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RAPPROCHEMENT SUBPHASE OF THE SEPARATION-INDIVIDUATION PROCESS

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From our studies of infantile psychosis, as well as from observations in well-baby clinics, we have already learned that the human infant's physiological birth by no means coincides with his psychological birth. The former is a dramatic, readily observable, and well-defined event; the latter is a slowly unfolding intrapsychic process.

For the more or less normal adult, the experience of being both fully 'in' and at the same time basically separate from the world 'out there' is one of the givens of life that is taken for granted. Consciousness of self and absorption without awareness of self are the two poles between which we move with varying degrees of ease and with varying alternation or simultaneity. This, too, is the result of a slowly unfolding process. In particular, this development takes place in relation to (a) one's own body; and (b) the principal representative of the world as the infant experiences it (the primary love object). As is the case with any intrapsychic process, this one continues to reverberate throughout the life cycle. It is never finished; it can always be reactivated; new phases of the life cycle witness later derivatives of the earliest process still at work (*cf.*, Erikson, 1959). However, as we see it, the principal psychological achievements in this process take place in the period from about the fourth or fifth to the thirtieth or thirty-sixth month of

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This paper is one part of a forthcoming book, *On Human Symbiosis and the Vicissitudes of Individuation, Vol. II. The Separation-Individuation Process and Its Minor Deviations*, by the author with Fred Pine, Ph.D. and Anni Bergman, M.A., to be published by the International Universities Press, Inc., in 1973.

age, a period that we refer to, in accordance with Annemarie Weil's (1954) helpful suggestion, as the separation-individuation phase.

During the course of a rather unsystematic, naturalistic pilot study, we could not help taking note of certain clusters of variables, at certain crossroads of the individuation process, in so far as they repeated themselves at certain points of the maturational timetable. This strongly suggested to us that it would be to our advantage to subdivide the data that we were collecting on the intrapsychic separation and individuation process in accordance with the behavioral and other surface referents of that process that we had found to be repeatedly observable (*cf.*, Mahler, 1963, 1965). Our subdivision was into four subphases: *differentiation*, *practicing*, *rapprochement*, and a fourth subphase, occurring during the third year, which, the longer we studied it, the more cautiously did we have to designate it as '*the child on the way to object constancy*'. And according to my definition, it should be regarded as the stage in which a unified representation of the object becomes intrapsychically available, as the love object had been available to the child in the outside world during his complete and later partial need-satisfying object relationship stage.

When inner pleasure prevails as the result of the child's being safely anchored within the symbiotic orbit (which is mainly proprioceptive and contact perceptual) and when pleasure in the maturationally widening outer sensory perception (as, for example, vision) stimulates outward directed attention cathexis, these two forms of attention cathexis can oscillate freely (*cf.*, Spiegel, 1959; Rose, 1964). The result is an optimal symbiotic state out of which expansion beyond the symbiotic orbit and smooth differentiation from the mother's body can take place. This process, to which I gave the name 'hatching out', may be looked upon as a gradual ontogenetic evolution of the sensorium—the perceptual conscious system—, a 'tuning in' process that leads to the infant's having a more permanently alert sensorium when he is awake (*cf.* also, Wolff, 1959).

It is during the first subphase of separation-individuation that all normal infants achieve, through maturation of apparatuses, their first tentative steps of breaking away, in a bodily sense, from their hitherto completely passive lap-babyhood—the stage of dual unity with the mother. They push themselves with arms, trunk, and legs against the holding mother, as if to have a better look at her, as well as the surroundings. One is able to see their individually different inclinations and patterns, as well as the general characteristics of the stage of differentiation itself. All five-to-six-month-old infants like to venture and stay just a bit of a distance away from the enveloping arms of the mother; as soon as their motor function permits, they like to slide down from mother's lap, but they tend to remain as near as possible to her and to play at her feet.

Once the infant has become sufficiently individuated to recognize the mother, visually and tactilely, as not just part of the symbiotic dyad but as his partner in it, the fact that he is ready to take this step is indicated by his preferential, specific smiling response to and for mother. At about the same time, or perhaps within an interval of a few weeks, he then turns, with greater or less wonderment and apprehension (commonly called 'stranger reaction'), to a prolonged visual and tactile exploration and study of the faces of others, from afar or at close range. He appears to be comparing and checking the features—appearance, feel, contour, and texture—of the stranger's face with his mother's face, as well as with whatever inner image he may have of her. He also seems to check back, apparently to compare all other interesting new experiences with the mother's gestalt, her face, in particular.

It should be emphasized that we view separation and individuation as intertwined developmental processes, rather than as a single process. And they may proceed divergently, as the result of a developmental lag of one or the other. We have observed that children who achieve premature locomotor development, and are therefore able and prompted to separate physically from their mothers, may become prematurely aware of

their own separateness much before their individuation (reality testing, cognition, etc.) has given them the means with which to cope with this awareness. On the other hand, we have found that in infants with overprotective and infantilizing mothers, individuation may develop well ahead, and may result in a lag of boundary formation and a lag in readiness to function as a separate individual without undue anxiety.

The period of differentiation is followed or, we might better say, is overlapped by a practicing period. This takes place usually from about seven to ten months, and continues to fifteen or sixteen months of age. In the course of processing our data, we found it useful to think of the practicing period in two parts: (a) the early practicing subphase, which overlaps with differentiation and is ushered in by the infant's earliest ability to physically move away from mother through crawling, climbing, and righting himself, yet still holding on; and (b) the practicing period proper, phenomenologically characterized by free upright locomotion.

During the early practicing subphase, throughout which crawling, paddling, pivoting, climbing, and righting himself are practiced by the infant, usually with much glee, these functions widen the child's world. Not only can he take a more active role in determining closeness and distance to mother, but the perceptual modalities that had up till then been used to explore the relatively familiar environment are suddenly exposed to a wider world; the sensorimotor intelligence, in Piaget's sense, takes a big step forward.

The optimal psychological distance in this early practicing subphase, would seem to be one that allows the infant, whose movements are mostly quadrupedal, freedom and opportunity for exploration at some physical distance from mother. It should be noted, however, that during the entire practicing subphase mother continues to be needed as a stable point, a 'home base' to fulfil the need for refueling through physical contact. We have seen seven-to-ten-month-old infants crawling or rapidly paddling to the mother, righting themselves on her

leg, touching her in other ways, or just leaning against her. This phenomenon was termed by Furer (1959/1960) 'emotional refueling'. It is easy to observe how the wilting and fatigued infant 'perks up' in the shortest time, following such contact, after which he quickly goes on with his explorations, once again absorbed in pleasure in his own functioning.

THE PRACTICING SUBPHASE PROPER

With the spurt in autonomous functions, such as cognition, but especially upright locomotion, the 'love affair with the world' (Greenacre, 1957) begins. The toddler takes the greatest step in human individuation. He walks freely with upright posture. Thus, the plane of his vision changes; from an entirely new vantage point he finds unexpected and changing perspectives, pleasures, and frustrations (*cf.*, Greenacre). At this new visual level there is more to see, more to hear, more to touch, and all this is experienced in the upright bipedal position. How this new world is experienced seems to be subtly related to the mother, who is the center of the child's universe from which he gradually moves out into ever-widening perimeters.

During this precious six-to-eight-month period, for the junior toddler (ten-twelve to sixteen-eighteen months) the world is his oyster. Libidinal cathexis shifts substantially into the service of the rapidly growing autonomous ego and its functions, and the child seems to be intoxicated with his own faculties and with the greatness of his world. It is after the child has taken his first upright independent steps (which, by the way, more often than not he takes in a direction away from mother, or even during her absence) that one is able to mark the onset of the practicing period par excellence and of reality testing. Now, there begins a steadily increasing libidinal investment in practicing motor skills and in exploring the expanding environment, both human and inanimate. The chief characteristic of this practicing period is the child's great narcissistic investment in his own functions, his own body, as well as in the objects and objectives of his expanding 'reality'. Along with this, we

see a relatively great imperviousness to knocks and falls and to other frustrations, such as a toy being grabbed away by another child. Substitute adults in the familiar setup of our nursery are easily accepted (in contrast to what occurs during the next subphase of separation-individuation).

As the child, through the maturation of his locomotor apparatus, begins to venture farther away from the mother's feet, he is often so absorbed in his own activities that for long periods of time he appears to be oblivious to the mother's presence. However, he returns periodically to the mother, seeming to need her physical proximity from time to time.

The smoothly separating and individuating toddler finds solace for the minimal threats of object loss that are probably entailed in each new stage of progressive development in his rapidly developing ego functions. The child concentrates on practicing the mastery of his own skills and autonomous capacities. He is exhilarated by his own capacities, continually delighted with the discoveries he is making in his expanding world, quasi-enamored with the world and with his own omnipotence. We might consider the possibility that the elation of this subphase has to do not only with the exercise of the ego apparatuses, but also with the infant's delighted escape from re-engulfment by the still-existing symbiotic pull from the mother.

Just as the infant's peekaboo games seem to turn at this juncture from passive to active, to the active losing and regaining of the need-gratifying love object, so too does the toddler's constant running off (until he is swooped up by his mother) turn from passive to active the fear of being re-engulfed by, or fused with, mother. It turns into an active distancing and reuniting game with her. This behavior reassures the toddler that mother will want to catch him and take him up in her arms. We need not assume that this behavior is intended to serve such functions when it first emerges, but quite clearly it produces these effects and can then be intentionally repeated.

Most children, during the practicing subphase proper, appear to have major periods of exhilaration, or at least of relative elation. They are impervious to knocks and falls. They are low-keyed only when they become aware that mother is absent from the room, at which times their gestural and performance motility slows down, interest in their surroundings diminishes, and they appear to be preoccupied with inwardly concentrated attention and with what Rubinfine (1961) calls 'imaging'. During this period, the toddler's sensorimotor intelligence imperceptibly develops into representational intelligence and into concomitant emotional growth that characterizes the third subphase of the separation-individuation process—the period of rapprochement.

THE PERIOD OF RAPPROCHEMENT

The rapprochement subphase (from about fifteen to twenty-two months, and very often far beyond the second birthday) begins hypothetically with the mastery of upright locomotion and the consequent diminishing absorption in locomotion and other autonomous functioning.

By the middle of the second year of life, the infant has become a toddler. He now becomes more and more aware of and makes greater and greater use of his physical separateness. Side by side with the growth of his cognitive faculties and the increasing differentiation of his emotional life, there is also, however, a noticeable waning of his previous imperviousness to frustration, as well as of his relative obliviousness to the mother's presence. Increased separation anxiety can be observed—a fear of object loss that can be inferred from many behaviors; for example, from the fact that when the child hurts himself, he visibly discovers to his perplexity that his mother is not automatically at hand. The relative lack of concern about the mother's presence that was characteristic of the practicing subphase is now replaced by active approach behavior, and by a seeming constant concern with the mother's whereabouts. As the toddler's aware-

ness of separateness grows, stimulated by his maturationally acquired ability physically to move away from his mother and by his cognitive growth, he now seems to have an increased need and wish for his mother to share with him his every new acquisition of skill and experience. These are the reasons for which I called this subphase of separation-individuation, the period of rapprochement.

Now after mastery of free walking and beginning internalization, the toddler begins to experience, more or less gradually and more or less keenly, the obstacles that lie in the way of what was, at the height of his 'practicing', an omnipotent exhilaration, a quite evidently anticipated 'conquest of the world'. Side by side with the acquisition of primitive skills and perceptual cognitive faculties, there has been an increasingly clear differentiation, a separation, between the intrapsychic representation of the object and the self-representation. At the very height of mastery, toward the end of the practicing period, however, it has already begun to dawn on the junior toddler that the world is *not* his oyster; that he must cope with it more or less 'on his own', very often as a relatively helpless, small, and separate individual, unable to command relief or assistance merely by feeling the need for them or giving voice to that need.

The quality and measure of the *wooing* behavior of the toddler toward his mother during this subphase provide important clues to the assessment of the normality of the individuation process. We believe that it is during this rapprochement subphase that the foundation for subsequent relatively stable mental health or borderline pathology is laid.

Incompatibilities and misunderstandings between mother and child can be observed at this period even in the case of the normal mother and her normal toddler, these being in part specific to certain seeming contradictions of this subphase. Thus, in the subphase of renewed, active wooing, the toddler's demands for his mother's constant participation seems contradictory to the mother: while the toddler is now not as dependent and helpless as he was half a year before, and seems eager to become less and less so, he even more insistently expects the

mother to share every aspect of his life. During this subphase, some mothers are not able to accept the child's demanding behavior; others cannot tolerate gradual separation—they cannot face the fact that the child is becoming increasingly independent of and separate from them, and is no longer a part of them.

In this third subphase, while individuation proceeds very rapidly and the child exercises it to the limit, he is also becoming more and more aware of his separateness and is beginning to employ all kinds of partly internalized, partly still outwardly directed and acted out coping mechanisms in order to resist separation from the mother. No matter how insistently the toddler tries to coerce the mother, however, she and he no longer function effectively as a dual unit; that is to say, he can no longer get her to participate with him in his still maintained delusion of parental omnipotence. Likewise, at the other pole of the erstwhile dual unity, the mother must recognize a separate individual, her child, in his own autonomous right. Verbal communication has now become more and more necessary; gestural coercion on the part of the toddler, or mutual preverbal empathy between mother and child, will no longer suffice to attain the child's goal of satisfaction, of well-being (*cf.*, Joffe and Sandler, 1965). Similarly, the mother can no longer make the child subservient to her own predilections and wishes.

The junior toddler gradually realizes that his love objects (his parents) are separate individuals with their own individual interests. He must gradually and painfully give up his delusion of his own grandeur, often through dramatic fights with mother, less so it seemed to us, with father. This is a crossroad that we have termed the 'rapprochement crisis'.

Depending upon her own adjustment, the mother may react either by continued emotional availability and playful participation in the toddler's world or by a gamut of less desirable attitudes. From the data we have accumulated so far, we would state strongly that the mother's continued emotional availability is essential if the child's autonomous ego is to attain optimal functional capacity. If the mother is 'quietly available' with a

ready supply of object libido, if she shares the toddling adventurer's exploits, playfully reciprocates and thus helps his attempts at imitation, at externalization and internalization, then the relationship between mother and toddler is able to progress to the point where verbal communication takes over, even though vivid gestural behavior, that is, affectomotility, still predominates. By the end of the second or the beginning of the third year, the predictable emotional participation of the mother seems to facilitate the rich unfolding that is taking place in the toddler's thought processes, reality testing, and coping behavior.

The toddler's so-called 'shadowing' of the mother at fifteen to twenty months of age (an often encountered phenomenon that is characteristic of this subphase) seems obligatory, except in the cases of those mothers who by their protracted doting and intrusiveness, which spring from their own symbiotic-parasitic needs, become themselves the 'shadowers' of the child. In normal cases, a slight shadowing by the toddler after the hatching process gives way to some degree of object constancy in the course of the third year. However, the less emotionally available the mother has become at the time of rapprochement, the more insistently and even desperately does the toddler attempt to woo her. In some cases, this process drains so much of the child's available developmental energy that, as a result, not enough may be left for the evolution of the many ascending functions of his ego. We shall illustrate the characteristics and certain typical conflicts of the rapprochement subphase with a few vignettes.

During the period of rapprochement Barney behaved with particular poignancy. He had gone through a typical, although precocious, 'love affair with the world' in which he would often fall and hurt himself and always react with great imperviousness. Gradually he became perplexed to find that his mother was not on hand to rescue him, and he then began to cry when he fell. As he became aware of his separateness from his mother, his previous calm acceptance of knocks and falls began to give way to increased separation anxiety.

Early maturation of Barney's locomotor function had confronted him with the fact of physical separateness from his mother, before he was fully ready for it at nine to ten months of age. For this reason, we believe, he displayed to an exaggerated degree during his period of rapprochement the opposite of 'shadowing'. He would challenge mother by darting away from her, confidently and correctly expecting her to run after him and sweep him into her arms; at least momentarily he had undone the physical separateness from her. The mother's own increasingly frantic response to the dangerous darting made Barney, in turn, intensify and prolong this behavior so that his mother for a while despaired of being able to cope with Barney's 'recklessness'. We see this behavior as the result of the precocious maturation of the child's locomotor functions coupled with the relative lag in maturation of his emotional and intellectual functions. Hence, he could not properly evaluate, or gauge, the potential dangers of his locomotor feats.

The imbalance between the developmental line of separation and that of individuation, causing a jumbled intermeshing of factors of the second, the practicing, and the third, the rapprochement subphases, appeared to have set an overdetermined pattern of accident proneness in this child (*cf.*, Frankl, 1963). Barney's reckless behavior had introjective qualities as well. It was, as every symptomatic behavior is, overdetermined. It no doubt also derived from identification with, or better stated, from introjection of his father's sports-loving nature. (The children were permitted to watch and admire, and, at times, to participate in their father's highly risky athletic feats.)

Barney's mother, whom we observed as the ideal mother during Barney's early practicing subphase, now at his chronological age of the rapprochement subphase would alternately restrict Barney or, from sheer exhaustion, give up altogether her usual alertness to his needs and her previous high level of attunement to his cues. She would either rush to him in any situation, whether or not his need was real, or she would find herself keeping away from him at a time when she was really

needed; in other words, her immediate availability became unpredictable to her, no less than to him.

The disturbance of the relationship between Barney and his mother during this period was not a total one, however, nor did it, we believe, inflict permanent damage on Barney's personality development. Neither hostility, splitting, nor increased and more permanent ambivalence resulted. Barney continued to bring everything within reach to his mother to share, filling her lap. He would have periods in which he sat quietly and did jigsaw puzzles or looked at picture books with his mother, while remaining full of confidence and basic trust toward the world beyond the mother.

This mother-child relationship became mutually satisfactory again with the advent of the fourth subphase, as a result of which Barney in the third year became a patient, well-functioning, and, within normal limits, more sedentary child. I believe that Barney's very satisfactory symbiotic, differentiation, and early practicing subphases, as well as the fact that his father (with whom he roughhoused and whom he hero worshipped), became an important part of his world during his second year of life, were all favorable factors in his development.

A different manifestation of the crisis of the third subphase was observable in Anna. Her mother's marked emotional unavailability made Anna's practicing and exploratory period brief and subdued. Never certain of her mother's availability, and therefore always preoccupied with it, Anna found it difficult to invest libido in her surroundings and in her own functioning. After a brief spurt of practicing, she would return to her mother and try to engage her with greater intensity by all possible means. From such relatively direct expressions of the need for her mother as bringing her a book to read to her, or hitting at the mother's ever-present book in which she was engrossed, Anna turned to more desperate measures, such as falling or spilling cookies on the floor and stamping on them, always with an eye to gaining her mother's attention, if not involvement with her.

Anna's mother was observed to be greatly absorbed in her own interests which were anything but child-centered. She emphasized with seeming satisfaction and with some mock self-depreciation that both her older children seemed to have preferred their father, who had apparently shared the mother's task in diapering and bottle-feeding the babies.

We observed in Anna, as early as the ninth and tenth month, an increased clamoring for closeness to mother, a refusal to accept any substitutes in the mother's presence, let alone in her absence, and a greatly reduced pleasure in and diminution of activity. She had far too little investment of libido in practicing the autonomous partial functions of her individuating ego; approaching, even beseeching, behavior toward mother far outweighed any involvement in activity away from mother. Hence there was a complete overlapping and intermingling of characteristics of both the practicing and rapprochement subphases.

Whereas all the landmarks of individuation—the development of partial motor skills, of communication, of imitation and identification, and of defenses—appeared at appropriate times, there was minimal progress toward object constancy (in Hartmann's sense).

Concomitant with Anna's inability to let mother out of sight, her activities and movements were low-keyed: they lacked the vivacity and luster that was characteristic of the behavior of her practicing contemporaries. Her happier moods and greater vivacity, which coincided with the achievement of free walking, were fleeting. On the other hand, her language development was even precocious.

Anna's chronic frustration in her attempt to win her mother's love had noticeably impaired the amalgamation of libido and aggression. Her ambivalence visibly affected her mood, which was characterized by ready smiles when her mother or a father substitute approached her, but which quite readily switched to the opposite—moroseness, unhappiness, and even despair. This reminded us of the mood swings and fluctuations of self-esteem that we observe so conspicuously in borderline phenomena in the psychoanalytic situation.

In our study we had a fairly good setup, we feel, for gauging the junior and later the senior toddler's capacity to function in the mother's presence, and to compare it with his functioning during the brief periods of her physical absence. The latter situation varies from the mother's just being in the adjacent nursery, or in the nearby interviewing room, to being out of the building. The toddler stays within a familiar setting, with familiar adults and contemporaries.

It may be of interest for me to relate a few details of Anna's personality development in the fateful 'second eighteen-month period of her life'. It had already been observed by us that Anna's play had a quality of early reaction-formation. The mother reported that Anna had shown disgust when she gave her a portion of her older brother's clay to play with, and this had been as early as eighteen or nineteen months. Anna's toilet training started at about twenty months, seemingly without pressure. Anna was already saying the word 'do-do' at that age and at first her mother was quite well attuned to cues from her concerning her toilet needs. She praised Anna whenever the latter produced either urine or feces. From her twentieth month on, Anna was repeatedly heard saying, 'Bye-Bye, wee wee', as she pulled the chain to flush the toilet. Soon, however, many observers noted that Anna was beginning to request bathroom trips whenever she wanted her mother's attention, or whenever she wanted to prevent mother from leaving the room for an interview—in any event, more frequently than she could actually have had a bowel or urinary urge.

Anna was bowel trained by twenty-two months, and at that age she went for days without wetting. At the beginning of toilet training (particularly bowel training), we saw that Anna was willing and able to oblige her mother so that both mother and daughter found in the toileting an emotionally and positively charged meeting ground. But within two months, toileting had been drawn into the conflictual sphere of this mother-child interaction. At around twenty-

three months of age, Anna used wetting all across the room as a weapon. Her mother was then pregnant and, as time went on, her pregnancy caused her to become narcissistically self-absorbed. She had fewer and fewer positive reactions to Anna's demands to accompany her to the upstairs bathroom at home. In fact, she told us that she asked her then four-year-old son to substitute for her in taking Anna to the toilet. The boy, we later learned, did not miss the opportunity to provocatively and aggressively display his manly prowess, his penis, to his little sister. Anna's penis envy thus gained momentum, as did her defiance of mother.

A battle around toilet training ensued between Anna and her mother. At around two years of age, twenty-four to twenty-seven months to be exact, Anna started to use her sphincter control to defy her mother. From twenty-two months on, severe constipation developed in the wake of Anna's deliberate withholding her feces.

We did not see Anna for about three months (from her twenty-fifth to her twenty-eighth month) during which time a sister was born.

Anna returned at twenty-nine months of age. Her mother carried the baby sister, Susie, with Anna following close behind. The mother looked harassed and tired as she entered the room, and, with a tight smile, exclaimed, 'I feel filthy dirty, and so mad, mad, mad!'. She complained that Anna 'is driving me crazy'. Anna had indeed been very difficult, whining, and demanding, but, in addition, for the past two or three days had been withholding her feces and had not had a bowel movement. The mother mimicked Anna as she held her thighs tightly together and stamped her feet. She also said that Anna was in pain most of the time and actually very uncomfortable. The pediatrician, she reported, had assured her that this was a normal occurrence after the birth of a new baby and that she should take it calmly and pay no attention to Anna's toileting at this time. Making a hopeless gesture, 'But I simply can't do it; I just get so mad'.

Anna was observed in the toddler's room playing with water. This, however, is not the kind of play that children her age usually enjoy, and it appeared to us to be of a more 'compulsive' nature. She began to scrub a bowl to which flour had stuck and was very determined to scrub it clean, becoming annoyed when she could not do so. She looked up at the observer and said, 'bowl not clean'. All this while Anna seemed most uncomfortable. She obviously needed to defecate and was under continual bowel pressure. Beads of perspiration appeared on her forehead and the color would come and go from her face. Twice she ran to the toilet. She sat on the toilet and urinated; then she got up and became preoccupied with flushing the toilet. She went back to the toddler room and listlessly played with dough, but again, and all during her play, Anna was in discomfort and kept jiggling and jumping, with the color repeatedly draining from her face. Finally, she jumped up and ran to the toilet, sat down on it, and said to the observer, 'Get me a book'. Sitting and straining, she looked up at the observer with a rather painful expression on her face, and said, 'Don't let Mommy in, keep Mommy out, keep Mommy out'. The observer encouraged her to talk about this some more, and she said, 'Mommy would hurt me'. She then looked at the book, at the pictures of the baby cats and baby horses, and as the observer was showing the pictures of the baby farm animals, Anna began to look as though she was particularly uncomfortable. She looked down at her panties, which had become stained, and said she wanted clean ones. Finally, in extreme discomfort, she seemed unable to hold back the feces any longer, and called out, 'Get me my Mommy, get me my Mommy'. Her mother came quickly, sat down beside her, and Anna requested that she read to her.

A participant observer watched from the booth, and noted that the mother was reading the same book about farm animals that the first observer had previously read to Anna. Pointing to the animals, the toddler was heard to say, 'My

Poppy has a piggy in his tummy'. Her mother looked perplexed and asked Anna, 'What?'. Anna repeated the sentence. The mother seemed distraught as her daughter was now talking gibberish. She felt Anna's forehead to see whether she was feverish, but the child smiled, pointed to the book again, and said, 'No, it's a baby horse'. At this point, with a blissful expression on her face, Anna defecated. After her bowel movement, Anna was more relaxed; she played peeka-boo with the door, asking the observer to stand behind it.

In this episode, the sequence of behaviors and verbalizations enabled us to draw conclusions, to reconstruct, as it were, the development of Anna's early infantile neurosis in *statu nascendi*. With her deficient emotional supplies from maternal support, the development of autonomy had not been enough to gradually replace the obligatory early infantile symbiotic omnipotence. In spite of her excellent endowment, Anna was unable to ward off the onslaught of separation anxiety and the collapse of self-esteem. Her anger at mother for not having given her a penis was unmistakable in her verbal material. She coveted those gifts that mother received from father, among which was a porcelain thimble which she was allowed to keep. Anna turned in her disappointment to father, and, when mother became pregnant, in a perplexed way she obviously equated gift with baby, with feces, and with penis. She showed great confusion about the contents of the body: her own pregnancy fantasies were quite evident, but she was unclear as to who had what in his or her belly. She seemed to expect a baby in the belly of her father, as well as in her mother's. The equation of feces = baby = phallus was explicitly expressed in her behavior.

The mother-toddler relationship was such that Anna had to defend the good mother against her destructive rage. This she did by splitting the object world into good and bad. The good was always the absent part-object, never the present object. To clarify this, let me describe another sequence of events and verbalizations in Anna's third year. Whenever

her mother left, she had temper tantrums and would cling to her beloved and familiar play teacher, but not without verbally abusing her while still keeping her arms around her neck. When they read a book together, Anna found fault with every picture and every sentence that the playroom teacher offered; she scolded the teacher, everything was the opposite of what the teacher said, and she was 'Bad, Bad, Bad'.

I watched this behavior from the observation booth and ventured quietly into the playroom where I sat at the farthest corner from Anna and her loved-and-hated teacher. Anna immediately caught sight of me and angrily ordered me out. I softly interpreted to Anna that I understood: Anna really wanted nobody else but her Mommy to come back in through that door and that was why she was very angry. She was also very angry because not Mommy but the observer was reading to her. I said that she knew that Mommy would soon come back. With my quasi interpretation, some libidinal channels seemed to have been tapped; the child put her head on the observer's shoulder and began to cry softly. Soon, the mother came back. It was most instructive to see, however, that not a flicker of radiance or happiness was noticeable in Anna at that reunion. Her very first words were, 'What did you bring me?', and the whining and discontent started all over again. For quite a while Anna did not succeed in attaining a unified object representation or in reconciling the synthesized good and bad qualities of the love-object. At the same time, her own self-representation and self-esteem suffered.

By contrast, what we saw in Barney's case was merely a transitional developmental deviation in the form of a rapprochement crisis. In Anna we observed a truly neurotic symptom-formation, developing on the basis of a rather unsatisfactory mother-child relationship yet activated and, to a great extent, produced by accumulated traumata.

Till way beyond the fourth subphase, Anna's relationship to her mother remained full of ambivalence. Her school

performance was excellent, however. Constipation continued as a symptom for several years. Her social development was good. Our follow-up study will tell us more about the fate of her infantile neurosis.¹

SUMMARY

In our observation of two toddlers, we saw why the rapprochement crisis occurs and why in some instances it becomes and may remain an unresolved intrapsychic conflict. It may set an unfavorable fixation point interfering with later œdipal development, or at best add to the difficulty of the resolution of the œdipus complex.

The developmental task at the very height of the separation-individuation struggle in the rapprochement subphase is a tremendous one. Oral, anal, and early genital pressures and conflicts meet and accumulate at this important landmark in personality development. There is a need to renounce symbiotic omnipotence, and there is also heightened awareness of the body image and pressure in the body, especially at the points of zonal libidinization.

Three great anxieties of childhood meet at this developmental stage. 1. While the fear of object loss and abandonment is partly relieved, it is also greatly complicated by the internalization of parental demands that indicate beginning superego development. In consequence, we observe an intensified vulnerability on the part of the rapprochement toddler. 2. Fear in terms of loss of the love of the object results in an extra-sensitive reaction to approval and disapproval by the parent. 3. There is greater awareness of bodily feelings and pressures, in Greenacre's sense. This is augmented by awareness of bowel and urinary sensations during the toilet training process, even in quite normal development.

¹ The follow-up study is being conducted by John B. McDevitt, M.D. with Anni Bergman, Emmagene Kamaiko, and Laura Salchow, the author of this paper serving as consultant. It is sponsored by the Board of the Masters Children's Center.

There is often displayed, and in some instances quite dramatically, a reaction to the discovery of the anatomical sex difference with prematurely precipitated castration anxiety.

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The Only Child

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THE ONLY CHILD

BY JACOB A. ARLOW, M.D. (NEW YORK)

This paper is devoted to the study of developmental conflicts in patients who are only children. In particular, attention is focused on conflicts relating to fantasy siblings and surrogate siblings. Since the absence of real siblings is the essential distinctive feature of the only child, one might expect that 'sibling conflicts' would be especially significant. This does not imply, however, that only children inevitably show some form of psychopathology. In fact, the widely prevalent notion that the only child is a special type of person who is neurotic, self-centered, unable to tolerate frustration, noncompetitive, demanding, and hypochondriacal may well arise from the envy and hostility felt by those individuals who are struggling with intense sibling rivalry.

Much of the early literature quotes G. Stanley Hall (1907) as having said that being an only child is a disease in itself, and many authors maintain that one may expect all only children to be problems. The present study, documented by psychoanalytic observations, attempts to demonstrate that this is a one-sided point of view, and one of the purposes of this paper is to redress the imbalance, especially as it appears in the psychoanalytic literature.

There is an enormous literature on the psychology of the only child. Most of it is not psychoanalytic in nature and concentrates on the study of behavioral traits. Using the condition of being an only child as the single constant factor, these studies attempt to establish some statistical correlation to cer-

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tain psychological traits, with the non-only child population as the control group. The method of study varies with different investigators. Questionnaires, personality index tests, I.Q. tests, anamnestic studies, interviews, clinical impressions, projective tests, and psychiatric case histories have been used separately and in combination. Expressed in simple terms all of these studies seem to try to answer one fundamental question: Is it good or bad for a person to be an only child?

