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THE DRIVE TO BECOME BOTH SEXES

BY LAWRENCE S. KUBIE, M.D.

I

Prologue: The Beauty and Tragedy of Orlando

Over the years during which the material for this paper has been accumulating, I have frequently thought back to Virginia Woolf's *Orlando* (V. Woolf, 1928)—a book of moving beauty and sadness, a book whose tragedy was underscored by the ultimate suicide of one of the greatest and subtlest creative writers of our day. It is a book in which the beauty of woman and the strength of man are blended in courage and despair, and in which the depths of lechery are interspersed with high spiritual creativity. It is a story written by a woman about a man who turns into a woman and then back and forth between the two, but without ever losing completely his hold on maleness. Implicit and almost explicit in this tale is much that I will try to say in this paper.

In *Orlando*, as in life itself, the unresolved residues of each day's unfinished business produce a fusion of reality and dream, of incompatible, unattainable, and irreconcilable goals. It transcends time and space, as adventures occur almost simultaneously in England and in Turkey, and in the sixteenth and twentieth centuries (1528 to 1928). And as it fuses man and woman, so it fuses prose and verse. There are passages which pass from verse to prose and from prose to verse without a break in the pattern of the lines. In her autobiographical sketches (V. Woolf, 1926, 1929; also, L. Woolf, 1953), the author repeatedly makes light of her verse and tends to regard the entire tale as

This paper was received from Dr. Kubie shortly before his death. It is an expanded and revised version of a paper first presented before the Annual Meeting of the American Psychoanalytic Association in St. Louis, May, 1954. The *QUARTERLY* is pleased to have the opportunity to publish this last contribution of an esteemed editor. [Ed.]

a lark, a *jeu d'esprit*. This denigration of the legend is a measure of the strength of her tragic need to hide her eyes from its total personal impact. (Cf. also, Maeker, 1964; Pippett, 1953.)

In broad outlines, the tale begins in the England of the sixteenth century. Here the hero in youthful pseudo masculinity riots in a furor of fighting and of sexual encounters, culminating in a passionate involvement with a Muscovite princess about whom wild myths cluster. She is the embodiment of the strange and the different; half woman, half furry animal. There had been a devastating frost and a winter-long carnival on the frozen Thames. Then 'after one raindrop', the 'heavens open and a mud-yellow thaw' sets in. An ebttide of deception and abandonment leads predictably through an explosion of jealousy into a deliberate, fury-laden and vengeance-driven descent into a degradation of self and sex and woman. This is followed by depression and a trancelike stupor to the edge of death and rebirth, the first in a series of mystical experiences of *Tod und Verklärung*.

As a naïve writer, the hero wanders in the tombs of his ancestors, oscillating between the æsthete and the hunter, a *male* Diana, as dual-sexed as were the classical gods and goddesses of Greece. He turns toward poetry with the shyness of any adolescent, whether boy or girl. He becomes disillusioned about all writers and turns his back on them, saying, 'I have done with men'. Thereupon he is haunted by the dreamlike figure of a woman in a riding hood and mantle, taller and also older by many years, who later in the tale turns out to have been from the first a man in disguise. Here the change begins. Let us read it in Virginia Woolf's own words:

. . . Orlando stood stark naked. No human being, since the world began, has ever looked more ravishing. His form combined in one the strength of a man and a woman's grace. . . . We may take advantage of this pause in the narrative to make certain statements. Orlando has become a woman—there is no denying it. But in every other respect, Orlando remained precisely as he had been. The change of sex, though it altered

their future, did nothing whatever to alter their identity (V. Woolf, 1928, p. 90).

The setting is translocated to Turkey,¹ where as the Ambassador Orlando nonetheless marries another ambisexual figure; this time a gypsy. Again he falls into a trance and is 'reborn'. 'Orlando had . . . dressed herself in those Turkish coats and trousers which can be worn indifferently by either sex.' In these sexually ambiguous vestments Orlando called up her hound, 'then stuck a pair of pistols in her belt', and at the same time 'wound about her person several strings of emeralds and pearls' (p. 91). Thereupon she goes out to fight and ride as she had before her transmutation, living thenceforth as both man and woman. Thus in this fantastic marriage to herself-himself, she achieves the transmutation so often sought with tragic futility in sex and marriage, and especially in neurosis and psychosis.

The shift to Constantinople and to Turkish garb made possible not only the sexual ambiguity of ambiguous clothes, but a continuous play of other ambiguities as well: Turk or Englishman; responsible ambassador or errant, runaway child; peasant or noble. A strange woman again is pursued. This time, however, she is a gypsy woman; and in the end it is not clear which of the two bore their children, Orlando or the gypsy 'bride.'

On the homeward voyage a scene occurs which has become famous.

Here she [Orlando] tossed her foot impatiently, and showed an inch or two of calf. A sailor on the mast, who happened to look down at that moment, started so violently that he missed his footing and only saved himself by the skin of his teeth. 'If the sight of my ankles means death to an honest fellow who, no doubt, has a wife and family to support, I must, in all humanity keep them covered.' [And later] 'Heavens!' she thought, 'what fools they make of us—what fools we are!' . . . [thus] censuring both sexes equally, as if she belonged to neither; and

¹ It is not irrelevant that the husband of Vita Sackville-West, Virginia Woolf's close friend, had in fact been in the diplomatic service in the Near East.

indeed, for the time being she seemed to vacillate; she was man; she was woman; she knew the secrets, shared the weaknesses of each (pp. 102, 103).

It was a bewildering state of mind, but it led slowly to a strange clarity.

And as all of Orlando's loves had been women, now, through the culpable laggardry of the human frame to adapt itself to convention, though she herself was a woman, it was still a woman she loved; and if the consciousness of being of the same sex had any effect at all, it was to quicken and deepen those feelings which she had had as a man. For now a thousand hints and mysteries became plain to her that were then dark. Now, the obscurity, which divides the sexes and lets linger innumerable impurities in its gloom, was removed and if there is anything in what the poet says about truth and beauty, this affection gained in beauty what it lost in falsity (p. 105).

At this point I will turn from the poetry of Orlando to the clinic, but I will return to Orlando at the end of this essay.

II

Introduction and Historical Review

Freud was right of course in emphasizing the individual's struggle with his conscience, whether that conscience be conscious, preconscious, or unconscious, or all three. He was right in recognizing the all-pervading role which this struggle plays in man's unhappiness and in his cultural development; and especially when any elements in the struggle were unconscious, the role which this plays in the genesis of the neurotic process and in its ultimate psychotic disorganization. Yet he seemed to underestimate another source of conflict, namely that which arose out of man's frequent struggles to achieve mutually irreconcilable and consequently unattainable identities. This study of the drive to become both sexes deals primarily with this second category of internal conflict and its destructive neurotogenic and psychogenic influences on human develop-

ment from infancy throughout life. (*Cf.*, Delay, 1963; Hart, 1941; James, 1933; Kubie, 1934, 1941a.)

Out of early preconscious and guiltless identifications and misidentifications, rivalries, envies, hostilities, and loves grow many unconscious drives, among which the drive to become both sexes is one of the most self-destructing.

Since this paper was first presented before the American Psychoanalytic Association in 1954, parts of it have been read and discussed before various psychoanalytic societies on several occasions. Furthermore it has been read privately, criticized, and sometimes praised by colleagues, several of whom have urged its immediate publication. I was tempted to do this, but held back because I felt that it needed additional data, and because I was never content with it as it was. In its original form it derived from twenty-five years of work with the neuroses. Through the subsequent years (and especially since my retirement from private practice in 1959) my increasing involvement in the problems of the psychoses at the Sheppard and Enoch Pratt Hospital and also at the Psychiatric Institute of the University of Maryland made me aware of the importance of the drive for the graver processes of psychotic disorganization. This has finally led me to decide to publish it without further delay.

To avoid any misunderstandings I will point out that this formulation of the conflict does not discard as incorrect Freud's concepts of phallic envy or castration fear, but attempts rather to supplement these in several directions. I had become aware that the original idea of penis envy focused solely on the genital differences between the sexes. Although demonstrably valid from earliest childhood (*cf.*, Kubie, 1934, 1937a), this was also incomplete both because it omitted other differences and because it overlooked the importance of the reverse and complementary envy of the male for the woman's breast, for nursing, as well as his envy of the woman's ability to conceive and to bring forth babies. Furthermore, as originally formulated, the concept of penis envy paid scant attention to many of its subtler

psychological manifestations, or to its culmination in a frequently unrecognized and unconscious obsessional concern with gender transmutation (*cf.*, Kubie and Mackie, 1968). For all of these reasons, as I now look back over the years since 1954 it seems to me that it was fortunate that I held up publication until my own understanding of the drive to become both sexes had matured to the point which it has reached today.

In addition to what I have written here much more could still be written about this drive, and surely will be in future years. Nevertheless since I have now gestated this conceptual child as far as I am able to carry it myself, it is time to set it down on paper as a foundation for future building by others.²

This communication also has a personal prehistory, which is relevant to its development. The first paper that I ever read at a meeting of the American Psychoanalytic Association was in Philadelphia in 1932. It was a report on a fifteen-year-old girl who was a transvestite by day, wearing only riding togs, and a woman by night, always in long, formal ball gowns. Because the patient's family forced a premature interruption of the analysis this report was never published but on going back over my notes and the incomplete manuscript, I find that much of the material is relevant to my present thesis (*cf.*, also, Baker, 1962; Follett, 1927).

That paper opened with the proposition that latent and unconscious transvestite tendencies might well be more widespread than is generally realized, and that this may be a manifestation of impulses which might be 'more or less universal', and which at the time I called 'bisexual'. It now seems to me that under the influence of this almost forgotten yet self-evident thesis I have been gathering clinical examples of its validity for many years. The mere enumeration of these clinical manifestations would be so lengthy that all I can hope to do here is to present them in a fairly systematic fashion and to suggest pos-

² In recent years under the misleading title of 'transsexualism' this concern has been engulfed in a wave of ill-considered surgical and endocrinological efforts to implement the neurotic and even psychotic demands of some patients for gender transmutation.

sible reasons for a few. I will content myself largely with illustrating my thesis, rather than proving it. Underlying all of them, of course, are many perplexing and unsolved questions.

1. Why have the ontogenetic repetitions of universal phylogenetic experience through generation after generation failed to resolve the problem through genetic changes? The human race has been divided into two sexes for quite a long time. If recurring racial and individual experiences imprint anything, one might assume that the acceptance of gender differences would by now be deeply ingrained in every one of us, from the onset of life. Yet it is patent that this is not true. Anyone who has observed and listened to uninhibited children has heard them voice their perplexities over the anatomical differences between the sexes, and their rejection and denial of these differences.

2. How then and when do we establish such contradictory drives as those I am about to describe?

3. By what different sequences and with what different symptomatic manifestations do they subsequently develop in different individuals?

4. What role do cultural variables play in producing these mutually antithetical and unattainable drives, in determining the levels of consciousness on which they are experienced and expressed, in shaping their direct and indirect manifestations, and in determining the age at which they first began to dominate the life of any particular individual? (*Cf.*, Mann, 1951; Mead, 1935.)

5. What is the role of culture in determining the differences between the manner in which the drive evolves in man and in woman?

6. What are its implications for some of the dynamic constructs of psychoanalytic theory?

7. What are its implications for the relative roles of identification and/or incorporation in the development of gender identity in general, in the development of the boundaries between the 'I' and the 'non-I' worlds, in the evolution of object relations, and in the development of compulsive and phobic overdrives or inhibitions in relation to all instinctual activities?

8. Finally what special role, if any, does this dilemma play

in the precipitation of psychotic disorganization out of a neurotogenic impasse? (Cf., Follett, 1927; Kubie, 1966c, 1967; McCurdy, 1966.) This is the question into which I had no insight when I first presented this paper in 1954 but about which I hope and believe I have learned a great deal since 1959 when I took over the training program at the Sheppard Pratt Hospital and immersed myself in the study of psychotic disorganization.

These and other unsolved problems challenge me as I restudy the file of clinical and theoretical notes accumulated on this topic over the years since 1932 when I read my brief note, *Transvestitism in a Teen-Age Girl*. Although I will not even attempt to answer all of these questions, it is valuable to confront them.

As I have already pointed out, after its initial presentation in 1954, fragments of this paper have been read before many psychoanalytic societies and criticized constructively by many colleagues. It has been rewritten many times. Each time when I considered that it might be ready for publication some new observations came my way to lead me to postpone it. Now this process of postponement must come to an end: I must grapple with the process of putting it into final shape as best I can.

This new data has come from many sources: e.g., from the process of aging which has sensitized me and made it possible for me to see more clearly the relationship of the drive to become both sexes to certain distortions which are introduced by the process of aging in myself, in friends, in relatives, and above all, in patients. Furthermore there was a change in clinical material that came with my retirement from private office practice in 1959 and a deeper involvement in the clinical data of hospital psychiatry. Finally there have been the profound changes in the mores in which we live: the 'hippie' culture; the pseudo-feministic 'Woman's Lib' which represents itself as a fusion of man and woman; the feminization of man's clothes and hair style, and the masculinization of woman's clothes. In all of these it has become increasingly evident that the unconscious drive is *not* to give up the gender to which one was born but to supple-

ment or complement it by developing side by side with it the opposite gender, thereby ending up as both, as did Orlando. The physiological and endocrinological changes of aging accentuate this. We have seen swift changes in recent fashions from the compressed breasts, hips, and buttocks and the close-cropped boys' heads of the adolescent 'flappers' of the 'flaming youth' period to the cavalier haircuts of 'hippie' youth; the shift in men to the florid colors and even cosmetics which only a few years ago were reserved for the so-called fairer sex, etc.

All of this has brought something else into sharper focus. A closer study of movies of intercourse (cf., Réjaunier, 1969), and especially perhaps of intercourse among groups of men and women of mixed races (cf., Maurois, 1953, Réjaunier, 1972; Scott-Maxwell, 1957) has made it clear that the goal of a great deal of these frantic struggles in sexual intercourse is neither orgasm nor the begetting of children, but rather a process of magical bodily change. The old Latin phrase '*post coitum triste*' (sadness after intercourse), even after an orgasmically successful psychosexual performance bears this out. These are frantic searches for something which is never achieved. One climbs a mountain successfully but ends in depression and not in exultation. When driven by this need for a transmutation into both genders the goal of intercourse is unattainable, and no matter how orgasmically satisfactory the experience may have been psychologically, it can only end in frustration, depression, and rage. This is what occurs all too often. In fact the major, soul-searing penalty that is paid by the homosexual is not the degree of social disapprobation or persecution or legal unfairness and injustice to which he may be exposed by society; it is the incapable injustice to which he exposes himself through the unattainability of his own unconscious goals. It is this which tumbles him into depression and rage (cf., Grebanier, 1970; Maurois, 1953).

Yet there are unattainable goals in heterosexual intercourse as well, which is one of the many reasons why the attainment of *lasting peace and happiness through sexual fulfilment* is not a

problem that has been solved in any culture of which we have any knowledge in depth. It is childish naïveté to claim that the orgasm is the whole story (*cf.*, Kubie, 1948b, 1955).

When the unconscious goal of sex is the unattainable effort to change sides, intercourse ends in frustration. And if this unattainable goal also represents a drive to go in two divergent directions at the same time, it results in a deeper inner schism in the personality—a schism which can be represented by insatiable compulsions and obsessions and by the superimposed construction of opposing phobias. Everything becomes split, and it is on this splitting among conscious and unconscious purposes, and preconscious struggles to achieve these purposes, that psychotic disorganization is based (*cf.*, Kubie, 1964, 1966b, 1966c, 1967; Pippett, 1953). This does not imply that the only focus of such schismatic processes is gender identity, but merely that this is one of the most devastating of such schisms. Indeed it is the only schism which gives us any right to use the question-begging, misused, and extraordinarily inappropriate term, 'schizophrenia'. The schism is not between cognitive and affective processes. Far deeper is the schism between purposes, and in identity struggles to achieve divergent goals and divergent identities. This type of schismatic process with counterschismatic attempts to achieve both yet to give up neither, can be found in hospitalized psychotic patients and in a great many prepsychotic neurotic patients as well.

Perhaps a further reason why I have found it so difficult to complete this paper and have postponed it repeatedly is that the more I worked over and contemplated the whole concept, and the more clinical examples I gathered, the more I came to realize that it radiated in subtle ways into almost every aspect of our culture and particularly throughout the creative arts. Gender identities are deeply ambivalent among many creative people (*cf.*, Kubie, 1973). Furthermore the effects of these conflicts and their pathogenic influence are especially serious in the arts. The arts automatically provide individuals with ways of hiding their conflicts while at the same time giving them partial gratifi-

cations. In this sense they reward the neurosis in us until we become psychotically disorganized, or commit suicide (*cf.*, Bell, 1972; Pippett, 1953; L. Woolf, 1963). In fact this is one reason why creative people, no matter how deeply they suffer from their neuroses, are so loath to subject themselves to treatment. Another reason, of course, is that they fear if they give up their neuroses, their creative potential may 'fly out the window' like Orlando's goose.

I realize that to emphasize this concept brings me into conflict with artists and indeed almost all creative people in the world, more so in the arts and letters than in the sciences. Time and again it has blocked me from carrying this project through to completion; but now I feel that it can no longer be postponed. No matter how much it may expose me to misunderstanding and misinterpretation, I will have to carry it through to its own logical conclusion.

III

Heredity and the Drive to Become Both Sexes

The fact that an unconscious drive to become both sexes exists at all is in itself perplexing. If the experience of the race, acting through the genes, exercises any influence on psychological patterns, why is its influence not manifested precisely here? We have been divided into two sexes for quite a long time. How does it happen that the human race has not long since accepted consciously, preconsciously, and unconsciously this universal fact of human life? How does it happen that we reject both the anatomical and functional differences between the sexes?

In every other aspect of human life, analysts accept the fact that man harbors opposed and irreconcilable goals, judgments, feelings, and thoughts in different 'systems' or on different 'levels' of consciousness. Indeed it is usually assumed that such ambivalence is universal and ubiquitous. It is noteworthy, therefore, that with respect to gender we have tacitly tended to assume that the goal of a human being is to be either one sex or the

other,³ i.e., to be whatever he was born to be. Yet this does not occur.

The assumption whether tacit or overt that any human being can ever want to be only one sex to the exclusion of the other is psychoanalytically naïve and runs counter to all analytic experience. Unfortunately, analysts like their lay brethren can put their heads in sand too. The abundant data from children as well as adults should long since have made it clear to us that from childhood and throughout life, on *conscious*, *preconscious*, and *unconscious* levels, in varying proportions or emphases, the human goal seems almost invariably to be *both* sexes with the inescapable consequence that we are always attempting in every moment and every act both to affirm and to deny our gender identities (*cf.*, Stein, 1950; Watson, 1964). These irreconcilable goals are represented by many complex constellations, with many direct and indirect consequences, to be illustrated below. The forms in which they express themselves are manifold. The problems they create are among the most difficult both in life and in psychoanalytic therapy. Perhaps the most puzzling of all are the rare apparent exceptions to this internally contradictory phenomenon (*cf.*, Kubie, 1934, 1948b, 1955, 1956; Kubie and Mackie, 1968).

In this connection it should be borne in mind that this is not the only recurrent, basic, experiential fact of life that we reject. We also deny such recurring and universal experiences as pain and the law of gravity and the ever-recurring experiences of differences in size and age which occur with the processes of growing and aging. If the hereditary imprints of racial experience had the capacity to shape, circumscribe, and guide human fantasies, feelings, and goals each one of us should by now accept without question all of those universal experiences which

³ In the history of psychoanalysis one finds that analysts have lined up in opposing camps about various aspects of this problem, seemingly oblivious to the role which their own multilayered and conflict-laden gender identifications played in determining what side of these controversies they espoused. Consequently this has given rise to some of the most heated, least fruitful, and least scientific of all psychoanalytic controversies.

have recurred throughout the ages. Infants would not then have to learn to avoid fire and pain and deep water and high ledges. Nor would each successive generation rebel with identical impatience against the seemingly endless years of childhood. Certainly if there were a hereditary acceptance of ever-recurring experiences, it would in countless ways have exercised a stabilizing psychological influence which would have made the business of being a human being far easier than in fact it is. Where and how then do the influences of the race's experience operate correctively in mental life? Or is this question itself based on a wish-fulfilling myth?

When we apply these ruminations specifically to the manifestation of the drive to become both sexes, we find ourselves beset with many clinical paradoxes. For instance, after a long and successful struggle with overt homosexual trends, a man was freed of the compulsive component in his homosexual impulses, made a happy marriage and had several children. Yet this did not release him from his symbolic work block. To work was still to expose his body, which to him still seemed dangerously and humiliatingly and genitally incomplete. Not even the conscious and preconscious affirmation of his penis through intercourse and fatherhood was enough to dispel his feeling that his phallus was illusory. Indeed nothing was enough, until finally he discovered in analysis that what he had always wanted unconsciously was to possess at the same time not only the phallus but also the woman's breasts as part of his own body, that he craved also the ability to inseminate himself, to gestate, to produce, and to nurse his own progeny, and also to castrate other men. Indeed this was precisely what the unconscious goals of his entire artistic career had been for him. The inevitable result of his failure to attain these unconscious and impossible goals was that every artistic triumph left these deeply buried needs unfulfilled, thereby plunging him deeper into depression.

One day he stated the issue succinctly. He asked: 'Why is it that when discussing any problem in social groups I am friendly, warm, using words to win friends, almost to make love;

whereas when I am writing I am vicious, shooting through the slots in a concrete pillbox. I am the same man using the same tool [i.e., words] for totally different purposes. Why?’

Such clinical data return me to my question: how is it that the cumulative experience of the race can neither prevent nor modify such fantastic distortions of our expectations and drives?

IV

Use of the Term ‘Drive’ in this Essay

Before going further I want to explain why I have deliberately chosen to use the term ‘drive’, and what I mean and do not mean by it. In the first place, by drive I do not mean direct expressions of biological levels of the body’s processes or those primitive activities which accomplish all interchanges with the outside world: i.e., of materials, energy, heat, and especially communicative signals, without which neither the individual nor the species nor any social organization can survive. Specifically I do *not* mean a primary instinctual pattern—i.e., a basic activity such as eating, drinking, breathing, excreting—which mediates the organism’s biochemical and biophysical interchanges with the environment. What I *do* mean is those urgencies that derive from the symbolic representatives of biogenetic needs which are experienced as *appetites* on all levels: conscious, preconscious, and unconscious (*cf.*, Kubie, 1948a, 1956). I mean those complex patterns of secondary and tertiary *symbolic* activities that derive from the primary patterns. And we must remind ourselves that whenever these symbolic derivative actions are dominated by psychological processes which are predominantly unconscious, they acquire that rigidity which is familiar to us in all phobic and obsessional-compulsive states, as well as in the psychoses. Symbolic processes in which the relations of the symbol to that which it is supposed to represent are distorted or severed, become frozen into rigid repetitive, unlearning, and insatiable patterns. This is the essence of all psy-

chopathological mechanisms, whether obsessional, compulsive, phobic, or psychotic (*cf.*, Kubie, 1967).

Used in this way the multiple connotations of the term, drive, carry a breadth of implications sufficient to cover all of the relevant phenomena to be studied. Any drive may represent in part conscious and preconscious yet incompatible wishes, which may be dealt with by deliberate, conscious, and also preconscious compromises, as in sports, manners, posture, voice, clothes, art, etc. Concurrently, however, some of the determinants of the same drive may also be unconscious, as a consequence of which this aspect of the drive can be expressed only through the disguised symbols of dreams, neurotic and psychotic behavior, and symptoms. Thus the fate of any drive and its manifestations, as well as its resolution in analysis, depends on the relative roles of the three levels on which it may simultaneously be operative. When a drive does not operate predominantly on conscious or preconscious levels but rather on an unconscious level to determine such important issues as the choice of a mate or of an occupation, the consequences become important. While this may sound complicated when stated in general terms, when considered in terms of concrete examples it becomes transparently simple.

For instance, a well-known couturier was obviously effeminate in manner but highly endowed and artistic. He launched a successful career as a designer of clothes for the sex he envied and could not become. His choice of career drew from all levels: conscious, preconscious and unconscious. All went well until the unconscious components took over, compelling him to violate his own essentially good taste by fantastic misuse of color and form, garish accentuation of apertures, burlesqued distortions of body form. His unconscious hate and envy of feminine apertures, breasts, and buttocks forced him to make monstrosities out of the styles he created for the women he scorned but longed to become.

In a previous paper (Kubie, 1958), I used diagrams to clarify this meaning of 'drive', and several are reproduced below. Fig-

ures 1 and 3 are deliberately oversimplified, omitting preconscious processes in order to show the gradations between a wish, a trend (or drive), and a compulsion. They illustrate a single purpose operating under the simultaneous impulsion and guidance of both conscious and unconscious processes. Where conscious determinants are dominant, no symbols are required other than the usual conceptual tools and the verbal and visual symbols for their communication. Where unconscious determinants are dominant, they are represented by activities which constitute a pattern of disguised and distorted symbolic actions—the only way in which preponderantly unconscious processes can be expressed.

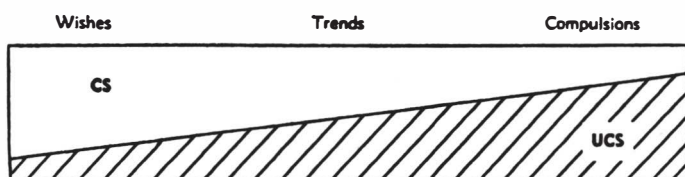


Figure 1

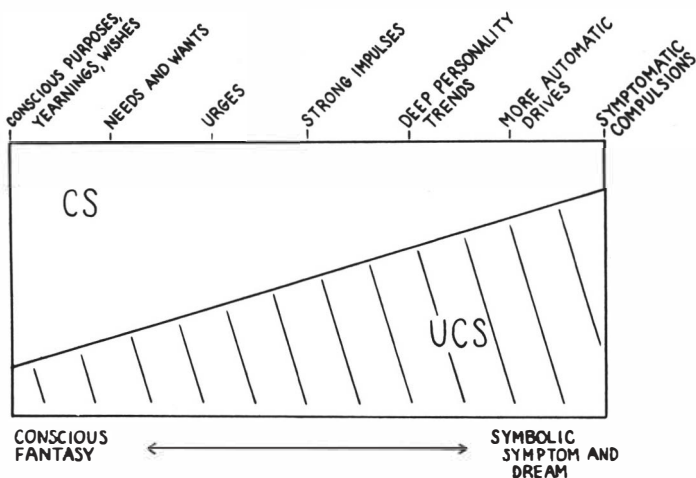


Figure 3

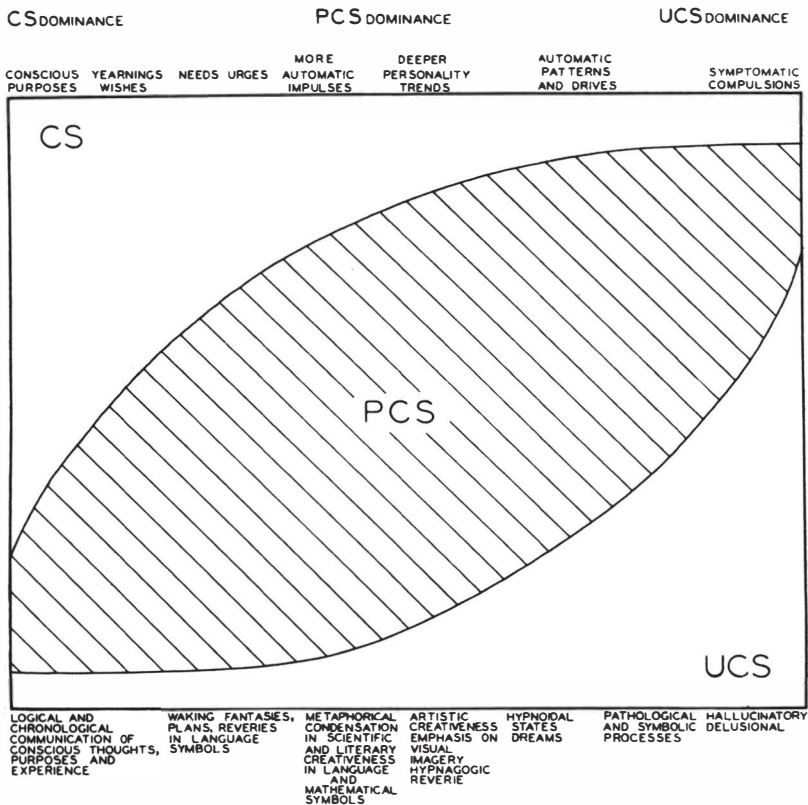


Figure 4

Therefore in Figure 4 these same relationships are represented in a more complicated way which comes closer to doing justice to their full complexity by including the important role of preconscious co-determinants. Thus it portrays areas in which preconscious processes dominate over either conscious or unconscious processes or both—areas in which preconscious and conscious processes are oriented toward the same goal but are distorted by the unconscious processes which aim at a similar goal. Every human impulse, feeling, thought, act, or pattern of living may fall somewhere along such a spectrum as this. It will be noted that this diagram indicates that there are no acts in

which any one level of processing exercises its influence alone. There are no unconscious processes devoid of conscious and preconscious co-determinants, and no conscious or preconscious process devoid of unconscious co-determinants.

One of the most important unsolved technical problems among those which challenge all students of human behavior is to develop methods which will show with a fair degree of precision where on such a spectrum any individual psychological action falls, by determining whether conscious, preconscious, or unconscious processes play dominant roles in its production, and to what degree. No attributes of human personality and behavior are more important than these; and we lack the instruments of great precision which we need for the exact scientific analysis of the relative roles of these concurrent processes. Perhaps some day clinical psychology will provide them. At present our only methods are impressionistic and clinical, and derive from the fact that to the degree to which unconscious processes are dominant, behavior will be insatiable, unvarying, repetitive, and rigid, whereas a preponderance of conscious and preconscious determinants makes for flexibility and the free use of analogy, metaphor, allegory, simularities and dissimilarities. Conscious processes test these for degrees of identity with external data (the crux of reality testing) and also for degrees of flexibility and the capacity to change and to learn through experience. Conscious and preconscious preponderance ensures the freedom to learn from experience, to grow, and to change: this, in turn, means freedom from neurotic imprisonment (*cf.*, Kubie, 1973).

The last, more complex diagram (Figure 4) is reminiscent of the nomograms with which the late L. J. Henderson used to illustrate the interdependent relations among the chemical constituents of the blood stream, where no single element could vary without a shift and movement in the chemical and biophysical concentrations, states, and behavior of every other element. In psychological activity this may be equally true of the interplay among these three systems. If so, it is impossible to understand any basic conflict (such as the conflict over sexual

goals and gender identities) unless the conflict is considered as the expression of a continuous interplay of concurrent conscious, preconscious, and unconscious processes. I regret the complexity of the diagram, but unfortunately one cannot use simplified diagrams to represent complex phenomena without doing them an injustice. Naturally the diagrams must be regarded merely as visual, graphic descriptions of an hypothesis which is to be explored, and which ultimately must be subjected to quantitative studies when appropriate techniques have been developed. Such techniques will be devices for ascertaining the relative roles in any single moment of life of concurrent conscious, preconscious, and unconscious processes whose algebraic summation is expressed in everything we think, say, plan, shun, feel, desire, and do. Parenthetically, I will say that I anticipate that only through the development and application of entirely new clinical psychological tests, and through a fresh approach to the study of the processes of free association, will we develop the tools by which the relative roles of these three concurrent systems can be appraised.

V

Multiple Manifestations and Forms of the Drive

A man who now stands over six feet, three inches and weighs about two hundred fifteen pounds was a sick, weak, undersized infant and child who suffered from severe gastrointestinal disorders. As a result until late adolescence he lagged behind his age mates in growth. He had one brother two years younger and another twelve years younger. The step-by-step loss of his mother to his siblings was completed after the birth of the third son when the mother developed an incurable illness. As the saddened family tried to make up for this to the last child by focusing all attention on him, the patient developed a double envy of him, for which he overcompensated by an erotized mothering of the little brother. Throughout his formative and growing years this pattern of behavior dominated his physical development and his behavior in studies, sports, voice, posture,

gesture, in art interests, in choice of friends, and in his psychosexual relationships.

During his analysis it became clear that this was a dreamlike, symbolic expression of multiple, irreconcilable, and unattainable goals. He wanted to continue to be himself, but he also wanted to replace the mother he had lost by occupying her role both with his little brother and with his father. Yet at the same time he wanted to displace the youngest brother in the love of his parents by undergoing a process of physical transmutation in his fantasies of an imaginary, blue-eyed, blonde, curly-headed little sister, who had never existed except in his mother's joking yet outspoken fantasies and wishes. He manifested all of this by denying the differences between little girls and boys in many ways. Thus in his occasional explorations of the bodies of little girls, he always blinded himself to his own discoveries, insisting that they were like him. At the same time his behavior revealed the fact that he really possessed full knowledge of the realities which he verbally rejected. Thus he would tuck his own penis between his thighs, holding it there as he walked clumsily around, in imitation of the bodies of the little girls he envied and whose bodily structure he denied. His unconscious goal was to win the love of both his father and his mother by a masculine-feminine fusion or compromise.

Later in the analysis, he evolved a fixed fantasy that his mother had a phallus and that he actually had seen it on one occasion. He recalled that when he was about twelve years old, he passed on the street an unknown woman who was striding along vigorously. She wore a powder blue tweed jacket and skirt. He never forgot her; she became the living embodiment of his fantasy, the proof that there could be a woman with a penis, the phallic man-woman he had been seeking to become. She *was* both sexes, and from this came the unconscious deduction that if *she* could be both, so could *he*.

In adolescence the duality of his unconscious goal led to repeated embarrassments. For years he masked this gender duality in a troubled preoccupation with the Jewish-Christian problem.

Which was he? Then came the pursuit of compromise figures as 'love' objects—i.e., young boy-girls—and a consistent and repeated turning away from all feminine women. As a young adult he married a woman who fit the mold of the unknown man-woman in his/her powder blue tweeds. The marriage was tragic and destructive. All relationships whether with men or women were transient, quickly explored and quickly abandoned for reasons he could never articulate. Furthermore, despite great native ability, he had been unable to commit himself lastingly to any field of work before his analysis. Such a commitment would have meant affirming and accepting his position as a man and abandoning his fantasy that he could be a woman at the same time. In this man's life the drive operated on pre-conscious as well as unconscious levels.

In the analysis the resolution of his struggle started as he began to glimpse the fact that he handled his entire social life as though he were an adolescent girl, side-stepping all direct competition with men. Then came the realization that he had also done this in his business relations and ventures. This led to a further realization that every element in his work and home life, in his sexual life, and in his relationship to his children (especially his sons) both expressed and masked his simultaneous identification with women. Through a dream and through the analysis of his masturbatory fantasies he discovered that his pipe and cane, from which he had been inseparable, quite directly represented to him both breast and phallus. Again he could neither commit himself to either, nor give up either.

These insights came to him in moments of fantasy, in dreams, while dancing, sometimes in sudden momentary flashes of illumination in the midst of intercourse. With his growing understanding and insights, certain changes occurred in his posture, voice, and social attitudes. His sleep improved. Gastrointestinal symptoms (for which he had twice been hospitalized) disappeared. The hostile suspiciousness, which had frequently been mistaken for a true paranoia, dropped away. It was particularly significant that for the first time in his life he could accept de-

privation and postponement, and could plan his days not in terms of moment-to-moment and day-to-day gratifications, but in terms of long-range purposes.

The study of this patient, and of several others of both sexes ranging in age from adolescence through the fifties, has led me to believe that the inability or reluctance to commit oneself to either gender can play a major role in producing the work blocks of childhood, adolescence, and maturity.

It is not yet possible to trace in a fully representative series of cases the developmental sequences by which this drive reaches its adult forms. In a few instances I have been able to trace it almost step by step; but it is impossible to say that these represent statistically adequate or broadly representative samples of something which seems to be so widely diffused in our culture that it would be quite unrealistic to expect to find it growing in any one psychopathological soil. At most a few broad principles may be tentatively proposed.

Anything which is found almost universally in human culture must have universal roots. This forces us to conclude that both for the little boy and the little girl one of the deepest tendencies in human nature is to attempt to identify with and to become both parents: with the stronger parent so as to acquire his strength, with the weaker out of sympathy and to seek and provide consolation. It would be strange if the drive to become both sexes did not arise. The questions to ask are how and why does it vary in its development, in its expression, in the toll it takes? And how is it resolved, if it is resolved? And what are its residual consequences in adult life? How do its consequences differ when it is lived out on predominantly conscious, preconscious, and/or unconscious levels? What determines whether or not it will have a specific and distorting influence on genital sexual life?

The drive can be recognized concurrently from early childhood to old age. The level of consciousness on which it is experienced and expressed, and the extent to which it becomes a

focus of repressed conflict, seem to depend in part on variables in the family mores: what the family talked and joked about, how they dressed, etc. Furthermore it is shaped and influenced by such events as (a) the birth of a new baby, and whether this baby is of the same or opposite sex; (b) the age difference between the child and his newly born sibling; (c) illnesses, accidents, deaths, and disappearances from the home group of emotionally important individuals; (d) triumphs, failures, and emotional attitudes in the immediate family; (e) the phase of instinctual emphasis through which the child is passing at the time when such events occur—especially true in twins and siblings, or stepsiblings, of opposite gender.

A boy of ten and his eight-year-old sister were left motherless by the sudden death of their lawyer mother. The father, a man of unusual 'sweetness' and gentleness (almost to the point of effeminacy), played the roles of both parents to his two children, mothering them as well as fathering them. One could sense the hold on the daughter of her identification with the father as a man, and the influence on the son of his identification with his mother as a woman. When the father remarried, it was again to a professional woman. She was warm, intense, and stimulating, but gaunt. Presently they had nonidentical twins, a son and a daughter. The half brother became the twins' nurse, guarding obsessively and jealously his right to feed, bathe, and carry them, change their diapers, push them in the baby carriage, and play with them. His sister took over none of these mothering roles but turned instead toward a male role and shared her father's interests. Ultimately the son became a lawyer like his mother, but like his stepmother he did not marry until relatively late in life. Through the years he lost the faint hint of precious femininity of manner so marked in his early years, but his dual identification and dual goal determined his choice of a mate and his relation to his three sons, as well as many of the vicissitudes of his brilliant career.

The relative positions of the two parents of older siblings of

each sex influence the subtle processes of preconscious identification. One or both parents may have caused the patient disappointment by 'failing' in a major role as an adult, or perhaps by dying or disappearing. I have encountered this constellation repeatedly, and equally in men and women. For example, in the son of a weak, ineffectual father and a sick mother; in the son of a man always away on business and a strident, harsh, and at the same time anxious and exhibitionistic mother; and in the son of a remote, scholarly father and a young, seductive mother; in the daughter of a beaten, defeated man who was a sensitive but thwarted artist and a woman who was illegitimate; in the daughter of an arrogant, tyrannical father and an abject, whimpering mother. In the group as a whole a high percentage have been oldest children, but the total number is not large enough for this observation to have more than a suggestion of statistical validity.

In the life stories of the patients in whom these irreconcilable and antithetical drives seem to have played both a dominant and a destructive role, there were an almost infinite number of concatenations of circumstances which discolored their early identifications with envies, emulations, and abasement. Among these parental figures who should have been objects of confident support and of wholehearted emulation, one died early, another was a cripple, a third a drunkard, a fourth a spiritual weakling, a fifth a seductive sadist. In every instance there was a common feature; a combination of envy, helpless fear, identification with the aggressor, plus hate and scorn.

At some point in the life stories of each of these patients envy of some contemporary of the opposite sex crystallized, usually toward another sibling or cousin. With this, there was a simultaneous debasement of the envied figure, so that the identification included hostile and contemptuous reservations. Frequently the dreams in which this is expressed both incorporate and regurgitate. In one clear example, the male patient suffered a dreamed sensation of 'indigestion' which he called 'morning nausea'. This physical sensation also occurred in hypnagogic reveries as he drifted off to sleep. In his childhood the two

major objects of identification, emulation, and incorporation had been first a vigorous maternal grandfather who had lived in the home until his death when the patient was nine, and second his mother who was hostile, possessive, and castrative, and who dressed his younger brother (his only sibling) in curls and frills for years. The father, a cripple, was an eclipsed figure.

