked limitations defined as to the doctor's availability, and a frequency of usually no more than once a week. Therapist's interventions are directed toward clarification of regressive distortions in the transference rather than transference interpretations directed toward insight. This will tend to prevent regression in the doctor-patient relationship as well as ambivalent countertransference problems. A new and real relationship that cannot be viewed as transference will develop in the therapy. This relationship may have to remain available to the borderline patient at infrequent intervals for an indefinitely extended period.

Sleep Need: How Much Sleep and What Kind? Ernest Hartmann, et al. Pp. 1001-1008.

The authors studied two groups of young men: short sleepers who habitually slept less than six hours and long sleepers who slept more than nine hours a night. The short sleepers as a group tended to be action-oriented, mildly compulsive people with hypomanic trends, who characteristically used mechanisms of denial, avoidance, and 'keeping busy' to bind anxiety. The long sleepers tended to be introspective, mildly depressed, and anxious people with neuroasthenic trends. Most striking in the findings was that the two groups had identical periods of nondream (Stages 3 and 4) sleep, and that the difference appeared to be that long sleepers required a good deal more dream time. The suggestion is that the character structures that failed to bind anxiety in the long sleepers required a greater period of dreaming for dynamic function in maintaining psychic equilibrium. Various character structures may therefore typically require differing amounts of dream time, depending upon the effectiveness with which their defenses bind anxiety.

On Acquiring a Kidney. Hyman L. Muslin. Pp. 1185-1188.

Studying renal transplant patients, Muslin likens the integration of the acquired kidney into the body image to the process of identification. He follows this integration through the 'foreign body stage', where the new organ is perceived as ego-alien, to complete incorporation into the body image. There is then total loss of awareness of the new organ and a gradual cathexis of the new organ with narcissistic libido to the point of complete inclusion within the self. In addition, the new organ becomes symbolic of many developmental conflicts and serves as a representation of key object relations.

FREDERICK M. LANE

Archives of General Psychiatry. XXII, 1970.

Limitations of Free Association. Judd Marmor. Pp. 160-165.

Marmor pleads for flexibility in the standard psychoanalytic technique. Interviews with 'significant others' in the analysand's life should not only be permitted, but should be mandatory. This strikes the reviewer as a strange kind of flexibility. The author's main point seems to lie in the difficult and perhaps interminable analysis of ego attitudes. That free association should carry the burden of indictment for difficulties within the method, the analysand, and the analyzing instrument of the analyst seems overly selective. Implicit in this cursory critique of analytic technique is the model of a rigid, robot-like analyst unable to compute the 'information' and 'transactions' of an equally robot-like analysand. In such a situation, free association would indeed be limited in its efficacy.

The Need or Wish To Be Held. Marc Hollender. Pp. 445-453.

Hollender would like to examine the wish to be held in its own right, not have it subsumed under the heading of 'oral'. The author interviewed twenty-seven paid volunteers and twenty-seven hospitalized patients. The first interview was self-administered with the subject following an outline and speaking into a tape recorder. The second and sometimes third interviews were carried out by the author in person. Excerpts are reported from these taped interviews. The distinction between a need and a wish is not made clear. Much psychoanalytic material dealing with narcissism, phobia, dreams of falling, etc., that could supplement this topic, is not mentioned.

DONALD J. COLEMAN

Journal of Nervous and Mental Disease. CLI, 1970.

Empathy: A Developmental Model. Lowell Cooper. Pp. 169-178.

The concept of empathy is discussed from the standpoint of differing theoretical models. The author's view, in the context of a developmental model, is that diverse concepts of empathy become sequential and complementary rather than antagonistic. Each theoretical model is seen as a narrow focus on a single level of development of empathic skills to the exclusion of prior skills and capacities of the individual. Perhaps the psychoanalytic model, with its emphasis on adaptive regression, is the most helpful in integrating different positions. The 'peculiar emotional linkage' of the empathic process, which originally appears to express an archaic primary relationship between the mother and the neonate, is presented not as appearing or disappearing at different developmental stages, but rather as changing in pattern and adaptability depending on the maturing of various psychological functions.

An Experimental Study of Listening between the Lines. Donald P. Spence and Barry Grief. Pp. 179-186.