The most comprehensive and the most searching review of the early literature was written by Campbell in 1934. According to Campbell, 'Theorists have been in almost complete accord concerning the maladroit adjustment to be expected of a child having no brothers or sisters'. He criticized publications by Blanton (1927), Groves (1924), Neal (1927), P. Lehrman (1927), Bruce (1915), Crichton-Miller (1928), Walsh (1928), and Gordon (1927) as being based more on intuition than actual investigation. He was no less critical of reports by psychoanalysts, e.g., Adler (1928), Flugel (1921), Pfister (1917), van der Hoop (1923), Brill (1922), Lay (1919), Wexberg (1927), and White (1919), all of whom emphasized the 'dangers' implicit within the one-child constellation, indicating a pessimistic prognosis for the development of the only child.

Most of the psychological studies of the only child are statistical and descriptive in nature. Essentially, what they set out to establish is the presence or absence of some behavioral trait in a statistically significant distribution of only children as opposed to the rest of the population. Among the traits studied by such methods are neurotic symptoms, food fads, social maladjustment, delinquency, perversion, incest, immaturity, learning difficulties, excessive daydreaming, masturbation, hypochondriasis, social aggressiveness, and social isolation. Considering what psychoanalysis has learned about the complex nature and multiple determination of symptoms and character traits, one is not surprised to find that conclusions reached by such investigations are often confusing and contradictory. Thus Campbell (1934), whose survey covers sev-

enty-five references and who in general tends to play down the significance of 'onliness' in the development of the personality of the only child, nevertheless is forced to conclude, 'It is evident from the disparities which exist in the experimental data that the issue is still not entirely settled. The difficulty in applying adequate controls in studies of this nature makes exact evaluation of the data gathered from them a dubious procedure.'

Subsequent studies have not changed the picture. Clark and Capparell (1954), in a study of adult only children who became psychiatric patients, reviewed much of the work done in the twenty intervening years since Campbell's survey and noted the disparate conclusions of authors regarding only children before adulthood. They cited studies in which only children performed better, the same, or worse than the control population as far as health, adjustment, intelligence, delinquency, etc., were concerned.

Emphasis on factors that lead to adverse development in only children may be illustrated from the work of a number of other authors. Ward (1930) commented on the high frequency of nail biting, restlessness, unpopularity, crying, and poor school-work in only child patients from child guidance clinics. Elements frequently present among the only children were over-protective parents and lack of social contacts. Ten of David Levy's (1943) twenty cases of maternal overprotection were only children. Charvát (1930) emphasized that overprotection leads to dependence and lack of aptitude. Children thrown into excessive association with adults become precocious, hypochondriacal, and egotistic. They become peripheral or marginal personalities (Blonsky, 1930; Taylor, 1945). Many authors have emphasized the factors of insufficient play with companions and lack of childhood pleasure which lead to excessive daydreaming (DeCampos, 1934; Van Krevelen, 1948). Van Krevelen, however, felt that excessive daydreaming may be a factor in stimulating the literary imagination and may account for the fact that so many prominent writers were only children.

Almost all of the authors who stress the adverse effect of the only child situation call attention to the excessively close contact with parents, which leads to difficulty in establishing independence. This view is shared by most psychoanalytic observers with the notable exception of de Saussure (1944). The spirit of these observers is aptly summarized by Bossard and Boll (1941):

Whatever the family is like, the only child within it receives the concentrated force of all its influences. If the parents are over-attentive, he gets more over-attention than if he had siblings. If they are under-attentive, then he is lonelier. Though he does not have the natural social training for give-and-take relationships that siblingship gives, he still may have the economic resources for wider social experiences that might be deprived him were there brothers and sisters to share the family income. Often, only children seem to be retarded when they set out from the family to other circles, where they have to meet strangers as equals and make their way among them. Frequently, if and when they adjust, they assume a precocity greater than their comrades', for they have had the advantage of special help and special training which their friends have missed (p. 158).

As appropriate as this summary may be, clinical evidence to be presented later in this paper tends to demonstrate that this point of view is a derivative of the popular mythology of the only child.

There is, on the other hand, an equally impressive and voluminous literature consisting of carefully controlled statistical studies that tend to play down and minimize the influence of the condition of being an only child on subsequent growth and development. Guilford and Worcester (1930) undertook the task of refuting the extensively quoted work of Bohannon (1896, 1898) and Fenton (1928), both of whom painted an essentially negative portrait of the social and psychological adjustment of the only child. Guilford and Worcester concluded that contrary to the findings of earlier authors, only children were found to be equal or superior to

non-only children in all but one or two of the traits studied in their investigations. Similar findings were reported by Hooker (1931), Dyer (1945), and Burke (1956). In an interesting study of suicide in twins and only children, Kallmann (1949) and his associates demonstrated that the suicide rate of only children does not differ significantly from that of the general population or from that of twins. The conclusion to be drawn from this finding is that neither the overprotected position of only children nor the intensified competition between twins appear to result in an increased vulnerability to suicidal impulses. Hart and Axelrad (1941) contrasted the only child delinquent with delinquents in large families. From meticulously detailed case studies they concluded that other elements in the total environment and in the family interaction were much more significant than the factor of being an only child in so far as the etiology of delinquent behavior is concerned.

There is only a handful of psychoanalytic papers devoted exclusively to the problems of the only child, although there are numerous references to only children in connection with other studies. Fenichel (1945) summarized the findings of Brill (1912), Friedjung (1911), Meng (1928), and Sadger (1911) on how the only child status influences the evolution of the *œdipus* complex. Fenichel said, 'An only child has the most intense *œdipus* complex and is therefore in the greatest danger of not adjusting adequately'. This is seen to result from the situation in which the only child and the parents are caught in a tight *œdipal* triangle without having suitable objects available for displacement of instinctual cathexes. In addition, a number of other mechanisms are described as being related to the psychology of the only child. Favored by both parents, the child may consider himself special and an exception. When the parents vie for his affection, he may be able to turn one against the other. Since there are no siblings, the only child may never have to forego gratification or share with other children. All of these factors are assumed to contribute to heightened narcissism, poor object relations, low level of frustration, and greater anticipation of immedi-

ate gratification. Accordingly, the only child is supposedly unprepared for the rigors of competitive activity with peer objects who later become surrogate siblings.

The observations of Neter (1911) and Brill (1912) are in keeping with these ideas. Exaggerated love *from* parents gives rise to exaggerated love *for* parents. These close ties exclude strangers and lead to a lack of courage, to dependency, awkwardness, and precocity. Neter considers the only child to be unusually sensitive to insults and to have a definite tendency to hypochondria and sexual perversion. Excessive daydreaming permits the only child to brood overly long on his experiences, which then tend to have a longer-lasting influence on him. Brill's observations, like Neter's, are based not on psychoanalyses but on consultation interviews. Brill puts the only child in the same category as the favored child, and emphasizes the element popularly known as 'spoiling'.

For Van Krevelen (1949) the major element in the psychology of the only child is the fear of growing up. His only child patients, he found, recoiled from maturity. Their psychological growth required a longer period than usual. He emphasized, however, that only children are not necessarily predisposed to psychopathology, and he distinguished between being an only child and a spoiled child. He found no common syndrome characteristic of the only child. The single most important factor, according to Van Krevelen, is how the parents transmit derivatives of their own unconscious conflicts to the child. The intense œdipal attachment of the only child may make it difficult for him to separate from his primary objects. De Saussure (1944) cites two cases of only children in which the close attachment to the parents and the position as the only child in a world of grownups were seen by the patients as ungratifying experiences, leading in one instance to prolonged passive dependence, and in the other to its opposite, reactive independence.

Depending upon how one defines the limits of the sample, it is probable that fifteen to twenty per cent of the pop-

ulation are only children. Davis (1937) defined the only child as one who had no living brother or sister within nine years of his own age as a member of the same household, and was never a permanent resident in a home where there were other children within nine years of his or her age. In the present study, the sample is restricted to children who had no siblings living in the household.

Although few psychoanalytic studies on the psychology of the only child have been made, analysts have long emphasized the influence on both normal and abnormal development of the child's ordinal position in the family structure: the typical problems of the oldest, the middle, and the youngest child have received much attention. Similarly, there have been studies of the specific conflicts and developmental problems that twins must inevitably confront. Every first child, for a period of time, was an only child. In a certain sense the youngest child, especially if he is separated in age by a number of years from his next oldest sibling, may entertain the fantasy of being an only child. The early attitudes of the oldest child, formed during the period when he was an only child, are overlaid with the subsequent conflict connected with the birth of a younger sibling. Thus a child who has been without a sibling for eight or nine years may, for a time, go through the fantasies and conflicts of an only child before having to deal with the trauma of the arrival of a sibling. By that time, however, he is more mature and can deal with the altered circumstances in a presumably more adaptive fashion. The only child must deal with the reality of no other children coming into the family; the infantile fantasies he creates about his situation may persist without confrontation with a different kind of experience.

My interest in the psychology of the only child is a matter of good clinical fortune. Earlier in my practice, three of my patients were only children, but within the past six years I have had the opportunity of analyzing eight patients who

were only children and have supervised the analyses of a number of only child patients. In addition, I have received clinical material from several colleagues.¹ Even this experience which, for an analyst, is quite considerable, falls short of being statistically valid. The clinical material, however, does make it possible to examine from the psychoanalytic point of view the various responses of the individual to conflicts over being an only child. It should be noted that such conflicts were not necessarily central to the problem for which the patient sought treatment, but they were always significant as far as sublimation, character, and personality structure were concerned.²

There are certain typical features in the development of the psychology of the only child. These features culminate in a characteristic fantasy which engenders conflicts that may or may not be of sufficient severity to precipitate neuroses. In addition to the usual elements that determine how an individual resolves his infantile conflicts, there are a number of factors specific to the only child. Of special importance, of course, are the fantasies he draws about his unique position, what he has been told by his parents, whether there has been a sibling who died, and the impact of sibling surrogates introduced at different stages in the child's life. Far from being free of sibling rivalry, the only child is intensely involved with 'sibling conflicts' long before he enters school and has thrust upon him a world of surrogate siblings.

¹ I am indebted to Drs. M. Silverman, Palotta, Shomer, Kaminer, Sachar, Grant, and S. Lehrman (1956) for the opportunity they afforded me to cite material they placed at my disposal.

² I do not know how much originality I can claim for my conclusions because I have a distinct recollection of hearing Sandor Rado, during a clinical conference some twenty-six years ago, comment that only children frequently have a fantasy that the magic of their thinking kept them as only children and that they therefore bore a certain burden of guilt.

More recently, much has been written about the syndrome of 'survivor guilt'. What is striking about the 'survivor guilt' of only children is that it appears whether or not there has actually been a sibling who died before or after the birth of the only child.

What follows is a model of the early development of the sibling problem of the only child and how it unfolds. This model is intended solely to dramatize the essential issues relating to the psychology of the only child and, for purposes of presentation, sets aside the many complicated factors that are part of each individual's development.

As he grows older, the only child compares the composition of his family with that of other children. He becomes aware of some of the difficulties his peers encounter with their younger siblings. It is true that he also notices the advantages of having siblings. Ordinarily, in the mind of the self-centered young child, the disadvantages seem to outweigh the advantages. Having a sibling means having to share the love and attention of the parents, and this is most often concretely experienced in terms of rivalry for food. It seems to the child that there is only so much food, or love, to go around and each sibling, real or potential, is regarded as proportionately diminishing the child's exclusive possession of food and love from the mother. Frequently this misconception is unwittingly affirmed by what the parents say. Several patients reported that when they were children, they asked their parents why there were no other children and received such responses as, 'We thought we could not love another child', or, 'All love went to you and there would be nothing left for another child'. Sometimes the response had a definitely negative tone: 'We had such a hard time raising you, we didn't think we could go through it again with another child'. When the information the child receives is obscure or ambiguous, there is always the tendency to fill the gap of knowledge with magical thinking. This was regularly the case with those patients whose parents reported that they did not know why there were no other children. They tried, but none seemed to come; they consulted physicians, but to no avail. This mysterious domain is then taken over by omnipotent illusions on the part of the child, who imagines that he is responsible in some way for no other children being born. For indeed,

the only child, like the oldest child, lives in fear that siblings may come along and oust him from his uniquely favored position. The oldest child goes through the experience of having new siblings appear, but the only child must contend with the fact that no siblings ever do come along. At first he congratulates himself on being alone and hopes the situation will continue indefinitely, but as the years go on and he remains in fact the only child, he concludes that he is somehow responsible: the power of his wishes has denied life to an unspecified number of potential children.

The specific fantasy which expresses in a concrete way the magical power of the only child's wishes takes form in the idea that while he was in the mother's womb, he eliminated his rivals by devouring them or by injuring them in one way or another. This specific fantasy was the common feature of all the only children observed in this series, whether or not their neuroses were in any way connected with the situation of being an only child. The typical conflicts of the only child and the sublimation, character traits, guilt, and symptom-formations that grew out of these conflicts were derived from this fantasy of struggle within the maternal claustrum, a struggle during which potential rivals were destroyed. The clinical material that follows will serve to illustrate the anxieties and guilt connected with this fantasy.

CASE I

Both sides of the ambivalent attitude toward unborn and surrogate siblings can be illustrated from the following case material. In this patient, conflicts over being an only child were central to the psychopathology.

The patient was a thirty-three-year-old white Catholic housewife who complained of several phobias and obsessional fears. She was afraid that toxic chemicals used around the house—insecticides and toilet cleansers—would poison her and her children. This phobia was of fifteen years' duration. The patient came for treatment when these symptoms were exacer-

bated shortly after her first miscarriage. Later in the treatment it was learned that she suffered from a fear of cancer as well as claustrophobia.

As a practicing Catholic, the patient did not use contraceptives, nor did she believe in rhythm as a method for controlling the size of her family. She had been very frightened of becoming pregnant. When she became pregnant the first time, she found herself lifting a heavy load of clothes and thinking that excessive exertion of this sort could lead to a miscarriage. Shortly afterwards she began to bleed. The pregnancy was interrupted and the patient's phobic symptoms became very severe. At this point she sought treatment. While in treatment, she became pregnant again, suffered from severe anemia and edema, and had to be hospitalized for the final month and a half of her pregnancy. During this period she was afraid that she would die in childbirth.

The connection between several of her phobias and an underlying fear of retaliation from the foetus she had been carrying was established during subsequent sessions in which the patient discussed a severe attack of anxiety. The attack had been precipitated when her husband tried to get rid of a cocoon by spraying it with chemicals. The patient was afraid that she or her children might be poisoned by these chemicals. She became overwhelmingly anxious and spoke of her fear of death and illness. Then she recollected having offered to help when her grandfather was sick and assisting with his care in the hospital. When she learned that he suffered from cancer, she left the hospital immediately and could not return, certain that if she did, she would 'catch' the cancer and be destroyed by it. Following this, she went to her grandmother's house where she saw a can of insecticide. From that point on, she became anxious whenever she was in the presence of such chemicals. With this anxiety there was a conviction that something terrible would happen to her children.

During the patient's first pregnancy, she suffered from extreme nausea and felt that she would never be able to take

care of her child. At that time she discovered that the sound of the radio nauseated her. To this memory she immediately associated the fact that she could not stand the shrill voice of her youngest child who made it impossible for her to talk with her husband. She said that she did not know why she wanted to have so many children, but she thought that if they were close together, they would amuse each other and be less demanding of her.

Her mother had only one child because of a hysterectomy for a cyst which had formed several years before the patient was born. The mother had also had a stillborn child, a male, a few years before the patient's birth; she had fallen down a flight of stairs and it was thought that this had killed the baby. The patient related this to several obsessive fears she had had that she had harmed her grandmother and an aunt by causing them to fall as a result of her negligence. The patient had often said that she had wished she had an older brother because her father wanted a boy rather than a girl. She recalled that when she was six years old, she lived in a household with two cousins—one, three years, and the other, five years her junior. The mother of these children had died giving birth to the second child. Until that moment in treatment the patient could not recall having any feelings about the death of this aunt, nor was she sure that she had ever found out how the woman had died. She then expanded on what a nuisance it was when these surrogate siblings lived with her.

In this material the patient equated her own children, cocoon, cancer, and foetuses, feeling both guilt for destroying siblings and fear that the siblings in the form of the foetus or cancer would retaliate and destroy her. In only children the fear of retaliation from unborn siblings may take many forms. For instance, another patient had an overtly phobic attitude toward young infants; although they seemed weak and vulnerable, they inspired in him a sense of impending danger. He would not handle them for fear of injuring them; at the same

time, they impressed him as savage and animal-like, reminding him of his fear of dogs.

CASE II

The following case indicates that guilt over being an only child may express itself in the fear of having children and may eventuate in the classic picture of the unconscious need for punishment, repetitive experiences of unconsciously induced failure, and a negative therapeutic reaction during treatment. Such a patient may be regarded as exhibiting the typical 'survivor guilt' of the only child.

A man in his late thirties sought treatment because he became aware of patterns of self-induced failure. He had had an older brother who died before he was born. Because his mother had only one kidney, she was advised not to have any other children. In spite of this, she became pregnant and after a stormy course, gave birth to the patient. She has remained a sick woman ever since, although most of her difficulties are not really connected with having given birth. The patient, therefore, felt guilt on two scores: first, toward his brother, to whose death he owed his own life, and second, toward his mother, who risked her life in giving birth to him. He unconsciously identified his wife with his mother and could not subject her to the dangers his mother had survived. Accordingly, when he was diagnosed as sterile, he made no effort to correct his condition. Instead, he adopted two children.

During the analysis, any bit of progress was followed by an aggravation of symptoms, with the patient failing to show up for the next few sessions. The connection between this need for punishment and guilt over unconscious cannibalistic wishes toward the foetus, may be illustrated by the clinical material. For background, it is sufficient to indicate that dreams of the sea involving the themes of life and death, of shipwreck, and of dangerous fish were regular features of the analytic material. In the days before the session to be reported, the patient had been concerned about the atrocities in the Vietnam

war and had been horrified again by the Nazi crimes while reading a book about World War II and seeing the motion picture, *The Damned*. The patient, it should be noted, is interested in child welfare projects and is active in an organization for treating drug addicts.

One day the patient went fishing with a friend. That night, he had the following dream:

I am in a concentration camp with a girl doing 6g. She turns into a man and then the man turns into a little girl. The girl points me out to the S.S. men as the one who did the bad thing.

These were his associations. He saw a man filleting flounder and noticed that the organs were still functioning while the fish was being cut apart. This upset him and reminded him of a story that his governess had told him when he was a child. In her home town a young boy saw a pig being skinned and went home and did the same thing to his baby sister. His thoughts turned to the horrors of the S.S. men. Yet they were all respectable citizens in peacetime, as are the respectable American citizens who are perpetrating the atrocities in Vietnam. After a pause he noted that he had agreed to raise money for his children's nursery school. He felt very frightened, but connected the fear with business reverses. He thought again of murderers, laughed nervously, and protested that he could not be a murderer; it was only a fish he was cutting up. His son does not eat meat because it comes from animals. The fisherman taught him the habits of fish. In the fall they are full of roe. When they have finished spawning, there is no roe to be found in the bodies of the fish. His next thought was that he is going to attend a Passover seder at his parents' home. He hoped it would be short—'for some reason the ceremony makes me anxious'.

The patient went on to say, 'The dream bothered me. To be involved with a six-year-old girl and eating her. It shows what people can do, including me. The last time I gutted a

fish I was terribly disturbed. Who knows what kind of beast lurks in me?'

The material of the next day was replete with examples of self-induced injury and defeat. He had been advised to have a simple operation to overcome his sterility, but never got around to arranging it. He never learned to drive a car and thinks the two are related. He ignores his teeth until they are beyond repair. As a matter of fact, he had one pulled the other day, a tooth that could have been saved. He has not had time to go back to have the new tooth put in. Similarly, he is subject to repeated boils. The doctor took a smear of the bacteria and recommended a vaccine. The patient never returned for the injections. When the boils recurred, he treated himself and was fascinated to watch pus come out and to feel the pain. He has had fleeting thoughts of suicide and recalled several experiences, notably one during his honeymoon when he exposed himself needlessly to dangerous heights. He has a fear of heights and is aware of a wish to jump.

The cannibalistic fantasy of devouring unhatched eggs is clear enough in this material, as is the guilt toward siblings and surrogate siblings and the need to expiate not only by suffering but by exposing himself to danger of destruction by representatives of the destroyed pregnancies—the bacteria.

The influence of the fear of retaliation which stems from the cannibalistic fantasy is perhaps the most prominent feature of the childhood neurosis and character structure of the only child. Having in fantasy destroyed the unborn siblings by eating them, the only child fears that he in turn will be eaten by them or by representatives of them. The unorganized, scattered bits of enlightenment concerning the origin of life which may have been transmitted to the child serve as starting points for symptom-formation. Having been told that babies develop from eggs in the mother's body, some patients develop an abhorrence for eggs. They feel that if they eat

an egg, it will in retaliation destroy them from within. Other only children, learning that the embryo, like a fish, is enveloped by water in the mother's body, refuse to eat fish and later in life fear swimming in any body of water that might contain fish. Unconsciously, they are afraid of being eaten; man-eating sharks infest their dreams. Some of these children, having been told that the foetus grows within the mother by feeding on her body, respond phobically when they learn later about pinworms, tapeworms, trichinosis, and cancer. In fantasy, these worms or tissues are identified with the threatening, retaliating foetus now contained within the claustrum of one's own body. From this equation, several of my patients later developed claustrophobia, cancer phobia, and fear of pregnancy and childbirth.

In one way or another the fear of pregnancy, consciously or unconsciously, influenced the attitudes toward marriage of all of my only child patients, regardless of their sex. Some avoided or delayed marriage. In the case of the male patients, they unconsciously feared that the retaliating foetus would wreak vengeance on the wife, killing her during pregnancy or delivery. By way of identification with their wives, they suffered throughout their wives' pregnancies, often being more anxious than the women themselves. One patient who could not impregnate his first wife, had difficulty in impregnating the second one. After conflicts relating to the status as an only child had been discussed and the patient had made a firm commitment to adopt a child, this supposedly sterile male succeeded in impregnating his wife. It is possible that unconscious elements subtly influenced the patient's timing and manner of intercourse to the end that he managed to avoid impregnating his wife.³

The guilt and fear the only child has regarding surrogate siblings give an added dimension to his experiences of sepa-

³ In the case of male only children, conflicts of this sort readily become incorporated with the more important and dynamically more significant passive feminine fantasy of being impregnated, related to oedipal conflicts.

ration. The ordinary early experiences of separation—the first day at school or at camp—are often especially difficult. It is not merely a matter of giving up a gratifying, dependent relationship with the mother. Involved as well are the fear of new sibling figures and guilt toward them. The only child may deal with the situation in many ways. Shyness and avoidance of competition have already been noted in the literature, but I have been impressed by patterns of expiation, ingratiating, and compensation. Some only children are very popular with their classmates because they are generous, share food, money, and schoolwork. Others amuse their new substitute siblings by telling stories or making jokes, most often at their own expense. One patient clowned, stammered, and did schoolwork far below his ability in an attempt to 'buy off' his classmates. In dreams and fantasies he saw them as a pack of animals ready to pounce upon him. In fact, when he later became a teacher at the university level, he found himself taking the students' side in conflicts with the administration, leaning over backward to give passing grades to borderline and even poor students, and often entering quite vigorously into the solution of the personal problems of his students. At his own expense, he furnished his students with copies of articles from the literature that was part of their required reading.

In four cases, a fairly typical pattern of behavior developed out of these motives of guilt and expiation. The only child became the teasee (Brenman, 1952), the scapegoat, the butt of the jokes, the victim of the cruel torments typical of young school children. The picture was that of the masochistic child running home out of breath, complaining of being pursued by schoolmates. It was striking to observe not only how these only children provoked their classmates to abuse them but how they refused the protection of parents and teachers, and fought vigorously to prevent their tormentors from receiving punishment from the school officials.

In an attempt to master guilt, many only children feel driven to achieve. Such achievement is also motivated by a

wish to please the parents, for the only child often believes he has injured them by denying them other children. This gives rise to a wish to have a large family, to repay the earlier loss in the form of grandchildren. It is significant that four male patients were involved in teaching. One of them specialized in guidance work and college placement. Each candidate he successfully steered into a good school represented to him a sibling whom he had endowed with a new life. Several male patients did in fact have unconscious fantasies of giving birth to children to compensate their parents for the loss, and to expiate their own guilt. These same impulses were expressed in sublimations such as raising fish, keeping pets, collecting insects, and protecting and harboring stray animals. As a child, one of the women patients lived out a fascinating version of the wish to bring another child into the family. She sought out a classmate, another only child, and they arranged to purchase identical outfits of clothing. Every evening the two girls called each other on the telephone and arranged to wear identical outfits the next day at school. Everyone called the two girls 'twins', and in the analysis the patient constantly referred to her friend as 'my twin'. She never had any children.

CASE III

The clinical material from this case will illustrate the emergence of the central fantasy of cannibalistically destroying potential rivals *in utero* and subsequently fearing retaliation from fetuses or surrogate siblings. The patient was a thirty-year-old college instructor, unmarried, who may be considered the classic example of the popular concept of the 'spoiled' child. Conflicts over being an only child were quite incidental to the problems for which he sought treatment. His complaints consisted mainly of severe sexual difficulties.

The patient's mother had told him there were no other children because she had such a difficult time giving birth to him. As a child he was shy, self-centered, and fearful of peers.

He made no friends of his own and had no playmates until his mother searched through the neighborhood and found a boy his age. He was rarely able to maintain a close relationship with more than one friend at a time. Although he never developed the full clinical picture of the imaginary companion, he recalls wishing for a brother who could be his companion and joking with his mother that he had once had a sister named Suzy who died. He gave his favorite animal doll a name similar to Suzy and slept with this doll until he was ten or eleven years old. He had a complete menagerie of animal dolls who had to go to sleep with him every night. His parents have saved the dolls to this day. In response to material in the analysis, the patient went to the basement of his home, opened the trunk in which the dolls were kept, and looked at them, thinking that they resembled corpses of babies. In recollecting this, he recalled that at the age of five, at the suggestion of a friend, he threw one of his dolls over the railing of a high parkway. He was immediately filled with remorse and had his mother help search for the doll, but it could not be found. He thought next of his favorite childhood joke. A woman calls up to her son, saying, 'Please throw down my key'. The son misunderstands and throws down his younger brother, Mikey.

As a child, the patient had many animal phobias and to this day he is afraid of dogs. Frequently he dreams of walking in a forest and being attacked by savage beasts, or of being at the edge of a jungle and fearing to enter because of the wild animals within. He has also had fantasies of a huge cavern in which wild animals abound. One of his presenting complaints was premature ejaculation. He also had a conscious fear of infants, regarding them as potential savages.

One day the patient presented a dream in which he found he had three large flat pimples, brown colored, on his face. They looked like chocolate soufflé. The dream took place after a dinner he gave for a friend to pay off a bet he had lost. It had indeed been a silly bet, one that the patient was

bound to lose. It was a common practice for him to make such bets, and to pay them off with dinners. During the dinner he ate a delicious chocolate soufflé and had a thought that it looked like the breast of a flat-chested Negro woman. When he was a child, he recalled, a man in his building had a large brown cancer on his face. His mother has a mild cancer which is also brown in color. He used to be fascinated by the subject of cancer and searched through the *Journal of Plastic Surgery* to learn how one is treated for this condition. He feels that eating too much chocolate makes him have pimples. Then he laughed and added, 'I sound just like a kid. If you eat chocolate, you get chocolate pimples.' He remembered eating Jello and thinking that its motions resembled the belly of a belly dancer. He used to like to eat chocolate ants. Sometimes he has a fantasy of biting into a person's scalp. He thought of Indians scalping white people.

A few days before this dream, the patient recalled, he had done something strange. He was walking down the street when he saw a young girl eating a candy called 'chocolate babies'. Although he did not know the girl, he walked up to her and said, 'In these days of racial tension, don't you think you should do better than eat chocolate babies?'. As a child he had a passion for animal crackers. He remembers sitting at the edge of a sandbox devouring animal crackers and suddenly feeling frightened at the danger of the atom bomb. There were other fears he had in childhood—for instance, of polio and infections. He was fascinated by the motion picture, *Suddenly Last Summer*, because of its cannibalism sequence, and by the story of an island where the turtles came once a year to breed. On those occasions the natives capture the turtles and eat them.

From this material one can see several paths of evolution of the childhood neurosis, which had the form of animal phobias, into the adult symptoms of fear of cancer and *ejaculatio praecox*, both derivatives in part of a fear of being

devoured in retaliation for having devoured unborn siblings. The character trait of generosity in this patient also proved to be founded on a reaction formation against earlier wishes to appropriate all the food and love for himself. As the material demonstrates, at this level phobias, hypochondriacal preoccupation, and reactive generosity evolved from conflicts over the fantasy of having destroyed the unborn siblings within the body of the mother.

A number of character traits and sublimations in some of these patients were found to be related in part to the typical conflicts over being an only child. Reactive independence has already been mentioned. In addition to ingratiating sibling figures, the only child may try to turn his peers, whom he views as potential enemies, into allies to protect him from other sibling surrogates. It is striking that in this series of patients, not one case developed the full picture of the imaginary companion. Hurlock and Burstein (1932) concluded that size of family did not influence the creation of imaginary companions and that only children were not found to be more subject to this than were those who had brothers and sisters. But it should be noted that in their study, many of the patients who developed imaginary companions did so at the time when they were only children. Svendsen (1934) discovered that fifty-five per cent in his series were without siblings. Thus, the relationship of the only child situation to the development of imaginary companions is as yet unclear. Substitute companions, however, in the form of pets, were common in the patients reported in this paper. Several patients adopted stray dogs and cats. Two patients collected insects. One young entymologist kept his prize insects in a claustral jar where they often died. He protested that he did not mean to starve them, that he often gave them smaller insects to eat. Three patients raised fish for a hobby. Two of these patients revealed their ambivalence toward the dwellers of the claustrum when the young fish were hatched. Sometimes they prepared very care-

fully to be present at the moment of hatching in order to prevent the adult fish from devouring the new ones. On other occasions they stood by quietly enjoying the devouring of the younger fish by the older ones.

The hypochondriacal complaints of some of these patients were related to the activities they fantasied taking place within their own bodies. The fear of being devoured from within became manifest not only in the fear of cancer, but sometimes in the form of fear of coronary occlusion, asthma, a boil bursting within, tapeworms, and other parasites. In several of the women patients these complaints were particularly aggravated during pregnancy. In some of the male patients these trends re-enforced pre-existing feminine masochistic wishes and culminated in the symptom of intractable constipation. The fecal mass came to represent to one patient the child he was going to give birth to as a form of restitution and, at the same time, an internalized persecutor, the sibling whom he had destroyed. One patient had a very interesting fantasy as to how he could undo the destruction of the siblings he had devoured *in utero*. He imagined that while he was eating, the different parts of the food, which he had chewed and swallowed, reassembled themselves in his stomach and reconstituted themselves into their original form. Thus, the different pieces of chicken united to become a fowl; beef organized into cows, etc. Claustal fantasies were observed in every case, although they were more extensive in some patients than in others.

