

## Déjà Raconté as a Screen Defense

Dale Boesky

To cite this article: Dale Boesky (1973) Déjà Raconté as a Screen Defense, The Psychoanalytic Quarterly, 42:4, 491-524, DOI: [10.1080/21674086.1973.11926646](https://doi.org/10.1080/21674086.1973.11926646)

To link to this article: <https://doi.org/10.1080/21674086.1973.11926646>



Published online: 20 Nov 2017.



Submit your article to this journal [↗](#)



Citing articles: 2 View citing articles [↗](#)

---

## DÉJÀ RACONTÉ AS A SCREEN DEFENSE

BY DALE BOESKY, M.D. (TROY, MICHIGAN)

The evocation of memories is crucial to psychoanalytic technique, the shifting context of memories is vital to psychoanalysis as a therapeutic instrument, and the significance of memory as an ego function has always been of central importance to psychoanalytic theory. It is therefore fitting to reconsider the parapraxis known as *déjà raconté* in order to examine what more may be learned about its structure and what it adds to our technique and theory.

Freud (1914a) introduced the term *déjà raconté* to describe a parapraxis that he observed 'not infrequently' in which a patient erroneously insisted that he had already told something to the analyst when in fact he had not. In an earlier paper on reversal of *déjà raconté* (Boesky, 1969), I said that *déjà raconté* was a special form of transference resistance related to *déjà vu*, and that in such instances the patient was displacing the assertion 'I have already experienced this' to the assertion 'I have already told you this'. Further, I stated that reversed forms of *déjà raconté* were analogous to depersonalization and stressed the regularity with which one could observe that the verbal content of the *déjà raconté*—i.e., whatever it was the patient asserted he was repeating—could be traced to castration anxiety and devalued self-representations elicited by some current transference issue. The intruding mental content which breaks through the repression barrier in various forms of *déjà raconté* is then deprived by the ego of a part of its threatening potential via the defensive operation of denial or negation. In the earlier paper I proposed that it was the task of the analyst to decode the distorted message concealed within the *déjà raconté* 'in accordance with the same considerations that govern his understanding of transference resistances'. Subsequent experience has made it possible to be more explicit. *The déjà raconté is strictly analogous in its metapsychological structure*



to the manifest content of a dream. The verbalized thoughts which the patient erroneously asserts that he is repeating are deceptively coherent, just as in certain dreams wherein the spoken words appear in the form of a deceptively coherent statement. Thus the content of the *déjà raconté*, i.e., the 'raconté' part of *déjà raconté*, can be decoded and analyzed and shown to be the familiar product of condensation, displacement, and symbolization. The patient's immediate subsequent attempt, as soon as he is confronted with the reality that his *déjà raconté* is truly a first experience (or that his *jamais raconté* is truly a repetition) is often to rationalize this parapraxis. This response following the *déjà raconté* is analogous to secondary revision in the dream process.<sup>1</sup>

In this paper I suggest the advantages of considering *déjà raconté* as a screen memory equivalent<sup>2</sup> by relating clinical observations of *déjà raconté* and screen defenses to certain theoretical considerations. It is important to stress that very few other parapraxes are so inseparably linked to the transference. After all, a slip of the tongue does not necessarily invite or require correction or confirmation by the analyst as does *déjà raconté*, which is a dyadic event. This aspect of *déjà raconté* was the point of departure in my earlier paper and is crucial. In that paper, the significance of whether the analyst will allow the patient to believe that he has joined the patient in a false view of what they have experienced together was discussed at length. In this paper, I compare *déjà raconté* to *déjà vu* from the vantage point of their common screen significance.

A word of clarification is necessary before presenting my case report. The clinical example is actually one of reversal of *déjà raconté*. In my 1969 paper, I objected to the term *jamais raconté* (introduced by Loewenstein [1957]) lest it be

<sup>1</sup> The idea of analogizing *déjà raconté* to the dream is an extension of Arlow's (1959) similar suggestion in regard to the metapsychological parallel between *déjà vu* and dreams.

<sup>2</sup> Devereux (1967) used the term 'screen parapraxis' in a different sense.

confused with Silbermann's (1963) concepts about the *jamais* phenomenon.<sup>3</sup> However, the term *jamais raconté* is less clumsy, is commonly used, and, in the interest of avoiding terminologic confusion, the following vignette is introduced as a case of *jamais raconté*. Although at many points in this paper *déjà raconté* will be referred to without explicit inclusion of *jamais raconté*, I intend, except where specified, to include both.

The following clinical illustration demonstrates that the communication which the patient denied making earlier was both a dream and a screen memory equivalent. It was like a dream: his deceptively coherent verbalized thoughts, i.e., the '*raconté*' portion of the *jamais raconté*, were strictly analogous to the manifest dream with clear evidence from associations and memories to document the use of condensation, displacement, symbolization, and reversal. It was also like a screen memory: the manifestly trivial communication proved to be dynamically congruent with and to conceal a significant, previously repressed childhood memory and related transference fantasies and affects. Thus the '*déjà*' (or '*jamais*' component) of *déjà raconté* can be seen to represent the screening coalescence of genetic aspects with related transference fantasies, affects, and resistances. The *jamais raconté* is used in this case to make a partially correct reconstruction which the patient could then modify into a more correct reconstruction.

### CLINICAL EXAMPLE

The patient, a young man whose symptoms were depression, inability to decide on a career, and oral ambivalence, had been in analysis for five years when the *jamais raconté* experience occurred.<sup>4</sup> Several years prior to the session to be reported here he had told of a series of sexual episodes when he was fourteen. These involved mutual fellatio with three

<sup>3</sup> Silbermann defined the *jamais* phenomenon by contrasting it to *déjà vu* in such a way that he considered *jamais* to be ego-alien and *déjà* experiences to be ego-syntonic, which I consider an erroneous view.

<sup>4</sup> This patient was case five in my earlier paper (*cf.*, Boesky, 1969).

of his five younger brothers. The *jamais raconté* occurred in a session prior to a ten-day vacation about which I had notified the patient three weeks earlier. During those three weeks he had reported his jealous rage when his mother expressed concern to him about Bill, his next younger brother, who had always been her favorite. She was worried about Bill and told the patient it was not her fault that his brother had so many troubles, but she said nothing about the patient himself whose life circumstances he felt to have been so pitiful. Immediately after this the patient 'accidentally' cut his wrist and 'bungled' a piece of work at his job. He had had a craving to talk to me, he said, but perceived me as ungiving. He was reminded of his father's behavior on one of his birthdays when he told the patient, 'There is an Erector set for you in the closet if you go get it'. He had complained then that he always had to ask for everything; his father and mother gave nothing to him freely.

The *jamais raconté* occurred in the next session. The patient began by saying that he had just had a fight with his girl friend about some wine bottles she brought him. He had not told me, he said, but he had been making his own wine. I said that he had told me this recently. He then recalled having told me that he bought a winemaking kit for one of his younger brothers, Chuck. Then he remembered that when he first told me about buying the kit for his brother he thought I had mixed him up with some other patient. Now he said, 'I've got three batches of wine, one five-gallon jug and two one-gallon jugs'. Smiling, he continued:

'It's illegal, strictly speaking. The IRS says the head of the household can make up to two hundred gallons a year for his own personal use. It discriminates against single people and women. I'll have to throw out one of the one-gallon batches—it's stopped fermenting. I'll get twenty bottles out of the five-gallon batch. You could say I was breaking the law there too—you're not supposed to re-use old wine bottles. But you can get them all over the place. Alice brought me a dozen today from

the restaurant where she works. That's what led to the fight. I was so pleased until she asked me for a loan to pay her insurance bill. She arranged it that way. She didn't have to go broke and I confronted her with that. It was like that time that I wanted your pen to sign the insurance form and instead of letting me use it you wanted to know why I didn't have my own. She got sulky and mad and then I got solicitous and offered to fix her lunch.'

I said: 'Then your argument was like the time when I refused to "feed" you by giving you my pen when you offered me the gift of insurance money. You couldn't use my pen so she couldn't use your money. But then you had to feed her. Somehow all of this is connected with mixing up a formula in a bunch of bottles, together with forgetting you told me that you have been making your own wine and the gift for your brother Chuck, and thinking that I got you mixed up with your brother-patients. That would suggest that your memory error has to do with something that may have really happened with your mother and one or maybe more than one of your brothers. You said before how you used to help her in the kitchen. Perhaps you once helped her fix the formula for the baby bottles. Your brother Chuck was born when you were four and Bill when you were two. The gift of the wine kit was for Chuck. Perhaps you saw your mother nursing him or saw her nursing several of your brothers, and you had helped her make some formula first, and then got jealous when you watched her nursing them. Maybe that caused you to get crabby, and she got irritated with you. Maybe you wanted some too, and she refused you.'

His first response was immediate: 'Oh, I saw her nursing a lot of times'. He had never reported this before, yet the tone of his voice seemed to imply: 'I've always known that'. He went on, 'I can remember seeing her breast once. But that memory is very dim. But I know I saw her nursing Chuck, Larry, and Sam when I was four and six and then eight.'

To make the patient's subsequent associations more coherent it is necessary to report information that he had given earlier in the analysis. When an adolescent, the patient was

told by his father that his mother had tried to breast feed him but could not produce enough milk, and that on coming home on leave from military service when the patient was six months old, the father had insisted on supplemental feedings because the infant was not gaining weight and appeared to be starving.

The patient continued: 'I remember seeing her nurse them but I don't remember wanting any. I do remember a few years ago I was at my friend Ralph's house and his wife, Ralph and I were playing pinochle and it was time for her to nurse their baby and she did it right in front of us—took her breast out—I was a little surprised.'

I asked: 'Only a little?'

'Well', he said, 'it's not all that unusual—but maybe it is—her breast out like that. *I did not get excited and upset, or want to masturbate, or anything like that.*'

I said: 'But you must be trying to set us straight about what really happened. The issue was not only your envy, as I suggested before; rather you must be trying to help us see that you got sexually excited.'

He then said, 'She nursed all of us—but she couldn't do it for me. She gave me the bottle—only the bottle—she didn't have enough for me. Dad said I was starving when he got there. She could do it for them.'

Realizing that the patient could have no direct recall about his mother's failure to breast feed him adequately and that his recall of the father's story was a screen, the meaning of his fellatio experience with his brothers now became clear.

I said: 'That must be why you had the fellatio with your brothers. You were nursing them and sucking from the breast-penis yourself and getting even—all at the same time.'

He responded: 'I was always baby-sitting when I did it—three times—but with Chuck it was different—that was erotic—I'm starting to get an erection now, it's embarrassing—but with Larry it wasn't exciting too much. I wanted to shame him

because he always walked around masturbating and he was doing it that night. My parents were after him for years to make him stop it. I couldn't ejaculate yet—that was after I was fourteen. He was only six. I told him not to say anything about this—just to forget it—but he said “elephants never forget”. It was about that time when I once saw him reach up and touch mother's breast. When she asked him what he was doing he said he was only looking for a pencil.'

The points I particularly wish to stress in this vignette are: first, the *jamais raconté* alerted me to listen to the patient's associations with special attention to the importance of genetic aspects; second, the patient's utilization of my erroneous reconstruction helped me to make a more correct (not *the* correct) reconstruction; third, his clearly developed screen responses. *Déjà raconté* very often represents a clinically useful signal of a patient's dynamic readiness to report meaningful new genetic information.

One of my patient's first responses to the reconstruction was a dim memory of his mother's breast. Then, with almost complete isolation of affect, he remembered seeing her nurse his brothers. Immediately after this, even his isolation proved insufficient and he resorted to denial: he did not 'want any' for himself. The importance of this use of isolation and denial in interaction with repression is often neglected in our understanding of the psychology of forgetting (*cf.*, Fine, et al., 1971, pp. 57, 116). Thus we can clearly see the development of this patient's first screen response: 'I don't remember wanting any, [but] I do remember a few years ago watching my friend's wife nursing their baby and [via displacement] I *didn't* want to masturbate'.

Here we observe the typical screen compromise following an effective reconstruction. A previously effective repressive barrier had been broken partially by the reconstruction. Just as Freud (1937) described, a resistance succeeds not in *stopping* the movement toward discharge but in *displacing* it onto adjacent objects; and these seemingly neutral adjacent objects

are themselves overdetermined screens (*cf.*, Greenacre, 1949; Reider, 1953). Interestingly, this patient also made it possible to witness the formation of a new screen memory in statu nascendi. I refer to his memory of witnessing a nursing mother, his friend's wife, which occurred within the framework of the aim-inhibited homosexual activity of the card game with his friend. Instead of recathecting clear memories of his mother's nursing his brother, he recalled his friend's wife exposing her breast in his presence and nursing her baby; instead of re-experiencing his sexual excitement about his mother or his homosexual excitement with his brothers,<sup>5</sup> he recalled gambling with a young father. By projection he formed the second screen response, again by displacement, around the condensed memory of his little brother touching the forbidden breast and pretending to look for a pencil (breast-penis). This was repeated in the transference when he sought my pen to conceal his desire for my breast-phallus.

In order to better understand the connection between the *jamais raconté*, my initial partially correct reconstruction, the patient's screen response, and my second more correct reconstruction, I repeat the sequence of his associations following the reconstruction. 'I remember seeing her nurse my brother, but I *don't* remember wanting any. I *do* remember a few years ago I saw my friend's wife nurse her baby', etc. It was at this point that the patient voluntarily denied that he felt any sexual excitement and proclaimed by negation, 'I didn't get excited. I didn't get upset, and I didn't want to masturbate'. Only by negation could he allow sufficient access to his conscious ego of these forbidden fantasy derivatives to signal the analyst that the reconstruction would have to be modified to include his masturbatory excitement as a little boy when he watched his mother nursing his brothers. Perhaps it was this

<sup>5</sup> It is a matter of interest to see the striking similarity of the connections between the defensive use of *jamais raconté* in this case and *déjà vu* in the case reported by Silber (1961) which also involved homosexual defenses against brother rivalry.

aspect of the patient's defensive style, i.e., his readiness to utilize negation as a defense mechanism, which partly determined his *reversal* of *déjà raconté* since essentially the *jamais raconté* is the negation of the emerging memory of a prior communication. It should be emphasized that the *déjà* or *jamais raconté* proved to be a valuable additional signal for the reconstructive potential of this material because of its link to an unconscious transference fantasy. The '*déjà*' or '*jamais*' component pertains to a transference fantasy;<sup>6</sup> it signals that what will follow is a coded transference communication, something that has actually 'already' occurred or 'never before' occurred. The '*raconté*' portion, or that which is told, is the 'dream' part.

#### DÉJÀ RACONTÉ, DREAM, AND SCREEN MEMORY

It is now possible to clearly observe the striking degree of condensation, displacement, and symbolization which the patient's ego utilized in the '*déjà raconté* work', and to extend the analogy to the dream work. It would be misleadingly simple to describe the *déjà raconté* as merely overdetermined. It is, rather, an example of primary process elaboration mediated by regression in the service of the ego and characterized by cathectic mobility, displacement, and condensation which would go by unnoticed if we failed to attempt to elicit relevant associations, just as it would be in dreams if we accepted the manifest content at face value as demanded by the patient's defensive ego. There is a further point about the technical aspects of *déjà raconté* and dreams. Just as with dreams, where we are accustomed to view the last association before the report of the dream as the first association *to* the dream, so it is with *déjà raconté*.

<sup>6</sup> The statement that the *déjà* or *jamais* component refers to a transference fantasy would be more complete if I added that the *déjà* or *jamais* response is a defensive effort by the ego to render a frightening unconscious transference fantasy as 'already familiar' or, the reverse, as alien and never before experienced.



I have been impressed by the technical usefulness of *déjà raconté* in a wide variety of contexts: it can facilitate transference interpretation; the analysis of an experience of *déjà raconté* can greatly strengthen the therapeutic alliance;<sup>7</sup> it can help to undo the isolation of affect;<sup>8</sup> and it can open new areas for the dynamic investigation of conflict. The most consistent technical advantage of pursuing the defensive aspect of *jamais raconté* is the recognition that the patient is indeed correct in saying that he has not yet told something—that ‘something’ which *he* tells as new is a screen for an unconscious fantasy with which he has yet to deal. I stress these additional technical issues because my clinical illustration so prominently features a reconstruction. There is, of course, no obligatory relationship between *déjà raconté* and reconstruction. For example, Arlow (1972) has observed that the very disruption of normal functioning of memory itself signals the presence of material closely related to unconscious conflict, and it is this disruption that alerts the analyst to the possibility of making a reconstruction. What I am proposing and attempting to illustrate with my clinical example is that in certain instances the analyst’s awareness of the dynamic complexities of *déjà raconté* may enable him to include *déjà raconté* in the data from which he will ultimately assemble a reconstruction together with memories, associations, screen memories, dreams, symptomatic acts, fantasies, etc.

Kris (1956) dealt with the technical advantage of using *déjà raconté* as material for reconstructions when he spoke of the importance of timing our reconstructions in such a way that we do not shock or surprise the patient. He was speaking of the topographical distinction between deeply repressed memories versus preconscious memories which were affectively iso-

<sup>7</sup> The point is made in the Kris monograph on reconstruction (Fine, et al., 1971, p. 124) that reconstructions made from transference resistances strengthen the therapeutic alliance. In this context, *déjà raconté* is such a transference resistance.

<sup>8</sup> See, Greenacre (quoted in Fine, et al., 1971, p. 116) about the importance of using reconstructions to undo isolation rather than repression.

lated, and of the complex transitions between these two groups; he mentioned that *déjà raconté* was the only such transition which Freud had particularly studied. These ideas are also a logical extension of Siegman's (1956) observation that *déjà raconté* is 'a reliable clinical herald introducing new and significant communications'. In this context we arrive at the screen significance of *déjà raconté*.

In the following comments on screen memories and screen defenses, I stress only those aspects that pertain to our understanding of *déjà raconté*. The initial point which requires parallel discussion of screen memories and *déjà raconté* is that both are structured like the manifest dream (Freud, 1899). Secondly, placing *déjà raconté* in the already well understood context of screen defenses sheds light on its defensive function as well as its psychological structure. Finally, just as screen memories are formed after childhood—in many instances as a dynamic resynthesis rather than as accurate reproductions of childhood experiences—so *déjà raconté*, or *jamaïs raconté*, is an effort by the patient to reintegrate an earlier experience in his analysis. (See p. 516 for an example of this.) Each is a failure of memory in the service of defense but each is also rich in adaptive implications.

The common element in all screen memories is the defensive wish of the ego: instead of remembering that which was so painful, remember this which is less painful. The '*déjà*' mechanism is similar: instead of remembering that the present situation is similar to an earlier threatening fantasy because it is dynamically congruent, one displaces the feeling of familiarity to some screening aspect in the present situation which is not only neutral but pleasant and reassuring (*cf.*, Arlow, 1959). This is what Fenichel meant when he said that screen memories helped to keep painful memories in repression by allowing a partial discharge along displaced, associated pathways. Screen defenses can be so vital that Fenichel described a yearning, or a hunger, for screen experiences. In his discussion of this hunger for screen experiences, he said that a

comparison with *déjà vu* is indicated, and cited Freud's paper on *déjà raconté*. Fenichel (1927) wrote: 'The unconscious situation in *déjà vu* is the same as in the experience, "you must remember this". In both cases a recent experience reminds the subject of a repressed one and by virtue of that takes its place. . . . *It can also happen that a content attended by the feeling of déjà vu persists as a screen memory*' (p. 115, italics added). This partial discharge of screen memories acts as a safety valve and lessens the need for the ego's defensive work.

This thesis is, of course, almost identical to Freud's (1900-1901) description of the achievement of the dream work in Chapter Seven as a periodic, regulated partial discharge of the unconscious (*cf.*, particularly p. 577). In fact Freud (particularly, 1899, but *cf.* also, 1914b and 1917) had quite explicitly compared screen memories to the manifest dream and described their latent content as well as the prominence of the primary process mechanisms of displacement, condensation, and symbolization in the formation of screen memories. Freud also quite explicitly used the dream work as a model for the mechanism of parapraxes in general some thirteen years before publication of his paper on *déjà raconté*. In the last section of *The Psychopathology of Everyday Life* (Freud, 1901), he wrote: 'The mechanism of parapraxes and chance actions, as we have come to know it by our employment of analysis, can be seen to correspond in its most essential points with the mechanism of dream-formation which I have discussed in the chapter on the "dream-work" in my *Interpretation of Dreams*. In both cases we find condensations and compromise-formations . . .' (pp. 277-278). Just a few lines below, Freud once more drew the parallel of the dream work to the neurotic symptom and in *Jokes and Their Relation to the Unconscious*, he compared the joke work to the dream work in detail (Freud, 1905, pp. 159-180).

There is, then, obviously nothing original in my application of the dream work model to *déjà raconté*. I wish instead to

bring together the hitherto unrecognized connections between screen memories and *déjà raconté* in order to demonstrate the reciprocal illumination of this comparison theoretically and to illustrate the technical advantages as well. There is some precedent for this, although it is only implicit. Freud (1914b) first described a certain form of response to an accurate reconstruction: the patient says, 'As a matter of fact, I've always known it; only I've never thought of it' (p. 148). By appending this observation to his first report on *déjà raconté*, Freud clearly implied a dynamic similarity of defensive function between *déjà raconté* and this type of response to an accurate reconstruction. It is, so to speak, a '*déjà*' response. This too was a connection that he had established thirteen years earlier in his first detailed analysis of a case of *déjà vu* when he stated that *déjà vu* 'corresponds to the recollection of an unconscious fantasy' (Freud, 1901, p. 266).

Arlow (1959) has observed that the defensive function of the *déjà* mechanism is similar to the model of the examination dream and the feeling of familiarity is designed to offer the assurance that some current danger which is dynamically congruent with a frightening past danger can be mastered. Just as in examination dreams, he found the actual danger to be *screened by displacement* to a consoling success. Such dreams, of course, are always of examinations one has actually passed. It is precisely this coalescence of past and present, the genetic aspects and the transference fantasy, which can be so usefully compared in the *déjà* mechanism and screen defenses. The usefulness of the inclusion of *déjà raconté* as a screen defense is to draw explicit attention to the following aspects: *déjà raconté* is a complex vicissitude of the ego function of memory, it is mediated by the ego's integration of primary and secondary processes, just as is the dream work, and it has as one of its defensive functions the integration of economic patterns of partial discharge by displacement. To view *déjà raconté* as a dream draws attention to its dynamic integration with primary process mechanisms. To view *déjà*

*raconté* as a screen memory equivalent calls attention to its unique coalescence of genetic aspects with current derivatives of the transference in an integrated fantasy derivative.

Reider (1953, 1960) made some very useful observations on screen defenses in relation to reconstruction. He stated that '... there is a whole hierarchy of screening functions' (Reider, 1953, p. 403) and he included *déjà vu* experiences among them. In the Kris monograph series on reconstruction (Fine, et al., 1971), this idea is expanded in a manner that touches directly on the issue: 'It may be as Fenichel and later Reider suggested, that screening goes on constantly in a fluid and ever current resynthesis of memory traces, a process which can be observed in the course of analysis. Memory traces are affectively evoked but are synthesized only at the moment of their presentation with a retrospective cathexis which is determined by *current interests*. *This would be analogous to dream formation . . .*' (p. 61, italics added).

*It is my thesis that déjà raconté is just such a resynthesis of memory traces, and that the current interest which serves as a day residue to form this screen defense is some particular aspect of the transference related to painful affects via the threatened emergence of a repressed fantasy.*

One other point observed by Reider (1960) in relation to screen defenses is important in relation to *déjà raconté* as a screen defense: the use of screen defenses requires ego regression. As we shall see in the later discussion of *déjà raconté* in relation to the structural hypothesis, regression in the service of the ego is a dynamic requirement for *déjà raconté* as well. In typical screen defenses, as well as in *déjà raconté*, the stimulus for this regression is an unpleasant affect.

At this point a legitimate question may be raised as to the validity of extending the concept of screen memories to parapraxes such as *déjà raconté*, since originally the screen concept had to do only with certain visual memories.<sup>9</sup> Reider

<sup>9</sup> The visual forms of mental representation according to Freud (1923) are more closely associated with pleasure-dominated unconscious instinctual tendencies or, in structural terms, with deeper levels of ego regression (p. 21).

(1960) raised this same question in his extension of the screen concept. Greenson (1958) cited various authorities, such as Fenichel, Greenacre, and Lewin, as precedents for his extension of the screen concept to screen identity and he referred to prior extensions of the screen concept, such as screen perceptions, screen affects, and screen moods. Fenichel spoke of 'screen experiences', 'screen formations', and 'screen activities'. Although Greenson stated that he wished to distinguish his concept of screen identification from simpler defensive maneuvers, such as warding off a feeling or a thought, I believe he failed to do so clearly. In the Kris monograph on reconstruction (Fine, et al., 1971) it was observed that the word 'screen' in English is not an exact translation of the German word '*deck*'. 'The German word "*deck*" has the connotation of something being protected against or being covered, *just as the placement of a screen in a room inevitably reveals that something is being hidden*' (p. 60, italics added). Therefore a better phrase according to the authors of the monograph might be 'screened memories'. It would actually be even more faithful to Freud's meaning if we had some English expression which conveyed the notion that the screen itself always betrays what it is screening in some subtle way, e.g., as though metal screens betrayed a concealed metal object, etc.

What I wish to stress technically is the point that a screen means something important is being hidden. In linking *déjà raconté* to screen defenses we become more alert clinically to look for what is concealed. It seems to me that it is clinically and theoretically necessary to avoid confusing the complex screen defense with simpler defensive maneuvers and mechanisms. Since all defenses have a concealing function, in my opinion it is helpful to reserve the screen designation only for those defensive adaptations of the ego which structurally correspond closely to the dream work. An important part of the problem relates to the fact, also noted by Reider (1960), that screen memories have not been systematically updated in our literature and integrated with the structural hypothesis.

One of the purposes of this paper is to contribute to such a reformulation.

Freud's (1901, 1914a, 1936) writings on *déjà vu* imply that he linked the *déjà* mechanism to screen memories. Other authors have done so too (*cf.*, Arlow, 1959; Fenichel, 1927). My own feeling is that the inclusion of *déjà raconté* in the category of screen memory equivalent or as a screen defense is consistent with clinical observation and prior terminology. One further consideration in distinguishing simpler defensive structures from 'true' screen defenses was brought out by Greenson (1958) in a different context. The screen is designed not only to conceal painful affects but to convert them into pleasure experiences. A simple defense mechanism does not do this. We therefore confront the drive discharge aspects of *déjà raconté* and the related wish-fulfilling function of this parapraxis. In order to pursue the wish-fulfilling or the discharge aspects of *déjà raconté*, I will digress briefly since the drive discharge issue will initiate my integration of our consideration of *déjà raconté* with the structural hypothesis.

A previous report by Fliess (1956) about *déjà raconté* has in certain respects obscured our theoretical understanding of *déjà raconté* around this issue. I refer to the symbolic equation which Fliess established in his paper on *déjà raconté*. There he insisted that 'true' *déjà raconté* was rare, that it was not a parapraxis but a delusion because of the stubborn insistence of the patient, and he disposed of all other examples in which the patient was not so stubborn by calling them attenuated cases. I argued in some detail against this arbitrary limitation of our definition in my earlier paper (Boesky, 1969). Both Loewenstein (1957) and Kris (1956) have said that a recall occurring in analysis is often accompanied by *déjà raconté*, and Freud (1914a) said that it occurs 'not infrequently'. Fliess (1956) also made the following assertion: '. . . I, personally, have never found myself prompted by the material to remind the patient of his transient delusion and to attempt analyzing

the *déjà raconté* itself' (p. 221). He said that the establishment of a theory of *déjà raconté* is a formidable task and then proceeded to state that since *déjà vu* in certain dreams represents the mother's genital, *déjà raconté* may represent her breast because having told something is obviously concerned with the mouth, and, furthermore, since *déjà raconté* concerns a transference re-enactment, it may well concern a fantasied union of mouths. I believe that such a formulation is incorrect and results in attempting to use the manifest content of the *déjà raconté* experience without associations from the patient. In many other respects, particularly his observations about the role of transference, castration anxiety, and defense in *déjà raconté*, Fliess was a keen and original observer. The element I wish to stress is that his conception of *déjà raconté* as an oral incorporative experience was theoretically built on insufficient evidence although it contained considerable truth based on his intuitive clinical shrewdness. The clinical example I gave above relates by coincidence to an oral incorporation fantasy, but many other examples which were not reported do not have this significance when subjected to detailed analysis.

Colby (1958) also proposed dividing *déjà raconté* into two classes although he thought *déjà raconté* occurred quite frequently. The first type according to Colby was seen in the very stubborn, fully developed cases which Fliess called delusional. In these cases Colby believed we could observe resistance and defense because the content of the *déjà raconté* was traumatic or highly significant. For the milder examples where the content was not highly charged and appeared trivial, he postulated a cognitive mechanism which was not dynamically motivated. For example, the patient in analysis often carries on a fantasy conversation with his analyst when he is not having a session. Further, the analytic routine is so constant and limited that the environmental monotony deprives the discriminating functions of the patient's memory of sufficient opportunity to differentiate, weeks and months later,



between his fantasy communications and real communications with the analyst.

I would view Colby's postulation differently. Separating attenuated cases of *déjà raconté* from fully developed, stubborn cases is a superficial and misleading idea as I have previously argued. The situation is analogous to assigning dynamic meaning only to nightmares and discarding dreams with little affect as examples of cognitive malfunctioning. Colby's idea also fails to explain why this assumed cognitive error occurs precisely when it does in any individual instance of *déjà raconté* during the course of analysis. The failure to discriminate reality from fantasy communications in *déjà raconté* is not the *cause* of *déjà raconté*, it is the *result*. The so-called 'trivial' content in milder cases of *déjà raconté* expresses the greater degree of success by the ego in its defensive task, compared to its momentary disruption in severe cases. Moreover the 'trivial' aspect is related to the screening function of *déjà raconté* in another way. Due to displacement, an outstanding quality of many dreams and screen memories is their apparent triviality (*cf.*, Fine, et al., 1971, p. 27). Yet I believe Colby is correct in stressing the cognitive aspects of *déjà raconté*, an angle to be discussed later in relation to the integrative and adaptive aspects of *déjà raconté*. One further point about the cognitive element is appropriate: Colby stressed the perceptual ambiguity of the analytic situation as a determinant of *déjà raconté*. This is parallel to the significance of visual ambiguity in certain parapraxes, projective testing, and the æsthetic experience (*cf.*, Arlow, 1969b, p. 8). Colby also stressed the importance of fantasy communications with the analyst in *déjà raconté*, but in a different context from that in relation to *déjà raconté* as a screen memory equivalent.

To my disagreements with Fliess and Colby, I will at this point add my disagreements with my own earlier paper (Boesky, 1969). I would now stress the significance of transference fantasy more than the significance of repudiated identification. In the earlier paper, my effort to sharply distinguish *déjà raconté* from *jamais raconté* as dynamically distinct proved to be un-

true. For example, I then considered it possible that *jamais raconté* was more closely associated with hostile aggressive transference fantasies, but this has proved to be too concrete and narrow a conception; e.g., we can discern differing defensive achievements in comparing *déjà vu* and depersonalization but we are not yet able to say exactly why one defense is chosen rather than the other. To illustrate this point I repeat a brief clinical excerpt from the analysis of the same patient described in the present paper. During an earlier analytic session, while reporting a memory of wearing his mother's brassiere during his late childhood, he had experienced a feeling of *déjà vu*. Why did this not result in an episode of *déjà raconté*? Perhaps because the related transference fantasies were not yet cathected as they later were. I would be hesitant now to use the confusing concept of instinctual defusion in explaining *jamais raconté* as analogous to depersonalization. The oversimplified schema I proposed at the conclusion of the earlier paper I now replace by the dream work model.

### DÉJÀ RACONTÉ AND THE STRUCTURAL HYPOTHESIS

#### *The Id*

In terms of the structural hypothesis, one can observe drive discharge aspects and wish-fulfilling tendencies of a complex masturbation fantasy arranged in a roughly hierarchical manner in the clinical example I reported above. The drive discharge in *déjà raconté* relates to its screening function also. Kennedy (1950) made this point when she referred to the hallucinatory wish-fulfilment element in screen memories. In each of the related fantasies there was an admixture of libidinal and aggressive components to varying degrees. The manifest content of the *jamais raconté* was the patient's denial that he already had told me that he was making his own wine. This symbolically allowed simultaneous partial discharge for several wishes. In the masturbatory fantasy he sucks at his mother's breast. He had no need for his analyst-mother who was about to leave him because he could produce his own nourishment

and fulfil a fantasy wish of auto-fellatio, a fantasy which he occasionally experienced consciously during his masturbation. In so doing he could 'spite' me for leaving him and also incorporate my breast-phallus and castrate me as a punishment for depriving him. By expressing his fantasy in the form of *jamais raconté*, he fulfilled a lifelong wish. His analyst-mother cared enough about him to listen very carefully and distinguish him from his brother-patients. Furthermore, the *jamais raconté* expressed the wish for the repetition of an oral pleasure. If he had not told me something already, he would once again have the pleasure of repetition in the use of his mouth with me.

It seems quite clear that the clinical material warrants an assertion that *déjà raconté* represents drive discharge processes and wish-fulfilment. Another organized derivative of these wishes was the unconscious fantasy in which he identified with the phallic mother and offered milk (his wine bottle) to the projected, deprived aspect of himself (his younger brothers). A related wish was the oral incorporation of the father's phallus to acquire an 'Erector set'. Finally, the oral displacement concealed the frightening œdipal wish to take mother's breast from his father.

The issue of the unconscious fantasy in *déjà raconté* leads us to one further point regarding primary process mechanisms in this parapraxis. In *déjà vu*, drive tensions may *utilize the data of perception* to effect rapid cathectic discharge (cf., Arlow, 1959). In *déjà raconté*, drive tensions *utilize data of memory* to stimulate the ego to implement rapid cathectic discharge.

### *The Superego*

Bergler (1942) reported on the importance of the superego in *déjà vu*, and Brenner (1955) observed that the role of the superego in the formation of parapraxes is sometimes of great significance. Certainly this was true in my clinical illustration. Just prior to the occurrence of *jamais raconté*, my patient 'accidentally' cut his wrist and bungled a piece of work at his job, both of which followed an episode of jealous rage directed

at his mother. He then facetiously referred to his illegal re-use of old wine bottles. This patient felt intense guilt about his œdipal masturbatory fantasy of incest with yearning for his mother's breast, his challenge to the father's prerogative to control the wine, his pregenital, sadistic oral incorporation fantasies, and his homosexual fantasies about his brothers. In the *jamais raconté* the defensive avoidance of his superego was expressed by inviting the analyst to excuse him from a confession. If, after all, he had tried to confess to the analyst only to be told that he need not bother since this had already been confessed, he was entitled not to reopen the issue.

Greenacre (1949) has stressed the superego component in screen memories in relation to the warding off of guilt implied by the well-known 'detached on-looker' aspect of many screen memories. Reider (1960) has also emphasized the superego component in screen experiences when the command to remember is a factor. My patient's commands to his brother to forget expressed his own superego wish to forget. In *déjà raconté* it is as though the patient, by his insistence that he has already told, is inviting us to extract a guilty confession.

### *The Ego*

The most conspicuous role of the ego in *déjà raconté* is the defensive aspect. This relates to the use of the *déjà* or *jamais* mechanisms to ward off an unconscious fantasy that threatens to intrude by displacing the reassuring feeling of familiarity, or unfamiliarity, to a screen detail or a communication which in itself is dynamically congruent with a repressed fantasy. In my clinical illustration this can be observed with particular clarity: what the patient had not yet told related to the threatening fantasy of sucking at the breast-phallus of the analyst. One can also see the defensive reversal in his *jamais raconté* of passive into active: he became the producer of the wine instead of the sucking consumer. Because of the pressure of painful affects, the ego must induce regression in two of its own groups of functions to achieve these defensive gains.

In discussing the role of the ego in *déjà raconté* I wish to emphasize the related consideration of affects. One of the hallmarks of screen memories is that they carry an affect of indifference (Fine, et al., 1971, p. 22). The clinical and technical advantages of undoing that indifference are well known to every analyst. Furthermore, much of the psychoanalytic literature on forgetting stresses the role of repression. The significance of denial and isolation as giving rise to forgetting, or helping to keep memories affectively separated, is too often overlooked (*ibid.*, pp. 57, 116). *Déjà* and *jamais raconté* viewed as screen memories can have the technical advantage of undoing such isolation.

The *déjà vu* experience viewed in structural terms is associated with a selective and variable ego regression (Arlow and Brenner, 1964, p. 15). In *déjà raconté*, there is a double aspect to the regressive process. First, there is a regression in the memory function of the ego. In *déjà raconté* the patient's memory succumbs to wishful thinking and he believes he can remember an experience that never occurred. In *jamais raconté* we see exactly the opposite. As noted, 'to make the familiar unfamiliar and vice versa . . . [minimizes] the threatening significance of some event . . . or the analogous fantasy associated with it' (Arlow, 1959, p. 612, n.). In this sense, the *déjà raconté* and *jamais raconté* achieve the same defensive goal. The circumscribed disruption of the memory function of the ego probably represents a re-instinctualization of the memory functions to a selective and varying degree. This libidization of memory allows wish-fulfilment to occur. Thus from the side of the id we observe re-instinctualization of memory, and from the side of the ego we observe partial regression in the service of defense and adaptation. We can with certainty assert that this is a temporary disruption of memory and that in most instances, except in the most fully developed examples, the disruption is easily reversible and is followed by the patient's willingness to at least reconsider whether his memory was false. This aspect of the regressive disruption pertains to the '*déjà*' element.

The second regressive phenomenon has to do with the '*raconté*' element. I refer here to the primary process elaboration of the verbal element, or to dream work aspects of *déjà raconté* in which the ego responds to some transference fantasy, which has associated painful affects, by initiating a regressive process in the service of its own defensive functions.

Although the manifest content of the *déjà raconté* is strictly overdetermined in exquisite detail in accordance with its primary process integration, there is never the same degree of grotesque disregard for considerations of reality and syntax as in dreams. In the waking, alert ego this is a reflection of the fact that the degree of regression in this parapraxis is far more circumscribed and shallow than in the manifest dream of the sleeping ego.<sup>10</sup> This is entirely in keeping with our daily observation of the wide varieties of ego regression, even within the same analytic session (Arlow and Brenner, 1964).

The stimulus to this regression in the service of the ego (in the sense of Kris) that triggers the production of the parapraxis is the ego's detection of signal quantities of anxiety or other painful affects which are, in turn, the result of the threatened emergence of an unconscious transference fantasy. The unconscious transference fantasy in *déjà raconté* corresponds to the repressed infantile wish-fantasy in the dream work. Just as the dream forms around the template of some day residues which are congruent with a repressed infantile fantasy, so in *déjà raconté* some current development in the transference arouses anxiety because it is congruent with a repressed unconscious transference fantasy and becomes a '*déjà* residue'.<sup>11</sup> This transference *déjà* residue engenders anxiety in the ego which then assigns itself the task of integrating primary and secondary process, past and present, fantasy and reality, in the form of the parapraxis *déjà raconté*.

<sup>10</sup> Note my earlier reference to the connection between deeper levels of regression being more closely associated to visual forms of mental representation (Freud, 1923, p. 21; see also, Arlow, 1969a, p. 49).

<sup>11</sup> The *déjà* residue is often outside of conscious awareness, again corresponding to the day residue as described by Fisher (1954).

As a concrete illustration of this sequence I return to the clinical example. The *déjà* residue was the impending vacation interruption which gave rise to an intensified pressure for discharge of a highly cathected masturbation fantasy—oral incorporation of the analyst's breast-phallus. This intrusive unconscious fantasy was expressed consciously in the form of *jamais raconté*.

### *Unconscious Fantasy and Conflict*

The reason the ego responds with anxiety to the threatened intrusion of this wish relates to the conflicts which the fantasy engendered. The nature of these conflicts in my example is quite obvious and relates to the threat of object loss, castration, and guilt. What is important to stress is that the occurrence of *déjà raconté* is a clinical signal of great value and is telling us that we are very close to a conflict within the ego of an intersystemic type which is connected with the threatened emergence of a dangerous unconscious transference fantasy. It is this proximity to unconscious fantasy which lends technical and clinical significance to *déjà raconté*. Thus at the psychic surface *déjà raconté* is a fairly reliable indicator of structural conflict 'below'—something like a Geiger counter that starts clicking faster upon increasing proximity to concealed radioactive material. This is because the *déjà raconté*, like metaphor, represents 'an outcropping into conscious expression of the fragment of an unconscious fantasy' (Arlow, 1969b, p. 7).

The importance of the unconscious fantasy is crucial for the understanding of *déjà raconté* and relates to some observations of Arlow (1969b). 'There is a mutual and reciprocal effect of the pressure of unconscious fantasy formations and sensory stimuli. . . . Unconscious fantasy activity provides the "mental set" in which sensory stimuli are perceived and integrated. External events . . . stimulate and organize the re-emergence of unconscious fantasies. . . . When the cathectic potential of the fantasy activity is high . . . pressure for discharge may organize and structure the data of perception into illusions, mis-

conceptions, and parapraxes' (pp. 8-9). Arlow continues: 'In the *déjà vu* experience . . . unconscious fantasy activity in the service of defense against anxiety [may intrude] momentarily upon the function of reality testing' (p. 12). In my patient the 'sensory stimuli' related to the reality of the scheduled vacation interruption.

What we are observing, then, is the mutual and reciprocal effect when some element of reality is in resonance with, or is congruent with, an unconscious fantasy. We observe this reciprocal congruence of reality with unconscious fantasy in the relation between the day residue and the manifest dream, the 'reality' stress in the formation of neurotic symptoms, the seemingly stray remark which gives rise to a joke, the perceptual element which triggers a parapraxis, and the transference event which precedes *déjà raconté*. We observe precisely the *same* congruence between the perceptual details selected for a screen memory and the repressed fantasy or traumatic event that is screened. Therefore, 'What is consciously . . . experienced is the result of the interaction between the data of experience and unconscious fantasizing as mediated by various functions of the ego' (Arlow, 1969b, p. 23). Fantasies, memories, and traumatic events are hierarchically organized, each capable of accentuating or screening the other. There is a further reciprocal relation between memory on the one hand and external events on the other: the former serve as a mental set in which external events are perceived, ignored, distorted, etc.; the latter, i.e., external events, are capable of recathecting the elements from the persistent ongoing stream of unconscious fantasy thinking (*cf.*, Arlow, 1972).

So far in the discussion of memory in *déjà raconté* I have stressed the regressive disruption of memory in the service of defense and the libidinization of memory as an aspect of wish-fulfilment. As an integrated expression of the principle of multiple function (*cf.*, Waelder, 1936), *déjà raconté* has an additional adaptive aspect as a screen memory equivalent. Just as screen memories can facilitate our reconstruction of the



psychic reality of childhood—always a mingling of complex patterns of fantasy and ‘real’ perceptions—, so *déjà raconté* as a screen equivalent can at times help us to better understand certain prior experiences of the patient of which he has never been fully conscious. Kennedy (1971) dealt with this point when she said that in a sense every interpretation is a reconstruction; even the patient’s last unexpressed thought is part of the past. ‘Even our interpretations of what is happening in the present session . . . structures a previously unorganized experience, aspects of which have usually been unconscious’ (p. 397). Just as screen memories need not be formed at the time of the actual childhood event but may be regressively reactivated later when subsequent events become dynamically congruent with it (*cf.*, Fine, et al., 1971, p. 6), so *déjà raconté* can illuminate the ongoing past fantasy communications with the analyst, as described by Colby (1958). The technical implementation and value of using *déjà raconté* in this manner could be concretely illustrated in my clinical example if I had made the following interpretation: ‘You wish you didn’t have to tell me about something *else* which is scaring you, not the wine. There must have been a time earlier in the analysis when you were scared by your feelings of sexual excitement on the couch while you were here with me, and you were scared that you might want to masturbate or get an erection and you didn’t want to tell me.’ (*Cf.*, discussion on p. 501 of *déjà raconté* as a screen for earlier experiences *during* the analysis.)

Screen memories form as a result of a reciprocal interplay between selective perception and cathectic intensification (*cf.*, Arlow, 1969a). It is not only in childhood that selective perception mingles with fantasy cathexes to alter the experience of reality. This is, of course, the essence of the transference experience as well and it is possible to see the clinical usefulness of viewing *déjà raconté* as a screen memory covering unreported transference fantasies and affects which formed earlier in the analysis.

Analysts have long been familiar with the notorious unreliability of certain childhood memories. The story of Freud’s

painful discovery that his patients suffered not from actual but from fantasy seductions is known to all our students but requires periodic rediscovery. Another aspect of regressive disturbance and retrospective falsification of memory was noted by Kennedy (1971), and Kris (1956) in his classic paper on the recovery of childhood memories where he expressed agreement with Greenacre and Anna Freud about the frequency with which analysts had been misled by the telescopic character of screen memory—the amalgamation of repeated experiences into a condensed memory of one such experience. However, there is one other form of coalescence of memories which is quite different and has been described by Kohut (1971). He states that there is a psychological tendency toward the ‘telescoping of genetically analogous experiences, including especially the fact that the psyche may superimpose memories of important but noncritical later postœdipal experiences over the specifically pathogenic earlier ones. This overlaying . . . [of memories] . . . is a manifestation of the *synthesizing* power of the mind; it should not be understood as being necessarily in the service of defense . . . [i.e., in the sense of screen memories], but usually rather as . . . the attempt to express the early trauma through the medium of analogous psychic contents *that are closer to the secondary process and to verbal communication . . .*’ (pp. 53-54).

Here we can observe the reciprocal, synergistic, and complementary effect of two tendencies within the ego in *déjà raconté*. The great value of Kohut’s observation about the synthetic, ‘progressive’, and integrative aspects of this form of memory alignment or ‘telescoping’ is that it allows us to postulate a selective, partial regressive condensation of memory in the service of defense in one portion of the ego during the formation of the *déjà raconté*. At the same time we can postulate an integrative gradient within the memory functions of the ego which is ‘attempting’ to connect pathogenic repressed unconscious fantasies with analogous transference contents that are closer to the secondary process, and to verbal communication which is the essence of the *déjà raconté*. This ‘progressive’,

integrative aspect, the searching for verbal or 'secondary process' connections and the regressive aspects—i.e., the dream-work mechanism of *déjà raconté*—, can be viewed as working in a reciprocal, synergistic, and mutually enhancing integrative manner. A crude comparison might relate to the subtle and complex interplay within the ego<sup>12</sup> of the dream work and secondary revision. Thus, as new aggregate elements of the nascent *déjà raconté* are forming under the regressive sway of primary process mechanisms, they would be continuously scanned and integrated with the most adaptively suitable, coherent, and syntactically appropriate secondary process thoughts capable of verbalization in the final form of the *déjà* or *jamais raconté*.

Because of the prominence and clarity of the defensive, regressive aspects of *déjà raconté* it is important to keep in mind this adaptive and integrative value of *déjà* phenomena. Novey (1966) also observed the adaptive value of the *déjà* phenomena in his comparison of *déjà vu* with certain patients who investigate their biographies and need to physically return to some setting of their childhood to recapture certain experiences in order to master their anxiety. These experiences, according to Novey, are emotionally of a kind with *déjà* phenomena and both are attempts at reconstruction and mastery.<sup>13</sup>

<sup>12</sup> This analogy would lose its value if we viewed it as a concrete replica of the 'zig-zag model' of the dream work in the topographic theory.