This paper reports an interesting experimental study dealing with Freud's advice to give equal attention to everything, to maintain evenly divided attention in the face of all that the analyst hears. The well-designed study indicates that 'listening away' has specific advantages in specific circumstances, but should not be considered an all-purpose clinical tool. If the listener is primed for the particular content, as by theoretical preference or personal preoccupation, it appears to be an advantage. However, it does not seem to be particularly serviceable for discovering a theme that is completely new. Rather, the authors propose close listening to compile enough material for a working hypothesis and only then 'listening away' to increase the chances of discovering more material to support the hypothesis. What might be of further interest in the light of these data is a consideration of the issue of the analyst finding only the additional material that tends to support his already established hypothesis.

Psychophysiology and Development of Social Attachment. James J. Lynch. Pp. 231-244.

Lynch discusses extensive work with dogs in which significant physiological variables are correlated with the animals' interactions with human beings—for example, major changes in the dog's blood pressure, aortic blood flow, and coronary blood flow. Similar emotional changes have been observed in such varied relationships as those of parents with their children and the doctor with his patient. The suggestion from a number of the animal studies is that at least part of the physiological response elicited from the dog by a human is learned. For example, petting the dog is a far more effective means of eliminating prior conditioned fear responses than simply having the person enter and leave without petting the dog. In his generalizing to the human interaction situation, the author draws on the work of Spitz who speaks of the need for a 'dialogue' between two living organisms. This important aspect of socialization and human development is then discussed in the light of certain technological changes that may impinge significantly on the process of human attachment. An example of this would be the use of such devices as teaching machines.

HAROLD R. GALEF

Psychiatry. XXXIII, 1970.

Environmental Factors Preceding the Onset of Severe Depressions. Melitta J. Leff; John F. Roatch; William E. Bunney, Jr. Pp. 293-311.

This article deals with the problem of 'endogenous' depressions. Although the data reported suggest the occurrence of stressful events prior to the onset of nonendogenous depression, the categorization of these events seems highly arbitrary. For example, how is it known that the boy friend's marriage to someone else is felt as a threat to sexual identity? Much more needs to be clarified as to the impact of the event on the individual.

***Folie à Deux* in the Function of Reality Testing.** Paul A. Dewald. Pp. 390-395.

Using an example of *folie à deux*, Dewald discusses the dependency of the development of the function of reality testing on the libidinal relationship between parent and child. Where threat of loss of object exists and there is simultaneous drive gratification, the child can be expected to assume the parental assessment of reality, including delusions when present.

JOHN HITCHCOCK

Literature and Psychology. XIX, No. 2, 1969.

Toward a Psychoanalytic Reading of Beckett's *Molloy*. I. Barbara Shapiro. Pp. 71-86.

In the first of a two-part article on Beckett's novel, *Molloy*, the author's focus is on the text itself and the character of Molloy, not on the psychology of Beckett. She uses four main psychological themes as the center of her argument. First, there is the theme of Molloy's ambivalent attachment to his mother. This relationship—one of love and hate, need and denial of need—dominates the first part of the novel and determines the novel's over-all structure as a mother-quest. It also reveals Molloy's sexual preoccupation with his mother and his general fear of all women. Second is the theme of Molloy and Moran as psychological doubles. This theme is related to a third: the metamorphosis of Moran as one ego structure is replaced by another; hitherto unconscious elements of his experience become conscious. What evolves as Moran merges more and more with Molloy is a purely destructive, worthless sense of self. A good part of the unconscious material thus brought to light constitutes the fourth theme, the psychology of anality which clearly links the psychology of Moran with that of Molloy. The author comments on the symbolic nature of both characters' physical complaints (asthma, pain in the knees, progressive paralysis, loss of toes) and suggests that these complaints must be understood as conversion hysteria with all its attendant implications of unconscious conflict and maimed libido. This points back to Molloy's love-hate relationship with his mother and his consequent difficulty with all women.

Swinburne's 'Dearest Cousin': The Character of Mary Gordon. F. A. C. Wilson. Pp. 89-99.

An attempt is made to study the nature of Swinburne's relationship with Mary Gordon, his cousin, who appears in many of his love poems. The author is particularly concerned with the question of whether or not Mary Gordon shared Swinburne's interest in flagellation. His procedure is to make as many inferences as possible from Mary Gordon's novels in which flagellation figures as a prominent theme, as well as from what is now known of Swinburne's own erotic activities. He draws several conclusions: 1, that Mary probably did know about her cousin's flagellant activities during his childhood and youth; 2, that Mary's own masochistic and sadistic fantasies were projected into her

stern religious vision; 3, that during the period of her marriage to Colonel Leith (having rejected Swinburne's proposal of marriage) she completely sublimated these erotic interests; and 4, that after the death of her husband and the resumption of her friendship with Swinburne, these erotic interests were revived both in her novels and in letters to Swinburne. The article is only slightly psychoanalytic, but it does provide material for psychoanalytic study.