The early authors described as typical a set of character traits picturing the only child as noncompetitive, selfish, vain, isolated, and withdrawn. Observations drawn from the clinical experience reported here does not bear out such a generalization. A rich variety of character traits may reflect the different ways in which certain problems of the only child are resolved in the course of development. Altruistic surrender is by no means uncommon. Reaction formation and sublimation in the direction of being protective, generous, and devoted to others have

already been indicated. Certain specific inhibitions may be related to the fear of encountering sibling figures in the claustrum. One woman patient, for example, who had claustrophobia during childhood, developed in later life what might be called a claustrophobic character. She arranged her activities so that she would never be hemmed in by schedule, apartment, a specific place where she had to work, or a country where she had to stay. She could have long-lasting relationships with men only so long as she was certain that it would not end in marriage. When one of her lovers finally proposed, she became aware of a hemmed-in feeling and turned him down. The clue to understanding this character trait appeared in connection with her associations about children. She was afraid of becoming pregnant. Even discussing the idea gave her a hemmed-in feeling. In every aspect of her life, it was essential for her to keep open an avenue of escape. Thus the anxiety connected with a childhood fantasy of encountering siblings in the mother's body gave rise in adult life to a claustrophobic character formation.⁴

The clinging character of certain only children is more than a fear of separation, more than a clinging, dependent attachment to the mother. It is derived in part from the fear of moving out of the close, protective family unit into a world of sibling substitutes. Three of the patients showed inhibitions in relation to starting anything new, such as a course of study or moving to a new apartment. This trait had several roots. Starting something new was connected with the idea of being born again, reviving guilt over being born the only child. It also represented, unconsciously, going out into the world to encounter new rivals, the representatives of old rivals who had been destroyed.

Being an only child does not necessarily indicate that the individual will develop into an immature, dependent, insecure child lacking in self-confidence or unwilling to undertake new activities. In some instances being an only child serves as a spur

⁴ A similar case has been reported by Kaminer (1971).

to development. Van Krevelen's view that the central aspect of the psychology of the only child is the fear of development or of growing up is not borne out by my material.

CASE IV

I am indebted to Dr. Martin Silverman for the following clinical material from the analysis of a child. This material demonstrates *in statu nascendi* the fantasy which in my clinical material was reconstructed during the analyses of adult patients. Dr. Silverman's patient was an only child until the age of three when a brother was born. In a sense, the patient remained an only child because his brother, who was mongoloid, was institutionalized without ever coming home.

The young patient entered treatment at five years, nine months of age because of an inability to separate from his mother, night terrors, preoccupation with death, and a fear of robbers or fierce animals getting into the apartment at night. He was also inseparable from his stuffed rabbit which he petted and sniffed while he sucked his thumb. These symptoms had all appeared following the birth and institutionalization of his brother.

The patient blamed his parents and himself for his brother's abnormalities. The day before the birth, he had said that the baby should be broken up and thrown away. His knowledge that his brother was in a sanitarium became confused with the word sanitation, and he was convinced that his brother had been thrown into the garbage. He tried desperately to provoke his parents, his teachers, and his therapists into sending him away and he engineered several accidents in which he was injured. When plans were being made to send him to a school for superior children, he developed symptoms characterized by pseudo imbecility. The young patient also reported dreams in which his parents refused to let him keep a treasured but damaged toy. He hoped to become a great brain surgeon who could find a cure for mental retardation. He also reported fantasies of wild animals residing in a cave,

ready to tear him apart should he enter. He was fascinated by the story of Ali Baba and could not drive out of his mind the image of Ali's brother being hacked to pieces by the robbers.

Treatment was interrupted for a period of almost two years and was resumed when the younger brother died in the mental institution from an intercurrent infection. The patient reacted to this information by sustaining a severe blow to his head, which gave him a headache and a ringing in the ears for days. He again became pseudoimbecilic and provocative in school, but at the same time attached himself to a dull boy in his class, with the same name as his brother, and dedicated himself to tutoring the boy.

When treatment was resumed a number of threads that had been left hanging two years earlier were woven together to form a revealing pattern. The patient recognized his guilt and his wish for expiation through self-punishment. He revealed a fantasy that he had caused his brother's mental defects by 'kicking his brains out' while they were both in the mother's womb prior to birth. He sought reassurance from the therapist that this idea was incorrect and took comfort from the fact that his best friend, also an only child, had similar ideas about destroying his potential rivals and was as accident prone as the patient recognized himself to be.

DISCUSSION

The analytic literature contains few documented reports of the psychoanalysis of only children. Most of the literature deals with the subject in a general way, drawing deductions from the external setting of the only child, making inferences about isolation, overprotectiveness, dependence, lack of competitiveness, and intensity of oedipal attachments from a model situation in which one child grows up in a community of adults. In this contribution, an attempt has been made to examine these concepts in relation to concrete, specific material obtained within the psychoanalytic situation.

It is impossible to draw any one general profile of the descriptive features or traits of the only child. There is no one clinical syndrome that is pathognomonic, nor is there a definite neurotic picture which pertains to the only child. Most of the patients in this series came for treatment for problems entirely unrelated to the situation of being an only child. Being an only child is not necessarily pathogenic; it is only one of many factors which, in certain patients, may eventuate in neurotic symptoms or psychoneurotic character formation.

The only child, however, is faced by a number of typical developmental constellations and conflicts that must be mastered and resolved. How well he succeeds in doing this depends upon the same factors that govern the resolution of childhood conflicts in the rest of the population: the quality of the object relations, the character of the parents and how they treat the child, patterns of gratification and frustration, constitutional factors, etc.

Among the specific constellations which do affect the development of the only child may be listed the close tie to the parents and its effect upon the oedipal situation, the struggle for possession of the mother and food, and the expectation that adults will always be available to rescue the child in distress. A certain sense of being an exception and anticipating exceptional treatment was a common feature in the analyses of my patients. Being an only child, growing up in the company of adults, has advantages and disadvantages for the development of the child. Soon enough, surrogate siblings appear on the scene. Only children, far from being noncompetitors, are basically intensely competitive, although this tendency may be inhibited or subjected to reaction formation. This competitiveness may express itself when the only child marries and may take the form of rivalry with the spouse who is unconsciously identified as a sibling.

The only child appreciates the unusual position in which he finds himself. In coming to terms with his situation, he tries to understand how he came to be an only child. His solution to

the problem, together with the fantasies he develops about it, are crucial for his psychological development. However, regardless of what he learns, the only child blames himself for the fact that there were no other children. His specific fantasy consists of the thought that he had destroyed potential rivals by devouring them when he was inside the mother's body. This fantasy was observed in all my cases, without exception. Claustral fantasies, as well as some claustrophobic symptoms, usually very mild, were also common. The specific fear was the danger of retaliation from the embryos that had been destroyed. What the only child unconsciously fears is an encounter with these adversaries in the claustrum and being devoured from within by the rivals whom he had devoured and incorporated.

From these conflicts it is possible, but not inevitable, that a number of symptoms, inhibitions, character traits, and sublimations may develop. Animal phobias and feeding problems in childhood were most common in the only child patients I analyzed. Phobic reactions were often connected with objects that could symbolize the foetus. Hypochondriacal complaints were related to the same psychopathology.

Many only children suffer from deep-seated unconscious feelings of guilt, resulting in a need for punishment and, in the course of treatment, a negative therapeutic reaction. This was particularly striking in those cases in which a sibling had died. It should be noted, however, that the same guilt appeared in those patients who had never had a sibling.

Several patients had a fear of new beginnings, sometimes expressed in the form of avoiding the starting of a new career, moving to a new apartment, or beginning a course of study. There was a certain claustrophilic element in this trend. In fantasy, these patients tried to cling to the protection of the claustrum to avoid going into a world where one encounters new rivals. An element of guilt, namely that of being born alone, also contributed to this attitude. These trends accentuated whatever fear of separation may have been present in childhood. In addition to the clinging, dependent, and œdipal

attachment, there was also the fear of moving out of the close, protective family unit into a world of sibling substitutes.

It should be noted, however, that being an only child may also serve as a spur to development and may contribute to a number of useful sublimations and character traits.

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Cognitive Ego Function in the Phobic Symptom

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COGNITIVE EGO FUNCTION IN THE PHOBIC SYMPTOM

BY OWEN RENIK, M.D. (SAN FRANCISCO)

INTRODUCTION

It is the intent of this paper to examine the kind of thinking that permits the formation of a phobic symptom which is seen not only as a compromise solution to intrapsychic conflict, but as a particular cognitive construct. It is distinguishable from unreasonable fears, based on skewed learning or sheer ignorance, which are not, strictly speaking, psychological symptoms. Most discussion of phobia has not been concerned with cognitive organizations in symptom-formation. However, Sarnoff (1970) does relate the development of symbolic thinking to the capacity to form phobias, stating that one must be able to symbolize in order to 'establish mental linkages' to the phobic object (p. 559). Contrary to this view I will attempt to demonstrate that an increased cognitive differentiation of self from object is the developmental requisite for the capacity to form phobias, and that this is associated with a specific advance in thinking. In order to make this point clear, it will first be necessary to explore issues raised by the use of the term 'symbolism', and then to describe the role of various forms of mental representation in the phobia and consider the phobia in relation to developing cognitive function.

I

Psychoanalysis, rooted in the study of conflict, has occupied itself with dichotomies—between conscious and unconscious, self and not-self, fantasy and reality. The notion of symbolism seems to straddle these polarities so that an understanding of

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the process of symbolization promises to move psychoanalytic theory beyond its fundamental dualism. Dualism is a holdover from nineteenth century natural science, and does not properly express the complex appreciation of mental life gained from recent clinical work (Schafer, 1970). Perhaps for this reason, persistent theoretical investigations often end in an effort to comprehend more exactly the nature and function of the symbol. Unfortunately, there is wide variation in what is to be considered under the name symbol, or symbolism. Symposia on the subject (Segel, 1961; Shapiro, 1971; Edelsch, 1968) make clear how many theoretical ambiguities are perpetuated by broad usage.

One such ambiguity, to which I wish to draw explicit attention, concerns the question of whether the symbol is a multivalent or univalent species of mental representation.¹ Here in particular, psychoanalytic research has not been helped by the inconsistencies in the use of the term, symbol. One trend has seemed to follow the work of Jones (1915), who in his early and influential paper wrote: 'its [the symbol's] essence lies in its having two or more meanings, as indeed, it itself originated in a kind of condensation, an amalgamation of individual characteristic elements' (p. 138). This view stresses the multivalency of the symbol by speaking of the 'condensation' inherent in its organization. As Shevrin (unpublished paper) points out, the process of condensation is even more wittily conveyed by the German *Verdichtung*. The root, *dicht*, refers to something thick, tight, dense. A 'thickening' of meaning is implied. In contrast to the multivalent symbol, Jones (1915) indicates the sign as a univalent form of representation. Although he never considers the distinction explicitly, the following passage appears in his summary of the etymology of 'symbol': '. . . the

¹ I do not propose to distinguish between the symbol as a mental representation and the symbol as a linguistic structure. A full consideration of the question of how thought and language are related is not necessary to the thesis of this paper. For purposes of discussion, I will assume the view of Werner and Kaplan (1962) and Rosen (1966), who hold that language and thought develop in 'progressive episodic convergence' with one another.

earliest meaning of the Greek *does not seem to be the present-day one of a sign*, but a bringing or weaving together, an implication which can perhaps be traced in the fact that *most symbols have many significations*; the root of the word, Sanscrit "gal", Indogermanic "bal", referred especially to the flowing together of water' (p. 138, italics added).

In keeping with the psychoanalytic thinking of his time, Jones's discussion of symbolism emphasizes libido theory and concern with establishing a hierarchy of drives. He was most unequivocal in his dictum: 'Only what is repressed is symbolized; only what is repressed need be symbolized' (p. 158). Thus, for Jones, 'true symbolism' consists of the representation of certain specific, universal, and timeless 'primal ideas' and appears to be entirely the activity of the id. Jones's inattention to the work of the ego in symbolism was taken up by later authors. In addition to condensation, Milner (1952), for example, distinguishes 'substitution' as a complementary process in symbol formation. Following the work of Rapaport, Rubinfine (1961) refers to a continuum of ego states and associated states of consciousness. He considers symbolism as a functional description of the kind of thinking that characterizes regressed ego states and states of consciousness in which less capacity for voluntary attention to the boundary between self and nonself is exhibited. In these states, symbolism describes a defensive operation against drive impulses, producing forms of thought which are more sensorial.

The work so far described denotes symbol as a multivalent mental representation, laying stress on its primitivity, its condensed and agglomerate nature, its relation to unconscious material, and the influence of drive-determined primary process in its formation. Univalent forms of mental representation—highly differentiated, abstract, and organized in the secondary process mode—are implied, but not distinguished by name. Jones seemed willing to designate these as 'signs' or significations'. Modell (1968) has introduced a distinction between 'private' and 'public' symbols which is relevant here, but still does not

address directly the question of the multivalency versus the univalency of various mental representations.

In a paper originating from the work of the study group at the New York Psychoanalytic Institute, Rosen (1969) has brought recent developments in linguistics to bear on a definition of terms. He considers the generic relationship in which A represents B, and suggests the following usage: A is a *signal* when it gives rise to a cognitive expectation of B; there is a close temporal or spatial contiguity between A and B. A is a *sign* when it indicates the existence of event B; there is similarity between some feature of A and some feature of B. A is a *symbol* when its function as a representation of B is arbitrary and assigned by convention; whatever contiguity or similarity A has to B, which may have played a part in the origin of its symbolic function, is no longer reconstructible. This usage in some ways clearly contradicts that of Jones and his followers, since it associates the term *symbol* with abstract, more developmentally advanced representations, and *signal* with those representations most influenced by the primary process (the *sign* is an intermediate form of representation). However, there is a close theoretical contact with earlier usages, since Rosen, following the ideas of Werner and Kaplan (1962) and other linguists, is suggesting that the symbol has merely lost its visible connection to the agglomerate system of signs and signals from which it arose, and that such connection can be reinvoked, in the individual, through free association—and perhaps more broadly, in the culture, through poetry.

This brief review suggests that the term symbol has been associated with both developmentally primitive and developmentally advanced modes of thinking in psychoanalytic theory. Correspondingly, it has been used to designate both multivalent and univalent forms of mental representation. Since it is this latter dimension of mental representation which is of interest in the present discussion, I would like to set the term 'symbol', with its confusing history, aside, and approach the matter of multivalency versus univalency in a formal way.

It seems reasonable to describe two types of mental representation which, as ideal types, specify the beginning and end points of a developmental continuum. The first is associated with the most *primitive* form of thought, being very much stimulus-bound and drive-organized. It is *multivalent*, in that all the multiplicitous attributes of an individual experience are represented. Conversely, a mental representation associated with the most developmentally *advanced* thinking is simultaneously less stimulus-bound and less drive-organized. It is *univalent*, in that it stands for only a single attribute of experience, even though that attribute may be a property of any number of individual experiences. The limiting points of such a continuum of mental representations might correspond on the early end, let us say, to sensorial representations or 'mental registrations' (Fraiberg, 1969), and on the advanced end to 'concepts'. Actually, many dimensions are implied in this continuum,² but I would like to emphasize the developmental axis which progresses from multivalence to univalence.

In discussing the development of mental representations, we should note that the term 'object representation' already implies the achievement of a certain degree of univalence. Fraiberg (1969) explores this point, in somewhat different terms, in her paper on object constancy and mental representation. At the same time, object representations participate in the continuum between multivalent and univalent, as do other mental representations. Thus, the earliest multivalent representations of 'mother' will tend to include all the attributes of the experience. In such cases, clinical experience suggests that aspects of the self as well as the mother will be included in the representation. In more advanced, univalent representations, attributes of

² These dimensions have reference to such concerns as the stability of psychic structures, the fixity of energetic binding, qualities of consciousness, the influence of instinct patterns, and so on. Of course, emphasis will be determined by the task at hand and the orientation of the investigator. An interesting cross section of the diversity of approach among disciplines is provided by Shapiro's (1971) report of a symposium on symbolism. A similar diversity within psychoanalysis is evident in Edelheit's (1968) report.

mother are differentiated and represented individually. At the advanced end of the continuum is the concept 'mother' in which only the abstract, quintessential attribute of mother-ness is represented.

Of course, the categories of multivalent and univalent mental representation can only be taken as ideal types, useful for the construction of theoretical models whose usefulness must be judged, in turn, by the extent to which they make clinical data more comprehensible. With this in mind, I would like to discuss the phobic symptom in relation to cognition and object relations.

II

Sarnoff (1970) reported his treatment of a young patient's seaweed phobia. A twenty-seven-month-old girl was brought to see the psychiatrist because she was afraid of 'the green stuff':

I asked, 'What are you afraid of with seaweed?'. Her body was wracked with hysterical sobbing. I asked, 'What are you afraid it will do?'. She cried more. 'Are you afraid it will hurt you?' 'No', she said. 'I'm afraid it will hurt Mommy.'

To myself I thought that seaweed does not have hostile affects but that little girls do. I asked the child if she were the seaweed. 'Yes', she answered. 'Are you ever angry at Mommy?' 'Yes', said she. *'When she goes away'* (p. 552).

Following this exchange, the young patient was reassured that her anger was not unnatural, and the mother was encouraged to talk with the patient about such feelings directly. The phobia disappeared.

Sarnoff called the seaweed a symbol. We may assume that seaweed had multivalent meaning to the little girl, representing not only herself when violently angry, but perhaps an enraged mother as well.³ Yet in his successful treatment of a phobia, Sar-

³ The feel and appearance of seaweed suggest connections to intercurrent toileting problems which are mentioned in the history, but never explicitly connected to the symptom. It is likely that an exploration of the child's associations would reveal still further ramifications of meaning.

noff approached the seaweed as if it represented only one thing: the little girl herself when she was angry. In doing so he treated a multivalent mental representation as if it were univalent. He even further restricted the meaning of the seaweed by limiting his interventions to refer only to anger, and only to anger at mother for going away. This is eminently correct technique which selects for consideration tolerable anxieties and the defenses against them, allowing other more threatening representations to be repressed, at least temporarily. It demonstrates the therapeutic value of the inexact interpretation. In cognitive terms, we may add to the definition of the inexact interpretation that it consists of tentatively treating a multivalent representation as if it were univalent. As Glover (1931) points out in his original discussion of this technique, to the extent that the analyst is always selecting some meanings of the material for interpretation and ignoring others, virtually every interpretation is inexact.

It is important to separate our clinical approach to the phobia from our theoretical understanding of the symptom-formation. The phobia is an attempt to deal with anxiety, in effect by placing inhibitions and restrictions upon those impulses which are causing conflict. This is accomplished by disowning the impulse and having it expressed through the phobic object. Such was clearly the case in the clinical illustration provided by Sarnoff, whose young patient seemed to be saying, 'I have no angry wishes toward Mommy; only the seaweed does'. The process of disowning the impulse involves projection and displacement, so that generally the phobic object becomes dangerous as a representation of punishment for the warded-off impulse, besides representing the impulse itself (see, Fenichel, 1945). This too was true of the young patient with the seaweed phobia. Sarnoff confined himself to the displacement of the impulse—i.e., the seaweed wishes to hurt Mommy; but we may infer an original attribution of the angry impulse to Mommy, casting her as a punishing figure, with subsequent displacement to the seaweed. The little girl's behavior revealed that

she was afraid the seaweed would do something to her, despite her denial when questioned directly.

Let us put aside the terms 'projection' and 'displacement' for a moment, and examine the kind of thinking exhibited by the young patient's phobia. We are trying to understand what cognitive operations the ego must perform in order to bind anxiety. At the center of our considerations is the relationship between the self and the phobic object. To begin with, there is a perception of certain attributes held in common which relate to the unwanted impulse. In Sarnoff's clinical example, these attributes must be conjectural, owing to the paucity of associative material; but it is not necessary to specify them, only to know that they exist. Both the little girl and the seaweed are angry at someone. Clinical experience will inform our guesses at elaboration: seaweed is rough and slimy; it feels as if it might potentially engulf or swallow one; it floats in the water, perhaps capable of trapping and submerging anything which gets caught in it, and so forth.

The little girl, then, is aware of certain aspects of the seaweed which have to do with her own angry wishes toward her mother. Primary process thinking tends to operate by the 'law of concreteness': the self is the object, by virtue of shared attributes (see, Cassirer, 1955; Arieti, 1955). Structurally, we may say that the multivalent mental representation will include attributes of both self and object—or that the multivalent mental representation does not include a well delineated self-object boundary. Multivalent object representations of this sort are functionally described as narcissistic identifications. In this sense, the little girl is essentially saying 'I and the seaweed are one'. It would seem necessary for her to feel so completely 'connected' to the object in order for her to give over her impulses to it. But how does this help her bind her anxiety? To complete the symptom-formation, she must separate from the seaweed, leaving the angry wishes with it and absolving herself. Thus, it is also necessary for her to differentiate object attributes—i.e., form univalent mental representations—and use them in identi-

fications; for she must also be able to say: 'Though I am like the seaweed in some ways, I am separate from the seaweed'.

Thus, the formation of the phobia involves the simultaneous operation of two propositions which seem paradoxical: first, that the self and the object are one; and second, that the self, though like the object, is not one with the object. The two propositions proceed from two cognitive modes: primary and secondary process thinking. Correspondingly, both multivalent and univalent mental representations are involved.

A similar paradox involving the simultaneous expression of opposites lies at the heart of fetishism, and it does not seem far-fetched to similarly describe the cognitive process I have outlined in the phobia as a variety of 'ego-splitting' (Freud, 1940 [1938]; Cassirer, 1955). It is interesting that Glover (1933) describes certain phobias as the equivalents of perversion; but here it is important to consider the source and extent of the anxiety involved. Perversions ultimately constitute inhibitions of perception which deny a physical reality (Greenacre, 1953), while the effects of the phobic symptom are confined to higher order cognitive function. The latter would appear to be a less severe order of psychopathology, stemming from a correspondingly less grave threat to the psychic apparatus. Yet, especially in those malignant phobias which extend themselves until they involve almost every moment of the patient's life, even the basic function of locomotion is inhibited. So the question remains open. It is best to remember that we are using 'phobia' to describe a particular operation of the ego, designed to deal with anxiety, and involving the simultaneous use of multivalent and univalent mental representations. Depending on the nature of the intrapsychic conflict and the resultant anxiety, the phobic symptom can be neurotic or part of a more severe disorder. I have considered the phobic object only as an agent for expressing the original disowned impulse, when we have already speculated that its meanings must be manifold.

In Freud's (1909) case of Little Hans, for example, it was discovered that the horses represented Hans's father as a dying

victim of the little boy's hostility, his father as vengeful castrator, Hans's mother as the object of his somewhat sadistically tinged desire, Hans himself when he did not want to be on the toilet, and many other things at various points in the analysis. The very process of analysis made it possible to separate and specify these various meanings, which had previously been represented multivalently. Undoing the knot revealed the manner in which it was tied. Little Hans's phobia was formed as a series of projections and displacements, beginning with a few conflicting impulses toward those close to him. In this way, the cognitive formation outlined with the little girl and the seaweed must be repeated many times in the full development of a phobia.

In summary, a formal analysis reveals that both multivalent and univalent mental representations, or some transitional form between them, is necessary to the use of projection as a mechanism of defense. By extension, the same paradigm may be applied to displacement:⁴ an impulse is transferred from the original object to a substitute which is simultaneously one with and separate from the original—through a mixture of multivalent and univalent mental representations, or some transitional form between them. However, displacement is generally regarded as a less malignant defense than projection, perhaps reflecting that delineation between objects is less critical than delineation of the self from the object world.

In emphasizing the basic similarity of cognitive ego operations in projection and displacement, the two basic component defensive mechanisms of the phobia, we have also borne out Freud's (1909) suggestive concluding remarks to *Analysis of a Phobia in a Five-Year-Old Boy*: 'I am therefore tempted to claim for this neurosis of childhood the significance of being

⁴In psychoanalytic usage, 'displacement' can relate either to a property of energy seeking discharge in the primary process or to a defensive operation. Here I am referring to displacement in the latter sense; but, of course, the two meanings are connected. When we observe that there is displacement inherent in the phobic symptom, we are saying no more than that the ego is able to make use of an aspect of primary process function for defensive purposes. In order to understand how this takes place, it is helpful to look at the phobia as a cognitive construct.

a type and a model, and to suppose that the multiplicity of the phenomena of repression exhibited by neuroses and the abundance of their pathogenic material do not prevent their being derived from a very limited number of processes concerned with identical ideational complexes' (p. 147).

III

Developmentally, there is a movement from multivalent to univalent mental representation as cognitive function becomes increasingly under the sway of the secondary process mode of discharge. Rapaport (1951) describes this as the progress from drive-organized to conceptually-organized cognition. According to his formulation, differentiation of drives into partial drives and the connection of single memories with several partial drives makes possible the cathectic mobility necessary for abstract thought. Rosen (1958) speaks of the partial decathexis of objects with 'narcissistic reinvestment' of libido in concepts. Rapaport seems to be spelling out the metapsychology of Rosen's 'narcissistic reinvestment'. Both authors are theorizing about the developing capacity to form univalent mental representations.

Rosen's remarks are particularly interesting in regard to our preceding discussion of the phobia. He names an 'intermediate stage of concept formation' in which there is rapid cathectic shifting between the whole subject and the object attribute. Here he is talking about the transition between multivalent and univalent mental representation. Precisely this stage in cognitive development is recaptured in the phobia. Rosen suggests that the intermediate stage of concept formation may be seen in gifted individuals, where cathectic mobility is the most important aspect, and in borderline personalities, in whom availability to instinctual discharge is most prominent.⁵ Although he does not place it

⁵ We must be careful not to associate transitional forms of thinking only with psychopathology and symptom-formation. Rosen (1958) emphasizes the part played by the intermediate stage of concept formation in art and even in creative scientific thought. The important distinction seems to be whether

chronologically, Rosen adds that the ego may regress to this stage in order to meet defensive needs. We may imagine this to happen in phobic neuroses, where the anxiety being warded off originally pertains to a later developmental stage, as was the case with Little Hans. In other phobias, occurring earlier in childhood, perhaps anxiety appears at a time when cognitive development has just reached the intermediate stage of concept development. Then no regression would be necessary.⁶

Sarnoff (1970) points to the influence of cognitive development on symptom choice, and stresses the importance of abstract thinking in the capacity to form phobias. I must dis-

the ego can make elective use of a certain cognitive operation for creative purposes, or whether it is locked into a continuous desperate dependence upon the same cognitive operation in an attempt to bind anxiety and form a compromise solution to intrapsychic conflict. In a scientific 'breakthrough' (e.g., Kekulé's dream) more abstract thinking may be brought to bear on the matter once the inspired insight has arrived. The ego is not allowed this flexibility in a symptom-formation. It is not at all clear that there are differences in formal structure between psychopathologic and creative cognitive products *per se*. Shevrin (unpublished paper) notes that both begin by disjoining sets of ideas: in the psychopathologic process, disjunction is preserved; in art, clues to a reconnection of the ideas are deliberately provided. This distinction, though important, is a qualitative one, implying again that the ego is more flexible, has a greater range of cognitive operations available to it in the instance of artistic creativity than in symptom-formation.

⁶ Some theorists will object that a phobia must involve regressions from the œdipal phase of psychosexual development, pointing out that certain of the identifications involved in the phobia (*viz.*, those resulting in internal representations of object attributes) are contingent upon some movement into the œdipal phase—with attempts at resolution. Still, we must consider the possibility that the cognitive capacities for making these identifications set the stage for dealing with the œdipus complex, rather than that they result from attempts to resolve it. Phobic symptoms in very young children could be evidence that these cognitive operations are available to the ego before problems of the œdipal triangle have come into ascendancy. Over-all, it seems more reasonable to look at the libidinal shifts in psychosexual development as an unfolding series of complex interactions among many variables, including cognitive development, than to consider them mechanically determined by biological maturation alone.

agree with him, however, when he indicates that the child needs to think in order to connect himself to the phobic object. On the contrary, as I have tried to show, it is through the development of abstract thinking that separateness from the phobic object can be achieved.⁷ The ability to differentiate object attributes and represent them mentally—i.e., the capacity for univalent mental representation—already supposes a good deal of constancy in both self- and object representations (Fraiberg, 1969).

Prior to the ascendance of abstract thought, an object which shares many attributes with the self will tend to be identified with the self. In this stage of cognitive development, the phobia is clearly impossible, since the child cannot be like an object; he can only *be* or *not be* the object. Let us imagine the process of separation and individuation in cognitive terms. The child begins in an undifferentiated state which is entirely 'self'—in the primary narcissistic sense. He first learns that certain things have attributes which are not shared with the self. In fact, this is the way in which these things are initially differentiated from the 'self' as 'objects' at all. Prototypes would be those things which do not share the infant's orientation toward gratification—the pillow which does not rock him, the rattle which will not give milk. The more attributes not shared with the self, i.e., the more frustrating the object, the more easily it is recognized as an object other than the self. Mother, who often gratifies, is to be experienced as an object relatively later. In other words, objects which share attributes with the self (initially those coöperating in the drive toward discharge) are harder to differentiate as objects separate from the self. The early tendency to split objects, e.g., into gratifying mother and frustrat-

⁷ Sarnoff uses the terms 'symbolism' and 'abstract thinking' interchangeably. I think this confusion is responsible for his misappreciation of the part played by abstract thinking in the phobic symptom, although he calls attention to the influence of cognitive development on symptom choice.

ing mother, reflects this difficulty. As we have seen, the phobic symptom depends upon partial recognition that one can share attributes with an object and still be separate from it. Stated another way, the phobia depends upon at least some capacity to form identification with attributes of the object.

In the earliest stages of cognition, then, mental representations are multivalent in nature. Thinking is therefore characterized by what used to be called 'apperceptive insufficiency'. Certain apparently unreasonable fears of infancy may occur on this basis. For example, a very young boy sees his first automobile on the occasion of his parents' departure for a vacation. Thereafter, he may assume that the automobile will inevitably be associated with his being abandoned. This simple fear, though incorrect, is not a phobia. The boy's conviction is based on ignorance, or rather on stimulus-response conditioning. Surely some early fears occur entirely in this way and are not necessarily attempts to deal with anxiety through projection or displacement. (The phenomenon of 'superstitious learning' described by experimental psychologists indicates that conditioned responses learned in a state of high instinctual pressure are not easily extinguished.) Such fears do not serve to bind anxiety, but increase it since they increase the number of stimuli to be avoided, rather than substituting one for another.

Both fears and phobias occur in childhood, and it may be difficult to distinguish which of the two mental events is taking place in a given instance. It is possible to invoke descriptive criteria, including the duration of the fear and its susceptibility to extinction by reassurance; but these are unreliable, in that the parent who reassures his child may be inadvertently addressing himself to a psychosexual conflict and treating the child's phobia. It is true that phobias are more recalcitrant to reassurance; but I think that many transient fears of childhood, of which little is made because they resolve, actually represent the use of a phobic mechanism by the child to deal with excessive anxiety occurring at particular

points in development. In any individual case, the only way to approach the determination of fear versus phobia is through an exploration of the surrounding fantasies and their relation to current issues in the child's development. Often, of course, this is neither possible nor advisable.

It would be very helpful to our understanding of psychopathology if we could pin down when the transitional phase between multivalent and univalent mental representation—Rosen's 'intermediate stage of concept formation'—occurs. We would then know more about the development of the capacity to form phobias. Observation of the child's use of simile may offer an avenue of approach to this problem. Just as in the phobia both object attribute and whole object identifications are made, so in a simile both univalent and multivalent representations are present. The use of simile has a very special place which stands between the use of a more explicit prose statement on the one hand, and the use of full metaphor on the other. An example would be the remark, 'He works like a horse'. We may say this about a man when he works with strength and stamina. Of course, we have the choice of saying, 'He works with strength and stamina', a more exact statement, in which the words 'work', 'strength', and 'stamina' would function very much in a univalent way; but we choose the simile, and in so doing convey that the man in question shares other attributes with the horse. Perhaps we feel that there is a demeaning aspect to his labors or that his conduct is brutish; or perhaps we admire his great size or unself-consciousness. All these attributes can be present in the simile because the multivalent representation 'horse' is used. At the same time, we are using 'horse' as a univalent representation, and these secondary attributes are denied by the idea that it is only in his capacity for work that we wish to compare the man to a horse. Identifications are being made with both the whole object and, at the same time, with selected attributes of the object. If we used the metaphor, 'He is a horse', the multivalent object identifica-

tion would be emphasized, and the denial would not be possible.⁸ Thus, the simile stands between prose and metaphor and its function consists in the simultaneous use of univalent and multivalent representation.