<sup>13</sup> In the following brief vignette, which occurred during a *déjà raconté* experience, we can observe a striking confirmation of Novey's (1966) observation about *déjà vu* in patients who investigate their biographies.

A patient whose mother was severely depressed when the patient was one year old was placed in the care of her grandmother for several months. In the second year of her analysis her father-in-law died suddenly and she and her husband took their children West to his parents' home. The patient's brother lived nearby. She began a session shortly after her return by saying erroneously that *she had already told me she left her children at her brother's home* for a few days during their visit. When I pointed out that there must be something else she wished she need not discuss with me—something painful which she wished she had already discussed—she said, 'Maybe it's the home movies'. She went on to explain that she had finally worked up the courage to ask her brother for the movies their father had taken of them as children. She had resolved very early in the analysis to obtain these movies but repeatedly postponed or 'forgot' them. Prior to this session she had seen them for the first time since her adolescence and was very disturbed to see how sad and angry she looked as a toddler, at the time when her mother became so depressed.

*Acting In*

I have stressed that *déjà raconté* in its various forms is inseparable from the transference. In my clinical illustration I attempted to demonstrate that the main defensive achievement of the *jamais raconté* was the effort to ward off the anxiety engendered by a transference fantasy. The very essence of the *déjà* element, or the *jamais* variant, is to defensively separate and affectively isolate genetic from transference contents. There is one additional consideration about *déjà raconté* as a transference event that adds to our understanding. This concept is described by Zeligs (1957) as 'acting in'. He writes: '... "acting in" [is] a middle phase in a genetic continuum in which acting out, *without verbalizing or remembering*, is at one end—acting in lying somewhere in between—and verbalizing and remembering *without action* is at the other end. . . . Though it is still acting (in the service of defense) without remembering and verbalizing, it is, however, closer to symbolization, verbal expression, and the gaining of insight, hence more easily able to be worked with analytically than is acting out' (p. 704).

Although Zeligs used the term 'acting in' to describe postural acts or blocked body movements on the couch, I believe it is worth considering *déjà raconté* as a variant form of 'acting in' because it is a temporary disruption of reporting associations which involves anything from a mild implied request to an imperious demand that the analyst *do* something, i.e., agree or disagree with the patient's memory of an event. It is entirely verbal yet it is a piece of 'action'. In the vast majority of cases it would pass unnoticed unless the analyst intervened, at least in the initial occurrence during any analysis. As we shall see, the antithesis of action versus remembering is somewhat oversimplified. Aside from the usefulness of enhancing the transference context of *déjà raconté*, there is a second advantage in viewing *déjà raconté* as a form of 'acting in'. In so doing, *déjà raconté* may be viewed as a form of acting in the sense of repeating rather than remembering (*cf.*, Freud, 1914b). Therefore, we can consider *déjà raconté* as a special form of repetition during psychoanalysis in the broader context of repetition as a psychological phenomenon.

There are compelling reasons for attempting such an assessment of *déjà raconté* in relation to repetition: first, *déjà raconté* is a vicissitude in the ego's efforts to actively remember, and all remembering is a repetition; second, *déjà raconté* is always a transference event, and repetition is the essence of transference; last, the *déjà* or *jamais* element is the manifest expression of a disturbance in the ego's capacity to accurately judge its repetitive participation in an event. Analysts have always recognized that the subtle weaving of the past which lives on in the present is a repetition phenomenon. The enormous complexity of the theoretical questions related to the concept of repetition compulsion are outside the scope of this paper. Hence, only certain nonsystematic observations about *déjà raconté* in relation to repetition as a psychological phenomenon are considered here.<sup>14</sup>

In the following comments on *déjà raconté* I am guided by some observations of Loewald (1971). In his paper on repetition phenomena, he attempts to separate the vast problem of the repetition compulsion as a psychological and biological phenomenon from those aspects that relate to certain considerations, in the psychological sphere, pertaining to the crucial distinction between passive, automatic repetitions and actively organized repetitions. Loewald started with the reminder that the distinction between acting out as the antithesis to remembering is false. Repetition, even in action and in acting out, is a variant of remembering, and remembering as a conscious mental act is a kind of repetition. 'Insofar as remembering is a form of repeating, we may distinguish two forms of repetition in human life, namely repeating by action, "acting out", and repeating in the psychical field. . . . [Therefore] acting out is an alternative to remembering in the narrow sense' (p. 59), i.e., as an alternative to reproduction in the psychic field.

Loewald speaks of passive versus active repetition. Passive repetitions are stereotyped reproductions of prototypical, repressed, childhood neurotic experiences. Active repetition in-

<sup>14</sup> I therefore do not believe that *déjà raconté* can be completely described at this time in terms of Waelder's (1936) concepts of multiple function.

volves reorganization on a new higher level of integration which makes possible novel configurations and new types of conflict resolution. In normal development the repetition of œdipal conflicts in adolescence would be an example of active re-creative repetition. The induced revival of the infantile neurosis in the transference during analysis, in which organizing ego activity is mediated by the analyst and his interpretations, is another example of active repetition. It is the difference between passive, stereotyped *duplication* and a more active, adaptive *re-creation* on a different level of integration. 'Insofar as memory (in the sense of memory traces) as a record is passive repetition, conscious remembering can be described as active repetition . . . [and active re-creating in analysis generates] new organization of something old. . . . Reliving infantile experiences in the transference starts out as passive, reproductive repetition. Through the analyst's interpretations, . . . transference repetitions may take on the character of re-creative repetition' (Loewald, 1971, p. 62).

In this sense we can view *déjà raconté* as an active attempt by the ego to re-create a past element in the transference through a creative, newly organized parapraxis which offers the analyst an opportunity, by way of his interpretation of the resulting screen memory equivalent, to assist the patient in his adaptive effort to achieve a new resolution of his conflicts about the painful memory.

In my consideration of *déjà raconté* as a repetition phenomenon in relation to the structural hypothesis, an observation made by Brenner (1955) is pertinent. (To my knowledge, Brenner is the only writer who has devoted a paper exclusively to parapraxes in an effort to reformulate them in terms of the structural hypothesis.) He stated that parapraxes are caused by some degree of failure of the ego to integrate into a harmonious whole the various forces which are impinging on it from external reality, the id, the superego, and within the ego itself. I would add that *déjà raconté* as a parapraxis represents such a partial failure of ego functioning also, but that it differs from

many parapraxes in its adaptive and integrative potential. This is particularly true with respect to *déjà raconté* as a manifestation of active repetition by the ego in its never-ending striving for creative synthesis.

### SUMMARY

*Déjà raconté* is a valuable clinical signal of the threatened intrusion of an unconscious transference fantasy. This paper discusses the advantages of considering the dynamic structure of *déjà raconté* as though it were composed of two closely integrated components. The 'raconté' portion refers to the spoken communication which either has 'already' been reported (*déjà raconté*) or has 'not been reported' (*jamais raconté*). This component has the same metapsychological structure as the manifest dream. The 'déjà' component (or the 'jamais' variant) is the second aspect of this intriguing parapraxis and this is viewed as the equivalent of a *screen memory*. The common element in all screen memories is the defensive wish of the ego: instead of remembering that which was so painful, remember this which is not only less painful but is even, albeit disguised, rather pleasant.

*Déjà raconté* is therefore a complex vicissitude of the ego function of memory: it is mediated by the ego's integration of primary and secondary processes, and it has as one of its defensive functions the integration of economic patterns of partial discharge by way of displacement. To view *déjà raconté* as a dream draws attention to its dynamic integration with primary process 'mechanisms'. To view *déjà raconté* as a screen memory equivalent calls attention to its unique coalescence of genetic aspects with current derivatives of the transference in an integrated fantasy derivative. Meticulous analysis of this parapraxis can open rich new areas for the psychoanalytic investigation of conflict.

## REFERENCES

- ARLOW, JACOB A. (1959): *The Structure of the Déjà Vu Experience*. J. Amer. Psa. Assn., VII, pp. 611-631.
- (1969a): *Fantasy, Memory, and Reality Testing*. This QUARTERLY, XXXVIII, pp. 28-51.
- (1969b): *Unconscious Fantasy and Disturbances of Conscious Experience*. This QUARTERLY, XXXVIII, pp. 1-27.
- (1972): Personal communication.
- and BRENNER, CHARLES (1964): *Psychoanalytic Concepts and the Structural Theory*. New York: International Universities Press, Inc.
- BERGLER, EDMUND (1942): *A Contribution to the Psychoanalysis of Déjà Vu*. This QUARTERLY, XI, pp. 165-170.
- BOESKY, DALE (1969): *The Reversal of Déjà Raconté*. J. Amer. Psa. Assn., XVII, pp. 1114-1141.
- BRENNER, CHARLES (1955): *A Reformulation of the Psychoanalytic Theory of Parapraxes*. Bull. Phila. Assn. for Psa., V, pp. 110-113.
- COLBY, KENNETH M. (1958): *A Skeptical Psychoanalyst*. New York: Ronald Press, pp. 73-79.
- DEVEREUX, GEORGE (1967): *Fausse Non-reconnaissance. Clinical Sidelights on the Role of Possibility in Science*. Bull. Menninger Clinic, XXXI, pp. 69-78.
- FENICHEL, OTTO (1927): *The Economic Function of Screen Memories*. In: *The Collected Papers of Otto Fenichel, First Series*. Edited by Hanna Fenichel and David Rapaport. New York: W. W. Norton & Co., Inc., 1953, pp. 113-116.
- FINE, BERNARD D.; JOSEPH, EDWARD D.; WALDHORN, HERBERT F., Editors (1971): *Recollection and Reconstruction in Psychoanalysis*. (Monograph IV of the Kris Study Group of the New York Psychoanalytic Institute.) New York: International Universities Press, Inc.
- FISHER, CHARLES (1954): *Dreams and Perception. The Role of Preconscious and Primary Modes of Perception in Dream Formation*. J. Amer. Psa. Assn., II, pp. 389-445.
- FLIESS, ROBERT (1956): *The Déjà Raconté: A Transference-Delusion Concerning the Castration Complex*. This QUARTERLY, XXV, pp. 215-227.
- FREUD (1899): *Screen Memories*. Standard Edition, III, pp. 301-322.
- (1900-1901): *The Interpretation of Dreams*. Standard Edition, V, pp. 573-587.
- (1901): *The Psychopathology of Everyday Life*. Standard Edition, VI, pp. 277-278.
- (1905): *Jokes and Their Relation to the Unconscious*. Standard Edition, VIII, pp. 159-180.
- (1914a): *Fausse Reconnaissance ('Déjà Raconté') in Psycho-Analytic Treatment*. Standard Edition, XIII, pp. 201-207.
- (1914b): *Remembering, Repeating and Working-Through. (Further Recommendations on the Technique of Psycho-Analysis II.)* Standard Edition, XII, pp. 147-156.
- (1917): *A Childhood Recollection from Dichtung und Wahrheit*. Standard Edition, XVII, pp. 147-156.



- 
- (1923): *The Ego and the Id*. Standard Edition, XIX, p. 21.
- (1936): *A Disturbance of Memory on the Acropolis. An Open Letter to Romain Rolland on the Occasion of His Seventieth Birthday*. Standard Edition, XXII, pp. 239-248.
- (1937): *Constructions in Analysis*. Standard Edition, XXIII, pp. 257-269.
- GREENACRE, PHYLLIS (1949): A Contribution to the Study of Screen Memories. In: *The Psychoanalytic Study of the Child, Vol. III/IV*. New York: International Universities Press, Inc., pp. 73-84.
- GREENSON, RALPH (1958): *On Screen Defenses, Screen Hunger and Screen Identity*. J. Amer. Ps. Assn., VI, pp. 242-262.
- KENNEDY, HANNA ENGL (1950): Cover Memories in Formation. In: *The Psychoanalytic Study of the Child, Vol. V*. New York: International Universities Press, Inc., pp. 275-284.
- (1971): Problems in Reconstruction in Child Analysis. In: *The Psychoanalytic Study of the Child, Vol. XXVI*. New York/Chicago: Quadrangle Books, pp. 386-402.
- KOHUT, HEINZ (1971): *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*. (Monograph Series of the Psychoanalytic Study of the Child, No. 4.) New York: International Universities Press, Inc.
- KRIS, ERNST (1956): The Recovery of Childhood Memories in Psychoanalysis. In: *The Psychoanalytic Study of the Child, Vol. XI*. New York: International Universities Press, Inc., pp. 54-88.
- LOEWALD, HANS W. (1971): *Some Considerations on Repetition and Repetition Compulsion*. Int. J. Ps., LII, pp. 59-66.
- LOEWENSTEIN, RUDOLPH (1957): Some Thoughts on Interpretation in the Theory and Practice of Psychoanalysis. In: *The Psychoanalytic Study of the Child, Vol. XII*. New York: International Universities Press, Inc., pp. 127-150.
- (1972): Personal communication.
- NOVEY, SAMUEL (1966): *Why Some Patients Conduct Actual Investigations of Their Biographies*. J. Amer. Ps. Assn., XIV, pp. 376-387.
- REIDER, NORMAN (1953): *Reconstruction and Screen Function*. J. Amer. Ps. Assn., I, pp. 389-405.
- (1960): *Percept as a Screen: Economic and Structural Aspects*. J. Amer. Ps. Assn., VIII, pp. 82-99.
- SIEGMAN, ALFRED J. (1956): *The Psychological Economy of Déjà Raconté*. This QUARTERLY, XXV, pp. 83-86.
- SILBER, AUSTIN (1961): *Object Choice in a Case of Male Homosexuality*. This QUARTERLY, XXX, pp. 497-503.
- SILBERMANN, ISIDOR (1963): *The Jamais Phenomenon with Reference to Fragmentation*. This QUARTERLY, XXXII, pp. 181-191.
- WAEELDER, ROBERT (1936): *The Principle of Multiple Function: Observations on Over-Determination*. This QUARTERLY, V, pp. 45-62.
- ZELIGS, MEYER A. (1957): *Acting In. A Contribution to the Meaning of Some Postural Attitudes Observed during Analysis*. J. Amer. Ps. Assn., V, pp. 685-706.

## Split Self-Representation and the Primal Scene

Wayne A. Myers

To cite this article: Wayne A. Myers (1973) Split Self-Representation and the Primal Scene, The Psychoanalytic Quarterly, 42:4, 525-538, DOI: [10.1080/21674086.1973.11926647](https://doi.org/10.1080/21674086.1973.11926647)

To link to this article: <https://doi.org/10.1080/21674086.1973.11926647>



Published online: 20 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)



Citing articles: 4 View citing articles [↗](#)

---

# **SPLIT SELF-REPRESENTATION AND THE PRIMAL SCENE**

BY WAYNE A. MYERS, M.D. (NEW YORK)

This paper describes a phenomenon in the dream life of an adult patient that I believe to be clearly derived from his childhood exposure to the primal scene: a recurrent element in the manifest content of certain dreams in which the patient is visually depicted as himself in two different locations. In this dual representation he functions in the roles of both observer and observed. An attempt is made to relate the phenomenon to conflicting wishes which emanated from the original scenes. Further, it will be shown that a specific piece of furniture in the parental bedroom—a mirror in which both the patient's crib and the parents' bed were reflected—enhanced the split in his self-representation. The analytic work that followed the recognition of the dream phenomenon and the subsequent recall of the mirror in the bedroom finally allowed the patient to acquire a firm sense of conviction of having witnessed the primal scene.

In addition, a comparison is made between the split occurring in the patient's self-representation in his dreams and his states of depersonalization. Attention is focused on the defensive functions of these regressive ego states, particularly on the use of splitting mechanisms as a defense against the threat of identity extinction.

## **CLINICAL MATERIAL**

The patient, Andrew, a twenty-five-year-old writer and film maker, is an only child. He slept in the parental bedroom until the age of twelve. Between his fifth and eighth years he recalls being photographed by his father while dressed in his mother's scarves and wigs and in a woman's bathing suit.

There were frequent verbal altercations between the aggressive, seductive mother and the overprotective father, who in frustration and anger would break objects. A recurrent dream

from this early period took the form of a sensory perception analogous to the feeling of butter being cut through by a knife.

At about six, Andrew became aware of the fact that his father, who had been an aerial photographer during World War II, had a large collection of pornographic photographs and films that he exhibited at home. When the patient walked in on such viewings, he was asked to leave although he was told that the films were innocent.

When he was twelve the family moved to a larger apartment where he had his own bedroom. Shortly thereafter he went to camp, but because of anxiety he had to return home. At camp he had compulsively collected rocks in order to protect his mother from some ill-defined danger. Though Andrew did very well in school, he had difficulty concentrating because of persistent daydreams centered around the fantasy of being a famous movie star whose life was being filmed and exhibited in the local cinema. The fantasies involved a constant shifting from his being filmed to his directing the filming of events around him.

During adolescence he was fearful of heterosexual activities on dates because of a fantasy that he was being observed by his parents. Masturbation, however, with heterosexual and homosexual fantasies was marked. His aggression increased as he began to take the place of his father in the angry altercations with his mother. At this time he had the family change its name from an obviously Jewish one to an Anglo-Saxon one. Following this, Andrew often perceived himself as being split in two, with the good new part observing but helpless before the bad, aggressive former self. From the clinical data now available, this period marks the onset of his depersonalization.

After seeing several therapists, he began analysis at nineteen. Periodically, he would describe the events in his life as being unreal and dreamlike, as though they were occurring to him at some distance from himself. He verbalized his conflict over whether to remain asleep (movie viewing, marijuana, alcohol, and medications were used to further this end) or to awaken. The latter was equated with facing the humiliations of his

shortcomings and the loss of his infantile dependency on the analyst and his parents. When I would leave him to go on vacation or whenever he was abandoned by a sexual partner, enormous anxiety and rage would erupt. These he dealt with by homosexual activity, self-destructive work patterns, and ultimately by depersonalization, excessive sleep, or drug use.

During the course of the analysis, he recounted many dreams of sexual intercourse with one or both parents. There were also frequent dreams in which the parents did violence to him and he did violence to them. He would usually relate these dreams with little affect and few associations as if he wished to remain asleep and to block out any real visualization of what he was talking about. Such sexual and aggressive combinations were often seen in the same dream or in two dreams from the same evening. The rooms involved in many of these dreams were associated to the one he shared with his parents until age twelve, but he was never able to recall having witnessed the primal scene. This I was able to reconstruct for him on numerous occasions but his acceptance was only intellectual.

On entering college to study film making, he wrote a script in which the hero consorts with homosexuals, has intercourse with a woman, and narrowly escapes death at the hands of sadists because of a murder. His associations once more led to his primal scene experiences in the parental bedroom.

Depersonalization was a prominent feature of his sexual life. In intercourse with a woman the situation felt unreal to him; he could not believe that he was 'doing it'. His penis seemed to be far away and without feeling. He often suffered from erectile impotency and retarded ejaculation. This was accompanied by a heightened self-observation in which he detachedly wondered about the efficacy of his sexual techniques and his ability to satisfy the woman. When questioned about these phenomena, he would intellectualize about castration anxiety and the primal scene but without any evident sense of conviction.

After college he entered commercial film making. His first feature film as a director was a pornographic one. It concerned the sexual adventures of a transvestite detective investigating

a murder. He was alternately excited and depressed while he was filming the action. As he looked back on the long months of editing that followed, he realized that he had been viewing the film as 'through a fog' and that his objectivity about its merits had been considerably impaired.

Subsequent to the film he went through a phase of *ménage-à-trois* sexual episodes, in which he was involved in both homosexual and heterosexual activities. After one such evening he reported a dream fragment:

I'm in a house somewhere which seems familiar. A man I know but don't recognize is peering in at me through a lighted window. Something else is happening but I don't recall it. I'm also outside of the house peering in over the man's shoulder.

When I questioned him about his being split into both the observer and the observed in the scene, he replied: 'I always am in dreams. Haven't I told you that before? As far back as I can remember, my dreams are as if I'm using two or more cameras. I always see things from several angles. It's as if I'm me in that house filming the man looking in at me and I'm also cutting to me shooting over the man's shoulder as he's looking into the house.'

Further elucidation of the sexual episode which had preceded the dream revealed that Andrew had spent much of the night watching the other couple having intercourse. As this was connected with the 'observing-being observed' phenomenon in the dream, we were led once more to the primal scene observations. In this dream the patient as observer is a direct continuation of his role in the sexual episode. Though the idea of being looked in on represents his analytic situation, it also represents his wished-for reversal of the childhood bedroom situation when he was looking in on his parents.

After this session he asked his mother about his early exposures. She informed him that she and his father had had intercourse approximately three times a week during the twelve

years he had spent in the parental bedroom. His mother commented that he would occasionally awaken in his crib and scream out during their sexual activities. Following this disclosure, which infuriated him, he had several dreams in which the splitting phenomenon was prominent.

Fragments of a few of these dreams follow:

I'm in the bedroom where we were till I was twelve, in front of a window. I'm on the bed with Marna (his girl friend of the time) and Rick (his boy friend) and we're all naked. I'm aware that my penis is smaller than Rick's. There's another man and woman there, also. The other man says to me that I have to give up my film career and he leaves with Rick. I get furious, fearing I can't satisfy Marna, because my penis is too small.

His associations to the dream were: 'Before the dream, I spoke with Harvey (a bisexual film friend) of giving up my career and of deciding on either homosexuality or heterosexuality. Marna's personality is like my mother's. With her, I'm always embarrassed by the size of my penis. Rick tells me it's normal. In the dream, I see the people in close-ups at times, and there are also some point-of-view shots of my penis.' When I questioned him about these different shots, he answered: 'They remove things somehow and make them into something unreal. Do you think I could be in film to re-create and rework my fantasies? That's a real stab in the dark.'

Following this session, Andrew went home and precipitated an altercation with Rick. Rick left. The patient became very anxious and requested an emergency session the same day. During that session he expressed intense fears of dissolving, of losing himself, of having to open his eyes in my office, and of consequently being awakened from his dream state.

In this instance, the manifest content of the dream is close to the original trauma. When the other man (the analyst) says that he has to give up his film career (his defensive role as observer-director of the bedroom scenes), the sense of actually

experiencing the immediate feelings of the childhood traumas becomes overwhelming. His original anger and castration terror return as he is forced to deal with the idea of which sexual identification to choose. The 'point-of-view' shots of his penis probably serve as a reassurance against castration as well as his early sense of inadequacy in relation to his father. Precipitating Rick's departure is a further attempt, albeit a self-destructive one, to restore his wishful state of active mastery and direction over the frightening scenes. This is in line with the patient's statements about the dream-splitting phenomenon and about his film work in general: that their function is to remove things by turning the terrifying events into something unreal. At this juncture, despite his attempts to remain asleep, he was faced with intense anxiety of a more primitive nature, which he associated with fears of dissolution of his identity. This necessitated the second visit of the day to the analyst's office and the utilization of the analyst as a mirror to prove that he still exists.

Approximately ten days later, after a second talk with his mother about the early exposures, he reported another dream.

A man in a black suit and a cane protects me from harm. I'm in a movie with Barry and Bert [film friends] and a screening just ends and Bert jumps on my chest and starts to hump my face and I'm disgusted. I can't get him off but the man in the black suit does and says: 'Don't ever hurt him again, don't ever go near him'.

His associations were: 'You're the guy in the black suit. The scene is like the homosexual rape in *Fortune and Men's Eyes*. On the way over I thought it'd be fun to sleep with Marna, rather than with Rick. I guess I saw my parents having intercourse. I wonder if I saw other things as well. I say that because my mother said, "Boy did we have sex!" so enthusiastically, when I asked her. I think Bert's homosexual. I hope I get my movie into nudie distribution. While you protected me in the dream, for a minute we weren't in the theater but on a cliff in



the countryside near camp and I saw the moon overhead. I wonder if I could've seen the moon from my parents' bedroom window. I think that might have to do with the knife-cutting-through butter feeling. It goes all through my body. I refused to go from the crib to the bed till I was old. It was too close to them. There are some shots of Bert through my eyes but also over his shoulders, behind the man in the suit. When I'm awake, I also visualize where a camera might be placed to shoot a scene. When I was fourteen, I'd see myself going to school, being well, and then getting killed by a car, with all the intercuts back to the bedroom. You know, when I think of my parents having sex, I keep saying that they had it with me for those twelve years.'

Here once more the manifest content of the dream approaches that of the original setting. The analyst intervenes to protect the patient from the castration terror of feminine identification and the wished-for homosexual relationship with the real father. In the dream the analyst also utters Andrew's wishes that he be forever spared from re-experiencing the painful trauma, that he will not have to get 'too close' to the parents and to his own wishes to be a participant. The movie mentioned in the dream and the hope expressed for the patient's own film version of the primal scene represent Andrew's desire to render the old terrifying realities into newer, more comprehensible, and controllable cinematic unrealities. His wishes do not suffice to block out the past and his associations move him back, ever closer to the original bedroom. He recalls the early sensory dream depiction of parental intercourse and speculates about the events of that time (the moon overhead, camp, the crib). The observer-observed split once again depicts his conflicting wishes to be safely removed from and vitally engaged in the parental sex acts. That Andrew accomplishes the dual wishes here, as in the first dream by looking over the analyst-observer's shoulder, also reveals his structuring of the analysis as a replication of the primal scene.

Some weeks later, after my return from summer vacation and

just after his girl friend of the moment had abandoned him to engage in a *ménage à trois* with another couple, he related this dream:

There were animals and people, either dead or asleep. They're all right asleep but they chase you when awake. It's the same old bedroom. One of the animals is a dinosaur. He's standing at the foot of the stairs and there's a huge window and I jumped out to get by him because he had a long neck. He had short legs. There were shots from the top of the stairs, a cut to the dinosaur, and another from outside of the house.

His associations were: 'I just saw The Omega Man last night, where dead people chase Charlton Heston at night. I think I feared the animals would bite me. Those are the exact stairs from childhood. My mother punched me in the head there for shitting in my pants at five after I built a rocket ship. The long neck's a penis. Why am I afraid of women? I have to fight for control. When Jeannie [the girl who left] blew me, it sickened and horrified me, but with Rick it turned me on.' At this point I interpreted his fear of being swallowed up by women during sexual activity: he had feared that his mother was swallowing both him and his father during the primal scene and that this would lead to the loss of both his penis and his self. He then recalled that when he was three, extra space had been added to his grandparents' store over which his parents lived. When left alone, he would peek through a hole in the floor to see the parents and grandparents in the store below. He also spoke of his fear and sadness at being left by Jeannie and by me, which exposed him to such terrifying perils.

This dream reflects the child's feelings of being safe when the parents are asleep and of being terrified when they are awake and sexually active. The introduction of a modern movie and the distancing from the scene—his being the observer through the shots from the other locations—serve the purpose of warding off the early terrors. The fear of oral incorporation and concomitant identity extinction seem quite prominent. The recall of peeking through the floor undoubtedly screens the ex-

periences in the parental bedroom as well as the expulsion at age twelve.

After these dreams, Andrew experienced intense fears of ego dissolution at the time of a brief holiday separation from the analyst. While speaking of this, he said: 'I never see myself as existing unless I'm being filmed or through someone else's eyes. That's why I fantasized the making of a movie of me. I can't work when I'm by myself. I need someone's presence there to take in from, to validate my existence, or I feel I'll just disappear.' Unquestionably, the analyst in this context is linked with the photographer father, whom the patient strongly wished to be like, and whose presence was felt to be essential to his masculinity and identity.

More recently, I asked Andrew whether his parents had mirrors in their bedroom. He informed me that they did and subsequently he has referred to the subject of mirrors on several occasions. In one session, he said, 'When I look in the mirror, I get confused. I see a man and I expect to see a little boy.' In another, he added, 'That mirror in my parents' bedroom must have confused me, seeing myself that way next to them. I wonder if all the windows in my dreams have to do with that? They're both glass. They must have. You're my mirror in here, you show me that I exist.' Once more, the analytic situation was utilized by the patient's unconscious to reflect the original bedroom trauma.

Following the analysis of the foregoing dreams, among others, and associations to the presence of the mirror in the bedroom, Andrew developed a firm sense of conviction of actually having witnessed the primal scene. The element in the manifest content, his presence as both observer and observed which was correlated with his conflicting wishes of the earlier era, was especially convincing to him.

## DISCUSSION

Freud (1918 [1914]) in his paper on the Wolf-man, speaks of the relationship between dreams and actual recall of primal scene material.

I am not of opinion, however, that such scenes must necessarily be phantasies because they do not re-appear in the shape of recollections. It seems to me absolutely equivalent to a recollection, if the memories are replaced (as in the present case) by dreams the analysis of which invariably leads back to the same scene and which reproduce every portion of its content in an inexhaustible variety of new shapes. Indeed, dreaming is another kind of remembering, though one that is subject to the conditions that rule at night and to the laws of dream-formation. It is this recurrence in dreams that I regard as the explanation of the fact that the patients themselves gradually acquire a profound conviction of the reality of these primal scenes, a conviction which is in no respect inferior to one based on recollection (p. 51).

The relationship between early primal scene observation and later splitting phenomena in dreams and symptoms provides the basis for papers by Arlow (1961) and Lewin (1932).

In Arlow's paper, the patients presented a typical dream of being observed (interrupted) during the act of defecation. This was consistently shown to have been based on earlier actual primal scene observations. The act of defecation in the dream regressively represented the parental intercourse and the dual identifications with the parents. The shift from being the observer to being the one observed and interrupted expressed the dreamers' wishes to have been the active participants rather than the passive onlookers in the original scenes.

Lewin, in a paper on a transient hypomania, shows the episode to be based on an underlying fantasy of taking both parental roles in sexual intercourse at the same time. His patient, a woman who slept in the parents' bedroom until the age of six and witnessed the primal scene, developed symptoms of photophobia and hyperacusis (which later brought her into analysis) when she was excluded from the parents' room upon the birth of her brother. In two dreams of this patient during the hypomanic episode, the shifting of roles and the problems of identification are portrayed in one instance as responsive

reading in church and in the second by her taking the minister's place. The switch from observer to observed is not depicted in a dual representation in the dreams but is clearly seen in the event that precipitated the hypomania and the content of the attack itself. The patient arrived early one day at the analyst's office and overheard him in conversation with a female patient. In her mind this gave rise to a fantasy of his having intercourse with the other woman (observer role in the primal scene). Her attack ensued, with a concomitant shift to her acting out the roles of participants in the original childhood traumas.

The wishful transposition of roles from observer to observed (participant), is clearly evident in the dreams of my patient. He is visually depicted in both roles in his dreams. The concreteness of this representation undoubtedly has multiple determinants, but two seem of primary importance. One, as mentioned before, is the presence of the mirror in which he could see both the copulating parents and himself. A second may be related to the intense visual nature of the early stimulation itself.

With regard to depersonalization, Arlow (1966) describes the essential ego alteration which occurs as

. . . a dissociation of two ego functions which ordinarily operate in an integrated fashion, the function of self-observation and the function of experiencing or participating. . . . The participating self is partially . . . repudiated. A tenuous sense of connection, some feeling of identification, is still maintained with this self-representation. The instinctual wishes which threaten to return from repression are displaced to the participating self or to the external world or to both. An attempt is made to repudiate these wishes by dissociating oneself from the self-representation or from reality, or by considering the participating self or reality alien and estranged or both (p. 474).

Other authors have also commented on the split in depersonalization into observing and participating self-representations and

on the link between depersonalization, sleeping, and hypnagogic phenomena (*cf.*, Jacobson, 1959; Stamm, 1962; Stewart, 1964). Arlow (1966) also likens the state of depersonalization to that of normal dreaming: 'In dreaming, two of the characteristics of depersonalization are very prominent. The dream is sensed as being unreal and there is a split in the sense of self into two self-representations, an observing self and a participating self. . . . Sometimes in dreams the self is actually represented by two different people' (pp. 474-475).

In addition, Arlow cites the studies of Elkisch (1957) and Burlingham (1952) in drawing a parallel between depersonalization and the discovery of the self before the mirror. In the latter, the mirror image may be treated as an object existing in the external world. Almansi (1964) and Eissler (1967) also relate observation of the self in the mirror with the clinical state of depersonalization.

In Andrew's case it is clear that his adolescent filming fantasy is essentially the same as the dream splitting phenomenon. The fantasy of being observed by the parents during sexual activity is a wished-for reversal of the original scene. Changing the family name represented a concrete attempt to externalize and repudiate the bad (sexual, aggressive, and anxiety provoking), active, participating self and to assume a good, passive, observing self. The earliest data I have for the appearance of the depersonalization is from this time, though I suspect it began much earlier. The oscillation between the wish to be an active participant (as in the altercations with mother involving father as the onlooker and in the *ménage à trois* episodes) and the wish to be distanced from the terrifying scenes (as in the drug use and film making) reflects the conflict in Andrew's mind between these wishes during the actual primal scene experiences. To specific episodes of depersonalization—for example, one that occurred when he slept with a woman nearly old enough to be his mother—, he would often intellectually associate the primal scene experiences. It was only after analysis of the dream splitting phenomenon that he began to experience a greater sense

of conviction that his depersonalization, as well as the dream splitting, might be related to actual early life experiences.

Several authors mention early primal scene exposure as a genetic determinant in some of their patients with depersonalization (*cf.*, Arlow, 1961; Hunter, 1966; Lower, 1971; Stamm, 1962; Stewart, 1964). Such exciting visual scenes may serve as one of the possible prototypical splitting experiences which predispose the ego to the later use of such mechanisms. In Andrew's case the presence of the mirror in the bedroom furthered this ego predisposition by providing a concrete visual anlage for the later visual and emotional splits in the dreams and in the depersonalization.

The defensive function of depersonalization in warding off various libidinal and aggressive drive derivatives has been noted by many authors (*cf.*, Arlow, 1961; Bergler, 1950; Blank, 1954; Freud, 1918 [1914]; Hunter, 1966; Jacobson, 1959; Lower, 1971; Oberndorf, 1950; Sarlin, 1962; Stamm, 1962; Stewart, 1964). In Andrew's case the dissociation from the participating self serves directly to relieve the intense castration anxiety aroused by activities such as sexual intercourse that recall the frightening early memories. Additionally, however, I believe that the splitting in his dreams and in the depersonalization subserves the defensive function of providing him with an identity check, affirming to him that some portion of his self-representation is still intact.

### SUMMARY

Material is presented from the ongoing analysis of a patient with validated repeated primal scene exposure from birth until the age of twelve. A recurrent element in the manifest content of certain dreams, whereby the patient sees himself in the dual representations of both observer and observed is related to the original traumatic scenes as well as to the presence of a mirror in the parental bedroom. Following the analysis of these dreams, the patient acquired a firmer sense of conviction

of actually having witnessed the primal scene. The comparison is made between these dreams and the state of depersonalization from which the patient suffered. Special attention is focused on the defensive functions of these phenomena.

#### REFERENCES

- ALMANSI, RENATO (1964): *Depersonalization*. Scientific Proceedings—Panel Reports. Walter A. Stewart, Reporter. J. Amer. Ps. Assn., XII, pp. 171-186.
- ARLOW, JACOB A. (1961): *A Typical Dream*. J. Hillside Hosp., X, pp. 154-158.
- (1966): Depersonalization and Derealization. In: *Psychoanalysis—A General Psychology. Essays in Honor of Heinz Hartmann*. Edited by Rudolph M. Loewenstein, Lottie M. Newman, Max Schur, and Albert J. Solnit. New York: International Universities Press, Inc., pp. 456-478.
- BERGLER, EDMUND (1950): *Further Studies on Depersonalization*. Psychiat. Quarterly, XXIV, pp. 268-277.
- BLANK, H. ROBERT (1954): *Depression, Hypomania, and Depersonalization*. This QUARTERLY, XXIII, pp. 20-37.
- BURLINGHAM, DOROTHY (1952): *Twins: A Study of Three Pairs of Identical Twins*. New York: International Universities Press, Inc.
- EISSLER, KURT R. (1967): *Home Movies and Possible Psychic Damage?* (Letter to the Editor.) Amer. J. Psychiat., CXXIII, p. 1307.
- ELKISCH, PAULA (1957): *The Psychological Significance of the Mirror*. J. Amer. Ps. Assn., V, pp. 235-244.
- FREUD (1918 [1914]): *From the History of an Infantile Neurosis*. Standard Edition, XVII, pp. 7-122.
- HUNTER, ROBIN C. A. (1966): *The Analysis of Episodes of Depersonalization in a Borderline Patient*. Int. J. Ps., XLVII, pp. 32-41.
- JACOBSON, EDITH (1959): *Depersonalization*. J. Amer. Ps. Assn., VII, pp. 581-610.
- LEWIN, BERTRAM D. (1932): *Analysis and Structure of a Transient Hypomania*. This QUARTERLY, I, pp. 43-58.
- LOWER, RICHARD B. (1971): *Depersonalization and the Masochistic Wish*. This QUARTERLY, XL, 1971, pp. 584-602.
- OBERNDORF, C. P. (1950): *The Role of Anxiety in Depersonalization*. Int. J. Ps., XXXI, pp. 1-5.
- SARLIN, CHARLES N. (1962): *Depersonalization and Derealization*. J. Amer. Ps. Assn., X, pp. 784-804.
- STAMM, JULIAN L. (1962): *Altered Ego States Allied to Depersonalization*. J. Amer. Ps. Assn., X, pp. 762-783.
- STEWART, WALTER A., Reporter (1964): *Depersonalization*. Scientific Proceedings—Panel Reports. J. Amer. Ps. Assn., XII, pp. 171-186.



## Self-Representation in Language and Play: Observations of Blind Children

Selma Fraiberg & Edna Adelson

To cite this article: Selma Fraiberg & Edna Adelson (1973) Self-Representation in Language and Play: Observations of Blind Children, *The Psychoanalytic Quarterly*, 42:4, 539-562, DOI: [10.1080/21674086.1973.11926648](https://doi.org/10.1080/21674086.1973.11926648)

To link to this article: <https://doi.org/10.1080/21674086.1973.11926648>



Published online: 20 Nov 2017.



Submit your article to this journal [↗](#)



Citing articles: 6 View citing articles [↗](#)

---

# SELF-REPRESENTATION IN LANGUAGE AND PLAY: OBSERVATIONS OF BLIND CHILDREN

BY SELMA FRAIBERG and EDNA ADELSON (ANN ARBOR, MICH.)

## I

Among children blind from birth there is typically a delay in the acquisition of 'I' as a stable pronoun. The meaning of this characteristic has been necessarily obscured because of the heterogeneous population usually designated as 'blind', one that includes children with damage to other systems as well as children with minimal vision and those blinded postnatally.

In our longitudinal studies of the early ego development of blind children, we have followed ten children, blind from birth. The children in this sample are, to the best of our knowledge, free of any other sensory or motor handicap and are neurologically intact. Infants admitted to the research program were totally blind or had only light perception. A concurrent guidance program was provided for all infants in this group.

Our group is advantaged, then, within a blind population by the intactness of other systems and by a guidance program that has facilitated development. They are disadvantaged in comparison with the general population of blind children by their total or near total blindness and blindness from birth. Both the selection process and the guidance program enabled us to examine the developmental characteristics of blind infants and young children under the most favorable circumstances.<sup>1</sup>

---

From the Child Development Project, University of Michigan, Ann Arbor. The research program was supported by the National Institutes of Child Health and Development (Grant #HD01-444); the intervention program was supported by the Office of Education (Grant #OEG-o-g-322108-246 032).

This paper was prepared as a psychoanalytic contribution to developmental linguistics. It will appear in 1974 in Lenneberg, Eric, *The Foundations of Language Development: An Interdisciplinary Approach*, UNESCO and Springer.

<sup>1</sup> For an early report of the findings, see Fraiberg (1968). The intervention program is described in Fraiberg, Smith and Adelson (1969), and Fraiberg (1971a).

All of the children in this group were followed by means of biweekly home visits from the first year through age two-and-a-half. Four of the older children were available for continued study through age five. In this advantaged group of blind children we saw delays in the achievement of 'I' as a stable pronoun, and a concomitant delay in the representation of the self in imaginative play. As we analyzed the descriptive protocols and reviewed the videotape samples, we began to achieve some insight into the interlocking components of self-representation in language and play, and were able to follow the extraordinary problems for the blind child in constructing an image of self and a concept of an objective self.

In this essay we examine the relationship between the blind child's acquisition of 'I' as a correct grammatical form and the correlates of 'I' in representation of the self in play. We have selected one of the four older children, Kathie, as the subject of detailed study.

## II

The four blind children who were available for continued study to the age of five years included three who were in the upper half of our group on most measures and one who placed in the lower half of the group.

Jackie, who consistently ranked in the lower half of the group, had not achieved 'I' when last seen at age five years. At two-and-a-half years his language achievements placed him in the lowest rank in our group of ten. The failure to achieve 'I' was also a measure of his impaired ego development. He presented the picture of a disordered personality with frequent regression to echolalic speech. This brief description of Jackie, who had no 'I' at age five, is included because he fairly represents the large number of uneducable blind children who do not achieve 'I' or 'me' even at school age or later. In Jackie's case, and others known to us, there was no evidence of neurological impairment, and one can fairly consider an alternative explanation for this form of deviant ego development: that blind-

ness imposes extraordinary impediments in the development of a self-image and the construction of a coherent sense of self.

The remaining three children in the older group all achieved 'I'. Kathie, Paul, and Karen ranked in the upper half of our group on nearly all measures. Their language achievements at two to two-and-a-half years (judged by vocabulary, two-word combinations, and the use of words to make needs known) fell within the sighted age range. A syncretic 'I' ('I wanna') appeared in their language records in the age range two to two-and-a-half, which again does not distinguish them from sighted children.

From this developmental picture in the language area we would have predicted an unremarkable course, leading within a few months to a stable concept of 'I' and versatility in the use of 'I'. We were not prepared for our findings. The ages for the achievement of the nonsyncretic 'I' for these three children were as follows: Karen, two years, eleven months; Paul, three years, five months; Kathie, four years, ten months.

The differentiation of a *syncretic* 'I' from a *nonsyncretic* 'I' follows Zazzo's (1948) usage. The syncretic 'I' typically appears in the two-year-old's vocabulary imbedded in verb forms of need or want. In the course of weeks or months, 'I' is gradually disengaged from this early set and is used inventively in new combinations. The two levels of 'I' represent two levels of self-representation. The achievement of the nonsyncretic 'I' requires a high level of inference on the part of the child in which he demonstrates his capacity to represent himself as an 'I' in a universe of 'I's'. ('I am an "I" to me; you are an "I" to you; he is an "I" to him', etc.)

We credited the children with the achievement of a nonsyncretic 'I' when these criteria were met: 1, 'I' used inventively in new combinations (disengaged from set phrases); 2, 'I' employed with versatility in discourse (management of 'I' and 'you' with rare or no confusion or reversals). It is of some interest that although these criteria were met by the three children at the ages given above, both Paul and Kathie had oc-

casional lapses in 'I'-'you' usage for many months afterward.

While the achievement of stable 'I' usage impresses us as markedly delayed in these blind children, comparisons with sighted children cannot be fairly made through the use of any existing measures. There are no normative data for the achievement of the nonsyncretic 'I' in sighted children. Gesell (1947), who offers the only developmental scale which includes personal pronoun usage, does not discriminate between the syncretic and the nonsyncretic 'I'. He scores pronoun usage on two levels: At twenty-four months he credits the child with the pronouns "'I", "me", and "you", not necessarily correctly' (p. 422); at thirty months the child receives credit when he 'refers to self by pronoun rather than name. [The child] may confuse "I" and "me"' (p. 423). Gesell accepted parent reports for his language items, and his scoring, as cited, does not discriminate for our purposes the cognitive values of 'I'.<sup>2</sup>

In the absence of comparative measures in standard developmental tests for sighted children, we cannot pursue some of the problems of apparent difference between the range for achievement of a stable 'I' in three otherwise healthy and adequate blind children and that of sighted children. Yet, the differences, on any level of comparison we can borrow, impose themselves upon us. If three blind children demonstrate language competence at the age of two to two-and-a-half years which can be objectively rated as normal for sighted children, if the syncretic 'I' appears as a grammatical form in the range for sighted children, how can we explain a developmental course which detours in the middle of the third year and comes back on the sighted child's route in the fourth or fifth years? Were the apparently 'very late' achievers of 'I' (Kathie and Paul) cognitively impaired? Was Karen, the earliest achiever of 'I', the smartest in the group? Here again, all expectations and reasonable predictions come undone as strangely as the blind child's pronoun

<sup>2</sup> The primary source of data for our research group was naturalistic observation in the home, recorded as objective narrative description and documented on film or videotape. Parent reports were a secondary source and will be indicated when used.

usage. At age two-and-a-half years Kathie and Paul were among three of the highest ranking children in the group of ten in language achievements and in over-all developmental achievements. Kathie's good intelligence will speak for itself in the history we present later. Paul, at five years, had a command of language and a capacity for abstract thinking which impresses us as superior even by sighted child standards. Karen, the 'first achiever' of 'I' was a very adequate blind child, whose good language and cognitive capacities at five years did not equal those of Kathie and Paul. We are not able to explain this puzzle.

While we watched the protracted struggle with pronoun usage, another piece of the puzzle was emerging from the patterns of play which we had observed and recorded. At the age when sighted children begin to *imitate* domestic life in doll play (approximately two years) we find no such examples for the blind children in our group. If we tried to elicit such play, 'Let's give the dolly her bottle', 'Let's put her to bed', we got no response, not even mechanical compliance. In some instances there were other infants in the house being mothered, or other children in the family playing with dolls. Models were available but were not used.

Again, at age two-and-a-half years, when sighted children begin to *represent* themselves and their world in play, endowing the doll with a personality and an imaginary life, our blind children could not represent themselves or other personalities in play and could not invent in play. Between the ages of three and four-and-a-half years, we began to see imaginative play emerge in the records of Karen, Paul, and Kathie. In each case the emergence of representational play had correspondence with the emergence of self-reference pronouns 'me' and 'I'. The data invited closer scrutiny. They suggested that the acquisition of personal pronouns was closely united with the capacity for symbolic representation of the self, and that vision normally plays a central facilitating role in each of these achievements.

After we worked our way through this thicket, we discovered that Zazzo had arrived there by another route in his study of a sighted child. His observations on Jean-Fabien, which will be summarized in the last section of this paper, were most welcome and provide another framework in which to place our detailed observations of Kathie as she pursued an elusive 'I' between the ages of two and five years.

### III

In order to examine in detail the blind child's extraordinary problems of self-representation in language and play, we have chosen one of these children, Kathie, for illustration.

Kathie has been followed by us since nine months of age, and is now six years old. She is totally blind. She was born three months prematurely. The diagnosis, retrolental fibroplasia, was made at five months of age. She is a healthy, very bright child with no other sensory defects, and is neurologically intact.

Kathie is the youngest of five siblings. Her parents have shown extraordinary ability to intuit a blind child's experience and every help that parents and our staff specialists could give has been available to promote the fullest use of her good capacities. Now at six years of age, she has excellent command of language; she is inventive in imaginative play; she is well-behaved but also mischievous and fun-loving. She is in the first grade in a class for sighted children and is able to hold her own. She has considerable appetite for new experience and enjoys coöperative play. She is independent in dressing and feeding, and is fully responsible for her own safety in outdoor play.