A Fair but Frozen Maid: A Study of Jane Austen's Emma. Helen Storm Corsa. Pp. 101-123.

Taking for granted the critical commonplace that Jane Austen's Emma is about marriage, the author attempts to respond to the clues that suggest why Emma avoids marriage throughout most of the novel. Her contention is that the novel is the story of Emma's discovery that she has a heart—a euphemism for sexual needs. She proceeds, with the help of psychoanalytic theory, to examine the way in which Emma's infantile narcissism and her sexual fear are gradually dispelled under the impact of reality, the stimulus of Emma's own honesty and self-awareness, and the abreactive effect of her effort to act out her fantasies. In Emma's case, the fantasy is essentially that she can control the world by planning other people's lives, especially their marriages. The essential movement of the novel, then, is from infantile narcissism and a posture of omnipotence, denial of instinctual needs, and adolescence to an emotional and psychological maturity as Emma discovers and acts on her love for Mr. Knightley—an act in accord with both psychic and external reality. This well-written essay uses psychoanalytic theory judiciously and nonreductively.

RICHARD W. NOLAND

Literature and Psychology. XIX, No. 3-4, 1969.

The Naked and the Dead: The Triumph of Impotence. Andrew Gordon. Pp. 3-13.

Identifying the psychic pattern of all of Mailer's work as anal-phallic, Gordon notes the obsession with feces and the development of an 'eschatology of scatology' in his novels. The family trinity of son, father, and mother is repeated in all of his fiction. The son is the hero—innocent, tormented, and blameless—who must achieve masculinity in an ugly, anal world. The father (or father-figure) is either brutal and reactionary or kind and weak, but in either case the son must best him. Finally, there is the mother-figure, usually the center of the action, aggressive, dominating, belittling, and castrating to men. Mailer's hero is not only genitally inhibited (often impotent, always full of castration anxiety) but also, having fixated on or regressed to the anal stage, he is anally inhibited because of the fear of feces instilled in him by his mother. Mailer's characters thus show either an extreme anal-phallic restraint or an extreme letting go, but nothing in between. They are fearful of impotence and castration, anally regressed, and latently homosexual. Although this essay deals mainly with *The Naked and the Dead*, Gordon believes the same pattern may be found in all of Mailer's works.

Toward a Psychoanalytic Reading of Beckett's *Molloy*, II. Barbara Shapiro. Pp. 15-30.

In this second part of her essay, the author expands on the element of conversion in the physical ailments of both Moran and Molloy and on the sexual imagery that accompanies their various disabilities. This sexual imagery is found to be feminine. In both cases the illness is a defensive reaction: in Molloy's case an attempt to deny any sexual feeling for the mother by identifying with her, and in Moran's case an attempt to deny a wish for passion and sexual intercourse. In both characters, then, there is latent homosexuality. This analysis allows the author to make some interesting points regarding repression of sexual impulses, uncertainty of sexual identity, and regressive behavior in the two parts of the novel. Yet the essay remains incomplete, partly because it never really puts together the many separate psychological points and partly because the psychological points are considered in isolation from all other levels of meaning in the novel.

Form and Psychology in *King Lear*. William H. Chaplin. Pp. 31-45.

Chaplin's article is a serious, but only partially successful attempt to deal psychoanalytically with Shakespeare's *King Lear* and the æsthetic problem of dramatic form. The author is interested in the psychology of dramatic form—that is, in the way in which unconscious as well as conscious motive 'shapes particular forms of enactment' in *King Lear*. He is also concerned with clarifying the unconscious motives expressed in the dramatic form of the play. These he discovers to be an unconscious or latent incestuous urge in Lear for his daughters, especially for Cordelia. And, he argues, the imagery, character, and action of the play—if examined for what lies concealed behind them—confirm such a reading. They undoubtedly do, but to stop here (as this author does) is to distort or reduce Lear to a man who is solely motivated by unresolved œdipal strivings. Given the complexity, mystery, and immensity of the play, this is psychological reductionism with a vengeance.