In general therefore it seems to be true that when a child is unable to emulate either parent wholeheartedly, his preconscious and unconscious identifications will be negative toward both, each of whom tends to be an object of envy and scorn rather than of positive wholehearted identification. This seems to be one of the forces which may obstruct the formation of unifying identifications.

As the child develops further, the focus of his attention shifts back and forth between the body as a whole and its various parts—part functions, apertures, and products. These include the breasts, genitals, hips, hair, eyes, mouth, facial expression, posture, gesture, intonation, voice, body smells, body tastes, and body products. Thus auditory, tactile, olfactory, and gustatory as well as visual components of experience play roles in orienting the developing child toward those with whom he strives to identify, but from whom he must at the same time differentiate himself. In general these perceptual residues are so buried that it is difficult to recapture them except through techniques which employ hypnagogic reveries or other devices for inducing controlled states of dissociation with maintained communication (*cf.*, Kubie, 1943, 1945; Kubie and Margolin, 1945). Consequently analysis can rarely secure the essential memories of early perceptual data of this order through their verbal representations alone. This limitation afflicts all verbal techniques, whether psychoanalytic or other, because of the tendency inherent in words to screen perceptual data and the 'gut' components of memory (*cf.*, Kubie, 1941b, 1948b, 1950, 1952, 1953, 1955, 1956). The relative lack of such data as this limits our ability to trace with precision the earliest stages of the development of such identifications.

This lack is of more than passing importance. The terms 'ac-

tivity' and 'passivity' are value judgments. They are not the stuff out of which a child's concepts of man and woman, of boy and girl, evolve. The child builds these entities out of his sensory experiences of specific individuals; i.e., body warmth and smell and taste, the texture and rustle and color of skin and hair and clothes, the imprints of posture and movement and gesture, facial expressions of anger, rage, and love, the timbre and pitch and volume of voice. These are the stuff out of which bodily identifications are made. Victory and defeat, power and weakness, status, activity and passivity, dependence and independence are adult abstractions which evolve slowly and late out of the raw material of primary experiences, and under the conventionalizing pressures of social forces. As this occurs the primary sensory data become obscured by a screen of reified conceptual abstraction. The difficulty of recapturing such early sensory components of early identifications poses a serious obstacle to exploratory and therapeutic research.

Nevertheless I have a few clear samples of sensory data derived from early oral drives, expressive of a man's envy of and desire for breasts, as a step toward becoming, possessing, and containing his mother, while at the same time maintaining his own phallic integrity. In another instance, a woman's older sister had been physically cruel and oppressive to her all through her childhood, yet was her only symbol of strength and fancied security. Therefore this sister became the main focus of need and attachment, but at the same time of envy as a phallic woman. The younger woman dreamed that she saw her sister naked, with full breasts and a banana in her hand; then as she watched, the banana became a phallus. At first the patient was horrified at this. Then she suddenly thought, 'That's all right; it means that I am soon going to have one of my own'.

Contradictory manifestations can coexist with bewildering variety, e.g., the swaggering and aggressive man who out of sudden shyness cannot go into a store to buy a tie but must ask friends or his wife to do it for him; the young prize fighter who knowingly marries a lesbian; the woman who drinks like

a man, swaggers like a man, swears like a man, fights like a man, and whose voice breaks at times to resemble that of a man, yet who demands to be made love to as a woman; the many men who are aggressively male in all their external relationships but who are feminine in bed; and conversely, men who are feminine in their orientation toward the world yet who are compulsively and insatiably masculine in bed. Contradictory manifestations can also follow each other in successive stages of development. Some of these are familiar; e.g., the transmutation of the tomboy into the female adolescent, or the rough and tumble lads who ask for a doll for Christmas.

Such agglomerations of contradictions express crisscrossing identifications, while at the same time giving rise to a multiplicity of incompatible goals. I have cited the man who needed to become his father's daughter without at the same time relinquishing his identity as his mother's son. (This can occur even when there are no actual daughters in the family.) He is matched by his opposite number—the woman who wants to be the son her father never had without relinquishing her status as a woman.

Out of these contradictions arise a special form of insatiability because whenever we attempt to gratify mutually irreconcilable drives, the gratification of either component automatically frustrates its opposite. Inevitably such insatiability has oral components, yet it need not arise out of an overaccentuation of primary orality with which it can be fused or merely confused. Rather the oral ingredient may be the instrument by which the unconscious drive to become both sexes is to be achieved, through incorporation of breasts or penis or both, or of the body as a whole. This plays a role in sudden explosive episodes of heterosexual or homosexual fellatio. The dream of the envied older sister with the exaggerated breasts and holding a banana which becomes a phallus is another self-translating example of this. In short, merely because orality may be expressed in insatiability does not warrant an assumption that insatiability arises always and solely out of orality.

Similarly, the material derived from this drive is frequently mistaken for primary œdipal derivatives. For instance, in one dream and also in one waking fantasy, the image of a father violating his daughter represented not an act of lovemaking, or of 'making a baby', but a demand that he plant his phallus in her so as to turn her into a boy-girl. Similarly a man whose dreams and fantasies seemed to demand intimacy with his mother's body was trying instead to incorporate the mother's breast and vagina, so as to achieve his secret aim to become both sexes without relinquishing either. In such instances it is not easy to disentangle true œdipal drives from those which make use of œdipal acts for purposes of magical bodily transformations. The fact that both sets of unconscious implications may frequently coexist, side by side, in the same individual makes the distinction especially difficult.

If I were asked for my clinical impression of the nature of the most universal, the most highly charged, and the most characteristic manifestations of the drive to become both sexes, I would say that they are: 1. An angry and perpetual search for a parental figure who is an idealized father and mother combined, to replace one who has 'failed'. 2. Insatiability—i.e., the demand to remain forever a bisexual infant who will be suckled, supported, and made love to by the same parental figure over whom there is also a necessity to triumph (all of this to be represented by the analyst). 3. The demand actually to become and thus to displace both parental figures. 4. The demand to replace a younger sibling of the opposite sex while remaining the same sex oneself.

Finally there is a special relationship of the drive to become both sexes to both the verbal and the graphic presentation of 'pornography'. What any word means depends in part on its past history, but what a word comes to mean through usage may be quite different. A word may be worn by usage as a coin may be worn away until almost none of the original marking remains. This is what has happened to the term and concept of pornography. The Greek root tells us little of its present

implications. From history and from usage comes only one significant implication, namely, a desperate struggle toward an insatiable, conflicting, and therefore unfulfillable goal. This is where the term comes closest to the implied consequences of the drive to become both sexes.

Whether it is a description in vivid words by Jeanne Réjaunier (1969, 1972), or Mickey Spillane or Henry Miller, pornographic literature represents the endless, sad search for something unattainable, often repellent. It also carries the implication of a frustrated orgy, of a whole group of men and women struggling nakedly together in a frenzy of futility as they attempt to achieve an impossible alchemy of change in which all differences will be transmuted into one likeness, multiple sexes into one sex. No matter what kind of physiological ecstasy is achieved, the end is spiritual disaster. These concepts underlie that which is pornographic in today's art and literature: the desperate search for unconscious goals which are opposites, irreconcilable, and therefore forever unattainable and insatiable. Furthermore because of the frustrations involved, that which may have started as attraction or even as some form of love becomes hate, destruction, violence, and gore, while that which started as a mutual act becomes purely onanistic, no matter how many other people are involved. All of this is the expression of the drive to become both sexes, its futility, its misery, and its desperation, as we see in the frustrated pseudoerotic frenzies of encounter groups.

VI

Relation of the Neurotic Drive to Become Both Sexes to Psychotic Disorganization

When the psychoses are studied closely on the basis of a searching anamnestic survey of the prepsychotic neurotic process, we find in the life histories of psychotics every symptom and every problem with which we become familiar when studying the neuroses. But we also see that certain crises occur

on the path from neurosis to psychosis. For any of many reasons the price the patient has to pay for his unsolved neurotic problems may increase sometimes suddenly, and sometimes insidiously. Or his methods of evasion may lose their efficacy. Sometimes he reaches an impasse from which there is no escape except the psychotic explosion. The simplest paradigm is the individual who after many years of struggling with a claustrophobia develops a superimposed agoraphobia. Thereupon, as he becomes trapped between them, he ends literally by standing on his doorstep, unable to move in or out. Then comes the explosion. Although this may sound oversimplified, it actually occurs even in as simple a form as this, and I could point out innumerable subtler and more complex examples of precisely such entrapments between polar neurotic binds which produce that tragic transition from the neurotic process into disorganized psychotic episodes.

In recent years much has been written about the operation of a process called the 'double-bind', a term which has been used in various ways. By some it has been applied to the earliest steps in the development of the child's personality, with a concurrent premise that something in the attitude of the family (and more particularly of the mother) traps the child in a situation in which it becomes impossible for him to move either to left or to right. Others have found evidence that this type of dilemma can also crystallize much later. It is my impression that the 'double-bind' can exercise its destructive influence both early and late, and that, although they are important, the parental attitudes toward the young child play a less unique role in determining this than has been assumed. For instance conflicting unconscious and/or preconscious identifications may form more often than was realized, and whenever this occurs it results in an insoluble dilemma and entrapment. It arises with catastrophic effects out of the drive to become both sexes when the patient cannot reconcile himself to being either a boy or a girl, either a man or a woman, either his father or his mother, but wants to be both and/or neither.

As was pointed out some years ago, there is no psychopathology which does not involve dissociative processes: that is to say, dissociations among components of psychological processes which should normally operate together (*cf.*, Kubie and Margolin, 1945). These dissociations can be simple dissociations in time and place—things which occurred together are recalled and responded to as though they had occurred quite separately. Alternatively, the memories of bits of experience which occurred separately may be recalled and responded to as though they had occurred concurrently. This leads to dissociations between the symbols which are used to represent these bits of experience, the items of experience with which they were originally linked, and the affects which should have accompanied, preceded, or followed them. Thus these dislocations in time and space can also dislocate their affective colorings. There can also be dissociations between effects and the initiating precipitants of the neurotic impasse, or between effects and the sustaining causes of these head-on collisions or their consequences. Furthermore bits of processes that become dissociated from one another can be reconnected either with their original roots and links, or to form new combinations and new patterns. Moreover all such dissociations and their reorganization into new combinations have their own secondary and tertiary consequences. Such alternatives give us hints of the enormous complexity and variety of the changing, kaleidoscopic mosaics of experience which enter into all neurotic processing. This is part of the secondary inescapable build-up of the neurotic process which gives rise to new formations of the consequences of human experience.

Yet none of this is a primary, initiating, or instigating element in the neurotic process. These are its symptomatic products. They resemble a fever in that they are the products of a disease process, while at the same time they have their own secondary consequences which lead to further steps in the process of illness.

Furthermore there are other important kinds of dissociative processes: dissociations involving personal identity and dissocia-

tions which produce confusion and inner conflicts over gender identity and gender purposes. Here the basic issues are: What do I want to be? Do I have to choose? Do I have it in my power to choose? Can I be both? Can I alternate? In turn this is linked to complex problems which involve conscious, preconscious, and deeply buried unconscious ingredients of our secret body images.⁴

As I write this, many images and memories of patients come to mind. What was the concealed fantasy about himself in the man with the inturned, unsmiling smile, a small, weak, and motionless mouth, frightened eyes, and sudden explosions of apparently unmotivated rage? Then it came out that his rage was not unmotivated at all. Some subtle clue had made him feel not only that this was the way he saw himself but that it was the way others (including the therapist) saw him too. Furthermore, without knowing it he had been trying to be not one person but two because of his hostile, conflicting, and unconscious identifications with a tempestuous father on the one hand, and a weak, frightened, placating mother on the other.

Another memory is of the man whose face was also masked in shyness, whose way of using his head and neck, his evasive postures, all finally came to expression in a dream of being someone whose eyes and nose were masks and substitutes for another triad (i.e., for his phallus and testicles) and his mouth a surrogate vulva, as though he wore genitalia on his face. He lived in constant terror that his face was betraying and unmasking him. These were not delusions; they were his inarticulate feelings about his own image, feelings whose content was unconscious but which caused him intense pain. Interestingly enough drugs came into this picture too, because as one explored further one discovered that for him the purpose of drugs was his need to use them to change genders. I have reason to believe that this is

⁴ If one thinks of the schism in what is miscalled 'schizophrenia' as being not a secondary schism in the relationship of cognitive, ideational, and affective processes but as primary schisms in identity such as these, the term itself may begin to have some valid meaning and significance.

not infrequently true among adolescents and may in turn be related to the desperate terror so many gifted young people have of committing themselves to any one gender—the terror of success in studies, in sports, in careers, in social groups, and even the terror of sexual success in bed. Success itself carries for them the threat and terror of committing oneself to being one or the other, and the terror of relinquishing the opposite goal.

Obviously such considerations raise other questions. What happens to the secret, self-image of a man or a woman after so-called 'transsexual' operations for gender transmutation? No one can answer this question as yet for the simple and self-evident reason that those who have been involved in experiments with gender transmutations (miscalled 'transsexualism') have never made specific before-and-after studies of the psychological changes such manipulations produce in self-imagery. These subtle, elusive, and concealed elements in the human psyche are difficult to study, but that they must be studied is evident.

Related to all of these issues are identifications with the parent of the same sex and/or of the opposite sex, cross and mixed identifications with parents of both sexes, and also with older or younger siblings of the same or opposite sex. Obviously these too must be influenced by operations for gender transmutation; yet they have not been studied from this point of view in spite of their profound, transparent, and potentially blighting influence on human development and on the utilization of human potentials. I think of a vigorously masculine and hirsute older brother of four male siblings, a man of extraordinary ability, but so paralyzed by his hopeless yearnings to replace a blue-eyed, pink-cheeked sister that he could never allow himself to achieve anything which would have meant turning his back on the feminine identity for which he was secretly and unconsciously yearning. He wanted to be both.

This brings up what is perhaps the most destructive element of all: i.e., the fact that these internally conflicting, contradictory, and unattainable goals can so dominate a life as to cause dissociations among purposes and activities on all levels—con-

scious, preconscious, and unconscious. It is out of such soil as this that multiple dissociations and depersonalizations can lead to psychotic schisms and disorganizations.

This endless fluctuation between satisfaction and dissatisfaction with the body has manifested itself for centuries in both sexes. This is nothing new. Since the Second World War we have seen it accentuated in the 'hippie' culture with its sharp swing from the woman turned male to the male turned woman. What has been most striking about this latest swing has been its ambiguity, so that one often has to ask oneself, 'Am I looking at a man or a woman or at both together?'. The same ambivalence has been manifested in erotic practices which have become equally ambiguous, in so far as what the male or female did in bed together became less and less distinguishable. To implement these unattainable fantasies has required not merely the use of plastic surgery and prostheses but also of drugs.⁵ Why this has been intensified in recent years and why it has been linked by steps of inherent frustrations to carnage and bloodletting and the cult of violence in today's movies and TV is again an extraordinarily important problem. But it is not a problem on which anyone has the right to be dogmatic or to pretend to have answers. For the most part, these are questions which no one has asked. Therefore it would hardly be reasonable to expect that someone would have found answers to unasked questions about unsolved problems, the mere existence of which have not even been acknowledged.

As for myself I must make it clear that the most I can hope to do here is to call attention to and illustrate some of these many unsolved but deeply important problems of human culture.

⁵ This passing fad for what is miscalled 'transsexualism' has led to the most tragic betrayal of human expectation in which medicine and modern endocrinology and surgery have ever engaged. In the name of gender transmutation they have led people to believe that alchemy was possible, thus fostering in individuals and in our whole culture conscious and unconscious neurotogenic fantasies whose only possible outcome is an intensification of the neurotic fantasies which underlie their expectation and ultimate psychosis.

VII

The Interplay between the Drives to be Both Big and Little, Both Adult and Child, and Both Sexes or Neither.

Anyone who has lived close to and observed children objectively is aware that the human child is not reconciled to being a child. One sees the manifestations of this every day. But why do the smoldering rages over being a child, over being 'smaller' than others, sometimes last throughout life to produce irrational competition for size in buildings, cars, etc.? And if sometimes, why not always? Equally perplexing is the observed fact that there may be at the same time an equally violent rebellion against becoming 'grown up'. Here again we encounter an entrapment in an inability to accept either of two irreconcilable and therefore unattainable states and goals—that of remaining a child and that of becoming an adult. Furthermore the drive to remain a child frequently may be merely a path to still another unconscious goal; namely, to go back to the brink of the beginning in order to start over again and grow up as a member of the opposite gender. This is a special and important form of 'brinksmanship', a perplexing and tragic source of youthful suicidal attempts. Consequently the human being, child and man, who is not reconciled either to the fact that mankind is divided into children and adults, or into two sexes, may find that he also may reject his own growth toward maturity. In this way, these two basic rejections of reality become interwoven; and by this tortured path an individual may harbor concurrent drives to be an adult-man and a child-woman, or to be an adult-woman and a child-male, or even to be a child in both genders. I must repeat here that in the imprinting of these crisscrossing roles, confused early identifications play dominant roles and produce individuals who cannot commit themselves in life to any enduring role, whether in study, work, or play.

Clearly when one wants at one and the same instant to be both a daughter and a son, whether of a father or of a mother, or if one wants to be both a wife and a daughter, or both a hus-

band and a son, or alternatively a husband and daughter, it is difficult to commit oneself to anything and yet remain at peace with oneself. Out of such irreconcilable demands it is inevitable that frustration and hostility arise with an involuntary and savage turning against the sexual partner. Such concealed but irreconcilable identifications lead to many rationalized dissatisfactions in marriage, some of which will be discussed below. These conflicts and their consequences can be recognized throughout the history of human culture. Why they are playing such a devastating role in the 'hippie' culture of today is less clear.

There can also be a concurrent, alternative and often tragic drive to be *neither sex*, a complication that often leads to depression and terror, to unreality feelings and depersonalization. The individual fluctuates between the need to be both and to be neither, challenging life insatiably and even viciously with the demand: 'Give me all or nothing. Let me be both or neither.' I have seen this precipitate psychosis after relatively 'successful' plastic operations whether on the face or on the genitals, and after medication for gender transmutation.

Also in my experience this gives rise to some of the most intractable difficulties we encounter in all forms of psychiatric therapy, whether with electroshock, chemotherapy, psychotherapy, or psychoanalysis. Frequently it is the hidden source of what is defensively and confusingly misnamed 'the negative therapeutic reaction'. Just as political freedom is a mockery to someone who is dying of starvation or disease, so 'getting well' is a cruel joke to someone whose unconscious and intransigent demand is inherently unattainable—to become both sexes and/or neither. This is well illustrated in my review of *I Never Promised You a Rose Garden* (Kubie, 1966a).

VIII

Relation of the Drive to Marriage, Sex, and Aging

Another manifestation of this perplexity influences the phenomena of courtship, and the shift from courtship into marriage.

A. *Courtship*

Superimposed upon his conscious yet largely inarticulate hopes, the human being brings into courtship a wide constellation of unconscious expectations. He hopes that the new relationship and the new affirmations which he seeks through this relationship are going to solve all of his problems, both internal and external; and that those which are not solved are no longer going to hurt, so that they will no longer worry, perplex, depress, frighten, or anger him. As after a lobotomy, the words may be unchanged but the tune will be different; and where they cannot cure they are at least going to make life relatively painless as they resolve and smooth out the wrinkles left on the human spirit by conflict. In the words of the old song, there will be 'no more sorrow, no more trouble, no more pain' (James, 1933). Furthermore the magic of the new relationship is going to make the individual permanently into the kind of man or woman that he can temporarily pretend to be during the process of courtship. This engaging, delightful, humorous, witty, winning, attractive, enduring, generous, adaptable human being that he has suddenly become will be 'me forever'. And effortlessly, mind you. All of this is part of the magic that is sought during courtship.

But a deeper concomitant is also longed for; namely, a magical change in the body. The new relationship will eliminate everything about the body which has been secretly, dimly, and barely consciously found dismaying. And most important of all the courtship is going to work magic on sexual differences. The ancient magic of laying on of hands, 'The King's Touch', will either change one into the opposite sex; or, and far more frequently, it will make it possible to become *both* sexes. This is the hidden meaning of the old dream of a mystical union. The mystical union of the spirit is easily acceptable as a romantic goal, but far more significant is the mystical union of two bodies which will transmute the differences between the two sexes, so that they become one, as happened to Orlando.

Unhappily and tragically, as we all know, this magic cannot work, and it is this which precipitates bitterness and resentment and a sense of betrayal in the budding love relationship. Actually, of course, once these magical expectations are stripped away, it becomes possible for the first time at least to seek a realistic and attainable relationship. For the first time the individual can start to consider not what kind of a person he marries and whether he can love this person, but what kind of being he can or cannot become, and therefore what kind of a life can anyone live with him. Can he not only love the so-called 'love object' but can he do this while remaining reconciled nonetheless to being himself? Because if this is not possible, then the more he loves this 'love object' the more he is forced to hate himself. This is perceived now through a haze of disappointment, dismay, and pain, a sense of betrayal and bitterness, and the tendency to say, 'Anyhow, it is all your fault. I wanted to end up both; and you cheated me into thinking I could; but I cannot, at least not with you.'

This sad and nearly universal human experience occurs daily on every level, conscious, preconscious, and unconscious. What is more, it also occurs at different intervals. Time relationships are of particular importance here. In one case it happens an hour or so after the young woman first meets her man, because her unconscious expectation has been that the magic would take place at once. She is to be magically changed in the first hour, and when this does not happen she turns with savage and bitter jibes and taunts, driving her young beau away, and then mourning her loss and her loneliness with a renewed sense of desperation and defeat. With another it happens in a matter of days or weeks. For business or professional reasons, her beau frequently may have to be away. Each separation is greeted with a secret initial sense of relief. Then, however, comes a painful longing, a sense of nothingness. 'When he is not around I am neither a man nor a woman' is the way she puts it. Then comes the return, an exultant, happy reunion, and a joyful erotic affirmation of her womanhood, only to be followed by a period

of hovering uncertainty, a slump into depression, a growing sense of tension, a claustrophobic feeling of having been trapped by loving this man or any man. This brings on a gradual and insidious anger, and with the anger this hitherto quite feminine woman becomes harsh and bitter. The kind of clothes and the colors she wears change; the actual timbre of her voice alters; she swears and drinks. A solid core of masculine rage begins to show itself as she turns her resentment onto this man who has done her the great injury of proving to her that she is a woman and not a man, proving the very thing she had thought she wanted but that unhappily she also did not want unless she could end up as both. Other alternative consequences may occur swiftly or slowly. For instance, instead of turning from joy to rage there can be a precipitous drop into violent alcoholism.

B. *Marriage Choices*

The influence of the drive to become both sexes may be manifested also in the choice of a sexual and marriage partner. Many fine gradations of sensory experience, such as perception of height, shape, eye or hair coloring, voice, manner, combine to form subtle pathways of preconscious or unconscious identification. Sometimes buried patterns of preverbal sensory memories, formerly too elusive to bring into full consciousness, come to clear expression.

The effects of the drive to become both sexes on such object choices can be illustrated in many ways. Most familiar is the tendency to choose a heterosexual equivalent of the self; e.g., the cadaverous man who repeatedly marries a cadaverous woman, or vice versa; or the opposite tendency to marry one's physical opposite in size, weight, coloring. There is the familiar story of the vigorously aggressive man who chooses the weakly clinging woman, and of the effeminate man who chooses a notably aggressive woman. Subsequently out of this comes the depreciation of the chosen object, again with a sense of having been cheated and outraged. Then follows a familiar sequence: the depreciation of the partner, interpreting all difficulties as

being the fault of the other, only to repeat the identical pattern in another union. In such marriages the unconscious goal of contrasexual equivalents is to neutralize and eliminate all gender differences, both genital and secondary, while at the same time acquiring both. These irreconcilable goals may coexist side by side, and can be expressed in the same dream. It is of further interest that the differences between identification (i.e., becoming) and incorporation or introjection (i.e., possessing) are paralleled by the content of such dreams.

This is illustrated in the unpublished recent work of the late Arthur Sutherland and his associates on the tendency of some women after mastectomies to develop 'phantom' breasts; it is paralleled by dream material in which men with strong identifications with their mothers dream of phantom breasts comparable to the phantom penis described by Rado (1933). Another example is the dream of a woman patient, in which she became 'as smooth as a china doll'; i.e., without apertures, folds, pigment, hair, body or genital odors, and also without appendages of any kind. Thus she eliminated simultaneously the genital and secondary attributes of both genders and became neither. The outcome was panic. Still another example is the almost somnambulistic and paradoxical behavior of a model who was thrown into a rage every time anyone expressed enthusiasm over her appearance, especially if she had made an effort to appear at her best. She wanted her appearance to be something that happened inadvertently, without thought, effort, or attention. If she dallied for a moment over her appearance, any subsequent favorable comments triggered an angry impulse to hurry home to destroy her own attractiveness before anyone else could comment on it. At the same time the least criticism of her looks was resented with equal violence.

C. Paradoxical Rejection of the Fulfilling Lover

In intercourse itself the drive to become both sexes often results in one of the most distressing paradoxes which can occur in the whole range of genital and marital relations. Under its influence the more successful the love relationship, the more in-

escapably is it doomed. The man (or woman) cannot do without a mate, yet also cannot do with the mate. Without the mate the individual describes himself variously as being 'incomplete', 'unsure', 'unloved', 'a monster', 'nothing', and obsessed with angry, yearning thoughts. Even though the moment of sexual union may be ecstatically intense and the physical relationship complete and fulfilling, it is followed by a gradual upsurge of tension and restlessness, a sense of having been trapped and then abandoned, an increasing irritability over trifles, and then angry rejection of the partner. On analysis this turns out to be a direct expression of at least two unconscious feelings. One is, 'You fooled me. You did not change me. I am just the same as before.' The other is, 'As long as you are around, I cannot be both'. In turn these lead to a vengeance-driven, destructive sequence: e. g., 'If I cannot *be* the other, I can at least conquer'. In both men and women this unconscious formula frequently leads to equally frustrating promiscuity, and sometimes even to murder. It led one woman to bite halfway through the man's phallus.

It is only toward the end of the most successful and complete analyses that an understanding of this unconscious feeling is attained with fully emotionalized insights. The emergence of such deep insights is usually signaled by the occurrence of emancipating floods of transparent dreams of being both sexes. The tendency to reject the loved object is so general a manifestation of this drive that I will re-emphasize it. The lover feels, 'I cannot do without you. Without you I feel miserable, unhappy, deprived, lost, and incomplete.' Yet after the union comes the feeling that the expected magic has not occurred, that the presence of the loving partner is confining, restricting, and depriving. The unconscious substrate of this reaction is the feeling that the presence of the man prevents the woman from being a man as well; or that the presence of the woman makes it impossible for the man to be a woman at the same time. Therefore the full formula is: 'I cannot do without you. Yet I cannot do with you because your presence confines and restricts me to being only myself.' Alternatively this may be expressed with the

accusation: 'Your presence keeps me from being myself', which leads in turn to a blindly driven need to be alone.

This impasse may arise at various points in the development of a relationship. An extremely attractive but virginal 'bachelor girl' could not bring herself to think of marriage because every time a man started to pay attention to her she had to reject him at once. She wanted his attention, and without it she felt 'monstrous'. But with it she was precipitated into rage and mockery, because his attentions were paid to her as a woman and blocked and dissolved her unconscious fantasy of herself as being a man as well. In another case, the block became a dominant force only later, in fact during the very act of intercourse. Before intercourse the woman was free and responsive up to the point of orgasm. During intercourse a moment of frigidity would occur, an orgasmic arrest at the very height of intercourse. In this instance orgasm itself had come to symbolize the giving up of the unconscious dual goal, and it was this which suddenly throttled any response but rage. Or the block may arise immediately postcoitally, or more gradually over the course of the succeeding hours. In two instances the woman had passed through successive phases during successive periods of life: in the first, the block became dominant during a celibate courtship; in the second phase it arose during intercourse.

An actress of great beauty was struggling with this problem near the culmination of her analysis. She dreamed of being on a train 'going someplace'; but she could not find her 'pants'—by which she meant her slacks. Everything was strewn around. She was 'menstruating furiously'. There was a 'mixed chorus line', i.e., made up of both men and women, which she had been 'trying desperately' to join, but she could not find where she fitted in. Still another woman, who was working through this problem in her analysis, dreamed of being seated on a man's lap with her back to him, gradually feeling that the man's phallus had become part of her, until she ended up at the 'front' for both his body and her own, bearing both breasts and phallus. A third woman awakened from a deep sleep which had followed a particularly happy and successful intercourse. She looked

over at the figure of her sleeping lover and realized suddenly, vividly, and quite overwhelmingly that he was the young man she wanted to be and that in fact there was a striking physical resemblance between them.

These crisscrossing relationships often express themselves in a significant interplay of accusation and counteraccusation. Frequently and with some truth the woman complains to her mate that he wants her to be the man; while the man in the same partnership complains that she wants him to be the woman. This was expressed quite directly in the dream of a woman patient that her husband was Lady Macbeth. It was expressed equally clearly in the life of a man who was obsessed by breasts, yet married a woman without any. Another man turned on his wife as she raced through the rain to capture a taxi for them, and said, 'Jane has to be her own husband', a fact that Jane had in truth just been discovering in her analysis.

D. Homosexuality and Masturbation

As an expression of the rejection of sexual differences we encounter a wide variety of seemingly universal attempts to span the sexes; i.e., to be not one but both. We find the manifestations of this drive in the neuroses and in neurotic character disturbances, in occupational choices, in psychoses, in the content and form of art products, in marriage choices, and inevitably in all forms of sexual activity. In this connection, however, it is important to recognize that this drive is not identical with genital homosexuality, that it may conceivably offer a patient alternative goals, and that the interrelationship of the two confronts us with many difficult questions concerning the nature of those forces that determine the target on which the compulsive components of genital drives are focused, the bodily implements they use, and the activities in which they engage. A full discussion of them is beyond the scope of this communication. This much may be said, however. In the overt male homosexual, the goal of attaining an enhancement of one's own gender by the magic of contact with another man's genitals is usually repressed, whereas in the heterosexual male the goal of becoming

the opposite gender by contact with the female breasts and genitals is repressed. Frequently in both man and woman the hidden conflict may be revealed only under alcohol or other drugs. Only rarely is the overt invert an alcoholic. Yet there are some men and women who must drink to permit the balance to shift from overt heterosexuality to overt homosexuality, and others in whom alcohol is needed to facilitate a shift of identification in the opposite direction.

Analytic material suggests that among male homosexuals some build up an unconscious, almost delusional conviction that the body is not the body of a man, no matter how male it is in reality. He may awaken every morning with a panicky conviction that his penis is gone, or was always an illusion. Consequently his homosexual genital activities have as their unconscious and paradoxical goal the attainment of triumphant heterosexuality by working a magical transformation on his own supposedly defective body through bodily contacts with another man.

On the other hand, in a woman the presence of the drive to become both sexes carries the unconscious assumption that despite all appearances to the contrary the body is really male, and the unconscious goal of all of her heterosexual genital activity is to add to herself all of the sexual attributes of the opposite sex by the magic of the sexual act without relinquishing her own sexual identity. We meet this fantasy repeatedly in Orlando.

As I have already said, masturbation often embodies the quintessence of the fantasy of serving oneself in the capacity of being both sexes for oneself, which probably explains in part the tenacity both of the compulsive, insatiable component in masturbation and of the guilt that attaches to it.

E. The Relationship between the Drive to Become Both Sexes and the Disappearance of a Parent

The death or disappearance of the parent of the opposite sex is often the experience which precipitates a patient into confusion and ambivalence over gender identity, and sometimes

leads to the first overt homosexual experiences. It is as though the patient were saying, 'Now my father (or mother) has gone and can no longer make me whole, can no longer give me the missing bodily attributes; therefore I will seek to achieve my wholeness elsewhere'. Then comes a desperate storm of homosexual activities with an unconscious reparative goal: i.e., 'by bodily contact with a male I will become a real male', or else 'by bodily contact with a female I will become a real female'. Both end in frustration and despair.

A few other manifestations of the problem which are of special interest are related to self-evaluation, and especially to the under- or overestimation of one's appearance—the pitch of the voice, clothing, gait, posture, etc. A beautiful woman could not look at herself in the mirror without a feeling of revulsion. She had grown up with a deep hatred of a younger brother which turned to shame and envy as he outgrew her. This was always masked, however. She thought of her envy as an unrequited 'love', which ultimately turned into an obsessive preoccupation with large men. She dreamed of them, yet ran from them. Her unconscious goal was that they should either change her into her brother, or else destroy him. As an extension of her reaction to her father's death she felt irrational anger at being left by a man; yet she had equally irrational flares of anger at a man's return. In no aspect of her life could she ever commit herself wholeheartedly, either to a woman's life or to a man's life. Yet without a man, she said, 'I wither away'.

In a comparable situation a boy with an intense love of and identification with his father, plus an intense rivalry toward a younger sister, had been hurt deeply when his mother abandoned the family. He spent the first years of his life attempting to be both his father's son and his father's daughter.

F. The Influence of Aging

Both for the added understanding which it can provide of the dynamics of this complex drive, and because of the current

trend toward longevity, it is relevant to speculate on the fate of this drive in the older age group. In practice we see more and more older age patients who are not mentally impaired in the formal sense. The sensorium shows little or no deficit of the kind that we have been accustomed to look for in the arteriosclerotic and parenchymatous deteriorations of *senium*. Nor are they caught in the old age depressions. It is rather that their so-called 'healthy' defenses against unconscious conflicts as well as their neurotic or symptomatic defenses are down.

This exposes the fate of the drive. Sometimes it seems to have been abandoned unconsciously. Sometimes one gets the impression that the drive has been unconsciously achieved, and that the aging patient lives in an innocent dream of bisexual omnipotence. Whether the drive is unconsciously abandoned or retained in unconscious fantasies, aging brings significant changes in body form, facial conformation, skin, voice, distribution of hair. Thus aging brings facial hirsutism in women, but also a thinning of hair of the scalp, more wrinkles, changing voices, changing distributions of body weight and skeleton, all tending to mask secondary sexual differences. All of these changes tend to lessen those secondary characteristics which differentiate the sexes in earlier years. In part these changes may also be due to glandular shifts which can both alter the emotional states and the neurotic pictures of age. Longevity itself thus creates problems which are not new to mankind but whose frequency has increased. This accounts for two opposite phenomena: one, the 'heavy sugar daddy' with the chorus girl, and obversely the bitter 'love' affairs between aging women and young gigolos. It also plays a role in the eruption of homosexuality in aging men and women who had previously shown overtly only heterosexual tendencies.

We face here a profoundly difficult and intricate human problem which is being forced upon our attention by the triumphant progress of modern medicine toward longer life expectancy for more and more people without providing them with the defenses of a true psychological maturity.

IX

Relation of the Drive to the Diurnal Rhythm of Drinking, Sleeping, and Waking

The drive and its veiled and disguised fantasies are often expressed in alternating diurnal rhythms, one part of the day devoted predominantly to one role, other parts to another. A man or woman may live out the male component in the daylight hours, and the feminine at night. We are all familiar with the woman who dresses in harshly tailor-made clothes by day and in the most feminine and revealing of formal clothes at night. An example is the fifteen-year-old transvestite mentioned above, who in the daytime was comfortable only in riding breeches and boots, and at night only in the most adult, formal gowns.

Frequently this conflict in roles reaches its highest intensity toward the end of the afternoon and the two roles converge. It is no accident that this is the time of day when drinking often gets out of hand—the drinking of the woman who is in her home awaiting the return of her husband and the drinking of the man who is on his way home. One husband's occupation took him away repeatedly. His wife always yearned desperately for his return, feeling as though every absence proved afresh that she was not a woman but a monstrosity. At first his returns would assuage this feeling, but gradually his presence undermined her hidden fantasy that in his absence she had really become a man while seeming to remain a woman, and her tension mounted. The drinking came as this tension began to stir in anticipation of his return. For the man, the same hour of the day often marked a transition in the other direction, to a partial feminine identification.

To another woman the afternoon hours meant turning toward the time of day which throughout her childhood had been dominated by her bitter fear of and love for her father. This was coupled with intense rivalry with him and with her brother: she was both her brother's rival for her father's love

and her father's rival for her brother's love. All of this she transplanted into her marriage, and in her episodic alcoholism she lived through a complete identification with her hated, admired, and feared father and brother, and simultaneously with a despised but consoling mother. Her voice, manner, choice of words, all oscillated between facsimiles first of the one and then of the other.

This diurnal rhythm also has something to do with the wholly artificial, but culturally entrenched, contrast between work and play, between the working week and the weekend's 'play', between the week's activity and the exaggerated Sunday sleep in which the fantasy of the dual sexual role can be realized in dreams.

As already indicated, the transitional hours between the 'male' and 'female' parts of the day color the end of the afternoon, the 'cocktail' hour, converting them into hours of mounting tension which sometimes accounts for precipitate bouts of alcoholism in both men and women. This is a black alchemy which supercharges the marital martini. Before marriage it may have meant release, warmth, gaiety, generosity; after marriage it often releases the most violent distillate of hate and jealousy.

This transition can also occur at the moment of awakening with a sudden plunge into panic each morning. I have in mind a man who in his sleep and in the symbolic language of the dream acquired breasts, thus becoming both sexes. From this he wakened, feeling comfortable, intact, and above all 'whole', but only for a fleeting moment. Once fully awake he lost both his phantom breasts and his confidence in the reality of his phallus thus becoming neither sex, i.e., 'nothing'. Therefore within a few moments after waking he was plunged into panic, with a feeling of having lost reality, of having lost himself, of 'nothingness'. It was not until well on toward the termination of a long and difficult but ultimately successful analysis that he discovered the reasons why he regularly wakened to terror and to feelings of unreality and of depersonalization.

X

Influence of the Drive on Work and Play

As the objects for which a patient has been struggling lose their unrecognized symbolic magical values, the whole pattern of living may change. This sometimes accounts for change in a field of study or of work. In the case of one young man, his absorption in philosophy had as its goal not merely to know everything but to be everything. Under psychoanalytic therapy with the growth of insight, this interest shifted to concrete science. I have seen similar changes from a preoccupation with æsthetics to a preoccupation with engineering, in the shift from medicine to law, and in the shift of an already successful young lawyer from law to medicine. I have seen it in a compulsive and diffusely overactive woman who became quietly and steadfastly devoted to a single goal. Several women (and some men) who had been passionate devotees of riding, turned completely away from this sport once it lost for them its bisexual significance.

Of special interest are the voice changes that can occur. For instance, after the resolution of this unconscious conflict, the high-pitched voice of a young man dropped into a normally deep male register that had remained unused, although obviously available for many years. I have known two women whose voices, whenever the struggle was heightened by bitter marital disputes, acquired a harsh, male quality during periods of stormy struggle over this bisexual goal.

As already pointed out, the drive to be both sexes may alternate with the drive to be either the one sex or the other. This frequently becomes a fear of ending up being neither—nothing, gone, or as one woman put it, 'withered'. In turn this may lead to feelings of depersonalization and to terrors of death and disintegration in a setting of malignant depression. In moments of transition among these varied manifestations of the drive to be both or neither, there may be stormy rages and acute fears during the diurnal cycle, as well as in dreams and in symptoms over longer life cycles. Sometimes the fear is rep-

resented quite literally as a fear of falling between two objects. Or there may be a dream of standing motionless, open-mouthed with nothing coming in and nothing going out. One man dreamed that he was on his way to a Naval Training Station, not sure whether he was to be the gun, the gunner, the missile, or the target. The dream ended in panic.