The story of Kathie's language and representational intelligence followed a different route from that of the sighted child. In the absence of pictorial memory, there were delays in the evolving forms of mental representation, the concepts of time and causality, of self-representation and the construction of a world of permanent objects. Yet, a simple vocabulary count and identification of word and thing, or an analysis of phrase and sentence patterns would not have distinguished her speech

at the age of two years from that of sighted children. It was between the ages of two and four that the study of Kathie's speech and play gave us a slow-motion picture of the relationship of language to other cognitive processes and thus provided the means for identifying those elements in self-object representation which are dependent upon a coherent and intact sensorimotor organization.

### *Observations at Two Years of Age*

When Kathie was two years, one month old, she became the subject of linguistic study conducted by Eric Lenneberg with our staff. Speech samples were obtained in home visits and Dr. Lenneberg and a member of our staff, Nancy Stein, worked out a dictionary based on the question: What does Kathie *mean* when she *says* . . . ? Following a three-month study, Dr. Lenneberg felt that Kathie's language competence compared favorably with that of the sighted child of the same age. Her vocabulary at that time was well within the range for sighted children. She correctly identified members of her family and a number of people outside the family. She identified by touch or sound, and named all the objects in her home with which she had contact. She quickly learned the names of novel objects. She had four- or five-word phrases in which present tense verb forms were imbedded, but not yet used inventively in new combinations.

She could express her wishes in phrases; for example, 'Wanna hear a record', 'Wanna go walkie', 'Wanna go lie down', 'Wanna hear music', 'Want to feel, . . . What's that?' (when confronted with a novel object).

She had a range of useful words for the expression of affective experience. 'Feels good!' 'Tastes good.' And the dictionary records that she used the words 'damn' and 'shit' when she was angry.

She employed parental admonitions to inhibit forbidden actions. 'Don't put your finger in your eye', she said to herself, imitating her mother's voice when she pressed her eye,



and sometimes succeeded in inhibiting the act. 'Hot!', she said, to warn herself when near the stove.

There were examples of generalization in our records. At Christmas time, when we brought her a toy-sized Christmas tree, she explored its plastic bristles thoughtfully and said, 'Feels like a brush!'. She could identify a chair and name it, and generalize from chair to chair.

We heard pronoun reversal and pronoun confusion in nearly all the speech samples we have during this period. When she touched the hair of one of her observers, she said, 'my hair', using the wrong pronoun. 'Want me carry you?', she said to her mother when she meant that she wanted her mother to carry her. The pronoun 'I' was rarely used and, typically, appeared as a syncretic form 'Ahwonna' or as an 'I' 'you' reversal. However, at two years of age the pronoun reversals and the unstable use of 'I' do not distinguish Kathie from sighted children.

In Dr. Lenneberg's unpublished notes he records one item that puzzled him. 'All attempts to make her listen to short stories (while sitting on laps and being quiet) have failed.' In a summary statement he draws attention to the disinterest in stories as being one factor that points to 'a somewhat different language beginning from that found in sighted children'. As it turned out, in retrospect, this puzzle was already one of the clues to certain incapacities in symbolic representation which were later to be of considerable interest in our study of blind children.<sup>3</sup>

### *Observations at Three Years of Age*

Between two-and-a-half and three years of age Kathie's language and her capacity to represent showed marked deviations from that of the sighted child. In both our detailed home ob-

<sup>3</sup> Dr. Lenneberg had no opportunity to follow Kathie's language development beyond the age of two years, three months. When we now report further developments in Kathie's language history, we will find much that interests us from a developmental point of view but we also miss much that Dr. Lenneberg would have brought to us from linguistics.

servations and in the reports of the mother, it was very clear that Kathie could not represent herself through a doll or toy. She could not re-create or invent a situation in play. She could not attend to a story or answer questions regarding a story or tell a story herself. She could not spontaneously report an experience. And still between the ages of three and four, she continued to confuse and reverse pronouns, and the concept of 'I' had not emerged as a stable grammatical form.

To illustrate the problem, we now propose to present some of our own observations of Kathie at the age of three.

When Kathie was three years, twenty-three days, we arranged for her to visit us in our nursery. The nursery visits had been a special treat for Kathie in preceding months. Since we already knew from home observations that Kathie could not invent in play or represent herself in play, we sketched an observational plan and procedures which would tell us more precisely where the incapacities lay and what her limits might be.

We worked out a group of experimental play situations which would permit us to compare a blind child's capacity to represent herself in play with that of a sighted child. We were satisfied that the 'pretend' games we had in mind could be played with any sighted child between the ages of eighteen months and two years, giving much leeway for three-year-old Kathie. In order not to strain Kathie's tolerance, we moved freely between structured play periods and unstructured 'free play intervals'. In the one-hour observational period which was recorded verbatim and documented on 16mm film, the structured portions of the observation totaled twenty minutes. This gave us a balance between the two modes of observation which favored the spontaneous productions and permitted us to fairly assess Kathie's play capacities and language. Kathie's mother was present throughout.

As we present material from this play session at three years of age, it is important to keep in mind that we already knew Kathie's play incapacities from naturalistic observations in her home, and that the purpose of the structured play observations

was to get more precise information regarding the level of symbolic representation available to this bright, three-year-old blind child. When one of the authors (S.F.) pursued certain elements in play, although it was clear that Kathie could not follow her, it was because we needed the negative demonstration as much as the positive demonstration, both for this period of observation and for our projected retesting at four years.

S.F. was not a familiar person to Kathie and gave her a good deal of time to greet old friends at the project, to get accustomed to a new voice, and to begin some verbal exchanges. When Kathie seemed at ease and came close to S.F. at the work table, S.F. hinted that there was something on it. Kathie came over, sniffed, and said, pleasantly surprised, 'Play dough'. S.F. waited to see what Kathie would do. She squeezed it, handled it, put it down. When it was evident that she would not invent with the play dough, S.F. suggested they make a cookie and guided her hands with the cookie cutter. Kathie was interested but did not extend the possibilities. Later, to test her notions of 'pretend', S.F. asked, 'Can I have a bite of the cookie, Kathie?' Kathie, clearly confused but amiable, said, 'You have a bite!', and put it in *her own* mouth. Kathie said, reflectively, 'This cookie different'.

Because of the confusion in 'me' and 'you' elicited in this sequence, we used a later occasion to test facial analogies. S.F. asked, 'Where is my mouth, Kathie?' There was no response to 'my mouth' but Kathie's hand moved to *her own* mouth. S.F.: 'Where is my nose?' She made no effort. Neither the other author (E.A.) nor Kathie's mother had been able to get Kathie to correctly name parts on their faces if they used the pronoun 'my', i.e., in the question, 'Where is my nose?' However, if Kathie's mother asked, 'Where is Mommy's nose?', she could 'respond correctly'.

Knowing how much Kathie loved her own bath at home, we had sketched out a sequence for doll play. There was a basin of water, a doll, a towel. S.F. brought over one of our dolls and suggested giving the doll a bath. (We knew, how-

ever, that Kathie had no interest in her dolls at home.) S.F. introduced the doll to Kathie, who gave it a few cursory touches but was clearly not interested. S.F. tried to elicit interest. 'Where is the dolly's mouth?'—no answer. 'Where is the dolly's nose?'—no answer. Clearly Kathie could not endow the doll with human characteristics. (We were also unable to get a response when we played this game with other blind children of Kathie's age.)

Kathie made it clear she did not want to give the doll a bath but we were not prepared for what took place within a few moments. As soon as Kathie touched the water, she herself stepped into the tiny tub, giving S.F. only a second to remove her new red shoes. She curled up in the tiny tub, legs folded up, and joyfully screeched. Then followed a series of little chants and songs, her own bathtub songs at home. After several minutes S.F. decided to re-introduce the doll. She suggested washing the doll's hair (guiding Kathie's hands to the doll's hair). S.F. even went through a performance in which, representing the doll, she squealed protests and said, 'No, no, I don't want a shampoo'. Kathie did not enter into the game but now did something else.

As Kathie squatted in the tub, pushing herself up and down in the water, she began to carry on a dialogue in two voices: 'Swimming in the water.' 'Mama look at that!' 'Whee, whee.' 'Can you feel it?' 'Okay, you stay in the water.' 'Okay, you sit down in the water.' Very clearly, one voice in this speech belonged to Kathie and one voice to her mother, bathing Kathie.

Before drawing inferences from this last anecdote, let us give a second set of observations which are very similar. Later in the session, Kathie was walking around the room when she discovered the sink in the nursery. We did not tell her what it was. She climbed in and examined the sides and faucets with her fingers. One of us said, 'What is it?' and, after a moment, she said, firmly, 'It's a sink!' Kathie curled up inside it. She was unmistakably pretending that the sink was a bed and said, in a mother's intonation, 'Night-night, have good sleep, night-

night. Go sleep in the sink.' She closed her eyes, then opened them mischievously, and went through the whole routine again, with some variation. 'Right here. You be a good girl!' Once S.F. tried to extend the game by saying, 'Good morning Kathie!' Kathie, not to be distracted, said, 'See you in the morning, good night. Then go in pool.' (Echo phrases—apparently her schedule for summer.)

Obviously, then, Kathie could 'pretend' when she herself was the subject. Could she pretend now with a doll? It was doubtful, but S.F. brought her the doll for an experimental demonstration. She said, 'The dolly wants to go to sleep. Let's put the dolly to bed.' She gave the doll to Kathie. Kathie promptly dropped the doll over the side of the sink and pursued her own game.

In these two examples (and others which we had in this and other sessions), it is very clear that Kathie had a form of 'pretend' in which she could take herself as object and play 'subject and object' in a game. But she could not yet move beyond to further objectivation (actually *projection*) which would permit the doll to represent Kathie, while Kathie herself represented her mother to the doll. Note, too, how important it was for her to get *into* the basin, to put herself *into* the sink for 'pretend'. Where a sighted child would be able to imagine herself in the basin or the sink, and then also *imagine* her doll as herself in the basin or sink, Kathie was still obliged 'to go through the motions'—to transpose through action that which the sighted child would transpose through vision. We must remember, of course, that sighted children in nursery schools also enjoy fitting themselves into the doll bed or the doll carriage, but by this age they move flexibly between such egocentric play to representational play, sometimes placing the doll, sometimes themselves, in the bed or carriage.

Along with Kathie's failures in self-representation, we could see throughout this session, even in this condensed form, that 'I' and 'you' were not yet used correctly. This corresponds to our observations in which subject and object pronouns are

confused in comprehension, as in following the directions for the game 'Where's my nose?—Where's your nose?'. Kathie's pronouns did not yet define subject and object, which may indicate the level of her conceptual development; she could not yet *see* herself as an object to others. She was indisputably 'Kathie' to herself and to others, and her mother was 'Mommy', but she could not assimilate the semantic ambiguity in which she is a 'you' to others and they are a 'you' to her. The same ambiguity was apparent in her comprehension of 'me' and 'my' usage in the game, 'Where's my nose?'. Yet Kathie could correctly identify facial parts by pointing if the questioner used the form 'Where is Mommy's nose?', 'Where is Mrs. Adelson's nose?', 'Where is Kathie's nose?'.

From the protocols of this session and home visits during this period we do not yet have an example of 'me' usage in self-reference. Typically, when Kathie wanted something she would say, 'Give it to her!', in the echo form.

The first example of 'me' in self-reference (not echo or reversal) occurred at three years, six months, and the context happens to catch exactly a transition point. Kathie's mother called her in the midst of play. Kathie was clearly annoyed at the interruption. She roared at her mother, 'You leave her alone!', and then, shortly afterward, 'Leave *me* alone!'.

The question should be raised: Would Kathie's performance in the nursery have been more fairly tested if the play sequences had been undertaken by one of her old friends on the staff or by her mother? To test this possibility, four months later we invited Kathie and her parents to another play session and recorded the visit on videotape. This time E.A., a familiar person, took over some of the play sequences and we also involved the mother in the game of 'Where's my nose?, Where's your nose?'. Even under these most favorable circumstances the limits of Kathie's performances remained the same.

These experiences suggest to us that the observations on subject and object in play and the problem of expressing subject

and object in language have a unified core in the capacity for a certain level of mental representation. The capacity to represent oneself in play is a measure of the level of conceptual development in which the self can be taken as an object and other objects can be used for symbolic representation of the self (Piaget, 1952). Kathie's play incapacities at three years were exactly mirrored in speech, in her pronoun reversals, and in her difficulties in achieving 'I' as a stable concept and a stable grammatical form. Yet, this child at the age of three years had a rich vocabulary, if we make allowances for the restricted experience of a blind child, and her syntax did not 'jar the ear' except for sentences in which pronoun usage governs order and coherence. She was not retarded nor in danger of autistic development.

#### *Observations at Four and Five Years of Age*

Between the ages of four and five years, Kathie began to represent herself in doll play and, in a parallel development, we also began to see new complexities in syntax, a stabilization of pronoun usage, and, finally, the emergence of 'I' as a concept and a grammatical form.

At four years, six months, our observations of Kathie's doll play paralleled in all significant ways the doll play of sighted children at two to three years of age. Kathie was a solicitous mother to Drowsy and Pierre, her two dolls. She fed Drowsy from a toy nursing bottle, filling it herself and capping it with the nipple. She murmured endearments to Drowsy: 'Want to give me a kiss?', 'Bye bye, Drowsy', 'Did you bump your head?' (rubbing it to make it feel better), 'She's crying. She wants her bottle.' She also spanked her dolls in anger and scolded them for misdemeanors. She toilet trained both dolls by placing them on her old potty chair.

Around the same time, Kathie acquired an imaginary companion she called 'Zeen'. Kathie carried on conversations with Zeen in two voices. When addressed by a friendly adult, Zeen was willing to extend the conversation. At lunch, when the observers were having coffee, E.A. asked what Zeen would

like. Kathie, in an animated voice, said, 'Here he comes. He's driving up the driveway driving a car. He has got to go home to make a cup of tea.' It was Zeen who spilled the macaroni all over the kitchen floor, Kathie told her mother righteously when she herself was caught in the act.

After tracking Zeen for several months in our study, E.A. one day asked the direct question: 'Where is Zeen's house?' Kathie said, 'You gotta walk outside', and then, 'Wanna go for a walk?' E.A. accepted the invitation and Kathie took her for a walk to Zeen's house. Kathie told her that she would show her Zeen's sand box and Zeen's house which had a door that you could open and close. It was a long walk to Zeen's house and it was a cold day. E.A. complained of the sniffles and her need for a kleenex. Kathie said, 'Here's a kleenex', and produced an imaginary tissue which she used to wipe E.A.'s nose. They walked for a long time and had many interesting encounters on the way. Finally, it dawned on E.A. that since Zeen was an imaginary person with an imaginary house, they were probably never going to get there. And they never did.

Around the same period, we received the first report of a dream. Kathie wakened one night very much upset and told her mother: 'I stuck my foot in it and it turned on'. In the morning, Kathie reported her dream again but changed the detail to, 'She bumped her foot'. Her mother could give us no clues regarding this dream. While this may not have been Kathie's first dream, it was the first dream reported to her mother.

Verbatim speech records from visits at this time showed an increase in the number of sentences which included a grammatically correct use of 'I' but there were still instances in which pronoun reversals appeared.

At four years, eight months, Kathie's mother reported that she began to ask, 'Today is what day?' And then, in a very rapid progress, it was reported to us that she began to learn the days of the week and the time concepts of 'tomorrow' and 'yesterday'. As we were sorting data for this period, we made



a discovery. The first record of use of the past tense appeared at the same time. Kathie had taken a walk to the outer limits of her home property. She reported when she came back, 'I found Robinsons' house!'

One month later at four years, nine months, we have the first report in our records of Kathie's ability to reconstruct from memory an event of the previous day. Kathie was playing with her mother's cigarette lighter. The next day Kathie's mother could not find the lighter and asked where it was. Kathie thought for a moment and said, 'It's on the floor by the rocking chair'. It was.

As late as Kathie's fifth birthday there were still occasional lapses in her use of 'I'. On the day of her birthday there was a routine visit to the doctor's office. Her mother reported that Kathie told the doctor that it was her birthday. He asked her how old she was. Kathie replied: 'She's four. No, *I'm* five years old.'

Here are a few samples of Kathie's conversations at the age of five years as reported by her mother:

Kathie bumped into a little girl in the doctor's office.

Kathie: 'Who is this?'

The little girl said, 'Karen'.

Kathie: 'Where does your daddy work?'

Little girl: 'At Marshall's'.

Kathie: 'Does he work on a farm?' (Kathie's father did.)

Kathie overheard a mother spanking her baby during a visit to Kathie's home.

Kathie said: '*Don't* spank the baby'.

The mother, embarrassed, said she wasn't hurting the baby.

Kathie: 'Oh, did you do it gently and softly?'

Kathie, at five years, one month of age, overheard the bus driver of her school bus say, 'Darn!'.

Kathie: 'Are you swearing?'

'No', said the bus driver, embarrassed.

Kathie, persisting: 'Do you swear?'

At five years, three months, we have the following observations which tie together concepts in language and in play.

E.B.A. was videotaping a session at Kathie's house to document play and language.<sup>4</sup> At one point Kathie was feeding Drowsy, the doll, with the toy nursing bottle. She stopped for a moment and addressed the photographer: 'Joy, what are you doing?' Joy said that she was taking pictures. Kathie said, 'Oh, are you going to take my picture while I feed the baby?'

At another point, Kathie said that Drowsy was taking a nap. She whispered, 'Don't wake him up!' Kathie began to make snoring noises as if pretending that Drowsy was asleep. 'That's Drowsy', she explained.

Later, everyone reviewed the tape in the kitchen. As Kathie heard the voices on the tape she asked: 'Evelyn, who is talking?' E.B.A. told her that it was Kathie talking to her mother. Kathie seemed to listen intently to the voices on the tape and to respond to them. She began to identify her own words on tape and when she heard herself snoring for Drowsy on tape, she laughed out loud.

In these fragments from five years, three months of age, we see versatility in syntax, good pronoun usage, stable forms of 'me' and 'I', and an objective concept of self which permits her to identify her own voice on tape and to laugh at her own clowning on tape.

In summary, Kathie's capacity for self-representation in play and the acquisition of the concept 'I' finally did emerge in a coherent cognitive structure. Yet both were late acquisitions compared with sighted children who attain this level of development between two-and-a-half and three years of age.

#### IV

The relationship between self-representation and personal pronoun usage has not been rigorously examined in the literature on the sighted child. Zazzo (1948), whose longitudinal

<sup>4</sup> Kathie's development after age four years, ten months was followed by Evelyn B. Atreya of our staff.

study of one child is unique in the literature of developmental aspects of pronoun usage, produced promising hypotheses which he had hoped would lead to controlled experimental research. His work has not yet been extended. While our own work was designed without knowledge of Zazzo's study and his hypotheses, there is close correspondence between his findings and ours on self-representation and the pronoun 'I'.

In his study, *Image du corps et conscience de soi*, Zazzo follows the grammatical transformations of self-reference pronouns in relation to the child's behavior toward his mirror image. The child was his son, Jean-Fabien, and the mirror observations were recorded between the ages of three months and two years, nine months. (Photographs and home movies were also employed for picture identification, but our summary will confine itself to mirror image.)

At two years, three months, Jean-Fabien made his first (and untutored) identification of the baby in the mirror. After a moment's hesitation, he said, 'Dadin', the name he used for himself. (From Jean-Fabien's behavior during this period, it appears to us that the response 'Dadin' is an identification of his image, but the 'Dadin' in the mirror is uncertainly himself—perhaps in the nature of 'another Dadin'.)

At two years, four months, Jean-Fabien used a syncretic form of 'je' ('ch' sais pas'). At two years, five months, Zazzo reports he had the pronouns 'elle' 'i' ('je' [syncretic]), 'ca'. At two years, six months, he began to use 'moi-tu'.

At two years, eight months, Jean-Fabien responded to his mirror image for the first time with the phrase, 'C'est moi'. At a later point in the essay, Zazzo adds that the phrase 'C'est moi' was accompanied by a gesture in which Jean-Fabien pointed to his own chest. In all later variations in responding to his mirror image, the child used the phrase, 'Moi, Jean-Fabien'.

At two years, eight months, the pronoun 'je' is disengaged from syncretic forms and the author cites examples of dis-course in which 'je' is used inventively and in free combination.

During the same period, Zazzo reports in his later text, the momentary confusion before the mirror which preceded each self-identification had disappeared.

Zazzo's findings corroborate our own in essential aspects. The grammatical transformations of self-reference pronouns follow a progression that is linked with stages in the evolution of the self-image; the nonsyncretic 'I' closes the sequence and signifies the child's capacity to represent himself as an object in a universe of objects. For the sighted child, and more so for the blind child, the achievement of the concept 'I' is a cognitive feat. The consistent, correct, and versatile employment of the pronoun 'I' tells us that the child has attained a level of conceptual development in which he not only endows himself with 'I', but recognizes that every 'you' for the child is an 'I' for the other, and that he is a 'you' to all other 'I's'. This is a leap out of his own skin, so to speak, and one that is normally facilitated and organized by vision. Even when there are no mirrors and no pictures to consult, self-image evolves through increasingly complex forms of mental representation in which the body self is given objective form, a 'double' as Zazzo suggests, an image of the self.

For the blind child, the constitution of a self-image and its representation through 'I' can appear in a protracted development. We have used self-representation in play as the only means available to us to examine parallel representation of the self in pronoun usage. If we can grant some equivalence to Kathie's self-representation in play and imagination with Jean-Fabien's response to his mirror representation, we can compare the characteristics of self-representation and pronoun usage in the two children.

Kathie, at two years, two months, and Jean-Fabien at two years, four months, both employ a *syncretic* 'I' and, more commonly, their own first names for self-reference. Jean-Fabien can name himself in the mirror. Kathie has no form of self-representation in her play.

At two years, eight months, Jean-Fabien has '*moi*' and '*tu*'

in his vocabulary. In the mirror, he identifies himself with the words, '*C'est moi*'. Kathie's 'me' and 'you' appear in echo responses which inevitably lead to reversals. She cannot represent herself in play.

At two years, ten months, Jean-Fabien's '*je*' has completed the course of disengagement from syncretic usage, and is used freely and inventively in discourse. The momentary confusion which had preceded mirror identification of himself has now disappeared, which indicates that he now feels at one with his mirror image. It is assimilated to 'I'. Kathie's 'I' is still employed in syncretic forms. 'Me' and 'you' are still embedded in set phrases as echo responses and appear as reversals. She cannot yet represent herself in play.

At three years, six months, Kathie employs 'me' for the first time in our records.

At four years, six months, Kathie becomes a solicitous mother to her dolls and invents an imaginary companion.

At four years, ten months, Kathie's 'I' is now demonstrably a stable form which is used inventively in discourse, but there are still occasional lapses.

From this concise summary, we can see that the two children whose 'I' first emerged in syncretic form at two years, two months and two years, four months followed divergent paths in the acquisition of the nonsyncretic 'I'. The sighted child traveled a route which brought him to a stable concept of 'I' at two years, ten months. The blind child's route brought her to the same point at the age of four years, ten months. Jean-Fabien's travels took him six months; Kathie's took her two years and eight months.

The parallel developments in self-representation and pronoun usage from these two independent studies speak strongly in favor of Zazzo's view, which is also our own: that the acquisition of personal pronouns goes beyond practice with grammatical tools. It goes beyond the influence of the language environment which we can demonstrate through the inca-

pacities of Kathie in self-reference pronouns, while living in a home with six highly verbal family members. The hypothesis in these two independent studies links self-reference pronouns to self-image.

The blind child's delay in the acquisition of 'I' as a concept and a stable form appears to be related to the extraordinary problems in constructing a self-image in the absence of vision. The blind child must find a path to self-representation without the single sensory organ that is uniquely adapted for synthesis of all perceptions and the data of self.

In infancy, most of the data of self are integrated into a body schema by submitting to visual tests. We need only reflect on the hands as a model. Through countless experiments before six months of age, the infant makes the discovery that 'the hand' that crosses his visual field, 'the hand' that he brings to his mouth, 'the hand' that grasps an object is part of himself, an instrument that he controls. The games he plays with his hands before his eyes are experiments in self-discovery. It is vision that gives unity to the disparate forms and aspects of hands and brings about an elementary sense of 'me-ness' for hands. Body image is constructed by means of the discovery of parts, and a progressive organization of these parts into coherent pictures. In constructing a body image, vision offers a unique advantage that no other sensory mode can duplicate: the picture replicates exactly, and the picture by its nature can unite in one percept, or a memory flash, all the attributes and parts into a whole. Once the picture is there, it does not need to be reconstituted from its parts.

The blind child has no sensory mode available to him which will immediately replicate his own body or body parts. The blind child is obliged to constitute a body image from the component of nonvisual experiences available to him, not one of which will give him, through objective reference, the sum of the parts. His tactile, auditory, vocal, kinesthetic, and locomotor experiences will give him a sense of the substantiality

and autonomy of his own body, but these sensory modes bind him to egocentric body and self-experience and cannot lead him easily to the concept of self in which the self can be taken as an object—the indispensable condition for the nonsyncretic 'I'. Self-image, which Zazzo suggests is a double, a replicate, a kind of mirror image of one's own person, is literally a picture of oneself, however distorted that picture may be. 'I' is the externalization of that picture into a community of pictures each of which is an 'I'.

For the blind child there is no single sense that can take over the function of vision in replicating body image. When Kathie, at five years, three months, identifies her own words and her voice on tape,<sup>5</sup> she has demonstrated a form of self-recognition which still offers imperfect comparisons with Jean-Fabien's identification of himself in the mirror at two years, eight months. The voice on tape is an aspect of self, one of the components of self-image that can now be identified in objective form. But the voice does not replicate body image; the mirror image replicates exactly and instantly.

For the blind child, the level of inference required for the construction of the nonsyncretic 'I' goes beyond that of the sighted child. The blind child must infer from his own consciousness of himself as an entity a commonality with the consciousness of others who are 'I's'; he must construct a world of human objects each of whom is an 'I' to himself by granting forms of substantiality and 'I-ness' to those human objects whom he has identified as having attributes similar to himself. He must do this without the one sensory mode that would describe, through the visual picture, the commonalities and the generalizations that lead to the concept 'I'. Yet, when he does achieve 'I' as a stable form and when he represents himself in play by means of a doll or an imaginary companion, he has indisputably externalized a form of self and reconstituted the

<sup>5</sup> Even as Jean-Fabien had had the mirror available to him for many months before he identified himself, Kathie had had experience with tape recorders in her home for some time before this occurrence. This need not have been her first identification of herself on tape, but it was our first observation of it.

self as an object. Our scientific imagination is strained to reconstruct the process.

The blind child's route to 'I' and self-representation is a perilous one. Many blind children do not make it. In the blind child population a very large number of children at school age or later do not have 'I' or any other self-reference pronouns in their vocabularies. From the study of Kathie and other healthy and adequate blind children, we can understand without difficulty why the pronoun 'I' and forms of self-representation in play are delayed in comparison with sighted children. The more difficult problem is to understand how the blind child achieves this prodigious feat.

### SUMMARY

The blind child's delay in the acquisition of 'I' is examined as a problem in self-representation. In a detailed longitudinal study of Kathie, the authors describe the extraordinary problems for a blind child in representation of the self in play and language. Kathie's achievement of a stable 'I' at the age of four years, ten months corresponds exactly with her capacity to represent herself in doll play and to invent an imaginary companion. Zazzo's protocols are employed for a comparison of a sighted child and the blind child in acquisition of 'I'. Our data invite extended inquiry with a sighted child population. Detailed study of the developmental sequence of the representation of the self in language and play should add to our understanding of the evolution of the concept of self and the capacity to take the self as an object.

The ego is 'I', yet we find ourselves, strangely, without empirical studies of the acquisition of 'I' in early childhood. The blind children with their typical delays in self-representation have given us a map which should be valuable in identifying the strata of self through observations of the capacity to represent the self in language and play. We are pursuing these problems in empirical studies with sighted children and will report on these studies later.



## REFERENCES

- FRAIBERG, SELMA (1968): Parallel and Divergent Patterns in Blind and Sighted Infants. In: *The Psychoanalytic Study of the Child, Vol. XXIII*, New York: International Universities Press, Inc., pp. 264-300.
- (1971a): *Intervention in Infancy*. J. Amer. Acad. Child Psychiat., Vol. X, No. 3, pp. 381-405.
- (1971b): Smiling and Stranger Reaction in Blind Infants. In: *Exceptional Infant*. Edited by J. Hellmuth. New York: Brunner/Mazel, pp. 110-127.
- ; SIEGEL, B.; GIBSON, R. (1966): The Role of Sound in the Search Behavior of a Blind Infant. In: *The Psychoanalytic Study of the Child, Vol. XXI*. New York: International Universities Press, Inc., pp. 327-357.
- ; SMITH, M.; ADELSON, E. (1969): *An Educational Program for Blind Infants*. J. Spec. Ed., Vol. 3, No. 2, pp. 121-139.
- GESELL, ARNOLD and AMATRUDA, CATHERINE S. (1947): *Developmental Diagnosis*. New York: Paul B. Hoeber, Inc.
- PIAGET, JEAN (1945): *Play, Dreams and Imitation in Childhood*. New York: W. W. Norton & Co., Inc., 1962.
- (1952): *The Origins of Intelligence in Children*. New York: International Universities Press, Inc.
- ULRICH, S. (1972): *Elizabeth*. (Introduction by S. Fraiberg, Commentary by E. Adelson.) Ann Arbor: University of Michigan Press.
- ZAZZO, RENÉ (1948): *Image du corps et conscience de soi. Matériaux pour l'étude expérimentale de la conscience*. Enfance: Psychologie, Pédagogie, Neuro-psychiatrie, Sociologie, I, pp. 29-43.

## An Objective Method of Dream Analysis

John T. Tokar, Anthony J. Brunse, Pietro Castelnuovo-Tedesco & Volney J. Stefflre

To cite this article: John T. Tokar, Anthony J. Brunse, Pietro Castelnuovo-Tedesco & Volney J. Stefflre (1973) An Objective Method of Dream Analysis, *The Psychoanalytic Quarterly*, 42:4, 563-578, DOI: [10.1080/21674086.1973.11926649](https://doi.org/10.1080/21674086.1973.11926649)

To link to this article: <https://doi.org/10.1080/21674086.1973.11926649>



Published online: 20 Nov 2017.



Submit your article to this journal [↗](#)

---

# AN OBJECTIVE METHOD OF DREAM ANALYSIS

BY JOHN T. TOKAR, M.D.; ANTHONY J. BRUNSE, M.D.; PIETRO  
CASTELNUOVO-TEDESCO, M.D. (LOS ANGELES); VOLNEY J. STEFFLRE  
(IRVINE, CALIF.)

Language is one of the basic tools of psychiatrists. They use language to elicit verbal behavior from patients which in turn is analyzed to determine personality structure. Language is also used as a therapeutic tool to modify and control behavior. It is important for psychiatrists to develop techniques for eliciting data from patients and also to develop quantitative measurements of the verbal behavior obtained from patients (*cf.*, Engel, 1968; Martin, 1965). Pinpointing a dimension of an individual's personality structure, labeling and defining relevant dimensions, and providing a handle to grasp pathological dimensions is no simple task for the beginning psychiatrist. The authors are of the impression that the most difficult endeavor in this area is to attempt to study all the parameters of an open-ended initial interview because of the large number of variables to contend with and analyze.

---

Drs. Tokar and Brunse are on the staff at the Sepulveda Veterans Administration Hospital and at the University of California, Los Angeles; Dr. Castelnuovo-Tedesco is on the staff at Harbor General Hospital and at the University of California, Los Angeles; Professor Stefflre is on the staff at the University of California, Irvine.

Appreciation and gratitude is expressed to the clinicians, investigators, and staff members without whose individual and collective efforts this work would not have been possible. Psychiatrists and Psychoanalysts: C. W. Wahl, M.D., L. Gottschalk, M.D., H. Lesse, M.D., H. Ritvo, M.D., M. Bronstein, M.D., I. Chelnek, M.D., R. Heaven, M.D., R. Kenworthy, M.D., T. J. Nagy, M.D., F. Parodi, M.D., E. Renniker, M.D., M. Soto-Dente, M.D., M. Unger, M.D.; Residents: E. J. Harris, S. Gold, N. Guptan, P. Dragelescu, V. Charuvastra, G. Windler, D. Pollack; Psychologists: A. A. Alkire, C. Bowdlear, M. Buttiglieri, M. Cornell, J. Levee, C. McCarthy, B. Milne, A. Z. Orzeck, H. Segel.

We are also grateful to Dr. P. R. A. May for his helpful direction and guidance and design strategy; to Dr. Edward F. Gocka, David A. Napier and John A. Sodergren for their technical assistance, and to Mary Fennell and Mary Lee Cooper for their help.

A field of study that needs further substantiation and investigation is the dream report (*cf.*, Kramer, 1969). Studying the verbal dream report is by no means a simple procedure but provides the following features: 1, a discrete beginning and end point; 2, consideration of what is psychologically important to the dreamer (*cf.*, Hall and Van De Castle, 1966; May and Caligor, 1968); 3, a study of the words that are generated by the dreamer; and 4, reducing the report to a manageable three to five minutes in length rather than the fifty minutes of an interview. Numerous methods throughout the course of history have been devised to define the meaning or referents of dream symbols (Freud, 1901; Bonime, 1962) but, in general, the problem of relating the word in the dream to the person's personality structure is either grossly ignored, or assumed to be an established fact. The psychiatrist is considered to be the authority who possesses special knowledge and skills with which to bridge the gap between the word, or dream symbol, and the dreamer's personality structure (*cf.*, Garma, 1966; Stekel, 1943). Descriptive anthropology offers some interesting viewpoints and techniques for eliciting and describing language patterns of foreign cultures that have been borrowed for use in the field of psychiatric research (*cf.*, Conklin, 1968; Frake, 1961; Steffire, et al., 1972). One viewpoint is the use of an ethnoscientific approach which consists of viewing the patient as being capable of informing the investigator about his own language structure and is therefore seen as a primary source of data (MacClay and Sleator, 1960). A technique used and described in this study is 'growing' a matrix from the patient's associations to a single word which can be considered analogous to growing a crystalline lattice structure from a seed crystal. The patient's dream is the source of the key words which provide the focus for studying the subject's language patterns.

The purposes of this study are 1, to attempt to bypass the investigator's interpretation as much as possible; 2, to objectively describe the subject's language patterns; 3, to objectively relate the key words obtained from the subject's dream sequence

to the subject's personality structure; and 4, to compare this method of eliciting language patterns and personality structure with traditional methods of eliciting psychodynamics.

## METHOD

### *Sample*

A patient was selected by the therapist (P.C.T.). She had been in therapy for about two years, and this had included the analysis of some of her dreams. The patient was seen by the investigator (J.T.T.) for a total of four visits. During the initial thirty-minute interview the investigator explained the steps of the study to the subject, obtained written informed consent, and recorded a five-minute verbal dream report. The second and third interviews, sixty minutes each, consisted of 'growing' four data matrices. All of the data for this study were derived from the initial five-minute verbal report of the subject's dream sequence. No other demographic, biographic, or psychological data were obtained from the subject by the investigator (J.T.T.) other than that from her data matrices. The fourth interview consisted of showing her the completed data matrices and obtaining her comments.

Before the study was completed, the patient's therapist (P.C.T.) wrote a psychiatric case report of the patient and sent it to a neutral party.

### *Design*

The following dream sequence was transcribed verbatim from the tape. Mrs. B:

1. Well, uh, I think the, ah, the dream that, ah, was frightening was, ah, oh, ah, the man that was involved in the dream was a man that I had gone with for quite a few years, who was married, and in this dream he was always with other women. Uh, their, they had no, their backs were turned to me, it was always the backs; and I could never see their faces; and they were all dark-haired women, and, ah, ah, they were

ah, not making love, but they were being very affectionate toward one another, and ah, I was witnessing this and I felt myself becoming intensely jealous and anxious, and yet, ah, I realized that I could interrupt the situation by breaking into the ah, ah, the pair of them, and, ah, that this man would go with me (I could get him away, but ah, ah, I was compelled not to) and ah, the intensity of the jealousy and anxiety I felt wasn't applicable to the individual himself so I guess he was symbolic of some, of someone else. And ah, ah, I guess that was the scary, frightening dream. And ah, it concluded, and also what I thought was significant is the fact that all these women had dark hair, and his wife was a blonde. And ah, as I, well, discovered later, well, my mother had dark hair so it was that type of association, and ah, I think the feeling was frightening more than the actual action that was taking place in the dream. And that was, that was one dream.

2. And the other dream I had which, ah, ah, it was a reoccurrence of actual events that happened when I was a child. When ah, it was, I, I guess I must have been eleven or twelve years old, and I walked into or then I stepped into the doorway of my parents', my father's bedroom—my father and my mother slept separately. And my father was pushing my mother into the closet, and ah, ah, the way I felt, ah, ah, it wasn't, I mean, forceful pushing, but yet it wasn't, ah, you know, she wasn't fighting back or anything, and I just ran. [Laugh] You know. But that is something that actually did happen; it was just a reoccurrence in a dream, and, ah, also, what might be significant is, ah, one dream that occurred, reoccurred to me for years and years and years and years, ah, continually.

3. And this was a dream that I fell into like a large balloon-shaped sphere; ah, I don't even know what it was made out of, but, ah, I could feel how small and insignificant I was in comparison to the ah, the dimensions of this, ah, balloon, and I was right in the middle of this falling. And, it seemed the longer I fell, the larger the balloon became, and the smaller I became, and this was a reoccurring dream

for years and years and years and years—all the time. This was nothing—I mean I didn't actually hit the bottom, but I had the sensation of falling and the sensation of the, ah, the size of the balloon that I was in and also the sensation of how small and teeny, tiny, I was becoming as the balloon was getting larger. So, there's the three.

The tape recording of the dream sequence and a typewritten transcript were studied by twenty-two clinicians. Each independently selected what he thought was the most important key word from the verbal report. The four words most frequently selected by the clinicians were: 'Insignificant', 'frightening', 'jealous', and 'dark-haired woman'.

During the second interview, the patient was asked to construct ten to twenty sentences using the key word 'frightening'.

MOST IMPORTANT KEY WORD FREQUENCY GRAPH

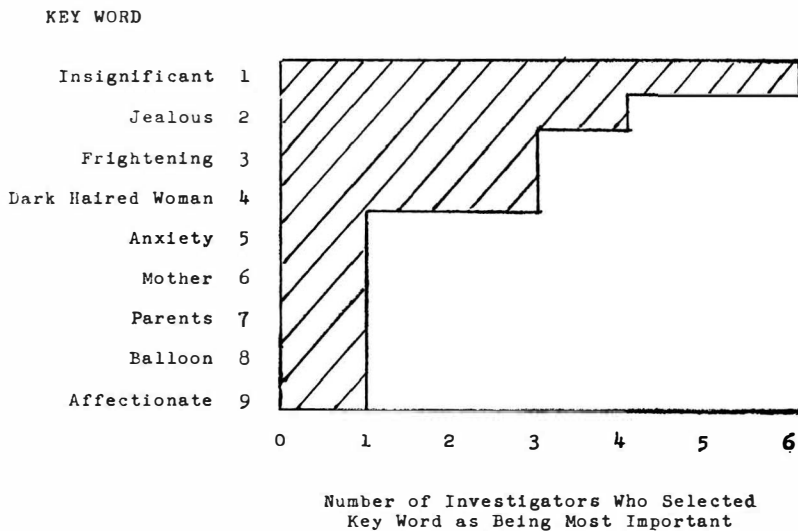


Figure 1.

The construction of the sentences by the patient around the key word elicited personal material which revolved around several themes of interest to the patient: i.e., home, father, men, outside world, being an individual, leaving therapy, being 'myself', people, and being independent. A sentence list was obtained, and the sentences were fed back to her with the key word missing. She was asked to substitute a word which meant the same thing as 'frightening'. In all cases she substituted the word 'scary' as a synonym. No further work was done with the synonyms.

Example of the synonym eliciting procedure (Tokar and Steffire, 1969): 1, Home was a very *frightening* place. Original sentence; 2, Home was a very ---- place. Key word removed; 3, Home was a very *scary* place. Synonym.

The sentences were again fed back to the patient with the key word missing, and this time she was asked to substitute a word 'that fit into the blank and formed a sentence with which she agreed'.

Example of the contrastive associational eliciting procedure (Tokar and Steffire, 1972): 1, Home was a very *frightening* place. Original sentence; 2, Home was a very ---- place. Key word removed; 3, Home was a very *miserable* place. Contrastive association.

Proceeding in the above manner, a list of ten sentences containing the word 'frightening' and nineteen words that the subject substituted for 'frightening' were obtained. The ten sentences for the key word 'frightening' were placed on the left-hand margin of a matrix as row headings or labels. The nineteen words were placed along the top margin of the matrix as column headings or labels. The subject was asked to make judgments as to whether or not she agreed with the proposition formed by the insertion of each word into every sentence. For example, she agreed with the proposition that 'home was a very *lousy* place', so she inserted a plus at the intersection of Row 1 and Column 9. She completed the matrix in this manner. (See Figure 2.)



## "FRIGHTENING" MATRIX

DO YOU AGREE?	+ = Yes* 0 = No																			
		01.	02.	03.	04.	05.	06.	07.	08.	09.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.
		lousy	uptight	neurotic	bad	domineering	cold	austere	indifferent	difficult	important	a necessity	terrifying	uncomfortable	new	important	different	miserable	frightening	
01. Home was a very ---- place.		1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	0	1	1
02. Father was a very ---- man.		0	1	1	0	1	1	1	1	1	1	1	1	1	0	0	1	0	1	1
03. Many men are -----.		0	1	0	0	0	1	1	1	1	1	1	1	1	0	0	1	0	1	1
04. The outside world is -----.		0	1	0	0	0	1	1	1	1	1	1	1	1	0	0	1	1	1	1
05. Being an individual is ----.		0	0	0	0	0	0	0	0	1	1	1	1	1	0	1	1	1	1	0
06. Leaving therapy is -----.		1	0	1	0	0	0	0	0	1	1	1	1	1	0	1	1	1	1	1
07. Being myself is -----.		0	1	0	0	0	0	0	0	1	1	1	0	1	1	1	1	1	0	1
08. Life is -----.		0	1	0	0	0	1	1	1	1	1	0	1	1	1	1	1	1	0	1
09. Many people are -----.		0	1	1	0	0	1	1	1	1	1	0	1	0	1	0	0	1	1	0
10. Being independent is -----.		0	0	0	0	0	0	0	0	1	1	1	0	1	1	1	1	1	0	1

\*For practical purposes, the pluses have been changed to 1's.

Figure 2.

In a similar manner, matrices were constructed and completed by the patient for the key words 'dark-haired women', 'insignificant', and 'jealous'. The construction of sentences using these words elicited personal material and associations revolving around the themes of mother and other women, and being 'myself'.

The completed data matrices can be rearranged either by hand or by computer so that similar sentences are placed near each other and similar words near each other. The measurement technique consists of calculation of similarity coefficients for each row pair and each column pair (*cf.*, Bartko, et al., 1971; Dice, 1945; Sokal and Sneath, 1963; Sørensen, 1948). For example, if there is a plus in every cell in Row 1 and a plus in every cell in Row 2, then the responses for Row 1 and Row 2 are identical and the similarity coefficient is 1.0. If there is a plus in every cell in Row 1 and a zero in every cell in Row 2,

then the responses of Row 1 and Row 2 are dissimilar, and the similarity coefficient for the row pair is 0.0. Most similarity coefficients range between zero and 1.0.

After calculation of the similarity coefficients for each row pair and each column pair, all the 1.0 similarity coefficients were extracted and clustered together. Then the 0.9's, 0.8's, 0.7's, etc., were extracted and clustered. This resulted in an internal rearrangement of the matrix which effected an external rearrangement of the rows and columns so that rows which were similar to each other were placed close to one another and columns similar to one another were placed close to one another. Figure 3 illustrates the rearranged matrix for the word 'frightening'. Each '1' on the rearranged 'frightening' matrix represents a proposition with which the subject agreed. The zeros have been removed to facilitate visualization. For example, the first '1' under Column 15 in Row 6 indicates that the patient stated that 'leaving therapy is new'.

**"FRIGHTENING"**

Clustered Observed Data

	14.	15.	17.	09.	10.	11.	13.	16.	19.	02.	06.	07.	08.	18.	12.	05.	03.	01.	04.
	comfortable	new	different	difficult	important	a necessity	uncomfortable	important	frightening	upright	cold	austere	indifferent	miserable	terrifying	domineering	neurotic	lousy	bad
06. Leaving therapy is -----	1	1	1	1	1	1	1	1	1					1	1		1	1	
05. Being an individual is -----	1	1	1	1	1	1	1	1	1					1					
10. Being independent is -----	1	1	1	1	1	1	1	1	1										
07. Being myself is -----	1	1	1	1	1	1	1	1	1	1									
08. Life is -----	1	1	1	1	1	1	1	1	1	1	1	1	1						
09. Many people are -----	1	1	1	1	1	1	1	1	1	1	1	1	1				1		
04. The outside world is -----	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
03. Many men are -----	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1			
02. Father was a very----- man.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
01. Home was a very ----- place.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

Figure 3.

The personal themes which developed from the patient's sentence construction were used as boundaries to demarcate the groups of rearranged words and sentences as found on the matrix. The fundamental definition by T. S. Kendler, '... a common response to dissimilar stimuli' (*cf.*, Picas, 1966) was used to abstract a generalization from those sentences that were applicable to the patient-generated themes.

Figure 4 shows how the investigator arrived at his generalization of the subject's concept of 'Father and Men' (Row 2). 'Father was a very --- man' and Row 3, 'Many men are ----' evoked common responses. For easy visualization, these two rows and the twelve words used commonly were abstracted and placed on a combinatorial construct. Combinatorial con-

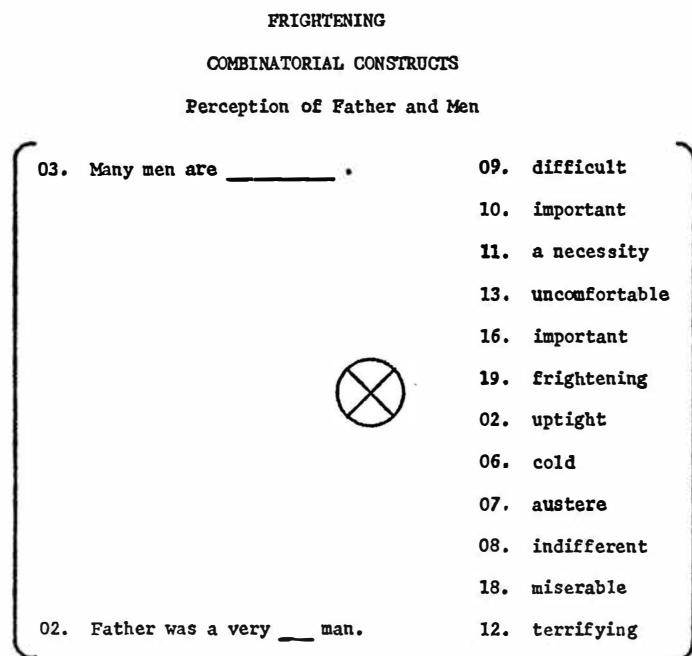


Figure 4.

structs were developed from other sentences with common themes, such as mother and women, home, self-image, jealousy, interpersonal relations, and separation anxiety and independence; and a psychodynamic formulation was constructed by the investigator (J.T.T.).