Dostoevsky's *Crime and Punishment* and Kafka's *The Trial*. Margaret Church. Pp. 47-55.

The author compares *Crime and Punishment* and *The Trial* as examples of the same psychological pattern. She is particularly interested in clarifying certain psychological points about Raskolnikov by reading backward from K. of *The Trial* to Raskolnikov. Citing an abundance of parallels in character and event between the two novels, the author contends that the psychological parallel is twofold: in each novel the hero has a momentous confrontation with authority (ultimately paternal) and a special relationship with women who are clearly either mother or sister images. Both stories are basically œdipal in nature, a fact that goes far to explain the deep, pervading, unconscious sense of guilt in Raskolnikov and K. The essay is good, but for an adequate psychological account of both novels, Freud needs to be supplemented by Erikson.

RICHARD W. NOLAND

Literature and Psychology. XX, 1970.

Masochism as Literary Strategy: Orwell's Psychological Novels. Gerald Fiderer. Pp. 3-21.

This article examines sadomasochism in the life and works of George Orwell, with emphasis on the works. The author's argument is that the freudian theory of the dynamics of sadomasochism offers a way of understanding the major characters in Orwell's five novels. The climax of the essay is the postulate that all of Orwell's life was a preparation for 1984, the novel that embodies his hidden psychological wound and expresses his almost universal sadism (now out of control) and the dynamics of paranoia. The originality and challenge of this article lie in the fact that it demonstrates a clear and recurrent psychological pattern in Orwell's novels usually assumed to be purely political and social in content. The author shows that this is especially true of 1984.

Still, there is a problem. It is one thing to argue for the psychological authenticity of Orwell's characters, including those in 1984, in which Orwell shows the neurotic psyche as well as the tendency toward authoritarianism of modern man. It is another to suggest, as much psychological criticism does, that the presence of primitive, unconscious impulses and/or fantasies in a work of art is the sole basis of its appeal. There is no doubt that unconscious impulses and fantasies are important. But in a novel such as 1984, is it true or merely reductionistic to say that 'all the conviction which the nightmare world of 1984 carries derives from the tensions set up by these mechanisms'? This article illustrates both the strengths and weaknesses of psychoanalytic literary criticism.

On the Psychology of Erotic Literature. Strother B. Purdy. Pp. 23-29.

Not really an essay on criticism at all, this article is a witty and enlightened plea for a serious criticism of erotic literature based on established fact, not on the usual fantasy perpetuated in the tradition of erotic writing. In particular, Purdy makes the point that all erotic literature, whether Indian, Chinese, or Western, is male-dominated and that as a result of this fact, it is necessary to be sceptical not only of the psychology and physiology of women in these works, but of that of men as well. The author makes no reference to psychoanalysis, but it is clear that psychoanalysis is one of several intellectual trends that may help to lead to the factual, informed criticism of erotic literature for which he is pleading. The article is interesting and readable though slight.

Orc: The Id in Blake and Tolkien. Randel Helms. Pp. 31-35.

Helms gives a short analysis of the use by Blake and Tolkien of a creature named Orc as a symbol of perfected humanity (Blake) and as a symbol of perverted humanity (Tolkien). Both Orcs, the author feels, are id projections in freudian terminology, with strongly sexual natures. Both are also descriptive of the established order. But here the resemblance ends. For to Blake the established order is bad, to Tolkien it is good. To Blake the established order is sexually repressive, to Tolkien this is good because sex is so relatively unim-

portant. To Blake, sexual repression leads, as it should, to political revolution. To Tolkien, political revolution must not be allowed to win. Blake, then, argues that repression of any kind is damaging to the soul; Tolkien argues that repression is necessary. The characters most admired by Tolkien (the Hobbits) are anal (and, to some extent, oral) psychologically. And this, the author concludes, is just the difference between conservatism and revolutionism in psychological terms. The conservative is concerned with order and the value of property combined with a distrust of genitality; the revolutionary accepts the therapeutic value of disorder, rejects the value of property or rules, and trusts the liberating effects of genital sexuality. This is an interesting conclusion, but probably a caricature of both types with limited reference to reality.

The Body as Symbol in Saul Bellow's *Henderson the Rain King*. Judith P. Moss. Pp. 51-61.