As the drive takes shape and becomes more consistently organized, one can recognize a large number of secondary derivative mechanisms, reaction-formations and defenses. In this way it becomes one of the sources of the many fantasy-laden, paradoxical, and stubbornly rationalized compromises and inconsistencies which one encounters in life. These oscillations among the various methods of handling the drive give rise to characteristic changes in ways of living. Compulsive furors of work may be followed by inertia and apathy, then by alcoholism, promiscuity, or asceticism. Compulsive sexual furors may be followed by impotence and abstinence, elation by depression.

The inability to accept a commitment to any task, so prevalent among adolescents today, often represents unconsciously the refusal of a commitment to being just one sex. This may lead to an insoluble indecision or to self-defeating compromises among various roles—e.g., whether to be an actor, playwright, or director, whether to be a practitioner or a medical scientist, whether to be a housewife and mother or a writer.

A woman of extraordinary grace and beauty competed with an older sister whose identification was with a weak but seductive father. The patient spent her whole life rejecting first a husband, then a lover for a bisexual career in journalism and international law. The inability to commit oneself completely to any work or to any relationship because such commitment represents an acceptance of either the male or the female role to the exclusion of the other may become evident in school children of both sexes even at an early age. I have seen it take many forms in the armed services. And we see it every day in the housewife who may be an excellent craftswoman in her home but can use her domestic skills only among women; if her

husband is around to remind her by his mere presence that she is a woman, she cannot use her skills.

From early childhood one patient played obsessively with a cousin. The games were about fish, magic, model railroads, and a game of cowboys and Indians in which the cousins alternated between playing the role of the one who had to be nursed through the injuries inflicted by the Indians, and the role of the one who did the nursing. This game was played for hours on end every Saturday afternoon through an entire winter. The patient had been the younger of two brothers, and of the two he was the closer to his parents. Even in adult years there was a close identification with his mother in the love of his father. He was unable to commit himself to anything which would take him from his parents' sides. Although he had high intellectual and physical abilities, he could not use them in sports, studies, or in any area of work. He had only one outlet—the simple tasks of a handyman in which he could be essentially a houseman (or a housewife) but even these tasks he could perform only around his own home and only if both parents were at home.

This same drive may make it impossible to accept either winning or losing. Paradoxically, of course, losing can be just as unacceptable as winning, and for the same reason; i.e., where to win is to be the man and to lose is to be the woman, and where neither can be accepted because it means the exclusion of the other role. This sometimes plays an important contributory role in the depressive reactions to successful careers.

Among scientists this sometimes influences the choice among the physical-mathematical sciences, or between the biological and the cultural-psychological sciences. In one instance the frantic and unrealizable drive of a young scientist to supplement his own body through his experiments in morphogenesis led directly to the development of a period of psychotic decompensation. I have also seen it operating in the lives of a newspaper woman, a painter, a woman physician, and a singer. Each achieved success in her respective field only to turn in rage from her career to a good marriage, then from the marriage in a

rage against the man she loved for making her feel like a woman, and finally to drink. In other words, these men and women could not accept success either in their professional lives or in their love lives, because to them success meant either, 'Now you are a man and cannot be a woman', or, 'Now you are a woman and can never be a man'. Each step in the process was punctuated by rage, panic, and depression. There can be essentially parallel developments in the lives of both genders.

The work patterns may interweave with the pattern of marriage. One instance was of particular interest because of the family background of the woman, who was a geneticist. After marrying a weak but affectionate husband, she had a long struggle with a serious chronic illness. She said to me in distress and with accurate insight: 'I will lose him now, because now I am weaker than he is; and he married me for my strength'. Then she told me how her great-grandmother had been a successful professional evangelist, her grandmother a successful professional woman, and her mother and two aunts successful business women. Through successive generations it had been a proud family tradition for the women to marry men who were weaker, who were less capable both economically and in their respective careers, but who had the one virtue that they could give their wives sustained and sustaining affection. On this foundation the family had been built, but the keystone of the arch was always the woman's strength and the husband's weakness. Now, however, my patient's illness was cutting her off from this. She foresaw accurately and clearly the inevitable breakup of her home. This led her to explore deeply buried material having to do with her physical image of herself and indeed of all women. The focus of this image was the hair under the chin of her grandmother, how she had loathed this, and how she felt when she first detected hair on her own chin. Around this she wove an intricate network of secret fantasies that the women of her family somehow embodied both sexes. This unconscious fantasy, built as it was around her own unconscious drive to become both sexes, had played the dominant role in her choice

both of her field of scientific work and of her mate. Indeed many instances of successful women who choose ineffectual mates seem to bear the imprint of this concealed drive.

XI

The Influence of the Drive on Terminal Phases of Analysis, and on Its Success or Failure

This two-headed drive creates one of the most difficult obstacles that psychoanalytic therapy attempts to overcome. Indeed, it sometimes seems to be the rock on which we founder most frequently. Certainly it often plays a major role in what is inaccurately called 'the negative therapeutic reaction'.

Many of us have met the problem toward the end of an analysis which has been gathering momentum, an analysis which has seemed to be moving with increasing vigor and impetus toward what promised to be full therapeutic resolution. Symptoms may have disappeared. Patients may have acquired freedom from many other previously unconscious conflicts and may be producing material freely. They may be clear in their analytic understanding and coöperation, quick in their perceptions of meanings, free in their emotional responses to interpretations (whether these are the interpretations which they themselves make or interpretations suggested by the therapist), responding to them with feeling and with additional confirmatory data. It has begun to look as though the end of the analysis is in sight.

Then things begin to bog down, and the analyst finds himself up against a seemingly contentless, sullen impasse: a state of dulled indifference. He explores transference material, looks for deeper and earlier signs of conflict, for the reaction to the threat of separation, for unexplored areas of unconscious anxiety and resentment. Then comes a flood of dreams with multiple meanings. Among them, however, will be an insistently recurrent theme: 'I came to you for something. I have been a good child. I have done as I was told. I have told all. I have

even become symptom-free. Now I want my reward, but you are not giving it to me. No magic has happened. I have not been given what I was waiting for. I have not been given the ultimate reward. I am still only what I was.' What is left unspoken in the final complaint is: 'I have not become both sexes'.

I can illustrate this with dreams from many patients, both men and women. Before turning to these examples, however, let me re-emphasize the fact that whenever a patient's unconscious goal in analysis has not been to 'get well' but rather to gratify some unconscious and inherently unattainable ambition—in this instance to achieve a transmutation not into one sex alone but into both—this ambition will be for him the only fully acceptable reward for 'good behavior'. Under these circumstances symptomatic improvement will bring no happiness, but rather a sense of embittered defeat and of having been cheated. If left unanalyzed, this sense of having been misled and cheated may flare up in later phases of analysis, or after the analysis has been discontinued, and undermine all that had been achieved. Furthermore, it occurs with equal tenacity in men and women, although it may be more subtly disguised in men because social taboos lead men to a deeper repression of the goal to be a girl, to be the mother's or the father's daughter, to be a man with breasts. In our culture the woman who harbors unconscious goals to be both the daughter and the son (i.e., to be a woman with breasts and vagina but also with a penis) is not under as many taboos as is the man's need for female bodily transmutation.

The dreams that represent this upsurge of resentment, this defiant protest against remaining what one was when one first came into analysis, take many forms. Some of these dreams are quite literal and undisguised. Thus a woman dreamed that she was chained to another woman, and that she stood with her mouth open to the analyst to receive something through her mouth, but nothing came in and nothing came out. The associations led not to oedipal material but to a planting ceremony, the planting of the phallus so that it could grow in her.

Another woman's dreams paralleled almost precisely her conscious masturbatory fantasies as an adolescent girl. In this case the dream was of the vague figure of a father who was violating his daughter in the presence of his sons. Here again the associations indicated that this expressed a resolute determination to have the penis planted in her permanently, so that she would end up possessed of all. She would show her brothers who it was who was ahead, who possessed everything. Her reward was to be that she would be allowed to become what she had always wanted, namely, *both*.

In these terminal battles we may discover belatedly that the sex of the analyst has played a heretofore unrecognized and unexpectedly important role, depending upon which parent had occupied the role of the healing magician in the long buried fantasies of the patient during childhood. For instance, where the father was the miracle worker, a woman analyst may from the first be doomed to fail, although this may not become apparent until the terminal phase is approaching. In the obverse of this situation, a male analyst who does not accomplish the goal of miraculous healing by miraculous change may in the end be regarded by the patient as having deliberately withheld the miracle in a niggardly spirit. This ultimate struggle has to be worked through not once but repeatedly, but if it is successfully worked through the changes in the end may be striking.

A man said, 'There is a part of me that has at last become a man and only a man. And there is a part of me, a lot of me, that is content to have it so. I don't know this part of me too well yet. Maybe I don't even know his first name. But it is the most relaxing thing that has ever happened to me'.

A woman said, 'When it finally began to dawn on me that this was not up to *me* to decide, that I couldn't be anything but just what I am and that I could give up this frantic effort that I have been making all my life, then a load rolled away. It is funny. As I walked out of this office even that dull ache and pressure on my back began to relax and disappear. I am fine.'

Another man said, 'And then as I walked down the street

somehow I felt different. I stood erect, whereas I had always been leaning forward a little bit, folding my arms around my chest the way my mother used to do to hide *her* breasts—no, *my* breasts. Now I stood erect and I seemed to fill out my skin. My bones and my muscles seemed to be firmer and more knit together, and I walked differently and felt differently.’ It was in fact true that his gait and his posture had changed.

One patient who had been struggling desperately with this problem spent a period in her own home during the prolonged absence of her husband. Prior to his absence the relationship with her husband had been improving steadily. Again, while they had been away together it had been particularly good. This time, however, on the way to her temporarily empty house, she had begun to feel tense and anxious. She toyed with the idea of having an affair, not an affair which she wanted, but one for which she felt a desperate, blind, and angry hunger. A similar anxious tension and need had often beset her in the late afternoon. She felt it in her hands to such an extent that even as she talked about it she gripped her hands almost convulsively. There were no consciously felt erotic needs, but in bed at night she would be assailed by a flood of angry fantasies of an endless series of promiscuous relationships, one after another. For the first time in months she suddenly lapsed back into a few explosive and compulsive episodes of solitary drinking.

One Sunday evening during her husband’s absence she went out with a married couple and a man who was a friend of theirs. Both men seemed to her dull, pompous, aggressive, domineering, bombastic. She was bored, resentful, and angry, and on returning home was restless. On such an evening as this alcoholism was particularly likely to manifest itself, but this time she restrained herself and went to bed and slept. From this sleep she awakened, shaken by a dream:

She was a man among a large group of homosexual males, and was explaining to a woman (who turned out to be herself) that this was only a transitional phase and ‘nothing to worry about’, but that during it she had had to submit passively to the homo-

sexual advances of the other 'men'. She was perplexed by this, yet strangely reassured, and then suddenly at the end of the dream the analyst was present and gallantly picked up a glove which she had dropped, and handed it to her.

This last moment referred directly to something which had happened in the preceding analytic hour, i.e., on the afternoon before the weekend of the dream. With ritualistic regularity she had always dropped some item from among her personal belongings as she left my office (a glove, a book, a purse, a handkerchief). And quite as regularly she would dive to pick it up herself before I could move to render this courteous service, which I always tried to do as a deliberate participation in her ritual in an effort to drive home the fact that she would never allow herself to be waited on as a woman in any way. On this occasion, however, she had dropped one glove in my direction, and then stood motionless in a somewhat reflective mood. As usual I made a point of picking it up and of handing it to her in silence. Only at the last moment had she started her usual dive to retrieve it herself. Nothing had been said. We both smiled politely as she left the office. That night came the dream.

The dream had left her deeply shaken, moved, and sobered. She said, 'This is the first time that I have known this from the inside. Here I was playing both roles. I was a man, yet I was in a passive homosexual relationship to other men; so I was a woman anyhow. Also you were gallantly treating me as a woman. I was telling a woman who was myself that this was a transitory phase. I cannot deny this any longer.' Then significantly enough she went on to say that the preceding weekend, which had presented particular difficulties in her relationship to her children as well as other stressful external situations, there had been long stretches of time in which she had been relaxed and peaceful, and had enjoyed a sense of 'being satisfied to be me' and 'to be doing what I was doing', a feeling which she had rarely known in all her life.

This was a woman of unusual talent who in panic had fled into marriage from the promise of a great career. During her

second pregnancy she had suffered a deep blow when she discovered her husband's infidelity. This had thrown her back regressively into the frame of mind which had originally driven her from her parents' home to make a career for herself. At the time of her husband's betrayal of her she still felt anchored to her marriage by their children and by the lapse of years which made it impossible for her to return to her career. At the same time her husband's behavior reactivated a rivalry with her loved, hated, and feared father, and also with her despised, weak, ineffectual, and sickly younger brother. Her contempt for the beaten, abject, enslaved figure of her mother was expressed with great intensity, as well as her fear of identifying herself solely with this mother or with the dead sister or her father, or indeed with anyone. This was the constellation of crisscrossing and rejected gender identifications out of which her problem had grown to explosive intensity.

As she worked through this phase of her treatment, her clarification and relaxation grew, and as she was able to relax, she became aware of the violence with which she had felt inwardly torn for years. She described its influence on her sexual relationships in these terms: 'A moment would always come in which I had the feeling that now I had to take over, now I had to take the lead, now I had to turn the tables'. The same thing was true in work, in play, in social relationships, in her relationship to her children, and in her conversational cleptomania. I have rarely known a woman more gifted as a woman who derived less happiness from even her most expert functioning whether in domesticity or in any other way. When this particular problem began to reach its resolution, the change that occurred in her orientation toward her whole life was dramatic and moving.

One further example. A highly gifted young woman had a flair for writing, a fine dramatic gift, and great warmth in her attitudes toward children. In the course of her treatment she went through successive phases—working on the stage, writing, and teaching in nursery schools. Each one of these phases of

activity brought out interesting facets of her personality and of her unconscious problems. She did each extraordinarily well; yet each also carried its multiple and conflicting meanings.

For many months secret, lifelong fantasies of going on the stage had been completely absent from her material. Then as she approached the end of her analysis, she suddenly fulfilled a prophecy that I had made silently to myself by turning once again toward a stage career. This was buttressed by excellent rationalizations, including high praise from her dramatic coaches and her successes in certain competitions. Her battle became not 'The Easter Cover' versus 'The Circus Cover', of *Lady in the Dark* (Hart, 1941) but whether to have children or to have a stage career; or to put it another way, to be one sex or the other, or both.

Then came a dream in which she was Superman flying through the air; but to her amazement as she flew through the air, sailors down below were giving 'wolf-whistles' as though she were also Superwoman. (This of course is reminiscent of the famous episode in *Orlando*, in which a mere glimpse of Orlando's ankle so startles a sailor as to nearly throw him from the crow's nest at the masthead.) This dream was followed by another in which she was auditioning for the role of Blanche DuBois in *A Streetcar Named Desire* (Williams, 1947). In the dream, having auditioned successfully for the role of this unhappy psychotic prostitute, she wandered away. Then she stooped to pick up a half dollar. But it was not a round half-dollar piece, it was one half of a round dollar, a half-moon. She picked this up, looked at it, and dissolved in tears.

In the course of time, with this warning in mind, I returned her to analysis with a woman, with whom she carried her therapy through to successful completion.

XII

Implications of the Concept for General Psychoanalytic Theory

The implication of this paper might easily be misunderstood to be an attack on psychoanalytic theories concerning the in-

fluence of anatomical differences on the relationship between the two sexes because of genital envy and castration fears. Actually this would be a misunderstanding and misinterpretation of its implications. The concept that there is a nearly universal drive to become both sexes is not incompatible with any of these earlier, basic psychoanalytic observations. It is rather an extension from them into more general areas of human adjustment. Its implication is that conflicting gender identities, misidentifications, false identifications, and irreconcilable identifications give rise to unattainable and irreconcilable drives and wishes which, in turn, become fresh sources of neurotic conflict which on occasion may lead to psychotic disorganization (*cf.*, Kubie, 1966c, 1967).

If this is true, then it becomes clear that seriously pathogenic conflicts may arise not only between basic instinctual pressures on the one hand and the conscience processes (superego) on the other, but can also arise out of conflicting unattainable and irreconcilable identifications, false identifications, and mixed identifications; and that these in turn can give rise to irreconcilable distortions of body images and identity goals. This is an important addition to the earlier concept of intrapsychic conflicts as arising always between id processes and superego processes, but it is not irreconcilable with them. They are supplementary and in no sense mutually exclusive.

In a systematic consideration of psychoanalytic theory, what position should then be assigned to this drive to become both sexes? The question brings up more problems than I can hope to explore fully here. Indeed throughout this paper I am limiting myself to illustrating the profusion of the interrelated manifestations and consequences of the drive. For several reasons these are complex. In the first place, not only the drive itself but also the conflicts which underlie it and those which derive from it can all be experienced and expressed concurrently on conscious, preconscious, and unconscious levels. Secondly, not only are the derivative conflicts manifested in different forms but also on different levels. In addition they shift during dif-

ferent phases of human life, depending partly upon the stage of instinctual development through which the patient is passing (Kubie, 1956), partly on the changing nature of external circumstances and on the evolving phenomena of growth and aging.

In any systemic survey of psychodynamic sequences we must ask which conflicts are primary and which resolutions of these conflicts are primary. In this framework it is important that the drive to become both sexes has pregenital, phallic, genital, preœdipal, and œdipal ingredients, that it becomes reactivated repeatedly in the latency period, in puberty, in adolescence, in adult life, and again in various stages of the aging process. Furthermore, at each of these phases of life it retains manifestations which are derived from earlier phases, adding fresh accretions. Thus superimposed layers represent symptomatic derivatives of successive epochs in the life history of the drive. Consequently merely to describe the drive, its setting, origins, evolutions, and consequences makes a canvas of enormous size and complexity, like Orlando itself.

A. *As Mechanisms*

Because of the richness of these ramifications, the drive to become both sexes sometimes appears to be a central axis in the development of our individual and cultural psychopathology, around which other conflicts over castration, œdipal needs, etc., all cluster. Nevertheless I will not claim that this drive occupies an exclusively central role in the psychodynamics of all psychopathology. I can say only that I will not be surprised if in the end its importance should prove to approximate such a central and primary position. This is of special relevance with respect to phallic envy, because the closely related phenomena of breast envy occupies a role whose importance in relation to the drive to become both sexes has never been sufficiently recognized. One man had imitated his father's career and his mother's alcoholism as though he were an automaton. Later after his wife's mastectomy he revealed his incorporation of her breasts

by developing sweats on his breasts which were localized precisely to the area of her postoperative scars.

Yet there are important differences between breast envy and phallic envy. Thus there is the simple, elementary fact that in childhood the boy and girl are genitally unlike, but alike as to breasts. The little girl has no breasts for the little boy to envy. Consequently the small boy may covet and fear an adult's breasts, but not those of an age peer. When a contemporary girl develops breasts, for the boy the breasts are likely to inherit the covetousness and the fears which had originally been directed toward both the genitals of older men and the breasts of older women. For the girl the situation has important differences. The small girl's envy and covetousness may be directed toward the male organ of the small boy as much as that of the man (*cf.*, Kubie, 1934). The former, however, will be attended by less fear than is felt toward the adult phallus where size and color play important and intimidating roles. Moreover the adult woman possesses the breast which the little girl still lacks and which can become the object of longing, of body envy, and of fear.

Other special differences are linked to the close tie between the genitals and excretion on the one hand, and between the breasts and ingestion on the other. These are derivatives of the complex implications of apertures as avenues of intake and of output. Still another difference is the fact that in most cultures there is not the same assiduous care to hide the breasts that there is to hide the genitals, either in art or in life. A fourth difference has to do with the many psychological consequences of the phenomena of erection, which are more dramatic in the genitals than in the nipples.

Despite these important differences with their special consequences, the fact that covetousness and fear may be focused on any body part remains in itself a perplexing phenomenon—perplexing, as I have pointed out above, if only because heredity has not resolved it. It has many psychological consequences which do not vary with the part envied, in addition to variables

which are dependent on such special and varying features as those mentioned above.

In all of the many problems concerning genetic influences on psychological traits there is no problem more perplexing than this. If any pattern of feelings, attitudes, and behavior should be influenced by long ages of constantly repeated racial experiences, it should be the differences, both anatomical and functional, between the sexes. Strangely this seems not to be true either for the lower animals or for man.

These variable complexities influence the evolution of the drive to become both sexes. To have called it the drive to acquire the anatomical attributes of both sexes would have implied erroneously that anatomical parity is the sole objective of the drive, or at least that we know which comes first—whether identifications with the whole precede and determine relationships to the parts, or whether the object relationships to parts precede and determine the identifications with the whole. Unhappily this is an unasked and therefore unanswered issue in developmental psychology.

Closely related to this problem is an issue concerning the difference between the 'drive to become' as compared to the 'drive to possess', at successive stages of personality development. In other words, to *become* (depending upon identifications) and/or to *possess* (through incorporation and introjection) imply important differences in aims toward identical objects—differences whose effects can be traced on conscious, preconscious, and unconscious levels. Here again, precisely how these are interrelated has not been worked out. Yet they are essential components in the evolution of each human infant toward becoming 'himself', with clearly differentiated 'I' and 'non-I' worlds.

B. *Magic and Clothes*

The many unconscious devices by which individuals try to achieve this unattainable goal have one feature in common: they attempt to bring about a magical bodily transformation

but without giving up one's own sex. The result is the drive to become both, or alternatively, neither. This may be expressed through the choice of mates, hair styles, vocations and avocations, clothes, decor, intellectual and cultural interests, and sports; or sometimes through deliberately inviting suffering, which is often misinterpreted as a primarily masochistic perversion. It may be expressed in dreams and fantasies of death, or in behavior which invites serious accidents. Here accident proneness and even pseudosuicidal acts may have as their goal not death but to 'nearly die' in order to be reborn. Consequently, in the struggle to attain the desired bodily transformation, I have recently seen this particularly distressing form of the drive in a middle-aged man and in a young woman, both saying, 'I want to go back to the brink of death, but not to die, as though I could thereby be reborn and start all over again as myself, but also as my brother' (in the one case), 'as my sister' (in the other).

Cloaked in many disguises this drive often leads to compulsive masturbation, in which the fantasies as well as the activity itself betray the drive to play both sexual roles. This may account in part for the extraordinary tenacity of the guilt attached to masturbation, no matter how gently and permissively a child may be reared in this respect.

The early conscious fantasies that express the relatively conflictless phase of this drive at the dawn of the oedipal phase include both losing something and gaining something. The boy of four or five may say, 'I would be happier without a penis'. The little girl will say, 'I would be happier without a breast', or 'I would be happier if women had penises'. And ultimately, 'I would be happier if I had both'. Later such fantasies become increasingly disguised as the drive is subjected to progressive repression.

It is hardly necessary to point out how frequently the problem is acted out and lived out through clothes, as a form of magic. I think of a woman whose deliberate effort was to make herself as severely masculine, somber, and even dowdy as pos-

sible. This was no small achievement in the case of this particularly attractive person. In another, the drive to be both sexes required that her clothes be neuter clothes. She dreamed of herself as a luscious nude blonde, but laid out in a casket. Nudity meant death to this woman because it would expose her state of nothingness. Because of the feeling that she had fallen between the two roles, she lived in a chronic depression with feelings of unreality and depersonalization, except when she went on drinking binges.

Comparable was the vigorous young athlete who momentarily simulated a woman each day as he left my office. At that special moment his every gesture was meticulously ritualized, like a woman powdering her nose. This was evident in his way of buttoning his coat, or arranging his belt, of fixing his pleats, of slicking his hair. At no other time was there any trace of effeminacy in his manner. It was interesting that this ritualized assumption of the female role was triggered by separation, as he left the analytic office to face the world. These mannerisms disappeared as he approached the end of his analysis.

The analysis of another patient brought to light interesting material bearing on the differences between transvestitism involving only the outer garments and transvestitism involving the undergarments. The undergarments closely represent the body itself and for that reason are closely related to the problem of fetishism. During the course of her analysis, on a night that turned out to have been the anniversary of her mother's death, a woman dreamed that she was dressed in her stepfather's dark blue suit. This was a condensation of her grief and mourning by being 'dark blue', of her envy of and of her identification with her stepfather, and also of replacing her mother.

C. Role of Cultural Factors

I cannot leave this brief and fragmentary discussion of the multiple manifestations and evolution of the drive without referring to the role of cultural pressures in determining not the presence or absence of this conflict, but the level on which it is

processed and symbolized, i.e., in shaping its forms and determining its sequences. Cultural forces influence its intensity and its distribution between the sexes. What is even more important is that cultural forces also influence the level of awareness on which it is processed, because it is this which will determine whether the effort to deal with the problem will give rise to normally flexible or psychopathologically rigid adjustments and compromises. One wonders whether any culture exists in which individuals are free from this confusing ambivalent, bisexual, and irreconcilable pair of goals.⁶

Certainly, however, our culture exacts from men and women a different price for this problem. Here girls and women are actively encouraged to be male as well as female: in dress, activities, occupations, hobbies, interests, speech, and manner. Among women the drive to become both sexes is tolerated and even encouraged and defended on conscious and preconscious levels. On the other hand, this is not encouraged among boys and men. Consequently the drive is almost wholly repressed in men except for some overt homosexuals, transvestites, and 'hippies'. In women, on the other hand, many conscious and preconscious manifestations of the conflict are both tolerated and rewarded. Yet even here the core is usually repressed. Thus cultural attitudes influence the level on which it operates, the openness of its expression, and the accessibility of the conflict to therapeutic influences. But they do not create the conflict.

D. Relation to Orality and the Primacy of Aim or Object

There is an oral component to insatiability, but contrary to current ad hoc assumptions orality per se is not the only or primary source of insatiability. More often orality merely im-

⁶ In *Sex and Temperament in Three Primitive Societies*, Margaret Mead (1935) makes the statement that cultures which allocate special personality traits to each sex re-enforce and exaggerate the tendency of the members of each to attempt to belong to the opposite sex. This is an interesting speculation with many suggestive implications, but its basis in comparative empirical data is far from clear. My bias is to go along with it, but nevertheless it may conceivably be an example of unconscious special pleading.

plements other aims. This question recurs in several connections concerning the priority of aim (or 'means') over object, or of object over aim (or 'means'). Furthermore it is related to the successive phases through which drives evolve out of their biogenetic or 'instinctual' roots, how the derivative drives come to focus on specific parts of the body as part objects (e.g., in the face or special features of the face, genitals, hair, hips, calves, buttocks, and breasts). Someday it will be necessary to consider how these partial components of the drive to become both sexes can determine and limit the relationships to each sex, to neither, and to whole individuals through early identifications and introjections, and finally how all of this relates to such secondary symptomatic disturbances as exhibitionistic behavior, transvestitism, overt homosexuality, eating anomalies, the closely related buying compulsions and kleptomania, and even to that well-known social disease which might best be called 'conversational kleptomania', especially common perhaps among women but not theirs exclusively.

Perhaps the most important consequences of the drive are on human relations in general, because these consequences are circular. Not only do human relationships play a role in the development of the drive; in turn they undergo a process of continuous deformation under a battering from these irreconcilable and unattainable needs. Every conceivable permutation and combination of these circular and irreconcilable demands occur side by side in the same individual. And their conscious, preconscious, and unconscious representations play a preponderant role in marriage and occupational choices, as they do in dreams, in art and literature, and in the form and content of neuroses and psychoses.

XIII

Detour into Biography and Fiction

It would be impossible to review in full the enormous volume of fiction and of biographical studies which illustrate the range

of the manifestations of this problem, usually without realizing its nature. I can list here only a small sample. There are exquisite stories of childhood by James (1933) and by Follett (1927), the latter tragically and appropriately called *The House without Windows* in view of the author's suicide (*cf.*, also McCurdy, 1966). There are records of tragic lives of sick debauchery, incest, and wasted talents, such as the life of Lord Byron (*cf.*, Grebanier, 1970).

Lord Byron is such a perfect example that I will mention him first. I find that I really hate this man, pitiable certainly, but not really forgivable. At best a second-rate poet and a tenth-rate human being. His womanish beauty of face and voice made him the target for envy of many women. He must have seemed to them to have the best of both worlds. They, in turn, were equally targets of his hate and envy. So he ends up a compulsively, overdriven sexual gourmand but never a gourmet, who knows only how to make hate in bed, never love, and with men as well as women.

His attitude toward sex and his struggle with his compulsions both to overeat and to get fat are close parallels. He had a woman's horror at the slightest tendency to overweight, and also a confused revulsion at his long simian arms and relatively short legs. It was inevitable that he should end up hating himself. Yet Grebanier never seems to realize that it was Byron's relentless but unconscious pursuit of the unattainable which led him to a merciless rapacity and hatred disguised as love. It was no accident that his alter ego was his half sister, nor that she was the only woman who even approximated being a love object for him. This was the central expression of his unconscious need, not merely to exchange genders but to embody both: i.e., by taking over his sister's role in addition to his own. Fiction illustrates the theme in Thornton Wilder's (1926) *The Cabala*, and again in Norman Douglas's (1917) *South Wind*.

Turning back to biography we find it illustrated again in *The Youth of André Gide*, by Jean Delay (1963), and in *Lelia, the Life of George Sand*, by Maurois (1953). These works show in transparent ways the universality of the problem and its devas-

tating effects on human life and human culture. In male dancers this is an important theme, and again in women of the modern dance it becomes self-evident.

We find it in the tragic depressions which infested the writings of Virginia Woolf, and particularly in her autobiographical sketches. It is found in Bell's (1972) biographical study of Virginia Woolf, in *The Moth and the Star*, by Aileen Pippett (1953), and in the book by her husband, Leonard Woolf (1963). It is transparently evident not only in the books about Virginia Woolf, but also in biographical studies of many others, both men and women.

When we turn to current 'pornographic' literature we find that it too is permeated by this theme, which although central always remains largely unacknowledged and unrecognized. Indeed the insatiability of human cravings constitutes the essential core of what is generally regarded as 'pornography'. This insatiability (the unfulfilment of the impossible) is related to the fact that human beings so often make hate in bed under the illusion that they are making love, and how often and how tragically even the full physiological gratification of sexual craving leads not to a sense of fulfilment but to sadness, terror, and anger, and most important of all to its immediate and incessant repetition. From this craving when it is driven by unattainable and irreconcilable unconscious needs, there can be no escape, no satiation, and no rest. Immediate orgasmic fulfilment becomes a transient betrayal, an illusion, because it merely triggers off a recurrence of the need. The same is true of the alcoholic who after being 'on the wagon' takes one drink only to find that it has reactivated the original craving in full force. It is true of the smoker who after months of abstinence may find one cigarette rekindles the original craving. The same thing happens to many of us when we eat bread while waiting in a restaurant for a meal we have ordered. It happens to some with chocolate. Or consider the classical case of the child with an eating compulsion who eats until he vomits and then eats again. Why is he eating? Certainly not out of physiological need. Unwittingly the little boy may overeat to grow breasts like his

mother's, while retaining his own genitalia; or the little girl may overeat to acquire a boy's genitals, while remaining a girl.

Insatiability of this kind applies to human attitudes toward money, power, clothes, shoes. I have known women whose closets bulged with clothes and shoes they could neither use nor part with. It applies to insatiability toward exercise, gambling, competitive sports, and sex. In fact although compulsive insatiability is a striking distortion of all human cravings, it applies especially to sex.

The reason for this becomes almost self-evident in the light of my thesis. It has been said that the human animal is unique only in so far as he drinks when he is not thirsty and not dehydrated, eats when he is not hungry and has no need for calories, sleeps when he is not tired, seeks sexual gratification at any time. Certainly he is not sexually in need when he has to use artifices to whip up his sexual appetite; he is merely trying to prove something about himself, usually simply that he can have intercourse. In short many compelling human cravings seem to serve symbolic rather than biophysical or biochemical needs, and when these symbolic needs are unconscious and are represented or misrepresented by unconscious symbols they are insatiable. Symbolic gratification merely triggers the recurrence. Distortion occurs whenever that which is sought is the gratification of unattainable, unrealizable, unconscious fantasies, and especially the gratification of pairs of opposite and irreconcilable fantasies (*cf.*, Kubie, 1945b, 1955, 1956).

Furthermore these conflicting irreconcilable and unattainable desires are always so masked and disguised that the clinical student can uncover them only when he has an opportunity to study people deeply. But when we do this, we find that many human beings spend much of their lives searching unwittingly and tragically for the gratification of just such unfulfillable, irreconcilable, and opposing desires.

This is why we did not have to wait for psychiatry and psychoanalysis to teach us that 'success', like fame, can turn to dust and ashes. This is why even the fullest orgasm can end in tears, rage, and frustration. Devastating examples of these are illus-

trated with stark clarity in many of the relationships and episodes in current fiction and movies. Especially marked among these unconscious, irreconcilable, and unattainable needs is the frequent unconscious desire to use bodily contact in sex, this 'laying on of hands' as a magical device for changing sides sexually (man into woman, or woman into man) and even more frequently to end up as both sexes. This is clearly stated in *Orlando* but even there it is not realized and faced as such. Instead, it tends to be disguised in aberrations of behavior, all marked by insatiable cravings and by mystical and pseudophilosophical formulae.

Both the insatiability and the unattainability of these fantasy goals lead to tragedy, because whenever the unconscious goal of intercourse is something unattainable (like an interchange or unification of gender roles, i.e., to become both genders), it ends in depression, terror, rage, and hatred of the sexual partner who unwittingly has cheated you. Hence the old Latin phrase, *post coitum triste*. The failure of physicians and plastic surgeons to recognize this has misled them into extensive experiments with endocrine preparations and surgery in an effort to achieve gratification of these neurotic and often psychotic needs for what is miscalled 'transsexual' transformations, or better, 'gender transmutation' (cf., Kubie and Mackie, 1968).

Many of the sexual encounters described in current books, on the stage, and in movies are just such efforts to change sides, thinly disguised in several ways. This is usually glossed over and further disguised by translating them into more acceptable 'transcendental' pseudospiritual, pseudophilosophical, and mystical terms. It plays a large role in the psychology of the so-called 'encounter' groups, the Esalen groups on Big Sur, and in the Indian, Oriental, Eastern pseudophilosophical efforts to attain the unattainable and mutually irreconcilable. Modern erotic films and stage scenes which portray sexual encounters involving several men and women in joyless bacchanalian revels give self-translating portrayals of men and women who may be grown up but not mature, caught in a febrile, hate-driven lust for the unattainable and the irreconcilable, struggling to the point of

exhaustion to become something they can never become. This is what the term 'pornography' means, if it means anything.

To me it is one of the greatest tragedies that many so-called 'cultural' movements in life are pitifully confused, ignorant, and misdirected human needs, masquerading in pseudoaesthetic, pseudoreligious, pseudospiritual, pseudophilosophical language. A further consequence of this is that where there should be spiritual humility and search, we find false pretentiousness. This makes me sad for the whole human race, which does not recognize its own confusion. Does it not seem strange that the human race has been divided into two sexes for so many eons, yet is still unreconciled to this simple basic biological fact with its inevitable psychological consequences? Has repeated experience over the ages had no influence on genetic learning? Certainly current literary modes do not illuminate this nor do they lessen man's confusion or heal the writers.

XIV

Epilogue: Orlando Again

You may recall that Orlando returned from Turkey to England as a 'woman'. Here periodically she resumes male garb and visits prostitutes. There is a slow gathering of threatening storm clouds. Fecundity, water, dampness, and the first intimations of a suicidal death are interwoven with fantasies of immortality. Widely spaced centuries are condensed into one. Queen Elizabeth is transmuted into Queen Victoria. Through it all persists the inability either to fuse or to remain separate. All alliances can be dissolved; none is indissoluble.

It was strange—it was distasteful; indeed, there was something in this indissolubility of bodies which was repugnant to her sense of decency and sanitation (p. 158).

For the first time Orlando knew fear—a fear of ghosts in corridors, of robbers hiding behind trees. There was a sudden desperate need to lean on someone else. Omnipotence was gone, to be replaced by dreamlike images of falling: the falling feather, the falling sword, always of falling into depths that lead to

death, falling into a magic pool. Then she breaks an ankle and a horseman comes to 'save' her.

The horse was almost on her. She sat upright. Towering dark against the yellow-slashed sky of dawn, with the plovers rising and falling about him, she saw a man on horseback. He started. The horse stopped. 'Madam', the man cried, 'you're hurt'. 'I'm dead, sir', she replied. A few minutes later, they became engaged (p. 163).

But the battle is joined again. She is sure he is a woman; he is sure she is a man.

'You're a woman, Shel!' she cried. 'You're a man, Orlando!' he cried. Never was there such a scene of protestation and demonstration as then took place since the world began (p. 164).

Their gender roles are interchanged, but the ecstasy ends again in the recurring theme of falling: a descent into a pit. This time, however, death leads to rebirth, resurrection, transmutation. The roles of man and woman flicker and whirl like a top until finally with her marriage she becomes both. Thereupon, naturally, Shel is allowed to leave. He has served his magical purpose of transforming Orlando into both.

Here is the first brief, poignant moment of fulfilment represented in the fusion of prose and rhyme, rhyme that is both lyrical and mocking, hiding its poignancy in broken rhythms.

Let us go, then, exploring, this summer morning, when all are adoring the plum blossom and the bee. And humming and hawing, let us ask of the starling (who is a more sociable bird than the lark) what he may think on the brink of the dust bin, whence he picks among the sticks combings of scullion's hair. What's life, we ask, leaning on the farmyard gate; Life, Life, Life! cries the bird, as if he had heard, and knew precisely, what we meant by this bothering prying habit of ours of asking questions indoors and out and peeping and picking at daisies as the way is of writers when they don't know what to say next. Then they come here, says the bird, and ask me what life is; Life, Life, Life!

We trudge on then by the moor path, to the high brow of the wine-blue purple-dark hill, and fling ourselves down there,

and dream there and see there a grasshopper, carting back to his home in the hollow, a straw. And he says (if sawing like his can be given a name so sacred and tender) Life's labour, or so we interpret the whirr of his dust-choked gullet. And the ant agrees and the bees, but if we lie here long enough to ask the moths, when they come at evening, stealing among the paler heather bells, they will breathe in our ears such wild nonsense as one hears from telegraph wires in snow storms; tee hee, haw haw, Laughter, Laughter! the moths say.

Having asked then of man and of bird and the insects, for fish, men tell us, who have lived in green caves, solitary for years to hear them speak, never, never say, and so perhaps know what life is—having asked them all and grown no wiser, but only older and colder (for did we not pray once in a way to wrap up in a book something so hard, so rare, one could swear it was life's meaning?) back we must go and straight out to the reader who waits a tiptoe to hear what life is—Alas, we don't know (pp. 176-177).

Orlando 'lives' for four centuries; but the impossible cannot live. Disaster pursues her again with premonitions of death. Not even the birth of a son changes this. Instead, she becomes aware of herself not as one but as thousands of personalities, as the phase of psychotic disorganization sets in.

Choosing then, only those selves we have found room for, Orlando may now have called on the boy who cut the nigger's head down; the boy who strung it up again; the boy who sat on the hill; the boy who saw the poet; the boy who handed the Queen the bowl of rose water; or she may have called upon the young man who fell in love with Sasha; or upon the Courtier; or upon the Ambassador; or upon the Soldier; or upon the Traveller, or she may have wanted the woman to come to her; the Gypsy; the Fine Lady; the Hermit; the girl in love with life; the Patroness of Letters (p. 202).

Tragedy presses still closer.

'Haunted!' she cried, suddenly. . . . 'Haunted! ever since I was a child.' There flies the wild goose. It flies past the window out to sea. . . . But the goose flies too fast. I've seen it,

here—there—there—England, Persia, Italy. Always it flies fast out to sea and always I fling after it words like nets (here she flung her hand out) which shrivel as I've seen nets shrivel drawn on deck with only sea-weed in them. And sometimes there's an inch of silver—six words—in the bottom of the net. But never the great fish who lives in the coral groves (p. 205).

Here is Orlando's sense of haunting failure, again the premonitory warning of her suicide: only an inch of silver in her net, never the great phallic fish who lives in the pink coral groves.

Then come fused images of opposite pairs; past and future, the fusion of man and woman, of birth and death, of marriage and funeral; and insistent images of water, pools, and trees where she finally goes to bury her poem, *The Oak Tree*, among the roots of the great oak.