Since the simile conforms to the same cognitive paradigm as the phobia, it would be interesting to study the appearance of the child's ability to form similes. This will be difficult. Statements taking the form, 'A is like B', (meaning that A shares attributes with B but is different from B) already bespeak clear univalent mental representations; but their first appearance in speech could be a useful indicator. We are looking for verbal material which suggests that the child is cognitively functioning in the 'intermediate stage of concept formation'.

I would like to conclude by offering what may be an example. A precocious fourteen-month-old boy was told he would be taken to a Chinese restaurant. Remembering an earlier experience there, he declared, 'Eat "Puffa-Puffa Rice" with pencils!'. He was making an identification of pencils with chopsticks on the basis of certain attributes in common. I believe he was capable of discriminating between chopsticks and pencils; but, since he may not have known the word chopsticks, or because their sameness with pencils was novel to him, he chose to express himself with an identity. What he could not do at fourteen months was express the idea that chopsticks and pencils had both shared attributes and differences by saying, 'Eat "Puffa-Puffa Rice" with those things *like* pencils!'. (He was probably incapable of the thought as well, but we should be cautious about assuming that cognitive

⁸ When metaphors become clichés, they are not taken seriously, so to speak, and are robbed of their power. Many of these are really abbreviated similes. In order to feel the difference between the two forms, we must consider unfamiliar examples. Note that in the contrast I have offered, not only the adverb 'like' but the verb 'works' has been introduced as a qualifying element in the construction of the simile. This conforms to the practical difference between metaphor and simile in everyday speech.

capacity is fully reflected in speech.) When the boy was eighteen months old, he began to say that one object was 'like' another. It was at this same age that he developed a phobia!

SUMMARY

The ego, in thinking, language, and symptom-formation can make use of either multivalent or univalent mental representations. The former are organized in the primary process and the latter, in the secondary process mode.

The phobia contains both forms of representation concurrently. The object is apprehended as wholly identified with the self (multivalent mental representation) at the same time that it is comprehended as sharing attributes with the self, but being not-self (univalent mental representation). This is accomplished by a splitting of function similar to that which has been described in fetishism. In the phobia, splitting makes possible displacement of the unwanted impulse, and gives the symptom its facultative value.

Attention to cognitive ego operations clarifies the theoretical distinction between phobias, which make use of both primary and secondary process thinking to bind anxiety, and certain other childhood fears, which are the result of primary process thinking alone and do not bind anxiety.

The ego makes multivalent representations in its earliest thinking. The ability to make univalent representations comes later, with the development of secondary process organization. Rosen describes an intermediate stage of concept formation, in which there is rapid cathectic shifting between the two forms. The phobic neurosis involves a cognitive regression to this stage. Progressively, the achievement of this stage in cognitive development marks the beginning of the child's ability to use the phobic mechanism.

Differing forms of mental representation relate to the capacity to form various identifications. Thus, cognitive development is interdependent with developing object rela-

tions. Chronological location of the intermediate stage of concept formation is difficult. It may be indicated in speech by the child's first use of simile.

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VICTOR TAUSK—THE CREATIVITY AND SUICIDE OF A PSYCHOANALYST

BY MARK KANZER, M.D. (NEW YORK)

There is a particularly intimate relationship between the writer who transforms his fantasies into art, and the psychoanalyst who interprets both the fantasies and the art into which they have been transformed. Many writers have acquired considerable proficiency in attaining the insights of a psychoanalyst, sometimes spontaneously, sometimes through learning, but Victor Tausk was an analyst with the literary proclivities that permit us to trace some of the interrelationships involved. Tausk was not a 'great' writer but seriously considered literature as a career during a crisis in his life when he was twenty-six years old. A drama he wrote at that time, entitled *Twilight*, seems to have been a search for self-understanding and guidance. It depicted with accuracy certain aspects of a repetitive, self-destructive drive. 'Twilight' was a blueprint for events to come, events that may be looked upon as an elaborate commentary on the play itself.

If Tausk's literary imagination was fed by psychological insight, it is also true that his analytic writings are distinguished by unusual literary power and style. More often than not, they read like essays on the subjects they describe—childhood sexuality, war neurosis, alcoholism, schizophrenia—and his case histories become moving appraisals of human beings such as are rarely found in the annals of psychoanalysis. They were sometimes tinged with secret inserts of consciously autobiographical and self-analytical material (Kanzer, 1971b), or at least showed the strong empathy with which the analyst, like the writer, follows his subjects as substitutes for himself. If Tausk found it particularly difficult to carry out the analytic task of attaining detachment, we may find some explanation in his outstanding conceptions of the loss of 'ego boundaries' and 'identity' (*abgegrenzte Sonderexis-*

tenz) (Tausk, 1912, p. 62) which he contributed to psychoanalysis in 1912 and continued to elaborate thereafter. Such tendencies within Tausk himself we regard as part of a paranoid personality which intensified his capacity for empathy in some areas and alienated him from inner and outer reality in others. The transformation from alienation to a sense of being persecuted was classically described in his work on the 'influencing machine' (Tausk, 1919), published the year of his suicide.

It is of interest that Franz Kafka, born in 1883, four years later than Tausk, in the same country (now Czechoslovakia), apparently possessed a similar personality patterning but one which was expressed in literature rather than psychiatry. Kafka's gripping portrayals of shifting boundaries between inner and outer reality contribute to the atmosphere of uncanniness that envelops his characters and readers. Globus and Pillard (1966) compare his depiction of a nightmarish 'torture machine' in his allegory, *The Penal Colony* (Kafka, 1919), to Tausk's influencing machine.

The most powerful determinant in Tausk's own tortured existence, as in Kafka's, we believe to have been the son's insoluble ambivalence to the father. Victor Tausk's father, Hermann, was a German-Jewish intellectual who moved from his native land to Croatia, and eventually to Bosnia and other provinces of the Austro-Hungarian Empire, later incorporated into Yugoslavia. Besides these migratory trends, he also showed signs of inner restlessness, such as frequent changes in occupation, multiple love affairs, and a predilection for travel as an escape from difficulties at home. Ultimately, however, he became a respected journalist and a government press official. Hermann Tausk has been described as an unsettling influence in the household, neglectful and overbearing to his wife and nine children. The mother-figures in Victor Tausk's memories are strongly erotic and tantalizing. When he grew up, his own frequent love affairs, brief, intense, and disappointing, were in the traditional Don Juan

alternation between a search for and abandonment of the dangerous mother. One affair, which was approaching marriage, culminated in suicide with symbolic aspects of a perpetual union that could be achieved only by perpetual separation.

Toward his father, even in childhood, Victor showed a bold hostility that made him a leader in family protests against the 'tyrant'. In view of the contentiousness, as well as mutual identifications between them, it seems significant that Hermann's first-born child was called 'Victor'. Certainly the son was self-conscious about names, declared he was ashamed to bear his father's (Roazen, 1969, p. 14), and in fact named one of his own children Victor Hugo, recalling the great French writer and his refusal to accept the authority of the Emperor, Napoleon III. This historical duel found its counterpart in the Tausk family, where the son sided with the nationalistic Serbian students while the father, as an official, upheld the Hapsburg regime. Victor Tausk's older son was called Marius, also a name with rebellious connotations. There were two Marius's in Roman history—both tribunes of the people; the older overcame the aristocrats, but the younger, his adopted son, lost and committed suicide.

Victor Tausk's battles for justice carried over from the family to school and, ultimately, to the question of a belief in God. In a class on religion, he declared himself an atheist and led the students in a strike against the teacher. As a result, he had to take his final examinations elsewhere. Rebellion and flight against paternalistic discipline were always to provide keys to his impulsive and puzzling behavior. As an analyst, he was guided by his own characteristics in writing a sympathetic study of war deserters which ended with an attack on war profiteers (Tausk, 1916a).

After recovering from a pulmonary disorder, presumably tuberculosis, Victor was off to Vienna in 1897 at the age of eighteen to study law. When he fell in love and married there in 1900, he engaged in sharp encounters with his father-in-

law who, like himself, was of Jewish origin. Thereafter, the recent atheist had himself baptized. His mother-in-law, it is true, was Christian, but we learn little of the reason for Tausk's change of faith (Freud, 1901, p. 92). There is no evidence that Victor ever practiced his new religion. Quite possibly the change in faith mitigated connotations of incest attached to his marriage.

He soon returned to Bosnia with his bride and completed his legal training there. In 1902, Marius was born, followed in 1904 by Victor Hugo. The young attorney's career began promisingly and he showed an altruistic desire to defend the poor and criminal. Roazen (1969) refers to a case in which he secured the acquittal of a young girl who had murdered her infant, arguing effectively that the community must share in the responsibility (p. 12). This outlook was to bear scientific fruit in later years when Tausk became a pioneer in introducing a social outlook into the theory of the neuroses.

The stability of Tausk's outer world, against which he was so frequently inclined to protest, was destroyed irreparably by his own decision in 1905. Just as he was ready to reap the rewards of his lengthy studies and qualify for a lucrative official position, he threw over both his family and his profession on the ground that he was being 'pressed into a mould' even before beginning life (Roazen, 1969, p. 13). He went on in time to offer other reasons, such as objections to a career that would be devoted to saving scoundrels from the law, protests against serving as a public official, and—more personally and probably closer to the truth—incompatibility with his wife. Recent autobiographical data (Kanzler, 1971b) that has come to light reveals sexual difficulties between them as well as revived sibling rivalry following the birth of their children.

Thus the sudden and obscurely motivated break in his life on the eve of success acquires distinct oedipal connotations suggestive of a defense against identification with the father

as head of the family and as a government official. This appraisal finds confirmation in a literary urge which possessed him at this time and permits access to his hidden fantasies. At first, there was a careful cloaking of subjective implications as Tausk was content to translate Serbian ballads into German—a forerunner of the course that was soon to take him to Germany to lead a new life. Next, he adopted the true story of a criminal as the theme for a narrative, Husein Brko, that had obvious pertinence to his own problems. It dealt with the tragic history of a gypsy, a young man who freed himself increasingly from all restraints and pursued a career of plunder and murder until he was killed by his own father. This cautionary tale appeared in a journal edited by Hermann Tausk (Roazen, 1969, p. 14)¹

Tausk was now ready to express himself more directly in the play, *Twilight*, which was so boldly autobiographical that the author must be regarded as engaged in the conscious self-scrutinizing contemplation of a future that seemed to stretch out to darkness and death. The influence of Chekhov, who had recently succumbed to tuberculosis, appears to hover over the characters as they tediously discuss culture and philosophy while passively awaiting a progressive and unavoidable catastrophe.¹ Also, as with Chekhov and other writers of this period, there is an extensive use of symbols which as yet had no conscious analytic significance.

The hero of the play, Wolfgang ('wolf's walk'), is married and the father of two small sons precisely the age of the Tausk boys. Wolfgang complains that his father has kept him from discovering his talents by forcing him into an uncongenial profession from which he must 'dig out (his) better self before it is too late' (Roazen, 1969, p. 14). These talents lie in the sphere of art, so that self-expression is pitted against social forces. Accordingly, Wolfgang abandons his family and goes off to lead a Bohemian life, sublimating in more

¹ One may be inclined to dwell on the role of the writer in reflecting the self-destruction of his own epoch as it approached the First World War.

acceptable form the œdipal impulses of Husein Brko. But despite the uncovering of real talent and the acclaim of admirers, he fails to find his 'better self' and disaster follows. His young sons die of tuberculosis and a brother-in-law, imbued with despair by Wolfgang's philosophy of the meaninglessness of life, commits suicide. Finally the hero himself expires, a victim of tuberculosis ('consumption from within') but achieves a final morbid triumph by producing a great work of art, a tragedy based on the breakup of his marriage. He could survive neither in the real world of the father nor in the fantasy world that brought creativity at the expense of self-destruction.

Such works, like dreams, have autobiographical implications that illuminate not only the contents of the individual's fantasies but the structure of his mind and the course of the future toward which he strives. The children who die and the brother-in-law who kills himself because life is meaningless are split-off portions of a disintegrating self that retreats ever further into narcissism in an effort to escape a fate which Wolfgang shared with his creator.² This escape is redolent of claustrophobic fantasies and the imagery of rebirth (e.g., 'pressed into a mould', digging out one's better self, etc.).

Condensed into the claustrophobic images of molds and graves that Tausk devised are recognizably masochistic pleasures which also permeate Kafka's 'penal colony', where the victims are compressed into cages and their flesh torn apart by needles that spell out on their bodies the punishment for guilt. The symbolism here deals with man's lot, as decreed

² Nevertheless, such retreats are far from total and include the ability to establish especially close relationships with ego-syntonic persons. In actual fact, the bonds between Tausk and his brother-in-law, Hugo Frisch, were so close that in conferring both their names on his younger son, a psychological partnership in paternity was achieved. When Tausk was interred, Frisch insisted at the graveside that the coffin be opened, since he could not believe that this friend was really dead (Roazen, 1969, p. 126). He must have shared in a sense of identity and partnership that contributed to the complexity of his brother-in-law's marriage.

by a vengeful Old Testament God whom his offspring mistakenly consider buried. There is much about the execution in *The Penal Colony* to suggest crucifixion.

Kafka, like Tausk, sought to flee from his own father and fate by making his way to Berlin in an effort to find love and freedom. He, too, wrestled with tuberculosis, became acquainted with psychoanalysis, considered suicide, and finally died in a tuberculosis sanitarium at forty, the age at which Tausk chose suicide. In *The Penal Colony*, Kafka permits the commandant (as hero and self-representative) to bring on his own death by voluntarily taking the place of a condemned prisoner—a symbol, apparently, of Christian altruism. Both Tausk and Kafka left word that their unpublished works were to be burned after death. This hellish punishment, inflicted on the creative products which they infused with their own lives, was actually carried out in Tausk's case: Kafka's executor fortunately refused to comply.

Tausk's accurate gift of prophecy did not prevent him from following in the footsteps of his hero, Wolfgang. He proceeded to Berlin and engaged in many varieties of art—music, sketching, poetry, and stage direction. At times, he had to dilute pure creativity by earning money as a journalist, his father's profession, but his contempt for this occupation was shown in later years when he referred to the drama as the most 'journalistic of the arts in that it achieves its effects by all kinds of experiments in the crassest way' (Nunberg and Federn, 1967, p. 388). Despite this opinion, Tausk's writings were often journalistic in an admirable sense—vivid and to the point, but with an eye to influencing the reader that is usually not considered appropriate for scientific works. Freud, himself a devotee of style, took note of his 'particular clearness of expression' as well as his courage in combating the wartime zeal of military courts (Freud, 1919, p. 27).

During the Berlin phase, Tausk found no lasting satisfactions, created no durable art, and made no permanent attachments. Periodically, he mourned for the family he had

left behind and especially for the sons to whom he could not be a father. His twenty-seventh birthday found him longing for the death to which he had consigned his literary doubles some two years earlier. Escaping had not worked and now in 1906 he entered a sanitarium for treatment of his recurrent pulmonary condition and for a mental disorder. The remnants of his artistic abilities were used to maintain him in his last refuge; he wrote advertisements for the institution to pay for his upkeep. When the doctors made a diagnosis of hereditary psychopathy, Tausk readily concurred, for he had learned the limits of individuality. 'A human being', he declared, 'gets his fate from his parents' (Roazen, 1969, p. 21) who, after all, are not only the original but lasting influences on life.

The abdication of individuality was carried over into piti-ful letters to his wife which convey the hint that a maternal rescuing action on her part would have been welcome. This was not forthcoming and regression continued, recorded with scientific detachment. 'There have been strange changes in me', he reported, 'I have lost the feeling for nature'. On better days, he noted, however, that the feeling for nature returned and he enjoyed 'a wonderful walk through the night landscape' (*ibid.*, p. 21). Nature and twilight could represent the mother impersonalized, as poets sense and as Tausk was to realize more scientifically when he became an analyst (Tausk, 1916b, p. 397). The shift in the attitude toward nature and the appreciation of twilight probably reflected changing boundaries between the inner and the outer worlds. A split within the self enabled him to watch with detachment the processes within his own body as if they belonged to someone else. 'The nerves are playing, the head gets tired' (Roazen, 1969, p. 21), he wrote, while self-concern was projected outward into worries about the future of his children.

At the low point of his illness, Tausk could not write, sleep, or leave his bed. To return from the artificial womb of the sanitarium to normal life conjured up only visions of

loneliness, helplessness, and starvation, probably by no means imaginary. Then a recuperative process set in and a projective separation from the sick self toward an identification with healthy parental figures was heralded in the observation that 'the patients all look like poisoned rats and mules' with 'destroyed faces' while the doctors had transparently 'intelligent faces' (*ibid.*, p. 21).

In a creative mood, he spent an evening delineating in fifteen pages the intricacies of the art of acting (*ibid.*, p. 21), a document of which, unfortunately, no record seems available. Within a month Tausk, not fully recovered, left the sanitarium. In a despondent mood, he expressed the feeling that 'life has not shaped me, it has crushed me. I'm an ugly, powerless mass, deadly tired and I've had enough of this life' (*ibid.*, p. 23). What had emerged from chaos and the pangs of labor was, in this perspective, neither a child nor a work of art but their debased equivalent, a lump of excrement. It is reminiscent of Kafka's (1916) story of the metamorphosis of a young man, presumably himself, who awoke from sleep to find himself transformed into a giant insect. Family ties did not long survive this crisis and the unfortunate victim was rejected, injured, and left to starve by his indignant parents and even his beloved sister. Analytically, one might surmise that both Tausk and Kafka, who shared such phobic and excremental animal imagery of themselves, were unconsciously recalling childhood episodes of loss of bowel control. One might also surmise that their æsthetic interests and desire to lead a free Bohemian life cloaked rebelliousness against toilet training. Tausk was later to emphasize anal aspects of creativity (*cf.*, Andreas-Salomé, 1912-1913, p. 57).

Tausk survived these disasters, real and imaginary, at the time and proved ready for salvation when it came in the form of psychoanalysis. It is uncertain as to when or how this eventful confrontation occurred. Roazen (1969) reports that Tausk read Freud's writings, corresponded with him, and made

his way to Vienna to seek healing and the renewed surge of an upward life cycle (p. 24). Many of the early disciples came to psychoanalysis in just this fashion. Freud's (1919) reminiscences depict Tausk, again active in journalism, as making contact with him in Vienna (p. 273). In any event, the fall of 1908 found Tausk, at age twenty-nine, ready for a definite break with the past, to be consummated by a divorce from his wife, while entrusting himself to an idealized 'family romance' father with the words, 'What is going to happen now only Freud and God know' (Roazen, 1969, p. 27).

Freud did indeed act the part of a solicitous parent and mentor as he encouraged Tausk to study medicine and prepare for an analytic career. Not only did he offer him financial assistance but persuaded other followers to do the same. Again, this was not unusual in furthering the lot of new recruits to psychoanalysis in the early days. There was a missionary aspect to Freud's teachings which transcended their scientific and therapeutic goals and sometimes brought with it, as in Tausk's case, certain dangers. A decade would elapse before it was recognized that potential analysts should first be analyzed themselves. It is of interest that Tausk then opposed this innovation (*ibid.*, p. 66).

Further developments in his career may be followed in The Minutes of the Vienna Psychoanalytic Society (Nunberg and Federn, 1967). In the fall of 1908, Tausk's name is first encountered as a guest and later as a regular member. Inevitably, for himself as for the others, the dominating presence of Freud evoked transference and resistance reactions that were to intermingle with and at times overwhelm the educational and scientific purposes of the meetings (Kanzer, 1971a).

On November 24, Tausk was unofficially initiated as a member by presenting a paper, a custom that prevailed in the young society. He chose as his topic, The Theory of Knowledge and Psychoanalysis (Nunberg and Federn, 1967, pp. 328-332), and offered a broad view of epistemological

conceptions throughout the history of philosophy, culminating in modern times in a more precise psychology of learning and, of course, ultimately in the insight into the unconscious, forthcoming from Sigmund Freud. As a background for the formidable assignment that Tausk took upon himself, we know only a study of Spinoza that he had made two years earlier, perhaps during a period when he was already looking beyond art for more intellectual guides to the solution of his personal problems. According to Lou Andreas-Salomé (1912-1913), to whom we owe this information, his grasp of Spinoza's teachings was superficial, but he had been impressed by the thesis that the physical and mental sides of the human organism could represent each other (p. 74)—an approach which certainly suggests his receptivity for psychoanalysis the following year.

It is likely that Tausk's comprehension of the teachings of other philosophers was as superficial and personal as with Spinoza. This was apparent to the well-educated members of the freudian circle and evoked their critical comments. What seems to have been overlooked, however, in the predominantly negative reception were the brilliant perspectives to be gained with the aid of a biologically and historically evolutionary framework that Tausk offered. Thus, he saw the search for knowledge as inspired by the instinct for survival. In consequence, he placed the defenses against anxiety—rather than the child's search for sexual information—in the foreground of the discussion. To contemporary analysts, this was not 'depth psychology', but Tausk already anticipated the ego approach of later years. He did not disregard the depths but approached them from the surface, a characteristic inherent in a personality that fled from direct self-observation into projections of the self into external objects.

At first, he declared, the philosophers had naïvely accepted the phenomena of the external world without considering the part of their own mental apparatuses in shaping knowledge. The latter had become the focus of interest with the advent

of the association psychologists in the eighteenth century and especially with the teachings of Immanuel Kant, who found the self an uncircumventable screen placed between the observer and the external world. Freud's discoveries about the unconscious had clarified the motives and operations of the mind and lent hitherto unsuspected dimensions to man's search for knowledge. Tausk was then already advancing toward the inclusion of psychoanalysis into a scheme of general psychology.

On the human side, Tausk saw philosophy, like art and science, as an outcome of suffering. He placed both consciousness and the unconscious in the service of adaptation, with anxiety as an instrument of self-preservation. He accepted Freud's contemporary theory that anxiety had roots in unsatisfied sexuality, but added a highly original idea—that in anxiety the individual feared death as the extinction of his own ego if full sex gratification is not obtained (Nunberg and Federn, 1967, p. 332).³ This emphasis on the *sense* of self loomed large in Tausk's formulations, whereas for Freud the ego was usually treated objectively as a system of the personality. Actually, the fundamental theorem that Tausk presented was the key to his own complexes: sexuality for him would never be satisfied and would always incur the fear of self-extinction, a concept more specific than Freud's closely related delineation of castration anxiety. The implications were to be defined with remorseless clarity in Tausk's further life history.

Even as he made his first scientific presentation to the members of the Vienna society, the beginnings of what might be termed a transference neurosis that focused ambivalently on Freud could be discerned. At one point, for example, Tausk referred disparagingly to Plato and called him a follower of the more lucid Aristotle. Such a historical reversal of the generations with respect to these famous men is scarcely believable in a lecturer on philosophy, and Freud,

³ Here we may already recognize a matrix from which Tausk was to elaborate his concepts of ego boundaries and identity.

who claimed little knowledge of the subject, intervened to point out that Plato was the older man. We are disposed to agree with Roazen (1969, p. 111) that an interplay of transference and countertransference was already at work in this small interchange.

Transference as a problem was even more obvious, however, when Tausk halted in 'weariness' as he proceeded to the culminating portion of his talk, which was intended to pay homage to Freud as a great figure among the giants of philosophy. Paul Federn, a fellow member of the society, was impelled to hint at an interpretation, remarking that the weariness was 'more deeply determined' (Nunberg and Federn, 1967, p. 336). Such mutual public analyses were common in the pioneering days of the analytic societies.

Tausk's evolving transference neurosis was unmistakably on display the very next week when Freud himself was the speaker and presented a preview of his famous work on Leonardo da Vinci, which was to be published the following year (Freud, 1910a). In the course of his remarks, Freud mentioned the famous diaries of the Florentine artist and made an interesting distinction—one that he apparently never carried over into his published works—between diarists who refer to themselves in the second person and others who do so in the third. The former he linked to the child's confessions to his mother and a relatively benign tendency to conjure up the image of an absent person.

Freud took a more ominous view, however, of the diarist who refers to himself in the third person and thus places a greater distance between the self and his observations. In the detached observer, Freud saw the beginnings of the persecutory comments that occur in paranoia. It must have been disconcerting to him and to the others present when Tausk now revealed his own proclivities for keeping a diary in the third person. The explanation that he offered was curious. In his childhood, he averred, his parents had often quarreled over him and had referred to him in the third person. Why this should have instigated the keeping of a diary at

all, or in the third person, does not seem obvious. Tausk's indiscretion was passed over in silence. While we have no record as to whether or when he did in fact keep the diary described, it can be asserted with greater certainty that his remarks seem to have been calculated to make himself, rather than Leonardo, the topic of further discussion.

The need to personalize the scientific proceedings and psychoanalysis itself, and transform it into a family setting with Freud as the father, became increasingly apparent. Tausk criticized the analytic method as alienating both partners and expressed the opinion that 'the scientific method is not always the best for illuminating a personality; art is often better suited for that purpose' (Nunberg and Federn, 1967, p. 388). There is a discernible echo here of older complaints about being forced into a mold and the need to escape to the freedom of a Bohemian life.

In expanding on these ideas to Andreas-Salomé, Tausk expressed misgivings that 'our piecemeal method of investigation does not lead to an overall picture of the individual . . . surgical incisions of a face do not improve its beauty, and furthermore, individualized modes of expression yield to a generalized type when the underlying strata are exposed' (Andreas-Salomé, 1912-1913, p. 72). The analyst is not a neutral observer but participates actively in the proceedings; indeed, emotional relatedness, not words alone, are necessary if he is to understand the patient.

These observations possess their validity, of course, and Freud himself stressed the need for unconscious communication between the participants in the analytic partnership. Complaints about the impersonality of the analyst are routine in analytic therapy and frequently represent seductive endeavors or the reliving of childhood attitudes to the parents. We cannot be oblivious to the fact, however, that Tausk seemed to be introducing a new version of his earlier reaction to patients who 'look like rats with destroyed faces'. The exposure of deeper layers of the personality has its sexual significance. Thus it became the slow and remorseless pene-

tration of analysis from the surface to the depths—so reminiscent of the tortures in *The Penal Colony*—rather than the impersonality of the analyst that disturbed Tausk. Total exposure held castration threats as well as the danger of extinction of the ego, two interrelated possibilities.

A discussion of the principles of child analysis at the society offered another obvious opportunity to insist that dispassionate science cannot resolve the problems for which the patient needs guidance as well as intellectual interpretations. 'Where is it to lead', Tausk demanded, 'if one tells children things, in analysis, that contradict the present outlook of civilization? To heal neurotics means, indeed, to give them a basis that will enable them to establish a link with society. The child must be given a *Weltanschauung*, an outlook that is based on Freud's teachings' (Nunberg and Federn, 1967, p. 514).

Again there were objective merits to Tausk's contentions. Child analysis has always been associated with the acceptance of some parental and educational functions on the part of the analyst, and Freud had much to say on the subject of sex education for children and the deleterious effects of repressive sex attitudes on the part of society. However, he steadfastly refused to build *Weltanschauungen*, philosophies of life, on the basis of his teachings. To make the patient fully aware of his unconscious and to free him from neurosis, he held, would permit him to develop his own independent outlook on life.

Tausk's concepts of guidance and transmitted philosophies of life, when actually carried out, did little to disprove the wisdom of Freud's restraint. Where Tausk advised the wives of impotent men to take lovers (Nunberg and Federn, 1967, p. 416), Freud (1910b) pointed to the complications that might ensue. Certainly Tausk, who practiced as he preached, went from one disastrous love affair to another until his unsatisfied libido instigated not only a fear of but a wish for self-extinction.

Not only his libido but his aggression was intense and in constant search of objects. Andreas-Salomé (1912-1913) described Tausk as 'at his best in replying to someone' and gifted at piercing through abstract arguments so as to reach 'the living person', remarking with admiration that, 'It would be impossible to change a single word of his or to be clearer or more judicious' (p. 78). Nevertheless she had to record, with apparent disapproval, that Freud rejected his assistance even when beset by the critics of psychoanalysis. This she attributed to a disapproval of independence in his followers, but it is more likely that Freud preferred the soft voice of reason, even when not as immediately effective, to the polemics and personal hostilities of Tausk. He referred to his loyal follower as 'clever' but 'dangerous' and all too likely to 'bark and bite' (p. 169). It is noteworthy that not only Freud, but also Paul Federn and Andreas-Salomé, referred to Tausk with images that liken him to a voracious beast, thereby unwittingly taking up and extending similar self-descriptions indirectly invoked by Tausk himself (wolf, rat, etc.).

Two symposia during the spring of 1910, one on suicide in schoolboys, the other on self-estrangement (later to be known more commonly as 'depersonalization') afford opportunities to recognize the growing sophistication of Tausk as an analyst, with evidence that self-analysis was taking place and contributing to his insight. The discussion of suicide, which took place on April 20 and 27, 1910, was in itself indicative of the growing interest of Freud and the psychoanalytic movement in social problems and the educational implications of psychoanalysis for other disciplines and the community. Tausk underlined the sense of guilt as the principal motivating force in schoolboy suicide. Proceeding from the surface of external reality to the depths of unconscious motivation (as he had done in his inquiry into the theory of knowledge), he saw civilization as imposing a demand upon the individual for the control of the instincts, with the father acting as the intermediary when setting up restrictions for the child.

Then Tausk brilliantly elucidated an interplay between the father and the son which was to become familiar to analysts only after their observations on child-rearing and treatment were much further advanced. The father will be all the more harsh, Tausk postulated, if he himself has been guilty of failure to fulfil the demands of society himself. The boy, in turn, senses the shortcomings of the parent and reflects them back in a manner that 'unconsciously criticizes the father' (Nunberg and Federn, 1967, p. 502). A similar reciprocity may take place between the teacher and a student as a façade over unrecognized sexual tensions. Such sadomasochistic games may end in suicide for one or both of the unhappily linked partners. Surely the history of Hermann and Victor Tausk was a constituent of this formula. And through transference, it was entering into the relationship to Freud.

While Freud sometimes discussed the influence of the parents in shaping the fate of the œdipus complex, he did not delineate so systematically the mutual interplay of guilt reactions within the family and group, and was prone to account for individual differences by references to inherited memories or the constitutional strength of the instincts. Tausk's projective disposition and keen observations on the parental partners of his character formations, supplementing and sometimes taking the place of self-observation, had already proved effective in defending criminals from the law. Now it was making him a pioneer in ego, superego, and social psychology within psychoanalysis, compensating perhaps for an overly introspective and individualistic approach which prevailed in psychoanalysis at the time.

In elucidating the problem of self-estrangement (perhaps his special field) before the society on May 18, 1910, Tausk again approached a subject by placing the sense of guilt in the foreground, citing, though not elaborating upon, his own experience in so doing (Nunberg and Federn, 1967, p. 539). In an all too cryptic statement, he commented that 'perhaps the feeling of strangeness means nothing but this: if I recognize myself, then I must kill myself' (*ibid.*, p. 529). We would see, con-

densed in this aphorism, a familiar factor in superego formation. The quest for knowledge, finally coming to grips with the perceiving instrument, will expose its own ultimate œdipal aims and inhibit them through fear of punishment—a doom incorporated in various myths that mankind has concocted about Adam, Wotan, Prometheus, and Œdipus.