Moss attempts to show that in *Henderson the Rain King*, Eugene Henderson's body is the central dramatic symbol when viewed in the light of Freudian theory. Henderson is spirit-as-body and the movement of the novel is the progress he makes in coming to terms with his own body. All of Henderson's psychic experiences are manifested as physical symptoms, thus providing the basis for the author's use of Freudian conversion theory as a way of understanding the novel. This works in several ways. First, Henderson's egocentricity is indicated by his preoccupation with his myriad physical symptoms. Second, certain physical states highlight his immaturity. (Like an infant, he is happy when his body is comfortable.) Third, Henderson's physical disorders are a key to his psychic disorder; his illness is clearly psychosomatic. And fourth, as he develops spiritually his physical condition improves. Henderson, the author contends, was never able to grow up before he had come to terms with certain things about himself: that he had always wanted unlimited (ultimately maternal) love without earning it; that he had always wanted to be freely aggressive (ultimately against his father) without responsibility; and that he had always attempted to deny his own mortality (his body). After the experience in Africa (himself), he is reborn and finally at age fifty-five, grows up.

Psychological Dissociation in the Victorian Novel. John E. Stoll. Pp. 63-73.

Psychological dissociation in this article refers to the gap between a writer's intention and his achievement. The author focuses on such dissociations in the Victorian novel from Jane Austen through Thomas Hardy. The movement he describes is from the socially oriented novels of the early part of the century to the psychologically oriented novels of the middle and late parts of the century, in which the world presented was fragmented, personal, and isolated. The Tom Jones type of plot inherited by early nineteenth century writers disappeared and a Richardson type of novel of psychic drama appeared. Those novelists who continued for a while to use plot but who were already interested in psychic disturbance (in mid-century mainly George Eliot, George Meredith, and Dickens) were presented with the problem of finding a new form for these

new interests. Otherwise, they were trying to do something only partially compatible with plot and incident. Thus intention and achievement were no longer identical. Except for an occasional bit of jargon, the article does not really make any use of psychoanalytic theory.

Svevo: Secrets of the Confessional. Paula Robison. Pp. 101-114.

This is a study of two novels, *Confessions of Zeno* and *Further Confessions of Zeno*, by Italo Svevo who prided himself on having introduced Freud into Italian literature. For Robison, the essence of Svevo's art lies in a delicate interplay between surface, external reality, and freudian depth. She examines the elements in the novels that make them both comic and truthful, discovering in both a pattern of oedipal rebellion and guilt in which Zeno seems to be permanently fixated. This pattern is present in his relationship to his father and to a host of father-figures. It is comically present in Zeno's constant struggle to quit smoking—smoking being for him both a mode of rebellion and an assertion of sexual potency as well as guilt-producing. In addition, Robison finds Zeno to be obsessed with fantasies of patricide, fratricide, castration, impotence, and strong feelings of guilt, all of which, she concludes, reflect Svevo's reading of Freud. But the wit of the two novels and the appealing and thoroughly adapted side of Zeno himself reflect Svevo's ambivalence toward freudian ideas explaining everything about personality. The author states that this article is an investigation of Zeno's psychodynamics, not an attempt to deal with the whole world of the novel. As such an investigation, it is successful and sound.

The *Hybris* of Neurosis: Malamud's Pictures of Fidelman. Barbara F. Lefrowitz. Pp. 115-120.

The author of this short study of Bernard Malamud's *Pictures of Fidelman* believes that Malamud has done something very original with mental pathology in his book; that the book moves on two levels, each of which comments on and corrects the other. First, there is the portrait of Fidelman as a neurotic (obsessive-compulsive) who becomes progressively worse, more and more cut off from human contact and reality through each of the six episodes of the work. Second, there is the public world of morality and history—represented by a variety of characters (a survivor of the Holocaust, a mistress, a prostitute, and a glassblower named Beppo who may or may not save Fidelman)—that by its sheer presence reveals the inadequacy, the comedy, and the *hybris* of Fidelman's neurosis. The author concludes by stating that this juxtaposition of neurosis and historical context represents a very real artistic gain over an almost purely psychiatric fiction (she cites Winesburg, Ohio and Thomas Wolfe) and drama (Arthur Miller and Eugene O'Neill). In her view, Malamud uniquely fuses pathology and comedy.

Lovelace's Dream. Gerald Levin. Pp. 121-127.

