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THE ETIOLOGICAL SIGNIFICANCE OF THE PRIMAL SCENE IN PERVERSIONS

BY ANDREW PETO, M.D. (NEW YORK)

The etiological significance of the actually observed primal scene in fetishism and other perversions is discussed. The impact of the primal scene on the pathology of part object relationships, self and object image, and on the development of superego structures in perversion is stressed.

Since 1914 when Freud introduced the universal significance of the concept of the primal scene, its meaning has developed in two directions. On the one hand, the concept has been gradually broadened to such an extent that McDougall (1972), when she discussed the role of the primal scene in perversions, could suggest that the term be taken 'to connote the child's total store of unconscious knowledge and personal mythology concerning the human sexual relation, particularly that of his parents' (p. 372). On the other hand, Greenacre (1973) prefers to maintain Freud's original meaning, referring to the actual observation of parental intercourse or part of it, or its direct conspicuous consequences like birth or miscarriage. In this paper I also follow Freud's original meaning.

I shall present clinical material from four cases which supports the thesis that the actual observation of the primal scene by the one-and-a-half to three-year-old child plays a decisive role in the etiology of certain cases of fetishism and other perversions.

CASE I

My attention was first drawn to the role of the actual primal scene in the etiology of perversion by a fetishist, a white male,

An earlier version of this paper was presented at the New York Psychoanalytic Society, February 12, 1974.

who came into treatment because of indecision about getting married and a variety of difficulties in his jobs. He had been taking amphetamines for several years to help overcome his occasional but severe depressive moods; he had attempted suicide twice because of disappointment in a latent homosexual friendship. He often followed crippled men for hours, although he never dared to approach them. After such activity, he would 'stuff' himself with food. With women he was potent and was considered to be something of a 'Don Juan'. However, it was necessary for him to invoke fantasies of sadistic acts against men whose feet were crippled in order to perform sexual intercourse. During masturbation and during intercourse, he imagined that he forced cripples to undress and lament to him how desperate they were because they were crippled and how frustrated they were in their sexual lives, and that then, after taking away their crutches, he forced them to climb ladders and to perform gymnastics. He also fantasied how he would feel in their place.

During the first two years of his life the patient had occasionally, or perhaps frequently, spent his nights in an alcove which opened from his parents' bedroom. His bed was situated in such a fashion that he was able to see his parents having intercourse. From age four to eight years, his favorite game was to play 'shoe salesman'. He would line up his mother's shoes and try them on her feet until his mother protested, 'That's enough'. From age five to six, he was involved in kissing the webbed toes of an uncle who lived with the family when on furlough from the army. The uncle would sit on his bed while the child knelt in front of him. (The patient has always been convinced that it was he who seduced the uncle.)

In high school he developed a 'crush' on a crippled male teacher, an unattractive and unpleasant man. His fantasy about the teacher was that after graduation he would reward the patient by taking off his shoes and showing him his crippled feet. For over a year during his analysis, the patient was preoccupied with a fantasy about an office associate having crippled feet.

His most revealing dream was,

I am standing naked in a bathroom and watching a naked woman standing in the bathtub. One of her nipples is shaped like a vagina, the other like a penis. Facing the woman is the man from my office, his long penis reaching to the floor.

Formerly repressed material that emerged during the analysis of this dream suggested that the uncle either masturbated while the patient was kissing his toes or forced the child to perform fellatio on him. The penis that touched the floor in the dream seemed to be a combination of these acts—merging and condensing the penis of the uncle with his toes. The big penis also stood for the child's own erect penis while he was watching the primal scene. The vagina-nipple and the penis-nipple on the same woman reflected hermaphroditic fantasies about a woman with a penis and a man with a vagina, as well as complex and inexplicable thoughts and feelings stimulated by the primal scene.

The most exciting aspect of watching, following, and fantasizing cripples was their wobbling walk. In analysis he associated this with the movements of the copulating parents. Dream fragments indicated that he probably saw his parents' feet moving during intercourse. Although he had many love affairs, the patient never looked at his partner's vulva and often consciously tried to disregard the moisture of the vagina during intercourse. He married during the analysis and liked to sleep facing his wife's feet, occasionally embracing them in his sleep.

While the material indicated that on one level this man's fetish represented the phallus of the mother (*cf.*, Bak, 1968), it was also apparent that it referred to earlier phases when the child observed the copulating parents. The merging and fusing body images and limbs, arms, genitals, and movements of the parents' bodies excited him and induced panicky fear and subsequent rage (*cf.*, Greenacre, 1969).

Given an inborn weakness of ego integration, the primal scene offers an early fixation point to which the patient in all subsequent phases of development, especially the phallic phase, may regress. This may be particularly valid if maturational or de-

velopmental fixations indicate oral-sadistic organizations (*cf.*, Gillespie, 1956). In the case of my patient the early oral origins of the final fetishistic act were indicated by frequent bulimia. The crippled foot and toe represented to him the maternal phallus as well as a crippled form of the male genital. Intercourse with the accompanying fantasies symbolized a regressive fusion and castration, a bisexual configuration that threatened his very existence (*cf.*, Katan, 1964). The fetishistic fantasies helped him escape the traumatic replay of feelings of oral depressive abandonment and of annihilation, both originally experienced in the primal scene. He controlled the enactment of these archaic traumas by fantasies of the torture of cripples.