The sealed envelope containing the therapist's (P.C.T.) report was opened by the neutral party, and the sentences which referred to the above themes were extracted. The therapist was asked to compare the clinical condition of the subject with the investigator's (J.T.T.) findings. A global evaluation was included. The therapist indicated the per cent of agreement by placing a mark at the appropriate site on a zero to 100 per cent scale.

In addition, four consultants compared the psychodynamic formulations of the therapist (P.C.T.) with the psychodynamic formulations of the investigator (J.T.T.). The sentences applicable to each of the themes were placed side by side, and the consultants indicated the percentage of agreement between the two reports on the individual items and globally by placing a mark at the appropriate site on a zero to 100 per cent scale.

## RESULTS

### *Generalizations and Evaluations*

*Father and men:* 'The subject appears to have a negative relationship with her father and very negative feelings about him. She feels he was domineering, austere, cold, frightening, and jealous. She projects these negative feelings onto her relationships with other men.' The therapist (P.C.T.) scored 87 per cent agreement between the clinical condition of the patient and the investigator's (J.T.T.) report. The average of the four consultants' ratings indicated 87 per cent agreement between the therapist's report and the investigator's report.

*Mother and women:* 'The subject apparently does not care for her mother and sees her in an extremely negative light. She appears to feel threatened by, fearful, jealous, and envious of

her mother. The subject projects her negative feelings about her mother onto other women. She feels threatened by, fearful, and jealous of other women as well. These feelings tend to be projected particularly on dark-haired women.' The therapist (P.C.T.) scored 73 per cent agreement between the clinical condition of the patient and the investigator's (J.T.T.) report. The average of the four consultants' ratings indicated 76 per cent agreement between the therapist's and the investigator's reports.

*Home:* 'In addition to the negative feelings about her mother and father, the patient also has very negative feelings regarding her relationships at home. She felt home was difficult, uncomfortable, frightening, uptight, cold, austere, indifferent, miserable, terrifying, domineering, neurotic, lousy, bad, but important and a necessity.' The therapist (P.C.T.) scored 86 per cent agreement between the clinical condition of the patient and the investigator's (J.T.T.) report. The average of the ratings of the four consultants indicated 91 per cent agreement between the therapist's report and the investigator's report.

*Self-image:* 'The subject appears to have a negative self-image. She feels very insignificant and let down. At present she appears to be trying to overcome these feelings of a negative self-image and is attempting to feel positively about herself. She appears to be saying, "I don't want to be small and insignificant".' The therapist (P.C.T.) scored 99 per cent agreement between the clinical condition of the patient and the investigator's (J.T.T.) report. The average of the four consultants' ratings indicated 88 per cent agreement between the therapist's and the investigator's reports.

*Jealousy:* 'Feelings of jealousy incurred early in her life still remain with the subject. She appears to feel that "I am the one who is left out and looking in".' The therapist (P.C.T.) scored 88 per cent agreement between the clinical condition of the patient and the report of the investigator (J.T.T.). The average of the four consultants' ratings indicated 93 per cent agreement between the therapist's report and the investigator's report.

*Interpersonal relationships:* 'The subject projects her negative self-image on other people and the world. She feels a psychological distance from other people and the outside world and would like to feel more comfortable in the world. At times the world and the problems become so overwhelming that they threaten her, and she has difficulty in meeting the challenges. She wants to be able to cope with them.' The therapist (P.C.T.) scored 90 per cent agreement between the clinical condition of the patient and the investigator's (J.T.T.) report. The average of the four consultants' ratings indicated 79 per cent agreement between the therapist's and the investigator's reports.

*Separation anxiety and independence:* 'The patient is striving to become an independent entity in the world and views independence with a great deal of ambivalence and anxiety. She has ambivalence and is making a sincere effort to attain her own independence.' The therapist (P.C.T.) scored 94 per cent agreement between the clinical condition of the subject and the investigator's (J.T.T.) report. The average of the ratings of the four consultants indicated 70 per cent agreement between the therapist's report and the investigator's report.

*Global:* The therapist (P.C.T.) scored 85 per cent agreement between his evaluation of the clinical condition of the patient and the investigator's (J.T.T.) report. The average of the four consultants indicated that globally there was 83 per cent agreement between the two reports.

## DISCUSSION

At this time, it might be appropriate to include some of the patient's comments upon the matrix. When asked what it was that we had done with the language study, she replied:

Well, it's sort of a diagnosis of myself through construction of sentences and words. It's like a picture of myself that I have of myself—that I would like to keep to myself, but yuk, there it is. I don't like the picture I've painted of myself, I'm uncomfortable with it. I feel like there is a lot of deep-seated angry and hostile feelings. I'm sure it's the truth, but you

know, you just don't like to see it in blue and white. [The investigator collected the data with a blue pen on white paper.]

When she was shown the rearranged 'frightening' matrix with similar responses for 'father' and 'men', she said, 'It's obvious, I see men the same way as I see my father'.

A good description of the associational process is contained in the patient's responses to questions posed by the investigator:

Q: Have you discovered anything about yourself that you didn't know before?

A: The negative outlook towards my self-image. Everything else pretty well applies, but I think my own image, as I see it, is pretty negative. I guess it pretty well applied at that time.

Q: What about this process helped you to realize this?

A: Constructing the sentences spontaneously—having the sentences read back to me. It was very new—just like I didn't remember saying them. It was spontaneous, and I didn't recall half the stuff; but having them read back, I, all of a sudden, you're aware of your subconscious coming out.

I thought the main thing was my own definitions of words. My full intention was to have a very—ah, a sentence totally *uninvolved* around myself at all. I guess I must have chosen to be self-descriptive. Yes, it was just going to be word relationship, you know, of my own description of words totally uncentered around myself.

Her comments on the key words are also of interest.

Q: How did we grasp your frame of reference?

A: The key words, yes, that's what came out. *That wasn't my intent, but that is what came out.* I thought it was more of a word analysis.

Q: Suppose we had picked words like telephone, pencil, or paper. Would we have drifted off into the same thing?

A: No, I don't think so. Those words aren't related to me—no associations.

The authors realize that a single case report is not sufficient to establish the validity of this approach; nonetheless, it is felt there is sufficient merit to bring this approach to the attention of other investigators. Also, we wish to stress that the content analysis of this study was restricted by the four key words selected by the twenty-two coöperating clinicians. With additional key words, additional aspects of the subject's personality might have been elicited. Further, the therapist (P.C.T.) had treated the patient for a period of two years; the investigator (J.T.T.) saw the patient for only three visits.

However, we believe that this technique could be used in diagnosing areas that present difficulties to individuals and could also help the therapist to focus his therapy. By pinpointing problem areas, therapeutic techniques could be adjusted for individuals. Having an individual complete a matrix before and after therapy could become a measure of the effectiveness of therapy. By having the therapist complete the patient's matrix along with the patient, it might be possible to determine the validity of the therapist's perception of the patient. If both do a 'before and after' treatment matrix, it might be possible to monitor bias on the therapist's part.

This technique could be used for future research and investigation in understanding an individual and his language. We believe it to be an important area that needs further exploration to assist us in our learning about the relationship between an individual's symptoms, problems, dynamics, associations, and his language.

### SUMMARY

This study describes a technique for eliciting information about an individual and his language, using his own key words to construct sentences and data matrices. The purpose was to compare this method of eliciting language patterns and personality structure with traditional methods of eliciting psychodynamics, to objectively relate the key words obtained from the subject's dream sequence to the subject's personality structure, and to



attempt to bypass the investigator's interpretation as much as possible.

A patient was selected who had completed two years of therapy and who had had dream analysis as an integral part of her treatment. Twenty-two clinicians selected key words from a taped record of the subject's dream sequence. From these key words, the patient constructed sentences. The sentences were fed back to her with the key words missing, and she was asked to substitute contrast associational words. She completed four data matrices composed of her own sentences and contrast associational words. These matrices were rearranged, and the investigator abstracted the patient's sentences and wrote an evaluation of her personality structure with no further knowledge of her psychiatric history.

The therapist's (P.C.T.) perception of the patient was compared with the investigator's (J.T.T.) evaluation by the therapist and by four independent consultants. The therapist indicated an 85 per cent agreement, and the four consultants indicated an 83 per cent agreement between the two evaluations.

#### REFERENCES

- BARTKO, J. J.; STRAUSS, J.; CARPENTER, W. T., JR. (1971): *Some Cluster Analysis Techniques Applied to Psychiatric Data*. Classification Soc. Bull., II, No. 4.
- BONIME, W. (1962): *The Clinical Use of Dreams. A Practical Handbook for Analyst and Patient*. New York: Basic Books, Inc.
- CONKLIN, H. C. (1968): *Lexicographical Treatment of Folk Taxonomics*. Int. J. Amer. Linguistics, XXVIII, pp. 119-141. Supplement in: *Problems in Lexicography*. Edited by F. Householder and S. Saporta. Bloomington, Ind.: Indiana Univ. Research Center in Anthropology, Folklore, and Linguistics, Publication No. 21.
- DICE, L. (1945): *Measures of the Amount of Ecologic Association between Species*. Ecology, XXVI, pp. 297-302.
- ENGEL, G. (1968): *Some Obstacles to Development of Research in Psychoanalysis*. J. Amer. Psch. Assn., XVI, pp. 195-204.
- FRAKE, C. (1961): *The Ethnographic Study of Cognitive Systems*. In: *Anthropology and Human Behavior*. Edited by T. Gladwin and W. Sturtevant. Washington, D. C.: Anthropological Society of Washington, pp. 72-85.
- FREUD (1901): *On Dreams*. Standard Edition, V, pp. 633-685.
- GARMA, A. (1966): *The Psychoanalysis of Dreams*. Chicago: Quadrangle Books, Inc.

- GARVIN, P. and SPOLSKY, B., Editors (1966): *Computation in Linguistics: A Case Book*. Bloomington, Ind.: Indiana University Press.
- HALL, C. S. and VAN DE CASTLE, R. (1966): *The Content Analysis of Dreams*. New York: Appleton-Century-Crofts.
- Harvard University, The Center for Cognitive Studies. 7th Annual Report, 1966-1967.
- KRAMER, M. (1969): *Dream Psychology and the New Biology of Dreaming*. Springfield, Ill.: Charles C Thomas.
- MAC CLAY, H. and SLEATOR, M. (1960): *Responses to Language: Judgments of Grammaticalness*. Int. J. Amer. Linguistics, XXVI, pp. 275-282.
- MARTIN, M. (1965): *The Freud-Abraham Correspondence*. Science, CLII, pp. 921-922.
- MAY, R. and CALIGOR, L. (1968): *Dreams and Symbols: Man's Unconscious Language*. New York: Basic Books, Inc.
- MC QUITTY, L. L. (1967): A Mutual Development of Theory and Method in Objective Analysis of Personality Structure. In: *Conference on Cluster Analysis of Multivariate Data, Final Report*, June. Sponsored by the Office of Naval Research, Contract No. N00014-67-C-0175.
- ; BANKS, R. G.; FRARY, J. (1970): *Submatrices of Interassociations for Scoring Interrelatedness within Matrices as an Index of Psychological Disturbance*. Multivariate Behavioral Research, Oct., pp. 479-488.
- PIKAS, A. (1966): *Abstraction and Concept Formation*. Cambridge, Mass.: Harvard University Press.
- SOKAL, R. and SNEATH, P. (1963): *Principles of Numerical Taxonomy*. San Francisco: W. H. Freeman & Co.
- SØRENSEN, T. (1948): *A Method of Establishing Groups of Equal Amplitude in Plant Sociology Based on Similarity of Species Content and Its Application to Analyses of the Vegetation on Danish Commons*. Biol. Skr., V, pp. 1-34.
- STEFFLRE, V.; REICH, P.; WENDELL, M. (1972): Some Eliciting and Computational Procedures for Descriptive Semantics. In: *Exploration in Mathematical Anthropology*. Edited by Paul Kay. Cambridge, Mass.: M.I.T. Press.
- STEKEL, W. (1943): *The Interpretation of Dreams; New Developments* (2 vols). New York: Liveright Publishing Corp., 1962.
- TOKAR, J. and STEFFLRE, V. (1969): *A Technique for Studying an Individual and His Language*. Psychotherapy: Theory, Research, and Practice, VI, pp. 105-108.
- (1972): *Language Patterns of Association to Key Words from Dream Symbols*. Diseases of the Nervous System, XXXIII, pp. 367-371.

## Nature and Significance of Changes in Patients in a Psychoanalytic Clinic

Norman D. Lazar

To cite this article: Norman D. Lazar (1973) Nature and Significance of Changes in Patients in a Psychoanalytic Clinic, The Psychoanalytic Quarterly, 42:4, 579-600, DOI: [10.1080/21674086.1973.11926650](https://doi.org/10.1080/21674086.1973.11926650)

To link to this article: <https://doi.org/10.1080/21674086.1973.11926650>



Published online: 20 Nov 2017.



Submit your article to this journal [↗](#)

---

# NATURE AND SIGNIFICANCE OF CHANGES IN PATIENTS IN A PSYCHOANALYTIC CLINIC

BY NORMAN D. LAZAR, M.D. (NEW YORK)

There has been a drastic reduction in the number of patients applying for treatment at the Columbia University Psychoanalytic Clinic as well as significant changes in psychopathology presented and diagnostic categories. This has raised the challenging question of the origin of these changes which involves a complex combination of cultural, historical, and psychodynamic issues.

The reduction in the number of patients applying to the Columbia University Psychoanalytic Clinic is demonstrated by the following application figures: 1964—803; 1967—500; 1970—270; 1971—162. The decrease in applications reflects a nationwide change. The widespread concern about reduction in patient applications led Dr. Edward Weinschel, then Chairman of the Committee on Institutes of the American Psychoanalytic Association, to organize an ongoing workshop on the problems of psychoanalytic clinics which first met in 1972. In a letter describing plans for the workshop, he said: ' . . . I have been hearing—from many different quarters—that it is becoming more and more difficult for candidates to find suitable analytic cases for their own training experiences'. Responses to a questionnaire sent to Institutes with a clinic, reported by the Chairman of the Workshop, Dr. Leo S. Loomie (1972), and the dis-

---

From the Columbia University Psychoanalytic Clinic for Training and Research, Department of Psychiatry, College of Physicians and Surgeons, New York City.

An abridged version of this paper was presented at the Columbia University Psychoanalytic Clinic Faculty Sterling Forest Conference, October 28, 1972.

The author wishes to express appreciation to Dr. Bluma Swerdloff for her helpful comments about the original manuscript; also to Mrs. Elizabeth Van Velzer, Miss Virginia Hart, and Dr. Leonard Moss for help in obtaining data from the Clinic's Records Project.

cussion by Institute representatives confirmed the declining patient application rate. A number of Institutes also referred to a decline in the 'quality of applications', and some described 'special steps to meet the shortage' of patients.

In an effort to explore changes in the population of analytic patients at the Columbia University Psychoanalytic Clinic, I compared available descriptive statistical data from the years 1952 and 1959 with the annual report of the Admitting Psychoanalyst for 1971. The analytic patients tend to be in the younger age groups and this has increased somewhat since 1952. The percentage of analytic patients under thirty years of age was about 70% in 1952, 75% in 1959, and 80% in 1971. The individuals in analysis continued to be mainly professionals, white-collar workers, and students. The number of women patients was twice that of men patients in 1952, and about one and one half times the number of men in 1971. (For details see Tables I, II, III.) There has been an impressive increase in the diagnosis of personality (or character) disorders since 1952 at which time it was one fourth of the number diagnosed as psychoneurotic. In 1959 there were slightly more diagnoses of personality disorder than of psychoneurosis and, finally, in 1971 there were twice as many diagnoses of personality disorder as of psychoneurosis.

A number of difficulties arise in comparing diagnostic statistics compiled from different periods and by different individuals. Thus, Aaron Karush's (1956) 1955 diagnostic survey, following Sandor Rado's classification, did not differentiate personality (or character) disorder from psychoneurotic patterns. Also, of course, there is the perennial problem: does increase in a diagnostic category reflect increased incidence, or change in diagnostic criteria?

The very task of descriptive or metapsychological diagnosis is minimized by some analysts who tend to rely on 'trial analysis' (*cf.*, Kohut, 1971). It seems significant to me, however, that Leo Stone, Elizabeth Zetzel, and Aaron Karush, who for years were responsible for selecting patients for supervised analysis

TABLE I

*Statistics from the Columbia University Psychoanalytic Clinic—1952*

Number of Patients:	41	
Age:	15-19—	3
	20-24—	11
	25-29—	15
	30-34—	6
	35-39—	6
	40—	0
Sex:	Male —	12
	Female —	29
Marital status:	Single —	24
	Married —	15
	Separated —	2
	Divorced —	0
Occupation:	Student —	7
	Housewife —	1
	Professional —	17
	Manager —	4
	Clerk —	9
	Sales —	3
Diagnosis:*	Anxiety Reaction _____	9
	Dissociative Reaction _____	3
	Phobic Reaction _____	5
	Obsessive Compulsive Reaction _____	8
	Depressive Reaction _____	5
	Psychoneurotic, Other or Mixed _____	11
	Psychotic Personality _____	1
	Neurotic Personality _____	6
	Neurotic Personality Passive-Dependent Type _____	1
	Neurotic Personality Passive-Aggressive Type _____	1
	Alcoholism _____	1

\* These include some multiple diagnoses. Cf., footnote Table III.

TABLE II

*Statistics from the Columbia University Psychoanalytic Clinic—1969*

Number of Patients:	37	
Age:	15-19— 0	
	20-24—10	
	25-29—13	
	30-34—10	
	35-39— 3	
	40— — 1	
Sex:	Male —16	
	Female —21	
Marital status:	Single —20	
	Married —14	
	Separated — 0	
	Divorced — 3	
Occupation:	Student — 6	
	Housewife — 0	
	Professional —24	
	Manager — 3	
	Clerk — 2	
	Sales — 2	
Diagnosis:	Anxiety Reaction _____	4
	Dissociative Reaction _____	2
	Conversion Reaction _____	1
	Obsessive Compulsive Reaction _____	4
	Depressive Reaction _____	2
	Psychoneurotic, Other or Mixed _____	5
	Schizophrenia Chronic Undifferentiated _____	1
	Neurotic Personality _____	12
	Neurotic Personality Compulsive Type _____	7*
	Hysterical Character Disorder (with Phobias and Depression) _____	1**
	Neurotic Character Disorder (with Obsessive & Hysterical Features) _____	1**

\* Three additional diagnoses were added from data not included in Records Project. Of these, two were specifically noted as 'neurotic' (e.g., 'obsessive neurotic character disorder').

\*\* Diagnostic terms not used in coding for Records Project.

TABLE III

*Statistics from the Columbia University Psychoanalytic Clinic—1971*

Number of Patients:	30	
Age:	15-19— 0	
	20-24—11	
	25-29—13	
	30-34— 5	
	35-39— 0	
	40— — 1	
Sex:	Male —12	
	Female —18	
Marital status:	Single —17	
	Married — 9	
	Separated — 3	
	Divorced — 1	
Occupation:	Student —13 (includes 6 medical students)	
	Housewife — 0	
	Professional —13	
	Manager — 2	
	Clerk — 2	
	Sales — 0	
Diagnosis: (Using categories coded for Records Project)*		
		Actual Diagnosis:
Anxiety Reaction _____	1—	Anxiety Neurosis
Phobic Reaction _____	1	
Obsessive Compulsive Reaction _____	7—	Obsessional Neurosis
Neurotic Personality Obsessive Compulsive Type _____	13—	Obsessional Character Neurosis
Neurotic Personality Passive-Aggressive Type _____	1	
Diagnosis: (Not listed in coded group for Records Project)		
Hysterical Character Neurosis _____	5	
Narcissistic Character Neurosis _____	1	
Sexual Deviation, Fetishism, and Voyeurism _____	1	
* In coding for Records Project each component of multiple diagnosis was recorded, whereas for 1971 data only the major diagnosis was listed in above figures.		
The frequency of various secondary features included in the 1971 diagnosis, but not shown above, is as follows:		
with passive features _____	1	
with passive-dependent features _____	2	
with depressive features _____	15	
with hysterical features _____	9	
with narcissistic features _____	8	
with homosexuality _____	1	
with anxiety reaction _____	6	
with psychophysiological reaction _____	2	
with somatic features _____	2	
with masochistic features _____	1	
with dissociative reaction _____	1	
with potency disturbance _____	1	
with phobic features _____	2	
with obsessional features _____	5	



by candidates, emphasized the importance of diagnosis—the ‘painstaking diagnosis’ referred to by Stone (1954). The two phases involved in the change in psychopathology are reflected in the shift from symptom neuroses to character disorders and the further increase of narcissistic and related disorders in the latter group. Some analysts (for instance, Loomie, 1972) suggest that the increase in narcissistic disorders reflects change in diagnostic emphasis. However, this is in contrast to the views of Arlow and others. In a lecture at the Psychoanalytic Clinic in 1968, Arlow pointed out the increasing number of narcissistic characters in analysis in contrast with the character neuroses seen in the past, which had a closer relationship with the symptom neuroses. The fact of changes in diagnoses due to alterations in the manifestations and forms of psychopathology is well known (*cf.*, Lazar, 1968). Eissler (1953) has pointed out that the discovery of psychoanalysis would have been greatly delayed ‘if in the second half of the nineteenth century the prevailing neurosis had not been hysteria’ (p. 114). But today we no longer see the hysterias described in the early literature.

The widening of the application of analysis to include increasingly severe degrees of character disorder, borderline cases, and some psychotics has led some analysts to express concern over candidates not being trained to conduct a ‘standard analysis’ but rather to use ‘technical variations’ (*cf.*, Kuiper, 1968; Valenstein, 1968). Anna Freud (1969) has also expressed such concern. On the other hand, many analysts have described increasing difficulty in finding patients in practice or for supervised analysis in training who are accessible to classical technique. Boyer and Giovacchini (1967) stated: ‘. . . after beginning psychoanalytic practice . . . we eagerly awaited the “analyzable patient”. How often did this type of patient present himself?’ (p. 11).

During the past decade there has been a growing literature on the narcissistic character disorders which many feel have increased (*cf.*, Cooper, 1971b; Kernberg, 1970a; Kohut, 1971; Loewald, 1971; Joffe and Sandler, 1965; Tartakoff, 1966).

Kohut (1971) suggests that narcissistic personalities 'constitute a considerable part of present-day psychoanalytic practice' (p. 1). However, diagnosis of narcissistic disorder has become 'fashionable' and it has been my observation that some candidates have begun to apply this designation to a broad spectrum of pathology ranging from various forms of infantile or primitive personality organization to frank schizophrenia. This is analogous to the way in which 'manifest symptomatology and instinctual content', as described by Zetzel (1970, p. 244), is relied on to conclude that there is a 'failure to resolve œdipal conflict' and thus justify a diagnosis of hysteria without taking into account the underlying ego functions.

There is, I feel, an increasingly prevalent form of character pathology today which defies current nosology. I believe that it encompasses a wider scope than is subsumed under the term 'narcissistic disorders'. As in the latter conditions, there are 'early fixations' (Kohut, 1971) and multiple features of infantility in ego organization. Following Easser and Lesser's (1965) 'hysteroid', we might refer to some of these patients as 'genitaloid' since there may often be a spurious façade of genital phase and personality development. This group may be related to the 'new character and ego integration' described by a number of analysts who have connected this with various contemporary social and cultural changes.

The literature referring to the related changes in current society and psychopathology, including Mitscherlich (1969), Bloss (1971), Lowenfeld and Lowenfeld (1970), Wangh (1972), Cooper (1971a), Kardiner (1959), Keniston (1970), Liebert (1971), and from the historian's point of view, Plumb (1972), illustrates that despite differences in conceptualization and emphasis in correlating alterations in culture with psychodynamic change, there is much agreement on the description of the presenting characteristics in current psychopathology. Features mentioned by most of the authors are problems related to aggression; impoverishment of affect and avoidance of commitment; permanent adolescence with fading of adulthood as

an aim; omnipotent and narcissistic expectations; superego defects and conflict; impaired ego-ideal function; regressive phenomena; defective sense of identity; feelings of alienation and unrelatedness; increase in psychoses among the young (*cf.*, Blos, 1971) and a compelling need for change, action, movement, immediacy, and 'fluidity'.

What are the patients of the 1970's actually like? They are from a much reduced group applying for analytic treatment; they are young (80% under thirty years) and many belong to an intellectual world that rejects psychoanalysis as irrelevant. A book review in the *New York Times*, July 24, 1972, stated: '... in America we have been told ... by Herbert Marcuse and Norman O. Brown, by primal-screaming California optimists ... that Freud is old hat ... to talk about character is a downer ... Freud and psychoanalysis are so unfashionable ...' (Locke, 1972). As part of this intellectual and social climate there is emphasis essentially on the external environment and a concern with the here and now coupled with an urgent sense of change rather than interest in exploring the historical past of the individual or society. Horowitz (1972), in a presentation at the New York Psychoanalytic Society, quoted Lionel Trilling to the effect that in current society interest and emphasis are on change—not on the past and history.

As noted a few years ago by the Secretary of the Admissions Service at the Columbia University Psychoanalytic Clinic for Training and Research, there were increasing numbers of individuals, calling to ask for applications, who inquired if the Clinic offered group therapy, marathons, encounter groups, and so forth. In recent years there has been an increase in the number of patients who, when offered assignment to a doctor, decline analysis because of reluctance to attend four to five sessions a week, plans to move out of the city, or a decision to seek other than psychoanalytic treatment.

Excerpts from written applications of patients, interview material, and other clinical data may illustrate some of the manifestations of current psychopathology.

In answer to the application question as to why she was seeking help at this time, a young woman wrote:

. . . I always feel uncomfortable about being asked this because I don't really know. . . . There are many things wrong in my life: I don't value myself . . . I seem to have no purposefulness-rootedness in my life . . . I've rejected my previous experienced spiritual life as immature, yet I want very much to be able to commit myself in faith to something—(Someone? God?). . . . I feel inferior to other people . . . there have been a couple of people who have gotten close to me and I later cut them off . . . I always compare myself to others, usually finding them better, and then hope that psychiatric help would change everything (by some 'magical' power!).

The applicant was seen in an admissions service conference in which there was emphasis on her defective sense of identity, use of denial, and narcissistic conflicts with omnipotent magical wishes. My own notes from the conference, in connection with the patient's repeated references to wanting to 'get it out of myself' and to various parts of herself, raised the question of possible primitive splitting of 'good' and 'bad' self-representation. In a second (individual) interview by a supervising analyst, the grandiose quality of her ego ideal, with 'omnipotent perfection in all her expectations of herself', was noted. The interviewer's recommendation was that the patient's 'marked' narcissistic features and intense defensiveness would make her an unsuitable analysand for a candidate. I agreed with this conclusion, but before we could send our recommendation to the patient we received a letter from her: '. . . I've chosen to enter into group therapy with a doctor who uses Gestalt, psychodrama and primal therapy. . . . I think that clinical psychoanalysis would be in conflict with what I'm pursuing.' The clinical material this young woman presented is representative of an increasing number of our potential analytic patients.

Other examples of the presentation of problems can be cited. In a written application one person stated: 'I can't write about

problems without sounding disorganized. . . . I feel totally lonely and confused. . . . I hate my family. . . . I feel like a zero person.' A young woman wrote: 'I cling unmercifully to men because I'd rather become them than be me'. A thirty-year-old university professor, interviewed in an admissions conference, presented as his chief complaints: difficulty in relationships, inability to be close to anyone, and the recent breakup of his marriage. He was unable to decide if he ever loved his wife but felt she loved him by virtue of her being 'available'. He described feeling trapped in any relationship with 'demands' and stated that he divides people into those who make no requests of him (e.g., conversation, affection) and gratify him (e.g., 'listen' to him) and those who make requests and are not gratifying. His response to 'requests' by his wife was rage. He had recurring dreams of someone chasing him with a knife.

These excerpts illustrate qualities of defect in sense of identity; isolation; primitive symbiotic wishes; primitive splitting of 'good' and 'bad' object representations with impaired object constancy; narcissistic conflicts, with grandiose ego ideal; and narcissistic expectations in relationships without concern for the needs of the object.

Describing his reasons for seeking help in his written application, a twenty-four-year-old student noted:

I feel o.k. most of the time, that is I'm not terribly depressed, however, I'm never happy . . . most often my mood is that of mild depressions, boredom and slight physical discomfort . . . my mood turns deeper . . . which I express as irritability towards those around me. . . . The future seems to hold no promise of happiness for me . . . interpersonal relationships are not satisfying . . . I have no pleasure, no happiness to put into it. It is only in the Walter Mitty world of my imagination that I find distraction from lack of happiness and love. . . . Yet I know no success can bring me what I want. . . .

A faculty member on the Consultation Service recommended this patient for analysis and he was interviewed again by one

of the supervising analysts. The latter referred to utilization of splitting, denial, depersonalization experiences, identity conflicts, desperate search for pleasure, and low frustration tolerance. This interviewer stressed 'preœdipal problems' and felt he could not 'rule out borderline personality'. His recommendation that the patient not be accepted for analysis was agreed with by one of the assistant admitting analysts. The material in this written application and some of the features referred to by the interviewer illustrate a severe degree of some of the characteristics that I feel are increasingly present among those applying for psychoanalytic treatment. Those who have participated over the years in the evaluation of patients applying to Psychoanalytic Institute Clinics will note there is little new in the material presented. What is new, however, is the increasing frequency of its appearance.

A few months ago a senior supervising psychoanalyst called me and questioned the suitability of the patient assigned to the candidate whom he was supervising. He pointed out that the patient would need to sit up for an extended period and have visual contact in order to be 'prepared' for analysis—that is, to deal with his 'narcissism' and some difficulty in differentiating internal from external reality and fantasy from reality (for instance, his treating the idea of killing his wife 'not as a figure of speech but as if a realistic possibility'). This incident is not an infrequent occurrence; we need to stress the fact that, hopefully with the exception of first cases, preparatory work with possible delay in the use of the couch is increasingly necessary with patients currently accepted for analysis. Candidates at times have assumed that a preparatory phase involves a departure from the analytic stance, a 'supportive' role. This assumption is not valid since one can adhere to the analytic mode even with parameters. Of course it is expected that in time the parameter can be discontinued and interpreted.

A twenty-seven-year-old man, while still sitting up at the start of supervised analysis by a candidate, produced an outpouring of primitive fantasies and dreams having to do with

loss of control of murderous and homosexual impulses. With his anticipation of using the couch, these were further intensified: he referred to the position on the couch as making him vulnerable to homosexual attack by the analyst as well as making the real world recede and the analyst disappear. He expressed confusion in differentiating fantasy and thought from action, and he feared the magical power of the verbalization of his murderous impulses—for instance, to shoot the analyst or push him out of the window. The challenging task for the candidate was to 'make the patient analyzable' and to focus on the underlying overwhelming anxiety and primitivity. After about five and a half months the patient was able to use the couch. The candidate subsequently expressed 'cautious optimism' about the future course of the analysis.<sup>1</sup>

In this increasing group of applicants with character pathology, there are various manifestations of infantility in ego organization (or 'ego weakness' [Kernberg, 1970a]) as well as in superego and ego ideal, with pregenital fixations (Kohut, 1971; Boyer and Giovacchini, 1967) and fragile or defective achievement of object constancy. The group encompasses some of the diagnostic entities listed by Kernberg (1970b) for his 'intermediate' and 'lower' levels of character pathology.

The following is a list of some of the presenting characteristics of the group I am describing. Although one might try to categorize these features on the basis of their relationship to psychic structure and function, there is so much overlapping that the categories listed are for the sake of convenience. The items are a mixture of phenomenological, descriptive features and inferences, and translations from the surface observations to 'the unconscious counterpart from which they are derived to extract . . . from these surface data sufficient knowledge of the depth to satisfy at least some of the requirements of analytic metapsychology . . .' (A. Freud, 1965, p. 32).

<sup>1</sup> The members of the 1972 Workshop for Psychoanalytic Clinics noted that clinic committees and candidates generally hope for the 'ideal' case. In this regard, they observed: 'However, those close to the selection realities have the less ambitious but more realistic expectation of finding cases which do not present *too many* technical problems'.

- 
- A.
1. Confusion about and less commitment to long-term goals.
  2. Defective ability to tolerate frustration and delay in gratification.
  3. Fragile capacity to differentiate between reality and fantasy, between action and thought.
  4. Tendency to externalize, to perceive conflict as between self and environment, with expectation of environmental change and emphasis on action without delay.
- B.
1. Sense of floundering, restlessness—with magical, omnipotent wishes.
  2. Confusion in sense of identity, with inner feeling of emptiness.
  3. Indications of conflict about primitive (e.g., oral) aggressive impulses and infantile, severe superego.
  4. Uncertainty about values and inability to derive narcissistic gratification from one's own values and ideals.
  5. Low-grade depressive moods and discontent.
  6. Feelings of isolation and alienation.
- C.
1. Reliance on primitive defenses such as splitting, denial, projection, projective identification, magical omnipotent expectations, overcompensation in fantasy, compulsive pseudosexual activity.
  2. Rigidity of defensive structure.
  3. Limited tolerance for anxiety and depression.
  4. Vulnerability to primitive anxiety (e.g., annihilation fear) with fear of loss of the object.
- D. (Multiple defects in object relationships):
1. Recoil from commitment.
  2. Seeking of need gratifying and symbiotic objects.
  3. Attachments dissolved in reaction to frustration and hostility.
  4. Lack of toleration of limitations of object.
  5. Diminished or absent concern for needs of the object.
  6. Seeking narcissistic supplies in object attachments.
  7. Coercive need to control the gratifying (omnipotent) object.



These characteristics and presenting features are reflections of pathology in ego, superego, and ego ideal structure and function. They include also pathology in self- and object representations as well as drive derivatives, especially aggressive ones. Many of the features mentioned seem related to adolescent and transition conflicts. One might infer that many of the patients we see are still struggling psychodynamically with adolescent phase conflicts and indeed derivatives of disturbance in transition into adolescence. Though some authors refer to the protracted or permanent adolescence in the current population (*cf.*, Mitscherlich, 1969; Lowenfeld and Lowenfeld, 1970), Blos (1971) emphasizes the importance of prolonged adolescence in industrialized society in order to allow for development of inhibition, sublimation, and delayed gratification of the drives. He stresses the current culture's interference with the preparatory functions and with phase-specific conflict formation and resolution. Faulty transition from latency to early adolescence is reflected in defective 'tension tolerance and ability to make a distinction between reality and fantasy or between action and thought' (p. 963). In addition, if the transition has interfered with the capacity for internalization, there is prolongation of the mode of conflict remaining external, with demand for environmental change. Blos also points out that the effects of impairment of ego-ideal formation in early adolescence are 'uncertainty, floundering, . . . short-lived sense of direction and purpose' (p. 966).

Most of the authors referred to above stressed the impact of current changes in society on the superego and ego ideal. The infantile, severe superego persists and is re-enforced. The guiding, restricting functions are impaired and the grandiose and omnipotent quality of the ego ideal affords no narcissistic gratification.

A defective sense of identity has been emphasized by a number of authors (P. Kernberg, 1971; Mahler, 1968; Modell, 1968; Boyer and Giovacchini, 1967). Modell maintains that successful analysis and therapeutic alliance depend on the in-

tegrity of the sense of identity and its resistance to 'structural regression'. I believe that one can get a significant estimation of the sense of identity and self-image in an initial clinical evaluation. A frequently neglected useful source of data about self-image in initial psychoanalytic evaluations are masturbation fantasies.

In an ongoing research project on the criteria for analyzability that a group of us at the Columbia University Psychoanalytic Clinic are carrying out, emphasis has been placed on the area of object relationships and, specifically, the achievement of object constancy. Object constancy connotes the capacity to synthesize and tolerate both 'good' and 'bad' object as well as self-images without resorting to splitting (i.e., the resolution of ambivalence in the early mother-child relationship). There are various implications of this, such as tolerance of frustration, toleration of the limitations of the loved object, renunciation of the realistically unavailable (*cf.*, Zetzel, 1970), tolerance of separation and loss, 'basic trust', a sustained sense of identity and the related capacities to test reality and differentiate the inner world from external reality. With this focus, I will speculate about what may be some of the underlying psychoanalytic factors in the psychopathology that has been described.

Involved is a failure to master *primitive aggressive impulses* which results in reliance on primitive splitting, with consequent defective achievement of object constancy and related phenomena, such as defective sense of identity and impaired object relations with symbiotic wishes as well as ego ideal and superego defects. Mahler (1971) has suggested that when resolution of separation-individuation (and the 'rapprochement subphase') is interfered with, there is a clinging to primitive splitting of 'good' object (symbiotic mother) and 'bad' object (mother of separation), and a coercive need to control the omnipotent object. The splitting and coercive need are seen in the transference reactions of borderline cases. The fixation to the rapprochement subphase leads to splitting of the object world with a search for the symbiotic mother. In failure of internalization

and synthesis of the good and bad self- and object images there is '*inundation by unneutralized aggression*' (p. 416). Kaplan (1972) relates object constancy to mastery of *hostility* and *anger* but also proposes that it is an evolving restructured aspect of stages in development of object relations rather than a stage-specific attainment. Modell's 'transitional object mode' (Mahler's symbiotic phase) reflects a poorly developed sense of identity and separateness of object from self, denied by magical illusion. If there is 'good enough mothering' (Winnicott, 1953), a positive sense of identity and an acceptance of separateness of objects and of painful reality develop through identification with a good object.

Modell wonders if the inability to identify with a good object is due to *extent of sadism*. Otto Kernberg (1971) indicated that the task of integrating self- and object images fails to a great extent in borderline cases because of the predominance of *pregenital aggression*. The resulting lack of synthesis of contradictory self- and object images interferes with integration of the self-concept and with establishment of object constancy or 'total object relationships'. With such lack of integration 'primitive splitting becomes a major defensive operation'. The lack of integration also relates to 'identity-diffusion' and defective superego integration. I would add that the splitting is evident in the unintegrated appearance of contradictory character traits and contradictory feelings, and, most significantly, in the fragmentation in self-representation. This is not the benign splitting seen in a 'classical' analytic patient but is one that reflects defects in the synthetic function of the ego.

We seem to be dealing more frequently with derivatives of the failure to master *aggression* rather than with phenomena related to anxiety as in previously seen psychopathology. Arlow, in the 1968 lecture referred to, pointed out that with increasing numbers of patients, anxiety is not the central issue but rather that depression is, as a signal of danger of narcissistic mortification. I am referring to the phenomenological, symptomatic expression of depression as well as to its ego function as a signal

affect (*cf.*, Loewenstein, 1972). The aggression is seen in super-ego conflict, depression, aggression directed against the self or ego ideal, in narcissistic rage, and in transference reactions.

The crucial question is: What is the source of the 'primitive aggressive drives' referred to in the literature, with their pathological interference with the synthesizing and integrating functions of the ego? Why are we more frequently seeing the effects of impaired mastery of hostility, for instance, in the resolution of the ambivalence of the early mother-child relationship and in the related defective use of reaction formation? Is it that there is not an increase in aggression or aggressive drives but that, because of profound social changes ('anomie' [Blos, 1971], changes in the family, etc.), there is impaired development of tender affectivity leading to predominance of emergency emotions, especially rage? The latter is further intensified by the pervasive feelings of helplessness in response to the social pressures.

Eissler (1969) suggests that man's current problem is not aggression as such, but that aggression is directed by 'narcissism and ambivalence' rather than by self-preservation. The historian, J. H. Plumb (1972), warns: 'If mankind fails to find new institutions that enable him to cope with industrialized life, then there could be . . . a very sharp retreat from scientific, technological, urban civilization . . . and possibly, even more probably, man will fail to cope at all. His aggressive and acquisitive drives, which are perhaps his deepest may prevail . . . but man's capacity for social evolution . . . is exceptional . . . the human psyche is resilient and tough' (p. 9).

In the psychoanalytic treatment of the patients described there are special problems in all three phases of the analytic process: in induction and consolidation of the analytic situation, in emergence and analysis of transference neurosis, and in dealing with separation in the termination phase. Treatment is apt to be long term and considerable time is devoted to engagement. For a long period, without focus on content, there is emphasis on subtle behavioral manifestations (use of action

as magic, faulty modes of communication, symptomatic acts—especially in the analytic situation); the analyzing of defenses in terms of transference manifestations (either intense affectivity as defense or detachment as defense against regression); and the painstaking, consistent interpretations of primitive defenses (magical thought, use of action to ward off depression, guilt, anxiety). There is also the not infrequent preparatory work with some of the patients to strengthen motivations to change and to be analyzed; to increase capacity for self-observation; to help differentiate thought from action, internal from external reality; and to deal with early intense anxiety and flooding of primary process material. One does not often see the intense, full-blown transference neurosis with projections primarily of œdipal phase impulses, but more fragmented structures reflecting preœdipal features. We are dealing with defects in preœdipal developmental tasks as described by Zetzel (1970)—for example, acceptance of limitations in relationships and separation without feelings of rejection and devaluation.

The concept of parameters as reversible modifications of technique has also taken on ambiguity. A 'parameter' to one analyst is an 'extraordinary intervention' to another. Thus Valenstein, in discussing narcissistic and other character disorders, suggested that 'an active participation by the analyst in a reciprocally lively interpersonal way . . . aimed at undoing object lack . . . [goes] beyond standard technique' (*cf.*, Wilson, 1971, p. 562). Patients requiring preparatory analytic work, such as sitting up, can be especially difficult for candidates who are still caught up by the stereotype of the 'passive' analyst and by the need to differentiate psychoanalysis from psychotherapy and to deal with their own passive and narcissistic conflicts in their personal training analyses.

Whatever the explanation—and the question remains open—the patients I have described comprise an increasing number of those who seek psychoanalytic help. In analysis they require more patience, attention to regressive levels, and readiness to use parameters. We need to be realistic and to work with these

available patients rather than keep seeking the 'ideal psychoanalytic case'. In addition, there is the task of applying psychoanalytic knowledge to devising modified treatment modalities for those individuals with whom we cannot use standard technique, even with parameters.

### SUMMARY

Changes in the psychoanalytic patients at the Columbia University Psychoanalytic Clinic for Training and Research are described. Included are statistical data on the reduced number of applicants for treatment and on changes in psychopathology and diagnostic categories. There has been a shift from symptom neuroses to character disorders and it is suggested that there is an increasing number in the latter group with multiple features of infantility in ego organization and indications of early fixations. Literature on the relationship between changes in society and changes in psychopathology is reviewed, indicating considerable agreement as to the manifestations of the latter. The presenting features of the changes in psychopathology are described with speculation about some of the underlying psychoanalytic factors, especially the role of primitive, pregenital aggressive drives. There is brief consideration of some of the technical problems in the psychoanalytic treatment of the patients described.

### REFERENCES

- ANGEL, KLAUS (1971): *Unanalyzability and Narcissistic Transference Disturbances*. This QUARTERLY, XL, pp. 264-276.
- BLOS, PETER (1971): *The Child Analyst Looks at the Young Adolescent*. Daedalus, Fall, 1971, Vol. 100, pp. 961-978.
- BOYER, I., BRYCE and GIOVACCHINI, PETER L. (1967): *Psychoanalytic Treatment of Characterological and Schizophrenic Disorders*. New York: Science House, Inc.
- COOPER, ARNOLD (1971a): *Ethical Values Systems and Cultural Change*. Read at the seventy-fifth anniversary celebration of the New York State Psychiatric Institute, November.
- (1971b): Discussant in Panel on *The Technical Treatment of Narcissism*. Bull. of the Assn. for Ps. Medicine, X, pp. 20-22.
- EASSER, BARBARA RUTH and LESSER, STANLEY R. (1965): *Hysterical Personality: A Re-Evaluation*. This QUARTERLY, XXXIV, pp. 390-405.

- EISSLER, KURT R. (1953): *The Effect of the Structure of the Ego on Psychoanalytic Technique*. J. Amer. Psa. Assn., I, pp. 104-143.  
 — (1969): *Irreverent Remarks about the Present and the Future of Psychoanalysis*. Int. J. Psa., L, pp. 461-471.  
 — (1971): Death Drive, Ambivalence, and Narcissism. In: *The Psychoanalytic Study of the Child, Vol. XXVI*. New York/Chicago: Quadrangle Books, pp. 25-78.  
 FRAIBERG, SELMA (1969): Libidinal Object Constancy and Mental Representation. In: *The Psychoanalytic Study of the Child, Vol. XXIV*. New York: International Universities Press, Inc., pp. 9-47.  
 FREUD, ANNA (1965): *Diagnostic Skills and Their Growth in Psycho-Analysis*. Int. J. Psa., XLVI, pp. 31-38.  
 — (1969): *Difficulties in the Path of Psychoanalysis. A Confrontation of Past and Present Viewpoints*. New York: International Universities Press, Inc.  
 GREENACRE, PHYLLIS (1970): Youth, Growth, and Violence. In: *The Psychoanalytic Study of the Child, Vol. XXV*. New York: International Universities Press, Inc., pp. 340-359.  
 HOROWITZ, MILTON H. (1972): Panel presentation: *The Role of Psychoanalysis in Psychiatric Education*. New York Psychoanalytic Society, June 6.  
 JOFFE, W. G. and SANDLER, JOSEPH (1965): *Disorders of Narcissism: Problems in the Application of the Concepts of Self Cathexis and Object Cathexis*. Read at meeting of the American Psychoanalytic Association, December.  
 KAPLAN, LOUISE J. (1972): *Object Constancy in the Light of Piaget's Vertical 'D calage'*. Bull. Menninger Clinic, XXXVI, pp. 322-334.  
 KARDINER, ABRAM (1959): Social and Cultural Implications of Psychoanalysis. In: *Psychoanalysis, Scientific Method, and Philosophy. A Symposium*. Edited by Sidney Hook. New York: International Universities Press, Inc., pp. 81-103.  
 KARUSH, AARON (1956): People Who Seek Help: A Diagnostic Survey. In: *Changing Concepts of Psychoanalytic Medicine*. Edited by Sandor Rado and George E. Daniels. New York: Grune & Stratton, Inc., pp. 69-84.  
 — (1966): *The Concept of Working Through*. Read at meeting of the Association for Psychoanalytic Medicine, October 4.  
 KENISTON, KENNETH (1970): Postadolescence (Youth) and Historical Change. In: *The Psychopathology of Adolescence*. Edited by Joseph Zubin and Alfred M. Freedman. New York: Grune & Stratton, Inc., pp. 34-50.  
 KERNBERG, OTTO (1970a): *Factors in the Psychoanalytic Treatment of Narcissistic Personalities*. J. Amer. Psa. Assn., XVIII, pp. 51-85.  
 — (1970b): *A Psychoanalytic Classification of Character Pathology*. J. Amer. Psa. Assn., XVIII, pp. 800-822.  
 — (1971): *Prognostic Considerations Regarding Borderline Personality Organization*. J. Amer. Psa. Assn., XIX, pp. 595-635.  
 —, et al. (1972): *Psychotherapy and Psychoanalysis*. Final Report of the Menninger Foundation's Psychotherapy Research Project. Bull. Menninger Clinic, XXXVI, No. 1/2.  
 KERNBERG, PAULINA F. (1971): *The Course of the Analysis of a Narcissistic Personality with Hysterical and Compulsive Features*. J. Amer. Psa. Assn., XIX, pp. 451-471.