In a short but interesting critical study of Samuel Richardson's *Clarissa*, Levin begins with a dream of Lovelace's (the seducer of Clarissa) about Clarissa in

bed with Mother H. who suddenly turns into Lovelace. The article moves on to a consideration of some of the psychological complexities of the novel. The author feels that there is an as yet unrecognized element of masochism in the character of Lovelace. Using Freud's essay, *The Economic Problem in Masochism*, he sees Clarissa as a moral masochist and Lovelace as a feminine masochist with strong elements of sadism. One of the main movements of the novel is that Lovelace identifies more and more with Clarissa as the story progresses, so that his sense of guilt and his death wish at the end are psychologically plausible. The paper is convincing and interesting although it tends to be somewhat reductive (infantile fantasy is always primary) and requires fuller documentation from the novel than it provides.

RICHARD W. NOLAND

American Imago. XXVII, 1970.

Falstaff behind the Arras. M. D. Faber. Pp. 197-225.

Faber skilfully illuminates Prince Hal's increasing hostility to Falstaff. However, he attributes this to Hal's guilt over having adopted Falstaff as a substitute father at the expense of the real father, a proposition for which there is no evidence. A better case may be made for the idea that Falstaff is a part-object representing Hal's pre-*oedipal* relationship with his father, and is characterized by loving condescension, hedonism, oral receptivity, and narcissistic self-adoration. It is understandable that Hal, about to become king, would wish to purge himself of such instinctual tendencies.

The Winter's Tale. Stephen Reid. Pp. 263-278.

The central problem in *The Winter's Tale* is Leontes's struggle with his homosexual attachment to Polixenes. This gives rise to a long siege of delusional suspicion of a romantic link between Polixenes and Leontes's wife, Hermione. Resolution is achieved when his daughter, Perdita, marries Polixenes's son, Florizel—an allegorical union of Leontes's feminine self with Polixenes's masculine self.

Desdemona: An Innocent Victim? Robert Dicks. Pp. 279-297.

Dicks contends that Desdemona's self-destructive behavior was expiation for the crime of incest, with Othello representing her father. Citing Freud's (1924) mention of three types of masochism—feminine, erotogenic, and moral—Dicks concludes that Desdemona was motivated by the third exclusively. I find this conclusion questionable; the manner of her death—a violent attack by the father-figure in the marriage bed, her breath shut off—seems to have undeniable sadomasochistic instinctual elements. Besides, Freud said that the types of masochism were intermingled and did not occur alone.

JOSEPH WILLIAM SLAP

Meetings of the New York Psychoanalytic Society

Charles I. Feigelson & Michael S. Porder

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

May 12, 1970. TO CAST AWAY: A VESTIBULAR FORERUNNER OF THE SUPREGO. Andrew Peto, M.D.

After commenting on the experience of loss of equilibrium and subsequent falling (often accompanied by giddiness), Dr. Peto makes an argument for a vestibular superego forerunner. Citing the idiomatic expression 'fallen from grace', he points out that it means 'abandonment by a supreme mortal or by a merely worldly authority'. The superego aspect of the experience of falling may be found in this expression. It is in the genetic experiences of falling that it becomes associated with punitive experiences (of abandonment).

Two models that indicate the presence of the vestibular superego forerunner are considered. The first model is the experience of the child who is passively involved in the game of being thrown up in the air and then exposed to the pretense of being dropped; this model implicates the father image. The second model, implicating the mother image, is that of the child learning to walk, an active maturational process that involves him in ambiguous vestibular experiences and is embedded in the vicissitudes of the separation-individuation phase.

Peto illustrates the first model by clinical examples, using dreams, altered ego states (depersonalization), and transference. A married woman who was deeply involved in a love affair, dreamed: 'I was falling off a rock while I was desperately clinging to it'. The patient experienced sensations of giddiness during the analysis of this dream as well as another dream of the same night where there was a threat of falling. In analyzing the two dreams, Peto demonstrates that the giddiness was related not only to the pleasures of clinging to the archaic incestuous object but was turned into a punishment of being cast away by it. On another level, he relates the falling to the patient's falling from her standards. The second model is illustrated in a discussion of vestibular experiences during the separation-individuation phase. When the mother pushes the child into walking and there is loss of control of equilibrium and giddiness, she becomes the representative of the powerful image that causes these sensations. Such purely physiological phenomena become coupled with conflictual mental development; i.e., being 'cast away' by the mother as punishment.