What could have been more secret, she thought, more slow, and like the intercourse of lovers, than the stammering answer she had made all these years to the old crooning song of the woods, and the farms and brown horses standing at the gate, neck to neck, and the smithy and the kitchen and the fields, so laboriously bearing wheat, turnips, grass, and the garden blowing irises and fritillaries? (p. 212).

All moves swiftly to a close.

All was phantom. . . . All was lit as for the coming of a dead Queen. . . . Orlando saw the dark plumes tossing. . . . A queen once more stepped from her chariot. Orlando curtsies and says, 'The house is at your service, Ma'am. Nothing has been changed. The dear Lord, my father, shall lead you in' (p. 214).

The tale has moved from Elizabeth to Victoria, from the first great Queen-Father of Britain to the second.

Then like the closing bars of a symphony comes the first stroke of midnight, and out of the storm a sudden brief vision of her father-lover-husband-son. As he leaps to the ground, a wild bird springs over his head.

'It's the goose', Orlando cried, 'the wild goose'. . . . And the twelfth stroke of midnight sounded; the twelfth stroke of mid-

night, Thursday, the eleventh of October, Nineteen Hundred Twenty-eight (p. 215).

Inexorably the fusion that can never be attained but will not be relinquished starts the slow, relentless march to Virginia Woolf's own suicide.

Was there ever a clearer or more tragic demonstration of the fact that the creative process can be used as a defense against therapeutic insight? (Cf., Kubie, 1953, 1973.)

An Acknowledgment

Over the many years during which I have been working on this monograph, I have often felt indebted to Dr. Helene Deutsch. In her writings there have been intimations of insights into and concern with the various aspects of the problem with which this essay deals: to wit, in *The Psychology of Women* (1944), *Selected Problems of Adolescence* (1967), and *A Psychoanalytic Study of the Myth of Dionysus and Apollo* (1969).

In her recent autobiographical volume, *Confrontations with Myself* (1973), these implications become explicit (cf., p. 132). There the dominant force is on a dream in which the dreamer has both masculine and feminine genital organs, and Dr. Deutsch quotes Freud as saying that it indicated a desire to be both a boy and a girl. She adds: 'To wit Father's prettiest daughter and cleverest son'. But the full ramifications of this drive into so many aspects of our culture and of the psychotic process is not developed or explored.

REFERENCES AND BIBLIOGRAPHY

- BAKER, DOROTHY (1962): *Cassandra at the Wedding*. Boston: Houghton, Mifflin Co.
- BELL, QUENTIN (1972): *Virginia Woolf: A Biography*. New York: Harcourt, Brace Jovanovich, Inc.
- DELAY, JEAN (1963): *The Youth of André Gide*. Trans. by Jean Guicharnaud. Chicago: University of Chicago Press.
- DE RHAM, EDITH (1965): *The Love Fraud*. New York: Clarkson N. Potter, Inc.
- DEUTSCH, HELENE (1944): *The Psychology of Women, Vol. I*. New York: Grune & Stratton, Inc.
- (1967): *Selected Problems of Adolescence*. New York: International Universities Press, Inc.
- (1969): *A Psychoanalytic Study of the Myth of Dionysus and Apollo. Two Variants of the Son-Mother Relationship*. New York: International Universities Press, Inc.

- (1973): *Confrontations with Myself. An Epilogue*. New York: W. W. Norton & Co., Inc.
- DOUGLAS, NORMAN (1917): *South Wind*. London: M. Secker.
- FOLLETT, BARBARA NEWHALL (1927): *The House without Windows*. New York: Alfred A. Knopf, Inc.
- GREBANIER, BERNARD (1970): *The Uninhibited Byron*. New York: Crown Publishers, Inc.
- HAIGHT, GORDON S. (1968): *George Eliot: A Biography*. New York: Oxford University Press.
- HART, MOSS (1941): *Lady in the Dark*. New York: Random House.
- JAMES, RHYS (1933): *Worth Remembering*. New York: Longmans, Green and Co.
- KUBIE, LAWRENCE S. (1934): *Body Symbolization and the Development of Language*. This QUARTERLY, III, pp. 430-444.
- (1937a): *Resolution of a Traffic Phobia in Conversations Between a Father and Son*. This QUARTERLY, VI, pp. 223-226.
- (1937b): *The Fantasy of Dirt*. This QUARTERLY, VI, pp. 388-425.
- (1941a): Preface to *Lady in the Dark*. By Moss Hart. New York: Random House.
- (1941b): *The Repetitive Core of Neurosis*. This QUARTERLY, X, pp. 23-43.
- (1943): *The Use of Induced Hypnagogic Reveries in the Recovery of Repressed Amnesic Data*. Bull. Menninger Clinic, VII, pp. 172-182.
- (1945): *The Value of Induced Dissociated States in the Therapeutic Process*. Proc. Royal Soc. Med., XXXVIII, pp. 681-683.
- (1948a): *Instincts and Homeostasis*. Psychosomatic Med., X, pp. 15-30.
- (1948b): *Psychiatric Implications of the Kinsey Report*. Review Essay of Sexual Behavior in the Human Male. By Kinsey, Pomeroy, Martin. Psychosomatic Med., X, pp. 95-106.
- (1950): *The Relationship of Symbolic Function in Language Formation and in Neurosis*. In: *Transactions of the Seventh Conference on Cybernetics, March 1950*. Ed. by H. von Foerster. New York: Josiah Macy, Jr. Foundation.
- (1952): *The Place of Emotions in the Feedback Concept*. In: *Transactions of the Ninth Conference on Cybernetics, March 1952*. Ed. by H. von Foerster. New York: Josiah Macy, Jr. Foundation.
- (1953): *The Central Representation of the Symbolic Process in Psychosomatic Disorders*. Psychosomatic Med., XV, pp. 1-7.
- (1955): *Dr. Kinsey and the Medical Profession*. Review of Sexual Behavior in the Human Female. By Kinsey, Pomeroy, Martin, et al. Psychosomatic Med., XVII, pp. 172-184.
- (1956): *Influence of Symbolic Processes on the Role of Instincts in Human Behavior*. Psychosomatic Med., XVIII, pp. 189-208.
- (1958): *Neurotic Distortion of the Creative Process*. Lawrence, Kans.: University of Kansas Press.
- (1964): Review of Rechy, John: *City of Night*. J. Nervous & Mental Disease, CXXXIX, pp. 206-207.
- (1966a): Review of Green, Hannah: *I Never Promised You a Rose Garden*. J. Nervous & Mental Disease, CXLII, pp. 278-280.
- (1966b): *Psychosis—A Logical Outcome of the Neurotic 'Chain Reaction'*. Frontiers of Hosp. Psych., III, pp. 6-8.

- (1966c): *An Example of Psychotic Disorganization Arising in Early Childhood Out of a Prepsychotic Neurosis*. Comments on Ravich, R. A. and Dunton, H. D.: Say You're Sorry; A Ten-Year Follow-up. *Amer. J. Psychotherapy*, XX, pp. 624-626.
- (1967): *The Relation of Psychotic Disorganization to the Neurotic Process*. *J. Amer. Psch. Assn.*, XV, pp. 626-640.
- (1973): *Unsolved Problems Concerning the Relation of Art to Psychotherapy*. *Amer. J. Art Therapy*, XII, pp. 95-105.
- and MACKIE, JAMES B. (1968): *Critical Issues Raised by Operations for Gender Transmutation*. *J. Nervous & Mental Disease*, CXLVII, pp. 431-443.
- and MARGOLIN, SIDNEY G. (1945): *The Therapeutic Role of Drugs in the Process of Repression, Dissociation, and Synthesis*. *Psychosomatic Med.*, VII, pp. 147-151.
- MANN, THOMAS (1951): *The Blood of the Wolsungs*. In: *Stories of Three Decades*. New York: Alfred A. Knopf, Inc.
- MAUROIS, ANDRÉ (1953): *Leila: The Life of George Sand*. New York: Harper & Bros.
- MC CURDY, HAROLD G. (1966): *Barbara: The Unconscious Autobiography of a Child Genius*. Chapel Hill, N. C.: University of North Carolina Press.
- MEAD, MARGARET (1935): *Sex and Temperament in Three Primitive Societies*. New York: Mentor Books, The New American Library, Inc.
- MEAKER, M. J. (1964): *Sudden Endings*. New York: Doubleday & Co., Inc.
- PIPPETT, AILEEN (1953): *The Moth and the Star: A Biography of Virginia Woolf*. Boston: Little Brown & Co.
- PROUST, MARCEL (1905 [1922]): *Remembrance of Things Past*. New York: Random House, 1934.
- RADO, SANDOR (1933): *Fear of Castration in Women*. *This QUARTERLY*, II, pp. 425-475.
- RÉJAUNIER, JEANNE (1969): *The Beauty Trap*. New York: Trident Press.
- (1972): *The Motion and the Act*. Los Angeles: Nash Publishers.
- SCOTT-MAXWELL, FLORIDA (1957): *Women and Sometimes Men*. New York: Alfred A. Knopf, Inc.
- STEIN, LEO (1950): *Journey into the Self*. Ed. by Edmund Fuller. New York: Crown Publishers, Inc.
- WATSON, BARBARA BELLOW (1964): *A Shavian Guide to the Intelligent Woman*. London: Chatto and Windus, Ltd.
- WILDER, THORNTON (1926): *The Cabala*. New York: Albert & Charles Boni.
- WILLIAMS, TENNESSEE (1947): *A Streetcar Named Desire*. New York: New Directions Publishers.
- WOOLF, LEONARD, Editor (1953): *A Writer's Diary; Being Extracts from the Diary of Virginia Woolf*. New York: Harcourt, Brace & Co.
- (1963): *Beginning Again: An Autobiography of the Years 1911 to 1918*. New York: Harcourt, Brace & World, Inc.
- WOOLF, VIRGINIA (1926) *The Moment and Other Essays*. New York: Harcourt, Brace & Co., 1948.
- (1928): *Orlando: A Biography*. New York: Harcourt, Brace & Co.
- (1929): *A Room of One's Own*. New York: Harcourt, Brace & Co.

A Unique Poetic Sublimation of Conflicts Revived During Termination

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A UNIQUE POETIC SUBLIMATION OF CONFLICTS REVIVED DURING TERMINATION

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Following five years of productive analysis during which a married male patient of thirty had extensively worked through his passive-feminine conflicts and his deep-rooted, unresolved ambivalence toward his mother and father, there was a marked recrudescence of all symptoms at the time that the patient himself had elected to terminate treatment. The dynamics of the unresolved transference that emerged at this point involved his struggle against his passive-dependent yearnings which revived his œdipal conflict and unconscious parricidal wishes.

The patient was the youngest of three children reared in a small university town. His father was a botanist, withdrawn, egocentric, and apparently incompatible with the patient's mother from the very beginning of their marriage. Most of the time the father travelled abroad to escape his wife's violent emotional diatribes and demands for attention. During the brief interludes when he was at home, he behaved in a controlled, passive, unemotional way, hiding in his books or research. The patient always yearned to be close to his father who, he felt, favored his older brother and sister. With respect to his mother, he vividly recalled entering her bed every night well into latency, complaining of leg pains, and being caressed and massaged. He had the need to appease and placate his devouring mother in order to avoid her screaming and sobbing entreaties.

In latency he enjoyed sports with other boys but often felt left out by his older brother. On several occasions he observed and participated in mutual masturbation with these boys. However, from puberty on there was a distinct shift toward girls, and he developed several 'crushes' in high school.

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Gradually, he became interested in nature and was strongly influenced by his bird-watching expeditions with his father. He also spent long hours writing poetry. Many of these poems were only faintly disguised love ballads in which he expressed his yearning for mother and his wish to be reunited with her. What was so striking about his poetry was its intellectualized, unemotional quality. In contrast, he longed to be spontaneous, lusty, and vulgar like his more uninhibited friends.

Course of Analysis

The patient initially entered analysis complaining of marked free-floating anxiety, severe hypochondriasis with fear that he would die of cancer or heart disease, marked potency disturbances, and constant arguments with his first wife, to whom he had been married about one year. His symptoms had developed during the preceding year following graduation from college and after a roommate had died of leukemia. Although the patient had completed his master's degree in teaching, he had gradually become totally incapacitated by his illness. He remained at home all day unable to work, making endless demands on his wife to care for him, and was unable to function as a husband. A year after therapy began his wife decided to leave him and they were ultimately divorced.

He then began to take out several women to whom he related sexually in a narcissistic need-satisfying way. For the most part, his love relationships were ambivalent. He was extremely self-centered, passive, dependent, and preoccupied with his emotional upset. He rarely read a newspaper and was little aware of the Vietnam War or the social upheaval all around him.

During his analysis, it gradually became obvious that he suffered from severe characterological distortions based on his traumatic childhood development: 1, an inordinate narcissism that interfered with his development of mature genital object relationships; and 2, a marked passive-dependent feminine disposition—attributable to his prolonged period of accentuated dependence on his neurotic, chronically depressed mother—, re-enforced by the frequent long absences of his detached, schizoid

father. The pregenital and passive œdipal fixation to his mother led to a marked ambivalence toward both parents which ultimately interfered seriously with his capacity to maintain a good marital relationship.

He defended against his positive œdipal fantasies by frequently assuming a feminine identification with mother; for instance, he reacted with panic to any anticipated separation from his love objects just as his mother had reacted toward his father. What was so striking in all his relationships was his controlled, unexpressed hostility and the need-satisfying quality of his love. He could become panicky at the thought of his first wife's leaving him long after he had ceased caring for her.

There was a constant struggle between his activity and passivity and between his masculine and feminine strivings. This played an important role during his analysis and finally emerged with much force in the terminal phase. Side by side with the long-term fantasy of wishing himself in a cocoon or cuddled in mother's stroking embrace, he would rage at himself for accepting such a passive role in adult life. On many occasions he would develop anxiety in the presence of both men and women, unaware that his anxiety was aroused when he felt aggressively competitive or, conversely, when he felt passive and dependent, which compromised his masculinity. This had occurred repeatedly during his first marriage and finally led his wife to leave him after a prolonged sadomasochistic struggle. During his second marriage, which had taken place after several years of analysis, he was able to see that he cringed before authoritative men since he feared he could not compete with them. He was also able to see that he feared his wife would be attracted to such men, just as his mother had been attracted to the brilliant professors who attended her soirees during his childhood. He felt like an inadequate, unattended little boy.

The Terminal Phase

After expressing in November his wish to end his analysis the coming summer because he and his wife planned to take up residence in another city, his immediate reaction was one of

exaltation when I agreed to his idea since everything had been running smoothly for almost a year.

Long since symptom-free, the patient suffered a striking regression during the following weeks as a reaction to the thought of leaving analysis. There was a revival of most of the symptoms for which he had sought therapy five years before. Once more he became extremely anxious and could not eat or sleep; he became markedly depressed, brooded about himself as a failure as a man, a husband, and an analysand, and entertained thoughts of suicide. For years he had been doing an excellent job teaching and had recently been offered the chairmanship of his department in high school. He had greatly enjoyed his teaching, had inspired his students and spent many extra hours with them. Now suddenly he could think of nothing but his imminent collapse. The classes in Shakespeare that he formerly enjoyed teaching were now dreaded. He found himself 'blocking' as he spoke and tightening up; he feared his students would notice his collapse and mock him, and then he would be fired. He could not wait until the day was over so that he could retreat to the safety of his bedroom where he fantasized himself once more as a little baby being taken care of by mother. However, once at home he would actually become terrified while sitting alone with his wife, fearful that she would detect his weakness, find him too dull to interest her, and eventually leave him. He harbored fantasies and had actual dreams in which she did leave him and in which he did collapse mentally; this would then prevent the termination of his analysis.

Many dreams during this period shed light on the underlying dynamics and the overdetermined meaning of the regression that had been triggered at the thought of leaving treatment. There was a revival of his infantile helplessness and yearning for mother. In one dream he was in bed with her; in another, with a maternal aunt. In others his wife was exchanged for mother or his mother reproached him for having sex with his wife—again, a regressive revival of his *œdipal* conflict. In another dream he reverted to a passive-dependent position in

which he was lying quietly in bed while his wife masturbated him and stroked him the way his mother had.

The passive-feminine homosexual theme was also revived. There were innumerable fantasies in which I was attacking him or embracing him while he would lie there helplessly. There were dreams in which his father, his father-in-law, and I were all cold and detached toward him and refused to give him any recognition, similar to the way he felt his father had treated him as a child. This same homosexual anxiety now occurred again in his relationships with his intellectually challenging male friends. He would vacillate between his wish to be an active, aggressive male as opposed to a dependent little child, often depicting himself as a little girl. In one dream he was clipping off his hair; later in the dream his wife and then his mother were cutting off his pubic hairs and then his lips. In his associations he talked about his self-emasculation and his wish for impotence in order to prolong his treatment.

For the next six months the major analytic work dealt with the mother and father transference. He would constantly conjure up fantasies of me and picture himself as a tortured, helpless victim in my grasp, and a total failure. Then he would rage at himself for his weakness and express death wishes toward me. He reacted to the idea of leaving me just as strongly as his mother had reacted when his father had left her so frequently. As a result of working through, many good days and weeks followed, in which he was once more able to be potent sexually with his wife, teach well, and socialize well.

His gradual ability to work through his separation anxiety was dramatically expressed about three weeks before the end of his analysis when he presented the following dream:

I was lying down with waters flowing around me, and I was being treated for my wounds. The water was removing all the impurities from me.

His associations led to the symbolic myth of Percival's quest.

The Fisher King, linked to water and fishing, had been wounded and Percival's quest was to find him and heal him. The patient identified himself as a king, initially sick and now healed by analysis, with all his impurities washed away. The Fisher King was passively lying down in the dream just as he was lying down in analysis. He described how successful he had been with his teaching the day before and then had been very potent with his wife on the night of the dream.

On the following day he presented a dream in which he was informed by me that he could now decrease the number of his sessions. The patient announced that this dream represented a positive note; that he would like to cut down on the frequency of sessions, in fact, perhaps terminate altogether; that he also wanted to sit up and face me and become a man talking to a man. He described another dream in which he had to select some underwear from his bureau, pink or blue, and decided on the blue. He felt this represented a shift toward masculinity and independence. From then on he only wanted to face me.

One day previously he had thought of leaving me, of finally becoming free, of being reborn. He was reminded of a fantasy that he had had as a little boy: being enveloped in a honeycomb, held in with tremendous potential powers. Now he was again feeling more free and spontaneous. He felt that for a long time he had ceased writing poetry because all his fantasies and poems had dealt with his tortured feelings and his wish to return to the womb, fantasies that he dreaded to reveal to his wife. But now once more he was capable of writing beautiful love poems to her. He was amused by the fact that for several months recently he had even taken notes of our sessions and had been carrying them around in his pocket as a symbol of closeness to me. This procedure had now ended. He was more determined than ever that he would not succumb to his weakness; that he would end his analysis.

During the final session he announced with a smile that he had quite spontaneously written a poem for me while sitting in the waiting room and that after reading this poem, I would

no doubt feel he was ready to terminate immediately. However, he would do so only if I agreed.

I want my freedom doctor, let me go!
 I am like a parched man who can feel the stream
 Tickling his feet and will not stoop to drink
 Because he fears it is poisoned. Let me go!
 You have told me fifty times that my insight
 Can carry me now. Yet I go on and on
 Imagining disaster—there is no fear
 Left to uncover—the water is good to drink.
 Today for a few hours I felt myself ready
 To take on life—to give, receive, trembling
 Like a sea shell, crawled from its shell, afraid
 Of being crushed by the sun's heel yet ready for
 The risk for the sun's sake.

In this poem he was now saying he was well. His struggle with passivity and illness had ended triumphantly in a rather unique poetic manner.

By sitting up, he had declared himself in favor of more active masculine strivings. By ending his analysis now instead of waiting until the following summer, he was attempting to triumph over his analyst. He was now in control; he was making the decisions. By seizing upon poetry as his motif, he was sublimating his aggression and also yearning for final recognition from the good father, something he had never achieved from his own father—recognition for himself and his work.

As a result of repeated working through, he had gradually realized the libidinalized, masochistic game he had been playing with me by wanting to continue his analysis. To do so would mean clinging to all his old infantile conflicts, his dependency on both parents, his unresolved ambivalence and reveling in his masochistic orgy. His wish to be active, to become more aggressive, finally won out. This was heralded initially by the Fisher King dream, subsequently by the dream in which I told him he was well and reduced the frequency of his sessions, and ultimately through his poem.

In a postscript four months later, he wrote to me that things were going quite well; that he and his wife had established themselves in a new apartment in a new city; that he had obtained his teaching job and both were looking forward to an interesting summer vacation out west.

DISCUSSION

The Fisher King dream expressed this patient's magical expectations of analysis. He would be completely cured and become king. He represented both Percival and the king. Through Percival he identified himself with the analyst from whom he expected superhuman values. In becoming king he also triumphed over father, gratifying his early childhood œdipal fantasies, destroying father and becoming father himself. The dream also expressed the rescue fantasy. Percival would rescue the sick king. This represented the patient's identification with his analyst-father who had rescued him and whom he had destroyed, rescued, and with whom he was now one.

The poem became the patient's parting gift to his analyst. It also expressed his own rescue from illness, his intellectual freedom, his becoming a potent male, his identification with his powerful father-writer, his wish to gain love and recognition from his father-analyst, and his wish to recompense father.

The rescue fantasy and the gift of the poem are a striking corroboration of Freud's (1910) paper, *A Special Type of Choice of Object Made by Men*, in which he states: 'When a child hears that he *owes his life* to his parents . . . his feelings of tenderness unite with impulses which strive at power and independence, and they generate the wish to return this gift to the parents. . . . He then forms the phantasy of *rescuing his father from danger*. . . . This phantasy is commonly enough displaced on to the emperor, king . . . and may even be made use of by creative writers' (pp. 172-173).

The poem also expressed the eternal narcissistic investment that every patient has in his analysis and in his analyst, since by

the gift of his poem he would be forever remembered by the analyst. To the very last moment, his magical expectations of cure and his strivings for independence, health, and freedom all bore the marks of the opposite tendency, namely, the wish to love, be loved by, and reunited with his early parental images. Schmideberg (1938) has stressed the magical expectations of cure: 'The patient clings so much to these fantasies of future omnipotence . . . if . . . he expresses the hope that the analysis may rid him of his inhibitions and turn him into a genius, then we see that the original narcissistic idea has broken through, only it is displaced to the future' (pp. 123, 125). A. Reich (1950) has also written about the hidden magical expectations of analysis that come to life during the terminal phase.

The poem reveals most poignantly the climax of his struggle for independence—the yearning to break away from me, as opposed to his fear of doing so. It is in part a reminder of the recent paper by Hurn (1970), in which he describes the revival of the adolescent transference during the terminal phase that epitomizes the final struggle and inevitable adolescent break from home. In presenting the poem to me the patient was presenting me with a gift, a child—he, himself, reborn. Thus the poem is a highly overdetermined expression of his long-time oral, passive-feminine, dependent intra-uterine cocoon fantasies, his equating of termination with being reborn, the final break from mother and father, and the fear of taking the first steps on his own as every child must do.

In the last session, he finally recognized that he was acting out a game with me; that he was using analysis to conjure up old feelings of rejection and torture to gratify himself. On the one hand, he hoped to gratify his passive homosexual wishes for father and, on the other hand, he attempted to get rid of them. In addition, the reproach against me rekindled his childhood memories of rejection by and hostility toward his father and identification with his mother, since she had repeatedly been rejected by his father when he was a child. Even though the patient had decided to terminate, he had been compelled to

feel cast aside by me as analyst. This revived his masochistic gratification at the hands of his rejecting father. The aggressive element, now sublimated in poetic form, was expressed in his will to terminate treatment, thus displaying his triumph over me. With his halting of analysis, his active masculinity triumphed over his despised passive aims.

A. Reich (1950) in her paper, *On the Termination of Analysis*, stressed the inevitable passive dependent attitudes that develop in the transference, which must be thoroughly analyzed during the earlier periods of analysis and repeatedly analyzed during the termination phase.

I suggest that in many cases, especially those in which a central conflict has been the struggle between activity and passivity and in which analysis for a long time gratifies the passive dependent aims, the final outcome may rest not only on the patient's insight into his dependent infantile fantasies revived in the transference; but the shift toward health may depend as well on the subtle balance between his passivity and activity and aggressive strivings. Naturally, the patient's aggressive strivings, rid of their infantile, threatening, pregenital, and phallic cathexes, may now be utilized in an aim-inhibited, sublimated way toward successful restructuring of character and object relations. Thus, what Freud (1937) pointed out as a resistance to analysis in men—namely, their fear of submitting—I suggest may, during the terminal phase, act as a catalyst toward a successful ending.

It may be argued that the patient's behavior during the final hour represented an acting out of unresolved aggressive impulses in the transference and that in agreeing to his wish to terminate, I had accepted an unresolvable parameter, especially since there would be no opportunity to analyze further all the patient's reactions to his own behavior as well as my own. However, it is my conviction that to have attempted to analyze his behavior further would only have culminated in an analytic impasse and would have led to an interminable analysis.

BIBLIOGRAPHY

- FREUD (1910): *A Special Type of Choice of Object Made by Men (Contribution to the Psychology of Love I)*. Standard Edition, XI, pp. 165-175.
- (1937): *Analysis Terminable and Interminable*. Standard Edition, XXIII, pp. 216-253.
- GLOVER, E. (1955): Terminal Phase. In: *The Technique of Psychoanalysis*. New York: International Universities Press, Inc., Chapters IX, X.
- GREENACRE, P. (1956): Re-evaluation of the Process of Working Through. In: *Emotional Growth. Psychoanalytic Studies of the Gifted and a Great Variety of Other Individuals, Vol. II*. New York: International Universities Press, Inc., 1971, pp. 641-650.
- HURN, H. T. (1970): *Adolescent Transference. A Problem of the Terminal Phase of Analysis*. J. Amer. Psa. Assn., XVIII, pp. 342-357.
- LAMPL-DE GROOT, J. (1960): On Adolescence. In: *The Psychoanalytic Study of the Child, Vol. XV*. New York: International Universities Press, Inc., pp. 95-103.
- MILLER, I. (1965): *On the Return of Symptoms in the Terminal Phase of Psychoanalysis*. Int. J. Psa., XLVI, pp. 487-501.
- NACHT, S. (1965): *Criteria and Technique for the Termination of Analysis*. Int. J. Psa., XLVI, pp. 107-116.
- PFEFFER, A. A., Reporter (1963): Panel on *Analysis Terminable and Interminable Twenty-Five Years Later*. J. Amer. Psa. Assn., XI, pp. 131-142.
- REICH, A. (1950): *On the Termination of Analysis*. Int. J. Psa., XXXI, pp. 179-190.
- SCHMIDBERG, M. (1938): *After the Analysis . . .* This QUARTERLY, VII, pp. 122-142.

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THE WOOLFS' RESPONSE TO FREUD

WATER-SPIDERS, SINGING CANARIES, AND THE SECOND APPLE

BY JAN ELLEN GOLDSTEIN (NEW YORK)

I

When Queen Victoria died in 1901, a rebellion was already beginning against Victorianism. Among its leaders were the Bloomsbury group, an informal coterie of writers, artists, and intellectuals. Taking the radical new ethics of G. E. Moore as their battle cry, they proclaimed and exemplified new personal and artistic freedoms in the decade before the First World War. Young Lytton Strachey, for example, became a persuasive spokesman for enlightened attitudes toward sexual behavior and was held responsible for a sudden flourishing of homosexual activity among Cambridge undergraduates (*cf.*, Holroyd, 1967, Vol. I, p. 208). In 1910 Roger Fry organized the first Postimpressionist Exhibition and introduced the new movement in French painting to a generally indignant English public; to compound the shock, the ladies of Bloomsbury attended a ball in honor of the occasion dressed in Gauguin-inspired Tahitian sarongs (*cf.*, Bell, 1968, p. 43). One member of the group recalls the high spirit and heady self-image of Bloomsbury in those years: 'We were the forerunners of a new dispensation; we were not afraid of anything' (Keynes, 1949, p. 82).

By the 1920's, and even before, Bloomsbury became identified with that potent and imported ideology of anti-Victorian rebellion—Freudianism. They were, in fact, important lay disseminators of the 'new psychology', as it was called, in England.

'Moorism' and Freudianism

The philosophy of the Cambridge don G. E. Moore made the strongest of impressions on Bloomsbury: it colored their minds, said Leonard Woolf (1964), as indelibly as the climate of India

colors the face of a Tamil (p. 25). Philip Rieff (1959) has noted that 'Freud begins where G. E. Moore leaves off in the famous last chapter of *Principia Ethica* . . .' (p. 261). Rieff is not here speaking literally, of any direct influence exercised by Moore upon Freud, but figuratively, of a goal they shared and of Freud's more forceful and direct means of attaining it. That goal was, in Rieff's phrase, 'to defend the private man' against the often excessive demands which society makes upon him for conformity to its public norms. People in sympathy with Moore, it might be inferred from Rieff's remarks, would be likely to find Freud congenial as well. This was precisely the case with Bloomsbury.

Before the appearance of Freud in English thought, Bloomsbury had deployed Moore's ethics in a campaign in defense of 'the private man'. Moore (1903) had stipulated that personal affection and æsthetic enjoyment were the only true goods in human experience and the only genuine justifications for the performance of duty (p. 189); therefore Bloomsbury could challenge the authority of their duty-bound Victorian elders and fault them for emotional impoverishment and lack of intimacy. The Moorist value system led Bloomsbury, of their own accord, to modes of self-examination that anticipated the Freudian. For the purpose of improving their personal relationships, they devised, while undergraduates at Cambridge around the turn of the century, 'the method', a 'compulsory . . . third degree psychological examination' which they carried out on one another so as to reveal what each 'was really like' (L. Woolf, 1960, p. 127).

The similarity between 'Moorism' and Freudianism can be put in other terms. Moore (1903) oriented his ethics around subjective psychology. In his canon, the good was a 'state of consciousness' involving not only *cognition* of a beautiful inanimate or human object but also an *emotion* 'appropriate' to that beauty (pp. 189-190). The individual was thus obliged to turn inward, to examine his emotions with some subtlety, to learn to articulate them to himself. In making introspection an ethical

necessity, Moore was part of the *fin-de-siècle* trend toward non-religious introspection (another exemplar is Henri Bergson) which found its fullest elaboration and systematization in Freud.

Thus Moore, whose magnum opus appeared in 1903, prepared a significant group of English intellectuals for receptivity to Freud. But there were also ways in which he represented a very different world view from that of Freud, a world view much more in harmony with the Victorian. The innovative anti-Victorian tendencies in Moore impelled his disciples toward Freud, but his conservative tendencies militated against a full acceptance of psychoanalysis.

Among these conservative tendencies was Moore's unshakable faith in the rationality of human nature. He focused his ethics on the affective life, but he was able to achieve this daring departure from nineteenth-century ethical theory only by the compromise measure of endowing the affective life with rational traits. When Moore spoke of an emotion 'appropriate' to its object, he was expecting an extraordinary degree of precision from the emotions: they must be simple and clear, not uneasy amalgams of contradictory emotions. Furthermore the Cambridge philosopher assumed that the emotions could be readily controlled and educated: having 'inappropriate' emotions implied no powerful irrationality or deep-seated conflict but was a mere 'error of taste' (Moore, 1903, p. 192). Finally, personal relationships partook of this ubiquitous rationality. Personal affection was, said Moore, a more complicated case of æsthetic enjoyment: it was an appreciation of persons, whose beauty consisted in their appreciation of beautiful things and of other beautiful persons (pp. 203-204). Hence friendship, defined as a reciprocity of this personal affection, was an exacting rational discipline based on accurate discernment of the beautiful qualities of the friend and on experiencing the appropriately positive emotions which those qualities aroused. Compare this with the Freudian dictum on the emotions accompanying friendship — 'The evidence of psychoanalysis shows that almost every in-

timate emotional relationship . . . which lasts for some time—marriage, friendship, the relations between parents and children—leaves a sediment of . . . aversion and hostility, which only escapes perception as a result of repression' (Freud, 1921, p. 101)—and the vast temperamental distance between Moore and Freud will be obvious. When John Maynard Keynes (1949) reminisced about Bloomsbury in 1938, he plainly labeled the Moorist outlook he and his friends had shared as 'intellectually pre-Freudian' (p. 100), 'a purer, sweeter air by far than Freud cum Marx' (p. 92) and one which kept them sheltered from the crucial insights of the twentieth century. As the years wore on, there was, to be sure, some 'falling away from the purity of the original doctrine' (p. 101), but the basic orientation remained. The members of Bloomsbury were, said Keynes, 'water-spiders, gracefully skimming, as light and reasonable as air, the surface of the stream without any contact at all with the eddies and currents underneath' (p. 103).

The Formal Ties between Bloomsbury and Freud

Still it was Bloomsbury, so ambivalent in its modernism yet so dedicated to ushering in the 'new dispensation', which played a major role in bringing Freud to the English. The initial and closest ties to the psychoanalytic movement were forged by peripheral members of the group: James and Alix Strachey, Adrian and Karin Stephen.

James Strachey, Lytton's younger brother and later the editor of the Standard Edition of Freud, became interested in psychoanalysis shortly before the war, but it was not until 1920 that he and his wife Alix made the decision to study it professionally. They then took up residence in Vienna and within a year had sufficiently impressed Freud that he requested them to translate a series of his clinical papers. That project led to further familiarity: they were soon visiting Freud regularly on Sunday afternoons to discuss not only problems of translation but 'whatever problems we want to' (Holroyd, 1968, Vol. II, p. 442, n.). By the summer of 1921, when they returned to England and

vacationed in Cumberland with Lytton and his friends, they were wholly absorbed in their new work. Writing to Virginia Woolf, Lytton described James as uninterested in rustic outings and preferring to stay at home 'balanced upon a horsehair sofa, reading the psychopathology of dreams by Dr. Varendonck' (L. Woolf and Strachey, 1956, p. 132). The vignette suggests that, with such a presence in their midst, psychoanalytic theory was reaching the other members of Bloomsbury. Certainly it reached Lytton, whose psychological interpretations in his 1928 biography of Elizabeth and Essex can be traced directly to the tutelage he received from his brother and sister-in-law (*cf.*, Strachey, 1956).

Adrian Stephen, Virginia Woolf's younger brother, had been studying medieval law when, in the early twenties, he 'suddenly threw the Middle Ages and law out the window and became . . . a qualified doctor and a professional psychoanalyst' (L. Woolf, 1967, p. 164). He was joined by his wife, Karin Costelloe Stephen, (1914), who, as one of Henri Bergson's first supporters in the English philosophical community, had earlier shown her receptivity to the concept of an unconscious mind.

Through their friendship with James Strachey, Leonard and Virginia Woolf also became involved in the psychoanalytic movement. In 1924, after quarrels with Otto Rank put an end to the plan by which all English psychoanalytic texts were to be published in Austria, Strachey and Ernest Jones (1957) approached the Hogarth Press (pp. 36-37), founded by the Woolfs only seven years before and dedicated to the principle of 'refusing to publish anything unless we thought it worth publishing' (L. Woolf, 1964, p. 255). An agreement was reached by which Hogarth assumed responsibility for the publication of the entire International Psycho-Analytical Library, as the writings of Freud and his orthodox followers were called. In other words, Hogarth became the official literary organ of psychoanalysis in England: 'Between 1924 and 1939 we published an English translation of every book [Freud] wrote, and after his death we

published his complete works, 24 volumes, in the Standard Edition' (L. Woolf, 1967, p. 166).

II

Besides the tacit commitment represented by the publications list of the Hogarth Press, Virginia Woolf gave, in 1936, a public avowal of her accedence to Freudian revolution: she was one of the writers and artists who signed the eightieth birthday Address to Freud. The Address, probably drafted by Thomas Mann, hailed Freud as a 'courageous seer and healer' and mentioned the 'deep mark' of his achievement upon the 'study of literature and art' and 'in poetry itself' (Jones, 1957, pp. 205, 206). It was in these two areas, healing and art, that Virginia Woolf's response to Freud was most pronounced. But notwithstanding this birthday Address, her response was in both areas ambiguous; and indeed, as to his healing, it came close to outright, antagonistic rejection.

A Lifelong Illness

Virginia Woolf avoided Freudianism at the time of her nervous breakdown in 1913-1915. She continued to avoid it in all her subsequent bouts with mental illness, up to and including the final one which led to her suicide in 1941.

Her illness had a long history. When her mother died in 1895, Virginia aged thirteen, suffered her first breakdown (*cf.*, Bell, 1972, Vol. I, p. 44). Barely recovered in 1897, she went through another period of acute distress, this one apparently precipitated by the furtive sexual advances of her doting half brother, George Duckworth (p. 45). A third serious breakdown followed in 1904, after she had nursed her father through his long last illness. She attempted suicide and heard 'those horrible voices'—birds singing Greek choruses, King Edward using foul language in the garden (pp. 89-90). As she became a novelist, her now chronic depressions began to attach themselves to her writing, the downward swing coinciding with the correction and return of the galleys when, as she later described it, 'I must

wean my mind from it [the finished work] . . . and prepare another creative mood' (L. Woolf, 1953b, p. 252); at this point the prospect of the novel's imminent release to the critics also threatened her (L. Woolf, 1964, p. 149). The 1913 breakdown was the prototype of this situation: her first novel, *The Voyage Out*, had just been completed. In addition, there was a renewed sexual disturbance. During her honeymoon in the fall of 1912, she had found herself repelled by sexual love (*cf.*, Bell, 1972, Vol. II, pp. 5-6). The combined stresses of literary production and marriage forced her, for the fourth time in her life, over 'the border which divides what we call insanity from sanity' (L. Woolf, 1964, p. 76).

Psychoanalysis was available in London in 1913. Ernest Jones (1959) had begun practicing it there in 1906 (p. 162), and, although clashes with the medical establishment sent him into voluntary exile in Canada in 1908, he made annual visits to London and returned there permanently in 1913 (p. 229). Dr. David Forsyth became a full-time analyst several years before the war, as did Dr. M. D. Eder, a London-born Jew active in Fabian socialist politics (pp. 228-229). The London Psycho-Analytical Society, a branch of the international association, was founded in 1913. Although it was a less formidable organization than its name might imply (of fifteen original members, only four were psychoanalytic practitioners), its existence attested to the growing interest in Freudian therapy in the English capital.

'In 1913', Leonard Woolf (1964) wrote some fifty years later, 'the . . . state of knowledge with regard to nervous and mental diseases was desperately meagre' (p. 159). He has recorded all the doctors whom Virginia consulted during the breakdown of 1913-1915: George Savage, Maurice Craig, T. B. Hyslop, Henry Head, Maurice Wright (p. 160). The first three appear in Ernest Jones's portrait of turn-of-the-century Harley Street as the successive superintendents of London's Bethlehem Hospital ('Bedlam'). All had taken up the private practice of psychiatry upon retirement from this post. Jones (1959) has only contempt for the triumvirate of Savage, Craig, and Hyslop: their treatment

was limited to signing 'the necessary certificates' and entrusting their patients 'to expensive hospitals where they would periodically visit them' (p. 123). Henry Head was one of the most famous neurologists of his day and the editor of *Brain*. Maurice Wright, who had once treated Leonard for a nervous tremor of the hands, utilized the technique of suggestion (L. Woolf, 1960, p. 113). Though Head and Wright were more forward-looking mental specialists than the other three,¹ their advice to Virginia Woolf in 1913-1915 was identical with the others: that she go to a nursing home for a few weeks and stay in bed, resting and eating (L. Woolf, 1964, p. 156).