This case brought to mind a patient I had treated from 1944 to 1946, and my theories about the origins of this patient's fetish. My earlier formulation was halfway between Freud's original hypothesis in his paper on fetishism (Freud, 1927) and my present reconstruction. At that time I thought the fetish represented primarily the father's phallus (and by identification, the son's) which was stolen by the mother during intercourse and incorporated into her vagina. I had the impression that this was the primary fantasy and that it represented the most archaic structure in the patient's fetishism.

CASE II

The patient, a sixteen-year-old paranoid schizophrenic boy, was a foot fetishist. His mother told me that when the patient was a toddler, his father would take him into bed with him. The father, clad only in his underpants, would let the boy crawl over him and, in particular, directed the child to play with his toes. Later, the little boy spent hours playing with shoes.

He was brought to treatment because of attacks of rage during which he threatened to kill his parents with a bread knife. He suffered from hyperacusis and hyperosmia and, in addition, had developed acoustic and olfactory hallucinations. The family cooking and the neighbors' noises and kitchen smells, he

said, 'drove me crazy'. He slept only by day; during the night he was preoccupied with his auditory and olfactory hallucinations. He developed paranoid ideas about his parents and the neighbors; he thought they wanted to kill him by driving him insane with their noises and smells.

Since his symptoms culminated in the 1940's when anti-Semitism and anti-Jewish laws were on the rise in the country in which the family lived and which the Germans eventually occupied, the parents did not want to commit him to a mental hospital. He was kept at home and was treated in my office. He forced his parents to soundproof his room, which resulted in an intensification of his olfactory hypersensitivity and olfactory hallucinations as acoustic stimulations were reduced. The patient experienced complete well-being only during heavy air raids when his olfactory and acoustic hallucinations almost disappeared. When everyone else was seeking refuge in air raid shelters he would climb to the roof of his apartment house and feel a blissful unification with the screaming noise of the bombs and the smell of smoke and burning houses. The challenge of these real dangers stifled his internal sufferings and panic.

The patient was able to trace his interest in feet and smell to his play with a young aunt's feet when he was three or four years old. The smell of the kitchens in surrounding apartments was closely tied to his fantasies about being poisoned, particularly by his parents. The noises and smell in the construction of the delusional system could be traced back to primal scene origins. The paranoid ideas reflected early and persistent bodily contact with his father, his father's feet, and the specific odor. This complex experience at the end of the first year was jealously observed and interrupted by his mother, thus creating a highly charged primal scene for the young toddler. In the physical struggle over his body he was caught between the scantily dressed parents who tried to tear the child away from each other's embraces. Neither the transference phenomena nor the anamnestic data were sufficiently reliable to reconstruct whether the child had observed the actual primal scene or whether the half-naked

parents' violent struggle had precipitated the universal sado-masochistic fantasies about parental intercourse.

An important clue to the origins and dynamics of the fetish was found by the analysis of a dream.

He dreamed of a deep ravine, overgrown by grass and bushes, almost impenetrable at first sight. The main obstacle was a tremendous tree trunk that still carried part of its foliage. He desperately tried to cross the ravine along its length. Perhaps he was persecuted; he was not sure whether the answer was yes or no. The fallen tree seemed to be insurmountable. Soon, after some progress in crossing the ravine, he noticed that there was a small but dangerous deep stream under the tree trunk. He was terrified that he would drown and woke up in a panic, on the brink of screaming.

The obvious symbolism in the dream was supported by his spontaneous associations which led to his sexual experience with the aunt when he tried to look up under her skirt while he was playing with her feet and to his hatred of his parents who interfered with this play and never allowed him to grow up and have independent thoughts. This turned out to be a reference to the split-off experience of the parents' struggle in bed for the possession of his body when he was a toddler.

One line of his associations led directly to his fetish in the following fashion. He reminded me during the protracted analysis of the dream that when he first came to see me he had hinted that he had funny thoughts about something and challenged me to decipher his secret. The most important hint was that he was obsessed with thinking of something like a certain part of a piece of furniture. Then he admitted that it was like the foot of my desk. Since he let me know that his 'obsession was very sick and dirty', I told him that he must be interested in feet. He was then glad to share his secret with me. In the course of his associations he reminded me of this introductory phase of the treatment and thus brought the tree (wood = wooden leg) in the dream into relation with his foot fetish.

Based on this case I had felt encouraged to theorize that at least in some cases the fetish represents primarily not the mother's phallus, but the father's penis, and through identification, the son's penis. It was stolen by the dangerous mother imago, pushed into her vagina or torn off by the vagina and kept there. Such a theory corresponds to Hermann's (1949) hypothesis of the gigantic image of the mother's genital. In view of the analysis of the first cited case, however, I now feel that the origin of the fetish is anchored in the primal scene which precedes the phallic phase. The phallic phase gives a more structured form and function to the primary kernel of the perversion. The latter, formed earlier, gains increased significance through subsequent regressions.