DISCUSSION: While he agreed with Peto's thesis that vestibular sensation was important in the development of personality, Dr. Martin Stein felt the discussion of the clinical phenomena was insufficiently precise. It is necessary to separate manifestations of vestibular disturbance from other kinesthetic experience, vasomotor changes, and alterations of consciousness that are not manifested by true vertigo but rather by dizziness, giddiness, faintness, etc., which may be precipitated by events during the analytic session. Stein did not think we had yet evolved methods for demonstrating how early vestibular experiences, during

the first year or two, affected superego as opposed to ego development. An argument for the author's thesis of a connection between vestibular experiences and superego function is the depressive phenomena accompanying seasickness.

Dr. Manuel Furer felt that Peto's thesis was convincing. In his own experience, certain dreams of falling and sensations such as dizziness and giddiness in dreaming or waking life, particularly as reported by Ferenczi at times of disappointment, have a series of meanings from disillusionment to punishment. While he felt that the revival of vestibular sensations in regression to an earlier state of mind sometimes reflects experiences of abandonment, later accretions to these sensations can give them different meanings. Referring to the mother who forces her child to walk, Furer mentioned that the most poignant experience in being forced to walk, probably felt as being cast away, is the toddler whose mother has a new baby in her arms at the time he wants to be carried. Reconstruction of states of mind that do not have visual or auditory representation can be inferred from common-sense knowledge of childhood and direct observation.

CHARLES I. FEIGELSON

June 9, 1970. ISOLATION, PRESERVATION OF OBJECT RELATIONS, AND ACTING OUT.
Burness E. Moore, M.D.

Dr. Moore expands the concept of isolation beyond its customary use as a mechanism of defense, and sees it as a possible adaptive phenomenon of ego development which, when used repetitively in conjunction with other defenses, may determine a life style. Freud spoke of 'non-touching' as a defense against libidinous and aggressive contact with objects; the author sees the combination of isolation, splitting, and acting out as a way of preserving object relations. A case fitting the criteria used by Freud in *A Special Type of Object Choice Made by Men*, was presented to show the interrelationship between isolation, acting out, and the preservation of the object. The patient kept his multiple present-life relationships and his past object representations in well-circumscribed units with little or no overlap, and little or no development of affect. His behavior (acting out in the general sense) was highly rationalized, and intense affect was mobilized only after repeated interpretations. Multiple parental figures in childhood seemed to encourage this splitting of objects: 'object representations had really been fragmented and isolated . . . in such a way as to reconcile id impulses and superego reproaches with a minimum of anxiety and guilt'. This case demonstrated, in an exaggerated and pathological way, a developmental phase where non-touching, isolation, and splitting aided the normal separation of self and object representations. Furthermore, these processes allowed affect to be broken into more manageable quanta during the developmental phases when the ego was relatively weak.

In a more speculative vein, Dr. Moore wondered if extreme use of the processes may determine not only a life style but also prevent the dissolution of psychic structure when a patient is faced with a unified object, such as the analyst. Further, may there be a hierarchy of defenses, beginning with the intersystemic (repression), proceeding by way of negation and denial to isolation and de-cathexis, and ending with projection?

DISCUSSION: Dr. Milton Jucovy, after offering some alternative dynamic formulations, wondered whether multiple objects in childhood might contribute to the use of isolation as a defense as well as the reverse being true. Dr. Victor Rosen cautioned against an inaccurate mixing of metapsychological terms (such as defense mechanisms) with descriptive clinical terms.

MICHAEL S. PORDER

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

May 18, 1970. THE DECISION-MAKING PROCESS: A CONTRIBUTION FROM PSYCHOANALYSIS. (Annual Freud Lecture.) Leo Rangell, M.D.

Although unconscious and genetic factors clearly play a role in decision-making, Dr. Rangell noted the absence of psychoanalytic contributions to the problem. He presented a case in which the central symptom was a paralyzing indecision. The patient had a lifelong history of indecisiveness and of not being able to carry through to completion a task or decision. This was especially evident in his love relationships and his work. As a result his marriage was 'somasochistic' with vacillating and contradictory feelings toward his wife; his professional history was marked by minimal achievement, failure to make decisive moves, and consequently an avoidance of success despite abundant training. In his work, his goal was to obtain love and approval from his bosses (father figures) to whom he would promise great things but never deliver.