- KOHUT, HEINZ (1971): *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*. The Psychoanalytic Study of the Child, Monograph No. 4. New York: International Universities Press, Inc.
- LAZAR, NORMAN D. (1968): *Criteria for Selection of Patients in a Psychoanalytic Training Setting*. Mimeograph of the Columbia University Psychoanalytic Clinic for Training and Research.
- LIEBERT, ROBERT (1971): *Radical and Militant Youth. A Psychoanalytic Inquiry*. New York: Praeger Publishers.
- LOCKE, RICHARD (1972): Review of *Freud: Living and Dying* by Max Schur. The New York Times Book Review, July 24.
- LOEWALD, HANS (1971): *The Transference Neurosis: Comments on the Concept and the Phenomenon*. J. Amer. Ps. Assn., XIX, pp. 54-66.
- LOEWENSTEIN, RUDOLPH M. (1972): *Ego Autonomy and Psychoanalytic Technique*. This QUARTERLY, XLI, pp. 1-22.
- LOOMIE, LEO (1972): *Candidate and Clinic Problems in the Selection of Control Cases*. Read at meeting of the Workshop for Psychoanalytic Clinics, Committee on Institutes of the American Psychoanalytic Association, April 27.
- LOWENFELD, HENRY and LOWENFELD, YELA (1970): *Our Permissive Society and the Superego. Some Current Thoughts about Freud's Cultural Concepts*. This QUARTERLY, XXXIX, pp. 590-608.
- MAHLER, MARGARET S. (1968): *On Human Symbiosis and the Vicissitudes of Individuation. Vol. I. Infantile Psychosis*. New York: International Universities Press, Inc.
- (1971): *A Study of the Separation-Individuation Process and Its Possible Application to Borderline Phenomena in the Psychoanalytic Situation*. In: *The Psychoanalytic Study of the Child, Vol. XXVI*. New York/Chicago: Quadrangle Books, pp. 403-424.
- MICHELS, ROBERT (1971): *Student Dissent*. J. Amer. Ps. Assn., XIX, pp. 417-432.
- MITSCHERLICH, ALEXANDER (1969): *Society without the Father. A Contribution to a Social Psychology*. New York: Harcourt, Brace & World, Inc.
- MODELL, ARNOLD (1968): *Object Love and Reality. An Introduction to a Psychoanalytic Theory of Object Relations*. New York: International Universities Press, Inc.
- PLUMB, J. H. (1972): *An Epoch That Started Ten Thousand Years Ago Is Ending*. Horizon, XIV, No. 3, pp. 4-9.
- STONE, LEO (1954): *The Widening Scope of Indications for Psychoanalysis*. J. Amer. Ps. Assn., II, pp. 567-594.
- TARTAKOFF, HELEN H. (1966): *The Normal Personality in Our Culture and the Nobel Prize Complex*. In: *Psychoanalysis—A General Psychology. Essays in Honor of Heinz Hartmann*. Edited by Rudolph M. Loewenstein, Lottie M. Newman, Max Schur, and Albert J. Solnit. New York: International Universities Press, Inc., pp. 222-252.
- VALENSTEIN, ARTHUR F. (1968): *Symposium on Indications and Contraindications for Psychoanalytic Treatment*. Int. J. Ps., XLIX, p. 265.
- WANGH, MARTIN (1972): *Some Unconscious Factors in the Psychogenesis of Recent Student Uprisings*. This QUARTERLY, XLI, pp. 207-223.



- WEINSHEL, EDWARD M. (1970): *The Ego in Health and Normality*. J. Amer. Psa. Assn., XVIII, pp. 682-735.
- WILSON, C. PHILIP, Reporter (1971): Panel on *The Limits of the Effectiveness of Psychoanalysis: Early Ego and Somatic Disturbances*. J. Amer. Psa. Assn., XIX, pp. 552-564.
- WINNICOTT, D. W. (1953): *Transitional Objects and Transitional Phenomena*. Int. J. Psa., XXXIV, pp. 89-97.
- ZETZEL, ELIZABETH R. (1970): *The Capacity for Emotional Growth*. New York: International Universities Press, Inc.

## Some Reflections on Spinoza and Freud

Isidor Silbermann

To cite this article: Isidor Silbermann (1973) Some Reflections on Spinoza and Freud, The Psychoanalytic Quarterly, 42:4, 601-624, DOI: [10.1080/21674086.1973.11926651](https://doi.org/10.1080/21674086.1973.11926651)

To link to this article: <https://doi.org/10.1080/21674086.1973.11926651>



Published online: 20 Nov 2017.



Submit your article to this journal [↗](#)

---

## SOME REFLECTIONS ON SPINOZA AND FREUD

BY ISIDOR SILBERMANN, M.D. (NEW YORK)

More than two hundred years lie between Spinoza and Freud. Both these giants of the intellect undertook to unravel, each following his genius, the complexities of mental functioning. Both began with the assumption that the *sources* of mental illness were in fact discoverable; each indicated the means to restore mental health and strength. They hold all mankind in their debt.

During their lifetimes, both suffered a similar fate at the hands of the intellectual and scientific community. They were misunderstood, misrepresented, misjudged. The history of Freud's relationship with the medical profession has been well documented; the criticisms directed against his theories and findings are well known. The same sort of criticisms were made against Spinoza. At the same time as one thinker was describing him as a 'God-intoxicated man', others were attacking him as an atheist and a destroyer of religion. He was both excommunicated by the Jewish community and rejected by the Church. Nor did the scientific community of his time deal any less harshly with him. Even Leibnitz, who acknowledged Spinoza's genius, was unwilling to be identified with him publicly. When he was finally offered the chair of philosophy at Heidelberg, at the age of forty-one (four years before his death), Spinoza refused the honor in order to preserve the independence of mind he had enjoyed until then. It was not until a century after his death that his contribution to philosophy began to be appreciated.

Yet neither enforced isolation nor unceasing antagonism could bring to a halt the intellectual pursuits of Spinoza and Freud. They continued their assaults against established ideas and misconceptions. To judge from their experiences, one might say that the loneliness that has so often been the lot of genius enhanced the development of their thought.

## I

There are very few references to Spinoza in Freud's published writings, in the collections of letters printed during the past twenty years,<sup>1</sup> or in the Minutes of the Vienna Psychoanalytic Society.<sup>2</sup> While Freud, of course, was not unfamiliar with Spinoza's thought, it seems most unlikely that he was directly influenced by it. Yet similarities in their thinking command our attention, and have been commented upon by other authors (for instance, Bernard, 1946, 1972, and Smith, 1925).

It would be inappropriate to compare Spinoza's conclusions—even his conclusions on thought and emotion—with those of Freud, or to attempt to make Spinoza a 'precursor' of Freud. What this essay hopes to demonstrate is that these two thinkers, even though they employed different methodologies and aimed at quite different goals, addressed themselves to a number of similar questions and arrived at answers that were strikingly similar.

For Freud (1933 [1932]), the principal area of investigation was the human mind. 'Its contribution to science', he said of psychoanalysis, 'lies precisely in having extended research to the mental field' (p. 159). This differed from the task Spinoza set himself: to unravel *all* the riddles of Nature by bringing to light the causal relationships that underlie all natural phenomena. Neither Freud nor Spinoza, however, regarded man as an 'independent' entity; they both dealt with him as one link in the universal chain of Nature.

Like Freud, Spinoza believed that human thought and action could be explained in terms of an *inner contradiction*—that is, conflict. Both believed that this contradiction was ultimately responsible for man's malfunctioning, both physical and psychic. As we shall see, however, they diverged sharply with regard to the means for restoring impaired

<sup>1</sup> Freud (1933) wrote a letter to Siegfried Hessing for the *Spinoza-Festschrift*, which has not yet been included in any collection of letters.

<sup>2</sup> Cf., Nunberg and Federn, 1962, 1967. Volume III is in press.

mental functioning. It is also important to consider how they differed in regard to the nature and roots of mental disorder and illness. For Freud a sound theory of drives was basic: he returned more than once in his writings to make the necessary modifications and corrections of his own previous expositions. Spinoza offered little more than a sketch of such a theory and he left that sketch essentially unmodified.

Starting with premises that articulated his conception of God, Spinoza arrived at his conclusions by a process of rigorous deduction. In his writings one finds neither observational data nor clinical investigation. However, despite the absence of clinical support for his conclusions, through the exercise of his intellect Spinoza was able to throw much light on man's motivations, his actions and passions, his virtues and vices. Freud, as we know, was a supreme clinician who insisted on submitting his theoretical conclusions to the rigorous test of clinical observation. Having begun as a physician, he developed his model of the human mind by way of direct contact with patients in distress. He came in time to appreciate the heuristic value of illness: 'Pathology has always done us the service of making discernible by isolation and exaggeration conditions which would remain concealed in the normal state' (Freud, 1933 [1932], p. 121).

Spinoza wrote that balance and harmony exist in man only so long as he continues to function in accordance with Nature's unchanging laws. During the course of development, however, this harmony may become disturbed so that man is no longer able to grasp his own motivations and to comprehend his wishes and fears: he has lost his earlier understanding of his place in Nature, as well as his need to follow Nature's laws. It is therefore basically by way of an increase in knowledge—attainable through enhancing the power of reasoning—that he will once again become able to make his way through life's mazes (*Ethics*, p. 188). (As we shall see, for Freud too man's knowledge and understanding played key roles in the development and exercise of his powers, but it is important

to note that they did so in a way significantly different from that which Spinoza had indicated.)

According to Spinoza, the mind actively creates ideas out of perceptions that are, essentially, passively received. From the moment external stimuli begin to seed the mind, however, it becomes self-fertilizing: it actively produces *inner ideas*, utilizing the perceptions it has experienced of objects in the external world. Such ideas Spinoza called ideas of 'imagination'. These come first in an ascending scale of idea formation. They cannot yield genuine knowledge: it is only when they are related logically to other ideas, when they are structured and systematized, that they become the basis for sound judgment and true knowledge.

Freud's conception of man is fundamentally different from that of Spinoza. For him, the orderly processes of thought are not sufficient to account for the various normal and pathological manifestations of mental activity. Freud emphasized that in addition to being a thinking being, man is also a feeling one, and he demonstrated how affective processes influence the capacity to differentiate between perceptions and fantasy, and between different types of perception.

The concept of the power of the affective component in man's mental life serves to distinguish Freud's concept of psychic causality from that of Spinoza. Causality in human psychology, according to Spinoza, differed in no way from the causality encountered in Nature at large.

As a 'thinking being', according to Spinoza, man's mind forms ideas that are either 'adequate' or 'inadequate': the former, as expressions of the essence of things, are intrinsically true; the latter, being the result of more or less unrelated factors, contain for that very reason the possibility of error. Spinoza asserted therefore that a mind that is in possession of 'adequate' ideas is powerful, while a mind that harbors a large number of 'inadequate' ideas is weakened thereby, inasmuch as its ability to think is correspondingly diminished. It can neither differentiate properly between per-

ceptions, nor can it arrange them in order; it is unable to compare similar perceptions, or to deal with opposing ones (*Ethics*, p. 82).

Nothing in Nature, said Spinoza, happens by chance; Nature's order is based on causal sequences. Often this cause-effect relationship is simple and obvious; but it can also be complex and concealed. Appropriate action takes place when something happens to man, inside or outside him, of which his own nature is 'adequate evidence that can be clearly understood solely through an understanding of his nature'. On the other hand, man is 'passive' when something occurs, inside or outside him, of which he is only the 'partial' cause (*Ethics*, pp. 192-193). This rejection of 'free decision' is at the base of Spinoza's conception of human thought and action. 'He who believes that he talks or is silent', said Spinoza, 'or for that matter does anything at all as a result of free decision, is dreaming with open eyes'.

The concept of causality was the cornerstone of Freud's thought as well. Since Freud also believed that there is nothing haphazard in Nature, for him too there was nothing 'accidental' in the operations of the human mind. However, he was aware that because of the many and varied influences on the mind, the recognition of cause-and-effect relationships was a complicated process. Hence he undertook to trace these different influences to their source, in order to discover what made it possible for them to interfere with the essential mental process of establishing causal sequences. Freud (1900-1901) said: '. . . psychological events are determined. There is nothing arbitrary about them.' He continued: they are 'unambiguously and necessarily determined by thoughts' and feelings (p. 514).

## II

Strict determinism is thus at the heart of both modes of inquiry—Spinoza's mathematical-deductive procedure and Freud's inductive method. In both, the notion of determinism is de-

pendent on the crucial concept of 'motion', without which causal relationship is inconceivable. Like Aristotle, Spinoza assumed that this motion is due to the energy that pervades all things, and is forever traveling from one thing to another. The discharge and reception of this energy is the basis for unceasing dynamic changes.

It was Spinoza's belief that development—the attainment of a higher level of organization—takes place through an increase of the speed and intensity of this energy in the object: each developmental phase is thus characterized by a specific dynamic constellation, which constitutes the basis for its specific identity. Every object, however, tends to resist massive change—that is, to maintain its previous condition unchanged; if it is altered by the transfer of energy, it will attempt to re-establish its previous energy distribution. (This principle of Spinoza's is almost identical with Fechner's concept of energetic stability within the organism, a concept on which Freud based his fundamental premise of the constancy principle.)

On the question of energy change and its consequences, Freud (1900-1901) said: '... at first the [psychical] apparatus's efforts were directed towards keeping itself so far as possible free from stimuli; ... so that any sensory excitation impinging on it could be promptly discharged along a motor path'. For that same reason, in every developmental phase there occurs resistance to passing onto the next, higher phase. Nevertheless, said Freud: '... the exigencies of life interfere with this simple function, and it is to them, too, that the apparatus owes the impetus to further development' (p. 565).

In *Beyond the Pleasure Principle*, Freud (1920) acknowledged that the mind erects a 'protective shield against stimuli' so as not to be 'killed by the stimulation'. '*Protection against stimuli*', he said, 'is an almost more important function for the living organism than *reception* of stimuli' (p. 27). This dual function is performed by the ego, he later said, which must not only be able to observe the external world and to 'lay down an accurate picture of it', but must also, in its 'reality-



testing . . . put aside whatever . . . is an addition derived from internal sources of excitation' (Freud, 1933 [1932], p. 75). Thus, the ego passes 'from perceiving the instincts to controlling them'; or, 'to adopt a popular mode of speaking', as Freud put it, '. . . the ego stands for reason and good sense while the id stands for the untamed passions' (*op. cit.*, p. 76). This concept of 'untamed', and the difference implicit in it from Spinoza's conception of 'control', will be considered more fully later.

### III

Freud's great synthesis of the concept of the mental apparatus appears as Chapter Seven in *The Interpretation of Dreams*. This is quite appropriate because to Freud the understanding of dreaming was one of the great proving grounds of his theories of mental function. Accordingly, it is instructive to compare how Spinoza and Freud approached the phenomena of dreaming.

For both Spinoza and Freud, dreaming constituted a mode of mental activity that is significantly different, in outcome as well as in process, from daytime (waking) thought. But Spinoza utilized this difference in order to emphasize what he conceived to be the goal and character of true thought—namely, the attainment of 'adequate ideas', which depend on the power of the intellect alone. 'The mind', he said, 'has not an adequate but only a confused knowledge of itself, its own body, and external bodies . . . whenever it is determined from without. . . . Whenever it is determined in anywise from within, it regards things clearly and distinctly' (*Ethics*, p. 107).

Spinoza characterized the mental activity taking place in dreams as the mind's ability to form 'imaginings'. In his conceptualization, Spinoza appreciated the relationship between sensory impressions, memory, and pathways of association, describing two ways in which the links (or associations) established between ideas may differ from the links that actually exist in the outside world. True to his basic orientation, he made a sharp distinction between associations established

by way of imagination and associations established by way of reason. He thus drew a distinction between two types of imagination. In the first type, linkages or associations do not necessarily follow the pattern of the external world; they are based not on objective factors but on subjective ones. In a famous illustration, he showed how perception of a horse's hoofprints could set in motion quite different chains of thought, depending on the perceiver: '... A soldier, for instance, will at once pass from the thought of a horse to the thought of a horseman, and thence to the thought of war, etc., while a countryman will proceed from the thought of a horse to the thought of a plow, a field, etc. Thus every man will follow this or that line of thought, according as he has been in the habit of conjoining and associating the mental images of things in this or that manner' (*Ethics*, p. 101). These ideas come very close to modern concepts of associational style or mental set.

This first form of imagination Spinoza identified as being based on memory, which he defined as 'simply a certain concatenation of ideas, . . . which corresponds in the mind to the order and concatenation of the modifications of the human body by external stimuli' (*op. cit.*, p. 100). That is to say, in drawing on what it recalls, 'the mind is able to regard as present, external things . . . even though they be no longer in existence or present'; but it is able to do so because these are things 'by which the human body has once been affected' (p. 99). Such 'imaginings' do not, for Spinoza, 'contain error' *per se*: 'this power of imagination must be set down to the efficacy of its [the mind's] nature, and not to a fault . . .' (p. 100). In short, so long as the mind is conscious that the non-existent things that it 'imagines as present to it . . .' do not really exist, 'imaginings' of this sort are advantageous, and may even be productive.

It is quite otherwise, in Spinoza's view, with the mental activity involved in dreaming. Here the logical concatenation of ideas is replaced by associations established wholly under the aegis of the second form of the imagination. These associations do not follow a logical sequence, such as is true of ideas.

There is instead a flow of images: 'By ideas', says Spinoza, 'I mean the conceptions of thought, not images such as are formed at the back of the eye or in the middle of the brain' (*Ethics*, p. 120). Elsewhere, he noted that these images 'arise from putting together diverse, confused ideas which belong to diverse things and operations in nature' (*On the Improvement of the Understanding*, p. 20). This was altogether different, in his view, from the form of 'imagination' referred to earlier in which '... we clearly understand that the thing is not as we picture it to be' (*op. cit.*, p. 22). Although there are thus two ways in which we may 'imagine things as contingent, whether they be referred to time present, past, or future' (*Ethics*, p. 117), there is this important difference: by way of the second process of the imagination (to which we would nowadays give the title of 'fantasy'), one cannot expect to be able to arrive at knowledge of the real nature of things, or of the real links between them.

Characteristically, in beginning his theoretical elaborations on the dream, Freud (1900-1901) cautioned: 'No conclusions upon the construction and working methods of the mental instrument' can be derived solely 'from even the most painstaking investigation of dreams . . .'. His hypotheses, he insisted, would have to be 'left, as it were, in suspense'—at least until they could be 'related to the findings of other enquiries which seek to approach the kernel of the same problem from another angle' (p. 511). Yet what sort of knowledge is it that we can achieve by way of the dream? To this question, we do not find any answer in Spinoza; his primary focus was on the goals of, and preconditions for, rational thought. It took Freud's pioneering approach in *The Interpretation of Dreams* to rescue the dream from being regarded as simply an accidental collection of pictures, or a chaotic assemblage of emotional 'runaways'. The real significance of the dream, Freud pointed out, lies not in the absence of sequences and associations such as one meets with in daytime thinking; it lies rather in the presence, indeed the dominance, of associations and sequences of its own. The dream is 'a process with a meaning, and . . . it can be inserted

into the chain of the dreamer's psychical experiences . . . ' (p. 510). It was necessary to recognize the significance of the dreams and to unravel their meaning. Yet Freud was well aware that there did not exist, at the turn of the century, any 'established psychological knowledge' in terms of which one could hope to do that; for this reason, it was necessary for him 'to set up a number of fresh hypotheses . . . upon the structure of the apparatus of the mind and upon the play of forces operating in it' (p. 511).

Freud's central hypothesis—namely, that the dream expresses the indispensable motive force (wishes originating in infancy), and that the dream is basically an arrangement of affects stemming from the dreamer's childhood memories as well as from his own unfulfilled wishes—, enabled him to explain the nature of dreaming. This neither Spinoza nor any other philosopher or psychologist had previously been able to accomplish. Freud (1900-1901) connected memory with the process of dreaming in a cogent and penetrating fashion. He wrote: 'Behind this childhood of the individual, [there lies] a picture of a phylogenetic childhood—a picture of the development of the human race' (p. 548), so that the analysis of dreams also leads to 'a knowledge of man's archaic heritage, of what is psychically innate in him' (p. 549). Thus, for Freud dreams are not only the guardians of sleep, but are also heralds of the past, carrying into consciousness some of the concealed and therefore forgotten memories of mankind and of the individual. They do this by connecting these memories with recent experiences, thereby reminding man that there is no escape from his desires, which ceaselessly crave satisfaction.

Freud was well aware of the fact that man finds it difficult to leave the cradle of infancy, filled as it is with passive delights and satisfactions. All his life man draws pleasure from his recollection of this source of agreeable experiences. But since nothing remains at rest, man is compelled even against his will to move forward. His wish for passive indulgence collides with the inexorable process of maturation. Nevertheless, the problem

still remained of accounting for the fact that these elements were able, in the dream, to break through the defenses that had kept them from reaching the dreamer's consciousness during his waking hours. For Freud (1900-1901), it was not enough to assert in this connection that the dream's 'peculiarities and absurdities are due to the influence of the psychical censorship'; he set for himself the task of spelling out in detail the relation between 'the wish which is the dream's motive force and the conditions to which the dream's formation is subject' (p. 533).

There is no need to elaborate here Freud's achievements along these lines. Suffice it at this point to emphasize how great a step he took beyond Spinoza, and yet how indebted he was, whether knowingly or not, to the great step Spinoza had taken beyond *his* predecessors in distinguishing the diverse forms of mental activity.

#### IV

The relationship between Spinoza and Freud is to be seen even more clearly in their views on the affects. Both appreciated the significance of the classic philosophical disputation concerning free will versus determinism. Their thinking reflects basic similarities as well as crucial differences. In Part III of *The Ethics* (On the Origin and Nature of Emotions), Spinoza asserted that '... men believe themselves to be free, simply because they are conscious of their actions, [although they are] unconscious of the causes whereby those actions are determined' (p. 134). What are these causes? 'Everybody shapes his actions according to his emotion', Spinoza said; 'it is plain that the dictates of the mind are but another name for the appetites' (*ibid.*).<sup>3</sup> Several Propositions later, we find Spinoza asserting

<sup>3</sup> The term 'appetite' is Elwes's translation of the Latin *appetitus*. The original term, however, has so many more connotations than can be covered by the English 'appetite' that the more modern term 'drive' is more suitable. It might be noted that the translation into German by Otto Baensch used *Trieb* at this point; it should also be noted, as pointed out by H. A. Wolfson (1934), that Spinoza made a 'substitution here of the terms *voluntas* and *appetitus* for *conatus*' and that "'conatus", "will", "appetite", ["drive"] and "desire" are all taken by Spinoza as related terms' (p. 203). The absence of an exact Latin equivalent for 'drive' should not preclude our using the term here.

that '... between drive and desire there is no difference except that ... *desire is drive with consciousness thereof*' (p. 137).

All this is in line with the criticism Spinoza made of those writers who had attributed human infirmities 'to some mysterious flaw in the nature of man'. Such views seemed to him 'to be treating of matters outside Nature rather than of natural phenomena . . .' (*Ethics*, p. 128). As against this, Spinoza stated categorically that 'Nothing comes to pass in nature, which can be set down to a flaw therein'; the passions that these other writers used to 'bemoan, deride, despise, or, as usually happens, abuse'—these, said Spinoza, 'answer to certain definite causes, through which they are understood' (p. 129).

It would be difficult to overestimate the boldness of this conception, which consists in part in its having eliminated 'freedom of the will' from human actions: 'In the mind, there is no absolute or free will; the mind is determined to wish this or that by a cause, which has been determined by another cause . . .' (*Ethics*, p. 119). Of even greater importance is the task that Spinoza regarded it as possible and necessary to undertake—namely, to consider 'human actions and desires in exactly the same manner as though I were concerned with lines, planes, and solids' (p. 129). Granted the basically different *methodology* that Freud was to employ two centuries later, it cannot be emphasized too strongly that his theory of the drives rose from a position that Spinoza had initiated—namely, that there is nothing in man that is 'outside Nature' or due to 'some mysterious flaw' in his nature; that all things in man can be shown to stem from 'causes through which they are understood'. Here Spinoza creates and enunciates the philosophical ambience so essential for the development of psychoanalysis, wherein the mind of man can be seen and studied as part of Nature, as susceptible to the same laws of causality and rational analysis that are applied to the phenomena of the external world.

In that portion of *The Ethics* that he devoted to the origin and nature of the emotions, Spinoza began with a set of definitions. He defined emotion as 'the modifications of the

body, whereby the active power of the said body is increased or diminished, aided or constrained, and also the ideas of such modifications' (p. 130). The basis for this definition he had laid down previously by showing that 'the human mind is united to the body' (p. 92)—that is to say, that mind and body are one and the same thing. As Wolfson (1934) has pointed out, this is 'the essential point in Spinoza's theory of the mind—its inseparability from the body. It runs counter to the entire trend of the history of philosophy down to his time, for everybody before him, for diverse reasons, had insisted upon the separability of mind from body' (p. 53).

From that 'essential point', Spinoza moved on to the position that 'whatsoever increases or diminishes, helps or hinders the power of activity in our body, the *idea* thereof increases or diminishes, helps or hinders the power of thought in our mind' (*Ethics*, p. 138). It thus follows that 'the mind, as far as it can, endeavors to conceive those things that increase or help the power of activity in the body' (p. 139); further, that 'the mind shrinks from conceiving those things that diminish or constrain the power of itself and of the body' (p. 140). Spinoza was aware that in this regard there are basic differences among human beings: 'Different persons may be differently affected by the same object, and the same person may be differently affected at different times by the same object' (p. 143). In closing this part of *The Ethics*, however, Spinoza set forth a 'General Definition of the Emotions' in which he laid the foundation for much of the part to follow (Of Human Bondage, or The Strength of the Emotions): 'Emotion', he said, 'is a confused idea, by the presence of which the mind is determined to think of one thing rather than another' (p. 185). The full import of that assertion emerges when we come to consider what Spinoza later in *The Ethics* referred to as 'the remedies against the emotions' (p. 247). It should be noted in passing, however, that these reflections of Spinoza regarding affects and determinism come very close to what Freud later recognized as the genetic principle in psychoanalysis.

In yet another sense, Spinoza is a spiritual ancestor of Freud. Spinoza's reliance on the commanding power of reason to subordinate the unruly or false elements in the mind foreshadows Freud's later concept of psychoanalytic therapy as extending the domination of the organized ego over the unorganized, unruly forces of the id.

## V

It was in the Preface to the final part of *The Ethics* (Of the Power of the Understanding) that Spinoza set forth his basic conception of 'the remedies against the emotions'. For Spinoza, it must be kept in mind, 'remedies against' was equated not with 'protection' but rather with 'power'—a difference of no minor significance in his day and even more so in ours. But what was that power, and why did it have to be exercised? As to the nature of the mind's power, Spinoza said, '... the mind has no other power save that of thinking and of forming adequate ideas' (*Ethics* p. 249), and as to its goal with regard to the emotions, he was equally firm in speaking of the mind's 'dominion over the emotions, for their control and moderation' (p. 244). This need for 'control and moderation' he had earlier set forth eloquently: 'To human infirmity in moderating and checking the emotions I give the name of "bondage", for when a man is prey to his emotions ... he is often compelled, while seeing that which is better for him, to follow that which is worse' (p. 187).

The key concept here is the categorical assertion that '... everyone has the power of clearly and distinctly understanding himself and his emotions, ... and consequently of bringing it about that he should become less subject to them' (p. 249). The steps of Spinoza's proof are too numerous and too complex to be detailed in full in a paper of this length and on this subject; suffice it to point to Proposition 4 of Part V, where Spinoza says that 'There is no modification of the body, whereof we cannot form some clear and distinct conception', and its corollary, that 'There is no emotion, whereof we cannot form some



clear and distinct conception'. In the light of this, any emotion 'comes more under our control . . . in proportion as it is more known to us' (p. 248).

This link between 'knowing' and 'controlling' has to be understood within the general framework of Spinoza's thought. Since man, for Spinoza, 'strives before all things to conceive things as they really are', it follows that he must also strive to 'remove the hindrances to true knowledge, such as hatred, anger, envy, derision, pride and similar emotions' (p. 236). Yet not all of man's emotions threaten him with 'bondage' when not brought under the mind's control—only those emotions that 'hinder man's capability to enjoy the rational life'. Among emotions, what Spinoza calls the 'passions' need to be thus controlled: a 'passion' is for Spinoza 'a confused idea' reflecting the person's 'disordered, fragmentary, and confused view of the universe' (p. 248).

Involved in Spinoza's 'knowledge=control' formula, however, are two other conceptions to which we cannot give the attention they deserve, yet which need to be mentioned here, even if only briefly. One is his differentiation between activity and passivity: '. . . the drive [appetite] through which a man is said to be active, and that through which he is said to be passive, is one and the same. . . . In a man who is not guided by reason, that drive is a passion . . . whereas in a man who lives by the dictates of reason, it is an activity or virtue. . . . All drives or desires are only passions, in so far as they spring from inadequate ideas' (p. 249).

Of even greater importance is Spinoza's statement of what happens when we do arrive at clear and distinct knowledge of every emotion: 'We must chiefly direct our efforts', he says, 'to acquiring [such knowledge] in order that the mind may thus, through emotion, be determined to think of those things which it clearly and distinctly perceives'. It is worthy of note that what Spinoza envisaged as 'control' did not at all rule out the fact that, in his view, after such control has been established, it is still 'through emotion' that the mind will attain the goal of the

rational life. This concept indicates that the customary picture of Spinoza as simply 'the rationalist' and therefore the enemy of *all* emotion is erroneous. What is most striking in this connection is the assertion by Spinoza that 'the emotion itself may be separated from the thought of an external cause, and associated instead with true thoughts . . .' (p. 249).

## VI

In the second volume of the Minutes of the Vienna Psychoanalytic Society (Nunberg and Federn, 1967), there is a comment by Freud on Fritz Wittels's *Die sexuelle Not* (Sexual Need):<sup>4</sup> 'We liberate sexuality through our treatment not in order that man may from now on be dominated through sexuality, but in order to make a suppression possible—a rejection of the instincts under the guidance of a higher agency. . . . We distinguish between a pathological process of repression and one that is to be regarded as normal. We try to replace the pathological process with rejection. This is also the only way open to society: society too must revoke its suppressions in order to be able to repudiate anew . . .' (p. 89). This conception of Freud's places him in the company of Spinoza, who had spoken more than two centuries earlier of the necessity for the detachment of drives and affects from their links to 'inadequate ideas', and their subsequent reattachment by way of appropriate linkages. The fundamental similarity of the two positions is striking; more striking, however, is the fundamental difference, as expressed in Freud's basic conception of struggle and mastery.

For Freud the thought processes were a roundabout path to wish-fulfilment. While thought is in large measure preparation for action, only the impetus of wish can set the mental apparatus in motion. As Spinoza saw it, a wish that becomes conscious is experienced as a *desire*. For Freud, however, the wish is an internal *need*, seeking discharge in movements that may be

<sup>4</sup> This book, published in Vienna by C. W. Stern, 1907, 1909, has not yet been translated and published in English.

described as 'internal changes' or 'expressions of emotion'. Freud therefore ascribed the primacy in mental life to the affective processes. The core of an affect, as he saw it, is the repetition of some significant experience; the affective state has become incorporated in the mind as the precipitate of a reminiscence.

If someone with a 'disposition [to neurosis]' attempts 'to fend off an incompatible idea', said Freud (1894), he does so by separating it from its affect. The idea is permitted to remain in consciousness, once it has been stripped of its affective association, and thereby weakened. But the freed affect, being 'obliged to remain in the psychical sphere', now attaches itself to other ideas 'which are not in themselves incompatible'. As a result of this "*false connection*", *those ideas turn into obsessional ideas*' (pp. 51-52). This very early notion of the 'false connection' and its consequences was restated about a year later, in 1895, in *Studies on Hysteria*: 'There seems to be a necessity for bringing psychical phenomena of which one becomes conscious into causal connection with other conscious material. In cases in which the true causation evades conscious perception one does not hesitate to attempt to make another connection which one believes, although it is false' (Breuer and Freud, 1893-1895, p. 67,n.).

It is important to recall that as early as 1894, when Freud was setting forth his concept of the 'displacement' of affects, he also set forth as the foundation of this concept what Strachey called the most fundamental of all his hypotheses—namely, that 'in mental functions something is to be distinguished—a quota of affect or sum of excitation—which possesses all the characteristics of a quantity (though we have no means of measuring it), [and] is capable of increase, diminution, displacement and discharge . . .' (Freud, 1894, p. 60). It was on this basis that he asserted that the affects 'might be regarded as displaceable magnitudes . . .' (Freud, 1910[1909], p. 18). The fate of a particular idea, he noted later on, 'is often decided by the degree of . . . activity or cathexis' of the unrepressed deriva-

tive of the unconscious with which it has been linked. The content of the idea per se might be expected 'to give rise to a conflict with what is dominant in consciousness'; but it is the 'quantitative factor [that] proves decisive for this conflict: as soon as the basically obnoxious idea exceeds a certain degree of strength, the conflict becomes a real one' (Freud, 1915, p. 152).

In short, Freud showed that increased self-knowledge and insight into one's own motivations can be gained only through the weakening of those pathological defenses that are rooted in affects and have been preventing proper mental functioning. When these defenses have been rendered less rigid, hidden memories come to the fore. It is this that makes possible the reconnection of thought with the appropriate affect.

## VII

This brings us to a basic element in Freud's thought, which is hardly suggested in Spinoza. In Part V of *The Ethics* (On the Power of the Understanding or Of Human Freedom), Spinoza specifically rules out any consideration of certain aspects of 'the way leading to freedom': 'It is no part of my design to point out the method and means whereby the understanding may be perfected, nor to show the skill whereby the body may be so tended as to be capable of the due performance of its functions. The latter question lies in the province of Medicine, the former in the province of Logic.' Instead, he says, he will treat 'only of the power of the mind, or of reason; and I shall mainly show the extent and nature of its dominion over the emotions . . .' (p. 244). Such narrowing of focus can hardly be attributed to lack of boldness on Spinoza's part; its roots lie rather in Spinoza's isolation and in the limits that his isolation, together with his rigorously deductive method, placed upon the making of observations. Whatever the reason, the modern reader is left by *The Ethics* without any insight—such as is offered by Freud—into the *process* in which the power of the mind is employed and by way of which it *attains its dominion* over the emotions.

There is no need to emphasize here how central to this process, as Freud saw it, is the role played by *struggle* and *conflict*. Near the beginning of *Moses and Monotheism*, Freud (1939[1934-1938]) dealt with what he called 'a process in group psychology'—namely, the history of Darwin's theory of evolution. 'The new truth', commented Freud, 'awoke emotional resistances; . . . from the first there were adherents and opponents; the number as well as the weight of the former kept on increasing till at last they gained the upper hand. . . . There is no difficulty', he went on, 'in finding an analogy in the mental life of an individual corresponding precisely to this process. Such would be the case if a person learnt something new to him which, on the ground of certain evidence, he ought to recognize as true, but which contradicts some of his wishes and shocks a few convictions that are precious to him. . . . [For a while he] will struggle with himself, till finally he admits to himself, "All the same it is so". . . .' Freud noted that it takes time 'for the reasoning activity of the ego to overcome the objections that are maintained by strong affective cathexes' (p. 67).

In this connection, one should remember that Freud's monistic determinism was equal to that of Spinoza. Freud (1905) said: 'Strictly speaking, all mental states, including those that we usually regard as "processes of thought", are to some degree "affective", . . . not one of them is without its physical manifestations or is incapable of modifying somatic processes. Even when a person is engaged in quietly thinking in a string of "ideas", there are a constant series of excitations, corresponding to the content of these ideas . . . .' Freud took note of the fact that these conceptions of his did not correspond to those of common sense, and he met the objections from the latter head on: '. . . in forming a judgement of pains . . . we must bear in mind their unmistakable dependence upon mental determinants' (p. 288).

Drive energy is utilized by the mind, according to Freud, in two interrelated forms: ideas and affects. Having branched out

from their common root in the drives, these appear as distinguishably different forms of psychic functioning—emotion and thought; nevertheless, they are constantly thereafter striving toward realliance with each other. Where the linkage is appropriate, the result is harmony and the development of mental strength; where it is inappropriate, however, then one sort or another of psychic dysfunction results.

Such a line of thought might conceivably have been extrapolated from Spinoza. It is true that Spinoza argues specifically against the idea of the elimination of falsehood by the *sheer presence of the truth*, yet his corrective for that idea still falls short of Freud's 'struggle for mastery' conception: 'It happens indeed that when we mistakenly fear an evil, the fear vanishes when we hear the true tidings; but the contrary also happens—namely, that we fear an evil which will certainly come, and our fear vanishes when we hear false tidings . . .'. Thus, concludes Spinoza, 'imagination do not vanish at the presence of the truth, in virtue of its being true, but because other imaginations, stronger than the first, supervene and exclude the present existence of that which we imagined' (*Ethics*, p. 192).

This is a far cry from Freud's conceptions, as summarized in *Analysis Terminable and Interminable* (1937). 'The analytic situation', he said there, 'consists in our allying ourselves with the ego of the person under treatment, in order to subdue portions of his id which are uncontrolled'. This 'call to battle' requires—and of course obtains—fuller exploration from Freud. Understanding that a satisfaction of instinct would lead to conflicts with the external world, the ego has previously resorted to 'mastering the *internal* danger before it has become an *external* one' (p. 235). Yet the defensive mechanisms, originally directed against danger, 'recur in the treatment as *resistances* against recovery' (p. 238). Thus, if the analyst attempts 'to explain to the patient one of the distortions made by him for the purposes of defence, and to correct it, he finds [the patient] . . . inaccessible to sound arguments' (p. 239). The outcome of an analytic treatment therefore 'depends essentially on the

strength and on the depth of root' of these resistances. 'Once again', concludes Freud, 'we are confronted with the importance of the quantitative factor, and once again we are reminded that analysis can only draw upon definite and limited amounts of energy which have to be measured against the hostile forces. And it seems as if victory is in fact . . . on the side of the big battalions' (p. 240). A more explicit characterization in terms of struggle and mastery would be hard to conceive. It places Spinoza's 'supervening' and 'excluding' within the *dynamic* framework that is so essential to Freud's thought.

One final point of difference between the two provides an essential rounding out of the differences just discussed: the question of 'passivity' and 'activity' in psychic functioning. In the final part of *The Ethics*, Spinoza indicates *two* consequences of the fact that an emotion becomes 'more known to us'; only the first of these has been referred to so far. It now becomes necessary to turn our attention to the second. Not only does an emotion become, as a result of our increase in knowledge of it, said Spinoza, 'more under our control'; it is also true that 'the mind is less passive in respect to it' (p. 248). There is no further elaboration, at this point, of the concept of the mind as 'passive', nor is any necessary. In Part II of *The Ethics* (Of the Origin and Nature of the Emotions), he had already made his basic point on the question: '. . . insofar as the mind has inadequate ideas, it is necessarily passive: the activities of the mind follow solely from adequate ideas, and accordingly the mind is passive only insofar as it has inadequate ideas' (p. 135).

For Freud the distinction between 'passive' and 'active' in psychic functioning has an entirely different meaning, which is too familiar to need any exposition. But one statement in Freud's 1915 article, *Instincts and Their Vicissitudes*, deserves to be reproduced here: 'The characteristic of exercising pressure is common to all instincts; it is in fact their very essence. Every instinct is a piece of activity; if we speak loosely of passive instincts, we can only mean instincts whose *aim* is passive' (p. 122). In Freud's concept of the 'unity and struggle of op-

posites', it is only by falsification that one of the 'opposites' can be regarded, or can regard itself, as 'passive'. What one could speak of, within the framework of Spinoza's thought, as a 'contradiction', in Freud has become a 'conflict'. And it is only *through* that conflict, and not by covering it up or trying to go around it or ignoring it, that resolution is possible.

### SUMMARY

Both Spinoza and Freud showed that a mind that is filled with 'confused' ideas and overcharged with affects is a suffering mind: it is unable to put to use its actual capacities—to differentiate between past and present, between substance and semblance, between the rational and the irrational. Both insisted, moreover, that such confused or inadequate ideas could be made to give way to adequate or clear ideas; that was, after all, the 'proper' way for the human mind to behave, as can be seen from the fact that whoever has achieved it feels a deep sense of truth.

Yet Spinoza, partly as a result of his concept of thinking as the *conatus* of the mind, was led to believe that a mind that is given to proper thinking will, *ipso facto*, be balanced and productive. To Freud, however, such a conception could not be regarded as sufficient; despite the fact that clear thinking and reason are essential components of knowledge, he knew that they are not by themselves able to penetrate to the deepest layers of the mind, to the unconscious, and are therefore unable to unravel emotional disorders or to master man's emotions. It is not reason that is capable of subjugating emotion, he showed, but the other way around; that was why not thought but affect had to be the focus of scientific investigations of the mind, as well as of its treatment.

The direction and governance of the self are thus dependent, in Freud's view, not so much on the accumulation of knowledge and the enlargement of the understanding as on the liberation of emotions that have hitherto been incarcerated in false connections. Yet that liberation is rendered complete only with



their realignment with appropriate thoughts. Reason is able to act, Freud saw, only when thought and emotion have been properly linked; by way of that linkage, they lose their restless striving toward (and sometimes against) each other. Inappropriate links between thought and emotion are not only deficits with regard to the power of the mind; they are also more or less significant impairments of that power—which is why such links need to be undone and then replaced.

Spinoza's somewhat rueful comment had been that no one had 'so far determined the nature and strength of the emotions, and what the mind can do to master them'. More than two hundred years later, Freud was able to show what man can do to master his affects. By his creation of psychoanalysis, Freud brought into being the tool for the attainment of such mastery—a problem to which Spinoza had provided no answer, in large part because he had not even addressed himself to the question. Certain fundamental achievements by Spinoza were, as we have shown, the necessary presuppositions for Freud's tremendous leap forward; were it not for Freud's leap, however, mankind today would still be standing outside the door through which Spinoza had so boldly and cogently shown that it had the power to enter. Through Freud's demonstrations that there is reason in 'unreason', that the present is filled with the past, and that it is emotion rather than thought that is the ultimate determinant in man's ability to exercise his human powers fully and productively—through these, he charted the path to that human freedom that Spinoza had earlier envisioned.

## REFERENCES

- BERNARD, WALTER (1946): *Freud and Spinoza*. Psychiatry, IX, pp. 99-108.  
 — (1972): *Spinoza's Influence on the Rise of Scientific Psychology: A Neglected Chapter in the History of Psychology*. J. Hist. Behavioral Sciences, VIII, pp. 208-215.  
 BREUER, JOSEF and FREUD (1893-1895): *Studies on Hysteria*. Standard Edition, II.  
 FREUD (1894): *The Neuro-Psychoses of Defence*. Standard Edition, III, pp. 45-61.  
 — (1900-1901): *The Interpretation of Dreams*. Standard Edition, IV/V.  
 — (1905): *Psychical (or Mental) Treatment*. Standard Edition, VII, pp. 283-302.

- 
- (1910 [1909]): *Five Lectures on Psycho-Analysis*. Standard Edition, XI, pp. 9-55.
- (1915a): *Instincts and Their Vicissitudes*. Standard Edition, XIV, pp. 117-140.
- (1915b): *Repression*. Standard Edition, XIV, pp. 146-158.
- (1920): *Beyond the Pleasure Principle*. Standard Edition, XVIII, pp. 7-64.
- (1933 [1932]): *New Introductory Lectures on Psycho-Analysis*. Standard Edition, XXII, pp. 5-182.
- (1933): *Letter on Spinoza to Siegfried Hessing*. In: *Spinoza-Festschrift*. By Siegfried Hessing. Germany: Heidelberg, p. 222.
- (1937): *Analysis Terminable and Interminable*. Standard Edition, XXIII, pp. 216-256.
- (1939 [1934-38]): *Moses and Monotheism: Three Essays*. Standard Edition, XXIII, pp. 7-137.
- NUNBERG, HERMAN and FEDERN, ERNST, Editors (1962): *Minutes of the Vienna Psychoanalytic Society, Volume I: 1906-1908*. New York: International Universities Press, Inc.
- (1967): *Minutes of the Vienna Psychoanalytic Society. Volume II: 1908-1910*. New York: International Universities Press, Inc.
- SMITH, MAURICE HAMBLIN (1925): *Spinoza's Anticipation of Recent Psychological Developments*. Brit. J. Med. Psychol., V, pp. 257-258.
- SPINOZA (1675): *The Ethics*. In: *The Chief Works of Benedict de Spinoza, Vol. II*. New York: Dover Publications, 1955, pp. 43-270.
- : *On the Improvement of the Understanding*. In: *Op. cit.*, pp. 1-41.
- WOLFSON, H. A. (1934): *The Philosophy of Spinoza, Vol. II*. Cleveland and New York: The World Publishing Co., 1965.

## The Psychoanalytic Process. A Case Illustration. By Paul A. Dewald. New York: Basic Books, Inc., 1972. 668 pp.

Daniel S. Jaffe

To cite this article: Daniel S. Jaffe (1973) The Psychoanalytic Process. A Case Illustration. By Paul A. Dewald. New York: Basic Books, Inc., 1972. 668 pp., The Psychoanalytic Quarterly, 42:4, 625-654, DOI: [10.1080/21674086.1973.11926652](https://doi.org/10.1080/21674086.1973.11926652)

To link to this article: <https://doi.org/10.1080/21674086.1973.11926652>



Published online: 20 Nov 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

## BOOK REVIEWS

THE PSYCHOANALYTIC PROCESS. A Case Illustration. By Paul A. Dewald. New York: Basic Books, Inc., 1972. 668 pp.

Because there are all too few extensive case reports in the psychoanalytic literature, a predominantly verbatim record of a complete analysis, covering every phase of the treatment, is unique enough to attract widespread attention on that account alone. When a dedicated and skilful author makes available the kind of experience described in this book, the result is a work that will intrigue and inspire all who are interested in the study of the psychoanalytic process. Dewald's stated purposes are to illustrate with primary data the phenomenology of mental functioning during an analysis, to demonstrate the nature of the therapeutic process and the central importance of the transference neurosis, to indicate how the analyst's working mind contributes to the advancement of the process, and to provide a model showing how psychoanalytic theory and metapsychological formulations are derived from the data of clinical observations. The result is a most stimulating and instructive contribution, eminently successful in fulfilling its objectives.

As noted by Joan Fleming in her foreword, the reader will find many rewards in vicariously sharing the details of the day by day work, with its sometimes tedious and repetitive but often exciting and gratifying features. The careful preparation of the groundwork that leads to the regressive reliving together with preservation of the therapeutic alliance will be admired by all who daily struggle with such technical demands of analytic work. Particularly appreciated will be the analyst's skill in setting the stage for the emergence of the unconscious organizing or core fantasies that make the whole range of symptoms understandable and ultimately provide the base from which effective insight and working through can proceed. The condensation of pregenital and phallic-œdipal elements in the patient's fantasies and other drive derivatives are skilfully elucidated and strike the reader with the kind of impact that affects any direct observer in the clinical situation.