Virginia's ailment was diagnosed as 'neurasthenia' (L. Woolf, 1964, p. 148), or nervous exhaustion, the catchall 'diagnosis of fashion' among the genteel classes of Europe and America since the 1870's (*cf.*, Bromberg, 1954, p. 152). The treatment prescribed for her was standard for neurasthenics—the Weir Mitchell treatment, or rest cure as it was popularly called. The name is misleading because rest was only ancillary in Mitchell's conception of the cure. The cardinal element was nutrition, deliberate overfeeding to stabilize the irregular brain cells supposedly responsible for the illness (*cf.*, Jones, 1920, pp. 24-25). The Weir Mitchell treatment was thus based upon a 'onesidedly materialistic' medical outlook: the body could influence the mind but not vice versa; the mind was only an emanation from the brain, an organ function, and so mental disturbance clearly must be tackled in the brain (*cf.*, Jones, 1959, p. 155). Evidence that Virginia Woolf submitted herself to this treatment can be found in her letters to Lytton Strachey. In the fall of 1915, when her long illness seemed to be finally over: 'I really am all right and weigh 12 stone!—three more than I've ever had, and the consequence is I can hardly toil uphill, but it's evidently good

¹ Head later attempted to explain the Freudian theory of repression neuro-physiologically (Jones, 1959, p. 134) and Wright became an associate member of the British Psycho-Analytical Society in 1919 (*cf.*, Reports of the International Psycho-Analytical Association, p. 118). But by the time of these occurrences, their roles in Virginia Woolf's care had already terminated.

for the health. I look forward to being rid of the nurse soon' (L. Woolf and Strachey, 1956, p. 70). And again in 1921 the process is repeated: 'All sorts of plagues descended on me. I'm now recovered, gained 6 lbs.' (p. 133).

Though the popularity of the Weir Mitchell treatment declined sharply with the coming of suggestive therapies and psychoanalysis (*cf.*, Bromberg, 1954, p. 155), Virginia Woolf stuck with it till the end. The former superintendent of Bethlehem, Maurice Craig, was 'for the rest of Virginia's life the mental specialist to whom we went for advice when we wanted it' (L. Woolf, 1964, p. 160); and his handbook, *Nerve Exhaustion*, indicates the kind of advice he must have given her. He was a thoroughgoing conservative, not implacably hostile to Freudian therapy but extremely wary of it, believing that many patients did not have 'the mental stability to stand the strain' of the 'distressing ideas' it brought to light (Craig, 1922, pp. 122-123). He was furthermore convinced that nervous breakdowns were conditions of the total body, requiring direct physical treatment and not merely the Freudians' 'clearing up of amnesias' (pp. 125-126). On the other hand, he was unequivocally in favor of 'therapeutic' weight gain, differing with Weir Mitchell not in theory but only as to the rate of gain:

We do not recommend the forced feeding which is usual with Weir-Mitchell treatment. It is not to the advantage of the patient, especially if past middle life, to put on weight rapidly. . . . *The ideal rate of gain is about two pounds a week.* . . . If the patient is able to take his ordinary diet, this should be permitted and *extra milk* and eggs may be added to it. For those persons who can take *milk* it is a *valuable food* and it may be given during or between meals (p. 129).

In 1940 Virginia's doctor was Octavia Wilberforce, who happened also to run a farm with a herd of Jersey cows. Since food was scarce during the war, Dr. Wilberforce brought the prescribed milk and cream to Virginia once a week (*cf.*, L. Woolf, 1970, p. 87).

Despite the cheeriness of her remarks to Lytton Strachey on the benefits of overeating, her account in *Mrs. Dalloway* (V. Woolf, 1925a) of Septimus Smith's war neurosis and ultimate suicide suggests her more fundamental dissatisfaction with the Weir Mitchell treatment. The tragicomic irrelevance of that treatment to the patient's mental suffering emerges in the interior monologue of the eminent, prosperous, and complacent Harley Street neurologist, Sir William Bradshaw: 'When a man comes into your room and says he is Christ (a common delusion) . . . and threatens, as they often do, to kill himself, you invoke proportion; order rest in bed; rest in solitude; silence and rest; rest without friends, without books, without messages; six months' rest; until a man who went in weighing seven stone six comes out weighing twelve' (pp. 149-150). Sir William, says Virginia Woolf, 'penalized despair' (p. 150). But, however bitterly it was expressed in her novel, this dissatisfaction with traditional psychiatry did not function for her as an incentive to seek psychoanalysis.²

If she clung to an old-fashioned treatment, she likewise clung to an old-fashioned conception of her illness. As late as 1933, the Freudian notion that physical symptoms can have psychic causes was alien to her. In her journal she wrestled with the problem of the origin of her recurrent symptoms:

While I was forcing myself to do Flush my old headache [the earliest warning of a breakdown] came back—for the first time

² Septimus Smith does not seek psychoanalysis either. Although Virginia Woolf is being very timely here in making Septimus's nervous collapse the result of his wartime experiences, she is not being as timely as she might. Soldiers returning from the front with nervous disorders were widely treated with psychoanalytic methods. In fact, the great popular excitement about psychoanalysis in England after the First World War was 'a good deal stimulated by the war-neuroses' and cases of shell shock which Freudian practitioners had shown success in curing (*cf.*, Jones, 1959, p. 230). The psychoanalytic treatment of a veteran was the subject of Rebecca West's 1918 novel, *The Return of the Soldier*. In 1921 Hogarth published *Psycho-Analysis and the War Neuroses* by Ernest Jones, et al., with an introduction by Freud. Probably Virginia Woolf placed Septimus in an anachronistic, pre-Freudian medical world because it was the only medical world she knew and felt capable of describing convincingly.

this autumn. Why should the Ps. [Pargiters, the working title of *The Years*] make my heart jump; why should Flush stiffen the back of my neck? What connection has the brain with the body? Nobody in Harley Street could explain, yet the symptoms are purely physical . . . (L. Woolf, 1953b, p. 188).

In the same year she toyed with the applicability of a Freudian conception of mental breakdown to her own situation—only to reject it. She had read, as soon as it was published, Geoffrey Faber's biography of Cardinal Newman, *Oxford Apostles*. Faber had, as one member of Bloomsbury put it, approached his subject 'armed with psychoanalysis' (Birrell, 1933, p. 78). The book included analyses of Newman's dreams and childhood fantasies and, what caught Virginia Woolf's attention, a hypothesis about the cause of his periodic nervous collapses. They were not, Faber (1934) maintained, induced by overwork (p. 51), the generally accepted cause of neurasthenia before Freud. Rather, they were the result of a repressed conflict between two tendencies in Newman's personality, one assertive and ambitious, the other wanting to be dominated and bent on failure (pp. 177-179). Faber stressed that this conflict remained 'out of sight', penetrating Newman's consciousness only in the veiled form of a religious struggle between self-will and obedience to God. Virginia Woolf responded to these ideas in her journal:

I've been reading Faber on Newman; compared his account of a nervous breakdown; the refusal of some part of the mechanism; is that what happens to me. Not quite. Because I'm not evading anything. I long to write *The Pargiters* (L. Woolf, 1953b, pp. 202-203).

Here and at other points in her journal, when Virginia Woolf speculates on the cause of her depressions, she does hit upon conflict as a plausible explanation. But it is conflict between activities in the real world: 'the effort to live in two spheres—the novel and life' (p. 203); or conflict within the conscious mind: 'the strife and jar . . . [of] 2 types of thought, the critical, the creative' (p. 176). The idea of repressed conflict—the idea, in es-

sence, of not knowing her own mind—is flatly denied and apparently very distasteful to her.

Knowledge of Freud

How much did Virginia Woolf know about Freud? She did not read any of his works until December 1939. Reading Freud was a stint she set herself, a deliberate and self-disciplined divergence from her natural propensity to read literature. Her journal records:

Began reading Freud last night; to enlarge the circumference: to give my brain a wider scope: to make it objective; to get outside. Thus defeat the shrinkage of age. Always take on new things (L. Woolf, 1953b, p. 309).

Prior to 1939 she was, of course, by no means ignorant of Freud. Replying in 1931 to the inquiry of a German scholar (*cf.*, Hoops, 1934) who was making an assessment of the influence of Freudianism on English novelists, she stated that she was acquainted with psychoanalysis 'only in the ordinary way of conversation' (p. 147, n.); but she neglected to say that, with a brother and sister-in-law who were psychoanalysts and James and Alix Strachey as friends, this conversation was far from ordinary. Her journal for 1923 indicates that Adrian even discussed his own analysis with her (*cf.*, Bell, 1972, Vol. II, p. 116). For about two decades before 1939, references to Freud are scattered throughout her nonfictional writings, and from these her opinions of the Freud she knew at second hand can be pieced together.

Feelings about Psychoanalytic Therapy

Her first explicit mention of Freudianism occurs in 1920 in her brief anonymous review of J. D. Beresford's novel, *An Imperfect Mother* (V. Woolf, 1920). At the outset she 'hazard[s] the opinion' that the author 'has acted the part of stepfather to some of the very numerous progeny of Dr. Freud'. She is cor-

rect: Beresford (1920) had studied Freud extensively under the watchful eye of Dr. M. D. Eder and had recently advocated the application of psychoanalytic theory to the novel. The results of his literary policy appropriately form the subject of Virginia Woolf's review, which is entitled *Freudian Fiction*. But she strays once from her main point to remark upon psychoanalysis as a therapy:

This [plot] is strictly in accordance with the new psychology which in the sphere of medicine claims to have achieved positive results of great beneficence. A patient who has never heard a canary sing without falling down in a fit can now walk through an avenue of cages without a twinge of emotion since he has faced the fact that his mother kissed him in the cradle. The triumphs of science are beautifully positive.

This remark might better be described as a minor outburst: not only is it gratuitous, but the sudden profusion of bizarre imagery and the sarcastic rendition of what the Freudians are able to tell a person himself bespeak a conglomeration of powerful emotions impelling Virginia Woolf here. In calling 'the triumphs of science . . . beautifully positive', she is making an implicit comparison between the psychoanalyst's confidence in his end-product and her own ambivalence about it—an ambivalence expressed in the hypothetical case she presents. While the fit is certainly pathological, it is, after all, brought on by a thing of delicate beauty; and according to the Moorist canon, responsiveness to beauty is one of the primary goals of life. If the only given alternative is to be 'without a twinge of emotion' when canaries are singing, Virginia Woolf might well prefer to eschew medical 'beneficence' and retain the 'sickness'. (And in only slightly disguised form, it does seem to be her own sickness, with its aural hallucinations of singing birds, that she has in mind.)

Certainly the emotional numbness she here associates with a psychoanalytic cure would be anathema to her. She reveled not only in sensitivity but in hypersensitivity:

A change of house makes me oscillate for days. And that's life; that's wholesome. Never to quiver is the lot of Mr. Allinson, Mrs. Hawkesford and Jack Squire (L. Woolf, 1953b, p. 63).

Furthermore, this desirable hypersensitivity seemed to her the obverse of depression—and inextricably bound up with it. 'If we didn't . . . tremble over precipices', the same entry in her journal continues, 'we should never be depressed, I've no doubt; but already should be faded, fatalistic and aged'. Hence to root out the depression through psychoanalytic therapy would be to lose the other side as well, to render one's emotional life monochromatic.

In even more explicit ways, she associates her illness with her artistic capabilities:

These curious intervals in life—I've had many—are the most fruitful artistically—one becomes fertilized—think of my madness at Hogarth—and all the little illnesses—that before I wrote the Lighthouse for instance. Six weeks in bed now would make a masterpiece of Moths (L. Woolf, 1953b, p. 143).

Similarly, in another entry, her 'returning health' after a 'nervous breakdown in miniature' is 'shown by the power to make images; the suggestive power of every sight and word is enormously increased' (*op. cit.*, p. 96). Virginia Woolf's distrust of psychoanalysis is thus based in part on her own version of the age-old identification of genius and insanity. (Her hypothetical patient is 'afflicted' with an artistic hypersensitivity; had she chosen a case of horse phobia or hand-washing compulsion for her example, the illness itself would have no redeeming value and her argument against the psychoanalytic cure would lose its force.) While many writers sought psychoanalysis during the 1920's in order to conquer writing blocks or generally improve their writing (*cf.*, Hoffman, 1957, pp. 71-72), probably just as many feared that it would adversely affect their creativity. For example, Leonard Woolf's 1924 review of Robert Graves's *The Meaning of Dreams* recounts Graves's crisis in 1921 when he was suffering from shell shock and believed he could be cured

by psychoanalysis. 'But someone told him that "the result of being cured was that if you happened to be a poet . . . you would never write poetry again. . . . The conflict in my mind was therefore this: which is more important, poetic ambition or a quiet mind?" ' (L. Woolf, 1924).

Additional insight about Virginia Woolf's feelings toward psychoanalytic therapy can be gained from *On Being Ill* (V. Woolf, 1926). The essay begins as a witty discussion of physical illness, but physical illness is gradually associated with an exquisitely heightened perceptivity strongly suggestive of the delusions of mental illness:³

How astonishing when the lights of health go down the undiscovered countries that are then disclosed . . . what precipices and lawns sprinkled with bright flowers a little rise of temperature reveals . . . (p. 9).

As might be expected, Virginia Woolf places a high value upon this illness, but she does not here see it as a wellspring of artistic productivity for the elite and gifted few. Rather it becomes a metaphor for a private and unique realm of vision and experience within each individual, an interior 'virgin forest'. Health becomes, by contrast, a metaphor for the puffed-up trivialities of the public realm:

In health the genial pretence must be kept up and the effort renewed—to communicate, to civilize, to share, to cultivate the desert, educate the native. . . . In illness this make-believe ceases (p. 14).

Human integrity requires that the private realm of illness remain inviolable. Virginia Woolf's firm statement of this tenet has direct if unintended bearing upon her attitude toward psychoanalysis:

We do not know our own souls, let alone the souls of others. Human beings do not go hand in hand the whole stretch of the

³ The essay was written during a period of nervous collapse (*cf.*, Bell, 1972, Vol. II, p. 115). Again, Virginia Woolf's own hallucinations during such periods must be recalled.

way. There is a virgin forest, tangled, pathless, in each. Here we go alone and like it better so. Always to be accompanied, always to be understood, would be intolerable (p. 14).

By implication, then, the coöperative exploration entailed by psychoanalytic therapy is not for Virginia Woolf the 'defense of the private man' that Philip Rieff would have it; it is instead an intolerable companionship and an unjustifiable assault upon privacy.

Feelings about the Validity of Psychoanalytic Theory

To say that Virginia Woolf did not want to entrust her illness to a psychoanalytic practitioner is not to say that she found the psychoanalytic theory of mental functioning utterly erroneous. In matters not related to her own illness she could find the psychoanalytic perspective, even when applied to herself, valid and illuminating; and a clear example of this occurs in her feminist essay, *A Room of One's Own* (V. Woolf, 1929a). During an imaginary visit to the British Museum, where she does some fruitless research on the cause of the dearth of female writers throughout history, Virginia Woolf sits down to brood and finds that she is 'unconsciously, in my listlessness' drawing a picture. It is a picture of the Enemy: Professor von X engaged in writing his magisterial tome, *The Mental, Moral and Physical Inferiority of the Female Sex*; and he looks angry. Virginia Woolf (1929a) analyzes the doodle at length:

Drawing a picture was an idle way of finishing an unprofitable morning's work. Yet it is in our idleness, in our dreams, that the submerged truth sometimes comes to the top. A very elementary exercise in psychology, not to be dignified by the name of psychoanalysis, showed me, on looking at my notebook, that the sketch of the angry professor had been made in anger. Anger had seized my pencil while I dreamt. But what was anger doing there? Interest, confusion, amusement, boredom—all these emotions I could trace and name as they succeeded each other throughout the morning. Had anger, the black snake, been lurking among them? Yes, said the sketch, anger had (pp. 52-53).

The picture is thus treated as a bit of 'psychopathology of everyday life', a minor eruption of the unconscious into behavior which can then be used to explore the inner self. It works for Virginia Woolf as a kind of diagnostic test, informing her of the anger that had remained utterly outside awareness. Her identification of her act of automatic drawing⁴ as a kind of waking dream reveals her degree of psychoanalytic sophistication: 'The mechanism of . . . chance actions', wrote Freud in 1901, ' . . . can be seen to correspond in its most essential points with the mechanism of dream-formation . . . ' (p. 277). Virginia Woolf (1929a) has also here indicated a qualified belief in Freudian dream theory: 'in our dreams . . . the submerged truth *sometimes* comes to the top'.

What is notably absent from this interpretation is the sexual content that Freud usually discovered in slips and random actions. Virginia Woolf must have found Freud's sexual emphasis distasteful, alarming, and unassimilable. Critics have frequently commented upon the avoidance of sexual love in her novels; she herself confided in her journal that the world she created in her fiction was 'vague & dream like . . . , without love, or heart, or passion, or sex and is the only world I really care about' (Bell, 1972, Vol. I, p. 126). The 'dark places of psychology' (V. Woolf, 1925b, p. 215) which appealed to her in Joyce and other modern novelists had, by her definition, no connection at all with unruly bodily instincts. 'Mr. Joyce', she said, 'is spiritual; he is concerned at all costs to reveal the flickering of that innermost flame which flashes its messages through the brain' (p. 214).

This powerful self-protective tendency to desexualize certainly helps to account for her long delay in directly confronting Freud through reading him. Yet Virginia Woolf was also far from openly accusing Freud, as so many did from the first

⁴ The experiments of the Surrealists with automatism, which were being conducted in Paris during the 1920's, may have been in Virginia Woolf's mind. The Surrealists regarded these experiments as direct extensions of psychoanalytic technique (*cf.*, Cardinal and Short, 1970, p. 86).

announcement of his theories in the 1890's straight through to the 1930's, of prurience and pansexuality. This was not the Bloomsbury style. Bloomsbury had always stood for sexual freedom. Swept up in its pre-war libertine rebelliousness, Virginia Woolf went swimming naked with Rupert Brooke in response to his challenge (*cf.*, Spender, 1970, p. 29), wore a sarong at the Postimpressionist Ball, typed Lytton Strachey's bawdy *Ermytrude and Esmerelda* and assured him she would be delighted to type anything else 'chaste or otherwise' (L. Woolf and Strachey, 1956, p. 60). She could not sustain this kind of spontaneity. But despite the sexual repression and maladjustment more basic to her nature, she no doubt assented intellectually to Bloomsbury's anti-Victorian sexual attitudes—and to Freud's investigations of the sexual impulse. She permitted herself but one oblique jibe against the Freudian insistence upon the universality of sexual motivation. Pondering an anonymous woman seated opposite her in a railway car, trying to fathom the mysteries of her character, Virginia Woolf (1921) resoundingly rejected a Freudian interpretation. 'They would say she kept her sorrow, suppressed her secret—her sex they'd say—the scientific people. But what flummery to saddle *her* with sex!' (p. 13).

Psychoanalysis and Art

Given the high, quasi-religious place of art in Bloomsbury's scheme, they were bound to take umbrage at Freud's (1916-1917 [1915-1917]) depiction of the artist as a clever neurotic able, by a roundabout process, to turn his fantasies of 'honour, power, wealth, fame and the love of women' (p. 376) into the means of their own realistic fulfilment. Roger Fry responded to Freud in 1924 with *The Artist and Psycho-Analysis* (Fry, 1924), an indignant lecture which later won Ernest Jones's (1957) respect as a representative and 'most incisively expressed' critique of Freud's views (p. 409). Fry's arguments were echoed in *The Nation* by his fellow Bloomsburian Clive Bell (1924) and

Leonard Woolf offered his opinions on the subject in 1923 and 1924 (L. Woolf, 1923, 1924).

Virginia Woolf, however, never became embroiled in this theoretical debate on the nature and sources of artistic creativity.⁵ Her interest in the relationship of Freudianism and art was practical; what, she wanted to know, would be the impact of psychoanalysis upon the novelist's *craft*? She held that in novel writing the salient quality and the main challenge were the creation of character. 'Men and women write novels because they are lured on [by] . . . a little figure who rises before them saying, "My name is Brown. Catch me if you can"' (V. Woolf, 1923, p. 94). Or, even more pointedly, 'It is to express character . . . that the form of the novel, so clumsy, verbose and undramatic, so rich, elastic and alive, has been evolved' (p. 102). Thus it was only natural that, when faced with new psychological theories purporting to explain human character, she should voice a concern about whether and how they could be incorporated into the novel.

She was not, at the outset, optimistic. Reviewing the fiction of L. P. Jacks for the Times Literary Supplement in 1918, she found much that was praiseworthy but had strong reservations about the characters: 'Inevitably it is extremely difficult to combine these new trophies of psychology⁶ with the old; and the results are often queer composite beings, monsters of a double birth'. Some suffered especially from a pedantic lifelessness, seemed 'to have been made up from some cunning prescription found in books rather than from direct observa-

⁵ She came closest to commenting on it in 1940. Then, running through a host of theories on the origins of creative genius, she dismissed them all with, "There is no answer—naturally. . . . Anybody can make a theory; the germ of a theory is almost always the wish to prove what the theorist wishes to believe" (V. Woolf, 1940, p. 129).

⁶ Jacks was not a Freudian but a devotee of some unspecified eclectic psychology of the unconscious. He was trying to capture in his fiction "'things from the abyss of time that float upwards into dreams—sleeping things whose breath sometimes breaks the surface of our waking consciousness, like bubbles rising from the depths of Lethe'" (quoted in V. Woolf, 1918).

tion' (V. Woolf, 1918). Two years later she complained similarly of Beresford's strictly Freudian characters; they seemed to have been invented in order to exemplify certain set psychopathologies and as a result had been 'unduly stinted . . . of flesh and blood', had 'ceased to be individuals' (V. Woolf, 1920).

In both these judgments, it is not the truth of the new psychological theories that is at issue; that truth seems in fact to be tacitly conceded. Rather, Virginia Woolf poses the problem in terms of a rigid dualism she establishes between two types of truth, the artistic and the scientific. They are incompatible; the mind cannot hold both simultaneously but must choose one and expel the other. As she describes this process, 'the scientific side of the brain' is activated by Beresford's characters and says of them, ' "Yes, that is interesting, that explains a great deal" ', while the 'artistic side of the brain beats a hasty retreat, saying, "No, that is dull and has no human significance whatever" '. Beresford's reader soon ceases to be receptive to artistic pleasure or imaginative communion; scientific curiosity dominates him, and he takes on the persona of 'a doctor intent upon his diagnosis' (V. Woolf, 1920). In effect, then, the novelist employing psychological theory ceases to be a novelist. His adopted science corrodes his art. In 1929 Virginia Woolf reiterated this opinion, while noting the potential dangers for the novelist of catering to the tastes of the reading public:

Indeed the enormous growth of the psychological novel in our time has been prompted largely by the mistaken belief which the reader has imposed upon the novelist, that the truth is always good, even if it is the truth of the psychoanalyst and not the truth of the imagination (V. Woolf, 1929b, p. 142).

Reconciliation with Freud: 'The Leaning Tower' (1939-1940).

Virginia Woolf never came to an appreciation of Freud as 'healer', but toward the end of her life she did paint an optimistic picture of the salutary effects of Freudianism on future (though not present) literature. Her journal shows that this revised assessment, which she wove into a lecture already in

progress, was a sudden, fresh insight resulting directly from her reading of Freud (L. Woolf, 1953b):

Saturday, December 2nd (1939)

Began reading Freud last night . . . (p. 309).

Monday, December 18th

[R]ead Freud on Groups . . . (p. 310).

Friday February 9th (1940)

Now I'm going to read Freud . . . (p. 314)

Sunday, February 11th

So walking this mildish day, up to Telscombe, I invented pages and pages of my lecture: which is to be full and fertile. The idea struck me that the Leaning Tower school is the school of auto-analysis. . . . I think there's something in the psychoanalysis idea: that the Leaning Tower writer couldn't describe society: had therefore to describe himself. . . . L. [Leonard Woolf] saw a grey heraldic bird: I saw only my thoughts (pp. 314-315).

Exactly which of Freud's works constituted her reading program is unclear—only the December 18th entry, presumably referring to Group Psychology and the Analysis of the Ego, gives any indication at all—and so the train of thought linking Freud to the contents of Virginia Woolf's lecture cannot be reconstructed in any detail. In its completed form, the thesis of *The Leaning Tower* hinged upon two different but related concepts of 'unconsciousness'. The first is a spontaneous synthesizing faculty:

We all have experience of the work done by unconsciousness in our own daily lives. You have a crowded day, let us suppose, sightseeing in London. Could you say what you had seen and done when you came back? Was it not all a blur, a confusion? But after what seemed a rest . . . the sights and sounds and sayings that had been of most interest to you swam to the surface, apparently of their own accord; . . . what was unimportant sank into forgetfulness. So it is with the writer. After a hard day's work, trudging round, seeing all he can, feeling all he can, . . . the writer becomes—if he can—unconscious. In fact, his under-

mind works at top speed while his upper-mind drowns. Then after a pause, the veil lifts; and there is the thing—the thing he wants to write about—simplified, composed (V. Woolf, 1940, p. 134).

The similarities between Freud's dream work and Virginia Woolf's 'work done by unconsciousness' are unmistakable. While Freud himself never drew an explicit analogy between the dream work and the process of artistic creation, the analogy was prevalent among literary intellectuals (L. Woolf, 1924). In so far as Virginia Woolf is reflecting this analogy, she has made a significant shift of emphasis. Her 'under-mind' corresponds to the Freudian *preconscious*: it sifts the day's residues, relegating some to temporary forgetfulness but not repressing them in the technical sense. Though Virginia Woolf has chosen to call this 'under-mind', 'unconsciousness', the repressed sexual content of the true Freudian unconscious, the crucial factor in Freud's dream work has exercised no influence on the sifting and reshaping of the material. The water-spider habits of Bloomsbury are in evidence here: although Virginia Woolf is willing to go below the surface of the mind, she will not go the whole way down. She has domesticated the unconscious.

The second kind of 'unconscious' in *The Leaning Tower* is not a mental faculty or stratum but a state of mind. Roughly, it consists in taking social conditions and psychological processes for granted; and it is the necessary precondition for the other, creative 'unconsciousness' to do its work—the 'tranquility in which the artist can recollect', as Virginia Woolf (1940) puts it, adapting the Wordsworthian dictum (p. 147). The task that she has set herself in her lecture is to trace the vicissitudes of modern British literary history in terms of this second kind of 'unconsciousness'.

'All through the nineteenth century, down to August 1914', the class divisions of society were so fixed that writers, comfortably ensconced in ivory towers of middle-class birth and expensive education, were unconscious of them. This uncon-

sciousness was artistically fruitful: it enabled writers to create characters who were not types but individuals; because writers did not see the 'hedges that divide classes', they could see 'the human beings who dwelt within the hedges'. With the social upheavals of the First World War, however, came the rude shock of class consciousness. Hence the dominant metaphor of the lecture: the writers' tower began to lean. Whatever else this experience may have meant, it was artistically stultifying. The new generation—writers such as Auden, Spender, Isherwood—discovered themselves powerless to create characters. They began perforce to write about themselves in autobiographical plays, poems, and novels; they became 'great egotists'.

For Virginia Woolf, 'great egotism', or constant self-analysis, is another form of too much consciousness, and, like too much consciousness of the social structure, it is unconducive to the production of great works of literature. But Virginia Woolf believes that its *delayed* effects will be enormously beneficial; and in this context, her one unequivocal affirmation of Freud occurs:

Consider how difficult it is to tell the truth about oneself—the unpleasant truth. . . . The nineteenth-century writers never told that kind of truth, and that is why so much nineteenth-century writing is worthless; why for all their genius, Dickens and Thackeray seem so often to write about dolls and puppets, not about full-grown men and women; why they are forced to evade the main themes and make do with diversions instead. If you do not know the truth about yourself, you cannot tell it about other people.

The leaning-tower writer has had the courage at any rate . . . to tell the truth, the unpleasant truth, about himself. . . . By analysing themselves honestly, with help from Dr. Freud, these writers have done a great deal to free us from nineteenth-century suppressions. The writers of the next generation may inherit from them . . . that unconsciousness which . . . is necessary to writers. . . . For that great gift of unconsciousness the next generation will have to thank the creative and honest egotism of the leaning tower group (V. Woolf, 1940, pp. 148-149).

This 'Freudian manifesto' is in some ways a backhanded one. Virginia Woolf can appreciate Freudianism only by looking beyond it, to a time when people will no longer have to focus upon Freudian insights but can act, and especially create, upon an assimilated knowledge of them. No doubt there is an implicit squeamishness about the insights themselves here, a desire to bypass them—as Virginia Woolf did for so many years. Nonetheless, her dialectic of too much consciousness yielding renewed unconsciousness seems to me sensible as an approach to the literary use of Freud (since neither simulating a pre-Freudian innocence nor directly transposing Freudian constructs into the novel, in Beresford's fashion, can produce viable literature). The dialectic is also true to Freud's own spirit. Freud did not regard the self-absorption required by psychoanalysis as a good in itself but rather saw 'the turning outward that signified freedom from inwardness as . . . the resolution of neurosis' (Rieff, 1969, p. 190). In *The Leaning Tower*, then, Virginia Woolf can be said to have depicted the self-absorption of the writers of the thirties as a symptom of a general cultural neurosis; but she credits psychoanalysis with the eventual cure as well.

It is noteworthy that she distances herself from this affirmation of Freud. Her own generation is labeled as the upright tower school: only their successors, the leaning tower school, faced Freud head on, told the 'unpleasant truth' about themselves; and only the leaning tower school's successors will reap the ultimate rewards of Freudianism. Very accurately, Virginia Woolf leaves her audience with the impression that she has been a nonparticipant observer of the Freudian revolution, that she is herself almost untouched by it.

III

Lacking the genius of his wife, Leonard Woolf was endowed with innumerable talents and had a richly variegated career as civil servant in Ceylon, publisher, book reviewer, essayist, fiction writer, political theorist, and adviser to the Labour Party. Not the least of his contributions was his nurturance of

his wife: his constant attentiveness to her mercurial psychological states and his ability to provide the emotional environment in which she could function creatively. Woolf was a 'peniless Jew'— the description is Virginia's at the time of their engagement (cf., Bell, 1972, Vol. II, p. 2)—, a socioeconomic background unique among the members of Bloomsbury but compensated for in his case by a Cambridge education. Between 1960 and 1969, he wrote a five-volume autobiography: he emerges there as a man without artifice, garrulous but understated, engaging in his candor. 'The perfectly candid man', Stephen Spender (1970) called him (p. 23), and it is hard to disagree. However, on the subject of Freudianism, ambiguities and self-deceptions do creep into Woolf's position.

A Self-Proclaimed Freudian

In the autobiography, Woolf presents himself as a Freudian. He repeatedly and conspicuously invokes the theories of Freud to interpret his past experiences, bolster his opinions, probe the personalities of his contemporaries. Thus, to cite a few examples, a prank played on Woolf in 1904 now becomes, in light of *Jokes and Their Relation to the Unconscious* (from which Woolf quotes a half page), not an expression of fun but of hostile impulses which could not be overtly acted out because of the requirements of 'civilization' (L. Woolf, 1962, p. 14). Similarly the contradictory character of H. W. Massingham, Editor of *The Nation* in the 1920's, now seems to demonstrate a connection typically found in pacifists between their political beliefs and the sadistic 'goings on down among their ids in their unconscious'; nor does Woolf exempt his own left-wing and humanistic politics from this diagnosis (L. Woolf, 1967, p. 95). And describing a second cousin of Virginia whom he met in 1912, Woolf (1964) notes that 'Madge worshipped her father [the literary critic John Addington Symonds] as so many daughters have since the time of Electra, in a way which was not fully understood until the second eating of the apple on the tree of knowledge by Sigmund Freud' (p. 73).

The avowal of Freudianism is also made explicitly in the autobiography and its historical origin stated. Woolf was, he tells us, won over to the doctrines of Freud at almost the earliest possible moment: within a year after the first of Freud's books appeared in English translation. In June 1914 he was asked to review *The Psychopathology of Everyday Life* for a short-lived periodical called *The New Weekly*; being conscientious, he read *The Interpretation of Dreams* (published in England in 1913) as well. His response, as he reported it some fifty years later, was glowingly favorable: 'I am, I think not unreasonably, rather proud of having in 1914 recognized and understood the greatness of Freud and the importance of what he was doing at a time when this was by no means common' (L. Woolf, 1964, p. 167). The evidence of the 1914 review corroborates this.⁷ Woolf there praises the exceptional qualities of Freud's mind: his power to discern a coherent pattern in a great mass of detail, 'his sweeping imagination more characteristic of the poet than the scientist'. Woolf is aware that many people will find Freud 'too far fetched', and, declining to discuss this verdict fully in the small space allotted him, he simply asserts, 'categorically and confidently', that 'there is a substantial amount of truth in the main thesis of Freud's book and that truth is of great value' (L. Woolf, 1914).

In recording this bit of personal and English cultural history, Woolf has, with characteristic scruple, taken pains to guard against inaccuracy and the common tendency to 'credit [one]self . . . mistakenly', he has, he makes a point of saying, not merely trusted his memory of the 1914 review, but has unearthed the actual document and quoted it. Still, other factors call his Freudianism into doubt. Ironically, the most forceful bit of counterevidence is contained in the very passage in which he discusses the 1914 review—or rather, in the placement of

⁷ Woolf is also accurate about the rarity of his position in 1914. In fact, the first extended discussion of Freud in a nontechnical publication in England did not occur until 1912, in the journal, *The New Age*. (Cf., Martin, 1967, pp. 140-141.)

that passage in the rest of the book. It comes sandwiched between accounts of the two stages of Virginia's breakdown; and it is brought up in relation to a 1914 Fabian conference at which Woolf met Walter Lippmann for the first time. Lippmann was one of the first popular advocates of psychoanalysis in America, and the two men 'somehow or other . . . got onto the subject of Freud, psychoanalysis, and insanity' and discovered that they shared a deep rapport. In true Bloomsbury fashion, Woolf (1964) recalls his exhilaration at their intimacy, at having found someone who could 'go below . . . the usual surface of conversation . . . with complete frankness' (p. 168). But he fails to make any connection between the *content* of their conversation (and his reading and endorsement of Freud) and the anxious search for medical help for Virginia that occupies him only a few pages before and again a few pages later. The degree of dissociation is rather startling. However great Woolf's intellectual admiration for Freud at this point, it clearly did not extend into the personal, practical sphere of even considering psychoanalytic treatment for Virginia.

Nor is his intellectual praise for Freud, taken alone, free of difficulties. In the first place, the very equanimity of the 1914 review raises suspicion. Nowhere does it show Woolf grappling with Freud's assertion that, even in normal minds, unconscious processes interfere with and indeed undermine conscious functioning. This assertion was, after all, at loggerheads with Woolf's own intellectual foundations in Moorist rationalism; and if he did, as he claims, realize the 'importance' of Freud, he could not have done so without a personal intellectual upheaval.⁸ His

⁸ Cf., Jean-Paul Sartre's (1970) description of his own tumultuous initial encounter with psychoanalysis, which resulted in 'a deep repugnance': 'You must never forget the weight of Cartesian rationalism in France. When you have just taken the *bachot* at the age of seventeen with the "I think, therefore I am" of Descartes as your text and you open *The Psychopathology of Everyday Life* and you read the famous episode of Signorelli with its substitutions, combinations, and displacements, implying that Freud was simultaneously thinking of a patient who had committed suicide and of certain Turkish mores, and so on—when you read all that, your breath is simply taken away' (p. 23).

ready and unruffled acceptance of psychoanalysis in 1914 seems to have been a casual one, prompted by his true acuity of judgment about Freud's stature as a thinker and by a Bloomsburryan broad-mindedness and interest in the psychological realm, but ultimately predicated upon Woolf's failure to grasp the implications of the texts before him.

Furthermore, it is by reference to the 1914 review alone that Woolf establishes his credentials as one of the Freudian avant-garde; but when the researcher ventures outside the autobiography and looks at Woolf's other book reviews (in *The New Statesman* during the First World War and in *The Nation* from 1923 to 1930), it appears that his 1914 affirmation of Freud was an isolated one. The wartime book reviews, several on psychological topics, never mention Freud. One in 1916 makes a blanket assertion of the 'singular unsuccess' of psychologists (L. Woolf, 1916a, p. 398); and the favorable notice given later that year to Wilfred Trotter's *Instincts of the Herd in Peace and War* (L. Woolf, 1916b) shows no awareness that Trotter, who had earlier introduced Ernest Jones to the work of Freud, was now a Freudian revisionist whose 'herd instinct' was postulated as an explicit emendation of psychoanalytic instinct theory. Woolf's *Nation* column, *The World of Books*, begun in the 1920's when Freudianism had just become a topic of intense popular interest, reveals a much greater awareness of Freud but, at the same time, a caution far removed from the pro-Freudian protestations of the autobiography. A remark about the 'possible truth' of psychoanalysis, weighted to the positive side by Woolf's admission that 'the heat which psychoanalysis generates in the arguments of those who disagree with it is a very strong argument in its favor' (L. Woolf, 1924), is typical of this period.

Woolf's Communal Psychology

Perhaps the most telling indicator of the limits of Woolf's Freudianism is his *After the Deluge*, an ambitious three-volume project which he conceived immediately after the First World

War and which finally appeared between 1931 and 1953. The subject of this work, given in the subtitle of all three volumes, is a study of communal psychology; and 'communal psychology', a term coined by Woolf in the mid-twenties, was a particular discipline of his own invention:

About the most interesting of subjects little has been written and even less is known—a subject which, for want of a better name, may be called communal psychology. By communal psychology I mean the process by which beliefs, principles and ideas come to be adopted by the community and issue in political action (L. Woolf, 1926).

Woolf was working in a clear intellectual context: by the 1920's there already existed a tradition of social and political psychology. Freud's one concentrated essay on this subject, *Group Psychology and the Analysis of the Ego* was published by Hogarth in 1922. It was by no means *sui generis* but directly linked to a whole school, a fact which James Strachey's translation of Freud's *Massenpsychologie* as 'group psychology' has tended to obscure (*cf.*, Rieff, 1956, p. 235). The 'mass psychologists' were united in their historical perspective. They held that, starting with the French Revolution, the steady growth of democracy had weakened old institutions and brought the masses to the forefront of European political life; hence, to understand modern politics, this new force, the phenomenon of the 'mass', must be isolated for study (p. 236). In acknowledging his predecessors and offering a critique of their positions, Freud (1921) presents in *Group Psychology and the Analysis of the Ego* a roster of some of the major figures in the school: the Frenchman Le Bon (*The Crowd*, 1895), the Italian Sighele (*The Psychology of Sects*, 1894), and the two Englishmen Trotter (*The Instincts of the Herd in Peace and War*, 1916) and McDougall (*The Group Mind*, 1920). All these writers, including Freud, saw human behavior in groups as characterized by an impairment of ordinary intellectual functions and by a heightening of emotion, and all were bent on explaining why these crucial changes should occur.

The explanations of Sighele and Le Bon hinged upon the ascendancy of the 'unconscious' in crowd situations. This unconscious was, as Freud (1921) put it, a 'deeply buried . . . racial mind' (p. 75, n.), lacking the specific, individually repressed contents of the psychoanalytic unconscious. Trotter postulated a biologically rooted gregariousness and corresponding fear of ostracism which prompted men to accept the dictates of the group unreasoningly. McDougall postulated an instinct of submission. From these examples, it should be clear that the *Massenpsychologie* of the late nineteenth and early twentieth centuries, while not as a rule specifically psychoanalytic, was focused upon the irrational forces operant in politics and utilized a vocabulary of instincts and unconscious mental regions similar enough to Freud's that he was able to incorporate its basic insights into his own.

Leonard Woolf was well aware of this body of literature. Not only did he review Trotter's contribution to it and publish Freud's, but in 1916 he noted, 'Even before the war crowd-psychology had become fashionable; war, with its obvious appeal to such collective emotions as fear and patriotism, has set many an intellectual writing about this new science' (L. Woolf, 1916a, p. 398). However his own communal psychology ignored all that went before it, and was similar to his predecessors only in name and in historical perspective.