Using this analytic material as a starting point for discussion of this problem, Dr. Rangell turned to his previously described formulation of a critical, 'microdynamic' intrapsychic process, or sequence, in which he differentiates these essential steps: 1, an experimental conflict that occurs prior to the signal of anxiety in which the ego permits a controlled amount of instinctual discharge to take place and samples the resulting reaction of the superego; 2, the reaction of the superego based on a scanning of previous relevant memories; 3, the appearance of signal anxiety, if it is to occur in this particular sequence; and 4, if so, an ensuing intrapsychic 'choice' conflict in which the ego faces the dilemma at hand and the necessity to choose between two competing psychic systems, which brings to the fore the ego function of decision-making. This 'choice' type of intrapsychic conflict is different from the more conventional type of 'oppositional' ego-id conflict. Succinctly, the intrapsychic sequence is: intention-anxiety-choice-decision-action.

Dr. Rangell noted that the fate of decision-making is not necessarily proportional to the degree of anxiety experienced, nor to the extent of pathology of the final psychic outcome; rather it has a specific and individual genetic background of its own. The greatest dilemma occurs when there is the most exquisite balance between desired gratification and expected punishment, and when past experience has not demonstrated an undeniable inner advantage and therefore a clear-cut preference of one course over the other. While problems of decision and indecision have been related genetically to derivatives of the anal stage, actually such specific influences may also emanate from any other

phase of development. In his patient conflicts centered around oedipal, castration, and separation anxiety.

Decision-making in itself does not speak for adaptiveness; it can be destructive as well. Original motives must be differentiated from the effects and sequelae of decisions that occur in reality. The willingness to come to a decision is related to the capacity to anticipate its consequences. Dr. Rangell then differentiated related terms in this area. The ego function of active unconscious decision-making brings up problems of ego autonomy, of responsibility, and of psychic determinism. The intrapsychic 'choice' conflict signifies a moment in which the psyche has the opportunity, and the necessity, to exercise its own directive potentials and to determine its own active course.

The problem of responsibility and the capacity to assume it also insinuates itself into the treatment situation. In spite of years of interpretation, insight, and reliving, his patient continued in a state of inaction and suspended indecision. While analytic treatment widens a patient's choices, it must be followed by experimental and then more definitive actions, and the analyst must be sensitive to the necessity of confronting the patient with his failure to decide and to act.

In closing, Dr. Rangell expressed the hope that through study of the decision-making function within psychoanalysis, we might be able to contribute to the understanding of decision-making on a wider scale, such as in world leaders.

ROBERT J. LANGS

June 15, 1970. TRAUMA, INCLUDING OVERT SEXUAL TRAUMA IN RELATION TO IDENTITY DISTURBANCE AND NEUROTIC SYMPTOM-FORMATION WITH SPECIAL EMPHASIS ON AGORAPHOBIA. Julian L. Stamm, M.D.

The author presented the case of an agoraphobic patient who had sustained chronic, overt sexual trauma in her childhood. The recurring sexual trauma, as well as the trauma of early maternal and other deprivations, not only led to the usual exhibitionistic, phallic, and oedipal components of the phobia, but also resulted in a complex of narcissistic vulnerability and identity disturbance that were vital in the formation of the agoraphobia. Her clinical course indicated that whenever she sustained a narcissistic injury, most often resulting from a loss of admiration and exhibitionistic gratification, there was exacerbation of her symptomatology. In analysis, which continued for seven years, her penis envy, orality, and feelings of deprivation were worked through. Conflicting ego and superego identifications, as well as the discrepancy between her narcissistic ego-ideal and her actual perceptions of herself and her parents, led to an unstable sense of identity.

DISCUSSION: Dr. Merl Jackel commented on the themes of sadism and aggression in the patient, and compared her to the Rat Man in wishing death for all her conflictual objects because of her long-standing deprivation and frustration. Dr. Robert A. Savitt discussed the material from the point of view of phobia as a defense and, in particular, the eruption of the phobia in *statu nascendi*.

DAVID NEWMAN

The Fall Meeting of the AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 16-19, 1971, at the Waldorf-Astoria Hotel, New York City.

The Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will be held in Boston, April 14-16, 1972.

Margaret S. Mahler, M.D. received an honorary degree, Doctor of Medical Science, from The Medical College of Pennsylvania on May 26, 1971.

Le prix MAURICE BOUVET 1971 has been awarded to Dr. Pierre Bourdier for his paper, *Aspects du pessimisme Freudien*, which appeared in *Revue Francaise de Psychanalyse*, XXXIV, 1970.