A most valuable aspect of the report is the analyst's discussion at the end of each session, placing in perspective the inner experiences of the patient, as well as the tactical considerations dictating the analyst's interventions. Further, the summarizing synthesis at the end of the case report offers a very helpful survey of the salient

features of the case, a clarification of the symptoms and behavior, a final formulation, an evaluation of the respective roles of analyst and patient, and a discussion of the theory of the therapy including the structural factors involved. The follow-up interview by E. James Anthony three and a half years after the analysis had terminated adds a valuable final note by providing an evaluation of the patient and of the effects of the analysis on her subsequent development.

Of course there are many questions that can be raised regarding the analyst's style, technique, personality, conceptual orientation or bias, and the effects of all of these on the patient's productions and responses. These are in fact considered at the outset and in the recapitulation. But I can think of no better final statement regarding the impact of this book than that offered by Anthony in his epilogue:

More than any account I have read, it conveys not only the excitement entailed in the gradual exposure of the internal world within us all but also the hard creative work done by the analyst, in conjunction with the patient to bring it about. We get to know the analytic patient in a way that we never get to know another human being. It should convince all students of psychotherapy that their efforts can become as creative in the fullest meaning of the term. . . . This is what psychoanalysis is ultimately about, and this is what we learn from this enthralling illustration of its process (pp. 654-655).

As a paradigm rich in clinical data and conceptualizations, this book is certainly to be valued and widely used as a teaching tool. It is recommended unreservedly to those who are already familiar with the psychoanalytic process as well as to those who are seeking knowledge of it.

DANIEL S. JAFFE (WASHINGTON, D. C.)

THE EFFECT OF STRESS ON DREAMS. *Psychological Issues*, Vol. VII, No. 3, Monograph 27. By Louis Breger, Ian Hunter, and Ron W. Lane. New York: International Universities Press, Inc., 1972. 213 pp.

The present study was conceived to demonstrate 'that dreams may serve a unique function in the integration or assimilation of affectively aroused information into the "solutions" embodied in existing memory systems'. A standard presleep stimulus, such as being a 'focus' for a sensitivity group meeting, or being prepared for surgery, was presented to the subject and his dreams obtained by EEG-REM monitoring.

Two types of analyses were done on the collected dreams. First, case studies of each subject were made and the obtained dreams 'analyzed' from an external point of view, without benefit of experimenter-subject interaction. Second, content ratings were made along three parameters to serve as a check on the case study-dream analysis method. Generally speaking the content ratings support the dream interpretation-reconstructions.

The results of the study indicate that the sensitivity group did produce a stress on each subject when he or she was the focus of the group, and that surgery, as could be expected, was also a stress. In all cases the subjects handled the stress in a way congruent to what was known of their personalities beforehand. The only unexpected finding was that several patients could recall few or no dreams upon REM awakening prior to surgery, while postsurgery recall was more normal.

The study is of interest because it reports an extensive series of sequential nocturnal dreams in patients undergoing stated stress. However, the dream analyses show no advance in technique over analyses of sequential nocturnal dreams made in more routine experimental subjects over fifteen years ago.<sup>1</sup> Indeed, the analyses presented then and those reported here seem to indicate that the fabric of dream thought throughout the night is more complicated than any existing formulation, whether stated in classical analytic or in cognitive terms. Definitive work on the relatedness between sequential dreams obtained by REM monitoring techniques is still to be done.

EDWARD A. WOLPERT (CHICAGO)

IMMEDIATE EFFECTS ON PATIENTS OF PSYCHOANALYTIC INTERPRETATIONS. Psychological Issues, Vol. VII, No. 4, Monograph 28. By Edith Levitov Garduk and Ernest A. Haggard. New York: International Universities Press, Inc., 1972. 84 pp.

This monograph reports on an experimental study replete with statistical analyses, a carefully prepared methodology, and precisely defined hypotheses to be tested. Its value is admittedly limited by the smallness of the sample (material drawn from four cases), but

<sup>1</sup> Cf., Dement, William and Wolpert, Edward A.: *The Relationships in the Manifest Content of Dreams Occurring on the Same Night*. J. Nervous & Mental Disease, 1958, CXXVI, pp. 568-578.

its major faults derive from the incorrect or inadequate theoretical and clinical understanding underlying the approach.

The material studied came from typescripts of tape recordings or filmed records of two analyses and two psychoanalytically oriented psychotherapies. The *verbal* responses of patients in the *five minutes* following an intervention, considered to be an interpretation by a consensus of objective evaluators, were compared with the five minutes of responses which followed a noninterpretive intervention offered earlier in the same therapy session. While the authors were aware of the probable relevance of nonverbal responses and of the contribution made to any communication by tone of voice, nuances of timing, accent, gesture, and the like, they regretted that their technique could not record or measure such variables.

More critical is the omission of any reference to the preceding therapeutic developments or extra-analytic life experiences related to the session and the interventions studied, and to the content and transference significance of the material under discussion—in short, to all of the phenomena we have in mind when we note that responses to interpretations are overdetermined. In the evaluation procedures concerning the interpretations described, the entire question of correctness, ‘hierarchy, timing and wording’ of interpretations (Loewenstein) is bypassed. Nevertheless, the authors consider the study to be a valid testing of a number of hypotheses.

Ernst Kris often pointed out that an awareness of the historical evolution of psychoanalytic theory was helpful in assessing the bias and orientation implicit in a formulation, enabling us to understand problems encountered in a report or an approach to clinical work. This study seems to proceed from an archaic and oversimplified cathartic view of psychoanalytic therapy as merely concerned with undoing repression, liberating affect, eliciting ‘transference related material’, and ‘understanding and insight’. It cites, generally out of context, the claims that have been made for the unique therapeutic effectiveness of interpretation, particularly of the transference, but it reveals a shaky comprehension of both concepts and of the therapeutic situation altogether. Thus, the accumulated, statistically analyzed, detailed responses to interpretations and noninterpretations studied (reaction time, number of words in unit of time, presence of surprise, aggravation of symptoms, ‘oppositional and defensive associations’, etc.), lead to the sort of implications shown in the following quotation:

. . . suppose a patient is on the verge of uncovering some important repressed material. We know that interpretations typically [sic!] reduce patient verbalization. Therefore, by making a noninterpretation rather than an interpretation at this point, the therapist is more likely to encourage verbalization, and, hopefully, verbalization of the repressed. If his patient is to understand this new material, the therapist now may do well to make an interpretation, rather than a noninterpretation. On the other hand, he probably should make a noninterpretation if he is more concerned with not arousing his patient's defensiveness . . . (p. 69).

References are made to the therapeutic importance of trust and comfort in the therapist-patient interaction, concentration on psychologically meaningful areas and even, by implication, working through, but since they are not validated statistically in this study, inferences concerning them are considered speculative and equivocal. The superiority of clinical studies which survey the whole of the therapeutic situation rather than an isolated, narrow group of phenomena is brought home anew by this monograph.

HERBERT F. WALDHORN (NEW YORK)

NON-VERBAL COMMUNICATION. Edited by Robert A. Hinde. London and New York: Cambridge University Press, 1972. 443 pp.

SYMBOLIC IMAGES. STUDIES IN THE ART OF THE RENAISSANCE. By E. H. Gombrich. New York: Phaidon Publishers, Inc., 1972. 247 pp.

It is not possible in a review to do more than indicate the rich content of these two books and to consider their relation to psychoanalysis. The central subject holds a special interest for psychoanalysts and it is disappointing that there is no chapter by an analyst in the Hinde volume. The reviewer might be tempted to supply the missing chapter. It must suffice, however, to note that since Freud's earliest writings, psychoanalysts have recognized and have been alerted to the role of nonverbal communication in both clinical work and theory. In a discussion of symptomatic acts in the Dora case, published in 1905, Freud said: 'He that has eyes to see and ears to hear may convince himself that no mortal can keep a secret. If his lips are silent, he chatters with his finger-tips; betrayal oozes out of him at every pore. And thus the task of making conscious the most hidden recesses of the mind is . . . quite possible to accomplish.'<sup>1</sup>

<sup>1</sup> Freud: *Fragment of an Analysis of a Case of Hysteria*. Standard Edition, VII, pp. 77-78.



A comprehensive volume on the subject might have included psychoanalytic studies on gestures, acting out, symptom as communication, the silent patient, nonverbal communication between mother and infant, and especially the analysand's behavior in the analytic situation. One could name many authors: Kris on the artist, Felix Deutsch on gesture, and Spitz on the infant, among others. Regrettably none of this material appears in the Hinde book.

The Hinde volume comprises the papers and discussion of a study group of the Royal Society which met over a period of five years from 1965 to 1970. The Gombrich book is more specialized and attempts to elucidate Renaissance symbolism by using a new approach to the study of the history of art, named iconology by Erwin Panofsky. The subject is an aspect of nonverbal communication and the relation of the two books is made more evident by the fact that Gombrich contributed a chapter to the Hinde book.

The Hinde book consists of three sections: The Nature of Communication, Communication in Animals, and Non-Verbal Communication in Man. The first section raises the question of definition. What is communication? What is language? If the sender has no 'intention' in the action, is it still communication? Is language limited to verbal communication? The authors do not always agree on the answers to these questions and in some instances consider them unanswerable, or the answer determined by the orientation of the researcher.

In the first chapter, Formal Analysis of Communicative Processes, M. McKay draws a sharp distinction between transmission of information and communication. He asks if the singing robin 'intends' to inform other birds in the area of his territorial claim, and he recognizes the difficulty in arriving at a definite answer. In a chapter in a later section J. M. Cullen also questions the attribution of intention in lower animals and prefers to consider such communication as 'signalling'.

W. H. Thorpe, in *The Comparison of Vocal Communication in Animals and Man*, describes the work of Allen and Beatrice Gardner, who taught a chimpanzee named Washoe eighty-seven signs which they equated with the gesture language of human deaf mutes. Thorpe cautions against limiting the term, language, to human vocalization and sees in the Gardners' experiments a new approach to the problem. He is convinced of the 'purposive-

ness' of the communication in Washoe's capacity to use the signs she learned.

In the October 1972 issue of *Scientific American*, Ann and David Premach describe their experience with Sarah, a young chimpanzee whom they had taught 'to read and write with variously shaped and colored pieces of plastic, each representing a word'. Sarah has a 'vocabulary' of about one hundred and thirty terms 'that she uses with a reliability of 75 to 80 per cent'. Are Washoe and Sarah using language, even if it is nonverbal language? The Premachs believe that Sarah's accomplishment goes beyond the meaning of words and includes concepts of class and sentence structure.

These observations open many questions, some psychological, others philosophical. How do we define 'purpose', 'intention', and 'language'? Do Washoe and Sarah have the capacity for mental representation of the absent object, or are we seeing a highly complex manifestation of response to signals? That nonhuman animals are capable of conceptualization is, of course, not a new finding. This has been demonstrated by experiments with rats, mice, and pigeons as well as with monkeys and primates. In this sense Leach in a later chapter speaks of an 'innate structuring capacity', an 'integrative capacity whereby simultaneous signals received through the senses of seeing, hearing, tasting, touching, smelling, etc., are felt to constitute a single rather than a multiple experience'. This capacity, he states, is presumably shared by man with other animals. Certainly, memory also is a function evidenced in lower forms of life. What remains to be proven, even in the primates closest to man, is the capacity for symbolization in its psychoanalytic sense of representation of an unconscious mental content by a conscious, substituted representation. There is the further question of the capacity of the chimpanzee to delay discharge. We deal here with the basic psychoanalytic concept of primary and secondary process discharge which, so far as we know, is a distinction unique to human beings.

J. Lyons in his chapter, *Human Language*, denotes as 'paralinguistic systems' such nonvocal manifestations as gestures, head-nods, and eye movements, a subject dealt with by Charles Darwin a century ago in his book, *Expression of Emotions in Man and Animals*. Lyons, as did Darwin, wonders whether human language

has evolved from the nonverbal communication of lower animals. To this he has no answer. He does question Lenneberg's opinion that language is species-specific to man. He believes that animals are limited in learning language by their cognitive capacities rather than by lack of language facility.

Consideration of speech dysfunction in the aphasias of humans might have been helpful in the discussion of these questions. The communicative efforts of the aphasic patient suggest strongly that language facility depends on brain structure and function which obviously also determine cognitive development. It is difficult if not impossible to separate cognitive functions from language capacity. The evidence for symbolic activity in subhuman animals is so far not convincing. To the extent that language depends on the capacity for symbolization, which is a distinctly human characteristic, I would agree with Lenneberg that language is species-specific to man. The reports on Washoe and Sarah do not establish beyond a doubt whether these gifted animals are responding to signals by using memory and conceptualization or whether they are capable of language in the symbolic sense. The response to a signal may elicit the mental *registration* and memory of an absent object. This is, however, not the same as the human capacity to elicit mental *representation* of an absent object without the requirement of an external stimulus.

The second section, *Communication in Animals*, contains much detail, some of it quite technical, on the 'signalling systems' of animals from the invertebrates to lower vertebrates, birds, mammals, and primates. Especially interesting is the chapter, *Vocal Communication in Birds*, by W. H. Thorpe. He discusses the capacity for conceptualization in the lower animals, including birds, which, as he notes, 'must have come *before* the evolution of language as we now know it in the human stock' (author's *italics*). He does not, however, consider the human capacity for symbolization or its lack in lower animals. Thorpe describes the parallel between song learning in birds and the development of human speech but adds that song learning is not language.

The reactions of psychoanalysts to the section, *Non-Verbal Communication in Man*, will depend upon their feelings about the almost total absence of consideration of the contribution of psychoanalysis to this subject. There is no discussion of the role of unconscious psychic activity in nonverbal communication in

man, and only passing mention of emotional factors. This is so even in the chapter, *Non-Verbal Communication in the Mentally Ill*, by E. C. Grant. What is contained in these chapters—and its value need not be minimized—is a detailed description of phylogeny, anatomy, and conscious motivations in nonverbal communication.

J. Van Hoeff presents *A Comparative Approach to the Phylogeny of Laughter and Smiling*. He offers a phylogenetic summary and a detailed descriptive analysis of these phenomena. He considers Freud's theory of laughter as release of tension an incomplete explanation. Van Hoeff relates laughter to the relaxed open-mouth display of primates, a signal 'designating the behavior with which it is associated as mock-aggression or play'. He relates smiling to the 'silent bared-teeth display' of primates, which he states originally reflected an attitude of submission and 'has come to represent non-hostility and finally has become emancipated to an expression of social attachment or friendliness'. He does not refer to Kris's paper, *Laughter as an Expressive Process*, which provides an approach totally neglected by the author.

The chapters by I. Eibl-Eibesfeldt (*Similarities and Differences between Cultures in Expressive Movements*) and by E. Leach (*The Influence of Cultural Context on Non-Verbal Communication in Man*) offer differing views on the relative roles of innate factors and environmental influences. This difference is not a revival of the nature-nurture controversy but rather a matter of emphasis by each author on one or the other aspect of the interaction of inborn capacities and their development in different cultural settings.

Eibl-Eibesfeldt notes the cross-cultural similarities of expressive movements, especially facial movements, and concludes that this 'universality is due either to common conditions in early upbringing, channeling learning in a common manner, or that they are inborn'. He supports his conclusion by the observation that children born deaf and blind present the same basic patterns of facial expression as normal children. He considers the 'possible influence of phylogenetically acquired receptor mechanisms (innate releasing mechanisms) on perception'.

Another widespread expressive phenomenon in different cultures described by Eibl-Eibesfeldt is the use of phallic figures for aggressive and protective display. Here he suggests that 'these

similarities indicate that a perceptual structure, probably of sub-human primate origin, guides man when he produces such guards'. This approach will be welcomed by those psychoanalysts who in recent years have found in ethology a base for theoretical conceptualization of human development and behavior.

A distinctly different view, one more congenial to other psychoanalysts (including this reviewer) who stress the unique qualities of human behavior and mental functioning, is that of Edmund Leach, a member of the Faculty of Archeology and Anthropology in Cambridge, England. Leach states that man is more than 'a naked ape'. He points out that nonverbal communication in man takes place within a context that includes language. He grants that there are analogies to animal signalling devices but adds that man's 'non-verbal performance takes place within a wider matrix of cultural competence or cultural convention'. He notes the role of symbolism in human communication and admits 'to an extreme skepticism about the alleged similarities between the communicative processes of man and other animals'. Leach writes:

Man, admittedly, is a single species, and despite all differences of culture, the things that man is capable of doing with his limbs and his facial expression are everywhere limited by the same set of muscles. This leads to the expectation that, in so far as the minimal segments of non-speech consist of movements of parts of the body, the same units of expressive gesture will crop up again and again in all kinds of cultural situations. This expectation is fully borne out by the ethnographic facts. But what can we infer from this? Does a raised eyebrow 'mean' the same thing in the streets of Pimlico as it does in the jungles of Peru? (p. 329).

Leach describes specific ritualistic practices such as hair-grooming in different cultures and affirms that 'because of the high frequency of cultural variability of the kind I have indicated, cross-species ethological comparisons between man and other animals are nearly always thoroughly misleading'.

Leach's emphasis is that nonverbal communication in its development and manifestation is grammatically and symbolically similar to language development. He accepts the concept of an 'innate structuring capacity' in man 'presumably shared with other animals but the medium transfer capacity, particularly with regard to its "linguistic" attributes . . . appears to be a human peculiarity'. This interesting and informative chapter is concluded with a section titled The Signal Markers of Social Status and Social Relationship in which Leach states: 'In practice, the bias of choice

in symbolic forms is very marked, sexual symbolism which relies on male/female opposition (e.g., penis/vagina representations) being far more common than any other'.

The final chapter in the Hinde volume, *Action and Expression in Western Art*, is by E. H. Gombrich, who is also the author of *Symbolic Images*.<sup>2</sup> The basic themes in both are similar and the two works may be considered together.

Works of art, says Gombrich, embody 'everything of real life except speech'. He points up the ambiguity in a painting or sculpture, the different meanings each viewer will find in the work. At the same time he warns against the danger of misinterpreting a gesture, a facial expression, or the representation of movement in the work if the viewer does not consider the total work or the story or fable depicted. The latter is especially the case, Gombrich feels, in paintings of Biblical and mythological stories; the aim of religious paintings of pre-Renaissance and Renaissance periods was to illustrate for the illiterate masses the stories of the Bible. The work, he says, '... is not really created to tell the story ... but to enable those who know the story from childhood to re-live it in human terms'. The viewer must in these instances not only know the story but must also be familiar with the conventional meaning of gestures and symbols characteristic of the period.

Gombrich limits himself to the exposition of conscious meanings in the work of art both in his essay and in his book. This applies both to the artist's intent and the viewer's response. He is, indeed, sceptical of the usefulness, or even of the possibility, of establishing the 'true' meaning to the artist of his creation, most particularly the artist who is long dead and no longer available for observation on the psychoanalyst's couch.

It seems that despite his contact with psychoanalysis and his reputation among psychoanalysts, Gombrich fails to understand the psychoanalytic approach to the psychology of the artist. Psychoanalysis does not seek the 'true meaning' of a work of art. It posits that unconscious forces enter into the artist's inspiration, even when he is carrying out a commissioned work, and that the beholder responds unconsciously to the unconscious message, though not necessarily with the same unconscious fantasy. Gom-

<sup>2</sup> Gombrich is known to psychoanalysts both as a collaborator with Ernst Kris and as the Ernest Jones Lecturer before the British Psycho-Analytical Society in 1953 where his topic was Psychoanalysis and the History of Art.

brich himself recognized this in his lecture to the British psychoanalysts when he said: 'What is being shared is not specific contents but what you call dynamic processes, and so we should perhaps not speak of communication but of resonances'.

Symbolic Images uses 'iconology' to search for the meaning of the specific details in a pictorial work, recognizing at the same time 'the elusiveness of meaning'. Each gesture of a figure in a painting or sculpture, each tree or cloud, each expression of movement or action becomes a symbolic image.

In a short section on the psychoanalytic approach, Gombrich questions Freud's analysis of Leonardo's *The Virgin and Child with St. Anne*. He believes the psychoanalytic approach confuses cause and purpose. Gombrich would allow Freud's explanation of Leonardo's accepting the commission to do the painting as only one of the many contributing causes, but he insists 'the intended meaning is not a psychological category at all'. Gombrich does not consider the psychoanalytic evidence in the pattern of an artist's productions as indicative of unconscious motivation. He discusses the difference between the artist's production of a commissioned work when the artist was told by the patron what was wanted, and original, undirected work when the Renaissance artist was given free rein to decorate an unimportant area. But here, too, Gombrich believes the artist was influenced by the genre in which he worked.

Gombrich takes up works by Botticelli, Raphael, and others. Botticelli's *Primavera* and his *The Birth of Venus* are seen in the light of neo-Platonic symbolism of 'humanitas' based on the writings of the period and, more specifically, on letters indicating the message of the proposed painting by Ficino, a leading neo-Platonist and teacher of Botticelli's patron. The themes are virtue, wisdom, eternity, and the conflict between animal instinct and reason. Paintings were, according to Gombrich, based on literary descriptions, especially those in ancient Greek and Latin writings, and on the programming by contemporary writers such as Ficino. Similarly, Raphael, in the *Stanza della Segnatura*, was, according to Gombrich, signifying knowledge and virtue as expressions of the divine. The images are conceived as representations of Platonic ideas. Gombrich is aware of the many different meanings ascribed to these paintings, but notes that 'wisdom lies in knowing where to stop'. He distinguishes between allegory and symbol: 'The

allegory was felt to be translatable into conceptual language once its conventions were known, the symbol to exhibit that plenitude of meaning that approaches the ineffable'.

Gombrich also discusses the functions of the image as representation and symbolization: 'A painting may *represent* an object of the visible world. . . . It may also *symbolize* an idea' (author's italics). He adds the possibility of an additional kind of symbolism 'not conventional but private, through which an image can become the expression of the artist's conscious or unconscious mind'. Here we are closer to the psychoanalytic meaning of the symbol.

Symbolism, Gombrich tells us, paraphrasing a Renaissance writer, was to the medieval and Renaissance mind a 'form of Revelation that God in His Mercy created to make the Ideas that dwell in His Mind known to Man'. It thus becomes more than representation or a nonverbal communication from man to man. Gombrich indicates clearly how differently modern man will see a Renaissance painting. What we do not know is whether the differences in modern man and Renaissance man in their response to the conscious symbol apply as well to the symbolism of the unconscious mind, the symbolism of the dream and the fantasy. This fascinating question may be unanswerable. Is the unconscious mind timeless, not only in the individual but also in historical man?

The length of this review is an indication of the interest both books evoke and the importance of the subject to psychoanalysts. The authors are leaders in their respective fields and they offer the reader a wealth of information and thought. The absence of a psychoanalytic contribution where so much psychoanalytic data and theory have been accumulated is regrettable. Both books, nevertheless, deserve the careful attention of the psychoanalyst.

DAVID BERES (NEW YORK)

SCIENCE AND PSYCHOANALYSIS, VOL. XX. THE DYNAMICS OF POWER.

Edited by Jules H. Masserman, M.D. New York: Grune & Stratton, Inc., 1972. 214 pp.

The Scientific Proceedings of the May, 1971 meeting of the American Academy of Psychoanalysis are published as The Dynamics of Power, Volume XX of Science and Psychoanalysis. There are seventeen papers more or less related to the central theme, and two



special papers, the presidential address by Eric Wittkower and the Frieda Fromm-Reichmann Award address by Bruno Bettelheim.

Since the time of Adler, power has not been a central concept in the main stream of psychoanalytic thinking. Many of the papers in this symposium give the impression of straining to fit a preselected title—responses to the assignment 'write a paper relevant to Psychoanalysis which includes the term "Power" in the title'. The results are mixed, sometimes pedestrian, but sometimes suggestive of new and interesting points of view.

The term 'power' has several meanings in the symposium. One theme is introduced by John Schimmel who cites Sullivan's definition of power as 'having weight and influence in interpersonal affairs'. Silvano Arieti adds a strongly negative connotation: 'a force which is experienced by the individual as thwarting, deflecting, inhibiting, or arresting one's will, one's freedom, or one's capacity for growth'. A second emphasis is suggested by Kurt Adler, who quotes Alfred Adler: 'a feeling of inferiority . . . demands an enhancement of the self-esteem. Here the fictional final purpose of the striving for power gains enormous influence'; and again, 'The personal striving for power is a concretization of the general striving for perfection'. This is discussed genetically by Paul R. Dince, who states that 'the roots of pathogenic strivings for omnipotent power over people and events abide within the terror of the young child experienced in separations from the mothering person'. This presentation calls for elaboration in terms of our clinical and theoretical understanding of narcissism, but unfortunately this is not attempted. These two themes, power as interpersonal coercion and power as the reparative illusion which compensates for a view of self as impotent, are intertwined throughout the book.

Following this series of more general papers, two specific types of human relationships are discussed in terms of the interpersonal type of power: 1, sexual interacting and 2, patient-therapist interactions. The general theme is that individuals who are involved in intense relationships acquire and use power over each other. The papers on sexual relationships suggest that this quality is evil, but not so male dominated as is often believed. The discussion of therapeutic relationships states that interpersonal power is more prominent in psychotherapeutic transactions than many therapists are willing to admit, and its explicit recognition is occasionally essential if the therapy is to be successful.

One approaches this volume not only to learn about power and psychoanalysis, but also to learn what has happened to the American Academy of Psychoanalysis since its first scientific proceedings were published in 1958. These papers do not seem revolutionary, although they sometimes do seem to be straining to give that impression. The presentation of theory and abstract formulations is far more apparent than clinical (or other) data—a tendency which certainly does not differentiate the Academy from other psychoanalytic organizations. The focus is on what happens between people, or between the individual and society, rather than within the mind of the individual, but it is difficult to determine whether this emphasis merely reflects the theme of the meeting, or whether the theme was selected in keeping with this emphasis.

ROBERT MICHELS (NEW YORK)

SHAME AND GUILT IN NEUROSIS. By Helen Block Lewis, Ph.D. New York: International Universities Press, Inc., 1971. 525 pp.

The basic theme of this book is an analysis of the psychological states of shame and guilt and their relation to symptom formation in neurosis. The author uses different scientific methods for the investigation. She relies on experimental psychological studies, on phenomenological analysis of the affective states and on observations made during therapy sessions in establishing a connection between differences in perceptual style and form of neurosis and characterological types.

Possibly the most interesting aspect of the book is the tracing of connections between cognitive and emotional life. Experimental studies showed that there are differences in how people maintain their orientation in space. These differences have been demonstrated in experiments based on the observations of the late Max Wertheimer. Subjects were required to view objects through a mirror which tilted the reflected scene to forty-five degrees. Later, as the experiments were refined, the subject was seated in a darkened room and required to assess the position of a luminous stick within a tilted luminous framework. In other experiments subjects were seated in a small 'room' which could be tilted left and right as could the chair in which each subject was seated. The subjects were told to straighten their bodies while the surrounding room was

being tilted. It was found that subjects who saw the tilted rod as straight when it was parallel with the tilted frame also perceived their bodies as straight when the chair in which they sat was lined up with the tilt of the room. It was further found that there are consistent differences between the subjects' perceptual performances which are parallel to differences of personality. The function involved in the perceptual style was identified as the capacity to disembed an object from the embedding figure whether the object was the person's own body, a stick in a frame, or a geometrical figure buried in a maze of embedding lines. Persons who cannot keep the rod separate from the frame and report that their bodies are straight in a tilted room are called *field-dependent*. In these people, there seems to be a fusion between body and field in subjective experience. In contrast are the subjects who are able to bring their bodies to the true upright regardless of the position of the surrounding room. Such persons are called *field-independent*, since they seem to have a sense of the separateness of their bodies from the surrounding world.

The importance of these findings is stressed throughout the book. They have diagnostic implications. The perceptual style correlates with what the author calls the superego style. Field-dependent persons are more prone to shame reaction, whereas the preferred superego style in field-independent individuals is guilt. The author alludes only occasionally to the environmental influences which may determine the perceptual style. For instance, there is a significant correlation between perceptual field-dependence and whether parents value their children's obedience more highly than their personal responsibilities. One wonders whether much earlier developmental factors do not determine the perceptual style. One could speculate that disturbances in the separation-individuation phase, a tendency to merge with the mother, and disturbances in the establishment of a clear body image would be most significant in determining the field-dependent perceptual style.

One of the leading assumptions of the book is that shame and guilt represent different superego functions which develop along different routes of identification. Identification with the threatening parents stirs an internalized threat that is expressed as guilt. In contrast, the ego ideal is based on identification with beloved and admired persons. Failure to live up to these internalized ad-

mired images stirs up shame. This is an oversimplified formulation of much more complex phenomena even though there is some validity in the statement. The ego ideal is a complex structure. Its history goes back to a view of the early idealized parental figures who are endowed with omnipotence.

The author does not mention a source of shame which develops during toilet training when children are taught that the natural biological functions of the body are dirty, disgusting, and thus shameful. The internalization of such parental attitudes is not necessarily based upon admiration and love of the parents, but represents an identification with the parents' disgust.

The author reviews Freud's case histories in an attempt to prove that intensive shame reactions played an important role in symptom formation. It is unlikely that Freud overlooked such feelings in his patients. It is equally untenable to replace the complex explanatory principles which Freud used to elucidate the psychopathology of neurosis by referring to a single affect, shame. To separate shame and guilt is artificial, since neurotic symptomatology cannot be explained without considering the impact of unconscious guilt feelings.

It is also noteworthy that the author neglects the role of anxiety in symptom formation. Characteristic is her interpretation of beating fantasies. According to Lewis the child can often perceive that the parent is unconsciously pleased with his own righteous indignation with the child, and the child, in turn, participates in the parent's enjoyment of humiliating him. This interpretation of beating fantasies assumes that the pleasure in the fantasy that another child is being humiliated results from the idea that the humiliation (punishment) is agreeable to the parental figure, and thus to the child in identification with him. This interpretation of beating fantasies misses the relevant point. While Lewis notes the shifting identifications in beating fantasies she fails to recognize that the sexual excitement which is mobilized in the fantasies is fired by the sado-masochistic distortion of the sexual act which is characteristic of the phallic phase.

The book presents some interesting ideas and observations but the theoretical framework is often oversimplified and one-sided.

SUCCESS AND FAILURE IN PSYCHOANALYSIS AND PSYCHOTHERAPY. Edited by Benjamin B. Wolman, Ph.D. New York: The Macmillan Co., 1972. 260 pp.

This is a rather thin book on a very fat subject. It represents the distillation of the Sixth Annual Scientific Conference on Psychoanalytic Psychotherapy held in New York in 1968. The papers are quite varied in quality and usefulness and generally seem to reflect a lack of editorial rigor.

The best of the whole package—despite its antiquity—is Freud's classic paper, *Observations on Transference-Love*. It is a paper that needs to be carefully studied and assimilated in the current ferment for greater reality contact and involvement with patients. It is a paper of more than historical interest—and provides in this volume a sort of modal statement against which some of the subsequent papers can be evaluated.

Among the offerings, one can recommend Stanley Lesse's paper on problems relating to social, economic, and socioeconomic change. Lesse points to an important emerging area of study and reflection but does little more than indicate its importance. One can also recommend Hans H. Strupp's paper on ferment in psychoanalysis, particularly for its emphasis on the need for research. Strupp also offers an acute critique of G. L. Paul's important study of the outcome of behavioral as opposed to more traditional therapies.

The rest of the volume offers a variety of clinical reflections. Among these, the contributions of Leon J. Saul, Edward Glover, Arnold Bernstein, and Lawrence S. Kubie are of value. For the most part the papers offer few positive contributions. The caveats are generally of the sort most clinicians are familiar with.

More valuable, in general, is the negative contribution. A number of cautions, critiques, and delineations of complexities and problem areas are offered—particularly by Saul, Glover, and Kubie—which serve as reminders of the difficulties in evaluating and understanding the process of psychotherapy, and why it is that psychotherapies of whatever description sometimes succeed and sometimes fail. Perhaps the most important area discussed is that concerning difficulties in the countertransference. But in such a thin volume the contributor can do little more than skim the surface of such an important topic. The present volume succeeds only in pointing out the significant areas of concern and problems where more intensive study is needed.

GÉZA RÓHEIM ET L'ESSOR DE L'ANTHROPOLOGIE PSYCHANALYTIQUE (Géza Róheim and the Development of Psychoanalytic Anthropology). By Roger Dadoun. Paris: Petite Bibliothèque Payot, 1972. 320 pp.

Roger Dadoun, a French lay writer, has written a well composed, thoughtful book on Géza Róheim and psychoanalytic anthropology. Although this work was written for the educated lay person, some knowledge of psychoanalysis and the early mentors of Róheim (Abraham, Ferenczi, and Melanie Klein) is necessary if one is to follow the closely knit development of Róheim's contributions to the field of psychoanalytic anthropology.

Beginning with an exposition of Freud's Totem and Taboo, Dadoun proceeds to trace the development of Róheim's career. A brief anecdote contributed by Róheim will illustrate its main motif. Shortly before his death in 1953 he was invited to an old friend's home. The latter conversing with a younger colleague, asked him: "Does psychoanalytic anthropology really exist?". The young colleague smiled and looked at me. I then thought, "has my life been all for naught?"

Bred in the ferment of the early years of the century in Budapest, Róheim was able within a relatively short life time (1891-1953) to lay the foundation of a psychoanalytic anthropology based on field studies by analytically trained observers. Drawn to primitive Australian tribes, Róheim developed an intensely personal relationship with them. He loved them; they in turn confided in him their thoughts, dreams, fantasies, and rituals.

Dadoun clearly outlines Róheim's seminal discoveries, the fascinating raw data which raises so many puzzling questions. Seen historically one can understand the emphasis placed on interpretation of unconscious sexual fantasies. Most of the rituals and customs (e.g., subincision, phallic worship) are so openly instinctual—both sexual and aggressive—that the contemporary observer must wonder about the defensive structure and adaptive aspects of such culturally sanctioned behavior. Consider for example the mother's habit in certain cultures of lying naked on top of her young child and laughing at his erection—or the grandmother's sucking the penis of the young infant. It is difficult for the Western observer not to be terribly biased and culture bound when reading about such customs.

Dadoun describes, without sharing it, Róheim's own bias in seeing our contemporary culture as 'anal sadistic and repressive and

disciplinary' and in seeming to idealize the apparent freedom of instinctual expression of the so-called primitives. In so doing, Róheim aligns himself with Wilhelm Reich, equating mental health with unimpeded sexuality and Western culture with repression and neurosis.

Dadoun is obviously familiar with the field and with contributions from allied disciplines including current work on dreams and neurophysiology. This offers an interesting addition to Róheim's last major work, *Gates of the Dream*. Dadoun also illustrates Róheim's attempts to relate very directly the origin of certain character traits to significant childhood experiences. For example, Róheim connects the generosity of certain tribes to lengthy unimpeded breast feeding on demand (*cf.*, Erikson's writings on Southern Blacks).

While we may remain somewhat sceptical of the evidence offered in support of Róheim's conclusions, we must nevertheless be extremely grateful for the wealth of sensitive observations made by Róheim. We also owe a debt of gratitude to Roger Dadoun for the thoroughness and clarity of his exposition.

FRANCIS BAUDRY (NEW YORK)

PSYCHOANALYSIS AND LITERARY PROCESS. Edited by Frederick Crews. Cambridge, Mass.: Winthrop Publishers, Inc., 1970. 298 pp.

This book represents two important accomplishments. The first is an achievement in the teaching and learning of psychoanalysis in a department of literature, a rather rare occurrence in itself. The second is the remarkably perceptive contribution to the field of analytic literary criticism made by the students of Crews.

The first chapter, entitled *Anæsthetic Criticism*, is masterful and comparable to Crews's previous endeavors in the field. Unhappily, much literary criticism, especially psychoanalytic literary criticism, is not only unæsthetic and inelegant, but often anæsthetizes the reader. If art does not speak directly to our soul (an approximate concept of the unconscious before Freud), if it does not mobilize our own affects, it is not æsthetic. The pointed ambiguity of the word 'anæsthetic' illustrates Crews's manners and method. Here, with one word, he dismisses critical verbiage and spans the methodological gap that has for so long existed between literature and the psychology of the unconscious.

Professor Crews in his seminars at Berkeley tried to sensitize his students to their unconscious and affective responses to literature and to help them learn a method of expression which needs and uses those responses. He is saying to the world of academia that it can no longer neutralize and sterilize spontaneity under the pretext of being 'critically objective'. If literary criticism is not concerned with gut feelings, it is not concerned with literature. Similarly, psychoanalysts must use their own irrational counter-reactions if they are to make sense of their patients' seeming irrationality. To acknowledge emotions is obviously familiar to anyone who reacts to art. What is new is the attempt to use emotions systematically and perhaps even scientifically, considering them as a valid index for consistently gauging manifestations of the unconscious, whether neurotic or artistic.<sup>1</sup>

For the sake of clarity and dialectics, Crews makes a point of attacking polysemous criticism of the variety taught by Professor Northrop Frye. The point is a valid one; there is no question that by accepting many kinds of meanings concurrently one is safe from taking any one position. Too many critics are similarly eclectic, thus avoiding rather than reaching greater understanding.

What Crews knows well but has chosen not to apply to Frye is that each of us is not only entitled to his own intellectual or affective responses but that the nature of our work prohibits us from being really free from resistances and defenses. Without defenses how could we understand the unconscious? Accepting our own gut responses may facilitate the harmonizing of many seemingly unconnected meanings which eventually may be integrated in a final meaning greater than its component parts. Frye neglects synthesizing the many meanings he likes to discover in works of art. Yet this does not prove he is wrong at the superficial level to which he has restricted himself. It is not always easy, even for a seasoned and gifted analyst who has all the material that a coöperating patient can offer him, to know what is focal and to link meaningfully the actual life of that human being with his free associations, infantile neurosis, and the transference neurosis, which would supposedly clarify the whole issue by recreating *de novo* what was destined to be forever '*ab ovo*'.

<sup>1</sup> Rapaport believed that this feeling of inner consistency, when well 'calibrated', is the equivalent of the 'quantifying' instruments of other psychologists. Cf., Rapaport, David: *The Structure of Psychoanalytic Theory. A Systematizing Attempt*. New York: International Universities Press, Inc., 1960, p. 14.



The various essays offered in the book are frequently original and at times brilliant. They demonstrate that students of literature are often eminently prepared for exploring the ways in which the unconscious shapes and forces certain symbolic images on the writer and, hopefully, on the reader. If students of literature can demonstrate such sensitivity, what might they do if they had further training in psychoanalysis? This brings to mind two other points. One, Anna Freud, Ella Freeman Sharpe, and many others have urged us repeatedly to include great literature in the curriculum of our institutes. Two, more recently, institutes have been considering and accepting different types of students, not necessarily physicians, and offering them different tracts and learning experiences. In many cases this has stimulated the regular students, the teachers, created a different atmosphere in seminars, and broadened the scope of psychoanalytic discussions.

However, one shortcoming is obvious in all of the essays with the possible exception of the one on Walter Pater. In spite of Crews's teaching and carefully spelled out warning about not substituting a catalogue of psychoanalytic symbols for some other stale forms of criticism, that particular defect appears repeatedly. Fortunately, we will never be rid of those who like to count stars, symbols, and women's phalluses in centimeters. They have their usefulness in every field—if only they would not confuse their counting mania with objectivity!

This may not really be a criticism but a manifestation of two very different methods. After all, I am primarily a psychoanalyst who analyzes novels and who believes that the central organizing factor is 'biographical', the characters' life histories (as pointed out by Crews). I consider the presence of a true nuclear conflict in each life history and the means by which those histories interact with each other in the whole novel as genetically important in organizing and polarizing the various symbols. To me a novel produces an æsthetic effect and endures only in so far as it rests solidly on such a psychological basis. Crews's students, on the other hand, do not focus on the life histories; rather they look for 'formal patterns of meaning' in the novels, and Crews as editor has made sure that each of these essays 'has a thematic core'. For example, the theme for *Ulysses* is œdipal, but since I do not believe the œdipus complex to be the core of the novel, the symbolic pattern

looks more random, more like a catalogue to me. On the other hand, paranoia, specifically oral paranoia, in *Cymbeline* is a convincing harmonizer of the patterns of meaning selected by Murray Schwartz in his essay.

A more valid criticism may be that in spite of their teacher's admonitions not to oversimplify or see literature as simple wish-fulfilling fantasy, they often fail to 'identify with the pain as well as the release involved in the process'. Crews emphasizes that literature is integrative, even as it is sometimes regressive, and that it is always more adaptive than pathological. Yet his students seem so delighted in finding an anal trait here and a castration anxiety there that sometimes they fall for the lure of piecemeal flamboyance and abandon the application of a rigorous and productive method. Nor is this defect more pronounced in these essays than it is in most psychoanalytic studies of literature.

Crews's attempt meets psychoanalysts more than halfway partly because he has taken the trouble to learn analytic theory in depth and to assimilate it, but, *more importantly*, because he can also criticize it constructively in the same spirit that many theoreticians of analysis are always doing. In this context one cannot ignore N. Holland's more orthodox contribution which is criticized as it is enlarged upon by Crews. The successful disguise of infantile wish-fulfilment is correctly regarded by Holland as basic to dreams, daydreams, jokes, symptom formation, and novels. Thus Holland stands at one end of the spectrum while Crews extends it from the infantile to the realistically mature, from the pleasurable to the painful, from the deep unconscious to the conscious. He emphasizes that it is not only necessary to identify the truly correct wish-fulfilment but that there is a continuum which extends from the most primitive human thoughts to the highest levels of ego functioning at social, scientific, or literary levels. In other words, like Merton Gill and Max Schur, Crews tries to reveal more flexibility and continuity between id and ego, conscious and unconscious. In these days of general systems theory, Crews's attempt parallels that of the many psychologists and other scientists who are simultaneously finding out what the late Von Bertalanffy<sup>2</sup> had been telling us. We can learn from each other; within a given

<sup>2</sup> Von Bertalanffy, Ludwig: *General Systems Theory. Essays on Its Foundation and Development*. New York: George Braziller, Inc., 1969.

system, the aim, the goal (teleology), the means through which information is conveyed, the 'significance', must be studied as a whole unit if one is to understand cause and effect. Analysis is sterile without interpretation, explanation, and synthesis.

A description of some of the essays themselves will illustrate these principles. Albert Hutter's essay on *Great Expectations* is informative and precisely pinpoints the unconscious reasons for Pip's compulsions about murderous files, broken leg irons, etc. By and large, Hutter succeeds in establishing the relevance of phallic elements, hostility, and murderous wishes throughout the book. But he betrays his artistic preparation. He appears much more interested in how it is expressed than in the motives or in the explanations for the crime, the guilt, or the irrational behavior of Pip. Psychoanalysis, for all its emphasis on the precise and overdetermined unconscious factors, must integrate and harmonize those factors with the conscious ones. Not enough is made of how Pip must have felt about being an orphan. Not enough is made of the fact that all he ever saw of his parents were their tombstones—in a novel that starts in a cemetery among graves! This theme is more basic. Had Hutter arranged the phallic and murderous symbols around the trauma of parent loss and the attempts at regaining contact, even though it was through expressing fear of or hostility to the lost objects, he would have given deeper meaning to his contribution. Hutter comes close to building a hierarchical series of meanings through which the derivatives of Pip's, or for that matter Magwitch's, central problems are expressed. In fact, he goes so far in preparing for this integration that it is a pity he was unable to finish the job.

The same can be said for the essay on *Moby Dick*, which is ambitious, at times poetically written, and certainly the least 'anæsthetic' of the whole series. Here David Leverenz shows his gift for understanding not only the double meaning of symbols but often their polyvalence. Many times he succeeds in ordering them in a way that makes psychological and literary sense because they carefully follow Melville's expressions and sequences. However, the 'biographical organizer' of behavior is lacking again. Nothing is said of the important elements in Ahab's life: that he never saw his father who drowned at sea; that he was cursed with the most wicked name in the Bible by a half-crazed mother

who died 'afore he was a year old'; and that he himself went to sea immediately after his wedding night, making 'one dent in the pillow' and conceiving a son whom he would never see. The struggle here is not just oedipal, phallic, or rebellious against God. Instead, all those elements—and others—fit together and make a harmonious if disturbing and discordant whole. For example, why, in spite of the presence of multivalent symbols, is the homosexual solution always offered? Is it because in this book there is only one God? And if so, what God?

I offer this criticism because Leverenz is quite capable of understanding and doing justice to similar factors in the make-up of Ishmael. He skilfully amalgamates the symbolism of Ishmael's climbing up his stepmother's chimney with the meaning of her punishing him. Once again this essay promises the possibility of being completely harmonized. Leverenz's use of the passage about Pip and Ahab being joined by natural bonds because both were orphaned by the sea and because the sea 'drowned their souls and carried them to wondrous depths where strange shapes of the unwarped primal world glided to and fro, where wisdom was revealed to them through *insanity*', shows a remarkable ability to sense the relevant and use it—almost—to fruition. When one discovers the 'nuclear' conflict or solution, it has a way of illuminating the whole story, of ordering and lighting distant and seemingly unconnected areas, even about cetology, sharks, and the uses of blubber.

Richard Stein's essay on Walter Pater is in some ways the most successful because it is more limited and focused. The essay demonstrates that even when a man seems to be writing history, in this case about the Renaissance, he is revealing most of his unconscious conflicts, wishes, and rebellions. Pater's strong homosexual orientation produced sharp emotional responses in his readers. Stein recalls that Oscar Wilde cherished Pater's book as 'my golden book . . . the very flower of decadence'. In this essay Stein elegantly applies the teachings and principles of Frederick Crews as set forth in his book, *The Sins of the Fathers*.<sup>3</sup> In that work Crews successfully demonstrated that Hawthorne's characters act as if they took the symbolism of Hawthorne's style seriously.

<sup>3</sup> Crews, Frederick: *The Sins of the Fathers. Hawthorne's Psychological Themes*. New York: Oxford University Press, 1966.

The flaws and defects of *Cymbeline* allow Murray Schwartz to show its unconscious determinants clearly and consistently. It is much more difficult to see such facets clearly in a polished Shakespeare play than in *Cymbeline*, in which the secondary process elaborations have been less successful. Hence Schwartz can use the flaws to advantage and add a dimension to our understanding of the characters. He writes:

Only in the last scene does Posthumus find oral union without castration. He strikes Imogen in a moment of rage against the futility of possessing her:

O Imogen!

My queen, my life, my wife! O Imogen,  
Imogen, Imogen!

Imo. Peace, my lord! hear, hear!

Post. Shall's have a play of this? Thou scornful page.

There lie thy part. [Striking her: she falls]

'There lie thy part.' Aggressive compulsion to subdue the 'woman's part', which was a projection of his fear for his masculinity, is recapitulated in a sudden blow. Then there is a separation of thirty lines, and the final reunion. Posthumus speaks the most beautiful line in the play:

Hang there like fruit, my soul, -

Till the tree die!

Here Schwartz has carefully built up the hierarchical types of oral, life, and death meanings (fruit, soul, die) to that final condensation which now gains its full meaning; ' . . . like fruit, my soul, Till the tree die!' has assumed its full meaning. This is what æsthetic criticism can and should do: find the basic structure that permits oral, anal, phallic, genital, and even parental elements not just to blend but to support each other like pillars in a Gothic cathedral, rather than select helter-skelter all the symbolic interpretations, as, unhappily, so much psycholiterary criticism does. This is what Waelder and Kris had in mind when the one spoke of multiple function and the other of regressions in the service of the ego.