For Tausk himself, the great significance of this insight into his guilty aims was its instigation of a flight from self-analysis. Andreas-Salomé (1912-1913) noted with her usual perspicacity; 'it is interesting and curious too how someone can come on the most profound discoveries in all his analyses,—all of them being displacements of his own, his longing for discovery being only the longing to be analyzed himself—and yet pass right by things in front of him if they happen to involve himself' (p. 167). There was a blind spot in the perceiving apparatus and Andreas-Salomé remarked upon its effects and partly discerned its structure when she came to the conclusion that 'a certain gap in creativity is filled by identification with the [father]' (p. 167). One may interpret this to mean that œdipal fantasies had to be curbed through compulsory superego identifications rather than sublimated in consonance with the ego ideal.

Thus Tausk rarely criticized Freud directly nor did his originality ever lead him into the camps of the dissidents. Freud, for his part, though he did not always agree with Tausk's views, acknowledged his superior capabilities and found place for him in the analytic movement. Bonds between them could be retained only on a mutually limited basis, however, and of course Tausk was the chief sufferer as a result. Andreas-Salomé sensed disaster many years before it occurred: 'What he *wants* is his blind and dumb self-expression alone, suffering so greatly as he does under the burden of himself' (p. 167). She found him 'oversensitive . . . to the point of self-dissolution' and shrank from the transferences that sought to drag her down with him. 'It is all so painful to behold that one would like to look the other way and run away. He is deceiving himself about me with his fantasies [presumably of marriage to the woman eighteen

years older than himself]. . . . In the long run, no helpful relationship is possible', she decided (pp. 167-168); and her diary now turns to other men. When he ultimately committed suicide, she expressed 'surprise'.

The actual course of Tausk's self-analysis, as it appeared in projected form in the analysis of others, is nowhere more apparent than in his article, *A Contribution to the Psychology of Child Sexuality* (Tausk, 1913), a product of the very period during which Andreas-Salomé was making her notes and prophecies. This paper, a pioneer and excellent study of a ten-year-old boy, becomes of absorbing interest if one postulates that the little patient, 'Fritz', was none other than Marius Tausk, under scrutiny by his own father—a factor disguised in the presentation but recently propounded (Kanzer, 1971b).

The material used by Tausk in this study consists essentially of two of the boy's dreams, and is explored with the unusual motive of detecting the hidden facets of a child's sex life without his knowledge or resistance. Such secret observation makes the analyst a potential 'influencing machine' whose motives, as Tausk must have conceived through projection, were not entirely impersonal or benevolent. In analyzing the son, he was inevitably identifying with the father, yet at the same time reviving and living out through the boy his own childhood memories. The situation is common enough in the upbringing of children (as Tausk himself had outlined in his discussion of schoolboy suicides) but causes difficulties in therapy if the analyst has not undergone successful analysis of his countertransferences.

We find, as Tausk proceeds with the analysis of 'Fritz', that his own memories and associations become intermingled with the child's inasmuch as he avowedly has had the opportunity to observe him closely over the years. How else had he learned, for example, of the reactions of the boy at the age of two to the birth of a brother?⁴ The boy, hitherto greatly attached to the mother, had then turned to the father and was received with

⁴ Incidentally, as in the play, *Twilight*, the ages of the children are given exactly, so that we are able to make our time estimates accurately.

'unlimited tenderness', probably conveying a similar reaction to the arrival of the newest member of the household. After all, Tausk, himself the oldest of nine children, had had to watch the increasing distances placed between his mother and himself as the recipient of her care. The 'unlimited tenderness' probably was an attempt to conceal Tausk's earlier aggression toward Marius as a rival for his wife's affections.

In any event, the alliance between 'Fritz' and his father did not last long, for the father deserted the family the following year (just as Tausk had done) and the twice-deserted boy now adopted the only recourse available. He identified with the lost father (and probably with the lost mother as well) and bestowed great tenderness in turn upon his own erstwhile rival. Thus a new bond was established between father and son, but one that covered much reciprocal hostility which each was anxious to keep hidden. Such aggression, concealed by excessive tenderness and altruism, is a familiar core of homosexuality and paranoia.⁵

'Fritz', mirroring his father's unconscious (as the latter could see in other instances), revealed in dreams and associations an erotic desire to be scrutinized by the father and at the same time to observe both parents urinate, an equivalent of the sex act. Then he manifested a desire to imbibe from the father's urinating penis, a hint that the father did not follow up. In fact, in the paper, Tausk conceded homosexual play between the boy and his brother but did not give details. The older boy explicitly called himself a 'reversal fiend' and likened himself to a water tap and apparatus to describe the concept of himself as a vehicle for the intake and output of urine. The reversal

⁵ In a communication to the Vienna Psychoanalytic Society on December 20, 1911 (Nunberg and Federn, in preparation), Tausk told of two brothers, unidentified, of whom the one, without hostility to the father, was homosexually inclined, and the other, with hostility, heterosexually inclined. Thus there was a mutual pact to leave the hostility unrecognized. Grateful acknowledgment is made to the late Herman Nunberg and the Psychoanalytic Research Foundation for permission to scrutinize portions of the still unpublished third volume of the Minutes of the Vienna Psychoanalytic Society, which records meetings beginning with the fall of 1910.

concept carried with it the implication of reciprocity in which the father was the complementary arm of the apparatus, accepting his output in a perpetual exchange for his own. One could scarcely find a more apt description of the analytic process itself. Tausk, unfortunately, did not heed the reflection in the mirror that the boy provided for himself.

There was much in 'Fritz's' concept of the 'water apparatus' that was later to enter into Tausk's description of the 'influencing machine'—with the influence itself concretized into the streams of urine that passed from the one to the other. Each partner becomes in effect the penis of the other (*cf.*, Tausk's [1919] penis=body equation, p. 554) and each body in itself becomes concomitantly genitalized. In one of his articles, Tausk (1912) described the fantasy of the penis as a 'little son' (p. 75). The notion of penetration by the father's penis and sperm is common in paranoia and religious ecstasies in such forms as a holy spirit or the rays of God.

The interesting intellectual question arises as to whether Marius, with an aptitude like his father for coining phrases, was the true progenitor of the 'influencing machine' or whether he should be regarded merely as a vehicle for bringing to light and amplifying the father's dawning concepts. Actually, research carries us much further back, for we find that in Victor Tausk's own childhood, a 'water tap', a urinary apparatus of his own, had played a key role during the oedipal phase of his development. We first encounter this intriguing 'tap' in a brief communication by Tausk before the Vienna Psychoanalytic Society on May 24, 1911 (Nunberg and Federn, in preparation). In a discussion of sleepwalking, he was finally impelled to become frankly autobiographical (as part of the progress of his self-analysis, no doubt) and to describe how, in a dream, 'Some-time between the ages of four and six, one night, while his mother was still in the kitchen, he went outside and busied himself around the water-pipe. This obviously had its origin in the wish to help his mother.'

This reminiscence, which has certain apparent incongruities such as are to be expected in screen memories, is encountered

once again in Tausk's works in a report on a 'patient' who may be identified as Tausk himself (Kanzer, 1971b). This case study appears in a paper, *On the Psychology of the Alcoholic Occupation Delirium* (Tausk, 1915) and has nothing to do with alcoholism. It concerns a student who becomes involved in an unsatisfactory sexual relationship at the age of twenty-one (an age at which Tausk was a law student and was launched into an unhappy marriage). He had a dream which could be traced to a relevant childhood experience. 'One night [at about the age of four] he found himself half asleep in the kitchen without knowing how he had got out of bed. Apparently he had made up his mind in a dream to polish the kitchen [water] tap to give his mother a pleasurable surprise in the morning' (*ibid.*, p. 413). This he did not accomplish, for his mother found him in the kitchen, kissed him, and put him back to bed.

Perhaps the guilt associated with the first version was mitigated in the second, where the 'patient' did not know his mother would actually be in the kitchen nor did he play with the water tap. The background of the dream, as Tausk gives it, presents us with familiar facts about the childhood household, with an overworked mother and quarreling parents. We may subscribe essentially to Tausk's own interpretation of the episode: 'The boy had evidently had a masturbation dream, or an equivalent dream of having to urinate, and he had reacted to the stimulation of the penis by attempting a demonstration of his love for mother' (*ibid.*, p. 417). Associations to the dream led still further back to being bathed and having his penis handled by his mother. Moreover, the term 'tap' was a common euphemism for the penis in the family (*ibid.*, p. 416, n.)—and Tausk, contending perhaps with a confessional desire at this point, refers specifically to the case of the ten-year-old boy, in whom we have recognized Marius. Like the boy, Tausk had swung from mother to father, especially after coming to believe at the age of nine that she slept with other men. Efforts to form good relations and identifications with the father, however, were difficult to sustain because of the father's rages and unjust behavior.

During puberty, the 'patient' in the study, *On the Psychology of the Alcoholic Occupation Delirium*, masturbated with conscious images of his mother; he could be potent with prostitutes but not with his intended wife. Often he did not obtain full sexual satisfaction unless he resorted to masturbation. Tausk's memories of his mother, as related to Andreas-Salomé (1912-1913, pp. 107-108) in a self-analytic mood, are featured by sadistic attacks upon her during childhood. This immature attitude was apparently still retained toward the opposite sex, for Andreas-Salomé quotes him as remarking 'quite characteristically' that 'even men prefer to remember the path to sexual pleasure rather than the goal and turn their attention away from the act itself as from something embarrassing' (p. 80). Uneasiness in relating to women is further indicated in other comments that entered into his writing and discussions.

Especially interesting, from the standpoint of Tausk's predominant fear of the threats to his self-existence emanating from sex impulses, was a view he expressed before the Vienna Psychoanalytic Society on November 15, 1911, that 'the act of love' may entail a 'flight from oneself into another (person)' (Nunberg and Federn, in preparation). Just as the boy, 'Fritz', had envisioned it within a more narcissistic and homosexual framework, a reversal of identities takes place at a critical juncture—one which may actually lend increased satisfaction to the love relationship but which may also threaten self-boundaries where these are readily endangered. Strong homosexual dispositions will both promote pleasurable identifications with the opposite sex and instigate ego-splitting defenses.

Beset by conflicts, the neurotic lover 'feels the need to lose this awareness of the struggle, and this is possible only in extreme pleasure or death', Tausk continued. 'The psychological question arises as to whether death is a symbol for sexuality or vice versa. What both have in common is [the wish], take me away from the awareness that I am' (*ibid.*). Thus the earlier dictum that self-recognition must be followed by self-destruction finds as a variant a wish for self-destruction which, fused with self-gratification, will relieve the individual of self-recog-

dition. Masochistic surrender to the persecutor will accomplish all these ends.

Somberly, and drawing upon his own basic life formula, Tausk concluded that 'it may never be possible for one to be entirely spent in the act of love' and that it will depend upon the particular individual as to whether sex or death comes to symbolize the other in the endless frustration that follows. A note of mystic and religious resignation follows in the conclusion that 'every life is atoned for by death' (*ibid.*). An alternative solution to the frustrations of life, namely psychoanalysis, seems to have been forgotten.

The transference neurosis was drawing Freud as well as Andreas-Salomé into the shadow of the past that was obscuring both real relationships and the possibility of analyzing the unreal. Tausk began to accuse Freud of plagiarizing his ideas (Roazen, 1969, pp. 77-78) while Freud felt uncomfortable and even had a sense of the uncanny in the presence of Tausk. The mechanisms involved in the increasing estrangement, which followed a paranoid pattern, were wonderfully well described and analyzed by the close observer of both men, Andreas-Salomé. She recalled being questioned by Freud on one occasion as to how Tausk had anticipated some of his own ideas (on the father complex), with the implication that she might have served to transmit them (Andreas-Salomé, 1912-1913, p. 114). She resolved the mystery by pointing to the close identification of the follower with the master, based on a son-father relationship, which enabled the former to observe accurately and unconsciously the processes within the latter and absorb them into himself. Similar accurate anticipations of the object's future course are shown in the reactions of children to parents and of analysands to the unconscious mental processes of their analysts. Freud, who brooded long over many ideas before formulating them, might well have to hear them first from Tausk, or, when he did speak, find that Tausk had uttered similar sentiments previously. The impression of plagiarism and a sense of alienation would grow up between them.

All of this involved Tausk's penchant for 'making himself

a son' to Freud and the passionate need to hate 'the father for it. As if by a thought transference he will always be busy with the same thing as Freud, never taking one step aside to make room for himself. That *seemed* to depend so much on the situation, but ultimately it is his own doing' (*ibid.*, 166-167). We can only add to this penetrating analysis the suggestion that Tausk did not wish a place 'beside' Freud; he wished to be Freud and merge their identities completely. Ultimately, for these reasons, Freud refused to accept Tausk as an analysand.

There has always been a world intermediate between complete retreat from reality and a compromise through which the dream world may find some foothold outside the self—the world of art. As Tausk found his ability to analyze real objects vitiated by his fantasies, his retreat into narcissism could still find a halting place in contemplating, from within, the activities of the artist and the meaning of his art. He could extol enforced narcissism with the remark that 'the most perfect adaptation is that of the genius in that he himself creates his own milieu' (Nunberg and Federn, 1967, p. 332). Possibly this was a latter-day reappearance of sleepwalking and the aspiration to please mother by polishing the water tap in her absence.

Actually, Tausk continued to have æsthetic experiences and show creative activity involving splits between the inner and outer worlds. Andreas-Salomé (1912-1913) described periods of 'inner excitement' in which his capacity for literal memory was impaired although he functioned with greater imaginative achievement than usual (p. 113). If intellectual activities were suddenly disrupted, he might react with an 'oversensitivity to certain forms and lines. He could stare at the movement of a horse on the street or interpret an S-shaped ornament on the table leg as if they suggested a whole world of inner relationships; it was as if he were experiencing at one and the same time all the steps that led to these formal phenomena of existence and that had been poured into them, finding in them total and boundless fulfillment' (p. 120).

Such semi-hypnotic withdrawals into the self, and the crea-

tion within this state of symbols experienced with a sense of inspiration and ecstasy, belong in the realm of dream formation and are close to the sources of æsthetic and religious feeling. It is even possible to conjecture that the day residues, once exciting dread, have been transformed through the dream work into visions experienced as beautiful and significant, though the deeper meaning remains elusive. These day residues—the masculine horse in movement and the feminine piano leg with its sinuous appendage—are variants of the universal fantasy of parental intercourse which suggests to the startled child 'a whole world of inner relationships' that will never leave his mind thereafter. Later, Tausk himself was to endow the 'influencing machine' with the power to force the beholder to see pictures—a mitigation, no doubt, of the guilt for intruding upon the secrecy of the parents.

Modern art has experimented with the creation of similar symbols for transforming memories of terror into mechanical forms that disguise yet somehow are unconsciously perceived as representations of the human body. This function of the artist—the creation of such symbols which combine disguise with recognition—belongs among the devices by which he takes distance between the outer and inner worlds. Tausk extolled the healing that the artist brings to himself and others by shunning unbearable reality and creatively finding pleasure instead within himself. In narcissistic contemplation of the inner world, the artist is at one with his own desires and renews the sense of joy that the outer world has stifled. Then he brings forward the product of his creative imagination 'which has become objectified, as if it were our [part of his] own self' (Andreas-Salomé, 1912-1913, p. 57).

However, as Freud has pointed out, art has attributes of a narcotic, since its effect, like that of the wish-fulfilling dream, is transient and depends upon illusion and the banishment of realities that will again assert themselves. The happiness experienced with the self or dream figures is not transmitted to real objects and the dream, like a drug, must be sought again.

The artist 'is not incapable of loving people; in fact his love is beautiful, often more intense', Tausk insisted, 'but for a brief duration' (*ibid.*, p. 109). Then Tausk spoke of the inhibitions of the artists and of the break-through of the original warded-off object into the fantasy, bringing with it again guilt and the inability to find refuge in a dream world. With the cessation of creative work, death beckons.

In his last creative effort, Tausk defined the transformation of the body into a machine without a will of its own, whose energies appear to penetrate from some outside source. The images of the dream and of delusions extrude the self piecemeal into the external world, with the last portion to be given up the genitals and the sensations which constitute the more ineradicable core of the self-experience.

When the final limit had been reached and neither love nor analysis nor art gave further comfort, Tausk had his last supper with Marius and sent him away with the admonition to be independent and not imitate others too much (Roazen, 1969, p. 123). Later, after writing calm and reasoned letters which absolved all others from blame, Tausk took his life by putting a bullet through his head, and as he fell, was suspended from a cord he had fastened to his neck. Death may be construed as a final attack upon the coital parents and the sibling rival in the womb, while Tausk himself survived as Marius, with whom he was so closely identified. There was a last task for Marius himself in completing the suicidal act; he was to burn the father's unpublished papers, which he did.

Although Tausk had wished to visit Andreas-Salomé in March 1919, four months before his death, she had not responded to his letter—just as she had ignored others before that. Yet she had not really lost touch with the man in whom she had once taken so great an interest, for Andreas-Salomé shrewdly guessed, as she wondered how he had encompassed his death, that it had involved 'the ultimate in voluptuous gratification for him as an aggressor and sufferer in one' (*ibid.*, p. 144). Freud (1919) expressed himself honestly and gracefully in an

obituary for a vexing follower who had made pioneering contributions to psychoanalysis, and added privately, as interpretation and epitaph, the poetic line, 'He fought out his day of life with the father ghost' (Roazen, 1969, p. 140). It was not inappropriate that consciously or unconsciously the puzzling behavior of Tausk recalled the intractable resistances and tragedy of Hamlet.

The epilogue was reserved for a private communication to Andreas-Salomé: 'I confess I do not really miss him—I had a chance to cast a few glances into the substructure on which his proud sublimations rested'. There is more than callousness in these lines, more than anxiety behind the cryptic associated remark, 'I had long taken him to be useless, indeed a threat to the future' (*ibid.*, p. 140). Tausk, like Hamlet, represented forces within the personality that are (or were) ultimately inaccessible to reason and psychoanalysis, and Freud's only counterdefense in the end (like that of the Hamlet audience) was detachment from a fate that sought to drag him down in its wake. Andreas-Salomé's response was apparently similar. Neither would become revenants of Tausk's parents nor the objects of his murderous aims.

SUMMARY

It is postulated that Tausk resolved an early crisis in his life with the aid of a play he wrote, *Twilight*. The play contains noteworthy features both as an instrument of untutored self-analysis and as a blueprint for the course of his future. Comparisons between Tausk and Franz Kafka, a compatriot of the same era, show remarkable similarities in their life histories and fantasies. Tausk's repetitive creative and self-destructive personality trends, both before and after he became an analyst, are traced. They apparently contributed to his insight into motives and mechanisms in other people but brought in their wake reactions that led to increasing narcissism with strong paranoid features. The symbolic aspects of Tausk's suicide are discussed.

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Aggression and Ghetto-Reared American Negro Children

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AGGRESSION AND GHETTO-REARED AMERICAN NEGRO CHILDREN

STRUCTURAL ASPECTS OF THE THEORY OF FUSION-DEFUSION

BY DALE R. MEERS and GENE GORDON (WASHINGTON, D. C.)

The black mothers of America's ghettos mediate their infants' needs in an environment that is anything but benign. Although the quality of the infant-mother relationship has been shown to affect the structure of the maturing ego,¹ the culture limits the ghetto mother's responses to her infant. The culture we believe to be not only relevant to the structure of her infant's ego but also to the fate of his drives. Further, we suspect that the chronic ambivalence of the white community colludes with the violence and sexuality of the black ghetto, contributing perniciously to individual psychopathology. The violence of the ghetto facilitates the study of the aggressive drive, and in this paper we shall draw on the analyses of two ghetto-reared children to discuss a developmental model of *fusion-defusion*. One of these cases is described below.

In 1957, Novey noted that the integration of drive concepts with ego psychology was not yet complete. Beginning in 1932, Freud's concepts of fusion and defusion permeated his theoretical views. For Freud, the metapsychological significance of ambivalence, regression, normal and pathological

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¹ Cf., Mahler (1968) and Winnicott (1965). Among others, these authors have offered extensive evidence that the mother's symbiotic sharing of her ego with her infant is more than a theoretical fiction.

forms of masochism and sadism, sublimation, and the severity of the superego were inextricably linked to fusion and defusion. The present disregard of these concepts is discordant with their theoretical significance and clinical utility. We conjecture that many therapists may be discomforted by Freud's biological hypotheses of life and death instincts and that this has led them to reject fusion and defusion as archaic 'instinctual' concepts, as if they were of dubious relevance to ego psychology.

At the inception of our research on culturally determined retardation, we had expected to find clear evidence of instinctual defusions in early childhood identifications with the aggression (*cf.*, Bromberg, 1955) which is blatant and often sadistic in the black ghetto. Realizing the damage and erosion of early object ties that chronically occur in repetitive maternal deprivations, we had been prepared to find the aggressivity of early ghetto childhood manifested as 'pure, independent destructiveness' (A. Freud, 1965). However, our initial nonanalytic survey of young first-grade ghetto school children, and the subsequent analyses of our first patients, revealed an extraordinary passivity as well as a gross impairment in some ego functions.

Our theoretical concern with aggression derived almost incidentally from the study of developmental arrests, regression, and adaptations of those ego functions that particularly affect intellectual capacities. We suspected that the black ghetto child's developmental distress might contribute to structural dysfunctions, i.e., ego-superego conflicts that dynamically contribute to 'intellectual retardation'. Since traumatization is endemic in the ghetto, however, we also suspected this might produce in the child some equivalent of 'combat fatigue', i.e., a further overloading of the ego because of the constancy of real dangers (Meers, 1970b).

For analytic study we attempted to obtain representative cases where the familial and cultural influences on intel-

lectual dysfunction would be optimally clear. Our first case was a girl of six in the first grade of school. The second case, a boy of five, was in kindergarten. Screening ensured that the children were more or less representative of the socio-economic and familial characteristics of a ghetto. They had no manifest neurotic symptoms but—a primary criterion in our selection—they had been designated by the school as 'intellectually retarded'.² The two patients differed in sex and in the particular tragedies that had plagued their families, yet there was a similarity in the family history of successive generations of unending misfortune. Our intent was to relate particular theoretical questions to the developmental history and clinical material of one of our patients.

Before presenting our clinical case, we will elaborate on the relevant questions.

THEORETICAL CONSIDERATIONS OF FUSION-DEFUSION

In 1920, Freud made use of Adler's term 'confluence of instincts', but only in the first edition of *Jenseits des Lustprinzips* (cf., Freud, 1920, p. 53, n.), where the concept of fusion was anticipated in the terms mitigation and intermixture of drives (*Ermässigung* and *Verschmelzung*). In his revisions of instinct/drive theory, Freud discussed the processes of fusion and defusion both in a biogenetic and in a psychological sense. While Freud used a range of German expressions to describe the interrelatedness of drives, many of these terms have been translated, and we think oversimplified, as fusion and defusion (Meers, 1970a) i.e., terms that connote instinctual rather than psychological processes. Whatever the merits of Strachey's (1966) rationale for translating *trieb* as *instinct*, it is striking that Freud used the words *instinkt* or *instinktiv* in only five of his papers (cf., Holder, 1970). This is particularly relevant to the concept of *fusion-defusion* since the phenomena Freud alluded to

²Children who evidenced organic problems were excluded from this study. Details have been reported elsewhere (Meers, 1970b, 1972a).

were more frequently psychological drives than instinctual. Freud seemed primarily concerned with dynamic and structural aspects of these concepts, and left the developmental question as to how drives are 'mingled in the process of living' (Freud, 1933, p. 107) to future research (Freud, 1937, p. 243).

Freud's (1923, p. 45; 1940 [1938], p. 148) view of the binding, unifying, and integrating properties of the ego led to the theoretical conclusion that *only* the ego made use of the libidinal drive. His biological instinct theory included the notion that the two instincts were inherently fused, and that the ego's use of libido necessarily left some quanta of aggression (the death instinct) unbound, as an inherent malignant threat. Projection of aggression, as a primal defense, afforded safety for the infant, yet tended to distort the child's emerging perception of his world. The resulting theoretical picture of an essentially paranoid infant³ has not been generally accepted. Hartmann (1948, 1955) resolved that theoretical issue with the hypotheses that aggression also contributed energy to the ego's defensive functions and that aggression could be energetically neutralized, i.e., from a theoretical perspective, unbound defused aggression was not inherently self-destructive.

Freud's introduction of the death instinct necessitated: 1, the abandonment of his previous theory of *primary sadism*, and 2, the introduction of an alternative, *primary masochism*, in which the ego (self) was the object of the innate death instinct. That is, Freud's theoretical views on masochism and sadism were related to his hypotheses on the nature of *instincts*, rather than on the developmental history of the neonate. Freud's new drive/instinct theory then provided a primal developmental stage for the aggressive drive, primary masochism, that was theoretically parallel to the libid-

³ Historical misnomers have contributed to the confusion of this theoretical issue. Aggression was labeled *sadism* in Freud's first instinct/drive theory, and sadism was then subsumed under ego instincts as a normal endowment (Freud, 1905, 1917).

inal stage of primary narcissism (*cf.*, Bibring, 1941, p. 117). These concepts were transposed into ego psychological terms by Hartmann (1958), Jacobson (1954), Bing, McLaughlin, and Marburg (1959), and others, who distinguished between *ego* (functions) and the *self* (representation). The notions of primary narcissism and masochism refer to neonatal life prior to the structuring of the infant's self-representation (*cf.*, Sandler and Rosenblatt, 1962). It is theoretically possible to specify that the precursors of self-representation originate in the sensory imagoes of earliest infancy, i.e., a narcissistic or masochistic self-representation, but the fact remains that the concepts of primary narcissism and primary masochism have their origin and meaning in a theory that ego psychology has largely bypassed.

Our review of the literature, moreover, has led us to the conclusion that the concept of primary masochism simply contradicts psychoanalytic assumptions of the processes of *self-other* differentiation. If the first self-representation is a pleasure self, then it is a misnomer to call it masochistic, i.e., a mixture of pleasure and pain. We would conclude on grounds of theoretical consistency that Loewenstein (1956, p. 528) is probably correct in concluding that it is unlikely that an infant experiences a drive representation of pleasure combined with pain until the end of the first year of life. Masochism, as an ego psychological concept, involves particular dynamics of self and object that are a consequence of relatively advanced ego functions.

FUSION, NEUTRALIZATION, AND DETOXIFICATION

Waelder (1960) objected to the conceptualization of defusion because he saw no consistent clinical evidence that libidinal regression causes a freeing of aggression.⁴ He sug-

⁴ Stone (1971) in a far-ranging critique of the analytic theory of aggression, objects to *fusion* on the grounds of logical contradiction, i.e., that fused drives ought to cancel one another (p. 230). The contradiction, however, may derive more from the translation of such German terms as *Verschmelzung* into the English *fusion*.

gested that in regression, instead of a defusion of drives, one sees evidence of a developmentally more primitive stage of fusion. From this developmental perspective, progressions in the child's libidinal investments in his objects tend to inhibit, displace, and detoxify aggressivity. Defusion, Waelder concluded, was more accurately to be described as a regressive retoxification (pp. 151-152). Arlow and Brenner (1964, pp. 77-78) similarly postulate from structural theory both a developmental progression of ego functions relative to the drives, and a deterioration in ego functions in regressions that reflect a re-emergence of primitive modes of mental operation. Such views parallel those of Jacobson (1954) who suggested that neonatal drives should be considered as 'undifferentiated', and that object cathexes remain split until ambivalence can be tolerated.

Anna Freud has introduced a number of ideas in different papers that we shall attempt to bring together here. In 1948, Miss Freud wrote that the drives remain unrelated to each other until the growth of the ego leads to the child's realization of their incompatibility (A. Freud, 1948a, 1948b). And again in 1949, she wrote that the mental representatives of the organic instincts remain unrelated to each other until the growth of the ego provides for the integration of instinctive strivings. In that context, Miss Freud also observed that external factors such as emotional starvation may stunt or retard erotic development with the consequence that 'the normal fusion between erotic and destructive urges cannot take place' (A. Freud, 1949a). Commenting on the 1951 Symposium on The Mutual Influences of the Ego and the Id, Miss Freud noted that Hartmann, Hoffer, and Klein all shared an essentially qualitative view of energy transformations. She, however, leaned toward a quantitative rather than a qualitative explanation, i.e., the drives appear as imperative and overpowering relative to the profound weakness or nonexistence of the neonatal ego organization (A. Freud, 1952, pp. 43-44). Only as the drives diminish or are

brought under ego control can the child maintain a constant cathexis for an object that sometimes satisfies and sometimes does not.

Terms such as 'binding' and 'neutralization' appear early in Freud's conceptualization of fusion and defusion (*cf.*, Meers, 1970a). Freud's (1923) suggestion, in *The Ego and the Id*, that the ego might have access to a third type of neutral energy was extended by Hartmann (1955, 1958 [1939]) and by Hartmann, Kris, and Loewenstein (1949). We would conclude that Freud's notion as to neutral energies relates to his biological hypotheses. We do not think that it is implausible that neurological evidence may some day sustain the view that there are qualitative neurological differences generated by different cellular structures in the organism. With Novey (1957), however, we would invoke Occam's principle of parsimony in questioning whether the theoretical problems that led to the energy transformation theory might not be more simply and logically resolved by consideration of dynamic, structural, and developmental theory. While it is clear that energy transformation theory is very widely accepted, we share with Miss Freud an inclination toward quantitative rather than qualitative explanations.

We suspect that the difficulty many have with Hartmann, Kris, and Loewenstein's (1946, 1949) formulations derives from their level of theoretical abstraction (*cf.* also, Hartmann, 1955; Kris, 1955). Such abstractions tend to isolate 'energy' from ideational content and the emotional history that has colored the drives as they developed. It is hardly likely that Hartmann, Kris, or Loewenstein would have taken exception to Freud's conclusion that the drives can only be known through the ego, that is, via the aims and objects of the drives.

Our formulations are close to Schafer's (1968) in that he implicitly relates concepts such as *fusion* and *defusion* to developmental progressions and regressions, i.e., to the fate of the drives as they are modified by the defenses and adap-

tations of childhood (pp. 210-226). Schafer relates drive concepts to the inner (representational) world of the child, to his motives, which entail age specific aims and objects. He conceptualizes fusion as a developmental synthesizing (fusion) of the aims of aggression and libido. His formulations appear as an obverse of Hartmann, Kris, and Loewenstein, that is, as an understatement of the enormity of the power of the drives. Perhaps our theoretical language is too restricted to manage some of the phenomenological complexities.

The fusion (detoxification) of drives is developmentally related to the fusion (synthesis) of part object representations that leads to perceptual object constancy. That is, the term fusion is rendered more ambiguous by its occasional use in describing processes that are developmentally interrelated but conceptually most different. Ego maturation normally provides for the perceptual fusion/integration of object representations as a concomitant of the fusion (detoxification) of aggression. It is the ego's defenses that determine the 'splitting' of 'depriving' object representations as a concomitant of the repression of the outraged drives, and their substantive aims. Fusion, as a drive concept, we would conclude, is a normal developmental process, a mitigation of rage and aggressive responses that occurs over time as the child's ego structure and relatively benign experience permit him to accept that his mother can be both good and bad, and that his own aggressive responses to deprivations are not omnipotent.