Woolf also saw the French Revolution as the turning point of modern history and the trend toward democracy as its most important legacy; he was also deeply concerned with the participation of the masses in politics. But he gave little credence to the concept of a psychological metamorphosis by which the familiar 'individual' became that radically different being, 'the mass man'. He did concede that the instances of 'mob violence and rioting' in late eighteenth-century England were 'symptoms and effects of a pathological condition in communal psychology' (L. Woolf, 1931, Vol. I, p. 99) and were 'irrational, uncivilized, and undirected' (p. 107). But such a description applied only to the external marks of this behavior. Underlying

the surface chaos of the mob was a very rational collective intelligence which forecast broad political trends:

The London and Paris mobs were not politically minded but had the ordinary man's faculty in ordinary affairs of 'putting two and two together'. When the Englishmen pulled Lord North's wig off and the Frenchmen spat on the coffins of Louis XIV and Louis XV, they were applying common sense to politics and laying the foundations of nineteenth-century democracy (p. 133).

Furthermore, the external irrationality was, said Woolf, only a transitory historical phenomenon, not a permanent psychological trait. It was the natural result of the naïveté and pre-political mentality of the lower orders, who had for so long been denied any form of political expression. And it disappeared, in England at least, after 1780, when the masses began to be 'educated to think politically' by an 'active minority' of propagandists with 'clear vision' (L. Woolf, 1931, Vol. I, p. 107; 1939, Vol. II, pp. 31-32).

It might well seem that Woolf, as a passionate democrat and, by his own idiosyncratic definition, a socialist, had a political stake in this rational, conscious communal psychology which put its faith in the good impulses and educability of the masses. Certainly Le Bon and Sighele and many of the other continental crowd psychologists of the *fin de siècle* were allies of the Right, using their 'science' undisguisedly as proof of the dangers of democracy. But Woolf's contemporaries and countrymen Trotter and McDougall could have shown him that recognition of the irrational aspects of group behavior need not be tantamount to an antidemocratic stance: on the grounds of his psychological theories, Trotter (1916) decried the traditional, elitist, self-perpetuating governing class of England and looked forward to the end of 'class segregation' (pp. 133-147); and McDougall (1920) identified his group psychology with the 'new liberalism' of L. T. Hobhouse, an attempt to adjust the claims of individual liberty to the needs of society as a whole (pp.

xiii, xv). No inexorable political logic kept Woolf away from the irrational, the unconscious, and Freud, in the writing of his communal psychology. Rather, the water-spider habits of Bloomsbury seem to have guided him.

Leonard Woolf's Freud

Why then does Woolf present himself as a Freudian so insistently in his autobiography? Toward the end of his life, I think he had arrived at a personal conception of Freud that was wholly congenial to his own way of thinking, if not wholly faithful to Freud's. This 'Freud' provided him with a modern, up-to-date authority for some of his favorite ideas.

Into *Principia Politica*, the third volume of *After the Deluge*, Freud makes a sudden and dramatic entrance. Taking no notice of his absence from the previous two volumes, Woolf (1953a) now calls Freud one of the three 'dominating intellectual influence[s]' in the modern world (p. 41) and cites as his 'most fundamental and far-reaching' contribution his elucidation of the origin of the 'sense of sin' (p. 65). In this assessment, Woolf has clearly overlooked Freud the clinician and has fastened upon Freud (1930 [1929]) the philosopher of *Civilization and Its Discontents* who had declared his 'intention to represent the sense of guilt as the most important problem in the development of civilization . . .' (p. 134). Feeling 'sinful', Freud says, is the 'devout' person's terminology for feeling guilty (p. 124).⁹

Freud's analysis of the 'sense of sin' is of such importance to Woolf because of its bearing on Woolf's concept of civiliza-

⁹ It is noteworthy that Woolf sticks with the nineteenth-century religious term instead of using the twentieth-century psychological one. Brought up in a liberal Jewish household, he repeatedly disclaims ever having had a 'sense of sin' (L. Woolf, 1960, pp. 18, 23-24, 87), although he did gain an 'encyclopedic knowledge' of sin at an Anglican preparatory school (p. 25). By speaking of 'sin' instead of 'guilt', Woolf perhaps intends to put Freud in an emphatically anti-Victorian role: that of exposing a key Victorian concept. However, from the reader's point of view, his choice of terminology undercuts his supposed affirmation of Freud and gives him a decidedly old-fashioned air.

tion, a concept all the more essential to him because of his own life experience of two world wars. According to *Principia Politica*, the 'sense of sin' has always been the primary motor of the history of the West. From it sprang the idea of God, the necessary agent of punishment for sinful man. Divine vengeance furnished the model for the first political regimes, which sanctioned cruel and barbarous punishment. Diametrically opposed to the sense of sin, trying to assert itself against it, is the human impulse toward 'civilization'. For Woolf, civilization is the ascendancy of the rational faculty; and, within the individual and collective psyche, the rational faculty is capable of being totally paralyzed by the sense of sin. Thus the initial progress to civilization was made by the ancient Greeks precisely because they were able to escape their sense of sin 'for a time—alas too short a time'; and civilization collapses whenever, as has happened twice in the twentieth century, the sense of sin regains the upper hand (L. Woolf, 1953a, p. 65).

For Woolf, Freud is a staunch and effective ally of this precious and precariously based civilization. He has shown, Woolf tells us, that 'the sense of sin is universal in human beings', that it develops inevitably from infantile sexual feelings and œdipal conflict, that its sources 'remain in unconsciousness' from whence they now and then erupt, unsuspected and 'with devastating results' (*op. cit.*, pp. 65-66). The implication is that Freud's objective scientific dissection of the sense of sin enables us to cope with sin more competently, robs sin of its magical and sinister hold over the human mind, and helps our civilized rationality to remain in control of our primitive religious impulse.

There are a number of ways to interpret the brunt of Freud's message for, as one historian (*cf.*, Robinson, 1969) has observed, 'the tensions in Freud's intellectual make-up . . . are very real' (pp. 1-2); and so it is intellectually legitimate for Woolf to have chosen 'Freud the loyal son of the Enlightenment, struggling to uphold the values of reason and humanity' (p. 2) instead of, for example, the Freud of the Surrealists who

was regarded as having called the irrational world into existence in order to redress the balance of an unnaturally cerebral world. But still, Woolf goes much further than Freud to rationalize the irrational in man and to narrow the gap between conscious and unconscious.

Thus, while in his laudatory paraphrases of Freud, Woolf seems to accept the fatal inevitability of the sense of sin, he gradually strays from this pessimistic view. In the next chapter of *Principia Politica*, he is still in agreement with the Freudian view that civilization requires instinctual renunciations: this is a favorite idea which recurs throughout his autobiography. But he now states that human beings 'can learn' to make these renunciations without developing a sense of sin or guilt, that it is possible to substitute for the latter 'the sanctions of love . . . and reason' (L. Woolf, 1953a, p. 113). This substitution, Woolf implies, can be made by the institutions of socialization: the family--by refraining, for example, from corporal punishment for bed wetting (p. 113); and the primary school--by refraining from overly strict discipline and from inculcation of the sense of 'duty' (p. 131). Woolf has here diluted the Freudian conception of guilt and made it much more tolerable and manageable. For Freud (1930 [1929]) love cannot be so simply substituted for guilt because it is bound up in the very origin of guilt (p. 132). And the institutions of socialization can do little to counter the development of the sense of guilt: 'Experience shows . . .', wrote Freud, 'that the severity of the super-ego which a child develops in no way corresponds to the severity of the treatment which he has himself met with' (p. 130). Thus Woolf's 'Freudianism' shifts Freud's emphases significantly. Whereas Freud regards civilization as necessitating the control of aggressive impulses and thereby producing the sense of guilt, Woolf's 'civilization' requires control of both aggressive impulses and sense of guilt (or sin). Since Woolf deems this dual control feasible, his true 'civilization' is without discontents.

Moreover Leonard Woolf has, like Virginia, domesticated the unconscious. In a passage in *Principia Politica*, he erroneously

attributes to Jung ideas expressed by Freud as early as *The Interpretation of Dreams* and then proceeds to emend these ideas. It is not true, he says, that 'there is no verbal, conceptual or logical reasoning in the dreams or unconscious of modern man'. Utterly ignoring Freud's distinction between the contents of the unconscious itself and the final manifest dream, Woolf (1953a) argues that the unconscious is at least partly rational because in dreams 'we speak and are spoken to; we have general and abstract ideas; we act because we have understood the abstract or general ideas in something that has been said; we think in words and therefore "reason"' (p. 121). This is an extraordinary distortion of the bedrock of Freudian theory for a man who claims to be a Freudian. Though Leonard Woolf could refer to psychoanalytic theory as 'the second eating of the apple on the tree of knowledge', it is apparent that he could partake of the fruit without being fully expelled from the Eden of sweet Moorist rationalism.

SUMMARY

Writing to Pfister in 1920, Freud bemoaned 'the way people accept and distort' psychoanalysis. 'It is true', he granted, 'that things are moving everywhere, but you seem to overestimate my pleasure in that. What personal pleasure is to be derived from analysis I obtained during the time I was alone, and since others have joined me, it has given me more pain than pleasure' (Meng and E. Freud, 1963, p. 79).

Freud was not thinking of the Woolfs, but his remark could have been applied to them. For as this paper has described, the 'Freudianism' of Freud's English publishers was far removed from the doctrine contained in the psychoanalytic texts which rolled off the presses at Hogarth. For some thirty years, Virginia Woolf relied upon bed rest and dietary supplements to get through her periods of mental distress. Leonard Woolf seems not only to have acquiesced in but to have guided his wife's medical preferences, with no awareness of any contradiction between this and his avowed Freudian position. Furthermore,

until the last year of her life, Virginia Woolf saw the insights of Freud as lacking in usefulness for the creative writer; only in that last year did she concede that the general climate of frankness and self-scrutiny which Freudianism had helped to engender would ultimately result in literary advance. For his part, Leonard Woolf developed a 'communal psychology' in the 1930's without reference to psychoanalysis or any other psychology of the unconscious; and when in the 1950's he finally admitted Freud into this new discipline, it was a version of Freud tacitly purged of pessimism and all other threatening aspects.

A study of the point of contact between Bloomsbury and Freudianism sheds light on both. It demonstrates the limits of Bloomsbury's much-touted modernism: the tenacity of their Victorian roots, the gap between their eagerness to be associated with an avant-garde movement such as psychoanalysis and their capacity to assimilate it. On the other hand, it serves to point up the difficulties inherent in the dissemination of psychoanalysis for, on the surface of it, Freud could not have hoped for a better lay audience than Leonard and Virginia Woolf—supremely intelligent, open-minded, long interested in the realm of personal psychology.

In this paper, I have been chiefly concerned with the reasons for the distortion of psychoanalysis which were specific to the Woolfs and to the Bloomsbury outlook. But it seems likely that the vastness of Freud's theoretical construction, its technical complexities, and his repeated modification of it in successive works, made it particularly vulnerable to distortion by the nonspecialist. So Freud, observing the ever-growing popularity of his creation after World War I, could only feel 'more pain than pleasure'.

REFERENCES

- BELL, CLIVE (1924): *Dr. Freud on Art*. Nation & Athenaeum. XXXVI, pp 690-691.
BELL, QUENTIN (1968): *Bloomsbury*. London: Weidenfeld & Nicolson.
—— (1972): *Virginia Woolf: A Biography*. (Vols I & II.) New York: Harcourt, Brace, Jovanovich, Inc.

- BERESFORD, J. D. (1920): *Psycho-Analysis and the Novel*. London Mercury, I, pp. 426-434.
- BIRRELL, FRANCIS (1933): *A Very English Centenary*. New Statesman & Nation, n.s. VI, pp. 77-78.
- BROMBERG, WALTER (1954): *Man Above Humanity: A History of Psychotherapy*. Philadelphia: J. B. Lippincott & Co.
- CARDINAL, ROGER and SHORT, ROBERT S. (1970): *Surrealism: Permanent Revelation*. London: Studio Vista.
- CRAIG, MAURICE (1922): *Nerve Exhaustion*. London: J. & A. Churchill, Ltd.
- FABER, GEOFFREY (1934): *Oxford Apostles: A Character Study of the Oxford Movement*. New York: Charles Scribner's Sons.
- FREUD (1901): *The Psychopathology of Everyday Life*. Standard Edition, VI.
- (1916-1917 [1915-1917]): *Introductory Lectures on Psycho-Analysis. Part III. General Theory of the Neuroses* (1917 [1916-1917]). Standard Edition, XVI.
- (1921): *Group Psychology and the Analysis of the Ego*. Standard Edition, XVIII, pp. 69-143.
- (1930 [1929]): *Civilization and Its Discontents*. Standard Edition, XXI, pp. 64-145.
- FRY, ROGER (1924): *The Artist and Psycho-Analysis*. London: The Hogarth Press and the Institute of Psycho-Analysis.
- HOFFMAN, FREDERICK J. (1957): *Freudianism and the Literary Mind*. Second edition. Baton Rouge: Louisiana State University Press.
- HOLROYD, MICHAEL (1967, 1968): *Lytton Strachey: A Critical Biography, Vols. I and II*. New York: Holt, Rinehart & Winston, Inc.
- HOOPS, REINALD (1934): *Der Einfluss der Psychoanalyse auf die englische Literatur*. Anglistische Forschungen, LXXVII.
- JONES, ERNEST (1920): *Treatment of the Neuroses. Psychotherapy from Rest Cure to Psychoanalysis*. New York: Schocken Books, 1963.
- (1957): *The Life and Work of Sigmund Freud, Vol. III*. New York: Basic Books, Inc.
- (1959): *Free Associations. Memories of a Psycho-Analyst*. New York: Basic Books, Inc.
- KEYNES, JOHN MAYNARD (1919): My Early Beliefs. In: *Two Memoirs*. London: Rupert Hart-Davis.
- MARTIN, WALLACE (1967): *The New Age under Oration: Chapters in English Cultural History*. Manchester: Manchester University Press.
- MC DOUGALL, WILLIAM (1920): *The Group Mind: A Sketch of the Principles of Collective Psychology*. New York: G. P. Putnam's Sons.
- MENG, HEINRICH and FREUD, ERNST L., Editors (1963): *Psychoanalysis and Faith: The Letters of Sigmund Freud and Oskar Pfister*. New York: Basic Books, Inc.
- MOORE, G. F. (1903): *Principia Ethica*. Cambridge: The University Press, 1954.
- Reports of the International Psycho-Analytical Association: History of the British Psycho-Analytical Society* (1920), Int. J. Ps., I, pp. 115-118.

- RIEFF, PHILIP (1956): *The Origins of Freud's Political Psychology*. J. History of Ideas, XVII, pp. 235-250.
- (1959): *Freud: The Mind of a Moralist*. New York: The Viking Press.
- (1969): *The Triumph of the Therapeutic: Uses of Faith After Freud*. New York: Harper & Row, Publishers, Inc.
- ROBINSON, PAUL A. (1969): *The Freudian Left. Wilhelm Reich, Geza Roheim, Herbert Marcuse*. New York: Harper & Row, Publishers, Inc.
- SARTRE, JEAN-PAUL (1970): *An Interview*. New York Review of Books, XIV, March 26, pp. 22-31.
- SPENDER, STEPHEN (1970): *The Perfectly Candid Man*. New York Review of Books, XIV, April 23, pp. 23-30.
- STEPHEN, KARIN COSTELLOE (1914): *An Answer to Mr. Bertrand Russell's Article on the Philosophy of Bergson*. Monist, XXIV, pp. 145-155.
- STRACHEY, JAMES (1956): *Letter to Martin Kallich, October 2, 1956*. American Imago, XV, 1958, pp. 359-360.
- TROTTER, WILFRED (1916): *Instincts of the Herd in Peace and War*. New York: The Macmillan Co.
- WOOLF, LEONARD (1914): *Everyday Life*. New Weekly, I, p. 412.
- (1916a): *Crowds and Their Leaders*. New Statesman, VI, pp. 398-399.
- (1916b): *The Inhuman Herd*. New Statesman, VII, pp. 327-328.
- (1923): *The Daydream*. Nation & Athenaeum, XXXIV, p. 346.
- (1924): *Poetry and Dreams*. Nation & Athenaeum, XXXVI, p. 18.
- (1926): *The Sum of All Villainies*. Nation & Athenaeum, XL, p. 220.
- (1931, 1939): *After the Deluge: A Study of Communal Psychology. Vols. I and II*. London: The Hogarth Press Ltd.
- (1953a): *Principia Politica: A Study of Communal Psychology*. London: The Hogarth Press Ltd.
- , Editor (1953b): *A Writer's Diary: Being Extracts from the Diary of Virginia Woolf*. New York: Harcourt, Brace & Co.
- (1960): *Sowing: An Autobiography of the Years 1880 to 1904*. New York: Harcourt, Brace & World.
- (1962): *Growing: An Autobiography of the Years 1904 to 1911*. New York: Harcourt, Brace & World.
- (1964): *Beginning Again: An Autobiography of the Years 1911 to 1918*. New York: Harcourt, Brace & World.
- (1967): *Downhill All the Way: An Autobiography of the Years 1919 to 1939*. New York: Harcourt, Brace & World.
- (1970): *The Journey Not the Arrival Matters: An Autobiography of the Years 1939 to 1969*. New York: Harcourt, Brace & World.
- and STRACHEY, JAMES, Editors (1956): *Letters: Virginia Woolf and Lytton Strachey*. New York: Harcourt, Brace & Co.
- WOOLF, VIRGINIA (1918): *Philosophy in Fiction*. In: *Contemporary Writers*. New York: Harcourt, Brace & World, 1965.
- (1920): *Freudian Fiction*. In: *Contemporary Writers*. New York: Harcourt, Brace & World, 1965.

- (1921): *An Unwritten Novel*. In: *A Haunted House and Other Short Stories*. New York: Harcourt, Brace & Co., 1948.
- (1923): *Mr. Bennett and Mrs. Brown*. In: *The Captain's Death Bed and Other Essays*. New York: Harcourt, Brace & Co., 1950.
- (1925a): *Mrs. Dalloway*. New York: Harcourt, Brace & Co.
- (1925b): *Modern Fiction*. In: *The Common Reader*. New York: Harcourt, Brace & Co.
- (1926): *On Being Ill*. In: *The Moment and Other Essays*. New York: Harcourt, Brace & Co., 1948.
- (1929a): *A Room of One's Own*. New York: Harcourt, Brace & Co.
- (1929b): *Phases of Fiction*. In: *Granite and Rainbow: Essays*. New York: Harcourt, Brace & World, 1958.
- (1940): *The Leaning Tower*. In: *The Moment and Other Essays*. New York: Harcourt, Brace & Co., 1948.

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AN UNUSUAL OBJECT CHOICE DURING THE ŒDIPAL PHASE

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

CLINICAL CASE

Jim was one year, eleven months old when his mother asked me to prepare him for an operation for internal strabismus of the left eye. He was a lively infant who laughed a great deal, made funny faces, and often jumped up in the air in sheer delight. I had seen Jim earlier when his mother, who was in treatment with me, had brought him to my office on her visits.

During my sessions with him, Jim did not talk at all, though at home he spoke a great deal. I played with a set of small dolls: a little boy going to the eye doctor with Mommy, being examined by a doctor in a white uniform with a stethoscope and an ophthalmoscope, getting injections in arm and buttocks, having his temperature taken by a nurse, having Mommy read a story, falling asleep in the same room with Mommy, then waking up with an eye patch, finding a beautiful stuffed animal waiting for him, going home with his parents, seeing his brother again and playing with him. I played this game many times in exactly the same fashion. The concept of a hospital was not introduced since the ophthalmologist's office was in the hospital and Jim had visited him several times.

Throughout these sessions of doll play the child remained silent. He would watch me for a few minutes, then wander off with a toy to another part of the room, return for another few minutes to watch my doll play, then wander off again. He gave no indication that he understood the doll play. After several of these sessions with the dolls, I pretended I was the eye doctor or the nurse, giving him an injection, examining him with a stethoscope and ophthalmoscope, and putting an eye patch on him. Jim greatly enjoyed this game. Laughing, he took the syringe out of my hand to give me an injection, ex-

amined me with a stethoscope and ophthalmoscope, and put an eye patch over my eye.

He was a few weeks beyond his second birthday when the operation was performed. The mother reported that the operation was uneventful and that Jim had been happy and smiling throughout his hospital stay. When the resident physician had examined Jim with the stethoscope, the child had taken his toy stethoscope and examined the resident. He had also given 'injections' to the nurses. On returning home he began to play with his brother as before. When he came with his mother on her visits after his discharge from the hospital, he asked me to play doctor with him. He was the same happy little boy who made funny faces and jumped in the air in pleasurable excitement. His mother affectionately called him 'my little clown'.

When he was three years, ten months old, I asked him if he were going to get married when he grew up. He answered that he could not get married any more because he was already married. Giggling, he pointed to his mother's new green and red striped coat. I then asked him how his father would feel about his marriage. He answered gaily, 'Oh, him, I don't kill him. I flatten him against the wall. I take him to the third floor and throw him out of the window and then I throw him down the chimney.'

At this time the mother told me that a second eye operation was being planned. I advised postponement until the child had reached latency as I feared that this operation would heighten his normal castration fear. Neither the ophthalmologist nor the mother agreed to my suggestion as he had done so well after the first operation. The mother also felt that Jim did not have to be prepared for this operation by me, as now he knew all about it.

The second operation, under local anesthesia, resulted in slight improvement of the strabismus of the left eye, but produced a red discoloration of the sclera lateral to the iris. The parents reported that Jim's behavior had changed. He clung

more to his mother and withdrew from other children. He became whiny and ill-tempered, and was afraid to go to bed for fear of monsters.

After this operation I saw Jim five times in the waiting room. He complained about the mean nurses in the hospital and about the doctor who gave him the red spot in his eye. He made growling noises, calling himself a lion while contorting his face to look angry and fierce. Each time I appeared in the waiting room he dramatically threw himself full length, face down on the floor. According to the mother the growling noises, the facial contortions, and the falling down were for my benefit only. She still called him her little clown and denied that he had any emotional disturbance. I then lost track of Jim, as I had terminated treatment with his mother and his brother.

Seven months later, when Jimmy was four years, eleven months, his mother telephoned me. The child had started kindergarten two weeks earlier. He was, according to his mother, severely depressed, whiny, panicky, and constantly in need of bodily contact with her. She complained bitterly that she was his prisoner, unable to leave him for a moment. He hit, pushed, and kicked her when he did not get his way. His behavior was especially panicky and difficult in school: the mother had to sit on a child's chair in class next to him, or more frequently, he sat on her lap or stretched out on the floor next to her, keeping body contact by pushing her shins with his feet. If she suggested that he sit in a chair, he howled, hit, and kicked her.

The mother brought Jim for treatment. When I went into my waiting room to greet him, he reverted to his former behavior—made loud, growling noises, contorted his face into angry grimaces, and threw himself full length, face down on the floor. After much pleading, he walked into my office on his hands and knees, calling himself a lion, growling constantly. He ordered his mother to walk very close to him. If she moved a step away from him, she was kicked in the shin and punched in the abdomen and breasts. The few things that he said in my office were baby talk, spoken in a whiny, low, barely

audible voice. During most of the first session he sprawled on the floor, legs and arms stretched out, a picture of suffering. It was sad to see this formerly happy oedipal child so regressed and depressed and if I had not known him before, I would perhaps have entertained the thought of a childhood symbiosis.

The sessions that followed were much like the first, except that after a few weeks he asked for food and drink. He wanted cereal and root beer. He ate one bowl extremely fast, gorging himself, asked for a second portion, then spat and threw the contents of this bowl as well as the root beer against the walls and onto the floor. The mess amused him. One day he ran excitedly around the room saying, 'Because I hate you, Dr. Sachs!'. That day he appeared less depressed when he went home.

Pleading for food in a baby voice, 'I am thooo hungry', eating one large serving hastily and messily with his hands, then spilling another serving or two of food and drink all over the room became routine, as well as the 'I hate you, Dr. Sachs!' at the end of the messing. Afterwards, he would smile with pleasure and be a little more talkative, though always in baby talk. The lion play and throwing himself on the floor at the beginning of the session continued.

After a few sessions I suggested that he dictate a story to me. While dictating, he forgot baby talk. He then dictated in almost every session what he called 'a chapter of my book'. All of the early dictations dealt with food.

Broccoli, broccoli, broccoli, broccoli. He pressed the button because he is going to a restaurant, because his kitchen is too smelly to cook in the kitchen. The mother and children stayed home. All the spaghetti. And they had spaghetti for dinner. The father was mad, mad, mad, mad because he was alone, alone on one table. And still the kitchen was smelly. The garage door was munching for food. Because it was really hungry, the garage door had just breakfast and dinner.

After several months the content of his dictations gradually changed to animals and their search for freedom.

The cat jumped out of the back yard over a fence, and then a cooky monster came along. An old orange soda can jumped along the street. The cat jumped over the fence onto the roof of the house. The soda can followed the cat.

The lion broke out of the zoo in the middle of the night. He let all the other animals out because he was very fond of you. As he went to the other cages, he said, 'I am very fond of you'. Then the next one that was let out let another out, and the other let another one out. The lion came back, got all the cages open and went. They all ran away out of the zoo. They ran so fast they could not see the building. . . . They did not like the zoo, they did not like to be in the cage. The zoo keeper kept them in the cage. They 'fled' into the air over clouds, over the sky. They were so happy. They got to Florida. They find an apartment to live in and a boat with eating to live on. The owners, mother, father, and children, had died of the ship. The children were just thirty when the parents died, but they were a hundred when the lions came to Florida. Then they went back to the zoo, the zoo keeper took them for a long walk and into the cage. The End.

To questioning, Jim elaborated on the thought of parental death. As if he expected me to assure him that it could not happen, he asked belligerently, 'Parents can die, can't they? They can have an auto accident in the dark, dark night.' Shortly thereafter he confided to me in a low, whining baby voice, 'When Daddy goes out alone, I am not afraid he will die, even in the middle of the night'. In a trembling voice, he added, 'But if they both go out, I am scared because when she dies he has to die too, because, because he is in the car too, in the same car with her. Long, long ago I used to worry about him dying. Now I don't anymore, now I worry about Mommy. I worry a lot, I get upset, I get scared. She might lose her keys, and then she has to stand outside in the cold and she freezes to death. And there she lies and long icicles hang from her hair and from her nose and from her eyes and from her eyebrows too and from her mouth and from her chin and that's not all. They even

hang from her sweater and her bosom and from her skirt and all over. And there she is outside in the street, frozen dead.' (His mother reported that lately Jim frantically checked the house keys in her purse whenever she took him for a walk.)

I told him that he used to be angry at father for being married to Mommy because he, Jim, wanted to be married to her, but that now he was angry at Mommy and that when a child is angry at his mother, he wishes her to die but then worries about her dying because he also loves and needs her. That's why, I said, he has to be so close to her, to make sure nothing will happen to her. Jimmy listened attentively, then jumped from his chair. Standing right in front of me, wide-eyed, his eyebrows raised, his forehead wrinkled, his arms hanging limply at his sides, he said loudly and slowly, his voice and whole body shaking: '*My-mother-she-is-a-liar!*' Then in his old baby talk, 'Ze lied to me, ze did not tell me that ze was taking me to the hospital [more than one year earlier]. Ze is mean. I divorced her long ago. I am married to Juno.' He shrugged his shoulders and walked away as if to present me with the *fait accompli*. (Juno was a female dog that the family had acquired two months before Jim entered kindergarten.)

From now on and for many sessions to come, we played going to the eye doctor. When we played the game, we usually got stuck in the waiting room waiting for the eye doctor to appear. One day he remarked: 'My mother, she is such a liar, such a liar! She knew we were not staying in the office on the first floor. She knew we were going to the hospital on the twelfth floor and to the operation on the sixteenth floor. She knew it. She lied to me. She lied to her own son!' This was said with great emotion, his voice trembling and his body quivering, completely forgetting his baby talk. 'She-is-such-a liar!', he said loudly and slowly. 'And the doctor, he took a big big giant flashlight and flashed it right into my eye and he yelled: "Focus, Jim, can't you focus? I told you, focus, Jim!", he yelled. He was mean, mean, mean!' With that he took the grandfather doll into his left hand, held it by the body and legs and gave it such

a punch with his fist that the doll's head went flying. 'I killed Dr. X, I just killed him off.' He seemed very satisfied. After a pause: 'Dr. Sachs, what does "focus" mean? Nobody ever told me.'

Later, he said pensively: 'I don't believe it was an operation. I believe it was an experiment. From an operation you get better, I got worser. There was a girl dressed like a doctor. I don't think she was a doctor. They called her "Miss". She was mean, mean, mean, and she cut me with a glass, and it hurt a lot, and she drew blood out of my finger and into a glass bottle, no, into two glass bottles, and she did not give it back to me, she did not return it ever, ever, ever.' He spoke fast, his voice still trembling: 'That shows that it was not an operation, that shows it was an experiment'. He shook his head sadly. 'A mother permitting an experiment on her own son!' Later he added: 'If there had to be an experiment, why on me, why not on Mommy?'

In the next session he was gay and talkative, the first time that he was not depressed. He said that his father had told him that the dog's name, Juno, came from a Greek goddess; that he asked his father her husband's name and that father had said it was Jupiter. After this he called himself Jupiter and told many stories about his wife, Juno, and the children.

The mother had reported that the child frequently stretched out on his back on the floor and called Juno over. The dog then would mount the child and sniff his genitals, while he in turn would sniff the dog's genitals and anus, making rhythmic movements, looking excited and pleased. The mother was mainly worried about the unsanitary aspect of this type of play, but could find no way to stop it; it continued for nearly a year.

Around this time Jim introduced a different beginning to our sessions. Instead of throwing himself face down on the floor, he demanded to be turned around in the swivel chair. He called it his 'dizzy mizzy game' and laughed in delight when I turned him around. He always talked in an animal voice, often lion-like—'Rrow, rrow, rrow give me a ride, a long, long ride,' or 'Wau, wau, Jupiter wants you to turn him some more'—

or made rooster-like sounds of enjoyment. For almost a year he lived completely in the world of animals and love-making with animals. He told many stories about Juno, his dog-wife. 'She woke me up today with a licking kiss', he reported smilingly. 'She does that a lot. Did you ever meet Juno? You should come to visit us so you would meet her. She is really beautiful. She has shiny brown hair like me, and a pretty pink nose. You should see her eyes, big and brown! In our family we all have brown eyes: my father, my mother, my brother, I, and Juno, of course!' Once, while being turned by me in the swivel chair, he said smilingly with closed eyes: 'She is a good wife, my Juno. She cooks well, sometimes she cleans, only sometimes, she has a cleaning woman come in, she is nice to the boys and she makes love well.' Amazed, I asked, 'She makes love well?' He assured me: 'Of course she does. What else should I have married her for? A man marries a woman because she cooks well and makes love well. And that is that', he said with firmness.

Two of Jim's dictations during this period of animal love-making were:

A tiger met a lion. They made friends and they both found a very nice gorilla and a monkey. Then they found a very nice man and a very nice lady. They made omph, omph, omph. [He giggled.]

And then the little red hen was running and running, and the big red fox was running and running but never caught up at the bottom of the barn. She was inside the house, closed the locks, and they pulled the curtains, and the burning [morning?] star was shining in, and the early bird said, 'Pleased to meet you'. He said, 'I love you'. And later a man came skipping from the cottage, and a glove came skipping along. It was a nice big black glove.

This was the first sign that Jim had turned back to his mother, again expressing his positive feeling to a piece of clothing of mother's in the *pars pro toto* fashion. His mother had just bought long, shiny black leather gloves which she fingered while greeting me in the waiting room before the session.

About this time, Jim began to draw pictures of people rather than of animals. In one session, out of the blue, he made the following statement: 'Now, listen, Dr. Sachs, she is a good woman and I never, never, ever want you to say mean things about my Mommy, hear me?' Then in a whisper, 'I love her very much. I don't like him so much any more.' In subsequent sessions came less positive statements: 'I don't know yet if I will divorce Juno. She is a good wife. She has to be a good wife. I tell her so, I am the boss', he said smiling happily, bending his arm to show me the size of his biceps and thus his mastery of her.

About this time, he handled his 'monster' fear by turning off the lights in my office, the waiting room, and the secretary's room. He then ran around the darkened rooms, moving his arms like wings, howling, 'I am a monster, a master monster'. Later on he stated: 'I don't have to be afraid of them any more. I am their boss. I can send them away any time, even in the dark, dark night. They have to obey me because I am the boss of all monsters.' In the following session he stated pensively: 'Maybe I'll keep Juno and Mommy too. I haven't made up my mind yet.' Then with a twinkle in his eyes, 'Nobody can sue me for having two wives because nobody will know, because you won't tell, would you?'

One day Jim walked with big steps into my office and announced in a deep, loud voice that he had an important dictation to give. It was short and succinct: 'Put Daddy in jail, marry Mommy'. Two weeks later he told me that he 'definitely could not marry Mommy. Because', he giggled, 'I already married her yesterday.' The mother told me that Jim had recently been playing 'Daddy', calling himself by his father's first name, imitating him by pretending to perform heavy tasks such as snow shoveling and calling her by her first name, asking for her approval of his 'pretend work'. In one session he climbed on an adult bicycle: 'I need a lot of exercise, to grow up, to be strong like my father'. His mother reported that recently he had proudly shown her his erect penis: 'See, Mommy, see'.

About this time, when we played 'going to the eye doctor', Jim chose an adult male doll to represent himself, not the little

boy doll he had formerly chosen. 'Give me a grown-up, a man with a shirt and a tie and a suit. Let the other people sit there [in the waiting room] and read books. My Mommy and I go right into the hospital bedroom and right into bed. Don't give me a crib. Give me a big bed, the red one with two pillows: for my sweet little Mommy, my darling and me. We sleep together.' Then in a sing-song: 'The big bed is for my girl and for me, for me and my girl'. While lustily repeating the song, he put the woman and man into bed, entwining their arms and their legs. 'They kiss and they watch television in bed.' His anger against his mother had finally been worked through: he made peace with her and re-established his old œdipal love relationship with her.

The child started first grade one year after treatment began. His mother left him in the school yard and later returned to take him home. A year and a half after treatment started and more than two years after his second operation Jim, now seven years old, again appeared his old happy self, full of funny little tricks, jumping up and down in sheer delight over any small achievement.

One day he stated that 'I and Juno got divorced, and this time for good. She used to have such a pretty pink nose. Now her nose is all black and ugly.' He added: 'That happens to old dogs, you know, it happens'. In a subsequent session he walked into my office with his chest and belly pushed far out and his head held high. He said that he had no more time to concern himself with marriage, that he had to study hard, to become a full-time lawyer, a part-time gas station attendant, a fireman, and a train engineer. 'And that all takes up a lot of time. No fooling around any more. I have to work very hard so I will be a millionaire and have a mansion, or a house a little bigger than a mansion. I'll have one in Florida, one in New Jersey, one in Europe, but none in Manhattan, because Manhattan is dirty, polluted and I hate it. I am very busy inventing a car that can be turned into a boat and into an airplane. It won't pollute the air never, never, ever. The car looks a little like a Ferrari,

mostly in front, and a little like a Masserati, mostly in back, and a little like an Alfa Romeo and a Lamborghini and a lot like a Porsche and a Jaguar. And I will travel around the world. And I don't need you any more, and I don't have to come back to you any more, and I never, never, ever will. Goodbye, idiot, goodbye.' He said this in a sing-song swashbuckling tone.

There was a serious regression when he was in the second grade. His family had shared one hotel room on a vacation trip. Jim had awakened early one morning to observe his parents in an embrace in bed. The mother reported that Jim became ill-tempered, whiny, hard to handle, and almost as clinging as he had been at the beginning of his emotional problems. His interest in cars greatly diminished, he talked baby talk, refused to go to school, and resumed his man-wife relationship with the dog, Juno. I was able to interpret to Jim that he was angry at his mother and father for making love to each other. The regression, though serious, was short-lived, and he soon returned to his happy, ebullient self.

Ten months later, his mother threw out some of his old toys. He demanded that they be returned to him. With his hands on his hips, he stood over her when she sat down and insisted: 'They are my possessions, I demand them back'. The next day in my office, he declared triumphantly: 'My Juno is my wife, my truly, duly wedded wife, my darling sweetheart'. Then he added: 'I don't want her to sit around the house and just cook. I want her to go to college and get a real good education.' Then he told me a story of a teen-age boy who has a very strict father, a police officer, very strict but good. He loves his son, even bought him a Honda motorcycle. The mother passed away. 'It's all right', he said airily. I repeated, 'It's all right?' He continued: 'O.K. if it's not all right, so she did not pass away. She just went to Paris for cooking lessons, to learn French cooking. The father and the teen-ager don't need her.' Two weeks later he announced: 'The dog is a dog, no, a wife, no, a dog. And by the way, the teen-ager told me the mother might come back in three weeks or three days or three hours or something.'

Jim's story of the teen-ager is interesting as it clearly showed that his anger against mother drove him back into the 'unusual œdipal conflict'. Also of interest are the latency features found in his wish for Juno to have a college education, as well as seeing himself as a teenager who does not need mother anymore. This time he only verbalized his dog-wife relationship; he did not act it out. He did not regress developmentally.

DISCUSSION

A boy who, during the œdipal phase, underwent an eye operation, blamed his mother for it, and, in anger, withdrew his œdipal love from her and turned it onto the family dog. He regressed to the anal level, hitting, kicking, and punching his mother, crying and constantly defying her. Oral receptive and oral sadistic aspects of his regression came out especially clearly during, or perhaps because of, the beginning of therapy. It is possible that this regression to the oral level would not have occurred so markedly without treatment. The fact that he was understood by me and that help was in sight, facilitated the regression from the anal to the oral level.

In a few months, he progressed from the world of food into his world of animals. He walked on hands and knees, roared like a lion, and barked like a dog. He told stories of animals let out of cages and flying to Florida and into happiness. He felt imprisoned by his own anger, fears, and guilt; he wanted to become free and happy again.

Meanwhile this child was able to bring out his rage at his mother and his sense of betrayal by her. He acted out the vivid fantasy that he had divorced his mother and married the dog, Juno, who became his good wife and good mother to his children. Later, he divorced the dog and remarried his mother. Proudly he showed her his erect penis and seemed to have no fear of castration from her any more. Finally he decided to turn away from thoughts of marriage to thoughts of learning, choosing a career, building homes, traveling, being an inventor,

becoming a millionaire. The child entered latency after having been in treatment for one and a half years.

The boy's frequent lashing out at me, which made treatment so much more difficult and at times hazardous, is unusual in my experience. It is possible that in this case the father, who taught his sons to shadow box when they were toddlers in an effort to make them 'tough boys', was to blame. The transference which at first was completely, even violently, negative, gradually grew more positive. When, at the end of his first school year, he said, 'Goodbye, idiot, goodbye', it was said with warmth, in a swash-buckling tone, as if to say that now he was so healthy, so strong he could afford to devalue his doctor, his helper in sickness.

It is of course questionable whether he would have blamed his mother as much and if he would have regressed as much had he been prepared for his second operation and been given general anesthesia. My impression is that while these factors probably aggravated the child's suffering, the emotional trauma of even a well prepared for operation during the height of the Œdipal phase may produce intensification of castration fear, and thus psychopathology.

One could speculate that this boy's pleasurable relationship to his 'dog-wife' partially made up for his suffering—his guilt, depression, and separation panic—in the course of his sickness. Thus the 'dog marriage' could be considered an attempt by him to alleviate his fears, perhaps a healthy way of giving him pleasure and happiness in the midst of all his emotional pain.

There are a number of publications in the psychoanalytic literature concerned with the relationship of people to animals. Freud (1913 [1912-1913]) stated:

There is a great deal of resemblance between the relations of children and of primitive men towards animals. Children show no trace of the arrogance which urges adult civilized men to draw a hard-and-fast line between their own nature and that of all other animals. Children have no scruples over allowing animals to rank as their full equals. Uninhibited as they are in the

avowal of their bodily needs, they no doubt feel themselves more akin to animals than to their elders, who may well be a puzzle to them (pp. 126-127).

Jelliffe and Brink (1917) described the role played by animals in dreams and symptoms. They stated: 'The neurotic . . . often clings to the animal friends the more strongly and the more intensely, the more the demands of reality seem impossible and the more life seems inadequate to provide the longed for gratifications and satisfactions' (p. 268). In the same vein, Brill (1943) pointed to the proverb, 'The more I know of men, the better I love my dog'. He also noted the Greek mythological love-making of man and horse that produced the centaurs, of man and goat that produced the satyrs, and, most relevant to our case, the Kuno-andros of the modern fable produced by the love-making of dog and man.