The essay on James Joyce is the least successful, mostly because of the difficulties inherent in Joyce's method and style. He achieves his results by piling symbol upon symbol, and association upon association. It is therefore easy to be seduced by the mythological implications, the archetypes, the freudianism, and to miss again the real nucleus, the bareness, the sterility, and the absurdity of the lives of Stephen Dedalus, Molly, and Bloom. Sheldon Brivic, under the circumstances, does a creditable job and shows original

insights. He makes many points that I had not read anywhere else. Yet, the fact remains that the central problem, the reasons for the seeming absurdity of the lives of the artist as a young man or Ulysses, remains unexplained.

One learns as much from the shortcomings in execution of some of the essays in *Psychoanalysis and Literary Process* as one does from its positive contributions. It is decidedly a successful step forward and a welcome addition to an area where much more depth is needed.

JOSE BARCHILON (DENVER)

PHALLOS. A SYMBOL AND ITS HISTORY IN THE MALE WORLD. By Thorkil Vanggaard. New York: International Universities Press, Inc., 1972. 208 pp.

Vanggaard, a Danish psychoanalyst, has written an interesting history of the meaning of the phallus as a symbol in certain Western European cultures. He begins his study with the Dorian society of ancient Greece and follows man's use of the phallus as a symbol through ancient Norse and medieval European societies, ending with some comments on modern societal attitudes.

The author's main thesis is that there exists in normal men a 'homosexual radical' which is universal; in ancient times it was an accepted fact and was expressed in certain ritual practices. Vanggaard gives the reader a detailed description of ritual pederasty as practiced in the Dorian culture. He demonstrates the use of the phallus as the conveyor of masculine and noble characteristics from generation to generation through the practice of ritual anal intercourse between a noble adult male, the *Erastes*, and a potentially noble youth, the *Eromenos*. The *Erastes* chose his *Eromenos* with great care and in turn had to be acceptable to the family of the *Eromenos*. The essence of manhood, *arete*, in the form of semen was transferred to the *Eromenos*. The pederastic relationship usually lasted until the boy began to show signs of pubertal change.

Vanggaard emphasizes the *normal* character of these relationships and states categorically that the ritual of pederasty was not a result of inverse homosexuality. In other words it was not, as we might think, pathological. He cites the facts that the *Erastes* was at the same time involved in heterosexual activities, that there

was no conflict between the two activities, and that the practice of pederasty was universally acclaimed as honorable and necessary in the Dorian society. These conditions, he says, 'fit in with the assumption of Psychoanalytic theory, supported by the experience of decades: that a Homosexual Radical is inherent in the nature of all males—not just those who are inverse, but the vast majority of men who are not' (p. 24).

In another part of his book, Vanggaard traces the symbolic meaning of the phallus as it represents the domination of one man by another. Thus to have anal intercourse with a man is to demonstrate his inherent inferiority and unmanliness. This is summed up in the ancient Norse word *argr*. In that society being *argr* was the greatest humiliation a man could suffer. The author cites the story of Lawrence of Arabia who was made to submit to anal rape by the Turkish Governor after severe torture. Lawrence was made *argr*, suffered irreparable damage to his reputation, and was personally plagued by guilt and shame for the remainder of his life. The author explains this as the result of Lawrence's belief in the Arab ethic which dictates that a man must die rather than submit and become *argr*.

From the foregoing, it will be clear that Vanggaard does not subject his material to psychoanalytic understanding. His thesis that a 'homosexual radical' exists in all men is erroneously ascribed to psychoanalytic tenets in place of Freud's concept of bisexuality, which the author has distorted to include homosexual acts as a normal derivative. The manifest meaning of the pederastic ritual was incorporated in and was an expression of the social milieu of Dorian Greece. What Vanggaard fails to explore is the latent significance of this ritual with its obvious narcissistic structure and occasionally even conscious libidinal gratification.

The absence of any serious consideration of unconscious meaning is the book's most serious flaw. If the author had intended his book as history alone, he would have succeeded in his aim. He has gone beyond, however, and attempted an explanation that is unconvincing. The remainder of this book deals with other cultures. Again the material is highly interesting as history but subject to the same criticisms.

TRANSCULTURAL PSYCHIATRY. By Ari Kiev. New York: The Free Press, 1972. 223 pp.

Transcultural Psychiatry is the fourth in a series of related books by Kiev. In *Magic, Faith and Healing*,<sup>1</sup> he described interrelationships between the psychiatric systems of preindustrial societies and the sociohistorical contexts in which the systems evolved. In *Psychiatry and the Communist World*<sup>2</sup> he sought to examine the significance of Marxist-Leninist ideology in psychiatric theory and practices of communist countries but found too great a diversity of interests and history, external medical influences, and stages of industrial development and national interests to permit the use of the type of analysis he had applied to the simpler societies. *Curanderismo: Mexican-American Folk Psychiatry*<sup>3</sup> was the useful result of a synthesis of Kiev's own field work and anthropological literature.

Transcultural Psychiatry can be of significant help to mental health programmers involved in planning changes in the psychiatric systems of undeveloped countries and societies. It assesses the difficulties they will confront, and concludes with a list of 'certain imperatives' that 'ought to be followed in establishing collaborative programs in developing countries'. It can be profitably perused by psychiatric, medical and paramedical practitioners and students to learn about the influences of cultural background on the causation and molding of psychiatric symptomatology.

Psychoanalysts will find the first six of the book's seven chapters to be of interest. Some, particularly neofreudians, in agreement with sociological theorists who deem cultural influence to be of overriding importance in the causation of psychopathological states, will adversely judge Kiev's emphasis on the ultimate organic bases of such conditions. Others will find fault from a different viewpoint. Kiev writes 'whether or not an individual develops a clinically

<sup>1</sup> Kiev, Ari, Editor: *Magic, Faith and Healing: Studies in Primitive Psychiatry Today*. New York: The Free Press, 1964. Reviewed in *This QUARTERLY*, XXXIV, 1965, pp. 606-610.

<sup>2</sup> Kiev, Ari, Editor: *Psychiatry and the Communist World*. New York: Science House, 1968.

<sup>3</sup> Kiev, Ari: *Curanderismo: Mexican-American Folk Psychiatry*. New York: The Free Press, 1968. Reviewed in *This QUARTERLY*, XXXVIII, 1969, pp. 329-332.



indentifiable [sic] disorder will depend on the interaction of his susceptibility with nonspecific environmental stress, to the extent that the latter is present'. In this reviewer's opinion, Kiev underplays the role of specific traumatizing stress. Nevertheless, even those analysts who are knowledgeable about transcultural psychiatry will appreciate and garner new information from the sections, The Problem of Normal and Abnormal, The Effect of Culture on Psychiatric Disorders, Culture-Bound Disorders, Pre-Scientific Medicine and Psychiatry (with its discussion of their values), and The Epidemiology of Psychiatric Disorder in Developing Countries.

Recognizing and discussing the arbitrariness of his procedure, Kiev presents fascinating instances of culture-bound syndromes, listing them according to Western nosological categories. Of special interest are: the illustrative examples of Southeastern Asian *koro*, Spanish-American *susto* or *espanto* and Nigerian *bewitchment* under the heading of Anxiety States; Japanese *shinkeishitsu* under Obsessive-Compulsive Neuroses; Asian *latah* under Hysterical Disorders; Mexican-American *mal ojo* and the widespread *voodoo death* under Phobic States; various types of Depressive Reactions, including the Mohave *hiwa: Itck*, and the Algonkian-speaking Indians' *windigo psychosis*; and the Southwestern Pacific Islanders' *amok*, the Chinese *hsieh-ping*, the Eskimo *piblokto* and the Haitian *boufée delirante aigüe*, listed under Dissociative States.

L. BRYCE BOYER (BERKELEY, CALIF.)

## Psyche. XXVI, 1972.

To cite this article: (1973) Psyche. XXVI, 1972., The Psychoanalytic Quarterly, 42:4, 655-660, DOI: [10.1080/21674086.1973.11926653](https://doi.org/10.1080/21674086.1973.11926653)

To link to this article: <https://doi.org/10.1080/21674086.1973.11926653>



Published online: 20 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

---

## ABSTRACTS

*Psyche*. XXVI, 1972.

The following abstracts are edited versions of the English summaries that appeared in *Psyche* and are published with the permission of the editor of the journal.

**Wilhelm Reich's Position Relative to Freud and Marx.** Helmut Dahmer. Pp. 208-247.

Reich, whose *Character Analysis* is a classic in psychoanalytic literature, has been rediscovered by the antiauthoritarian protest movement of the late 1960's. Decisive for this renaissance are Reich's concept of 'sexual economy', his request for the politicization of private life, his criticism prior to 1933 of Stalinist propaganda, his warnings concerning the fascist potential of the middle class, and, most important of all, his equation of repression with fascism. Dahmer details the differences between Reich's concepts and those of historical materialism and psychoanalysis, both claimed by Reich as his bases. The crucial differences between the two great theories and Reich's views require a determination of the relationship between psychoanalysis and social theory beyond the reductions of biologism; Dahmer attempts such a determination.

**Results of Psychoanalytically Oriented Short-Term Therapy with Thirty Psychosomatic Patients.** Dieter Beck and Louis Lambelet. Pp. 265-285.

Thirty patients who had received psychoanalytically oriented short-term therapy for chronic psychosomatic disorders were re-examined in a follow-up study to determine the efficacy of the treatment modality. Of the thirty patients treated, six were found to have been cured, fourteen had improved, and ten had shown no improvement. The following conclusions were drawn from the study: 1, chronic symptoms of many years' standing are responsive to treatment; 2, good initial rapport between therapist and patient does not guarantee successful outcome of therapy; and 3, serious transference conflicts handicap the treatment. The major goal of short-term therapy is to enable the patient to find more ego-syntonic solutions to reality problems. Work on the 'focus', however, did not seem as decisive for the outcome of treatment as had been expected. It was found, too, that even short-term therapy must be of long enough duration to allow sufficient time for repeated working through and for the integration of new solutions.

**Childhood Neuroses as Maternal Symptoms.** Anneliese Miro. Pp. 286-302.

With two case reports the author illustrates her thesis that psychotherapy with mothers influences the situation of their 'symptom-children'. The first-born child of a hysterical-neurotic mother seems predestined to be used as

the object of the mother's projections. The underlying conflicts are externalized and thus unconscious; often they include incestuous fantasies and insufficiently developed (or pseudomascuine) sexual identity. The child is involved in the mother's neurosis and has to assume symptomatic functions.

**The Hysterical Marriage.** Jürg Willi. Pp. 326-356.

Willi describes the hysterical marriage as a bond into which the hysterical woman and the 'hystrophile' man enter hoping to be cured of their neurotic disturbances. This unconscious arrangement results, however, in the partners' becoming fixated in their neuroses. The typical course of a hysterical marriage is an interactive cycle in which each partner depends on the resistances of the other for the maintenance of his or her own defensive structures. Any effort by one partner to disrupt the interactive ritual is immediately neutralized by the other. For therapy to be successful, it is imperative that the common denominator of the dovetailing neuroses (the 'collusion') be identified and worked through.

**Special Conditions in the Treatment of Anorexia Families.** Eckhard Sperling and Almuth Massing. Pp. 357-369.

The assessment of certain key variables in family therapy treatment of adolescents provided the authors with insight into the typical constellation of 'anorexia families'. The families are usually under the influence of an ascetic achievement ideology, with concomitant anxiety about sensuality, frequently emanating from a dominating mother or grandmother. The drive increment at the start of puberty, or the need to become sexually and occupationally independent of the family at the end of puberty, pushes the daughter into *anorexia mentalis*. Therapeutic technique is discussed in detail.

**Kekulé's Dream.** Alexander Mitscherlich. Pp. 649-655.

As is well known, August Kekulé conceived the model of the benzene ring from a dream in which a snake bit its own tail. Mitscherlich attempts to trace the psychological dynamics of this inspiration beyond the interpretation given by Kekulé. He believes that the snake dream revealed the suppressed wishes of Kekulé, who was a severely achievement-oriented bachelor, and that Kekulé 'tamed' the (sexual) symbol by reinterpreting it in line with his ego interests of the time.

**The Dream of Socrates.** Ernst Konrad Specht. Pp. 656-688.

As related by Plato, Socrates, while awaiting execution in jail, had a dream three days before his death. It was an arousal dream triggered by the visit of Crito, who tried once more to persuade Socrates to flee. The stimulus signal mobilized the conflict between escape and glorious death. The dream, the guardian of sleep, gently resolved this conflict by integrating the wish to

escape, the announcement of death, and reunion with the mother. The quotation from Homer within the dream documents Socrates's identification with Achilles. By utilizing traditional data on Socrates's family history and referring to Gomperz's earlier work, Specht traces the genesis of this identification and the role it played in the evolution of Socrates's ethos and style of thought.

**The Initial Dream.** Agnes Becker. Pp. 689-706.

Problem configurations that unfolded in the course of two psychoanalyses had been contained in initial dreams (and their variations), although in highly condensed form. This prompted the author to reflect on the function of initial dreams and their reporting. The first dream report generally follows the establishment of a positive transference; the initial dream is still 'naïve' and therefore informative—a gift to the therapist. It represents the attempt of the weakened ego to arrive at a new integration under the specific conditions of sleep (blocked motility), to which the conditions of the treatment (externalization of superego components) correspond. As the analysis progresses, the attained psychic equilibrium is disturbed and new defenses are called forth, which no longer admit of the naïveté of the initial dream.

**Is There an Aggressive Drive?** Klaus Horn. Pp. 799-817.

As his point of departure Horn takes the decisive anthropological theories which hold that 'human nature' is understandable only within the context of its societal and historical aspects. Thus, 'first' nature is manifest only within the medium of 'second' nature. On the basis of this thesis, Horn aims his criticism in two directions: 1, toward psychoanalytic theory for attempting to construct naturalistic concepts (e.g., the theory of aggression) that have no connection with therapeutic practice and that do not deal adequately with metapsychological societal problems (e.g., war); and 2, toward certain sociological theories that tend to deny the element of human animality which escapes full integration in the various forms of societal structure.

**Reality and Illusion.** By Harold Lincke. Pp. 821-851.

The author questions the psychoanalytic assumption that the id does not have a specific organization. Beyond the objective real world constituted by the ego within the drive-autonomous sphere of representation and beyond the archaic ego processes that Freud subsumed under the primary process, there exists an id form of reality conception which is not logically accountable. This conception is closely related to the communication of animals and is characterized by the expressive gestures and release mechanisms discovered by ethology. The purpose of this phylogenetically acquired and hereditarily fixed reality conception is self-preservation. The unbridgeable chasm between the two forms of organization—between 'understanding' and 'explanation'—comes about as a result of the divergence between the developmental schedules of

the id and of bodily growth, first postulated by Bolk. The mother, in her dyadic relationship with the infant, conducts herself in accordance with the id form of object relations. Only in this way can she convey the illusion to the child that there is a congruence between the gradually constituted objective real mother image and the subjective psychic image established through preverbal communication. The capacity for the coalescence of the two spheres is tested with transitional objects: ego subjects that take on a peculiar aura by being drawn into the id world. This intermediate world of illusion is an accomplishment of the ego; it is the world of art and religion. Lincke concludes his paper with considerations of the social function of illusions.

**Journal of Nervous and Mental Disease.** CLVI, 1973.

**Anxiety States (Anxiety Neurosis): A Review.** Isaac Marks and Malcolm Lader. Pp. 3-18.

This paper attempts an integration of the existing literature on anxiety, although it is essentially devoid of psychodynamic considerations. Perhaps the most useful part is a section on cultural aspects that presents features of anxiety from a number of national groups. References are made to the Koro phenomenon of Malay origin, to the Chinese, and to Jewish and Italian Americans. From a psychoanalytic point of view, the cultural factors would be seen as contributing to the overt form of the anxiety state, rather than playing a significant role in its genesis. One might wish to see a psychoanalytic study of Koro, for instance. The Chinese phrase for this condition means 'shrinking penis'. It takes the form of an acute panic in which the patient fears his penis is shrinking into the abdomen with potentially lethal consequences. Treatment often consists of relatives and friends grasping the penis manually to prevent this.

**The Typical Dream: Case Studies.** Arthur Epstein. Pp. 47-56.

Typical dreams with data derived from four patients were studied. These dreams tend to be recurrent, easily recalled, and difficult to interpret by ordinary association techniques. Examples include the object endangered, falling through space, being chased, teeth falling out, snakes, and being rescued. An attempt is made to correlate the findings in these four subjects with phenomena in the temporal lobe epileptic. In such patients, the recurrent dream usually has a painful feeling tone. Although three of the cases had abnormal wave forms in their all-night electroencephalograms, there were no epileptiform abnormalities.

The underlying question raised by the author is why certain individuals are more prone to the appearance of typical dreams. Various psychogenic explanations are put forth: the relationship to prior trauma, the mastery of traumatic experiences, and the existence of a larger pool of painful memories. The paper ends quite inconclusively with alternative considerations of neurophysiological variations.

**On the Preferential Abuse of Heroin and Amphetamine.** Harvey Milkman and William A. Frosch. Pp. 242-248.

Milkman and Frosch describe the similarities and the differences in two groups of drug abusers. Such factors as an underlying sense of low self-esteem, feelings of helplessness in the face of a threatening environment, and regression to states recapturing phases of early childhood development appear characteristic of most drug abusers. Within this context, however, the heroin abuser was observed to consciously view himself with contempt, to be subject to depression and despair, to markedly limit his aspirations, to maintain equilibrium through withdrawal, and to avoid confrontation with his surroundings. The amphetamine abuser appeared to utilize a different set of defensive reactions; denial, projection, rationalization, and intellectualization were characteristic. Equilibrium was maintained with great expenditures of psychic and physical energy. The amphetamine user presented a consciously inflated sense of self-worth and actively confronted his environment. The authors found it difficult to determine whether these findings represent a factor in the etiology of the pattern of drug abuse or the result of such drug use and its imposed life pattern.

HAROLD R. GALEF

**Archives of General Psychiatry.** XXVI, 1972.

**On the Incapacity To Love.** Arnold Goldberg. Pp. 3-7.

Goldberg reports on a small series of patients ranging in age from seventeen to twenty-two years. He applied Kohut's theories to these adolescents who complained of feeling that they were unable to love and were therefore missing something. The author foresees criticisms of his abbreviated outline of psychotherapy and lists them in his paper. The patients' yearnings and 'object hunger' were interpreted as an inner structural lack. Following therapy these young people were apparently better able to cope; this may have occurred as a result of the experience of being understood. This brief report will be of interest to those interested in the problems of narcissism.

DONALD J. COLEMAN

**Archives of General Psychiatry.** XXVIII, 1973.

**Social Class and Psychopathology in Adoptees.** P. H. Wender; D. Rosenthal; S. S. Kety; F. Schulsinger; J. Welner. Pp. 318-325.

This rewarding epidemiological study addressed itself to the known greater incidence of schizophrenic disorder among lower socioeconomic status (SES) individuals. The authors tested two hypotheses: 1, the 'downward drift hypothesis' which asserts that the higher rate of low SES people among the disturbed population is a consequence of these individuals' psychopathology; 2, the 'broad or intergenerational downward drift hypothesis' which asserts that the genetic diathesis to a mental illness with consequent social in-

competence acts over several generations to sink a subpopulation into a lower social hierarchy. The authors tested the relative effects of class position and genetic diathesis by studying adopted persons. One method determined the psychiatric status of adoptees born to low SES parents and compared them with adoptees born to higher SES parents who would presumably have lesser genetic risk. Another method held SES of birth constant and then tested the effects of differing SES among the adopting parents. The subjects were adopted and nonadopted adults residing in Copenhagen. Results in one study supported the narrow downward hypothesis.

A third major explanatory hypothesis, the 'sociogenic hypothesis', asserts that there are intrapersonal, familial, and extrafamilial concomitants of lower class status which favor the development of psychopathology. The data did not support the sociogenic hypothesis. In another study all three hypotheses failed to obtain support.

**Prophylactic Efficacy of Lithium Carbonate in Manic-Depressive Illness.**

R. F. Prien; E. M. Caffey, Jr.; C. J. Klett. Pp. 337-341.

Findings from the first prophylactic study of a much larger project begun in 1968 by the Veterans Administration and the National Institute of Mental Health are reported. Patients from twelve Veterans Administration Hospitals and six public or private hospitals were followed for two years. All two hundred and five patients had been hospitalized with the diagnosis of manic-depressive illness, manic type. Lithium carbonate, at serum levels between 0.5 and 1.4 mEq./liter, was significantly more effective than placebo in preventing relapses. Relapse was defined as an affective disorder severe enough to require hospitalization or the use of a nonstudy drug. Because of the low incidence of depressive episodes, the data could not support the assertion that lithium carbonate is prophylactic against depressive relapses.

DONALD J. COLEMAN



## Meeting of the New York Psychoanalytic Society

Eugene L. Goldberg

To cite this article: Eugene L. Goldberg (1973) Meeting of the New York Psychoanalytic Society, The Psychoanalytic Quarterly, 42:4, 661-664, DOI: [10.1080/21674086.1973.11926654](https://doi.org/10.1080/21674086.1973.11926654)

To link to this article: <https://doi.org/10.1080/21674086.1973.11926654>



Published online: 20 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

---

## NOTES

### MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

February 29, 1972. SUBLIMATION: THE STUDY OF AN INSTINCTUAL VICISSITUDE. George E. Gross, M.D. and Isaiah A. Rubin, M.D.

The authors emphasize the value of sublimation as a clinical-theoretical concept, and feel that it is more fruitful for psychoanalysts to study it as a concept of clinical theory rather than from the point of view of energy neutralization. While Hartmann's neutralization concept explains the maturation and development of ego function and structure, the equation of sublimation with neutralization has certain weaknesses: it neglects some essential aspects which cannot be derived from energetic considerations alone. The necessary conditions for sublimation appear early in development when anticipation, objectivation, perception, thought, and control of motility have become sufficient for effective control over the drives by way of aim-deflected 'detour' activity. The aim of sublimation is indirect gratification in which the aims of the drive have been modified in accordance with those of the ego, such as innate hostility to the drives, self-preservation, particular values and interests. Sublimation is not a defense mechanism *per se*; it facilitates rather than opposes drive discharge. However, since it results in conflict solution, reducing direct drive pressure, it can have a defensive function.

Sublimation also has a central role in regulating intrapsychic equilibrium. It is important, at times crucial, for the maintenance and restitution of relations with reality. The authors cite Van Gogh and Munch as examples. Freud spoke of the 'higher aims' of sublimated activity, which has resulted in invoking criteria that are objective and socially determined when evaluating an intrapsychic vicissitude of instinctual life. However, these higher aims (external values) may follow and combine with the primary inner value of pleasure in drive discharge. In this way, value judgment may take on the quality of a regulator of drive discharge.

DISCUSSION: Dr. Robert Bak noted that theoretical ideas are still rather speculative in view of our limited clinical data. Hartmann extended the concept of sublimation by equating it with neutralization. The strength of the ego apparatus depends to a large extent on its resistance to instinctualization. By including the neutralization of the aggressive drive, the libidinal investment of various self-representations, with a 'discrediting of narcissism', may be diminished. Narcissism plays a role in both sublimation and the restitution of object relationships. Bak questioned whether sublimation achieves conflict solution, and cited papers by Imre Hermann and Greenacre on creativity. He noted that creativity is also probably initially connected with transitional objects, as a substitute for the mother.

Dr. Edith Jacobson remarked that the authors had presented 'a truly psychoanalytic paper in Waelder's terms of observation, clinical theory, and metapsychology'. She agreed that Hartmann's original proposition did not

distinguish between ego functions in general and those specific ones we call sublimation. In her opinion, the idea that sublimation is more than a defense is valid, yet perhaps oversimplified. In spite of the examples cited, she felt that 'most psychotic patients do not become creative but [that] their ego functions, including the sublimations, break down with the beginning psychotic disorganization of their egos'.

Dr. Rudolph Loewenstein explained that because Freud initially linked sublimation and desexualization, with the introduction of the aggressive drive as a separate entity, Hartmann felt that the term 'de-instinctualization' was preferable. Just as in narcissism, every turning of the libidinal drive against the self leads not merely to self-infatuation but often to an enhancement of certain ego functions. Dr. Loewenstein mentioned some areas of disagreement between Hartmann and Kris on the subject of sublimation.

Dr. Martin Stein referred to the relationship of sublimation to play, fetishism, work, and normative behavior.

EUGENE L. GOLDBERG

---

#### MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

May 15, 1972. THE PURSUIT OF THE IDEAL PSYCHOANALYTIC EXPERIENCE OR FACTORS THAT PRECLUDE AN IDEAL PSYCHOANALYTIC EXPERIENCE. (Freud Anniversary Lecture.) Sylvan Keiser, M.D.

The author compares the ideal psychoanalyst to the physicist who searches for infinity: the fact that he knows infinity is unattainable does not hinder him from approaching it with keen curiosity. If the harmony that develops in analysis between the internal and external worlds could be maintained, an ideal psychoanalytic experience might be achieved.

Resistance to the acceptance of the unconscious is found in the attitudes of psychiatrists, psychoanalytic students, and in patients undergoing re-analysis. This attitude is also seen in popular literature with its simplistic solutions to complex psychological problems. Nonacceptance of the unconscious may be caused by its identification with the idea of death. Dr. Keiser wonders if the wish fulfilment of the unconscious means unrestricted hedonism with eventual self-destruction, and if acceptance of an id in our unconscious negates all controls observed by the ego and superego, thus leading to self-destruction.

In considering cultural and socioeconomic patterns, the analyst should not forget that specific individual unconscious determinants are always present. Dr. Keiser contrasted the maturational differences between children from wealthy and poor families as they pass through the psychosexual phases of development. Anal and urethral fantasies emerge in both cases. In a large home, a child can more easily deny awareness of the primal scene; by contrast the poor child may be repeatedly exposed to the primal scene, which

facilitates conscious denial of its impact. In the wealthy family, power supports infantile omnipotence which may make the child fear his own aggressive fantasies.

In contrasting language in communication and the analytic technique used with persons at opposite ends of the economic scale, Dr. Keiser notes that the rich are exposed to a more sophisticated language earlier in life, which gives rise to difficulty in freely associating as there is a tendency not to speak freely. Patients from deprived environments may have three languages: that of the ghetto, of childhood, and a language derived from education. As the language employed by circumscribed groups is cathected with the unconscious affect of childhood, a therapist unacquainted with the patient's culture may assume that a malignant thought process is present with inappropriate condensation, displacement, and symbolic language, when this language actually represents a set of associations derived from childhood. By contrast, a patient from a more privileged environment may use clichés and phrases that hide an incisive mind that has been encumbered by a stultifying cultural atmosphere.

The capacity to cathect words with affect influences the prognosis of analysis. Formal education and correct grammar are not necessary to communicate affect or for unconscious wishes to be understood by the conscious self. Under the best of circumstances, words are not sufficient to communicate affect, sensory experiences, and absolute representations of abstract thought. Many researchers feel that early ego trauma, with impairment of the ego function of language and thought, gives rise to unanalyzability. However, improved psychoanalytic techniques may enable individuals who have been exposed to early trauma to be responsive to psychoanalysis.

Dr. Keiser presented several cases where the analysis was hindered or incomplete because early trauma obstructed object constancy from being fully realized. Children of both sexes are disturbed by prolonged genital exhibition of either mother or father. Such prolonged overstimulation blocks resolution of the oedipal phase and creates ego distortions that are only partially undone.

The biological or constitutional endowment influences the potential of psychoanalytic treatment. Intelligence and the capacity for abstract thought must be considered but sometimes are unrecognized by the analyst, particularly when the patient is socially advantaged and well-educated. Some patients, less endowed intellectually, imitate and learn interpretations not for neurotic reasons but for want of the capacity to abstract. The scope of psychoanalysis is related to variations in the individual analyst's capacity to tolerate or be comfortable with regression, acting out, and overt expression of aggressive and libidinal drives.

In closing, Dr. Keiser felt that the limits of psychoanalysis might be considered in the light of the limits of the analyst. Analysts, like their patients, have varying life 'prints' which result in goals that fall into a broad spectrum. Analysts should seek out the basic human condition regardless of the patient's background.

A CENTER FOR PSYCHOSOCIAL STUDIES has recently been established in Chicago, at 111 East Wacker Drive. The Center provides a unique meeting ground for social scientists, psychoanalysts, educators, and others to share information and develop procedures for investigating subjects of common interest. The president of the Center is George H. Pollock, M.D.

---

The Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will be held March 29-31, 1974, at the Bellevue-Stratford, Philadelphia. For further information write: Albert J. Stunkard, M.D., Chairman, 265 Nassau Road, Roosevelt, New York 11575.

---

The Annual Meeting of the AMERICAN PSYCHOPATHOLOGICAL ASSOCIATION will be held March 7-8, 1974, at the Sheraton-Boston Hotel, Boston. For information write: Jonathan Cole, M.D., Secretary, Boston State Hospital, 591 Morton Street, Boston, Massachusetts 02124.

## Index

To cite this article: (1973) Index, The Psychoanalytic Quarterly, 42:4, 665-683, DOI: [10.1080/21674086.1973.11926655](https://doi.org/10.1080/21674086.1973.11926655)

To link to this article: <https://doi.org/10.1080/21674086.1973.11926655>



Published online: 20 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

---

# INDEX

- Abortion
  - and adolescent girls (Abstr.) 480
- Abraham, Karl
  - and Freud's parapraxis (Abstr.) 319
- 'Acting in'
  - and *déjà raconté* (Boesky) 519-22
- Activity
  - Spinoza and Freud's views of (Silbermann) 621-22
- Adaptation
  - and aggression (Arlow) 178-84, (Joseph) 197, ff., (Marcovitz) 226, ff.
- Adatto, Carl P.
  - reviewer of Josselyn, 295-96
- Adelson, Edna
  - co-author of 'Self-Representation in Language and Play: Observations of Blind Children', 539-62
- 'Adolescence. A Report Published under the Auspices of the Joint Commission on Mental Health of Children' (Rev.) 295-96
- Adolescent(s)
  - and abortion (Abstr.) 480
  - and body image (Abstr.) 166-67
  - and cheating (Abstr.) 483
  - and conflict (Lazar) 592
  - and drug experience (Easson) 63, ff.
  - and ego development (Easson) 62, ff.
  - and incapacity to love (Abstr.) 659
  - and intrapsychic changes (Abstr.) 483-84
  - and memory traces (Easson) 62, ff.
  - and self and identity (Schafer) 42, ff.
  - and separation-individuation (Schafer) 42, ff.
  - and Turner's syndrome (Abstr.) 165
  - see also, Child
- Adopted child
  - psychopathology in (Abstr.) 659-60
- Affect(s)
  - and *déjà raconté* (Boesky) 512, ff.
  - Spinoza and Freud's views of (Silbermann) 611-14, 616, ff.
  - theories of (Gedo) 416, 423
  - vocal communication of (Abstr.) 316
- 'Aggression in Human Adaptation' (Marcovitz) 226-33
- 'Aggression Redefined—Its Adaptational Aspects' (Joseph) 197-213
- 'Aggression and Utopia. A Note on William Morris's "News from Nowhere"' (Trilling) 214-25
- Aggression
  - and Eros (Zegans) 243-45
  - evolution of (Hamburg) 185, ff.
  - and human adaptation (Arlow) 178-84
  - and Morris's 'News from Nowhere' (Trilling) 214, ff.
  - and myth (Zegans) 240-42, 247
  - and object constancy (Lazar) 593, ff.
  - and philosophy (Zegans) 239, ff.
  - and science (Mumford) 236-37, (Zegans) 239, ff.
  - and sociology (Mumford) 234, ff.
  - and soldier (Abstr.) 311-12
  - and theology (Zegans) 239, ff.
  - see also, Attack, Destructiveness, Violence
- Alexander, Franz
  - 'The Psychoanalysis of the Total Personality. The Application of Freud's Theory of the Ego to the Neuroses' (Rev.) 123-27
- Altman, Leon L.
  - reviewer of Masserman, 278
- Alvarez, A.
  - 'The Savage God: A Study of Suicide' (Rev.) 132-38
- American Orthopsychiatric Association
  - 1973 meeting (Notes) 172
- American Psychoanalytic Association
  - 1973 meetings (Notes) 172, 489
- American Psychopathological Association
  - 1974 meeting (Notes) 664
- American Psychosomatic Society
  - 1974 meeting (Notes) 664
- 'Analysis of the Self, The. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders' (Rev.) 441-51
- Anderson, A. Russell
  - reviewer of Hale, 127-29
- Animal
  - and aggression (Hamburg) 185, ff.
  - and communication (Rev.) 630-35
  - see also, Chimpanzee
- 'Annual Survey of Psychoanalysis, The. A Comprehensive Survey of Current Psychoanalytic Theory and Practice. Vol. X, 1959' (Rev.) 275-78
- Anorexia families
  - (Abstr.) 656

- Anorexia nervosa  
(Abstr.) 166
- Anthropology  
psychoanalytic (Rev.) 643-44
- 'Anxiety and Ego Formation in Infancy' (Rev.) 284-90
- Anxiety  
and culture (Abstr.) 658  
psychoanalytic concepts of (Rev.) 440-41  
see also, Separation anxiety
- Aphasia  
and cognitive function (Rev.) 632
- Ardrey, Robert  
on man and aggression (Zegans) 247-48
- Arlow, Jacob A.  
on *déjà* mechanism (Boesky) 503, 512  
on depersonalization (Myers) 535, 536  
'Perspectives on Aggression in Human Adaptation', 178-84  
on unconscious fantasy (Boesky) 514-15
- 'Art as Therapy with Children' (Rev.) 298-301
- Art  
and communication (Rev.) 635-36  
as defense (Abstr.) 159  
and William Morris (Trilling) 217, 221-23  
and psychoanalysis (Rev.) 636  
and symbolism (Rev.) 635, ff.  
see also, Creativity, Literature, Painting
- Atkin, Samuel  
reviewer of Jarus, et al., 290-93
- Attack  
and aggression (Joseph) 198-99  
and chimpanzee (Hamburg) 187, ff.
- Axelrad, Sidney  
co-author of 'Anxiety and Ego Formation in Infancy' (Rev.) 284-90
- Baboon  
and chimpanzee (Hamburg) 190-93
- Balint, Michael and Enid  
and psychological training of physicians (Rev.) 467-70
- Barande, Ilse and Robert  
co-authors of '*La sexualité perverse: Etudes psychanalytiques*' (Rev.) 461-62
- Barchilon, Jose  
reviewer of Crews, 644-51
- Barrie, James M.  
personality of (Abstr.) 485
- Basch, Samuel H.  
'The Intrapsychic Integration of a New Organ. A Clinical Study of Kidney Transplantation', 364-84
- 'Basic Psychoanalytic Concepts on the Theory of Instincts. The Hampstead Clinic Psychoanalytic Library, Vol. III' (Rev.) 437-39
- 'Basic Psychoanalytic Concepts on Metapsychology, Conflicts, Anxiety, and Other Subjects. The Hampstead Clinic Psychoanalytic Library, Vol. IV' (Rev.) 440-41
- Baudry, Francis  
reviewer of Dadoun, 643-44
- Beldoch, Michael  
reviewer of Chein, 475-76
- Belliveau, Fred  
co-author of 'Understanding Human Sexual Inadequacy' (Rev.) 139-45
- Beres, David  
reviewer of Gombrich, 629-37, of Hinde, 629-37
- Bernfeld, Siegfried  
on Freud (Fliegel) 405
- Biology  
and aggression (Arlow) 182, (Hamburg) 194-95
- Bird  
vocal communication in (Rev.) 632
- Blank, H. Robert  
reviewer of Burlingham, 457-58
- Blanton, Smiley  
'Diary of My Analysis with Sigmund Freud' (Rev.) 272-74
- Blind child  
(Rev.) 457-58  
and self-representation (Fraiberg and Adelson) 539, ff.
- Body  
genital outline of in infancy (Roiphe and Galenson) 73, ff.
- Body activity  
and reality testing (Greenacre) 14-15, 20, 24-25
- Body ego  
and adolescent (Easson) 64, ff.
- Body image  
in adolescence (Abstr.) 166-67  
and blind child (Fraiberg and Adelson) 539, ff.  
and organ transplant (Castelnuovo-Tedesco) 349, ff., (Basch) 365, ff.  
and reality testing (Greenacre) 23-25
- Boesky, Dale  
'*Déjà Raconté* as a Screen Defense', 491-524



- Boyer, L. Bryce  
reviewer of Kiev, 653-54
- Breast  
mother's, and memory (Easson) 60-61, 64-66
- Breger, Louis  
co-author of 'The Effect of Stress on Dreams' (Rev.) 626-27
- Brenner, Charles  
'Rudolph M. Loewenstein. An Appreciation', 1-3
- Brocher, Tobias  
reviewer of *Jahrbuch der Psychoanalyse, Band VI*, 267-68
- Brody, Sylvia  
co-author of 'Anxiety and Ego Formation in Infancy' (Rev.) 284-90
- Bromley, Alexander  
'Edward Glover: 1888-1972' (Obit.) 173-77
- Brothers  
adversary relationships of, in Bible (Abstr.) 319
- Brunse, Anthony J.  
co-author of 'An Objective Method of Dream Analysis', 563-78
- Burlingham, Dorothy  
'Psychoanalytic Studies of the Sighted and the Blind' (Rev.) 457-58
- Bychowski, Gustav  
reviewer of Viderman, 129-31
- Cacophony  
see Disharmony
- Cadaver organs  
and transplantation (Castelnuovo-Tedesco) 355, (Basch) 365, 374-78
- Calef, Victor  
reviewer of Alexander, 123-27
- Cancro, Robert  
editor of 'The Schizophrenic Syndrome: An Annual Review, 1971' (Rev.) 278-80
- Candidate  
training of, and clinic patient (Lazar) 584, 589-90
- Castelnuovo-Tedesco, Pietro  
'Organ Transplant, Body Image, Psychosis', 349-63  
co-author of 'An Objective Method of Dream Analysis', 563-78
- Castration anxiety  
(Rangell) 322, 339
- Castration reactions  
in infancy (Roiphe and Galenson) 73-74, 87-88
- Cathexis  
attention, and thought (Gedo) 424, ff.
- Chatterton, Thomas  
and suicide (Rev.) 136
- Cheating  
and high school student (Abstr.) 483
- Chein, Isidor  
'The Science of Behavior and the Image of Man' (Rev.) 475-76
- Child(ren)  
and aggression (Joseph) 204-207  
art therapy with (Rev.) 298-301  
blind (Rev.) 457-58, (Fraiberg and Adelson) 539, ff.  
disturbed (Abstr.) 481  
handicapped (Abstr.) 479-80  
hyperactive (Abstr.) 480-81  
and imagery (Rev.) 294-95  
and infantile fetish (Notes) 486  
and language (Abstrs.) 315, 317, 478-79, (Fraiberg and Adelson) 555, ff.  
and mother's neurosis (Abstr.) 655-56  
and mourning (Abstr.) 482  
and nursery school (Abstrs.) 167-68, 312  
and object constancy (Notes) 169-70  
and obsessional states (Abstr.) 159  
and Plato and Freud (Simon) 113, ff.  
and primal scene (Greenacre) 10, ff.  
and space concept (Rev.) 131-32  
see also, Adolescent, Adopted child, Blind child, Infant
- Child analysis  
(Abstrs.) 165, 167; (Revs.) 283-84, 457-58
- 'Children and Families in Israel. Some Mental Health Perspectives' (Rev.) 290-93
- Chimpanzee  
aggressive behavior of (Hamberg) 185, ff.
- Christianity  
and aggression (Zegans) 246-47
- Civilization  
and instinctual gratification (Simon) 106, 113  
see also, Culture
- Claustrophobia  
and incision (Notes) 488
- Clinic  
psychoanalytic (Lazar) 579, ff.
- Cognition  
and attention cathexis (Gedo) 424, ff.  
and blind child (Fraiberg and Adelson) 542-43  
and *déjà raconté* (Boesky) 507-508  
see also, Thinking

- Coleridge, Samuel  
and dream of birth (Abstr.) 319
- Communication  
in animals (Hamburg) 188, ff., (Rev.) 630-35  
and art (Rev.) 635-36  
and culture (Rev.) 633-35  
distortion in (Abstr.) 159  
nonverbal (Rev.) 629, ff.; and primal scene (Greenacre) 13-14  
verbal, and *déjà raconté* (Boesky) 492-93, 507-508  
see also, Dialogue, Language, Words
- Community psychiatry  
see, Psychiatry, community
- Competition  
and aggression (Mumford) 236-37
- 'Comprehensive Group Psychotherapy' (Rev.) 307-10
- Comstock, Craig  
co-author of 'Sanctions for Evil' (Rev.) 155-56
- 'Concepts of Self and Identity and the Experience of Separation-Individuation in Adolescence' (Schafer) 42-59
- Conflict  
and aggression (Joseph) 203, 210-11, (Mumford) 234, ff.  
and *déjà raconté* (Boesky) 500, 514-18  
and human relations (Rangell) 332, 339  
and organ transplant (Basch) 372-75, 378, ff.  
and Plato and Freud (Simon) 93, ff.  
psychoanalytic concepts of (Rev.) 440-41
- 'Construction de l'espace analytique, La' (Rev.) 129-31
- Corticosteroid excretions  
and schizophrenia (Rev.) 279
- Countertransference  
and narcissistic personality (Rev.) 441, 445-47  
and resistance (Rev.) 129-30
- Creativity  
artistic (Rev.) 471-72  
autistic (Gedo) 421-22  
see also, Art, Literature, Painting
- Crews, Frederick  
editor of 'Psychoanalysis and Literary Process' (Rev.) 644-51
- Criticism  
literary (Rev.) 645, ff.
- Crowd phenomena  
and activism (Notes) 322-23
- Cuban missile crisis  
(Rev.) 157-58
- Culture  
and aggression (Arlow) 179-80, (Trilling) 216, ff., (Marcovitz) 227-28, (Zegans) 262  
and anxiety (Abstr.) 658  
and incest (Abstr.) 160  
and memory traces (Easson) 60-61  
and psychiatry (Rev.) 653-54  
and psychopathology (Lazar) 585, ff.  
see also, Civilization, Society
- Curiosity  
and aggression (Marcovitz) 227
- 'Currents in Psychoanalysis' (Rev.) 268-70
- Dadoun, Roger  
'Géza Róheim et l'essor de l'anthropologie psychanalytique' (Rev.) 643-44
- Danger  
and aggression (Arlow) 181
- Daniels, D.  
on violence (Arlow) 178-79
- Death  
and Freud (Rev.) 451-57
- Death instinct  
and aggression (Joseph) 197, (Marcovitz) 231, (Zegans) 243-45, 253  
and neurosis (Rev.) 123-27
- de Carvalho-Neto, Paulo  
'Folklore and Psychoanalysis' (Rev.) 464-65
- Defecation  
and primal scene (Myers) 534
- Defense  
art form as (Abstr.) 159  
and *déjà raconté* (Boesky) 491, ff.  
and primal scene (Greenacre) 19-20  
and splitting (Myers) 525, ff.  
see also, Screen defense
- 'Déjà Raconté as a Screen Defense' (Boesky) 491-524
- Déjà raconté*  
and 'acting in' (Boesky) 519-22  
and conflict (Boesky) 514-18  
and defense (Boesky) 491, ff.  
and dream (Boesky) 491-93, 499-509  
and ego (Boesky) 491, 499, 503-505, 511-14, 517, ff.  
and reconstruction (Boesky) 500, ff.  
and structural hypothesis (Boesky) 509-22

- Déjà vu*  
 and *déjà raconté* (Boesky) 491-92, 512  
 and early ego development (Notes) 487  
 and Henry James's 'The Ambassadors' (Abstr.) 485  
 de la Vega, Gabriel  
 reviewer of Rolla, 303-304, 305-307  
 'Del Psicoanálisis a la Psicología Social, Tomo II' (Rev.) 470-72  
 Delinquent(s)  
 and ego (Abstr.) 164  
 juvenile, in Israel (Rev.) 291  
 Denial  
 and *déjà raconté* (Boesky) 497  
 and primal scene (Greenacre) 18-21, 26, ff.  
 and reality testing (Greenacre) 19-20  
 Depersonalization  
 and adolescent (Easson) 62-63  
 and mirror image (Myers) 536-37  
 and split self-representation (Myers) 525, ff.  
 Depression  
 psychoanalytic and behavioristic theories of (Abstr.) 165  
 Destructiveness  
 and aggression (Joseph) 198-99, 206, ff.  
 (Marcovitz) 226, 231-32  
 social sanctions of (Rev.) 155-56  
 Detachment  
 adolescent (Schafer) 44-46  
 Determinism  
 and Spinoza and Freud (Silbermann) 605-607, 611-13  
 Deutsch, Helene  
 on oedipus complex in girls (Fliegel) 394  
 'Development of the Concept of Space in the Child, The' (Rev.) 131-32  
 Dewald, Paul A.  
 'The Psychoanalytic Process. A Case Illustration' (Rev.) 625-26  
 Diagnosis  
 and dream analysis (Tokar, et al.) 576-78  
 of psychoanalytic clinic patients (Lazar) 579, ff.  
 Dialectics  
 Plato's, and psychoanalysis (Simon) 110-17  
 Dialogue  
 and psychoanalysis (Simon) 108, ff.  
 'Diary of My Analysis with Sigmund Freud' (Rev.) 272-74  
 Disharmony  
 between men (Rangell) 325, ff.  
 Displacement  
 and *déjà raconté* (Boesky) 503  
 Dominance  
 and aggression (Hamburg) 188, ff.  
 (Marcovitz) 228  
 'Dracula'  
 and oral triad (Abstr.) 320  
 Dream(s)  
 analysis of (Tokar, et al.) 563, ff.  
 of blind child (Fraiberg and Adelson) 553  
 and *déjà raconté* (Boesky) 491-93, 499-509  
 dynamics of (Rev.) 278  
 initial, as gift (Abstr.) 657  
 and Isakower phenomenon (Easson) 61  
 Kekulé's (Abstr.) 656  
 and primal scene (Myers) 525, ff.  
 recall of, and 'classical memory theory' (Abstr.) 164-65  
 shadows in (Notes) 170-71  
 of Socrates (Abstr.) 656-57  
 Spinoza and Freud's views of (Silbermann) 607-11  
 and split self-representation (Myers) 525, ff.  
 and stress (Rev.) 626-27  
 typical (Abstr.) 658  
 verbal report of (Tokar, et al.) 564, ff.  
 Dreyfus, Albert E.  
 reviewer of Forbush, 138-39  
 Drive(s)  
 aggressive (Abstr.) 657; and primal scene (Greenacre) 10, ff.  
 and *déjà raconté* (Boesky) 506, ff.  
 sexual, and primal scene (Greenacre) 10, ff.  
 Spinoza and Freud's views of (Silbermann) 611-12, 616, 620-21  
 Drug(s)  
 abusers (Abstr.) 659  
 and ego impairment (Abstr.) 478  
 hallucinogenic, symbolic significance of (Abstr.) 317  
 and Isakower phenomenon (Easson) 63, ff.  
 Dying patients  
 (Abstr.) 477  
 'Earliest Ego Development, Primitive Memory Traces, and the Isakower Phenomenon, The' (Easson) 60-72