Our selections from the literature were intended, collectively, to outline an ego psychological, developmental model of fusion-defusion. 1, Whatever the biological propensities of the neonate, if analytic assumptions on self-other differentiation are approximately accurate, then psychologically the neonate's drives cannot be experienced as fused. That is, externalization of painful affective and object representations contributes to the splitting (and differentiation) of both self and other representations, particularly the child's most

significant objects. 2, The infant's capacity to remove the source of his pain, via projection or primal repression, leads to ablation or annihilation of his pain-inducing 'bad object'. Where the mother is perceived as the source of pain and frustration, infantile ego adaptations are too primitive to permit selective accommodations and her object representation is split, and in moments of distress the perception of the mother/good-object disappears. 3, Drives that are linked to pain and subsequent defensive accommodation are perceived as omnipotently destructive since they threaten the infant's perceptual maintenance of the mother on whom the child is symbiotically dependent. 4, Infantile defenses appear to the external observer as descriptively aggressive. In defensive coping with painful intrusions, the child's reactive drives are experienced as virulently aggressive because they contaminate the coherent perception of the child's primal objects, destroying his mental representations of them. 5, If the infant's 'bad' object is a part object (i.e., the painful attributes of his mother), and if his annihilating drives are repressed along with his 'bad objects', the drives are placed beyond the reach of benign experience. The anticathexes that contain unconscious drives then preclude their mitigation or detoxification by the ego's libidinal investments in the object world. With dangerous, unconscious, and intense impulses pressing for expression, the entire defensive structure is warped and impairs the ego's reality testing and adaptation (A. Freud, 1965, pp. 104-105).

The characteristics of any ego dysfunction would appear to reflect not only the history of the libidinal phase at which fixation occurred, but also the degree of detoxification of the aggressive drive, vis-à-vis the ego. While fixations and defensive ego adaptations are most readily identifiable by their libidinal phase, they are, nonetheless, a response to the dangers of aggression. It is an analytic convention to speak of fixations and regressions of libido. We would suggest that the shorthand expression 'regression of libido' obscures inherent

and clinically relevant facts, namely, that all regressions selectively involve some ego dysfunctions. As Freud (1915, p. 177) cautioned, in our shorthand descriptions, we tend to bypass the ego as we make reference to the fate of the drives.

Anna Freud (1965, pp. 104-105) and, more particularly, Sandler and Joffe (1965, pp. 429-431) and Arlow and Brenner (1964, pp. 71-80) have recently discussed the idea of regressions in ego functions. While it is clear that both libidinal and aggressive drives develop and change relative to their somatic origins, their aims and objects, it is equally apparent that this is a consequence of maturation and development of ego functions (*cf.*, Arlow and Brenner, 1964, pp. 79-80; Stone, 1971, p. 211). The capacity to tolerate the drives and their aims involves a developmental progression in the ego. In either developmental arrests or regression, ego dysfunctions reflect the adaptational and defensive characteristics of the stage at which fixation occurred. The characteristics of ego functions and defenses, the characteristics of the aims and objects of the drives, determine the degree of fusion, i.e., the degree of detoxification of aggression.

We would suggest that overwhelming fears of annihilation are derived from the externalizing-introjecting propensities of the infantile ego, which threatens to result in the disintegration of the infant's self and object percepts. Sadism appears as a later developmental phenomenon that entails an ego capacity for identification with the pain of the victim, and carries the hallmark of the toddler's ambivalence for the objects he both loves and hates. The relatively attenuated anxieties of the phallic child would evidence a comparative detoxification, in which the child's libidinal concerns for his objects have mitigated both the danger of the drives, and the potential severity of superego introjects.

DEVELOPMENTAL AND CLINICAL DATA

Limitations of space dictate that we discuss but one case, and that most selectively.

Naomi, now ten, as been in analysis four years, but her family and personal history are still gradually and begrudgingly being revealed. The maternal grandmother died in childbirth and Naomi's mother in early infancy was 'given' to relatives in a distant town. Reared without even knowing her real name, this mother felt herself to be the object of cold charity. She was also the object of an older cousin's sexual exploitation. Little is known of the mother's childhood, other than painful vignettes such as her account to Naomi of how a step-grandmother's surgery on her hand led to a deformity of one finger. By adolescence, because of her phobia of cars and bridges, the mother was unable to travel out of a city bounded by bridges.

The mother's first husband was violently jealous and in his rages had beaten her severely, often in public. Two sons were born to that marriage before the husband was convicted of murder—for which he spent eight years in jail. After her husband's imprisonment, the mother bore a third son by another man. Subsequently she married an alcoholic whose violence also emerged in jealous rages. Of the mother's twelve pregnancies, seven children survived. (The middle child is the only girl, our patient, Naomi.) An ectopic pregnancy necessitated the removal of one Fallopian tube; the second was removed at the mother's request following her last delivery. Despite her sterilization, the mother still fantasies that it would be just her luck to get pregnant if she let a man get that close to her again. Following the mother's last delivery, she suffered further beatings and concluded that her only salvation would be to murder her husband. A fundamentalist in religion, the mother prayed for divine intervention to stay her hand. She abruptly disappeared from home and when found she was amnesic and was hospitalized. Her solution had been a psychotic break.

The mother was hospitalized for a year. During this time, the father deserted the children, who were first placed in an institution and then in separate foster homes. Two of the younger boys lost their speech and one of these later became,

transiently, a transvestite, perhaps in an effort to keep his mother by identification. The eldest son's asthmatic attacks became exacerbated, and his emerging vicious temper appeared to his mother (and to us) as potentially murderous. It is notable that the mother also has attacks of asthma and epileptoid seizures that appear to be hysterical. She has a furious temper that she describes as 'evil'. The baby of the family became a 'failure-to-thrive' child, who has been supervised by our hospital's medical services. The regularity of serious injuries and accidents to the various children has been remarkable, e.g., during the past four years Naomi and a brother have each been hit by cars; the eldest brother was blinded in one eye by a younger brother, who two months later suffered a nearly identical trauma which almost blinded him as well. Their immediate neighborhood has been typically, flamboyantly instinctual. Drunks, pimps, prostitutes, drug users and pushers abound.

In this connection, we might mention that our second analytic patient, not included in the present report, learned at age six from his street friends that his mother was absent because she was in prison, not in the hospital. At age seven he was to learn that his mother was a heroin addict when he discovered her giving herself a 'fix' with a hypodermic. During these two analyses, there have been street murders, riots, and two military curfews in the children's immediate neighborhood, a reality approximating the worst nightmares of the middle-class neurotic.

After Naomi's mother returned home from her psychiatric hospitalization, Naomi appeared regressed and babylike in her retarded manner. She was also preoccupied with fantasy, rejecting efforts to involve her both at home and school. As we learned during Naomi's analysis, she suffered occasional enuresis; nosebleeds during the nights following upsets with her mother; bowel difficulties and flatulence that appeared to mimic the mother's colitis. Naomi's mother was concerned that her six-year-old daughter's retreat into fantasy was like

her own predisposition to psychotic withdrawals. Yet the mother's primary hope for her daughter's treatment was that it would help Naomi to give up provoking the mother to violent punishments, i.e., the mother feared that she might accidentally kill Naomi.

Naomi's early treatment was marked by massive, passive defenses against any emotional involvement; she could not remember her analyst's name for many weeks. The selectivity of her recall was even more dramatic at a later time when Naomi blandly reported that her mother had wanted her to help her kill her father and that her mother was in the hospital. This was understood as a fantasy since the father had been absent from the home for two years. In fact, the mother had been hospitalized (but this time because of *suicidal* impulses). When Naomi attempted to call her mother at the hospital, during an appointment, the child could not remember her own mother's name.

We are accustomed to the view that forgetting of names reflects unconscious aggression. For Naomi, forgetting appeared to provide a regressive means of protecting her objects from her latent rage. The repression, which was transient, is consonant with the view that the infantile (regressed) ego cannot maintain a constant cathexis of an object that is experienced as painful. Naomi's concerns with death were sometimes overwhelming, as was evident during the first separation from treatment. For instance, during a ten-day Christmas holiday, Naomi's mother telephoned the analyst to ask him to speak with her child. Naomi had dreamed that her analyst had been violently murdered, and it had been so real that the child was inconsolable.

Yet violent feelings and fantasies remained incongruously absent from the child's analysis. When there were riots, arson, looting, and the use of troops, Naomi did not mention them, except to express irritation over the difficulty of sleeping at night with tear gas coming in the window. An early, consistent theme of Naomi's treatment was her need to be

stupid, not to understand what she lived with. A policeman shot and killed a psychotic woman who had attacked him with a knife. This occurred two streets away and was widely publicized. Naomi transformed the tragedy into a whimsical fantasy in which a boy shot the woman with a toy gun and the woman recovered in a hospital. At first, such reversal in fantasy was unapproachable.

Themes of violence were notable by their absence. But Naomi's penis envy was prominent and surfaced in a range of distortions and fantasies. Particular words and expressions were so sexualized that she could not bear to say them. Her fear of immediate, divine punishment was magical and her apprehensions dissipated only gradually as she began to use her analyst as a substitute, moderating superego.

Less fearful, and perhaps more driven by the immediacy of her excitement, Naomi revealed that her eldest brother paid for her sexual service, apparently fellatio. It was another six months before the child could reveal her seduction into cunnilingus by a former foster sister, at age five. Despite the abundance of sexual play in the home, Naomi was terrified by the thought of genital masturbation. Her oral eroticism merits the description of oral masturbation: her sensual, dreamy sucking of coke bottles, pens, penis-shaped balloons; her tongue play and caressing of her lips appeared as if in mockery of fellatio. The displacement from genital to oral gratification was the more comprehensible in view of her mother's open threat, knife in hand, to cut off Naomi's brother's penis because he wet the bed.

Analytic explorations of Naomi's fears of aggressive feelings and thoughts uncovered her dread of a punitive, omniscient God, the immediate vehicle of her projections. As it became clear that the child provoked the severe beatings she got, Naomi's unconscious guilt became more evident, as did her omnipotent belief that she controlled her mother's rages, i.e., it was she who produced her mother's wrath (*cf.*, Eidelberg, 1959, p. 283).

Improved reality testing and reduced guilt in the course of

treatment led Naomi to increasingly compassionate concern for her mother. It was easier for Naomi to be sorry for her mother, with whom she identified, than to suffer remorse or self-pity. During Naomi's treatment, her mother's readiness to impart her own concerns, to permit Naomi to know that the mother was mentally ill, was distressing and depressing for the child. But knowing the reality also led the child to better understand that her mother's attitudes were part of an illness, and not simply a punishment or rejection of herself. Increasingly tolerant of her own aggression, Naomi came to demand more appropriate protection, e.g., for her few dolls. She could question how strange it was that she, and not her brothers, had such an unerring capacity to be in the wrong place at the wrong time when her mother became furious.

Naomi's last brutal beating occurred two years ago, when her mother caught her simulating intercourse with a younger brother. Neglect of elemental precautions for privacy led to her being caught. Naomi's response to her beating illustrated another unconscious motive in her provocations: the beating was for her own good, and only a mother who cared so much would beat so hard (*cf.*, Freud, 1933; Katz, 1968).

Naomi is now better able to perceive her world accurately, and to respond appropriately to both hostility and affection. The external transformation has been considerable: from an unkempt ragamuffin who dirtied her clothes and made herself ugly, Naomi now appears fairly consistently as an attractive and bright young girl. Her new teacher complains that she does not see why Naomi misses school for treatment since she is so much like the other girls. The projective tests⁵

⁵ Particular thanks are due Dr. Rebecca E. Rieger for her diagnostic assessments. In 1968, Naomi's full scale IQ of 79 was consonant with a generalized confusion that bordered on disorientation. Retested in 1970, Naomi's projectives were consonant with a dramatic change in reality orientations, but her IQ of 81 left serious concern that she might suffer with irreversible ego defects. In the fourth year of her analysis, in 1972, Naomi's score of 91 is better than the average IQ of her contemporaries and provides the grounds for a more optimistic prognosis.

convincingly confirm these findings and the changes that have been clinically apparent, viz., of an outgoing, reality orientation in which synthetic, integrative, and memory functions of the ego are considerably improved.

Our experience with both analytic and nonanalytic cases has covered a range of severely disadvantaged children. We have been struck with their propensity to turn aggression against the self, by their passivity, by their vulnerability to accidents and seductions, and by their somatization of distress as in bronchial and asthmatic disorders, colitis, nosebleeds, etc. Yet we have rarely seen approximations, in manifest behavior, of a pure, independent destructiveness, such as Miss Freud (1949b) described and viewed as an outcome of emotional starvation and a failure of fusion of drives. We are led to wonder if the differences are due to the external controls imposed on young ghetto children by severe punishments for infantile sexual and aggressive offenses. This would be consistent with the obvious change from passivity to open aggression when, in prepuberty, they move beyond direct parental controls. Maria Piers and Anna Freud⁶ separately concur with Naomi's view, however, that severe punishment is an expression of parental concern. Unlike the institutionally reared child, the child of the ghetto has a continuing relationship, though it is frequently inconsistent and often ambivalent.

The upbringing of these children approximates the conditions Joffe and Sandler (1965) have discussed of severe deprivations in early years that have led to a depressive 'wet blanketing' of the child's inner world, in which the self is the object of aggression, and both drives and ego functions suffer a generalized inhibition. The ghetto child's early passivity is remarkable when contrasted to the aggressive, often sadistic behavior that dramatizes the ghetto street life of the adolescent and adult. This leads us to speculate beyond our analytic data.

⁶ Personal communications.

The black ghetto appears to make a profound cultural demand on the male to share an idealization of emotional detachment from women and a sexual promiscuity that is often sadistic (Meers, 1972a). We suspect that the male child's passive defenses are eroded by both the biological thrust of adolescence and by culturally sustained, counterphobic defenses against passive-dependent wishes. Black mothers, in a culture that is matriarchal, appear powerful in their rages. But, they also evidence profound masochistic tendencies in their undefended self-exposure to repeated pregnancies, physical abuse, and chronic loneliness in the face of serial desertions. We have seen little evidence of masochism as a perversion. But the severity of moral feminine masochism gives indirect evidence of extreme rage that is defended against and turned back on the self. When masochistic defenses are not sufficient, the black ghetto female is often violent, and not infrequently homicidal (*cf.*, Report of the President's Commission on Crime in the District of Columbia, 1966). We doubt that the sadistic aggression of the adolescent and adult in the ghetto is appropriately designated as *defused*. Instead, it appears to us as evidence of a developmental arrest in early childhood when detoxification was incomplete and the aims of the drives were elemental.

Naomi's analysis permits a provisional reconstruction. Her mother appears to have been desperately overtaxed by her succession of twelve pregnancies, three of which occurred during Naomi's preœdipal years. Overtaxed, with scant physical resources for the care of seven young children, this mother's homicidal rage at her husband precipitated her psychotic break. The mother's investments in her daughter appear as intensely ambivalent, and her nonavailability was physical, psychological, and unpredictable.

Naomi's failures in memory, relative to her objects, and her defenses against aggressive destruction are consonant with our views of a maturational failure in which incipient rage was repressed, i.e., in which there was a failure of normal fusion/detoxification. We would hypothesize that Naomi's

mother inevitably presented herself as less than her infant needed, that in the defensive externalizations that followed, Naomi could not perceive her mother as both good and bad, that the child's ensuing defense against her perception of her mother as a part 'bad object' led toward both a denial of particular reality attributes of her mother and to a massive defense against her own aggressivity. Stated otherwise, her mother could only be maintained as a 'good object' by the child's denial of the mother's deprivational attributes, and by the repression of her own incipient rage. Naomi's developmental history, not unlike that of many black children, suggests a precocity of early self-control and self-sufficiency. In line with Martin James's (1960) views, we would hypothesize that Naomi's infantile rages led to defensive projections and a defensive precocious watchfulness of the effect of her own behavior on her environment. Parental violence confirmed the child's worst fears and precocious structuralization of an archaic, sadistic superego appeared as a developmental necessity, i.e., her superego preserved her relationship with the mother by a masochistic adaptation.

The sequence of separations, not only from her parents but even from her brothers, brought Naomi into a sexually seductive relationship with another little girl. By the time she returned home, it was clear that the child's needs left her amenable to seduction by her brother, and Naomi was drawn into polymorphous perverse sexual activity. Naomi's sexual development approximates Greenacre's (1970, p. 488) description of the outcome of early physical insults and precocious genital excitation that find discharge in sadomasochistic processes.

The analysis of Naomi's fears of the omnipotence and destructiveness of her aggression provided the child greater tolerance of her fantasies, and thereby her drives. Better able to tolerate her fears of aggression, Naomi made tentative libidinal investments in her objects, her analyst, and her mother as 'real objects' rather than as compensatory fantasy

imagoes. Naomi has now made a belated and provisional move into a positive œdipal position. She commented last summer that it would be pretty stupid of a girl to play with her 'cookie' (vulva) and then let her mother know of it. Her recent playmates have been aggressive boys. She is not yet certain if she wants to be like them, or to be liked by them.

Constancy and adult caring is inherent in analysis, and these children initially respond with a promiscuous affect hunger that belies their fear of emotional investment. Until Naomi's fears of loss and destruction of her objects were analyzed, however, her capacity for libidinal constancy was tenuous at best. Naomi's material does not indicate that her unconscious aggression was sadistic, i.e., a wish for pleasure in the pain and suffering of those with whom she was furious. As analysis reduced the child's fears of her own omnipotent rage, her ego capacities to effectively utilize aggression purposefully and slowly emerged. Analysis takes place in an interpersonal context, one in which the relative non-judgmentalness of the analyst sustains the patient in the convictions that libidinal investments can be secure and sustained. Such children clearly take more from analysis than mutative interpretations. Identifications with the analyst's tolerance facilitate ego modifications and tolerance of the drives. Detoxification of the aims and objects of the unconscious become possible as aggressive destructiveness becomes consciously accessible and redefined in the ego. Fusion of the drives then continues by the alchemy of libidinal investments in which the child's maturing ego integrates an understanding of infantile injuries and rages and his misperceptions of their archaic danger.

CONCLUSIONS

Analytic disinclination to accept Freud's hypotheses on the biogenetic fusion of instincts has left us without a theoretical

model of the coalescence of man's drives. Yet, as Bibring (1941) noted, if analysis is to maintain a dualistic, or a pluralistic drive theory, it is essential to account for the manner in which drives coalesce. It has been our conviction that such a theory is implicit in that corpus of contemporary ego psychology that we have selectively used to outline a developmental/ontogenetic model of drive fusion/detoxification.

Freud's conceptualization of drive coalescence has suffered both in translation and by his interweaving of biological speculations and psychological constructs. Waelder's (1960) term *detoxification*, we suggest, does not suffer the ambiguity of *fusion* and it also conveys particular developmental processes of the drives. *Defusion* appears to us, however, as one of Freud's biological concepts that has limited relevance to ego psychology. The regressive clinical phenomena that have been considered as evidence of defusion, appear in developmental perspective as regressive retoxification, i.e., a reactivation of primitive modes of mental/ego functioning (cf., Arlow and Brenner, 1964).

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M. Royden C. Astley, M.D. 1911–1972

James T. Mc Laughlin

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OBITUARIES

M. ROYDEN C. ASTLEY, M.D. 1911-1972

Doctor Royden Astley of Pittsburgh and Philadelphia died on July 7, 1972, while visiting along with his wife, Edna, their sons Roy and Malcolm and their families in the Boston area.

With his death the cause of psychoanalysis as a science and discipline appropriate to the university, its humanities, and its health professions has lost a champion and pioneer.

A native of Philadelphia and son of physician-parents, he left an established base in surgery and academic medicine in the 'forties to become in time a training psychoanalyst and faculty member of the Philadelphia Psychoanalytic Institute. In 1956 he accepted the challenge to come to Pittsburgh to develop a psychoanalytic institute within the framework of the Department of Psychiatry of the School of Medicine of the University of Pittsburgh. Under his directorship, the Pittsburgh Psychoanalytic Institute and its later program in Child Psychoanalysis achieved notable growth and collaborative precedents within both academia and our Association.

From 1961 to 1964, Doctor Astley served as Secretary to the Board on Professional Standards of the American Psychoanalytic Association. He went on to be elected to the Presidency of the Association in 1968, and presided during 1969-1970. He was a founding member of the Pittsburgh Psychoanalytic Society.

To all that he addressed himself, Roy Astley brought an enormous breadth of sophistication in and compassionate acceptance of the human condition. His fine sense of irony and cool scepticism left him always aware of the instability and transience of organizations and groups. Never faltering in his passionate commitment to learning more, to widening the span of knowing awareness in himself and those around him, he could be impatient and distressed in the presence of narrow scientism and academic rigidity.

Resonant to poetry, literature, and the arts while yet deeply rooted in his medical heritage, Roy Astley exemplified the uni-

versal man he envisioned and sought to shape as the ideal denizen and product of the true university.

JAMES T. MC LAUGHLIN

BERTA BORNSTEIN
1899-1971

Born in Poland, the daughter of an engineer, Berta Bornstein received her education in Berlin where the family had moved shortly after her birth. There she taught in a school for disturbed children. She and her sister, Steff, entered training analysis in the early 1920's, Berta with Hans Lampl and later with Edward Bibring. Her stay in Berlin was twice interrupted by periods spent in Vienna, the second time to escape Nazi persecution. In Vienna she was already well established as an analyst by 1933, and there she worked with Anna Freud, whose ideas about child analytic techniques were congenial to her. In 1938, she came to New York where she taught child analysis at the New York Psychoanalytic Institute, conducted analyses of children and adults, and supervised the child analytic work of many students. She also taught at the Philadelphia Psychoanalytic Institute. She was an Honorary Member of the American Psychoanalytic Association. She died on Vinalhaven in Penobscot Bay, the island she loved more than any other place. Her sister, Steff, also a distinguished child analyst, died in 1939. Her brother, Joseph, a well-known journalist in Germany, came to New York; another brother lived in San Francisco. Such are the few ascertainable facts of Berta Bornstein's life.

The dozen or so papers she published—her wastebaskets were full of beginnings that did not satisfy her—are among the most valuable in the whole literature of child analysis. They, and her teaching, are convincing evidence that Berta Bornstein stood pre-eminent among analysts in her understanding of children. Even more striking was her knowledge of how to convey this understanding to the child: she always knew what to say so that her ideas or intentions were exactly conveyed; she formulated her thoughts with such perfect clarity that even a child (as adults are likely to say) could understand. She seemed to

master a case in its entirety, remembering details of cases presented for supervision better than the therapist actually conducting the therapy.

Her high standards were frightening at first to students, but many came to recognize in her the finest teacher they had ever encountered.

She was indeed, as one of her fellow-workers with children has said, a most exacting teacher but a most indulgent friend.

GERARD FOUNTAIN

GUSTAV BYCHOWSKI, M.D.
1895-1972

When Gustav Bychowski died on April 3, 1972, in Fez, Morocco, he was on a vacation with his beloved wife, Maria. Zestful, restless, he was to the last curious to know how men lived everywhere.

Born in Warsaw, Poland in 1895, son of a prominent neuro-psychiatrist, Gustav Bychowski came of a long line of Jewish scholars. After receiving his medical degree at the University of Zürich, he trained in psychiatry at Burghölzli under Eugen Bleuler and in psychoanalysis in Vienna under Freud. In 1921, he returned to Warsaw where he became a pioneer in psychoanalysis and made the first translation of Freud's Introductory Lectures into Polish. A daring flight from Hitler's invasion of Poland finally brought him and his family to the United States in 1941. His only son, forever mourned, was shot down over Germany while flying with the Britain-based Polish Air Force.

In the course of his long, illustrious career, Bychowski wrote over a hundred and fifty papers and books. Though he left scarcely any subject of psychoanalytic *Problematik* untouched, his chief interests lay in the psychoses, in artistic creativity, and in sociological issues. A dedicated clinician, he felt the psychoses were a challenge for psychoanalysts and often exhorted his younger colleagues to explore this scantily illuminated territory. His keen clinical observations and deductions, together with his rich speculative mind, brought him to view the psychotic as involved in an endless, mostly futile struggle to rid himself of the conflicts of internalized archaic objects (introjects). By con-

trast, he held the artist able to be in touch with these titanic conflicts within himself and to achieve their temporary exteriorization—thus offering the human fellowship a pathway to catharsis. Gustav Bychowski also searched for light in the chaos of our time: he sought to clarify the character of sadistic dictators, he worked compassionately on behalf of the psychiatrically ill survivors of the Nazi holocaust, and he wrote of the psychic distortions caused by poverty.

So much for the barest outline of Bychowski's written legacy. But deeper still are the imprints he, the man, left on the many who knew him as therapist, teacher, colleague, or friend. Innumerable people, involved in a vast variety of pursuits, gathered in the gracious and hospitable Bychowski home. There, just as in the halls of our scientific meetings, Gustav commanded attention. A truly cultured man, in him the scientist vied with the humanist and art lover for pre-eminence. He met each individual with insatiable curiosity and frank directness, and to each he gave his full attention, wanting to know what he could share with him. Each of us who knew him could tell of his own experience with Gustav, for we had each been met by him in a unique and personal way. This capacity for differentiation must have stood in the center of his clinical charisma, of which the many letters from his former patients speak.

It is a pain and a pity that Gustav Bychowski cannot interrupt this epilogue with his own witty and wise contributions. It is a pain and a pity that he is gone.

MARTIN WANGH

**IVES HENDRICK, M.D.
1898-1972**

Dr. Ives Hendrick, professor emeritus of Clinical Psychiatry at Harvard University and president of the American Psychoanalytic Association in 1953 and 1954, died on May 28, 1972.

After receiving his medical degree at Yale in 1925, he studied at the Psychoanalytic Institute in Berlin. He joined the psychiatry department of the Harvard Medical School in 1930 and served as Director of Education at the Massachusetts Mental

Health Center (Boston Psychopathic Hospital) from 1949 to 1956, and as Director of its Harvard Teaching Unit from 1949 to 1964. He was engaged in the practice of psychiatry and psychoanalysis from 1930 until his retirement a few years ago.

Ives Hendrick often mentioned that teaching was his greatest source of pride, and he taught in many places: general hospitals, social work schools, residency programs, and at the Boston Psychoanalytic Institute. But it was the Harvard Teaching Unit at the Boston Psychopathic Hospital to which he devoted most of his time, teaching psychiatry to medical students

His clinical work was a rare combination of active, inquisitive thoroughness, in the tradition of university medicine, and an extraordinary intuition. He combined the methods of medical psychology with those of psychoanalysis. For him, psychoanalysis was the medical attitude brought to the mind and was, therefore, fundamentally an empirical study. He was unusually adept at separating psychoanalytic facts and ideas.

The author of numerous papers, many of them on ego development, Ives Hendrick also wrote two books, *Facts and Theories of Psychoanalysis* and *Psychiatric Education Today*, published in 1965. He continued to write and to teach despite ill health.

He is survived by two daughters, Mrs. James Rumsey and Mrs. Robert Rusnak. His students, colleagues, and friends will long remember him for his many accomplishments and ideals.

LESTON L. HAVENS

SIMON KWALWASSER, M.D. 1910-1971

Dr. Simon Kwalwasser died on August 29, 1971 after a long and painful illness. In keeping with his sterling character, he was courageous to the very end, complaining only that the medical people were giving him too much sedation which interfered with his sensory input. He once lightly remarked to his wife, Marie, that Freud had had a worse time and had also objected to too much morphine.

Dr. Kwalwasser's premature death leaves a void in clinical psychiatry and psychoanalysis which is not easily filled. In his

quiet, modest way he had achieved considerable stature in the profession. He was the author or co-author of more than a dozen papers in psychiatry and neurology. He was a graduate of the New York Psychoanalytic Institute and later served at their Treatment Center. He was a member of the New York Psychoanalytic Society, The American Psychoanalytic Association, and a charter member of the Long Island Psychoanalytic Society. With his appointment as Clinical Assistant Professor of Psychiatry in the Psychoanalytic Division of the Downstate Medical Center, he became a member of the Psychoanalytic Association of New York. For over twenty years he was Associate Medical Director at Hillside Hospital and in 1960 became Attending Psychiatrist at the Long Island Jewish Hospital where he was appointed the first Program Director of Psychiatric Education for the Non-psychiatrist, the first such program in the area. He was largely responsible for the development of a psychiatric service at Booth Memorial Hospital.

Above all, Dr. Kwalwasser was a clinician who made himself available to members of the medical professions and who treated many young physicians, nurses, psychologists, and social workers.

He is survived by his wife and a son whose great loss is shared by his many friends and colleagues.

SAMUEL R. LEHRMAN

SANDOR RADO, M.D.
1890-1972

Sandor Rado, a life member of the American Psychoanalytic Association and an outstanding leader in psychoanalytic education since 1926, died on May 14, 1972 at the age of eighty-two.

Born in Hungary, Dr. Rado was strongly influenced by Freud's early discoveries concerning unconscious mental processes and the sources of unconscious motivation. Freud, Ferenczi, and Abraham contributed directly and most profoundly to his future development as a psychoanalytic theorist and as an educator. In 1926, Freud appointed him Editor of two psychoanalytic journals, the *Zeitschrift für Psychoanalyse* and *Imago*. He became co-director of the Berlin Psychoanalytic Institute where he was

instrumental in developing the general psychoanalytic curriculum and the tripartite approach to psychoanalytic training which has remained the basic model for all psychoanalytic institutes to this day.

Dr. Rado was invited by Dr. A. A. Brill and the New York Psychoanalytic Society to come to New York and help organize its new institute along the lines established in Berlin. His 1937 report as Educational Director of the New York Psychoanalytic Institute stressed the need for broader clinical facilities and for a more extensive knowledge of the biological sciences in psychoanalytic training.

He sought to expand the study of human motivation to include not only its principal source in psychoanalytic theory but also the contributions of other disciplines. His efforts to integrate the findings of biology, neurophysiology, psychology, and comparative sociology with psychodynamic concepts evoked much controversy. The intensity with which he expressed his convictions and his personal dynamic quality tended to create a sharp polarization of adherents and opponents. These problems have obscured the value to psychoanalysis of his studies of the ego's adaptive emergency functions in response to anxiety and of his contributions to our understanding of the superego and the self.

In 1944, Sandor Rado and other psychoanalysts from the New York Psychoanalytic Institute established at Columbia University a second New York institute, the Columbia Psychoanalytic Clinic for Training and Research, which was approved by the American Psychoanalytic Association. Dr. Rado was its first Director and remained there until his mandatory university retirement in 1955.

One side of Sandor Rado as a man is little known. He had recognized that Nazism and the impending war would be a terrible threat to psychoanalysis and to European practitioners. After his arrival in the United States, he quietly and without fanfare encouraged many leading psychoanalysts to leave for this country and directly aided their emigration as well as their resettlement.

Dr. Rado was a brilliant, innovative, and creative man whose exciting teaching of psychoanalytic theory had a profound and lasting impact on his students. As an expositor of complex and

difficult concepts, he had few equals. He remained convinced that psychoanalysis was and should continue to be a medical discipline.

The future will determine the ultimate place of some of his theoretical concepts, but the direction he gave psychoanalytic education and his ability to endow his students with an enthusiastic commitment to psychoanalysis as a therapy and as a research instrument, remain a lasting tribute to a great teacher and an extraordinary man.

AARON KARUSH

PHILIP WEISSMAN, M.D.
1911-1972

A grievous loss was suffered by many of us when Dr. Philip Weissman died on February 27, 1972, at the age of sixty-one. No catalogue of his gifts and achievements can adequately convey a true image of the man who in both his professional and personal life displayed a fervent and complete engagement.

Aside from his skill as a therapist and his talents as a teacher, Dr. Weissman enjoyed a well-deserved reputation for his theoretical studies in psychoanalysis and for his work in the field of creative imagination, notably in literature and the theater. In addition to his perceptive papers on Eugene O'Neill, Tennessee Williams, Shaw, Hemingway, and others, his book, *Creativity in the Theatre* is highly esteemed. Included in this volume is a paper dealing with the psychological determinants of the assassination of Abraham Lincoln which may rightly be viewed as a model for the informed and sophisticated enrichment of history and biography by the insights of psychoanalysis.