Other psychoanalytic writers have described sexual contacts and activities with animals. Bender and Schilder (1940) presented a case of an eleven-year-old boy who had sexual play with cats. Greenacre (1950) described a woman patient who, in her childhood, was 'swung and tossed in the air by her father until she got into states of almost frantic exhilaration; and from reconstructed memories it appeared that these reached climactic states of genital stimulation but no true orgasm. She was able to reproduce something of this happy frenzy in her early play with her dog, a large collie' (p. 305). Rappaport (1956) reported that 'A patient who acted out his primal scene fantasies by breaking into stables and masturbating on horses always wanted to bring a stallion to a mare and, when the stallion mounted the mare, to swing himself on top of the stallion so that he could control both. He was an adopted child who refused to accept the obscurity of his birth but wanted actively to correct it' (p. 523). Hart (1972), in a personal communication, tells of a girl who, having a father who depreciated women, took her airdale terrier to bed with her. In a case reported by Heiman (1956),

the patient made an identification with a dog, was ambivalent toward it, and derived vicarious satisfaction from the dog's uninhibited behavior. I have observed primitive identification with an animal, a crippled cat, in the case of a schizophrenic boy (*cf.*, Sachs, 1957).

Marie Bonaparte's (1937) relation to her dog, Topsy, is similar to the case I have reported. Topsy stood for the beloved nurse Mimau, who in turn had taken the position of the mother lost in early childhood. In contrast to my patient's case, however, the dog, Topsy, in Bonaparte's life stood for the good, nursing mother of the preœdipal phase, while in my case the dog, Juno, stood for the good (preoperative) mother of the œdipal phase.

I have been unable to find any case in the literature in which animals were used as œdipal love objects.

SUMMARY

The case of a boy in the œdipal phase is described. After undergoing an eye operation at age four years, three months, he blamed his mother and withdrew his love from her. He regressed to an angry, clinging child, and turned to his female dog as his œdipal love object. In treatment he acted out his fury at his mother. When this was worked through, he gave up the dog as an œdipal substitute and returned to his œdipal relationships with his parents. One and a half years after beginning treatment he was enthusiastically forging into latency. A year later he experienced a sharp, though temporary, regression into the dog-wife relationship after viewing parental love-making. This was followed some months later by another very short regression into the dog-wife relationship, although latency features were apparent at that time. This last regression into the dog-wife relationship was not acted out; it was merely fantasized in our sessions, and the child remained his happy ebullient self.

REFERENCES

- BENDER, L., and SCHILDER, P. (1940): *Impulsion: A Specific Disorder of the Behavior of Children*. Arch. Neurology and Psychiatry, XLIV, pp. 990-1008.
- BRILL, A. A. (1943): *The Universality of Symbols*. *Psa. Rev.*, XXX, pp. 1-18.
- BONAPARTE, M. (1937): *Topsy, the Story of a Golden Haired Chow*. London: Pushkin Press, 1940.
- FREUD (1913 [1912-1913]): *Totem and Taboo*. Standard Edition, XIII, pp. 1-161.
- GREENACRE, P. (1950): *The Prepuberty Trauma in Girls*. This QUARTERLY, XIX, pp. 298-317.
- HART, H. H. (1972): Personal communication.
- HEIMAN, M. (1956): *The Relationship between Man and Dog*. This QUARTERLY, XXV, pp. 568-585.
- JELLIFFE, S. E. and BRINK, L. (1917): *The Role of Animals in the Unconscious with Some Remarks on Theriomorphic Symbolism in Ovid*. *Psa. Rev.*, IV, pp. 253-271.
- RAPPAPORT, E. A. (1956): *The Management of an Eroticized Transference*. This QUARTERLY, XXV, pp. 515-529.
- SACHS, L. J. (1957): On Changes in Identification from Machine to Cripple. In: *The Psychoanalytic Study of the Child, Vol. XII*. New York: International Universities Press, Inc., pp. 356-375.

The Umbilicus as Vagina Substitute

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THE UMBILICUS AS VAGINA SUBSTITUTE

A CLINICAL NOTE

BY HERBERT WALTZER, M.D. (JAMAICA, N.Y.)

The umbilicus is a structure, or more accurately, the remnant or vestige of an important prenatal organ that has received little attention in the psychiatric literature. I have been unable to find any reference in the literature of this structure becoming a symbolic vagina. Ordinarily neither its conscious nor unconscious significance is explored in the course of a psychiatric evaluation or in psychotherapy. Throughout my sixteen years in psychiatry I have never heard this anatomical area discussed by instructors, supervisors, or patients. This might lead one to draw the conclusion that it has little dynamic significance, if any, for most patients or, for that matter, for most human beings.

The case to be described represents the first instance in my experience in which the umbilicus had significant meaning and import to a patient. In the course of psychotherapy, the patient unveiled an obsessional preoccupation with this structure which was manifested by monthly ritualistic practices.

The patient was a forty-eight-year-old white, single, female who was four feet ten inches tall and weighed two hundred fifty pounds. She sought treatment with the expressed purpose of losing weight. In her attempt to lose weight, she had over the years tried individual psychotherapy, group psychotherapy, hypnosis, 'weight watchers', and various medical regimes with no apparent success. She was referred for psychiatric treatment by her family practitioner because her weight was felt to be contributing to hypertension, and her eating habits to relatively frequent attacks of gout.

The youngest of three children, the patient lives with a single sister, ten years her senior. Her brother, fifty-three years old, is married to a black Jamaican woman. The patient comes from a lower middle-class Jewish family in which the father was the absolute ruler of the household and everyone was expected to assume a sub-

servient role. As a young girl she was constantly being admonished by both parents not to put on make-up or make herself look sexually attractive. Independent social relationships were discouraged and the emphasis was placed on a never-ending allegiance to the family, particularly the father. The father, whose word was seen as law, told the patient that she had to become a secretary in spite of the patient's desire to attend college.

At the age of nine she was taken to a gynecologist because her mother felt that there was tissue protruding between the labia. She recalled her mother and the gynecologist whispering in her presence and that neither indicated to her what, if anything, was wrong. Subsequently she would not seek a gynecological examination to clarify or verify the existence of any anatomical abnormality in the vaginal area. Rather she accepted it as being present.

When the patient was in her early twenties, she visited her father, who was hospitalized. He told her that she was the one who should be in the hospital, and for the purpose of having a baby. Shortly afterward she began eating excessively and started to gain weight. She described the relationship with her father as though he were a god and her goal in life was to try to please him in every conceivable way. She said that he often reacted as though she was not physically present. However, he stressed to her, unconsciously, the importance of her remaining single, living with her older sister, and keeping the family unit intact.

She received no sexual education and grew up with the feeling that the sexual area of the body was dirty and not to be viewed or touched. She recalled seeing her sister dressing and undressing in the closet when they were growing up, a practice still carried out by her sister. The patient has never had sexual intercourse, although she slept with a man and permitted him to insert his penis between the folds of her fat in the vaginal area. However, she did not permit him to see her get undressed or to fondle the vaginal area.

Although a competent secretary, the patient has not worked for the past five years. She is supported by her sister, for whom she keeps house. The tie to her sister has become greatly intensified since her father committed suicide by taking an overdose of sleeping pills when he learned that he had a malignancy. The patient was forty-five years old at the time. After the death of the patient's mother, her father remarried, which evoked strong feelings of anger

toward him as she had envisioned that she would be able to take care of him. A frequent fantasy was that she, her sister, and father would be reunited and live together.

After his suicide and death, which she has not completely accepted to this day, she started to collect sleeping pills, which she later turned over to me. The patient's ties to her sister are further strengthened by her need to give her daily insulin injections. In addition, the sister has a morbid fear of being left alone as she experienced pulmonary edema on two occasions, and in both instances required hospitalization.

During the therapy sessions the patient has repeatedly expressed concern about her pendulous abdomen. She readily admits that it serves to keep the vagina hidden both from view and touch. She has never douched or in any way attempted to take care of herself with a napkin during menstruation, since that would require touching herself in that area. There is definite concern about what she will see or feel once she loses weight. She is extremely conscious of her weight and rarely leaves the house. If she does go out, it is early in the morning to shop or go to the therapist's office.

By contrast, she renders meticulous care and cleansing of her umbilicus out of fear that it might emit a bad smell. She makes use of Q-tips and cotton balls, which she manipulates in every corner or crevice. In her zealous desire for complete cleanliness of the umbilicus, she has poked and pushed the Q-tip to such a degree as to cause bleeding and irritation, and on one occasion actually precipitated an infection. Subsequent to this cleansing procedure, which is carried out monthly during menstruation and also at other times, she attempts to smell the area. Her justification, or more appropriately, her rationalization for this ritualistic procedure is that this area will smell if not cleaned properly.

DISCUSSION

The invaginated umbilicus was being treated by this patient unconsciously as though it were the vagina: intensive care was being rendered to maintain hygiene and prevent unpleasant odors. Her vagina is completely hidden from view and touch by her pendulous abdomen. Her morbid fear and belief that she is a freak has also kept her from undergoing a gynecological examination in her adult life. As mentioned she is not sure whether she was told directly or

overheard a conversation about an extra piece of tissue between the vaginal folds. Unconsciously, she perceives it as a penis-like structure. To avoid establishing the validity of her fear, she must avoid losing weight and getting rid of her pendulous abdomen. She readily admits that she is afraid of finding out what is there.

In addition, playing with her umbilicus may also have erotic components. The insertion of the Q-tip deeply and roughly into her umbilicus may be the expression of an unconscious desire for sexual intercourse and an unconscious wish to bear children. She remembers very vividly her father telling her that she should have been in the hospital having a child. The rather quick development of obesity shortly afterwards may be an unconscious expression of the pregnancy fantasy. It is also possible that the fantasied penis, that is kept hidden under her panniculus, is the father's. In this way she is able to fulfil her expressed desire to take care of her dead father through vaginal incorporation of him. Although he is dead, there still exists a strong attachment to him and a desire to take care of him. She also remembers the frequent warnings she received about letting men touch her sexual parts.

In this borderline psychotic woman the umbilicus has taken on the role of the vagina in relation to menstrual hygiene and sexual significance.

The Psychoanalytic Study of the Child, Vol. XXVII. New York: Quadrangle Books, 1973. 700 pp.

Judith S. Kestenberg

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BOOK REVIEWS

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOL. XXVII. New York: Quadrangle Books, 1973. 700 pp.

This volume begins and ends with references to the outstanding contributions of the late Seymour L. Lustman. A 'compassionate master clinician', in Albert J. Solnit's words, his major study centered on early and later impulse regulation, and his great concern was the methodology of research. Julius B. Richmond, who co-authored with Lustman several papers on the autonomic endowment of infants, describes the development of Lustman's interests, from research to his later involvement in medical education. A listing of his papers and his posthumous paper, *A Perspective on the Study of Man*, testify to his great erudition and to his broad interest in the development of man from birth through his entire life span. His knowledge of philosophy and the biological sciences as well as of psychoanalysis made him uniquely qualified to deal with 'the problem of how to bring together the isolated, but useful facets of man learned by the many differing disciplines' (p. 45).

The section of the volume titled *Problems of Development—Adolescence* begins with Lustman's paper, *Yale's Year of Confrontation*. As a master of a college in Yale, he was right in the midst of Yale's crisis of student unrest and he concluded with disarming simplicity after this year of turmoil: 'Adolescence as a developmental phase still exists'. Calvin Settlage's paper, *Cultural Values and the Superego in Late Adolescence*, traces the development of the superego from its precursors in transitional phenomena in infancy to the last phase of adolescence. The adolescent's greatest difficulty is the gap between his ego and his ego ideal. He must lower the aspirations of an unrealistically high ego ideal (a successor of his ideal-ego) before he can enter adulthood. Settlage's paper has been an invaluable aid in the study of the development of earliest forms of acquisition of social and cultural values, in which the reviewer is currently engaged. Peter Blos, Sr., in *The Epigenesis of the Adult Neurosis*, shows convincingly that the very last subphase of adolescence is at the same time the formative stage of adult neurosis. Solnit, in *Youth and the Campus: The Search for Social Conscience*, outlines the role of the adult community in aiding youth's creative

attempts to find new forms of social conscience without destroying the adult's sense of continuity. Solnit's paper and Greenacre's article, *Crowds and Crisis*, supplement each other. Her unique empathy for the infant's sensory experiences allows her to describe the contagious, regressive qualities of feelings in crowds pulled together by social crises: 'The individual is practically wrapped up in the crowd and gets a continuous sensual pounding through all the avenues that his body affords' (p. 142). Greenacre's paper is followed by one in which Patricia Radford, Stanley Wiseberg, and Clifford Yorke attempt to assess adolescent drug addicts, and by John E. Schowalter and Ruth D. Lord's article on the writings of adolescents in a general hospital ward.

In the section *Contributions to Psychoanalytic Theory*, Marshall Edelson's paper, *Language and Dreams*, is most intriguing but very difficult to follow without dedicated learning of the new concepts and terms created by Chomsky. One must concur with Lustman's view that the necessary technical and theoretical language alienates rather than encourages interdisciplinary communication by psychoanalytic readers. One wonders whether an interprofessional journal may not be the answer to the plight of authors like Edelson who try to correlate other disciplines with psychoanalytic modes of thinking. The psychoanalyst feels on more familiar grounds reading the two papers by Rose Edgcumbe and Marion Burgner, *Some Problems in the Conceptualization of Early Object Relationships: Part I, The Concepts of Need Satisfaction and Need-Satisfying Relationships; Part II, The Concept of Object Constancy*. The authors make a valiant attempt to bring order into the varied interpretations of these terms which are widely used but not uniformly interpreted. As expected, they are successful in some areas but in others only add to the existing confusion. One of their difficulties is their persistence in thinking about developmental phases in purely libidinal terms rather than as periods of prevailing oral, anal, phallic or genital organization, as postulated by Freud. Instead of coördinating stages of object-relatedness with concurrent drive and ego development, the authors tend to isolate the modes of drive and ego functioning from the modes of first needing an object and then experiencing a constant, enduring attachment to the object. Despite these difficulties, the two papers are worthwhile contributions which can be used as springboards in workshops on these subjects.

George E. Gross and Isaiah A. Rubin, in a similar attempt to bring order into our conceptualization and terminology, provide convincing proof for their thesis: 'The necessary conditions for sublimation appear early in development when the functions of anticipation, objectivation, perception, thought, and control of motility have become sufficiently established to exert effective control over the drives via aim-deflected (detour) activity' (p. 357). The authors show how a clinically useful concept can be explained without resorting to the use of energy as an explanatory tool. Heinz Kohut, in his article, *Thoughts on Narcissism and Narcissistic Rage*, expands his theory of narcissism to 'aggression as it arises from the matrix of narcissistic imbalance' (p. 362). The basic topic concerns revenge after a narcissistic injury. The author shows how progressive development transforms primitive tempers into mature forms of aggression, and he promises to expand his work further to the study of groups. This exploration of the vicissitudes of aggression is long overdue, but it would be desirable to find a term other than 'narcissistic rage', one that would better denote the turning of aggression inward and outward in various forms of rage. In his paper on the psychoanalytic concept of time, Hans Loewald considers time not in terms of duration, but as an interaction between past, present, and future. Finally, Roy Schafer criticizes the use of the concept of internalization because he sees it as a pseudospacial metaphor which relates to fantasies about mental processes rather than to thoughts which cannot be really localized.

In the section, *Clinical Contributions*, Selma Fraiberg's paper, *Some Characteristics of Genital Arousal and Discharge in Latency Girls*, is a gem of lucidity and clinical documentation. Fraiberg knows how to ask about children's feelings and, for that reason, can get answers not easily obtainable by others from latency children. Comparing her child and adult patients, she wonders whether genital anesthesia in childhood may be the prototype of frigidity later in life. Her report from typical and beautifully conducted analyses is followed by Anne Hayman's paper describing parameters used in the analysis of an atypical child. Next, David Milrod presents material to show that self-pity and self-comforting are narcissistic gratifications provided by the rewarding function of the superego and are defensively exploited to combat self-directed, punitive aggression. Kohut and Milrod study related phenomena

from different points of view. Marshall D. Schechter presents a detailed account of a short analysis of a latency boy with neurodermatitis, whose cure persisted beyond adolescence. Henry Wexler describes a case of severe regression as an aftermath of combat experience, with special emphasis on the role of chess in the life of the patient. Miriam S. Williams's paper, *Problems of Technique during Latency*, skilfully correlates her scheme of three subphases of latency with appropriate psychoanalytic technique. She emphasizes the importance of latency as a phase in which we become civilized and consolidate our superego.

In the section, *Psychoanalysis and Law*, Anna Freud makes an eloquent plea in *The Child as a Person in His Own Right*. Children are not miniature adults and their needs must be represented in courts by advocates, who are knowledgeable about children. Joseph Goldstein, a Yale legal mind, has become such a child advocate, and in five meetings in which Drs. Freud, Lustman, and Solnit also participated, a discussion was set in motion regarding the status of foster children in legal proceedings. In his article, *Finding the Least Detrimental Alternative: The Problem for the Law of Child Placement*, Goldstein constructs a charming fairy tale in which a fictional judge (Analjo-Goldstein) rules in favor of the child, and documents his ruling with legally presented psychoanalytic insight.

These last papers underline the very special kind of unity in this volume, a unity which can be subsumed under the heading of child advocacy, based on interdisciplinary endeavors, and integrated within developmental, theoretical and clinical aspects of psychoanalytic research.

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

THE PSYCHOANALYTIC FORUM, VOL. IV. Edited by John A. Lindon, M.D. New York: International Universities Press, Inc., 1972. 459 pp.

Volume IV of this series maintains the high level of the previous volumes. A wide range of psychoanalytic topics or subjects approached from a psychoanalytic point of view is presented. There is no question that the Forum is an effective means of communicating new ideas, providing immediate, thoughtful and expert response from the discussants and, finally, giving the author an occa-

sion to reply in a considered, economical fashion. This reviewer's attention was engaged successfully by all of the papers and often even more so by the cogent and illuminating discussions, usually four to five in number, which frequently contain very significant, brief communications in their own right.

There are twelve papers in this volume. Included are: a study on radical and militant youth; an interesting comment on the generation gap, using an attractively developed insight from King Lear; a controversial paper on the significance of mourning to the development of adolescents; an open exchange on the effects of the psychoanalyst's personality on psychoanalytic treatment; a related study on group rivalry between analysts and its influence on candidates in training; a first-rate review of supervision stimulated by a paper describing the use of exchange of tapes between supervisor and supervisee; a very topical paper on multiple pregnancies in multiproblem families; and several more clinically oriented contributions with good theoretical discussions, including the hermaphroditic ideal and singing; congealment and fluidity as patterns of the defective ego; the significance and clinical usefulness of regressed ego states; the role of the mental representation of the genitalia; and theoretical inferences drawn from split-off male and female elements.

Unquestionably the editor and editorial board of the Forum are offering a productive method of communicating current psychoanalytic developments and thinking from a carefully chosen representative group of analysts and scholars.

JOHN A. MAC LEOD (CINCINNATI)

MORAL VALUES AND THE SUPEREGO CONCEPT IN PSYCHOANALYSIS.

Edited by Seymour C. Post, M.D. New York: International Universities Press, Inc., 1972. 502 pp.

It is by now a commonplace that psychoanalysis has pursued in its own developmental emphasis something like the course followed by the individuals it studies, i.e., from id to ego. It will be interesting to see if this pattern continues, and if psychoanalytic science will now focus special attention on the many and complex phenomena it subsumes under the label superego. One sign pointing in precisely this direction was a Symposium on Moral Values and

Superego Functioning held in March of 1968 by the Society of Medical Psychoanalysts. Eight of the papers presented at that symposium appear in the present collection of twenty-three articles; of the remaining fifteen, five have been previously presented or published elsewhere, while just under half the papers in this volume were evidently written at the request of its editor, Seymour Post.

Another commonplace, this one not confined to psychoanalysis, is that in the all too regular practice of publishing collections of papers by different authors, the books so created often suffer from the lack of cohesion and focus that a single author might have brought to the task. They often turn out to be a kind of potpourri, with the reader having to hunt about for the unifying thread which should be one of the justifying reasons for publishing a book in the first place. In the case of such a literary patchwork quilt it is the difficult task of the editor to try to provide such a sense of unity and direction, perhaps more than usually so when the topic is as profoundly complex and as crucially relevant to current problems as the present state of our knowledge of moral values and the superego. Our newspapers as well as our patients make it 'perfectly clear' that what is moral is no longer self-evident; if psychoanalysis is to help clarify the issues involved it will need to know its own mind on the subject first.

What *does* emerge with clarity from this collection of papers is that there is a decided lack of agreement, even among analysts of largely similar orientation, as to what properly constitutes an adequate definition of the superego. This lack of clarity includes disagreement regarding how and when the superego is formed, i.e., whether it is solely a creation of the resolution of the oedipus complex, or to what extent its earliest important antecedents predate oedipal conflicts. Also unresolved is the question of the extent to which the superego is subject to malleability at different stages of the life cycle, notably from peer pressures in adolescence.

In an attempt to pursue the answers to some of these questions, the editor has divided the twenty-three papers into four somewhat arbitrary subsections labeled Theoretical Papers, Moral Values and the Psychoanalytic Situation, Clinical Papers, and Psychoanalysis, Moral Values and Culture. There is a good deal of overlap from one section to another. Thus Martin Stein's excellent and humane contribution, A Clinical Illustration of a Moral Problem, which

grapples with the complex issues raised by an analyst's momentary lapse of attention, is not to be found in the clinical section, and Paul Roazen's *The Impact of Psychoanalysis on Values* seems equally out of place in the section on the psychoanalytic situation. This arbitrariness of assignment reflects a larger lack of consistency in the selection of the papers themselves. Victor Calef's paper, for example, a careful, clear exposition of the active role of the ego (via renunciation) in healthy superego formation, is so rich in detail and so thorough in its description of elements in normal development (as well as in the therapeutic process itself) that it deserves special study; it hardly belongs in the same volume with Alexander Wolf's casual, offhand and essentially superficial treatment of his subject, *Morality and the Population Explosion*, the source material for which was culled largely from newspaper columns and late-night television talk shows.

Manuel Furer's excellent survey of the literature on the superego is the first of the papers in the book. With seventy-nine references he takes the reader briskly through the history of the superego concept, beginning with Freud's thinking on the subject before *The Ego and the Id*, and ending with special emphasis on Ishak Ramzy's *The Place of Values in Psychoanalysis* written in 1965 (a version of which is reprinted in this collection) in which Ramzy, by contrast with Freud and Hartmann, identifies the inevitability of both implicit and explicit values in the practice of psychoanalysis. Arthur Valenstein also refers to Ramzy's work on values, but his fascinating paper focuses primarily on the psychobiological precursors of what humans have learned to call morality. Valenstein's paper brings together intriguing data from sources not regularly available to most analysts, e.g., on the octopus, the dolphin, and the whale. He concludes with the suggestion that the term 'psychopathic character' be understood as encompassing behavior on a continuum from neurotic to the 'morally insane', the latter group perhaps having suffered from constitutional defects, which Valenstein defines as including early postnatal experiential trauma.

Samuel Ritvo's paper is very forthright (and sobering) in its detailing of two instances of careful long-range prediction of superego formation which turned out to be extraordinarily in error in almost every major respect. Aaron Esman, writing on adolescence, uses a definition of superego that moves it much closer to the ego

as a specialized group of identifications within the ego which are subject to considerable reorganization during adolescence.

Calef's paper, mentioned above, should be studied by those who wish to see the way in which carefully detailed metapsychology can yield rich clinical formulations. To take just a single example, the author raises the question of the correctness of making an interpretation when by doing so the analyst gratifies the patient's narcissistic wish. His useful 'answer' is that it is not the *wish* that the analyst must frustrate, but rather that he must not supply the *object* for gratification. Norman Zinberg's paper, *Value Conflict and the Psychoanalyst's Role*, points out how little formal attention the subject of values has received in the psychoanalytic institutes, the subject having been informally left to the training analysis for instruction (identification?). He reminds us to what extent our 'thinking about deviance is based on the nuclear family', and cautions that 'we will soon be living in a society that accepts one-parent families, group-communal living', etc. By sharp contrast, Irving Bieber takes the position that 'society looks to psychoanalysis for help in formulating a rationally based sexual ethic', a view which, in this reviewer's opinion, overlooks the extent to which society has largely begun to ignore psychoanalytic formulations.

Like Bieber, Drs. Henry and Yela Lowenfeld seem quite sure of the validity of their position. In their rather dogmatic and simplistic article, *Our Permissive Society and the Superego*, they reduce the choice of Che Guevara and Mao Tse-tung as adolescent heroes to the wish of youngsters, who have been disappointed by weak fathers, to identify with men who fulfil infantile sadistic fantasies. They also see danger brewing in the family where the father feeds and diapers the child and is thus not clearly distinguished from the caring mother. This 'merging of the parental images', they feel, 'may be a decisive factor in the conspicuous increase in active homosexuality'. Robert Jay Lifton, as might be expected, takes a rather more optimistic view of developments among the young; he sees the possibility of a 'new man' emerging from the ranks of our children, a 'protean man' well adapted to the demands of these difficult times. Mortimer Ostow, however, seems to have somewhat more allegiance to the old order than the new in his article, *Religion and Morality*. He sees 'other-worldliness', to which so many of the younger generation seem attracted, as encouraging denial

and illusion, but concludes that it 'ultimately serves the interests of the members of society' because it preserves the social order. It almost goes without saying that it is precisely that social order that many of our younger people no longer want to preserve.

Alan Stone's paper, *Psychoanalysis and Jurisprudence*, I found quite interesting but not easy to read. Perhaps the specialized nature of the material makes it so, as the author cites a good deal of legal opinion which is as difficult for the nonlawyer as psychoanalytic material must seem to the attorney. Vivian Fromberg and Salo Rosenbaum also contribute an ambitious paper, *Sin and the Sense of Guilt*; its heavy reliance on Biblical sources should perhaps properly place it in a 'review of the literature'. It is intriguing to be reminded by them that in one sense our psychoanalytic work regularly commits us to the pursuit of the original sin, i.e., to eat from the tree of knowledge.

Space does not permit comment on each of the twenty-three papers in this volume. Nevertheless, despite the fact that they vary a good deal in quality, style, and intent, it is my feeling that most readers will find enough of merit and to their taste to justify spending more than a little time with this book. Finally, the very appearance of the book may act as a spur to others to attempt a more tightly woven exposition of a subject that has become of central practical as well as theoretical concern to all those interested in psychoanalysis.

MICHAEL BELDOCH (NEW YORK)

THE NEUROSES. A PSYCHOANALYTIC SURVEY. By P. C. Kuiper, M.D.
New York: International Universities Press, Inc., 1972. 261 pp.

This psychoanalytic survey of the neuroses has recently become available in English. For a textbook, its bibliography is very limited and sketchy, offering few references to any of the major contributors either to structural theory or to recent advances in the study of child development. The most recent article listed is dated 1965. The author, an experienced psychiatrist and psychoanalyst, leans heavily on his extensive background as a teacher and clinician to supply the data necessary for his compressed survey.

The opening two chapters, *General Foundations* and *Theory of the Neuroses*, give background material necessary to appreciate the

more detailed ensuing elucidation of the usual categories of neurotic illness. There are three chapters devoted to hysteria and one to obsessive-compulsive neurosis. The oral character, depression, and addiction are taken as a unit. Neurasthenia and the sensitive personality are given a separate chapter listing as are the perversions and the traumatic neuroses.

It is apparent that Dr. Kuiper has an admirable grasp of both the theoretical background necessary to understand the neuroses, and a clinician's ease and familiarity with psychopathology. The main shortcoming of his text lies in his reliance on interesting but frequently too abbreviated anecdotal characterizations. For example, he states: 'If we define hysteria as a neurosis which is connected with a fixation to, and an unsuccessful working through of the Oedipus complex, then active homosexuality belongs in the same category. . . . In active homosexuality the disappointed love for the mother is warded off. Among mothers of homosexual patients the number of those who have blocked their sons' path toward heterosexuality is notable and it is further remarkable that many representatives of the women of the castrating type are to be found among them' (p. 149).

This sort of formulation is too global to be meaningful, especially in the absence of any adequate follow-up to clarify the specific differences between hysteria and active homosexuality in terms of the resolution of ego-id conflicts and patterns of object relationships. More specific descriptions are needed of developmental traumas, the fantasies that lend substance to ensuing fixation, and the specific effects of these conflicts on both libidinal development and subsequent ego structure and functioning.

In addition, Kuiper has a tendency to emphasize the importance of the environment, especially the effect of the parents upon the etiology of neurotic illness to a degree which tends to obscure the importance of both inter- and intrasystemic conflict, different biological and maturational givens, and varied developmental fates. It takes more than a castrating mother to make a son an active homosexual. When discussing the prevention of depressive illness, Kuiper states: 'Mothers who love life in spite of its unavoidable disappointments and its suffering, possess the inner freedom to accept their child with a minimum of ambivalence. They are not hostile to the instinctual needs of their children and do not object

to their children's sex. Such mothers can bring up children free from depression' (p. 226). Such statements hark back to the days of the vogue of schizophrenogenic mothers and ignore the complexities of the developmental interactions between mother and child, as described in recent long-term studies of disturbed children and parents by Mahler and others. They also seem to underestimate the pathogenic importance of the unconscious attitudes of parents. One consequence of this emphasis on the environment as the primary pathogenic factor is an undue optimism about the possibilities of preventing neurosis. The importance of fantasy formation and unconscious mentation and conflict in the anchoring of all neurotic illness is underemphasized. Therefore, in discussing fixations, no mention is made of the fantasies which are re-evoked during regressions experienced either in ordinary life situations or fostered in the course of an analysis.

The author's optimism extends even to the analysis of psychopaths: 'Psychopathic behavior can invariably be viewed as a consequence of neurotic conflicts and faulty development' (p. 81). He feels that psychopaths can be treated by using 'a technique different from that which resolves unconscious conflicts' (p. 84). Unfortunately he does not spell out what these differences might be, preferring epigrammatic statements to detailed descriptions.

For the experienced analyst this text will supply many interesting clinical vignettes that illuminate specific technical or nosological points in a lucid, succinct manner. For the inexperienced clinician there are pitfalls. The clarity of exposition belies the complexity of the problems discussed and perhaps too much in the way of fundamental knowledge is taken for granted.

AUSTIN SILBER (NEW YORK)

WHEN YOUR CHILD NEEDS HELP. A Psychiatrist Looks at the Emotional Problems of Children. By Charles R. Shaw, M.D. New York: William Morrow & Co., Inc., 1972. 309 pp.

This book was written expressly for parents of both normal and disturbed children, for teachers, social workers, and doctors. Its intention is not to offer its readers methods for dealing firsthand with particular emotional problems but rather to provide guidelines for distinguishing between transitory developmental disturb-

ances and those clinical syndromes that reflect a need for psychiatric treatment. The author has undertaken a difficult task: difficult primarily because among his readers will be a number of parents whose anxiety is easily stirred; and because of the oft-repeated adage, 'a little knowledge can be a dangerous thing'. To my mind, his attempt has met this difficulty with considerable success.

Among the diagnostic categories Shaw has chosen to discuss are schizophrenia, organic disorders (especially in relation to learning defects), psychopathy, and personality (character) disorders. With a refreshing simplicity and forthrightness he describes the clinical manifestations of these disturbances as he views them. One has the sense that the directness that characterizes Shaw's style derives not from naïveté but rather from his keen and sensitive awareness of the vulnerabilities and needs of the particular groups of readers he addresses. Despite his simple and direct approach, he is careful to point out the complexity of things by qualifying his diagnostic descriptions with admonitions that a symptom or group of symptoms, which might seem to correspond with one or another relatively severe illness, might prove upon psychiatric examination to be of minor consequence.

In addition to the phenomenological accounts of the diagnostic categories referred to above, the book includes clinical vignettes which illustrate both specific emotional and/or organic illnesses and psychotherapeutic treatment sessions. It also contains a number of issues with which the child analyst could take exception. These encompass, for example, the understanding of genetic factors, the therapeutic process, and, in some instances at least, the assessment of pathology. Such criticisms, however, are trivial and inappropriate in the context of the book's purpose and the author's professional viewpoint. Shaw is a child psychiatrist, apparently without analytic orientation, who is comfortable within the framework of his own professional training and who has produced a constructive and sensitive book. His aim has been to ease rather than to intensify parents' anxiety; to alert them to possible emotional disturbances in their children; to help them accept psychological examination and treatment if needed; and to help those in allied professions recognize the emotional problems of the children with whom they come in contact and pave the way for treatment if this is indicated. The author's respect for the different

roles of his readers and for the children with whom he is concerned, his mode of addressing parents, and his recognition of constitutional as well as environmental factors will probably contribute to the attainment of his aim.

Although there is nothing in this book of special value for the child analyst, there is also nothing which would tend to engender or augment resistance to psychoanalytic treatment.

MARJORIE HARLEY (BALTIMORE)

STRANGER ON THE EARTH . . . A PSYCHOLOGICAL BIOGRAPHY OF VINCENT VAN GOGH. By Albert J. Lubin, M.D. New York: Holt, Rinehart & Winston, 1972. 265 pp.

The story of Van Gogh 'is a never-ending struggle to control, modify, glorify or deny a deep-rooted melancholy and loneliness'. Lest this statement sound like another old-fashioned, simplistic reduction of creativity to pathology, let me hasten to add that it is not. Cultural, historical, art-historical, and contemporary influences are skilfully woven together in the light of sophisticated analytic insight, supported by clinical data, to present a tormented human being whose art was fed by depression while transcending it.

The source of Vincent's depression, according to the author, was a deficiency in maternal care in the face of his mother's chronic melancholy following her first-born child's death. The Van Gogh's first child, named Vincent, died at one year of age. Exactly one year later another boy was born and also named Vincent. He lived his early years around the corner from his brother's grave. In Vincent's words, 'The germinating seed must not be exposed to a frosty wind—that was the case with me from the beginning'. He saw himself as the unhappy outsider, 'a rough dog with wet paws', ignored by a mother grieving for the earlier Vincent who lay buried nearby. This childhood setting fostered his identification with the poor and oppressed whom he often nursed. Therein, too, lay his fascination with burial grounds, mines, cellars, digging scenes, shovels, and the potato (another buried object). The author suggests that some of the artist's French landscapes may be transformed graveyards.

Vincent developed an envious identification with the dead Vincent, 'made almost inevitable by the mysterious coincidence of name and birth date. In the fantasy of his artistic life he alternated

between depicting the depressed, unloved outsider, living in darkness, whose salvation lay in death, and the adored child, reborn on the earth or ascended into the light of heaven.' Thus, according to the author, arose the contrasting themes in his art: sorrow and joy, isolation and togetherness, death and rebirth, earth and heaven, darkness and light. Death and rebirth were opposite and complementary. Vincent re-enacted this alternation by seeking light arising out of darkness. He was drawn to the coal mines of Belgium, sought light in Provence and, in his art, discovered light in darkness.

Vincent's annunciation of his identity as an artist had this same character of death and rebirth. He spent almost a year in silent misery and did not write a single letter between October 1879 and July 1880. He then dissociated himself from the Van Gogh name, thereafter becoming simply 'Vincent', and rejected his father and Church in favor of artist fathers Corot and Millet. He concluded a gestating silence of nine months by informing Theo that he was emerging renewed like a bird after molting time, reborn as an artist who would 're-create' rather than imitate.

In his love life he repeated a pattern of choosing women who did not or could not return his love. Since every attempt at intimacy failed, Vincent substituted nature, art, and books for friends, marriage, and children. The author notes that Van Gogh figures have a private space around them to distance others. At the same time, characteristic Van Gogh pairs, whether people or trees, overlap each other as if merged like Siamese twins. He used complementary colors as another way of symbolizing union. And while his thick, deep brown paints are like the Dutch mud, they are painted with thick, unsmoothed strokes which ask to be touched as well as looked at. Ugliness is transformed into beauty, gaining the acceptability Vincent craved for himself.

His propensity to depict pairs grew out of a frustrated longing for closeness. It also reflected a double self-image as the repulsive, ugly self responsible for his brother's death and mother's melancholy, and as the good, resurrected brother. Some of the paintings are interpreted as symbolizing himself and his double, born from the same womb and united as they will be in heaven. (Having a fantasied double serves to deny fear of dying and becomes connected with the duality of transient body but immortal soul.) Death was seen as the prerequisite for a state of perpetual bliss

joined to the adored dead brother and hence to the adoring mother. According to the author, the latent meaning behind much of Van Gogh's work is a longing for reunion with mother in peace and sleep. The religious elaboration involved identification with Christ, the divine artist whose life he emulated, and resulted in the portrayal of haloed suns and the painting of the Pietà.

Vincent's self-mutilation at Christmas time was a richly overdetermined event. It took place at a time when his brother Theo, on whom he was financially dependent, was engaged to be married and was to spend the holiday with his fiancée instead of with Vincent. It was also a time when his relationship with Gauguin had deteriorated, destroying Vincent's dream of a brotherhood of artists living and working together. The author develops the aggressive, dependent, self-castrative, homosexual, rivalrous implications of the act, and explores the 'day residue' as well. Through his familiarity with the bull ring at Arles, Vincent must have known of the custom of the bullfighter's cutting off the ear of the slain bull and presenting it to an honored female. In Vincent's case the female was Rachel the prostitute. (Rachel, in the Bible, is a mother mourning her dead children.) At just that time the newspapers at Arles were full of the gory details of the Jack the Ripper murders. They included mutilations, sometimes specifically the cutting off of an ear. A childhood memory may also have played a part in the choice of the ear. In a favorite story in the Van Gogh household, naughty Vincent was boxed on the ear by grandmother and defended by mother. These determinants and others are discussed, including the possibility that Vincent was attempting to rid himself of auditory hallucinations induced either by a toxic absinth psychosis or an episodic epileptic psychosis.

The likelihood of an accompanying religious fantasy is an intriguing suggestion, fully consonant with Vincent's psychology and readings. The author proposes that, in addition to everything else, Vincent was re-enacting Jesus's Gethsemane scene in which Peter cut off the right ear (mirror image) of Malchus, a servant of the high Priest who had come to seize Jesus. In his own self-mutilation Vincent would be identified with Peter, Malchus, and Jesus. Gauguin, at best a dubious and calculating friend, would be cast in the role of Judas.

Following his self-mutilation, Vincent thought of the cemetery

near his childhood home in Zundert. It reminded him of the Resurrection. He ended this recollection with a childhood (screen?) memory of a magpie's nest in a tall acacia tree in that graveyard. The magpie is a cousin of the crow, a symbol of death that Vincent painted shortly before he killed himself. Perhaps, Lubin speculates, the magpie in the tree refers to the dead brother buried beneath it, now risen, and prefigures Vincent's suicide and reunion.

Van Gogh chose to spend the last two months of his life in a place that faced the town hall exactly as did the house in which he was born and reared. He drew dizzying perspectives and discovered the use of swirling line patterns. These may have arisen as attempts to master his fear of heights and the dizziness it evoked in him. Concentric halos became transformed into arabesques; twisted spirals unraveled the halo and drew it upwards in curving patterns. The increasing verticality of the last pictures may have reflected the increasing fatal attraction toward heaven.

This book, obviously a labor of love, is a happy blending of analytic perspective guiding careful research toward fresh illumination of the man and his work. In commendably readable style, Dr. Lubin has enhanced our appreciation of both.

GILBERT J. ROSE (ROWAYTON, CONN.)

ARTISTRY OF THE MENTALLY ILL. *A Contribution to the Psychology and Psychopathology of Configuration.* By Hans Prinzhorn. New York: Springer-Verlag, 1972, 274 pp.