- Easson, William M.  
 'The Earliest Ego Development, Primitive Memory Traces, and the Isakower Phenomenon', 60-72
- ECT  
 (Abstr.) 485
- Education  
 and 'activity method' (Rev.) 296-98  
 psychoanalytic (Rev.) 269
- 'Effect of Stress on Dreams, The' (Rev.) 626-27
- Ego  
 and aggression (Joseph) 202, ff.  
 and anxiety (Rev.) 284-90  
 and conflict (Simon) 119  
 and *déjà raconté* (Boesky) 491, 499, 503-505, 511-14, 517, ff.  
 of delinquents (Abstr.) 164  
 and mind (Simon) 101-102  
 and organ transplant (Castelnuovo-Tedesco) 359-60, (Basch) 380, ff.  
 and regression (Rev.) 305-306  
 and separation-individuation (Schafer) 43  
 and sexuality (Simon) 102
- Ego development  
 and blind child (Fraiberg and Adelson) 540  
 and *déjà vu* (Notes) 487  
 and Isakower phenomenon (Easson) 60, ff.
- Ego ideal  
 and adolescence (Lazar) 592  
 see also, Superego
- Ego psychology  
 and thought processes (Gedo) 419, ff.  
 'Elementos de Psicología y Psicopatología Psicoanalítica' (Rev.) 305-307
- Emotion  
 and reason (Silbermann) 618  
 and Spinoza (Silbermann) 613, ff.
- Eros  
 and aggression (Zegans) 243-45  
 and libido (Simon) 92, 100-101, 113  
 see also, Love
- Esman, Aaron H.  
 co-editor of 'The Psychoanalytic Study of Society, Vol. V' (Rev.) 462-64
- Evil  
 and aggression (Zegans) 239-41, 244, ff.  
 and theology (Zegans) 246-47
- 'Evolutionary and Developmental Approach to Human Aggressiveness, The' (Hamburg) 185-96
- Exhibitionists  
 therapy of (Abstr.) 162-63
- Exploitation  
 and aggression (Marcovitz) 229
- Extrapyramidal movements  
 and psychopathology (Rev.) 303-304
- Family  
 fatherless (Abstr.) 168  
 and Plato and Freud (Simon) 113, ff.  
 see also, Parents
- Fantasy  
 and aggression (Joseph) 204, 207  
 masturbatory, and infant (Roiphe and Galenson) 88-89  
 and organ transplant (Castelnuovo-Tedesco) 355, 359, (Basch) 374, ff.  
 of primal scene (Greenacre) 10-11  
 and self-concept (Schafer) 48-50  
 transference, and *déjà raconté* (Boesky) 493, 498-99, 503-504, 508-509, 513  
 unconscious, and *déjà raconté* (Boesky) 514-18
- Fascism  
 and repression (Abstr.) 655
- Father donor  
 and kidney transplant (Basch) 370-71
- 'Feminine Psychosexual Development in Freudian Theory. A Historical Reconstruction' (Fliedgel) 385-408
- Femininity  
 and psychoanalysis (Fliedgel) 385, ff.
- Fenichel, Otto  
 on *déjà vu* and screen memory (Boesky) 502  
 on oedipus complex in girls (Fliedgel) 395-96
- Fetish  
 infantile (Notes) 486
- Fighting  
 and aggression (Trilling) 224  
 see also, Attack
- Fine, Bernard D.  
 reviewer of McGuire, 458-61  
 on screening and memory traces (Boesky) 504, 505
- Fliedgel, Zenia Odes  
 'Feminine Psychosexual Development in Freudian Theory. A Historical Reconstruction', 385-408
- Fliess, Robert  
 on *déjà raconté* (Boesky) 506-507
- 'Folklore and Psychoanalysis' (Rev.) 464-65
- Forbush, Bliss  
 'The Sheppard & Enoch Pratt Hospital, 1853-1970. A History' (Rev.) 138-39

- '*Formation psychologique du médecin. La. A partir de Michael Balint*' (Rev.) 467-70
- Fraiberg, Selma  
co-author of 'Self-Representation in Language and Play: Observations of Blind Children', 539-62
- Freud, Anna  
on analytic metapsychology (Lazar) 590  
Freud Memorial Lecture of, Philadelphia Association for Psychoanalysis (Notes) 172
- 'Freud and the Americans. The Beginnings of Psychoanalysis in the United States, 1876-1917' (Rev.) 127-29
- 'Freud: Living and Dying' (Rev.) 451-57
- Freud, Sigmund  
'Academia Castellona' of (Abstr.) 483-84  
on adolescent development (Schafer) 44  
and aggressive instinct (Zegans) 243, ff.  
on beating fantasy (Fliegel) 390-91  
biography of (Rev.) 274-75  
on bisexuality (Fliegel) 404-405, 405, n.  
and Smiley Blanton (Rev.) 272-74  
on causality (Silbermann) 605, 617  
on civilization and instincts (Simon) 113  
on death instinct (Zegans) 243, 244, 253  
on *déjà vu* (Boesky) 503  
on dream (Silbermann) 609-11  
on ego and id (Simon) 91  
on erotic instinct (Zegans) 243  
fatal illness of (Rev.) 451-57  
on female oedipal development (Fliegel) 389-90, 396, 398-99  
on feminine libido (Fliegel) 388, 397, 400  
and Karen Horney (Fliegel) 385, ff.  
on human aggression (Zegans) 260-61  
on idea and affect (Silbermann) 617-18, 619  
on instinct and activity (Silbermann) 621-22  
joke theory of (Abstr.) 160  
and Ernest Jones (Fliegel) 385, ff.  
on male and female (Fliegel) 404-405  
on memory and dream (Silbermann) 610  
on mental illness (Silbermann) 603  
on nonverbal communication (Rev.) 629  
on parapraxes and dream work (Boesky) 502  
parapraxis of (Abstr.) 319  
and Plato (Simon) 91, ff.  
on primal scene and recollection (Myers) 534  
on property and aggression (Zegans) 248-49  
and James Jackson Putnam (Rev.) 127-29  
and Otto Rank (Fliegel) 403  
and reality adaptation (Gedo) 428-29  
on resistance (Silbermann) 620-21  
on sexuality and Plato (Simon) 91-92  
and social work (Abstr.) 477-78  
and Spinoza (Silbermann) 601, ff.  
and structure of the mind (Simon) 91, ff., (Silbermann) 602, 606-607  
on struggle and conflict (Silbermann) 619  
on suppression of sexuality (Silbermann) 616
- Freudian theory  
and feminine psychosexual development (Fliegel) 385, ff.  
self and identity in (Schafer) 54-56
- Friendship  
and psychic function (Rangell) 343, ff.
- Frosch, John  
co-editor of 'The Annual Survey of Psychoanalysis, Vol. X, 1959' (Rev.) 275-78
- Frustration  
and aggression (Arlow) 180-82
- Furman, Erna  
reviewer of Kramer, 298-301
- Galenson, Eleanor  
co-author of 'Object Loss and Early Sexual Development', 73-90  
on infantile fetish (Notes) 486
- Games  
see Play
- Garduk, Edith L.  
co-author of 'Immediate Effects on Patients of Psychoanalytic Interpretations' (Rev.) 627-29
- Gedo, John E.  
'Kant's Way: The Psychoanalytic Contribution of David Rapaport', 409-34

- Gehl, Raymond H.  
on indecision and claustrophobia (Notes) 488
- Genital sensations  
in infancy (Roiphe and Galenson) 73, ff.
- Genitality  
and reality testing (Greenacre) 14, ff.
- Genius  
and aggression (Trilling) 217-18, 221
- Gero, George  
reviewer of Lewis, 639-41
- Gesell, Arnold  
on pronoun usage (Fraiberg and Adelson) 542
- 'Geza Róheim et l'essor de l'anthropologie psychanalytique' (Rev.) 643-44
- Glover, Edward  
obituary (Bromley) 173-77
- Gombrich, E. H.  
'Symbolic Images. Studies in the Art of the Renaissance' (Rev.) 629-37
- Gottschalk, L. A.  
co-editor of 'Psychosomatic Classics. Selected Papers from "Psychosomatic Medicine", 1939-1958' (Rev.) 465-67
- Grammar  
and information theory (Abstr.) 315  
see also, Pronoun usage
- Gratification  
and aggression (Trilling) 219-20, (Marcovitz) 227, 232  
instinctual (Simon) 106, 113
- Greek philosophy  
and aggression (Zegans) 241-44
- Greenacre, Phyllis  
'The Primal Scene and the Sense of Reality', 10-41  
on crowds and crisis (Notes) 322-23
- Greenblatt, Milton  
co-editor of 'The Threat of Impending Disaster. Contributions to the Psychology of Stress' (Rev.) 157-58
- Grinstein, Alexander  
reviewer of Frosch and Ross, 275-78
- Gross, George E.  
on sublimation (Notes) 661-62
- Grosser, George H.  
co-editor of 'The Threat of Impending Disaster. Contributions to the Psychology of Stress' (Rev.) 157-58
- Grotjahn, Martin  
reviewer of Blanton, 272-74
- Group therapy  
(Abstrs.) 161-62, (Rev.) 307-10
- Guilt  
and shame (Abstr.) 160, (Revs.) 301-303, 639-41
- Haggard, Ernest A.  
co-author of 'Immediate Effects on Patients of Psychoanalytic Interpretations' (Rev.) 627-29
- Hale, Nathan G., Jr.  
'Freud and the Americans. The Beginnings of Psychoanalysis in the United States, 1876-1917' (Rev.) 127-29  
editor of 'James Jackson Putnam and Psychoanalysis. Letters between Putnam and Sigmund Freud, Ernest Jones, William James, Sandor Ferenczi, and Morton Prince, 1877-1917' (Rev.) 127-29
- Hamburg, David A.  
'An Evolutionary and Developmental Approach to Human Aggressiveness', 185-96
- Hampstead assessment schema  
applied to infants (Rev.) 284
- Hart, Henry Harper  
reviewer of Barande, et al., 461-62, of Sapir, 467-70
- Hatred  
and aggression (Marcovitz) 229-31
- Heart transplant  
and psychosis (Castelnuovo-Tedesco) 350-51, 356-57
- Heiman, Marcel  
reviewer of Belliveau and Richter, 139-45, of Masters and Johnson, 139-45
- Hermaphrodite  
and gender identity (Abstr.) 166
- Hill, John C.  
'Teaching and the Unconscious Mind' (Rev.) 296-98
- Hinde, Robert A.  
editor of 'Non-Verbal Communication' (Rev.) 629-37
- History  
individual's perception of (Rangell) 342
- Homosexuality  
(Rev.) 280-83
- Horney, Karen  
on castration complex in women (Fliegel) 388

- and Freud (Fliegel) 385, ff.
- and penis envy (Fliegel) 386-87, 395, n.
- on social subordination of women (Fliegel) 393
- Hostility
  - and aggression (Joseph) 198-99, 206-207, (Marcovitz) 229, ff.
- 'Human Sexual Inadequacy' (Rev.) 139-45
- Human relations
  - and psychoanalysis (Rangell) 325, ff.
- Humanism
  - and aggression (Trilling) 222, ff.
- Hunter, Ian
  - co-author of 'The Effect of Stress on Dreams' (Rev.) 626-27
- Hypomania
  - transient, and primal scene (Myers) 534-35
- 'I'
  - as stable pronoun, and blind child (Fraiberg and Adelson), 539, ff.
- 'I' and 'Not I'
  - and ego development (Easson) 62, 66, 69
- Id
  - and conflict (Simon) 119
  - and *déjà raconté* (Boesky) 509-10
  - and intellect (Simon) 102-104, 111
  - and primary autonomy (Gedo) 421
  - and reality (Abstr.) 657-58
- Identification
  - and aggression (Arlow) 183-84
  - and organ transplant (Basch) 367, ff.
- Identity
  - and adolescence (Schafer) 42, ff.
  - and blind child (Fraiberg and Adelson) 539, ff.
  - defective sense of (Lazar) 592, ff.
  - and freudian theory (Schafer) 54-56
  - and split self-representation (Myers) 537
- Imagery
  - geometrical and spatial, in childhood (Rev.) 294-95
  - symbolic, and art (Rev.) 635-37
- Imagination
  - and blind child (Fraiberg and Adelson) 549-50, 552-53
  - Spinoza's concept of (Silbermann) 604, 607, ff.
- 'Immediate Effects on Patients of Psychoanalytic Interpretations' (Rev.) 627-29
- Incest
  - and culture (Abstr.) 160
- Infant
  - and ego formation (Rev.) 284-90
  - and feeding (Abstr.) 479
  - and memory traces (Easson) 60, ff.
  - and object loss (Roiphe and Galenson) 73, ff.
  - preverbal, and primal scene (Greenacre) 13-16, 21
  - sexual development of (Roiphe and Galenson) 73, ff.
  - see also, Child, Nursling
- 'Information, Systems, and Psychoanalysis. An Evolutionary, Biological Approach to Psychoanalytic Theory' (Rev.) 270-72
- Inhelder, Bärbel
  - co-author of 'Mental Imagery in the Child. A Study of the Development of Imaginal Representation' (Rev.) 294-95
- Instinct(s)
  - and aggression (Joseph) 197, 203-205, 211
  - aggressive, and philosophy (Zegans) 239, ff.
  - biological, and aggression (Arlow) 180-81
  - and mind (Simon) 91, ff.
  - primal, and aggression (Zegans) 243, ff.
  - psychoanalytic theory of (Rev.) 437-39
  - and social norms (Abstr.) 160
- Intelligence
  - see Cognition, Mind, Perception, Thinking
- Intercourse
  - parental, and fantasy (Greenacre) 10-11
- Interpretation
  - experimental study of (Rev.) 627-29
  - imperviousness to (Rangell) 336-39
- 'Intrapsychic Integration of a New Organ, The. A Clinical Study of Kidney Transplantation' (Basch) 364-84
- 'Introduction to Structuralism' (Rev.) 153-54
- Introjection
  - and organ transplant (Castelnuovo-Tedesco) 357-59, (Basch) 378, ff.
- Isakower phenomenon
  - and adolescent (Easson) 62, ff.
  - and drug experience (Easson) 64, ff.
  - and ego development (Easson) 60, ff.
  - and memory traces (Easson) 61, ff.

- Israel  
 psychiatry in (Rev.) 291  
 see also, Kibbutz
- Jaffe, Daniel S.  
 reviewer of Dewald, 625-26  
 'Jahrbuch der Psychoanalyse. Band VI, Probleme der Psychoanalytischen Technik' (Rev.) 267-68
- Jamais raconté  
 and *déjà raconté* (Boesky) 492-93, 497-99
- 'James Jackson Putnam and Psychoanalysis. Letters between Putnam and Sigmund Freud, Ernest Jones, William James, Sandor Ferenczi, and Morton Prince, 1877-1917' (Rev.) 127-29
- Jarus, Arie  
 co-editor of 'Children and Families in Israel. Some Mental Health Perspectives' (Rev.) 290-93
- Jealousy  
 infantile, and primal scene (Greenacre) 21, 38-39
- Jokes  
 Freud's theory of (Abstr.) 160  
 see also, Laughter
- Johnson, Virginia E.  
 co-author of 'Human Sexual Inadequacy' (Rev.) 139-45
- Jones, Ernest  
 on femininity (Fliegel) 393, 396  
 on freudian theory (Fliegel) 401  
 on phallic phase in girls (Fliegel) 400
- Joseph, Edward D.  
 'Aggression Redefined—Its Adaptational Aspects', 197-213
- Josselyn, Irene M.  
 'Adolescence. A Report Published under the Auspices of the Joint Commission on Mental Health of Children' (Rev.) 295-96
- Jucovy, Milton E.  
 reviewer of Nagera, et al., 440-41
- 'Kant's Way: The Psychoanalytic Contribution of David Rapaport' (Gedo) 409-34
- Kant, Immanuel  
 and David Rapaport (Gedo) 412, 429, ff.
- Kaplan, Harold I.  
 co-editor of 'Comprehensive Group Psychotherapy' (Rev.) 307-10
- Karlen, Arno  
 'Sexuality and Homosexuality. A New View' (Rev.) 280-83
- Kaunitz, Paul E.  
 reviewer of Grosser, et al., 157-58
- Keiser, Sylvan  
 on ideal psychoanalytic experience (Notes) 662-63
- Kekulé's dream  
 (Abstr.) 656
- Kennedy, Hanna E.  
 on reconstruction (Boesky) 516
- Kernberg, Otto  
 reviewer of Nagera, et al., 437-39
- Kibbutz  
 child rearing in (Rev.) 292-93  
 and survivors of holocaust (Abstr.) 312
- Kidney transplant  
 intrapsychic integration of (Basch) 364, ff.  
 and psychosis (Castelnuovo-Tedesco) 350-51
- Kiev, Ari  
 'Transcultural Psychiatry' (Rev.) 653-54
- Kleeman, James A.  
 reviewer of Piaget and Inhelder, 294-95
- Kleinian theory  
 (Rev.) 470-72
- Kohut, Heinz  
 'The Analysis of the Self. A Systematic Approach to the Treatment of Narcissistic Personality Disorders' (Rev.) 441-51  
 on Freud and female sexuality (Fliegel) 398, n.  
 on memories (Boesky) 517
- Kramer, Edith  
 'Art as Therapy with Children' (Rev.) 298-301
- Lampl-de Groot, Jeanne  
 on œdipus complex in girls (Fliegel) 394
- Lane, Michael  
 'Introduction to Structuralism' (Rev.) 153-54
- Lane, Ron W.  
 co-author of 'The Effect of Stress on Dreams' (Rev.) 626-27
- Language  
 anthropomorphic (Simon) 103-104  
 and blind child (Fraiberg and Adelson) 539, ff.



- and nonverbal communication (Rev.) 630, ff.  
 and personality structure (Tokar, et al.) 563, ff.  
 and problem solving (Abstr.) 478-79  
 and structuralism (Rev.) 153-54  
 see also, Communication, Linguistics, Words
- Latin-American Psychoanalytic Congress  
 meeting (Notes) 171-72
- Laughter  
 and communication (Rev.) 633  
 in group therapy (Abstr.) 161
- Laurendeau, Monique  
 co-author of 'The Development of the Concept of Space in the Child' (Rev.) 131-32
- Lazar, Norman D.  
 'Nature and Significance of Changes in Patients in a Psychoanalytic Clinic', 579-600
- L-Dopa  
 psychiatric side effects of (Abstr.) 164
- Learning  
 and 'activity method' of teaching (Rev.) 296-98  
 and aggression (Arlow) 181, (Hamburg) 195-96, (Zegans) 251-52, 256
- Learning theory  
 and criminal behavior (Abstr.) 163-64  
 and psychoanalysis (Gedo) 418
- Lenneberg, Eric  
 on language and blind child (Fraiberg and Adelson) 546
- Leonard, Marjorie R.  
 reviewer of Brody and Axelrad, 284-90
- Leonardo da Vinci  
 and oral trauma (Abstr.) 320
- Lesser, Simon O.  
 reviewer of Slochower, 147-52
- Lewis, Helen B.  
 'Shame and Guilt in Neurosis' (Rev.) 639-41
- Libido  
 and aggression (Joseph) 206-207  
 and Eros (Simon) 92, 101, 113
- Lidz, Theodore  
 reviewer of Cancro, 278-80  
 'Victor H. Rosen: 1911-1973' (Obit.) 435-36
- Liebert, Robert  
 'Radical and Militant Youth. A Psychoanalytic Inquiry' (Rev.) 472-75
- Linguistics  
 (Abstrs.) 314-17
- Lipton, Samuel D.  
 reviewer of Rycroft, 274-75, of Wollheim, 274-75
- Literature  
 mythic patterns in (Rev.) 147-52  
 and psychoanalysis (Rev.) 644-51  
 and suicide (Rev.) 132-38
- Lithium carbonate  
 use of in manic-depressive illness (Abstr.) 660
- Loewald, Hans W.  
 on repetition (Boesky) 520, 521  
 reviewer of Kohut, 441-51
- Loewenstein, Rudolph M.  
 an appreciation of, 1-3  
 bibliography of, 4-9
- Lorenz, Konrad  
 and aggression (Zegans) 250, ff.  
 on human aggression (Zegans) 255, 256-57, 258
- Lourie, Reginald S.  
 reviewer of 'The Psychoanalytic Study of the Child, Vol. XXVI', 283-84
- Love  
 and aggression (Zegans) 259, ff.  
 see also, Eros
- Marcovitz, Eli  
 'Aggression in Human Adaptation', 226-33
- Marcus, Irwin M.  
 editor of 'Currents in Psychoanalysis' (Rev.) 268-70
- Marriage  
 hysterical (Abstr.) 656
- Masserman, Jules H.  
 editor of 'Science and Psychoanalysis, Vol. XIX. Dream Dynamics' (Rev.) 278; of 'Science and Psychoanalysis, Vol. XX. The Dynamics of Power' (Rev.) 637-39
- Masters, William H.  
 co-author of 'Human Sexual Inadequacy' (Rev.) 139-45
- Masturbation  
 and fantasy (Greenacre) 11, n., 34
- McDevitt, John B.  
 on libidinal object constancy (Notes) 169-70
- McGuire, Michael T.  
 'Reconstructions in Psychoanalysis' (Rev.) 458-61
- Meissner, W. W.  
 reviewer of Wolman, 642

- Memory**  
 and blind child (Fraiberg and Adelson) 554  
 see also, Pictorial memory, Screen memory  
**Memory traces**  
 and Isakower phenomenon (Easson) 60, ff.  
**Menninger Foundation's Psychotherapy Research Project (Abstr.)** 313-14  
**Menstrual cycle**  
 visual sensitivity and sexual arousal during (Abstr.) 484  
**Mental functioning**  
 Spinoza and Freud's views of (Silbermann) 601, ff.  
**Mental illness**  
 and involuntary hospitalization (Abstr.) 159-60  
 'Mental Imagery in the Child. A Study of the Development of Imaginal Representation' (Rev.) 294-95  
**Mental representation**  
 and blind child (Fraiberg and Adelson) 544-45  
**Metapsychology**  
 and psychoanalysis (Gedo) 415-16, 420, 427, ff., (Rev.) 440-41  
**Methodology**  
 and research (Gedo) 414-15  
**Michels, Robert**  
 reviewer of Masserman, 637-39  
**Milrod, David**  
 on self-pity, self-comforting, and the superego (Notes) 321-22  
**Mind**  
 disturbances of, and Plato and Freud (Simon) 104-107  
 and instinct (Simon) 91, ff.  
 Platonic model of (Simon) 94-104  
 and reason (Simon) 91, ff.  
 Spinoza's concept of (Silbermann) 602, ff.  
 see also, Cognition, Mental functioning, Thinking  
**Mirror**  
 and reality testing (Greenacre) 18, 30, 37  
 and split self-representation (Myers) 533, 535, ff.  
**Mirror image**  
 and child development (Fraiberg and Adelson) 556, ff.  
**Modell, Arnold H.**  
 reviewer of Peterfreund and Schwartz, 270-72  
**Mondrian, Piet**  
 painting of, and reality (Greenacre) 34-39  
**Montagu, Ashley**  
 and aggression (Zegans) 239, 245-47  
**Morality**  
 and Plato (Simon) 95-96, 103-104, 119-20  
**Morris, William**  
 'News from Nowhere' (Trilling) 214, ff.  
 'Moses and Monotheism'  
 critique of (Abstr.) 318-19  
**Mother-child relationship**  
 and ego formation (Rev.) 284-90  
 and neurosis (Abstr.) 655-56  
 and verbal interaction (Abstr.) 317  
**Mother donor**  
 and kidney transplant (Basch) 367-70  
**Mourning**  
 and child (Abstr.) 482  
 and Jewish ritual (Abstr.) 312  
**Muensterberger, Warner**  
 co-editor of 'The Psychoanalytic Study of Society, Vol. V' (Rev.) 462-64  
**Mumford, Emily**  
 'Sociology and Aggression', 234-38  
**My Lai massacre**  
 (Rev.) 155-56  
**Myers, Wayne A.**  
 'Split Self-Representation and the Primal Scene', 525-38  
**Myth**  
 and aggression (Zegans) 240-42, 247  
 'Mythopoeisis. Mythic Patterns in the Literary Classics' (Rev.) 147-52  
**Nagera, Humberto**  
 'Basic Psychoanalytic Concepts on the Theory of Instincts. The Hampstead Clinic Psychoanalytic Library, Vol. III' (Rev.) 437-39  
 'Basic Psychoanalytic Concepts on Metapsychology, Conflicts, Anxiety, and Other Subjects. The Hampstead Clinic Psychoanalytic Library, Vol. IV' (Rev.) 440-41  
**Namnum, Alfredo**  
 reviewer of Pichón-Rivière, 470-72  
**Narcissism**  
 and depression (Gedo) 417-18  
 treatment of (Rev.) 441-51  
 'Nature and Significance of Changes in Patients in a Psychoanalytic Clinic' (Lazar) 579-600

- Negation  
and *déjà raconté* (Boesky) 498-99
- Neurosis  
ego in (Rev.) 123-27  
infantile (Rev.) 284  
and psychic trauma (Rangell) 334  
shame and guilt in (Rev.) 639-41  
'Non-Verbal Communication' (Rev.) 629-37
- Nursing  
and memory traces (Easson) 61, 64-66
- Nursling  
and aggression (Joseph) 203-204
- Obituaries  
Edward Glover (Bromley) 173-77  
Victor H. Rosen (Lidz) 435-36
- Object  
and aggression (Joseph) 197-99, 203, (Marcovitz) 226-27, 229-30  
and blind child (Fraiberg and Adelson) 557, ff.
- Object constancy  
libidinal (Notes) 169-70  
and Piaget's vertical *décalage* (Abstr.) 477  
and primitive splitting (Lazar) 593-94  
'Object Loss and Early Sexual Development' (Roiphe and Galenson) 73-90
- Object relations  
and early sexual development (Roiphe and Galenson) 74, ff.  
and narcissistic personality disorders (Rev.) 442-51  
theories of (Gedo) 416-17  
see also, Friendship
- 'Objective Method of Dream Analysis, An' (Tokar, et al.) 563-78
- Obsession  
in child (Abstr.) 159
- Ödipal conflict  
and adolescence (Rev.) 295-96  
and Plato and Freud (Simon) 115-17
- Ödipus complex  
female (Fliegel) 387, ff.
- 'On the Cacophony of Human Relations' (Rangell) 325-48
- Oral triad  
and Stoker's 'Dracula' (Abstr.) 320
- Orality  
and Leonardo da Vinci (Abstr.) 320
- 'Organ Transplant, Body Image, Psychosis' (Castelnuovo-Tedesco) 349-63
- Organ transplant  
intrapsychic integration of (Basch) 364, ff.  
as rebirth (Castelnuovo-Tedesco) 351-54
- Orgel, Shelley  
reviewer of Alvarez, 132-38
- Pacella, Bernard  
on early ego development and *déjà vu* (Notes) 487
- Painting  
and reality (Greenacre) 32, 34-39
- Parent  
and adolescent (Schafer) 44-47  
as donor, in organ transplant (Basch) 366-71
- Passivity  
and aggression (Marcovitz) 232-33  
Spinoza and Freud's views of (Silbermann) 621-22
- Patients  
in analytic clinic (Lazar) 579, ff.
- Pederson-Krag, Geraldine  
reviewer of Kaplan and Sadock, 307-10
- Penis envy  
Horney's views of (Fliegel) 386-87, 395, n.
- Perception  
and human relations (Rangell) 339, ff.
- 'Personalidad Fobica: Aportaciones Clínicas' (Rev.) 303-304
- Personality  
and handicapped child (Abstr.) 479-80  
phobic (Rev.) 303-304  
and twins (Abstr.) 481  
and verbal behavior (Tokar, et al.) 563, ff.  
and voice types (Abstr.) 316  
and writing styles (Abstr.) 316
- 'Perspectives on Aggression in Human Adaptation' (Arlow) 178-84
- Perversions  
(Rev.) 461-62
- Peterfreund, Emanuel  
co-author of 'Information, Systems, and Psychoanalysis. An Evolutionary, Biological Approach to Psychoanalytic Theory' (Rev.) 270-72
- Phallic phase  
and sexuality (Greenacre) 13, 18
- 'Phallos. A Symbol and Its History in the Male World' (Rev.) 651-52

- 'Philosophical Antecedents to Modern Theories of Human Aggressive Instinct' (Zegans) 239-66
- Philosophy  
and aggression (Zegans) 239, ff.  
Plato's, and Freud (Simon) 91, ff.  
and psychoanalysis (Gedo) 429, ff.
- Physicians  
psychological training program for (Rev.) 467-70
- Piaget, Jean  
co-author of 'Mental Imagery in the Child. A Study of the Development of Imaginal Representation' (Rev.) 294-95  
and research (Rev.) 131, (Gedo) 432
- Pichón-Rivière, Enrique  
'*Del Psicoanálisis a la Psicología Social, Tomo II*' (Rev.) 470-72
- Pictorial memory  
and blind child (Fraiberg and Adelson) 544-45
- Piers, Gerhart  
co-author of 'Shame and Guilt. A Psychoanalytic and a Cultural Study' (Rev.) 301-303
- Pinard, Adrien  
co-author of 'The Development of the Concept of Space in the Child' (Rev.) 131-32
- Plath, Sylvia  
and suicide (Rev.) 135, 137-38
- 'Plato and Freud: The Mind in Conflict and the Mind in Dialogue' (Simon) 91-122
- Plato  
dialectics and dialogue (Simon) 108, ff.  
and Freud (Simon) 91, ff., (Zegans) 243-44  
and 'madness' (Simon) 104-107  
and psychic conflict (Simon) 93, ff.
- Play  
and blind child (Fraiberg and Adelson) 539, ff.
- Plumb, J. H.  
on aggressive drives (Lazar) 595
- Politics  
and psychoanalysis (Simon) 113
- Pollock, George H.  
reviewer of Gottschalk, et al., 465-67
- Power  
dynamics of (Rev.) 637-39
- 'Primal Scene and the Sense of Reality, The' (Greenacre) 10-41
- Primal scene  
and child (Greenacre) 10, ff.  
denial of (Greenacre) 18-21, 26, ff.  
and dream (Myers) 525, ff.  
and reality (Greenacre) 10, ff.  
and split self-representation (Myers) 525, ff.
- Primary process  
and adolescent detachment (Schafer) 46-47  
and *déjà raconté* (Boesky) 499
- Primate  
see Chimpanzee
- Projection  
and blind child (Fraiberg and Adelson) 549-50
- Pronoun usage  
and child (Fraiberg and Adelson) 539, ff.
- Psyche  
see Mind
- Psychiatry  
community, and child guidance (Abstr.) 168  
in Israel (Rev.) 291  
transcultural (Rev.) 653-54
- 'Psychoanalysis and Literary Process' (Rev.) 644-51
- 'Psychoanalysis of the Total Personality, The. The Application of Freud's Theory of the Ego to the Neuroses' (Rev.) 123-27
- Psychoanalysis  
annual survey of (Rev.) 275-78  
currents in (Rev.) 268-70  
and folklore (Rev.) 464-65  
in Germany (Rev.) 267-68  
in Hitler Germany (Abstr.) 484  
and human relations (Rangell) 325, ff.  
and information theory (Rev.) 270-72  
in United States (Revs.) 127-29, 267-68
- 'Psychoanalytic Process, The. A Case Illustration' (Rev.) 625-26
- 'Psychoanalytic Studies of the Sighted and the Blind' (Rev.) 457-58
- 'Psychoanalytic Study of the Child, The. Vol. XXVI' (Rev.) 283-84
- 'Psychoanalytic Study of Society, The. Vol. V' (Rev.) 462-64
- 'Psychological Cues in Forecasting Physical Illness' (Rev.) 145-47
- Psychology  
academic (Rev.) 475-76  
and training physicians (Rev.) 467-70  
see also, Metapsychology
- Psychosis  
and organ transplant (Castelnuovo-Tedesco) 350-51, 356-57, 360-61

- Psychosocial studies  
   Chicago center for (Notes) 664  
 'Psychosomatic Classics. Selected Papers from "Psychosomatic Medicine", 1939-1958' (Rev.) 465-67  
 Psychosomatic patients  
   short-term therapy with (Abstr.) 655  
 Psychotherapy  
   and psychoanalysis (Rev.) 642  
 Putnam, James Jackson  
   and Freud (Rev.) 127-29  
 'Radical and Militant Youth. A Psychoanalytic Inquiry' (Rev.) 472-75  
 Rangell, Leo  
   'On the Cacophony of Human Relations', 325-48  
 Rank, Otto  
   and Freud (Fliegel) 403  
 Rapaport, David  
   contributions of (Gedo) 409, ff.  
 Rapists  
   psychology of (Abstr.) 163  
 Reading  
   oral (Abstr.) 314  
 Reality testing  
   and body image (Greenacre) 23-25  
   and child (Greenacre) 21-25  
   and drives (Gedo) 428-29  
   and illusion (Abstr.) 657-58  
   and primal scene (Greenacre) 10, ff.  
   psychic and external (Greenacre) 22, n.  
 Rebirth  
   and organ transplant (Castelnuovo-Tedesco) 351-54  
 'Reconstructions in Psychoanalysis' (Rev.) 458-61  
 Regression  
   as defense (Rev.) 305-306  
   and *déjà raconté* (Boesky) 504, 512-13  
 Reich, Wilhelm  
   biography of (Rev.) 274-75  
   and fascism (Abstr.) 655  
 Reider, Norman  
   on screening functions (Boesky) 504  
 Religion  
   and magical and transcendental thinking (Abstr.) 318  
   see also, Christianity, Theology  
 Repetition  
   and *déjà raconté* (Boesky) 520-21  
 Repression  
   and *déjà raconté* (Boesky) 497-98, 501-502  
   and primal scene (Greenacre) 18-20  
   primary (Rangell) 340  
 Research  
   and clinical work (Gedo) 414-15  
   on infants (Rev.) 284-90, (Abstr.) 479  
   in psychotherapy and psychoanalysis (Abstr.) 313-14  
   on schizophrenia (Rev.) 278-80  
 Resistance  
   analysis of (Rev.) 129-30  
   in group therapy (Rev.) 308  
 Richter, Lin  
   co-author of 'Understanding Human Sexual Inadequacy' (Rev.) 139-45  
 Ricoeur, Paul  
   on myth and violence (Zegans) 240-41, 246-47  
 Ritvo, Samuel  
   reviewer of Liebert, 472-75  
 Róheim, Géza  
   and psychoanalytic anthropology (Rev.) 643-44  
 Roiphe, Herman  
   co-author of 'Object Loss and Early Sexual Development', 73-90  
   on infantile fetish (Notes) 486  
 Rolla, Edgardo H.  
   '*Elementos de Psicología y Psicopatología Psicoanalítica*' (Rev.) 305  
   '*Personalidad Fóbica: Aportaciones Clínicas*' (Rev.) 303-304  
 Romano, John  
   recipient of William C. Menninger Memorial Award (Notes) 323  
 Rosen, Victor H.  
   obituary (Lidz) 435-36  
 Rosett, Henry L.  
   reviewer of Sanford and Comstock, 155-56  
 Ross, Nathaniel  
   co-editor of 'The Annual Survey of Psychoanalysis, Vol. X, 1959' (Rev.) 275-78  
 Rubin, Isaiah A.  
   on sublimation (Notes) 661-62  
 Rubin, Lore Reich  
   reviewer of Piers and Singer, 301-303  
 Rubinfine, David  
   on beating fantasy (Fliegel) 391, n.  
 Rycroft, Charles  
   'Wilhelm Reich' (Rev.) 274-75  
 Sadock, Benjamin J.  
   co-editor of 'Comprehensive Group Psychotherapy' (Rev.) 307-10  
 'Sanctions for Evil' (Rev.) 155-56  
 Sanford, Nevitt  
   co-author of 'Sanctions for Evil' (Rev.) 155-56

- Sapir, Michel  
 'La formation psychologique du médecin. A partir de Michael Balint' (Rev.) 467-70
- Sarnoff, Charles A.  
 reviewer of Lane, 153-54, of de Carvalho-Neto, 464-65  
 on shadows in dreams (Notes) 170-71  
 'Savage God, The: A Study of Suicide' (Rev.) 132-38
- Savitt, Robert A.  
 reviewer of Marcus, 268-70
- Schafer, Roy  
 'Concepts of Self and Identity and the Experience of Separation-Individuation in Adolescence', 42-59
- Schizophrenia  
 and attention cathexis (Gedo) 425
- 'Schizophrenic Syndrome, The: An Annual Review, 1971' (Rev.) 278-80
- Schur, Max  
 'Freud: Living and Dying' (Rev.) 451-57
- Schwartz, Jacob T.  
 co-author of 'Information, Systems, and Psychoanalysis. An Evolutionary, Biographical Approach to Psychoanalytic Theory' (Rev.) 270-72  
 'Science of Behavior and the Image of Man, The' (Rev.) 475-76  
 'Science and Psychoanalysis, Vol. XIX. Dream Dynamics' (Rev.) 278  
 'Science and Psychoanalysis, Vol. XX. The Dynamics of Power' (Rev.) 637-39
- Science  
 and aggression (Mumford) 236-37, (Zegans) 239, ff.
- Screen defense  
 and *déjà raconté* (Boesky) 491, ff.
- Screen memory  
 and *déjà raconté* (Boesky) 492-509, 515-17  
 and primal scene (Greenacre) 11, 18
- Secondary process  
 and *déjà raconté* (Boesky) 518  
 and primary process (Gedo) 418-19
- Seelsorger  
 (Abstr.) 161
- Self  
 concept of, and adolescence (Schafer) 42, ff.  
 and freudian theory (Schafer) 54-56  
 see also, Ego, 'I', Identity
- Self-assertion  
 and aggression (Marcovitz) 228
- 'Self-Representation in Language and Play: Observations of Blind Children' (Fraiberg and Adelson) 539-62
- Self-representation  
 and blind child (Fraiberg and Adelson) 539, ff.  
 and infant (Roiphe and Galenson) 79, 88-89  
 and separation-individuation (Schafer) 53-54  
 split, and primal scene (Myers) 525, ff.
- Separation anxiety  
 in infancy (Roiphe and Galenson) 75, ff.
- Separation-individuation  
 in adolescence (Schafer) 42, ff.  
 and aggression (Joseph) 204-205  
 and self-representation (Schafer) 53-54
- Sexes  
 anatomical difference between, infant's reaction to (Roiphe and Galenson) 73, ff.
- Sexual development  
 early, and object loss (Roiphe and Galenson) 73, ff.
- Sexual dysfunction  
 treatment of (Rev.) 139-45
- 'Sexualité perserse, La: Études psychanalytiques' (Rev.) 461-62
- 'Sexuality and Homosexuality. A New View' (Rev.) 280-83
- Sexuality  
 child's experiences of (Greenacre) 10-13  
 and college student (Abstr.) 482  
 female, and freudian theory (Fliegel) 385, ff.  
 male, and Western European culture (Rev.) 651-52  
 and perversions (Rev.) 461-62  
 see also, Genitality, Intercourse, Primal scene, Transsexualism
- Shadows  
 in dreams (Notes) 170-71
- 'Shame and Guilt. A Psychoanalytic and a Cultural Study' (Rev.) 301-303
- 'Shame and Guilt in Neurosis' (Rev.) 639-41
- 'Sheppard & Enoch Pratt Hospital, 1853-1970, The. A History' (Rev.) 138-39
- Sibling organs  
 recipients of (Basch) 372-74

- Siegel, Barry L.  
reviewer of Vanggaard, 651-52  
'Sigmund Freud' (Rev.) 274-75
- Silbermann, Isidor  
'Some Reflections on Spinoza and Freud', 601-24
- Silverman, Martin A.  
reviewer of Laurendeau and Pinard, 131-32
- Silverman, Samuel  
'Psychological Cues in Forecasting Physical Illness' (Rev.) 145-47
- Simon, Bennett  
'Plato and Freud: The Mind in Conflict and the Mind in Dialogue', 91-122  
reviewer of Schur, 451-57
- Singer, Milton B.  
co-author of 'Shame and Guilt. A Psychoanalytic and a Cultural Study' (Rev.) 301-303
- Skin graft  
reaction of twins to (Castelnuovo-Tedesco) 356
- Slochow, Harry  
'Mythopoesis. Mythic Patterns in the Literary Classics' (Rev.) 147-52
- Socarides, Charles W.  
reviewer of Karlen, 280-83
- Social work  
Freud's influence on (Abstr.) 477-78
- Society  
and aggression (Mumford) 234, ff.  
psychoanalytic study of (Rev.) 462-64  
see also, Culture
- 'Sociology and Aggression' (Mumford) 234-38
- Socrates  
dialogue and dialectic (Simon) 107-108  
dream of (Abstr.) 656-57  
'Some Reflections on Spinoza and Freud' (Silbermann) 601-24
- Sound  
sensitivity to, and separation anxiety in infant (Roiphe and Galenson) 82-85
- Space  
child's concept of (Rev.) 131-32  
psychoanalytic, construction of (Rev.) 129-31
- Speers, Rex W.  
reviewer of Hill, 296-98
- Sperling, Melitta  
reviewer of S. Silverman, 145-47
- Spinoza  
concepts of the mind of (Silbermann) 602, ff.  
and Freud (Silbermann) 601, ff.
- Spitz, René A.  
on infant's aggressive drive (Marcovitz) 227
- 'Split Self-Representation and the Primal Scene' (Myers) 525-38
- Steffle, Volney J.  
co-author of 'An Objective Method of Dream Analysis', 563-78
- Stone, Leo  
on aggression (Joseph) 198
- Stress  
and dream (Rev.) 626-27  
psychological, and physical symptoms (Rev.) 145-47  
psychology of (Rev.) 157-58
- Structural hypothesis  
and *déjà raconté* (Boesky) 509-22
- Structuralism  
(Rev.) 153-54
- Students  
college, and coitus (Abstr.) 482  
and compliance (Abstr.) 483  
radical (Rev.) 472-75
- Stuttering  
and cluttering (Abstr.) 314  
and subliminal drive (Abstr.) 318
- Sublimation  
as clinical-theoretical concept (Notes) 661-62  
and libido (Simon) 101-102  
of male author (Abstr.) 319
- Submission  
and chimpanzee aggression (Hamburg) 189-90
- 'Success and Failure in Psychoanalysis and Psychotherapy' (Rev.) 642
- Suicide  
literary and historical study of (Rev.) 132-38
- Superego  
and aggression (Joseph) 209-11  
and conflict (Simon) 119  
and current culture (Lazar) 592, ff.  
and ego ideal (Rev.) 302  
and intellect (Simon) 104, 120  
and *jamais raconté* (Boesky) 510-11  
and self-pity and self-comforting (Notes) 321-22  
and symptom formation (Rev.) 123-27  
see also, Ego ideal

- Swift, Jonathan  
and body changes (Greenacre) 31, n.
- Symbol(ism)  
and art (Rev.) 635-37  
and dream (Tokar, et al.) 564  
and language (Rev.) 631-35  
and literary criticism (Rev.) 646, ff.  
of phallus (Rev.) 651-52  
'Symbolic Images. Studies in the Art of the Renaissance' (Rev.) 629-37
- Symptoms  
physical, and psychological stress (Rev.) 145-47
- 'Teaching and the Unconscious Mind' (Rev.) 296-98
- Territoriality  
and primate aggression (Hamburg) 193-94
- Theology  
and aggression (Zegans) 239, ff.
- Therapy  
art, with child (Rev.) 298-301  
and changing diagnoses (Lazar) 586, 595-97  
and dream analysis (Tokar, et al.) 576-78  
with exhibitionists (Abstr.) 162-63  
for sexual dysfunction (Rev.) 139-45  
see also, ECT, Group therapy, Psychotherapy, Treatment
- Thinking  
and aggression (Joseph) 207-209  
magical, and religion (Abstr.) 318  
psychology of (Gedo) 412-13, 419, 424, ff.  
Spinoza and Freud's views of (Silbermann) 602, ff.  
see also, Mind
- 'Threat of Impending Disaster, The. Contributions to the Psychology of Stress' (Rev.) 157-58
- Threat patterns  
in chimpanzee (Hamburg) 187, ff.
- Tokar, John T.  
co-author of 'An Objective Method of Dream Analysis', 563-78
- 'Transcultural Psychiatry' (Rev.) 653-54
- Transference  
and *déjà raconté* (Boesky) 491-93, 500, 504, 513, 519, ff.  
in group therapy (Rev.) 308  
narcissistic (Rev.) 441-51  
and physical symptoms (Rev.) 146
- Transference fantasy  
see Fantasy, transference
- Translation  
and language (Abstr.) 314.
- Transplantation of organs  
and body image (Castelnuovo-Tedesco) 349, ff.  
and donor (Castelnuovo-Tedesco) 354-55, (Basch) 366, ff.  
intrapsychic integration of (Basch) 364, ff.
- Transsexualism  
and organ transplant (Basch) 374-75, 380, 382  
and surgery (Rev.) 282
- Trauma  
psychic (Rangell) 333, ff.
- Treatment  
and Plato's dialectics (Simon) 107-17
- Trilling, Lionel  
'Aggression and Utopia. A Note on William Morris's "News from Nowhere"', 214-25
- Twins  
and personality (Abstr.) 481  
and skin transplantation (Castelnuovo-Tedesco) 356
- Unconscious  
and aggression (Arlow) 182-83  
and ideal analytic experience (Notes) 662-63  
and literature (Rev.) 645, ff.
- Unconscious fantasy  
see Fantasy, unconscious
- 'Understanding Human Sexual Inadequacy' (Rev.) 139-45
- Utopia  
and aggression (Trilling) 214, ff.
- Vanggaard, Thorkil  
'Phallos. A Symbol and Its History in the Male World' (Rev.) 651-52
- Viderman, Serge  
'La construction de l'espace analytique' (Rev.) 129-31
- Vietnam  
slaughter of civilians in (Abstr.) 311-12
- Violence  
and aggression (Joseph) 208-209  
Presidential fact-finding commission on (Abstr.) 311  
see also, Aggression
- Vision  
and child development (Fraiberg and Adelson) 559-61



- and primal scene (Greenacre) 15-20  
 see also, Pictorial memory
- Waldhorn, Herbert F.  
 reviewer of Garduk and Haggard, 627-29
- Wechsler, Henry  
 co-editor of 'The Threat of Impending Disaster. Contributions to the Psychology of Stress' (Rev.) 157-58
- Weinshel, Edward M.  
 on psychoanalytic clinics (Lazar) 579
- Wexler, Henry  
 reviewer of Muensterberger and Esman, 462-64
- 'Wilhelm Reich' (Rev.) 274-75
- Wish-fulfilment  
 and thought processes (Silbermann) 616-17
- Wolf-man  
 and body reality (Greenacre) 30-32  
 and illusory veil (Greenacre) 28-30  
 and primal scene (Greenacre) 33
- Wollheim, Richard  
 'Sigmund Freud' (Rev.) 274-75
- Wolman, Benjamin B.  
 editor of 'Success and Failure in Psychoanalysis and Psychotherapy' (Rev.) 642
- Wolpert, Edward A.  
 reviewer of Breger, et al., 626-27
- Women  
 and self-cutting (Abstr.) 478  
 see also, Femininity
- Word(s)  
 and dream analysis (Tokar, et al.) 564, ff.  
 and stress (Abstr.) 315  
 see also, Communication, Pronoun usage
- Zazzo, René  
 on child's language development (Fraiberg and Adelson) 555-57
- Zegans, Leonard S.  
 'Philosophical Antecedents to Modern Theories of Human Aggressive Instinct', 239-66
- Zeligs, Meyer A.  
 on 'acting in' (Boesky) 519