Dr. Weissman's death brought a painful void as well as a sense of deep sorrow to his family, his colleagues, and his innumerable friends who loved him for his keen intelligence, his engaging character, his subtle humor and puckish playfulness, and his capacity for warm and enduring friendships.

He is survived by his wife and two sons, Dr. Stephen M. Weissman, a psychiatrist, and Julian Weissman, a writer.

BERNARD C. MEYER

The Challenge: Despair and Hope in the Conquest of Inner Space. Further Studies of the Psychoanalytic Treatment of Severely Disturbed Children. By Rudolph Ekstein, Ph.D., et al. New York: Brunner/Mazel, Inc., 1971. 354 pp.

Henri Parens

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BOOK REVIEWS

THE CHALLENGE: DESPAIR AND HOPE IN THE CONQUEST OF INNER SPACE. Further Studies of the Psychoanalytic Treatment of Severely Disturbed Children. By Rudolph Ekstein, Ph.D., et al. New York: Brunner/Mazel, Inc., 1971. 354 pp.

This book is a most respectable companion to Ekstein's *Children of Time and Space, of Action and Impulse*¹ which evolved from the Reiss-Davis Child Center's Childhood Psychosis Project. The Challenge is in five parts preceded by a Prologue that carries a plea for the continued support of treating the individual at a time when the tide of community psychiatry rides high.

Part One considers diagnostic issues and questions whether the medical dichotomy of diagnosis and treatment should be maintained in our work; the Reiss-Davis staff advises (they are not the first to do so of course) that therapy should be contained within the diagnostic assessment procedure. Parts Two and Three consist essentially of clinical case material with discussions of treatment rationale and technique as well as points of theory. Dr. Ekstein's chapters on his patient, Teresa Esperanza, are most sensitive, instructive, and sound. Part Four draws attention to what may too often pass unnoticed except when one is knee-deep in the therapeutic work itself: 'the need for a working alliance with . . . support systems', including particularly casework and parenting systems. Part Five, entitled Research Issues, consists of various research considerations that arise from the Project, a source with a multitude of research possibilities and problems.

The central theme of *The Challenge* is Ekstein's concern with and inquiries into the characteristics and therapeutic capabilities of the psychoanalytic treatment of severely disturbed (psychotic and markedly borderline) children and adolescents. This book is principally a clinical casebook, displaying the notable sensitivity of Dr. Ekstein and some of his contributors and shedding new light on questions of diagnosis and treatment, on pathologic function and development, and on questions of clinical theory. It is an excellent source of recorded clinical data; indeed the technique of reporting highly detailed hours—as Geleerd

¹ Cf., review in *This QUARTERLY*, XXXVII, pp. 132-135.

wished it²—is most useful. One must recognize, however, as Greenacre noted,³ that tape recordings of verbal content often fail to convey affective and motor expressions.

The book raises questions that are particularly relevant today. (Note Heiman Van Dam's report of the discussion recently held in Vienna by the Association for Child Psychoanalysis [see Dr. Blos's Newsletter, November, 1971]). What are the characteristics of the variations in the analyst's therapeutic endeavors with disturbances that may range from the neuroses and character disorders to developmental deficits, borderline states, and psychoses? Ekstein's work makes a significant contribution toward further clarification of this question.

Ekstein and his contributors hold that the psychoanalytic method, with some appropriate modification, is 'a valid model and instrument for the treatment of psychotic children' (p. 61). Their treatment method is metapsychologically formulated to be 'based on a three-dimensional model combining the topographic and structural models, [conceiving] of the structural model as operating in depth' (p. 63). It is my impression that the discussion of this point (pp. 209-212), while requiring more clarification, offers thought-provoking ideas. For example, using Erikson's 'dominance' concept as applied to psychosexual phases, they question whether one can think of 'defense dominance', 'adaptive-device dominance', 'reality testing dominance', etc. They point out the need to view id, ego, and superego in terms of their more archaic and more advanced forms, pointing to 'fluctuations' in function and hence in drives, object relations, etc. This, they feel, is what a composite structural topographic model would afford us. But it seems to me that what they may be proposing can better be formulated in terms of the epigenetic aspect of evolving id, ego, and superego; and indeed, they lean, correctly, on the epigenetic aspect of the structural, adaptive, genetic, dynamic, and economic points of view. Thus they seem to support assessing the status of psychic functioning according to its epigenetic evolution, as Anna Freud has spelled out.

* Geleerd, Elisabeth R. (1967): *The Child Analyst at Work*. New York: International Universities Press, Inc.

* Greenacre, Phyllis (1971): Discussion in *Separation-Individuation: Essays in Honor of Margaret S. Mahler*. Ed. by John B. McDevitt and Calvin F. Settlege. New York: International Universities Press, Inc.

The authors shed light on some of the characteristics of their treatment strategy, some of which may not pass unchallenged. For example, they observe that variations 'within the severely disturbed' call for variation in mode of intervention. 'This variation is the degree to which . . . distortion of reality' is used to organize psychic life. And they note, comparing work with psychotics and neurotics, that the intervention where there is no motivation for allegiance to the external reality is markedly different from that where there is some toehold in terms of the patient's maintaining some degree of allegiance to the treatment' (p. 38). In consequence, they advance the view that 'it becomes necessary for the therapist initially to retreat completely with the patient to his primary process world . . . in order to establish communication. In contrast to the usual analytic approach with the neurotic, where the pursuit of material is in the service of restoring unconscious content,—with the psychotic, the pursuit is to re-establish the wish to re-cathect reality episodes and advanced ego functions' (p. 29). To achieve this end they advise that the therapist must regress in the service of treating the child. But it is not clear to this reader what that means. Their clinical examples suggest not *regression* in the therapist, but a state of *receptiveness* to thoughts, actions, and affects deriving from primary process cathexes, joined in the therapist with a readiness to serve the child as an auxiliary ego. The word regression as used in this regard by the authors requires further clarification; perhaps then a more appropriate term may be found.

The authors strike a very significant note when they observe that the essential problem is to create in the psychotic 'the wish and need for external reality' (p. 31). 'The therapist must seek to help the patient bridge the discontinuity with the external reality' (p. 38). The authors recognize the great problems created by the archaic levels of drive, ego, and superego-precursor functioning as well as the enormous difficulty in modifying archaic cathexes and in enhancing further structural development.

The book includes comment, of course, on the character of the transference. Ekstein sees the psychotic transference to be characterized by the lack of separateness in self and object representations, in fusion states. In this he concurs with and indeed implements the formulations of Mahler and Jacobson. He sug-

gests 'that the inability to maintain goals and goal-directed behavior, the incapacity to establish life purposes which are realistic, stem from the fact that schizophrenic adolescents are unable to maintain object constancy . . . , [with stable enough] self and object representations' (p. 78). He believes that therapy with these patients must concern itself with progression toward object constancy.

This view is totally accepted by this reviewer. I miss, however, the necessary occasional reference to the reciprocity between progressions in development of id, ego, and superego precursors with progressions toward object constancy. Similarly, the factor of object splitting, as elaborated by Otto Kernberg, is not included in their central formulations of treatment aims, aims stated in terms of Mahler's separation-individuation process, in which splitting—defense and cathectic constructs—plays a vital part. Yet in the clinical material and in the therapist's efforts, object splitting is prominent. For example, Ekstein tells us that it is essential to have Teresa accept her own destructive impulses and in the transference he tries to help her live out and master her dread of the dangerous 'bad' (self-object) introject. It may be pertinent to note here that further integration of the work of Mahler and Kernberg, with contributions like Ekstein's, would help us to assess better the role of object splitting within the framework of separation-individuation in normal and pathologic development. Another of Ekstein's observations that helps to delineate the character of the treatment of these patients is that 'rather than recalling, talking about, and reflecting upon the theme, the patient lives out the problem of object constancy with the therapist in the present' (p. 184). And, going further: the psychotic 'struggles with the problem of *acquiring constant self and object representation*, of restoring some continuity in [his] life by means of restitutive processes'. This Ekstein notes is 'the *psychotic patient's equivalent of reconstructive activity*' (p. 180).

The authors recognize, of course, that the treatment of these children varies in significant ways from a classical child analysis. The analysis of the infantile neurosis by means of a 'transference neurosis', employing the method of defense and conflict content analysis via interpretation, is not possible in Ekstein's children.

He believes that the major analytic aim with psychotics is to further the development of separation-individuation by means of a *transference psychosis*, employing a method that is not interpretation, but which the authors attempt to illustrate and discuss. It is readily apparent that the analysis of psychotics is vastly different from that of neurotics, that developmental arrests in psychic structure and object relations require a vastly different treatment methodology. Is the psychoanalytic treatment of these children a variant of psychoanalysis or is it an intensive 'psychoanalytically-oriented psychotherapy'? However one may answer this question, the work of Ekstein and his staff makes an important contribution toward better understanding of the issues.

For this reviewer, the rich clinical material in this book supplies data concerning psychic functioning and development that raise and in some instances help to clarify further theoretical questions. Only two issues can be commented on here: the concept of object constancy as applied to the psychotic child, and a refinement of ideas on reality testing based on their observations.

Concerning the first issue, this material re-enforces the conviction obtained from many sources that the vicissitudes of the destructive drive, in its relationship with the other structural agencies as well as to self and object, is a central factor in the disturbed functioning of the psychotic and borderline patient. Ekstein remarks: 'What we . . . see . . . as a *core problem* is the rigid persistence and implacable constancy of the destructive, dangerous object (having grown out of negative introjects), which by its danger to the ego and patient and world must constantly be destroyed lest it destroy' (p. 185). He adds that the synthetic function of the ego is absent in the psychotic. As a result, the psychotic ego, 'to maintain constancy, has to maintain rigid and unchanging image representations of the object' (p. 186). I shall return to this in a moment. 'The function [sic] of normal object constancy . . . makes possible the integration and synthesis of present objects seen in totality and reality with the memory of past objects and object representations'. Thus the ego integrates past and present '*memory and perceptions into one effective object entity*'. In the psychotic process, only the powerful, raw, past images predominate and the present perceptions are rigidly cloaked in past images' (p. 187). Note the role object splitting plays in these formulations although the term is not used.

Ekstein adds a fresh thought to this complex formulation. Speaking of the patient, Don, he states: 'He excluded reality objects except as an echo of the inner introjects, *which had achieved a frozen and immutable psychotic object constancy*' (p. 324, reviewer's italics). This statement raises an interesting problem. No doubt there is a frozenness, an immutability of psychotic self-object representations. But does that bespeak object constancy as it is intended by Hartmann, Mahler, J. B. McDavitt, and others? It may well be that Ekstein's point draws to our attention the complexity of 'object constancy'. As Mahler, McDavitt, Fraiberg, and others have emphasized, 'object constancy' is not equivalent to Piaget's concept of 'object permanence'. Where object permanence refers to the ability to hold in memory the representation of an object (thing) even in its absence, object constancy refers to the ability to retain psychically and stably enough the representation of the *libidinal object* (Spitz), and we may have to add, *within the context of a positive enough object relation*. While it is true that cognitive capability and immutability of object representation are contained in the psychoanalytic concept of object constancy, even more important is the question of a qualitative and quantitative positive enough libidinal object relation which is at the core of the concept. Ekstein's comment deserves attention and, in this reviewer's opinion, may propel further clarification of this invaluable concept. No doubt the relations of the drives and ego to the self and object are at the center of the concept; no doubt, too, an excessive aggressive (destructive) cathexis of the self and object representations plays a large part in deficits in the synthesis of the good and bad (self and) object representations, in differentiations of self and object, and in the stabilization of self and object constancy.

The second issue on which we comment is the authors' belief that the maldevelopment of reality testing in psychotics derives from the miscarriage of the separation-individuation process. They propose that psychotic children '*reverse the usual reality testing procedure*'. Normally, it is expected that the external environment will be used as the criterion against which to test the reality of an inner or outer percept. *These children*, instead, use their *inner experience as criteria* against which to test the validity of the outer experience' (p. 26). The psychotic does not

lack psychic organization, they believe. Rather, an organization based on inner reality testing exists, and is protected against the therapist's intrusions and disruptions which threaten dissolution.

In a derivative postulate, they perceive of the cathexis of external and internal reality as the basis for reality testing, not as discrete or dichotomized, but 'as ends of a continuum' (p. 28). They view the borderline individual as one who fluctuates between the use of each source of criteria for reality testing, rather than as being on the borderland or at the edge where internal and external meet. In a later chapter, they advance Hartmann's view that testing outer and inner reality may be distinguished from one another as processes since 'with the neurotic testing of inner, with the psychotic testing of outer reality is interfered with' (p. 46).

One problem occasionally found in the book requires mention: there is some looseness in some areas of metapsychologic formulation. Thus one author comments on '. . . the importance of the role of the development of self, following its individuation and differentiation of the object'. 'This', the author says, 'is considered the very first task of the personality organization' (p. 226). This troublesome, vague statement reflects an ordering that fails to recognize what separation-individuation (Mahler) means, i.e., that the development of self and object occurs *simultaneously, reciprocally*, out of an inherently narcissistic symbiosis. Also, I miss the recognition throughout the book of the reciprocal relation in the development of the separation-individuation process and that of psychic structure, the reciprocal relation of the differentiating self and object on the one hand, and the id, ego, and superego on the other.

More care too is recommended in the use of terms. For example, I found that in several instances of clinical reportage the therapist's 'interpretations' were not such in the technical meaning of the term, but were rather some form of 'commentary'—drawing attention to serial events in sessions—or 'confrontation', consisting of putting experiences, affects, acts, into words, drawing attention to motivations in the present without connection to the past. What, also, is 'the actuality principle'? If it is a new concept it ought to be defined. Or, 'the *symbiotic sac* as the energizing force' (reviewer's italics) creates a harsh se-

mantic problem. How can a symbiotic sac, or 'symbiotic membrane' as Mahler called it originally, be a source of energy? Also, what is 'the function of normal object constancy'? Is this again just a semantic problem or is it the author's conceptualization that object constancy is a function? If the latter, it is in this reviewer's opinion not correct.

Despite these complaints, this book makes a large contribution toward clarifying some questions relevant to the psychoanalytic treatment of very disturbed children. In addition, the sensitive clinical material it contains is a rich source of recorded data. There are many clinical and theoretical lessons to be learned from the book. Whether or not one treats patients as disturbed as Teresa, it is highly recommended to all therapists of children and adults.

HENRI PARENS (PHILADELPHIA)

CHILDHOOD AND DESTINY. *The Triadic Principle in Genetic Education.* By Joachim Flescher, M.D. New York: International Universities Press, Inc., 1970. 349 pp.

Flescher raises the questions: 'Why is it that after more than half a century of application of the psychoanalytic method to the study of normal as well as abnormal psychic phenomena, no integrated and effective philosophy for the prevention of neurosis has been developed?' (p. 7), and why have '*we [the psychoanalysts] . . . not yet found the right approach for reversing psychic disorders?*' (p. 9). Although Flescher does not take issue with psychoanalytic theory as developed by Freud, he is very critical of its application to prevention and treatment by 'traditional' analysts.

As the title of the book indicates, two main concepts (among many others) are introduced: the 'triadic' and the 'genetic analytic principle'. According to Flescher the understanding of these terms leads logically to the application of dual psychoanalysis and 'genetic education'. Flescher believes he has found the answer for the cure and prevention of mental illness. His principles are overlapping, are used interchangeably and in combination, and are defined in the following way: 'The triadic

principle to which the methodology of genetic psychoanalysis adheres, is rooted in the proposition that a *child is not only the biological but also the psychological product of both parents* (p. 14), and 'according to the triadic principle, the child is as much a psychological product of *two* parents as he is their common biological product' (p. 103). The 'genetic principle' consists of the 'emotional (genetic) environment of the family [which] by far overshadows any other physical or mental influence on the future of the young' (p. 7). The author criticizes classical psychoanalysis for neglecting the importance of the relationship between the parents and particularly the role of the father in the development of the child's personality. In his view this neglect explains the continuation of the faulty classical dyadic analytic technique.

The influence of preœdipal development is taken into consideration but only in terms of the 'genetic principle'. It is the relationship between the parents that shapes the mother's attitude toward the child from the day of conception until after maturity is reached, if the individual remains in close contact with one or both parents. Flescher regards the œdipus complex as the cornerstone of every mental illness and maintains that '*the resolution of the œdipal conflict is entirely dependent on the attitude of the parents*' (p. 280). He criticizes those research efforts (no references are given) which study 'the minutiae of the "individuation" process of the child by observing mother and child exclusively, without the third member of the genetic triad, the father' (p. 255), and sees no merit in investigating 'the details of the child's gradual demarcation of his Self from the symbiotic mother-child image, in the hope of finding the answer to questions concerning therapy and prevention' (p. 255).

On the basis of these theoretical considerations, the term 'genetic scripts' is introduced. The essence of it is that each parent, because of his own childhood experiences, has developed conscious and unconscious fantasies and needs in regard to the child, which prompt him to assign a specific role to the child. These 'genetic scripts' are enforced by the parents 'on the child during the years of his development and for the genetic plays he enacts for the rest of his life' (pp. 112-113). The author concludes that 'the adjustment of the offspring to the role assigned

in the genetic play can be modified effectively only through analytic therapy in a triadic setting' (p. 114), that is, dual therapy.

Flescher presents numerous case studies that vividly describe the parents' role in the pathogenesis of their children's mental disorder. These case vignettes are illuminating reading for parents and family therapists, but they suffer from oversimplifications of cause and effect. Almost exclusive importance is ascribed to the 'genetic script' as the sole source of mental illness. There is therefore no appreciation of the complexity of the patient's premorbid personality.

The reader who has not read Flescher's previous publications discovers only toward the end of the book that dual therapy consists of many variations. The frequency of sessions varies from once to many times a week. The patient meets with a male and a female therapist alternately. Sometimes both analysts are present in one session; at other times two members of the family, the spouse, or the parent of the patient are seen in sessions with one therapist (conjoint therapy). 'Synoptic cross recording' is also used: at the end of a session one therapist dictates on tape a short summary monitored by the patient. The tape is then played at the beginning of the next session with the other therapist and the patient is invited to react to it.

Flescher's rationales for dual therapy are manifold.

1. Dual therapy spares the patient the distortion of reality. According to the author in the dyadic analytic setting 'we are expecting from him [the patient] the accomplishment of a rather difficult task: we are straining the necessary distortion of reality on the part of the analysand by compelling him to direct both maternal and paternal transference onto the one and only available figure of the analyst' (p. 13). Later he raises the following questions. 'If the patient is afforded only a male therapist, how can the [transference] relationship with a male analyst reflect events and repercussions which have taken place between a patient and his mother without seriously taxing his capacity for reality testing? Moreover, how can a *triadic* occurrence in the patient's past, that is, a traumatic event or a long-lasting detrimental pattern involving *both* parents and the child, be relived and worked through *emotionally* in a relationship with only one analyst?' (p. 15).

2. Dual therapy permits a corrective experience of the traumata suffered in the patient's development. This is made possible by the actual presence of father and mother figures who do not repeat the 'genetic play' of the parents. Although identification, particularly projective identification (no reference to Melanie Klein), unconscious conflicts, and fantasies are often mentioned, Flescher seems to have little understanding of the internalization of conflicts, and the presence of 'good' and 'bad' self and object representations within the ego which distort the perception of external reality. This may be one reason why Erikson, Jacobson, M. Klein, and Winnicott—to name just a few authors who have made substantial contributions in the field of object relations—are not referred to at all.

3. Dual therapy prevents a 'hopeless' transference-countertransference impasse and the development of transference psychoses. The author has a keen eye for the possible countertransference manifestations that may develop in a classical psychoanalytic setting and that may influence the development, intensity, and resolution of the transference neurosis. To justify his rationale for dual therapy he resorts to circular reasoning: because the dyadic setting does not take into account the triadic principle, it favors 'the undisturbed operation of infantile fixations in the analyst which have *survived his own personal and didactic analyses*' (p. 83). In spite of intensive and extensive didactic analyses, 'these unconscious conflicts had to remain unresolved . . . [and] provide the matrix for his [the analyst's] *untherapeutic countertransference attitudes and responses*' (p. 84). Flescher claims that 'the traditional setting allows the analyst to unknowingly participate in and abet the patient's infantile fantasies' (p. 85). He concludes, 'It is precisely this dyadic feature of the analytic setting transmitted to us by Freud which I hold responsible for its failure to achieve that final psychological maturation of the patient to which analysis is committed' (p. 92).

4. Dual therapy keeps in check the countertransference involvement of the therapist. It is hard to understand how someone who has such a sensitivity for spotting countertransference in the traditional analytic setting can claim that in dual therapy it is 'strikingly' reduced. According to Flescher this comes about because 'there is always a relatively uninvolved observer available

in the therapeutic triad. Each therapist has in turn the opportunity to observe from a distance the patient in interaction with his co-therapist of the dual team' (p. 102). In dual therapy 'the male therapist comes to stand psychologically for the father, the female therapist for the mother. This function, free of the ambiguities besetting the traditional analytic transference-countertransference interaction, has a *maturational influence on the therapist himself*. The fact that therapists, after having applied the dual method, often marry after many years of indecision, is only the most obvious sign of this influence' [*sic*] (p. 79).

This reviewer has never practiced dual therapy but has extensive experience with therapeutic teamwork in the treatment of hospitalized patients and in the diagnostic evaluation of adults and children. In such teams, consisting of male and female staff, countertransference attitudes are invariably present in a subtle—and often not so subtle—form, and have to be watched constantly by consultants and by the members of the team to safeguard optimal service to the patient. Nevertheless, treatment or diagnostic failures can be traced—fortunately not too often—to transference-countertransference involvements between the patient or his relatives and members of the team. The reviewer's experiences, therefore, do not support the author's claim.

At the end of the book Flescher presents twenty-three practical rules for 'genetic education'. They are meant to be guidelines for parents and educators and are, according to the author, 'only illustrations for the practical application of the triadic principle in raising children' (p. 289). No traditional psychoanalyst will take exception to these rules. They are sensitive and valuable guidelines and can be recommended to everyone concerned with child-rearing and the prevention of mental illness.

The provocative and polemic style that Flescher employs throughout this book does him a disservice. It makes it more difficult for the reader to follow with an open mind and to appreciate the contributions he has to offer. In spite of substantial advances in psychoanalytic theory, Flescher refers consistently to the 'traditional analysts' as if there were no distinction or variation among them, which results in a continuous reference to 'them' versus himself. This attitude is also reflected in the preponderance of references to his own work and the absence of

references to recent psychoanalytic literature. Whether his rules for 'genetic education' will prevent mental illness remains to be seen, since he fails to find a way to prevent parents from imposing their unconscious needs and fantasies on their children.

CERTRUDE R. TICHO (TOPEKA, KANSAS)

THE FRAGILE ALLIANCE. An Orientation to the Outpatient Psychotherapy of the Adolescent. By John E. Meeks, M.D. Baltimore: The Williams & Wilkins Co., 1971. 282 pp.

This volume is addressed to psychotherapists who are inexperienced in treating adolescents. It is intended as a practical handbook, utilizing concrete descriptions of the therapist's behavior in the office setting. The author views adolescence from a frame of reference that leans heavily on Blos and Erikson. However, the significant loss of conceptual precision from oversimplification makes the framework more 'psychodynamic' than psychoanalytic.

The book is divided into two well-organized sections. In the first, Meeks takes up the special attributes of adolescents, and what these in turn require of therapists. The diagnostic evaluation, establishment of the therapeutic alliance, and problems of ongoing psychotherapy are discussed in logical sequence. Chapters are devoted also to termination and to dealing with parents, with recommended readings at the end of each chapter.

The second section is concerned with the technical complications arising from extreme behavior. Meeks reviews the problems of suicide attempts, runaways, violence, legal infractions, sexual activity, illegitimate pregnancy, acute psychosis, and drug abuse.

The author's breezy style does not obscure his obvious sensibility and empathy as a clinician and therapist. The numerous vignettes will doubtless stimulate the neophyte reader's identification with him. However, the descriptions, though concrete, are not detailed and specific enough to pinpoint the developmental sub-phase status of the patients discussed. Nor are the general developmental principles applied in sufficient systematic exegesis to convey the workings of the diagnostic evaluative process and the application of the results.

Meeks considers modalities other than outpatient psychotherapy in a valuable discussion of brief and extended hospitalization, group

therapy, and family therapy. It should have included, among other possible interventions, indications for removing an adolescent from home through placement in a residential school, foster home, or with relatives.

The author obviously prefers brief psychotherapy in adolescence, stating explicitly that therapy is often unduly prolonged. Similar misleading generalizations give short shrift to psychoanalysis of the adolescent. Emphasizing the truism that '... the adolescent patient is not a candidate for thoroughgoing and complete psychoanalysis ...' detracts from the valuable psychoanalytic work that can resolve a conflict and get the developmental process going again in situations where brief psychotherapy is insufficient.

Despite these objections, I would recommend this book to residents in training. As for the shortcomings, I would view them as Meeks approaches his adolescents, hoping they will yield to further growth and development in a maturer second edition.

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

THE RELEVANCE OF EDUCATION. By Jerome S. Bruner. New York: W. W. Norton & Co., Inc., 1971. 175 pp.

Jerome S. Bruner is an eminent psychologist and educator. In this book he characterizes the present educational crisis as an expression of a struggle between an ennobled child and an ignoble teacher. His requirements for tutorial skills are modest. Bruner assumes that teachers will 'invent for the child modes of access to the empowering techniques of the culture'. He insists that teachers and schools assume responsibility for the intellectual growth of the child. He asks that teachers be intuitive and innovative. As for the children, he believes that they are well motivated for education and he has been forcibly struck by their avidity to make hypotheses.

At this point the teacher becomes the villain who robs the children of an opportunity to indulge their needs to hypothesize. It is the teacher who has weakened the educational structure, who does not allow children to develop their intuitive faculties. Bruner's grievances against teachers multiply: they do not know how to teach; they do not prevent useless learning; they become involved 'in near sadistic dissections' of their pupils; they teach

what must be painfully relearned; and they have bias against those who live in less technical cultures because 'it makes no difference to them'. The diatribe continues to involve educational institutions that 'ignore the issues of our times' and fail to create a widely accepted theory of education.

As we examine the author's methodology of resolving the dilemmas of contemporary education, we discover that he readily admits he is unable to define intuition, that he does not know how to encourage it; nor can he stir the motivational forces of pupils. Instead he advocates that a 'syllabus of economic tricks' be published to aid education. He illustrates several of these 'tricks'. One is a word game which he considers important but then gratuitously and lamely adds that 'we are not certain what was discovered'. He plays numbers games to instill within the children greater confidence in their intellectual ability. He suggests that this phenomenon be studied so that it can be transferred to other learning areas. He offers other techniques of teaching which he refers to as 'tricks'. Although he is scholarly and provides evidence of great learning, one wonders if he meets his own requirements for teaching. If children are so well motivated and hypothesize so easily, why must a 'syllabus of economic tricks' be published or why must any technique be called a trick?

There is an implication in the book that the author's scientific credo ('scientific thinking has moral, social, and political consequences') has impelled him to replace scientific judgment by sympathy. However, his interest in poverty has produced an excellent description of the debilitating impact of poverty upon language development, motivation, and cultural growth. The author warns that social pathology cannot be eradicated by massive doses of cultural enrichment as though it were avitaminosis.

EDWIN I. CORBIN (NEW YORK)

THE IMAGES OF MAN. By Bernard G. Rosenthal. New York: Basic Books, Inc., 1971. 244 pp.

The author states in his preface that his study is primarily concerned 'with demonstrating the vast unexamined potentialities of modern man'. In this regard he questions the validity of modern psychological testing and research. He says: 'Because most psy-

chological work and research is done by individuals who have implicitly accepted the values of the society and whose development reveals a degree of reasonably adequate tolerance or adjustment to it, one must conclude that the norms that are involved in this tolerance and adjustment and that permit psychologists to make prudent psychological judgments about individuals in their society must be drawn from the "spirit" and norms of that society itself'. Further: 'By using limited, preformed conceptions of intelligence together with their corollary testing methods, present tests obscure whole segments of intelligence and force responses into concrete thought patterns while deterring more sensitive, theoretical, and deeper solutions'.

Whether or not the reader fully accepts these conclusions, the author's argument deserves careful consideration. He contends that to transcend the limitations he describes, it is necessary to go beyond one's immediate age and culture, to study 'what man has been in the course of Western civilization'. He notes that 'psychologically this has been in part done for the individual by psychoanalysis'.

The author here proposes to enter a field of vital interest to the student of the human mind. To what extent has man differed in different eras of civilization? Is 'human nature' fixed or does it vary under the influence of the socioeconomic environment in which the person has been reared and lives? These questions have intrigued workers in many disciplines—historians, social scientists, classicists, psychologists, philosophers, and psychoanalysts, the last to a minor extent. In the answers to these questions we may find increased understanding of contemporary man.

Rosenthal's approach is to examine three eras: the ancient Greek, the Middle Ages, and the Renaissance. In each instance he reconstructs certain psychological areas and compares his reconstructions with the functioning of modern man. The areas he considers are: 1, intelligence; 2, group behavior; 3, perception; and 4, the ego. (It should be noted that the author uses the term ego in a different sense from that of psychoanalysis.) Rosenthal presents a striking argument for his thesis but at the same time there are distinct limitations. One may question whether the few psychological categories examined give an adequate 'image of man'. Another limitation is the broad sweep of the author's generaliza-

tions. We get no picture of the ordinary man or woman of an era; we see only the giants of philosophy and art.

For each historical era the author evaluates the psychological qualities noted and follows this with a critical evaluation of contemporary tests which, in his opinion, neglect the qualities predominant in other eras. He then offers in each instance a proposal for rectification.

For example, the Greeks are described as possessing 'security and strength in personal action', and 'a vigorous consciousness of political and community life . . . a more acute delight and heightened feeling in life and a more dynamic sense of personal dignity'. In a footnote, however, Rosenthal says: 'Substantial portions of this discussion do not apply to women and slaves who were denied participation in numerous areas and institutions of Greek society'. What then is the 'image of man' in Greek society if we omit women, slaves, and perhaps the craftsman and artisan? Convincing and valuable as are the points the author chose to elaborate, the omissions are so egregious that they cannot be ignored. It is bad form to criticize an author for what he does not say, but with so broad and enticing a title as this book has, it is disappointing to find no reference to the life of the family, child rearing, the customs of ordinary people, and only a few comments on morality. We learn nothing of the pains and pleasures of the craftsman or the peasant, the illness and madness that existed along with the great achievements of past ages. These, too, are part of the image of man.

In each section the author contends that psychological tests now in use fail to elicit the qualities characteristic of past ages. For example, in contrast to 'the adventurousness, the risk-taking capacity, the boldness, the inventiveness, or the zealous experimentation of the Renaissance mind', modern psychological tests 'are more the expression of an accounting, security-oriented system in which (1) cautious and respectable modes of mental process are prominent, (2) acquisition of materialistic or intellectual products (vocabulary, information, etc.) is a prominent cognitive guideline, and (3) conduct of the most prudent mind is a salient standard of "intelligent" behavior'. The reader may agree with the author's criticism of modern psychological testing but he may question whether modern man in this technological and moon-walking era is so lacking in the Renaissance qualities the author admires.