Prinzhorn, trained in art history and singing before studying medicine, began working with Karl Wilmanns at the Heidelberg Psychiatric Clinic in 1918. Wilmanns persuaded Prinzhorn to enlarge and analyze Wilmanns' small collection of patients' paintings. In three years Prinzhorn collected five thousand samples from institutions in Germany, Austria, Switzerland, Italy, and Holland. These paintings, sculptures, etc. were all *spontaneously* produced by chronically ill psychotic patients who, with few exceptions, had not shown any artistic interests before their hospitalization.

The Heidelberg collection led to the publication of the first German edition of this book, *Bildnerei der Geisteskranken*, which had an enthusiastic reception in postwar German artistic and intellectual circles involved with the revolutionary ferment of Cubism,

Expressionism, the relationship of insanity to genius, and other preoccupations. It also stimulated many psychiatrists to take a new look at the 'meaningless' productions of their patients and to utilize art as therapy.

Fifty years later the publishers have presented us with a handsome English translation. They wisely had James L. Foy write an introductory chapter which, in a few pages, lucidly tells us what Prinzhorn discusses in the text and why the book is important historically. Foy also provides an excellent selected bibliography of twenty-six items, including seven or eight by psychoanalysts, notably Oskar Pfister's review in German of the original *Bildnerei*¹ and Ernst Kris's classic *Psychoanalytic Explorations in Art*. The beginner would do well to read Kris before Prinzhorn.

The superbly reproduced one hundred eighty-seven illustrations and twenty color plates can be recommended to any psychoanalyst or psychiatrist. But Prinzhorn's theoretical exposition simply does not do justice to the pictures. He becomes entangled in an eclectic muddle as he elaborates his thesis of a universal configurational drive that underlies the similarities between psychotic artistry, artistic painting and sculpture, and the graphic productions of children and primitives.

The most readable part of the book is the middle section in which Prinzhorn presents case histories of ten psychotic 'artists' in relation to samples of their creations. Here, however, he becomes timorous as he struggles (not always successfully) to avoid content analysis. Prinzhorn appears almost phobic about psychoanalysis, even though he was familiar with Freud's work. At one point he does, surprisingly, praise Freud's Totem and Taboo. The Interpretation of Dreams, which is most applicable to Prinzhorn's material, is not even mentioned.²

In summary, this is basically an æsthetic and philosophical work, not a psychological one. It is valuable for the reader with a special interest in the subject. Its usefulness for reference is limited by the absence of an index.

H. ROBERT BLANK (WHITE PLAINS, N.Y.)

¹ Cf., *Imago*, 1923, IX, pp. 503-506.

² Later Prinzhorn wrote frequently about psychoanalysis. See Grinstein's *Index of Psychoanalytic Writings*, Vol. III, for Prinzhorn's bibliography.

POWER AND INNOCENCE. A Search for the Sources of Violence. By Rollo May. New York: W. W. Norton & Co., Inc., 1972. 283 pp.

Rollo May is primarily a humanizer of knowledge, and a good one at that. His recent book, *Power and Innocence*, is an eclectic amalgam of psychology, existential psychoanalysis, ontological metaphysics, political science, and propaganda. To this reader the book comes across as a political feuilleton serving the politics of the New Left. It manages most eloquently to discredit violence as exercised by the Establishment and to apologize for violence by the anti-Establishment rebels. At the same time it manages somehow to take an essentially pacifist position.

It would take an ontologist to do full justice to May's thesis. He describes five levels of 'power': 1, the power to be; 2, self-affirmation; 3, self-assertion; 4, aggression; and 5, violence. It is self-assertion, as distinct from aggression (which May presents largely as a destructive force) that leads to self-fulfilment. The main discussion centers on 'power' in its aspects as self-assertion and self-affirmation.

Perhaps the most interesting idea presented is that of 'innocence'. Putting aside the 'childlike authentic innocence' of the poets and saints, May deals mainly with what he calls 'pseudo innocence'—a blindness to the evil in the world. Pseudo innocence is also a failure to acknowledge the reality of one's own 'power', a failure that leads to impotence.

May conceives of violence as a unifying and organizing principle. He quotes Sartre: 'Violence creates the self. It is an organizing of one's powers . . . to establish the worth of the self'. But violence omits 'rationality'; it also rules out language, which bridges across and contains violence and confrontation. The 'totality of one's involvement' occurring in violence is exemplified by what is expressed in ghetto riots or in the 'superrational' behavior of Joan of Arc. Self-realization through violence may be experienced in 'ecstasy', as for example the 'ecstasy' of participation in war and of a 'sheep-like acceptance' of war (a contradiction, I believe). May extols the doctrines of Fanon because violence can arouse an oppressed group from apathy. He sorts out rebels and revolutionaries as destructive or constructive in the context of his concept of power.

Rollo May overlooks another form of 'innocence'—that which enters into one's tacit participation in war and other institutional-

ized violence, such as class and racial war. This participation, with or without conscious acquiescence or the assumption of personal responsibility, may be an expression of the individual's nonconscious identification with his social institutions.

One finds in May an 'innocence' that derives from his politics. His highly emotional and partisan views mar the cohesion or consistency of his attempts at a systematic presentation of many of his themes. In dealing with the central theme of the prevalence of violence in America during this 'transitional period', there is imprecision and even obscurity. He proposes that America 'has failed to develop a sense of tragedy', unlike 'old world people' in whom 'a sense of sin and an awareness of evil is almost instinctive'. He seems to forget that Americans are culturally and historically an 'old world people'. He criticizes Charles Reich, but he makes a poor try at a definition of America's 'transitional age', a definition we sorely need. Granted that 'law and order' has been usurped as a reactionary slogan in recent politics, it is still simplistic to say that 'an emphasis on law and order can be destructive to a person's self-esteem and self-respect'.

It is a pity that the gross intrusion of May's politics blurs and vulgarizes his clinical case presentations. He takes inexcusable liberties in forcing his clinical proof. But he shows a sophisticated insight into the economics of narcissism when he writes of 'priming the pump' (of 'power') before one can give to others, or of 'power' as essential to self-esteem, compassion, and concern for others.

We are in urgent need of coming to grips with vital political problems. At present a strictly scientific application of psychological and sociological sciences falls short of answering this need. Rollo May, the free wheeling humanist, deserves much credit for trying to deal with these vital problems boldly and imaginatively.

SAMUEL ATKIN (NEW YORK)

DRUGS DON'T TAKE PEOPLE, PEOPLE TAKE DRUGS. By Eugene H. Kaplan, M.D. and Herbert Wieder, M.D. Secaucus, N.J.: Lyle Stuart, Inc., 1974. 201 pp.

The drug abuse epidemic of recent years has brought in its wake mass panic on the part of educators and parents. School principals typically arrange for the local policeman and an ex-addict from the

local Synanon or similar group to come to meetings to put the 'fear of God' into the youngsters. It has become progressively clear that many of these programs have titillated the youngsters' curiosity or created a challenge for their counterphobic and defiant bravado. Those educators who would have liked to give a more constructive presentation found no teaching aids or books to use.

Kaplan and Wieder have given us a book which can be recommended unequivocally to such educators. The authors do not avoid the complexity of the problem of drug dependence. Yet their book is direct and organized with commendable clarity. They delineate three categories of drug users: Type 1 'takes drugs for pleasure reasons'; Type 2 'wants to relieve distressing and painful psychological states'; and Type 3 'takes drugs to escape the severe suffering of a chronically painful ego state'. The various aspects of the problems of drug dependence are then discussed with reference to these three types of drug users, underlining the authors' attention to the psychology of the user rather than to the drugs themselves.

The authors deal intelligently and with psychoanalytically-derived insight with such controversial problems as methadone maintenance, the participation of ex-addicts in alcoholism clinics, and the enormous nation-wide chain of drug clinics. Courageously they recommend:

Disband 'drug programs.' Although they undeniably help some people, the over-all results add up to a pitiable return on a huge investment. These programs divert scarce professionals and dollars from more solidly conceived projects and their emphasis is wrong.

Instead, revitalize 'youth programs.' Regroup professional and other trained personnel into integrated mental health facilities. These should be the first levels of evaluation and decision making.

A few things could be improved in this otherwise excellent little book. One is the authors' use of the term 'ego states' to represent all the problems of affect and natural as well as drug-induced states of consciousness. This loose usage reflects their failure to discuss the problem of affect tolerance in drug dependent individuals. Eric Berne arbitrarily gave the term 'ego states' an entirely different meaning (apparently the predominance of a certain type of identification in a current self-representation). This usage has been promulgated in Berne's best-sellers and may confuse readers of the current book.

My other concern is about the price of the book. To reach the wide public it deserves, it should sell for far less than the eight dollars it costs. Perhaps this drawback will be remedied soon by the publication of a paperback edition. I hope so, because this is a long-needed and excellent resource for public education on drug-related problems.

HENRY KRYSTAL (DETROIT)

THE HUMAN AGENDA. By Roderic Gorney, M.D. New York: Simon & Schuster, 1972. 698 pp.

In this ambitious book Roderic Gorney attempts to outline the evolution and the future of human development, correlating his ideas with those of Darwin, Marx, Freud, Lorenz, and McLuhan. His thesis is that coöperation, not competition, is the central law of life. Gorney asserts that man's creation of value systems is a specifically human invention for survival. That which works to help man survive becomes a 'value' and is gradually integrated into complex adaptations called value systems. Value systems then develop momentum of their own and either enhance or impair our ability to adapt to new conditions.

The Human Agenda is an exploration of the evolution of human values which are seen as man's special tool for adaptation and survival. Early man sought safety by magic revelation and to this day human beings continue to be weighted down by resultant dogma about such things as war, economic systems, and life after death. The next step on the agenda, according to Gorney, is to learn to live with uncertainty rather than try to escape from it into dogma. Humanity is now in the midst of its most momentous evolutionary leap into the era of possible universal abundance. For the first time in human history love, work, and play could be made to shift from their social function in the service of adaptive survival to the crucial psychological function of promoting optimum growth of human potentials. The hopeful tone of Gorney's book is summarized by its opening statement: 'This is the most marvelous moment of man in which to be alive'.

Because man has come far in his agenda within the past few generations, we should have confidence in the future. During the transition from brutish past to beautiful future, however, modern

'man must be a loving vehicle or he will become the missing link'. It is a favorite concept of Gorney's that changes in modern environment are so rapid that they have assumed the character of revolution. The future must be secured amid the endless 'revolutions of evolution'. Our assignment is to master abundance and to replace the outmoded value systems based on survival amid scarcity. All signs indicate that, barring catastrophe, human coöperation will girdle the entire globe. We have only to survive the next three decades; after that the likelihood of man's self-extermination will have been more or less eliminated.

Gorney emphasizes a peculiar paradox: it has become almost impossible for any individual mind to encompass available knowledge while it has become indispensable for every mind to do so. The time when human survival could be left in the hands of specialists is past. The responsibility of citizenship in democracy has enlarged and will continue to do so. It is only a matter of time before we will have to vote on such issues as genetic manipulation, weather control, and interplanetary relations. Therefore, we must all become competent generalists, and it appears to be Gorney's ambition to lay the foundation for this. Despite some misgivings at the scope of the task, he feels qualified to do so because the psychiatrist is the 'true general practitioner'.

The book is divided into four parts. The first part traces evolution in general while the second part describes more specifically the characteristics of human love, work, and play. The third part appraises a number of alternative value systems for the future. The fourth part discusses ways in which man can live without panic in his future paradise surrounded by peace and plenty.

Gorney's thinking is analytic, his conclusions are courageous, and his philosophy so humanistic that his book becomes a message of hope in a time of doubt. A review of his book at this time can only draw the work to the attention of all readers. It is still too early to evaluate Gorney's enormous effort to rethink the history of mankind and to proceed from the study of the far past through the present and on into the future. But this reviewer can agree with the author: one good Utopia is worth more than all the mud puddles of the cynics.

MARTIN GROTJAHN (BEVERLY HILLS, CALIF.)

SOCIAL CHANGES AND HUMAN BEHAVIOR. *Mental Health Challenges of the Seventies.* Edited by George V. Coelho, Eli A. Rubinstein, and Elinor Stillman. Rockville, Md.: National Institute of Mental Health, 1972. 237 pp.

This volume is a compilation of NIMH seminars of the same title. It was published with the hope of broadening the concepts and improving communications of all workers in the behavioral sciences. The seminars were led by a group of experts in various fields who have attempted to apply the knowledge from their individual disciplines to the understanding of man in his present social milieu. Unfortunately, the only expert with much experience in the study of individual man in depth had completed his psychiatric residency only two years before the seminars. The general slant of the book is therefore much more sociological than psychological and the use of the term 'mental health' in the subtitle is misleading unless one accepts the common but unproved premise that social disturbance is the prime factor in mental disorders.

The book is divided into three sections. Section I is entitled *Living Connections and Creative Transformations*. The titles of the sections result from the attempts of the editors to integrate diverse papers. Actually this section contains some anthropological contributions. Jerome S. Bruner in *The Uses of Immaturity* tries to correlate primate evolution with human phylogenetic and ontogenetic development. His thesis is that the prolonged period of immaturity in primates and especially in man allows learning, social behavior, and more diverse adaptive behavior.

Sherwood L. Washburn, in *Aggressive Behavior and Human Evolution*, writes not so much about aggression as about the evolutionary roots of man's learning through emotionally rewarding personal bonds and socially important objectives. He makes the statement that since apes learn most readily from immediately rewarding activities, the cause of contemporary campus unrest is that we do not apply this principle to humans. The importance of symbolism and the complex subject of intellectual curiosity in the human species is disregarded in this discussion.

The third paper in the first section is by Alan Lomax who has studied sociocultural evolution through the analysis of folk music. He cites the *Ethnographic Atlas* of G. P. Murdock who studies cul-

tures using eighty-one variables, such as economy, agricultural products, sexual division of labor, house type, and so forth. Lomax justifies the conclusions he draws from the study of folk music by the fact that the study is based upon an observable variable. 'Cultural evolution is not only strongly vectored, but is also multi-leveled and multilineal.' Who could disagree with this? The application of these studies to immediate problems of human behavior and mental health, however, is not apparent.

Robert J. Lifton writes on *Psychological Man in Revolution: The Struggle for Communal Resymbolization*. Lifton describes what he believes are two kinds of emerging psychological types—'Protean Man' and 'Constricted Man'. Protean man adapts to stress by becoming psychologically open and experimenting, while constricted man reacts by psychic numbing and restriction of thought, affect, and action. Lifton's ideas are based upon observation of the effects of the atomic bombing upon the Japanese. Although he approves the psychoanalytic discovery of the unconscious, he thinks psychoanalytic theory is restrictive. Greater familiarity with modes of psychoanalytic thought could have saved him from the fallacy of reductionism which is always present in his kind of generalizing.

Section Two is headed by another remarkable title: *Our Shaping Imaginations and Dynamics of Social Order*. Herbert A. Simon, in *Cognitive Control of Perceptual Processes*, reviews the studies which show that information is available in 'chunks' and demonstrates how this concept is applicable in learning as well as other mental operations.

Two specific studies on the interaction of legal process and social problems are included in this section: W. Cody Wilson writes of his experiences on the President's Pornography Commission and suggests lines for future research. Lorrin M. Koran writes on *American Responses to Heroin Addiction and Marihuana Use*.

Section Three is entitled *Choices and Tooling Up for Social Inventions*, and presents a look into the future of social planning. John R. Platt discusses future research generally and then presents an organized scheme of one hundred eighty problems divided into twenty-five areas that need specific research. There is nothing stated about the realistic sources of funding and staff for his ambitious projects.

Herbert C. Kelman in *The Roles of the Behavioral Scientist in*

Policy-Oriented Research discusses the dilemma of the scientist who is hired by the establishment to study it and recommend changes. The same problem is discussed by A. Hunter Dupree in *Science Policy and the Government-University Partnership*.

Throughout the book, this reviewer was struck by the paradox of a government agency proposing expanding programs under an administration which seems to be interested in restriction of research and training in the interests of economy. The papers on pornography and drugs came out of government commissions whose findings were rejected by the government. The sop value of this publication and the meetings it reports is brought to mind by the fate of those commissions. Nevertheless, there is information for the psychiatrist who wishes to keep informed on anthropological and social data.

ABRAHAM FREEDMAN (PHILADELPHIA)

Bulletin of the Menninger Clinic. XXXVII, 1973.

S. Warren Seides

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ABSTRACTS

Bulletin of the Menninger Clinic. XXXVII, 1973.

Two Theories or One? George S. Klein. Pp. 102-132.

Psychoanalysis is unique in that it comprises two kinds of theory, one clinical and one metapsychological. Klein states that clinical concepts, although closer to clinical observation and thus more capable of modifications imposed by data, are just as abstract and as theoretical as metapsychology. For Freud, phenomena could be considered explained ultimately only in physical-chemical terms. He required a 'how-does-it-work' theory. Thus the economic point of view became Freud's substitute for the neurophysiological model of the Project. It is around this metapsychology with its assumption of psychic energy that dissatisfactions with psychoanalytic theory usually center. Klein feels that metapsychology in its attempt to reduce clinical theory to a physical science may be both irrelevant and damaging to clinical theory. He emphasizes the importance for psychoanalytic concepts of linking observational data more closely to clinical theory. Since psychoanalysis focuses on the meanings and syntheses arising out of crises and conflicts in an individual's life and thus is in the class of theories seeking reasons rather than causes for behavior—the 'why' rather than the 'how'—, he feels it is unfortunate that some analysts try to link their observations to metapsychological (biological) theory. He pleads for better research training and investigative discipline in practicing analysts and decries the idea that doing therapy is research. Several examples of methodological investigations serving to reduce the gap between theory and evidence are cited.

In an introduction to this paper, Merton Gill raises the cogent question of whether analysts should reject Klein's argument that metapsychology is irrelevant to understanding clinical psychoanalysis because Klein was not a practicing analyst; or accept his argument on the assumption that his not being an analyst made him better able to see how sharply different the theories are.

The Pseudopschoanalytic Hospital. Peter C. Novotny. Pp. 193-210.

Because the treatment of inpatients necessitates a great variety of interventions and because hospital patients suffer from structural personality defects with much evidence of conflict, the primary psychoanalytic treatment approach of a hospital may be overridden by nontreatment pressures, such as accreditation standards or hospital organization. The pseudopschoanalytic hospital is the result of a paucity of attempts to clarify the content and direction of the analytic treatment program. Undesirable clinical complications set in when the emphasis is not on the individual patient's need, when a clearly conceptualized treatment philosophy is not agreed upon. Impediments to this approach include economic considerations, the staff's own psychological needs, and the concerns of the institution for education, research, and public relations. Arbitrariness in setting individualized treatment standards permits the acting out of unconscious fantasies of omnipo-

tence, with the staff attempting to control their patients' behavior rather than creating a climate where interpretations can promote growth through understanding. It should be possible to transpose to hospital work the essence of the psychoanalytic treatment approach. In doing so, the hospital milieu could be utilized as a special ego support, confining anxiety within an optimum range while interpretive and insight-promoting interventions create change within the patient.

S. WARREN SEIDES

Journal of Nervous and Mental Disease. CLVII, 1973.

A Psychophysiological Study of Nightmares and Night Terrors: I. Physiological Aspects of the Stage 4 Night Terror. Charles Fisher; Edwin Kahn; Adele Edwards; David M. Davis. Pp. 75-98.

This paper is one of a series dealing with sleep arousals accompanied by anxiety. It contains a useful classification of such phenomena as Stage 4 night terror, REM nightmare, Stage 2 anxious arousal, and hypnagogic nightmare. Full-blown Stage 4 night terrors are described as fight-flight episodes with utterances, sleepwalking, and hallucinated or delusional mental content associated with terror. There are intense autonomic changes, including marked increases in heart rate, respiratory rate and amplitude, and decreases in skin resistance. Also observed was a correlation with delta sleep on the given night, with the intensity of the episode related to the amount of the preceding delta sleep. The important issue of the relationship of night terrors to traumatic events is left uncertain. The authors suggest, however, that the night terror is not a dream, but a pathological symptom formation from NREM sleep, brought about by the ego's inability to control anxiety. This apparently differs from the REM nightmare in which there is evidence of attempts at mastery of the traumatic experience.

Ishiwara Shintaro's Early Novels and Japanese Male Psychology. Hiroshi Wagatsuma. Pp. 358-369.

In 1956 Shintaro published his novel, *Season of the Sun*. Apparently, it created quite a sensation in Japan, although it would hardly be greeted in such a fashion in the United States. The author of this interesting paper presents an analysis of the protagonist, whom he sees as a 'phallic character'. Although there is something a little too 'textbookish' about both the novel and the analysis of it, they serve to present a picture of the Japanese male who has to compensate for his oral dependency: marked aggression toward women follows from an intense α dipal struggle and fear of castration. The author assumes that the popularity of Ishiwara's novels is explained by the widespread development of phallic character traits and particular α dipal concerns among Japanese youth. He delineates a pattern of Japanese male development that stresses dependency and a long-lasting state of pregenital sexual gratification which nonetheless results in an active character.

The Œdipus Complex in Burma. Melford E. Spiro. Pp. 389-395.

The interest of this paper lies primarily in the fact that if the particular culture involved were not mentioned, the Œdipal situations elucidated could be assumed to come directly from observations of the American scene. The author points out that Western writers have often been unable to see aggressive tensions in Oriental families because, impressed by the expressions of solidarity, they have tended to sentimentalize them and have confused formal deference with actual feeling. In discussing some delightful myths of Burma, Spiro presents the story of a lion, Thihabahu, an almost literal rendering of the Greek Œdipus Rex.

HAROLD R. GALEF

American Journal of Psychiatry. CXXVIII, 1971.

The Place of Humor in Psychotherapy. Warren S. Poland. Pp. 635-637.

This brief communication serves as a response to an article by Lawrence S. Kubie titled *The Destructive Potential of Humor in Psychotherapy*, published in Volume XXVII (pp. 861-866) of the *American Journal of Psychiatry*. Poland maintains that considered use of humorous interventions strengthens the therapeutic alliance, fosters the splitting of the ego to enhance insight, and is an aid to empathy on the part of the therapist. Two fragments of classical analyses are presented in illustration. The author points out that although the analyst's use of humor may appear to violate the principle of abstinence, this principle itself may at times be used unconsciously by the analyst to act out sadistic impulses toward the patient. He concludes that although humor should not be a major tool of the analyst, neither should it always be avoided as antitherapeutic.

FREDERICK M. LANE

American Journal of Psychiatry. CXXVIII, 1972.

Monkey Psychiatrists. S. J. Suomi; H. F. Harlow; W. T. McKinney, Jr. Pp. 927-932.

The authors reared monkeys in isolation chambers, separating them from their mothers shortly after birth. This produces social, locomotor, and exploratory 'dysbehaviors' described as 'autistic'. Six-month-old isolates were then exposed to 'therapist' monkeys who had been reared with heated maternal surrogates and exposed to peer play for two hours daily in infancy. These animals showed much social clinging behavior. Within a few weeks of social interaction between the two groups, the isolates were responding socially and by one year of age could hardly be distinguished from nonisolates. While cautioning against drawing conclusions regarding human behavior from animal data, the authors suggest parallels to the important role of object relations in the pathogenesis of depressive and autistic states, and to the role of transference and basic object relationships in the therapeutic alliance in psychoanalysis and psychotherapy.

Focal Suicide: Self-Enucleation by Two Young Psychotic Individuals. D. H. Rosen and A. M. Hoffman. Pp. 1009-1012.

Rosen and Hoffman report on two patients, one male and one female, who enucleated their right eyes after forced unacceptable sexual encounters. Both had taken LSD in the recent past. Speculations regarding the dynamics of these self-mutilative acts suggest an alternative explanation to Freud's concept that the fantasy of going blind is a substitute castration representation with displacement upward. The authors propose that the eye may represent the evil self and that the act of enucleation may symbolize the destruction of that aspect of the self (Menninger's 'focal suicide' rather than a symbolic autocastration).

The Function of the Dream: A Reappraisal. Zvi Giora. Pp. 1067-1073.

The author reviews recent physiological research on dreams and re-evaluates Freud's concepts of dream formation and function. No evidence is presented which casts any significant doubt upon psychoanalytic dream psychology. Giora does propose, however, two alternate functions of dreaming: the need for kinesthetic fantasy to maintain coherence of the body image (dreams providing a rich source of kinesthetic fantasy experience), and the continuation of cognitive processes in the sleeping state.

The Structure of the Depressive Response to Stress. R. F. Benton. Pp. 1212-1218.

Considering depression as basically an ego response to stress, Benton defines the sources of the depressive mood. The first is the impact upon the ego of an external stress in the person's life, which exerts a 'primary depressive impact'. The second (as in manic-depressive illness) is a source other than stress, such as constitutional and metabolic factors. The third is the 'release' of depressive complexes which are formed early in life at points of narcissistic injury. This is a release form of depression in contrast with the induced form, as in the first example. Such a classification offers some structure for research on the precipitants of depression, but the entire concept does not appear to offer clarification of depressive mechanisms beyond those understood psychoanalytically. There is no consideration of drives, particularly aggression, in relation to depression in these formulations.

Homosexual Dynamics in Psychiatric Crisis. Irving Bieber. Pp. 1268-1272.

Bieber outlines crisis situations which may evoke homosexual wishes, fears, and fantasies in heterosexual males. Promotions or successes may intensify problems of competitive aggression toward males or expectation of retaliatory aggression. Homosexual fantasies may represent placatory gestures against castration threats. In addition, the threatened loss of another strong male (father) with whom the patient has intense dependent ties may precipitate a crisis with homosexual content. Bieber points out that hyperindependent males who fear

homosexual impulses and who are in analysis may experience warmth and affection for the analyst and friendliness from the analyst as homoerotic upsurges. He states that if these are misunderstood or misinterpreted by the analyst, they may well result in a disruption of the analysis. Bieber feels that the distinguishing characteristics between these defensive and reparative fantasies with homosexual content and those which represent true homosexual impulses is the lack of homoerotic arousal in the defensive states. Similar crises may arise in homosexual men upon the disruption of a close homosexual relationship. An understanding of the dynamics of crisis behavior manifested in homosexual fantasy and preoccupation is essential for appropriate therapeutic intervention.

FREDERICK M. LANE

Journal of Youth and Adolescence. II, 1973.

Psychodynamic Aspects of Identity Formation in College Women. Ruthellen L. Josselson. Pp. 3-52.

A well-written paper representing the author's doctoral dissertation, this study was based on in-depth evaluations of forty-eight clinical interviews. Utilizing a developmental framework, Josselson defined four identity statuses with respect to achievement of autonomy. There was exploration of the relationship of individuation to object relations, to early psychosexual conflicts and defenses, and to the quality of ego-superego balance. Those women with the greatest freedom from superego restrictions formed the most meaningful identifications. The data suggested that identity in women differed in quality from male identity and was far more punctuated by intimacy considerations.

The Adolescent Experience of Pregnancy and Abortion: A Developmental Analysis. Sherry Lynn Marchus Hatcher. Pp. 53-102.

This thought-provoking paper, also part of a doctoral thesis, is most topical in view of our more liberal abortion laws and the increasing demand for abortions. An in-depth clinical analysis of thirteen unwed pregnant adolescents suggested that attitudes toward pregnancy and abortion were uniformly related to the developmental stage of the young girl. The stages of adolescence—early, middle, and late—were defined in relationship to significant persons, object relations, self-perceptions, defensive style, and goals. The early adolescent with her bisexual orientation and 'as if' relationships showed the greatest need of psychiatric intervention because of her potentiality for suicidal gestures. Knowledge of conception and contraception was distorted, the sexual experience was denied or isolated, and her pregnancy motivated by the need to act out diffuse and counterdependent reactions to her mother. The middle adolescent acted out oedipal fantasies. Her pregnancy was an ambivalent and dramatic experience and the fetus a powerful tool. Because the pregnancy did not gratify her wishes—did not obtain her father for her, enable her to outdo her mother, nor grant her the desired emotional independence—there was the threat of future rebellious

acting out. The late adolescent had more realistic and mature goals and attitudes. Generally she became pregnant to attain increased affection and commitment from her boyfriend. There was a more sophisticated understanding of conception and contraception with realistic future planning. The author includes a plea for understanding the unpleasantness of the young girl's hospital experience and for increased sensitivity to the feelings of unwed pregnant girls.

The New Mythologies and Premature Aging in the Youth Culture. David Gutmann. Pp. 139-155.

The author, whose particular expertise is in the field of the psychology of the aging, has drawn some remarkable parallels between the characteristics of the young people of today's counterculture and those of the old men of traditional societies. The aged, faced with the dread reality of oncoming death, attempt to achieve oneness with the universe through blurring of ego boundaries and magical mastery; the young, unable to accept their narcissistic limitations, do the same. Similarities between the two groups are seen in terms of antiaggressive, antiproduktive attitudes, diffuse sensuality, unisexual orientation, reliance on illusions, and vague religiosity. Grave concern is expressed about the danger of a philosophy of ego diffusion during the pivotal period of adolescence when identity consolidation must occur. The future may thus become irrevocably compromised and foreclosed, with the young developing the disgust and despair that Erikson has described as the lethal stage of aging at the end of life.

Trends in Dating Patterns and Adolescent Development. Sherman C. Feinstein and Marjorie S. Ardon. Pp. 157-166.

Utilizing the premise that during adolescence there is a recapitulation on a higher level of functioning of the separation-individuation operations of the infant, the authors propose a developmental schema based on Mahler's subphases: 1, stage of sexual awakening (ages thirteen to fifteen); 2, stage of practicing (fourteen to seventeen); 3, stage of acceptance (sixteen to nineteen); and 4, stage of permanent object choice (eighteen to twenty-five). Dating patterns are seen as surface manifestations of the identifying processes that adolescents are engaged in as they repeat the vicissitudes of early object relationship development and as social techniques that enable the adolescent to resolve developmental demands and achieve a permanent object choice.

MARION G. HART

Meeting of the New York Psychoanalytic Society

Yale Kramer

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NOTES

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 16, 1973. DRIVE STIMULATION AND PSYCHOPATHOLOGY. Lloyd H. Silverman, Ph.D.

Dr. Silverman said that one of the aims of his paper is to illustrate how data from laboratory experiments can be of value in the development of the clinical theory of psychoanalysis. In his research, he has found data from the psychoanalytic situation and from laboratory experiments to be complementary, each having limitations which can be offset by the other. Thus, the principle limitations of experimental data—its artificiality and small magnitude which make the data seem irrelevant to real life—are offset by congruent clinical data. Conversely, the principle limitation of clinical data, coming from a situation that cannot hold constant variables other than the particular one being investigated, can be compensated for by an experimental approach if it is sophisticated and relevant.

To illustrate his thesis, Dr. Silverman considered the question of what conditions must prevail if a drive-related external event is to trigger a psychopathological reaction. It is recognized by psychoanalysts that two of the necessary conditions are: 1, that the drive with which the stimulus makes contact is one that is unacceptable to the person; and 2, that the ego resources available to the person are insufficient to allow for an adaptive reaction—superego and ego conditions. To these he added two other necessary conditions: that the relevant drive is active at the time the stimulus impinges—the 'id condition'; and a fourth, the 'environmental condition', which is fulfilled if the situation in which the drive stimulation occurs discourages drive gratification, most often the case when the drive relevance of the stimulus is hidden.

In everyday life, drive relevance is usually hidden either because the link between the stimulus and the related drive is symbolic, or because the frustration of one drive reactively and silently arouses another. However, sometimes drive relevance is hidden because the drive stimulus registers subliminally, a state of affairs that Dr. Silverman has studied in the laboratory. The studies were designed to investigate specific relationships between particular drives and particular pathological expressions, and included stutterers, depressives, male homosexuals, and schizophrenics. A detailed report of the studies has been made; the present paper is limited to the specification of the environmental conditions under which drive stimuli trigger psychopathology.

DISCUSSION: Dr. Charles Fisher commented that Dr. Silverman attempts to classify types of stimuli that make up the 'environmental condition' chiefly by whether they are subliminal or supraliminal, and to delineate real life analogues to laboratory subliminal manipulations. He suggested that the real life analogue of the laboratory subliminal stimulus is the naturally occurring subliminal stimulus rather than the supraliminal stimulus, the drive relevance of which is unconscious. He stated that there is no good laboratory analogue of the latter. The

nearest thing to it is the laboratory supraliminal stimulus, but this is generally ineffective in producing psychopathology. Dr. Fisher suggests that the reason for the disparity between real life and laboratory supraliminal stimuli lies in the difference in the quantity of intense affects that get stirred up.

Dr. Ernest Kafka suggested that Dr. Silverman overemphasized the importance of discrete stimuli and underemphasized the object context in which psychopathological events occur; relied unnecessarily on the high level abstraction—the aggressive drive—for his argument and did not demonstrate effectively the connections between this concept and the observable data; neglected to include trauma and its effect on the ontogenesis of symptom formation; and did not take into account the experimental and analytical data relating to children which suggest that hostile feelings play a role in the resolution of psychopathology rather than its causation. He would reformulate Dr. Silverman's hypothesis as follows. The arousing of an individual's fears and wishes is sought as well as stumbled upon. Such arousal is connected with unconscious needs to master past traumata as well as avoid future ones and achieve gratification. Events occur in the context of idiosyncratic structuring of these events. An individual grasps stressful situations as opportunities to achieve satisfaction and belated mastery of the past and, because this activates connections with the traumatic past, symptom defense sequences appear.

YALE KRAMER

The Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 12-15, 1974, in New York City at the Waldorf-Astoria Hotel.

At the Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION in May 1974, Dr. George H. Pollock took office as President and Dr. Francis McLaughlin took office as President Elect.

The Regional Meeting of the INTERNATIONAL COLLEGE OF PSYCHOSOMATIC MEDICINE will take place from September 22-26, 1974, at Weidenkam Castle in Ambach near Munich, Germany. For further information, write Dr. med. Jan Pohl, 8 München 40, Leopoldstr. 87.

The Fifth INTERNATIONAL CONGRESS OF SOCIAL PSYCHIATRY will be held in Athens, Greece, September 1-7, 1974. For further information write: John L. Carleton, M.D., Secretary, American Association for Social Psychiatry, 2323 Oak Park Lane, Santa Barbara, Calif. 93105.

Books Received

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BOOKS RECEIVED

- ACHTE, K. A., et al., Editors: *Psychiatria Fennica. Yearbook of the Psychiatric Clinic of Helsinki Univ. Central Hospital*. Helsinki: Psych. Clinic of Helsinki Univ. Central Hosp., 1973.
- BELENKY, R.: *Fragments of a Lesson Plan*. (Paperbound reprint). Boston: Beacon Press, 1971.
- BION, W. R.: *Experience in Groups and Other Papers*. (Paperbound reprint). New York: Ballantine Books, 1974.
- BLOOMBERG, M., Editor: *Creativity: Theory and Research*. New Haven: College & University Press, 1973.
- BOSZORMENYI-NAGY, I. and SPARK, G. M.: *Invisible Loyalties. Reciprocity in Inter-generational Family Therapy*. Hagerstown, Md.: Harper & Row, Medical Dept., 1973.
- BURTON, A.; LOPEZ-IBOR, J. J.; MENDEL, W. M.: *Schizophrenia as a Life Style*. New York: Springer Publishing Co., Inc., 1974.
- COX, R. H., Editor: *Religious Systems and Psychotherapy*. Springfield, Ill.: Charles C Thomas, 1973.
- DAVIS, M. S., *Intimate Relations*. New York: The Free Press, 1973.
- DEUTSCH, M.: *The Resolution of Conflict. Constructive and Destructive Processes*. New Haven and London: Yale University Press, 1973.
- EY, H.: *Traité des hallucinations. Tomes 1 & 2*. Paris: Masson et Cie, 1973.
- FARSON, R.: *Birthrights. A Bill of Rights for Children*. New York: Macmillan Publishing Co., Inc., 1974.
- FERGUSON, S.: *A Guard Within*. New York: Pantheon Books, 1973.
- FILMER, P., et al.: *New Directions in Sociological Theory*. (Paperbound reprint.) Cambridge, Mass.: The MIT Press, 1973.
- GOOCH, S.: *Total Man*. (Paperbound reprint.) New York: Ballantine Books, 1974.
- GOTTMAN, J. M. and LEIBLUM, S. R.: *How To Do Psychotherapy and How To Evaluate It. A Manual for Beginners*. (Paperbound.) New York: Holt, Rinehart & Winston, Inc., 1974.
- GREENWALD, H.: *Decision Therapy*. New York: Peter H. Wyden, Inc., 1973.
- GRINKER, R. R.: *Psychosomatic Concepts*. (Revised edition.) New York: Jason Aronson, 1973.
- HARRIS, J. and JOSEPH, C.: *Murals of the Mind. Image of a Psychiatric Community*. New York: Int. Univ. Press, Inc., 1973.
- KAMPMAN, R.: *Hypnotically Induced Multiple Personality*. (Paperbound.) Oulu, Finland: Univ. of Oulu, 1973.
- LINKSZ, A.: *On Writing, Reading, and Dyslexia*. New York & London: Grune & Stratton, Inc., 1973.
- LOMAS, P.: *True and False Experience. The Human Element in Psychotherapy*. New York: Taplinger Publishing Co., 1973.
- MISCHEL, H. N. and MISCHEL, W.: *Readings in Personality*. (Paperbound.) New York: Holt, Rinehart & Winston, Inc., 1973.
- MOUSTAKAS, C., Editor: *The Child's Discovery of Himself*. New York: Jason Aronson, 1973, 1966.

BOOKS RECEIVED

- MUNN, N. L.: *The Growth of Human Behavior*. (Third edition.) Boston: Houghton Mifflin Co., 1974.
- NARANJO, C.: *The Healing Journey. New Approaches to Consciousness*. New York: Pantheon Books, 1973.
- PAYNE, B.: *Getting There without Drugs*. (Paperbound reprint.) New York: Ballantine Books, 1974.
- PIAGET, J.: *To Understand Is to Invent. The Future of Education*. New York: Grossman Publishers, 1973.
- RICHARD, M. P. and MANN, J.: *Exploring Social Space*. (Paperbound.) New York: The Free Press, 1973.
- Right To Die, The: Decision and Decision Makers. Vol. III, Symposium No. 12*. New York: Group for the Advancement of Psychiatry, 1973.
- ROSEN, D. H.: *Lesbianism. A Study of Female Homosexuality*. Springfield, Ill.: Charles C Thomas, 1974.
- SINGER, J.: *Boundaries of the Soul. The Practice of Jung's Psychology*. (Paperbound reprint.) Garden City, N.Y.: Anchor Press-Doubleday, 1973.
- SOLOMON, R. F.: *The Ultimate Triumph*. New York: G. P. Putnam's Sons, 1974.
- STRUPP, H. H.: *Psychotherapy: Clinical, Research, and Theoretical Issues*. New York: Jason Aronson, 1973.
- SULLIVAN, H. S.: *Schizophrenia as a Human Process*. (Paperbound reprint.) New York: W. W. Norton & Co., Inc., 1974.
- THORESEN, C. E. and MAHONEY, M. J.: *Behavioral Self-Control*. (Paperbound.) New York: Holt, Rinehart & Winston, Inc., 1974.
- TOFFLER, A., Editor: *Learning for Tomorrow. The Role of the Future in Education*. New York: Random House, 1974.
- UPHAM, F.: *Ego Analysis in the Helping Professions*. New York: Family Service Assn. of America, 1973.
- VOTH, H. and ORTH, M. H.: *Psychotherapy and the Role of the Environment*. New York: Behavioral Publications, 1973.
- WALKER, R. N.: *Psychology of the Youthful Offender*. (Second edition.) Springfield, Ill.: Charles C Thomas, 1973.
- WESTMAN, J. C., Editor: *Individual Differences in Children*. New York: John Wiley & Sons, 1973.
- WOLMAN, B. B., Editor: *Dictionary of Behavioral Science*. New York: Van Nostrand Reinhold Co., 1973.
- WOLPE, J.: *The Practice of Behavior Therapy*. (Second edition.) New York: Pergamon Press, Inc., 1973.
- WYSOR, B.: *The Lesbian Myth*. New York: Random House, 1974.
- ZUNIN, L. and ZUNIN, N.: *Contact: The First Four Minutes*. (Paperbound reprint.) New York: Ballantine Books, 1973.