The programs of 'rectification' following the exposition and criticism in each section are puzzling. Their purpose—to realize the potentials of man—would win universal acceptance, but the techniques for the implementation of this purpose raise questions. It is not clear whether the author is proposing new testing techniques or elaborate means for changing modern man. To evoke the medieval-like qualities of perception which Rosenthal believes modern man has lost and which are not brought out in modern testing, he suggests: 'induction of the S[ubject] into mystic, near-mystic and semitrance states through training in Zen-Buddhism or Yoga, induction into twilight sleep or near-hypnotic states through music, mystic incantation, muscular relaxation techniques, or verbal suggestion, and induction into various kinds of transcendent or preconscious conditions by going through an intensely personal spiritual or religious experience or by "proper" use of psychedelic drugs'. If these are proposals for psychological testing, we have, at the least, a new concept of testing; whether valid or practicable is for psychological researchers to determine.

This book has value for the questions it raises, however much one may disagree with the solutions the author proposes. The psychoanalytically oriented reader may be stimulated to apply psychoanalytic thought to these questions.

DAVID BERES (NEW YORK)

PATTERNING OF TIME. By Leonard W. Doob. New Haven, Conn.: Yale University Press, 1971. 472 pp.

THE FUTURE OF TIME. MAN'S TEMPORAL ENVIRONMENT. Edited by Henri Yaker, Humphry Osmond, and Frances Cheek. Garden City, N.Y.: Doubleday and Company, 1971. 512 pp.

Time as a subjective experience determined by the state of intrapsychic balance has clinical significance for the psychoanalyst. The ego functions related to reality testing are also involved in the construction of the time sense. The timelessness of the unconscious, an aspect of the primary process, led Freud to elaborate developmental and structural factors. These two books approach the problem of time from largely phenomenological experimental viewpoints.

Doob states that the purpose of his book is 'to understand time'. This is a monumental task, and in turn, this is a monumental book. His perspective is broad and ranges from detailed discussions of methodological matters to the effects of innumerable variables on the time sense both in terms of its development and assessment. The author's discussions of the effects of motivational factors, drives, and what he refers to as secondary judgment might be of special interest to the psychoanalyst. He also discusses development of the time sense. Here the contributions of Freud and other psychoanalysts are intelligently included and integrated. The special situations of sleep and dreams are extensively reviewed, as well as what the author calls deviations caused by organic factors—such as drugs and hypnosis.

Patterning of Time is a scholarly book which is not easy to read in spite of the authors relaxed and often witty style. This is explained, in part, by the immense number of experiments and essays reviewed (the author states he has read each one himself). Furthermore, every chapter is followed by an addendum which summarizes further essays. In fact, the book contains an organized anthology of works that deal with various aspects of time. For the student and investigator, it is invaluable and he can spare himself hundreds of hours searching through the literature.

For the psychoanalyst, however, this book is of limited value since its approach is mainly a highly sophisticated and penetrating phenomenology that does not contribute much to our primary interests: the unconscious, primary process functioning, the hierarchical elaboration of the psyche, and the clinical significance of specific distortions of the time sense as they are interwoven into the transference regression and projections. One may hope that the expansion of the psychophysical perspectives that are painstakingly studied here may lead ultimately to a mutually rewarding interchange with a psychoanalytic characterological approach.

The Future of Time attempts to give the reader a comprehensive perspective of the major historicocultural approaches to the study of time.

The first section covers material ranging from Biblical attitudes toward time to clues offered by language usage and finally to more circumscribed areas, such as the reactions of various character types to time. Biological aspects are also included, and the dis-

cussion of circadian rhythms is meaningful and instructive. Concepts of internal time regulators and biological clocks are presented in an understandable fashion.

The second section of this book might command the clinician's interest since it deals with the reactions of schizophrenic patients to time orientation. Most of these studies are conducted by questionnaires and phenomenological observation. It is stated that when there is a disordered perception of time there is an accompanying disturbance of communication and dialogue. Consequently it is concluded that correcting this distortion will also lead to better communication. Language habits are particularly scrutinized and the use of tenses is considered particularly important in these studies.

These findings might have some significance for the psychoanalyst; they may help him understand more about the integrative and synthetic functions of his patients' egos. However, since the conclusions are derived primarily from investigative methods that are not psychodynamically oriented, the usefulness of the data and conclusions to analysts can be questioned. This does not by any means imply that there are not significant findings. Indeed, I found many of them very interesting and rewarding to read but they belong in a frame of reference other than that of research in psychoanalysis. Within this important limitation, this book can be recommended.

PETER L. GIOVACCHINI (CHICAGO)

MYTHOLOGIE ET PSYCHANALYSE. LE CHÂTIMENT DES DANAÏDES (Mythology and Psychoanalysis. The Punishment of the Danaïdes).
By Henri-Paul Jacques. Montreal: Les Éditions Leméac, Inc.,
1969. 156 pp.

In this scholarly book the author, a professor of literature with a solid background in psychology, attempts a psychoanalytic interpretation of the punishment of the Danaïdes. The myth in its most classical form reads as follows: the fifty daughters of Danaüs were forced to marry the sons of their uncle; during the wedding night, all of the brides but one decapitated their husbands. Their punishment in hell was to fill a pierced jar with water endlessly.

The interpretation of the myth is based primarily on the use of basic dream interpretation techniques, with a heavy reliance on interpretation of symbols: the pierced jar is the deflorated female genital, water becomes semen, and decapitation represents castration. The Danaïdes are phallic, castrating women and their punishment can be seen as a symptom: the endless filling is a repeated coitus where the women—through the mechanisms of condensation and identification—take over the active sexual role of their dead husbands, suffering then from a form of nymphomania.

This interpretation is indeed plausible and adds intelligibility to the understanding of a myth that has stimulated many earlier interpretations at different levels of conceptualization. What might be of more interest to the psychoanalyst, however, are certain rules of myth interpretation described by Jacques. First of all, the author stresses the importance of re-creating the myth in its most classical and purified form. This is done by a painstaking trimming of the multiple additions offered by various poets who have reported the myth through the times. Such work, which demands much scholarly research, bears some similarities to the analyst's efforts at reconstructing original fantasies beyond the screens or 'secondary revisions' that may obscure them.

Jacques also indicates the usefulness of distinguishing between two forms of projections at work in mythmaking: primary projection proceeds from the mythmaker himself, while secondary projection reveals impulses of the protagonists of the myth. If this double determinism can be validated, myth formation would in this respect differ from dream formation where *all* the elements are determined by the psychic processes of the dreamer himself.

In his book Jacques shows how a psychoanalytic approach can add another dimension to naturalistic, historical, semantic, and anthropological models of myth interpretation. Yet, one is still impressed by Tarachow's¹ warning, cited by Jacques: 'Applied psychoanalysis is a field in which it is deceptively easy to work but extremely difficult to be certain of the validity of one's findings'.

BERTRAND CRAMER (GENEVA)

¹ Cf., Tarachow, Sidney: Anthropology. In: *The Annual Survey of Psychoanalysis, Vol. I, 1950*, p. 298. New York: International Universities Press, Inc., 1952.

IN THE NAME OF LIFE. ESSAYS IN HONOR OF ERICH FROMM. Edited by Bernard Landis and Edward S. Tauber. New York: Holt, Rinehart and Winston, Inc., 1971. 333 pp.

This *Festschrift* dedicated to Erich Fromm on the occasion of his seventieth anniversary is rich in content. It consists of twenty-four contributions representing various countries and disciplines, most of them relevant to Fromm's own work and reflecting his development from sociology toward psychoanalysis and the reverse trend, with wide excursions into the humanities.

The first part, contributions on psychoanalysis, contains papers by some well-known and some less known authors. Otto Allen Will deals with the uniqueness of the relationship between the patient and the psychotherapist. Harry Guntrip, in *On the Promise of Psychoanalysis*, extols the 'new' psychoanalysis, as represented by the English school and Fromm, which has transcended Freud's 'mechanistic concepts' and the relevance of instinctual drives. This 'new' psychoanalysis is concerned with human relatedness and the development of the total human potential. He writes: 'The work of Fromm, Winnicott, Fairbairn, and Balint illustrates the way psychoanalysis is now in process of transformation from a theory and analysis of instinctual frustration and control into a theory and therapy that encourages the rebirth and growth of an authentic self within an authentic relationship'. According to Guntrip, reformed psychoanalysis 'that is not parochial, that addresses itself to the human condition is here to stay'. However, psychoanalysis will decline 'if it becomes a closed society of the initiated defending an older, underdeveloping theory as dogma'.

In another essay Ervin Singer discusses the ways in which 'the patient aids the analyst'. The author questions one of the requirements of freudian psychoanalysis, namely strict anonymity. His statement that 'unbending anonymity . . . does not promote and activate reality-oriented and constructive phantasies' is questionable. It is even more so in the light of his clinical illustration. His argument that the 'traditional analytic relationship' reflects the lack of authenticity in the parent-child relationship, shows a regrettable misunderstanding of the psychoanalytic situation.

In his essay, *On Pathologic Symbiosis and Autism*, Harold F. Searles shares with the reader his valuable experience with the analytic treatment of schizophrenics. He describes the evolution in

transference from the autistic toward the symbiotic stage. The latter can be interpreted and thus, in due course, 'usher in the phase of individuation'.

David E. Schecter, in *Of Human Bonds and Bondage*, extols Fromm's work as a precursor of current developments in psychoanalysis. He writes: 'It is of historic psychoanalytic interest that in 1941 when the Oedipus complex and castration complex held sway as principal motivational sources of behavior, Fromm had observed that man's fear of separateness is an even more primary source of motivation in his interpersonal behavior'. He discusses clinical data illustrating and confirming Fromm's ideas and describes Fromm's conceptualization of activity and passivity.

In his chapter, *The Machismo Solution*, Aniceto Aramoni discusses the well-known pattern of self-assertion of the weak male individual, characteristic of certain parts of the Mexican male population.

The two remaining sections, *Philosophy and Science*, and *Social and Political Issues*, contain essays by natural scientists, sociologists, philosophers, anthropologists, and one theologian. The wealth of topics and the caliber of some of the contributors is certainly impressive. Some of the essays, though written by first rank scholars, do not seem to have any relevance for the psychoanalytic reader. Others deal with issues of general cultural import, are written by social and educational reformers, or sound the apocalyptic cry of alarm and offer suggestions for the salvation of our society, torn as it is by formidable problems. These writers address themselves to issues which Fromm dealt with in his numerous writings, such as Marxism, the problems of freedom, of alienation and self-realization.

† GUSTAV BYCHOWSKI (NEW YORK)

Israel Annals of Psychiatry. IX, 1971.

M. Donald Coleman

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ABSTRACTS

Israel Annals of Psychiatry. IX, 1971.

Equality and Rationality v. Child Socialization: A Conflict of Interests.
Edward M. Levine and H. Shaiova. Pp. 107-116.

The unparalleled influence of the young in political, cultural, and familial affairs, the loss of parental influence over the young, and the subsequent inability of children to view parents as models are discussed in this article. The authors believe that many of these tendencies originate as a consequence of the ideals of equality and rationality being applied to parent-child relationships, to the exclusion of other value systems.

Psychogenic Factors in Ocular Disturbances in Children. Aryeh Feigenbaum. Pp. 138-146.

Feigenbaum cites many brief (and consequently unsatisfactory) cases of visual disturbance in children, particularly when exposed to primal scenes. While the psychoanalyst may find nothing new in the clinical material or dynamic hypothesis, the author has found a remarkable quotation from the Song of Solomon (3:5) pertinent to this issue: 'I charge you not to awaken nor to stir up love before it is ready'.

Addiction: Its Nature, Spread and Treatment. N. Bejerot. Pp. 155-169.

This is a most comprehensive study on the nature of addiction, its epidemic spread (in America now, but in other countries over past decades), and the measures taken to control the epidemic in various countries. The author proposes that we see drug addicts as contagious patients and deal with them by giving society the right it asserts with microbe infectious patients: to isolate them while they undergo treatment. For the large number of incurable cases of addiction, Bejerot recommends a combination of freely dispensed drugs and isolation from society on some pleasant "drug island" where they are allowed to live in peace with their addiction . . . with their nearest and dearest'. He terms addiction an artificially produced instinct of tremendous force, which the patient is prepared to safeguard as a healthy person safeguards his sexual drives. From this and other observations come explanations of the relative failure of psychotherapeutic treatment; it is imperative that we adopt the other measures suggested above to protect society from the carnage this epidemic leaves in its wake.

Young Freud's Letters to His Rumanian Friend, Silberstein. H. Stanesco. Pp. 195-206.

These letters provide a welcome addition to our knowledge of Freud's views of himself, his relationships with women, and his political opinions during adolescence and early manhood. The sixteen-year-old Freud described his 'Hamlet-

hood' with a young lady with whom shyness prevented him from conversing. By way of recovery, he showed remarkable insight into the dual nature of his love feelings in writing archly, 'One day I shall explain to you fully the difference between this sentiment and another passion'. His political wit is revealed in the following quotation about Prince Rudolf, the Hapsburg heir: 'The exalted chick is, despite his 16 years of age . . . only very sparsely feathered and is being carefully kept away from independent flying attempts'. At nineteen he questioned how far it would be possible 'to improve human institutions such as education, the distribution of goods, the modes of struggle for existence.'

The Superego in Creative Lives and Works. Philip Weissman. Pp. 208-217.

The author discusses the various roles of superego function as forces that facilitate or block creative activity. Creative people may be governed by an 'anticreative' superego in which demands for self-provision are stronger than ego ideals to create. Such a situation is often found in creative blocks. Unlike ordinary work in which dedication is derived from the superego, the creative drive comes from the id's instinctual essence and demands a different superego organization. Thus the drive toward creative work is rarely transferable to ordinary work. Weissman disagrees with Kris's formulation of the role of superego in shaping the drive content in creative products. He believes that ego ideal and prohibitive functions of ego have little to do with shaping the drive elements that are allowed to appear in the final work.

Evaluation of the Psychoanalytic Theory on Neurocirculatory Asthenia. Itzhak Winter. Pp. 233-250.

This is a study that attempts to evaluate Fenichel's theories of N.C.A. as an organ neurosis derived from 'aggression dependency drives' and an identification with a cardiac sufferer in the patient's environment. Fenichel's theories are believed to be confirmed by studies of two groups (one group of N.C.A. patients, the other of asthmatic patients), using various physiological and psychological measurements.

M. DONALD COLEMAN

Revista de Psicoanálisis. XXVIII, 1971.

Verbal, Paraverbal and Nonverbal Language in the Analysis of Children. The Repetition Compulsion and Unconscious Fantasies. Arminda Aberastury. Pp. 477-500.

Aberastury presents the clinical case history of a girl in treatment from childhood to adolescence. In addition to the normal conflicts of an adolescent (the girl friends, the boy friends, the parents' criticisms, the anxiety about clothes, skin, and body, the rebellion and wish for adulthood), the child seemed to have a compulsion to collect dogs and cats. Time and again during analytic sessions, she reported on caring for her animals and supplying them with food and love,

especially the little ones that were abandoned, to whom she was 'giving life'. At the age of five, her most important objects were a dog and a cat. When she reached adolescence the stray animals represented the stolen children who had been exposed to death and whom she saved and cured. An outstanding criterion of improvement in early adolescence was the change in her speech pattern from the childhood whining, begging quality to a more appropriate mature locution. The analyst used for interpretation all the paraverbal elements—timbre, rhythm, and changes of voice as well as the content and grammatical structure of the child's speech during the sessions. This is an impressive paper.

Genital Hyperactivity and the Frustrating Sexual Love Objects of People with Duodenal and Gastric Ulcers. Angel Garma. Pp. 537-558.

In this interesting contribution the author describes ulcer patients who exhibit genital hyperactivity from which they derive little real satisfaction. Garma feels that there is no single, simple character type in ulcer patients and disagrees with Alexander's postulate of frustrated oral dependency. If one is to explain such sexual behavior in the ulcer patient, one must take into consideration not only the oral wishes but the œdipus complex and the superego. A frequent finding of Garma's is an internalized phallic persecutory mother image.

Elements of Verbalization and the Quality of Unconscious Fantasies in Adult Patients. David Liberman. Pp. 559-592.

The paraverbal elements of verbalization transmit significant content in analysis and provide an access to the unconscious. Liberman feels that we must take into account all the elements of verbalization: the style, the selection of words, etc. Paraverbal factors appear as a way of codifying concepts that a child cannot yet convert to spoken language. The repetition compulsion is usually expressed in paraverbal elements. These elements contain specific types of unconscious fantasy which may or may not appear in a repetitive series, or as a recurrent element in the progress of the session. It is clearly shown in the way a repetitive dream occurs. The detection of such cyclic and repetitive fantasies will permit the analyst to make more efficient therapeutic interventions.

GABRIEL DE LA VEGA

Revista del Hospital Psiquiátrico de la Habana. XII, 1971.

Acute Encephalic Syndrome Associated with Dextroamphetamine Intoxication. Francisco Duarte Castañeda. Pp. 245-257.

Presented in this paper is a case of acute encephalic syndrome related to intoxication with dextroamphetamine. The syndrome is difficult to differentiate from a schizophrenic reaction. The literature on the subject is reviewed and the clinical elements of the case are presented in detail. The author discusses the pathogenesis of the syndrome and emphasizes that accurate diagnosis requires a good personality profile of the patient.

Tattoos. José L. Arenas Mazorra. Pp. 406-422.

The author based this study of tattooing on patients of the Psychiatric Hospital in Havana. Patients with and without tattoos were questioned about the kind of figures they would select if they were to be tattooed. The selections of both male and female patients proved to be primarily of a sexual, mystical, and religious nature. Many of the tattoos observed by the author were done on sexual areas—for instance, in a woman, on the breast, around the pubic area, and on the thighs. While tattoos were more frequently on the arms of the male patients, some were done on the genitals and on the buttocks near the anus. The author believes that the tattoo represents the signature of the patient and also comprises a graphic representation of unconscious fantasies. The paper contains an excellent review of the history of tattooing and the ideas that human beings use to rationalize the practice. In addition it presents graphic descriptions of different tattooing methods and instruments as well as the methods used to remove tattoos. By analyzing the tattoos of the patients he studied, the author has clearly demonstrated the need of the patients to reveal their unconscious through the tattoo, as in the dream.

GABRIEL DE LA VEGA

Journal of Nervous and Mental Disease. CLIV, 1972.

The Development of Existential Psychiatry. Leston L. Havens. Pp. 309-331.

This paper is a superb exposition of the development of existential psychiatry and its current rationale and technique. In an area notoriously short of explanations and perhaps overloaded with philosophical statements, it makes an important contribution in terms of the similarities and differences between existential therapy and psychoanalysis.

Jaspers pointed the way from descriptive, objective psychiatry to phenomenology. The focus became the patient's experience seen from within. He stressed the forms of inner experience, while psychoanalysis explored the content of inner life. With the concept of 'two melodies being played simultaneously; although these two melodies are as dissonant as can be', Havens passes to the work of Minkowski—the realm of existential encounters. Minkowski compared the patient's psychic life with his own. This involved elevating the doctor's emotional response to a principle of investigation and treatment. Thus the subject matter of existential psychiatry developed from individual phenomena discussed by willing informants with objective physicians into whole inner states now experienced in explosive contact between people not always recognizably physician and patient. Binswanger's contributions stressed an empathy with what is sick, i.e., a rapport with what might arise as a barrier to communication. Binswanger attempted to come unencumbered into the clinical situation to allow for the 'engagement of feelings' which would result in a change in both parties. Within such a setting the dissociated elements might be changed or led back into a newly integrated personality. This is accomplished by virtue of the therapist's allegiance to the dissociated elements, not merely an alliance with the normal personality.

Grasping as an Adult Communicational Signal. Loretta R. Loeb; Felix F. Loeb, Jr.; David S. Ross. Pp. 368-386.

An attempt is made to study purposeless, grasplike movements of adults in the context of meaning 'a wish to get close to or away from some object', such as mother, breast, milk, or food. Data are presented to demonstrate that this pattern has an inherited biological basis. In what appears to be a well-documented piece of research, the hypothesis as to the meaning of the grasping was borne out. The authors place this grasping movement, along with the infant's rooting reflex, as precursors in the adult of meaning 'no'. The paper includes a discussion of some of Spitz's work.

HAROLD R. GALEF

American Imago. XXVIII, 1971.

Hitler's Character and Its Development: Further Observations. Norbert Bromberg. Pp. 289-303.

This article is interesting in that it reveals Hitler believed himself part Jewish, that he was born with only one testicle, and that he was a pervert. In a document prepared for the O.S.S. in 1943 and declassified in 1968 a group of researchers found: '. . . the only way in which he could get full sexual satisfaction was to watch a young woman as she squatted over his head and urinated or defecated in his face'. They also reported 'an episode of erotogenic masochism involving a German actress at whose feet Hitler threw himself, asking her to kick him'. Bromberg's elucidation of Hitler's dynamics, based on this and other material including a paper on cryptorchism by Blos, is plausible but highly speculative.

Hitler's 'Elevation' of the Jew: Ego-Splitting and Ego-Function. Harry Slochower. Pp. 304-318.

Hitler believed himself to have Jewish blood from his father's side of the family. The Jew thus represented an alter ego onto which he projected his feelings of inferiority and guilt. The Jew also represented his father. His attempt to remove the Jew from the 'Mutterland' was therefore expressive of his family romance. The present-day dictatorial threat, in Slochower's view, is technology in the hands of bureaucracy, which has produced an ethical-moral flatland; humanistic values and personal responsibility are disappearing. The current vogue of Kafka and the unrest of youth are reactions to this menace.

Vincent Van Gogh: Identity Crisis and Creativity. Julian L. Stamm. Pp. 363-372.

Among the factors contributing to Van Gogh's psychopathology was the death of a brother, also named Vincent, a year before he was born. Stamm believes that the depression of Van Gogh's mourning parents during his first years plunged him into a lifelong struggle to achieve his own identity. Van Gogh had several psychotic episodes between 1888 and 1890, precipitated by separation

from his brother, Theo, and the threat of Theo's unborn child. During this period he produced the Starry Night series. While others have commented on the religious mysticism, love, and sexual union expressed in the paintings, Stamm sees a hitherto disregarded element: '... Van Gogh is trying, like Joseph, to prove his identity, to become the center of attention and achieve worldwide recognition and immortality'. He believes the eleven stars in the paintings are derived from the eleven stars in Joseph's dream and that the paintings show an identification with Joseph who became a king, ascendant over his brothers and father.

The Turn of the Screw: Coincidentia Oppositorum. Rictor Norton. Pp. 373-390.

Norton stresses the use of *coincidentia oppositorum*, or the union of opposites in *The Turn of the Screw*; good and evil, male and female, homosexual and heterosexual are combined in the ambiguously portrayed characters. More striking is Norton's demonstration of different levels in the work: it is a morality play (the garden at Bly is the Garden of Eden; Miles and Flora are Adam and Eve, etc.); it is an account of an inquisition replete with witches, exorcism, and torture; and it is susceptible to analysis on an oedipal sexual level.

JOSEPH WILLIAM SLAP

International Journal of Group Psychotherapy. XXI, 1971.

The Group as Link between the Sick and Healthy Communities. R. Buttegay. Pp. 1-9.

A therapeutic group links the sick and healthy parts of the community, affording the inpatient a minimum of social interaction and effective intellectual stimulation. For the outpatient it is a defense against the demands of the community. Inpatients in a therapeutic group can no longer withdraw or maintain fixed attitudes. When re-entry into society places too great a strain on a schizophrenic, he is relieved by association in a group with others who have similar needs. Ideally the group provides a demonstration of the contrast between the pleasure principle and reality. For depressives, group support enables them to accept more intensive treatment than they would otherwise tolerate.

Transference in Group Psychotherapy Revisited. Helen E. Durkin. Pp. 11-22.

Deploping the current denigration of psychoanalysis, the author states: 'Experience has shown transference interpretation to be the single most dynamic and reliable source of real change in both individual and group treatment'. She deprecates 'technomania', the indiscriminate use of unproven procedures. However, analytically oriented therapists err in interpreting minutiae rather than appreciating the whole personality of the patient. This happens especially when the therapist is overwhelmed by the complexity and abstract nature of psychoanalytic theory and confused by the conflict of reason and emotion. The

author traces the concept of transference from Freud's observation that patients tend to project the past onto current relationships to the special significance in the multiple transferences of groups. She paraphrases Ezriel's notion that a desultory remark is picked up because it clicks with the unconscious fantasy of another member, and then of a third, until it becomes the unconsciously determined topic of all. Each member transfers to others his feelings about internal fantasy objects. At this point the therapist analyzes the role each member takes in order to show him how his unconscious defenses are acted out.

The Shared Patient. Separate Therapists for Group and Individual Psychotherapy. Sheldon Roth and Mark Stiglitz. Pp. 44-52.

Group therapy was added to individual therapy for twenty-five young adults with marked social anxiety, ego defects, severe character disorders, acute psychotic reactions, or borderline characteristics. As a consequence of the double therapy, transference reactions were split between the two therapists, or their identities were fused, sibling rivalry intensified, and intensity of transferences lessened. Symptomatic improvement was noted in the majority of patients.

The Treatment of Homosexuals in Heterogenous Groups. Frank S. Pittman, III, and Carol de Young. Pp. 62-72.

Basing this report on their clinical experience, the authors conclude that homosexuals desiring to change can be treated successfully in a predominantly heterosexual group. Their problems do not necessarily evoke rejection or anxiety. The presence of another homosexual may create additional difficulties, while the presence of heterosexuals of both genders is advantageous. Homosexuals who do not want to change are better treated with their peers only.

Special Problems with the Use of Co-therapists in Group Psychotherapy. Frederick B. Davis and Naomi E. Lohr. Pp. 143-158.

Assessing the technique of training by making the trainee a co-therapist, the authors note that similarity in backgrounds and in therapeutic techniques enhances the free exchange of ideas and mutual respect, but may result in mutual blind spots and an overly narrow therapeutic focus. Dissimilar character structures enhance the recognition of countertransferences, while similarity hinders this. When antagonism and distrust dominate over openness, the change of one therapist is indicated. Hindrances to coöperation should be judged on the basis of their closeness to consciousness. It is important that the roles of the co-therapists mesh with the transference needs of the group.

GERALDINE PEDERSON-KRAG

Meetings of the New York Psychoanalytic Society

Wayne A. Myers & Lester Friedman

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

September 14, 1971, THE INFLUENCE OF EARLY CHILDHOOD ILLNESS AND/OR DEFECT ON ANALYZABILITY. David Beres-Kenneth Calder Section of the Ernst Kris Study Group: Review of Its Study since September 1969.

Introductory sections of the study were presented by Drs. Lebert Harris and Wayne Myers who traced the evolution of the work. The purpose of the study was confined to an attempt to connect early illnesses or defects with adult phenomena when a link could be found between the two spheres in dream, fantasy, or the transference. The group considered cases from the literature as well as from clinical practice.

In his discussion of object relations and narcissism, Dr. Samuel P. Hunt stated that the literature on narcissistic states rarely mentions physical defect as an etiological factor. Exceptions are Greenacre's description of male impostors where a sense of defective genitals and noticeable body defects were often present, and contributions by Niederland who found defects to be organized along narcissistic pathways. The extent to which congenital illnesses/defects stimulate narcissistic formations depends on the stability of the early self-representation, the degree to which the defect influences neurotic interaction with parental narcissism, its visibility, the extent of erotization and aggressivization, the availability of compensatory mechanisms, and the tendency toward passive solutions to conflict.

Dr. Edgar L. Lipton stated that no particular symptomatic phenomenology connected with early defect was found; however, denial, displacement, and counterphobia were common defense mechanisms. Some questions were raised: 1, Do reality distortions of one's own body lead to reality distortions in perception? 2, Do perverts, with their problems in reality testing, have a higher incidence of congenital anomalies? Certain clues alerting clinicians to the possible presence of early defects are: 1, Chaotic associations, which may reduplicate a thinking disorder that occurred during a childhood febrile illness. 2, Indirect response to questions based on a history of organic problems in focusing. 3, The 'exception' character type. 4, Excessive externalization which may defend against looking at bodily defects. 5, Marked counterphobic defenses related to immobilization of early illnesses/defects. 6, Intelligent patients who persist in 'feeling stupid', possibly as a result of childhood dyslexia.

Dr. Israel Zeifman presented four cases from the group's study. They illustrated that parental response to defects serves as a model for the patient's response. In two patients, major defects were handled well by the parents with dramatic results in terms of life achievement and analytic success. In two other patients, minor defects were badly handled by pathological parents with devastating results for the patients in terms of reality testing, object relations, and superego functioning, and for subsequent analyzability.

Technical issues in treatment were presented by Drs. Theodore Jacobs and Michael Porder. Resistance to exposing the defects may interfere with free association. Unrealistic dependency needs may deter termination of analysis. Negative countertransference problems arise from slow progress and heightened narcissism. Factors in assessing analyzability were: 1, the patient's response to the defects; 2, his evaluation of the impact of the defect on his life; 3, the developmental phase at which the defect occurred; 4, parental response; 5, quality of prior medical treatment; 6, effect on superego development; 7, the extent to which object relations have been impaired.

The common viewpoint that patients with early illnesses/defects were unanalyzable was not borne out by the group's clinical experience.

DISCUSSION: Dr. Robert C. Bak stated that in his experience with ten patients with defects, he had often found factors which mitigated against a successful result—e.g., heightened dependency with consequent fear of aggressivity. When it appears that a precariously achieved balance will be upset by analysis, he favors early termination. He sees denial of the defect as the defense of choice and as adaptational.

Dr. William G. Niederland referred to the 'recognition shock' which parents undergo when they discover the defect. Open rejection of the child is usually unthinkable and is dealt with by oversolicitousness. In his patients with defects, Niederland found an uneven distribution of body cathexis. He emphasized that what might seem unimportant to the adult patient may have been of great importance to the child.

WAYNE A. MYERS

October 26, 1971. EARLY SEXUAL DISCOVERY IN RELATION TO MOOD, DEFENSIVE ORGANIZATION, AND SYMBOLIZATION. Eleanor Galenson, M.D. and Herman Roiphe, M.D.

The authors observed Ruth in a research nursery from age twelve to twenty-four months. The infant had a congenital hip dislocation and wore a corrective pillow device from six weeks to twelve months. This led to an early disturbance in body schematization which together with the disturbance in the mother-child relationship interfered with the establishment of a stable maternal mental representation. Persistent separation and stranger anxiety were prominent from six months, at which time the infant was abruptly weaned.

When the child stood, first with support and then alone, during the fourteen to sixteen month period, more distinct and stable self and object representations were established and there was a spurt in symbolic functioning in speech and play. The surge in development reached a climax at seventeen months: for the first time she greeted strangers without apprehension, and genital interest increased. Between eighteen and nineteen months distortion in verbal symbolization occurred under the impact of increased anxiety about sexual difference. There was an increasing use of denial in play and speech, her mood deteriorated, and her earlier fear of strangers and clinging to the mother returned.

DISCUSSION: Dr. Phyllis Greenacre noted that there is always some overlapping of libidinal phases and that premature activation of one aspect of a phase by special stimulation may cause individual patterning of the normal developing phase. Ruth's standing alone and walking at fourteen and sixteen months put her into a different perceptive relationship to her own body and that of others. Dr. Greenacre stated that in her experience there is some sensitivity to genital excitation in the second year, especially when there has been early traumatization. In her opinion this is not a true early genital phase but is a part of a greater excitation of the entire body to which the genital responds in its own way.

Dr. John McDevitt observed that this child's spurt in development coincided with the practicing subphase of the separation-individuation process described by Mahler, where we see both a stability and instability of object representation. Upon entering the rapprochement phase (sixteen to twenty-four months), we see a regression or re-emphasis of the anal phase due to anxiety brought on by the early genital phase.

LESTER FRIEDMAN

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