After these considerations on fetishism, I shall now describe two other cases to support the hypothesis that primal scene experiences play an important role in the etiology of the perversion.

CASE III

This patient, a married man, the father of two children, had practiced regular exhibitionistic acts while in college and graduate school. He would stand naked, often masturbating, at a window where he could be easily seen from the street and surrounding houses. During his analysis, he carried out his love affairs and love-making in such a fashion that his wife, his lovers, friends, and colleagues were aware of them. On several occasions he consciously arranged to be caught in the act of exhibition by his children or his lovers' friends. His behavior induced in him both excitement and panic. The transference was characterized by heterosexual and homosexual fantasies, archaic fusion with the analyst, and storms of rage in which he accused the analyst of not helping him.

His parents had separated when he was about five years old. His father was a borderline character; his mother, an overt psychotic, at the time of his treatment had spent fifteen years as a deteriorating catatonic in a state hospital. Transference phenomena and emerging memories indicated that the mother

may have had repeated intercourse with the patient when he was three to six years of age. She openly masturbated in front of the boy and had intercourse with strangers in his presence.

The transference and his social behavior clearly indicated that the perversion was a desperate act to participate in and survive the sexual experiences that had overstimulated, confused, and enraged him in his childhood. These traumas reappeared in complex bisexual regression and in his exhibitionistic acts.

CASE IV

A thirty-two-year-old man had been a compulsive voyeur during his high school and college years. His central screen memory was that for many years from age three he would sneak to his older sister's bedroom door, peep through the keyhole, and watch her undress. He was convinced that his sister, as well as his parents whose bedroom opened from the passage leading to his sister's room and whose door was always open, were aware of his activities and condoned the behavior because they 'loved me'.

Transference material gradually indicated that he was desperately trying to establish that his sister had a penis. Severe anxieties that developed in the transference pointed in the direction of the fantasy of the phallic woman as the source of his perversion. However, further work in analysis revealed regressions and states of confusion derived from earlier traumatic experiences of observing parental intercourse. These experiences provoked in him fusions and bisexual identifications with the mating parents.

DISCUSSION

The primal scene and its internalized, poorly structured bisexual representations make it extremely difficult to establish firm object and self-representations. The basic trauma and its pathological vicissitudes in later developmental phases contribute to the distorted imago-building of male and female figures (*cf.*, Glover, 1933). The primary fused and confused representations, the convolutions of the mating parents, become

too threatening for stable object and self-representation formations. Every attempt to reach sexual pleasure and establish object relations inevitably becomes blurred because of the original self/object conglomerate which resists merging with reality tested objects and self-images (*cf.*, Greenacre, 1973). Thus the primal scene experience can set the stage for the ephemeral and spurious object relationships of perverts.

One essential characteristic of the perverse act is the excitement and gratification which is brought about by the repetition and mastery of the real and fantasied danger situation the child experienced at the original traumatic primal scene. The element of danger, conspicuous in the perverse act itself, is rooted in the very young child's exposure to the primal scene. The primal scene possesses the elements of intrapsychic danger, including bodily harm, genital castration, loss of love, abandonment, boundless excitation, and helplessness (Freud, 1914). These developmental and maturational vicissitudes pave the way for the gradual internalization of dangerous parental imagoes and therefore the establishment of early phases of the superego, mainly through projective identifications. This process, under the impact of primal scene observations and the ensuing fantasies, will contain extremely harsh elements of retaliatory fantasies about the annihilating parents. Consequently the superego's essential features will contain cruel and threatening elements of this stage (Freud, 1923). The external danger situation becomes internalized and will be acted out in the perverse act itself. 'The fetish . . . contains congealed anger, born of castration panic' (Greenacre, 1969, p. 162).

Isakower (1939) wrote of the exceptional role of the auditory sphere as the preliminary stage of the superego. In my 1969 paper, I suggested that the genetic visual element of the superego is represented by the threatening, red-glowing parental eye which becomes internalized into the developing superego as the internal watching agent in the adult. In 1970, I investigated the vicissitudes of the developing child's equilibrium. The toddler's losing control while walking and his fear of being dropped when

thrown up in the air were chosen as models for a traumatic vestibular experience turning into a punitive action on the part of the superego. Losing balance and the fear of losing hold on people were considered as concrete genetic situations of 'being cast away' and thus incorporated in a punishment and guilt complex.

The self- and object-threatening visual element of 'looking at' is always present in voyeurism; the danger of 'being looked at' is manifest in exhibitionism. The adult fetishist described above (Case I) showed the threatening vestibular aspect ('losing of balance') in the wobbling walk of his libidinal objects.

The enticing and threatening olfactory component is always present in fetishism (Abraham, 1910). I have postulated (Peto, 1973) that infantile olfactory stimulations, apart from their libidinous significance, are experienced by the child as threatening traumatic events attached to the primary parental objects. Through this mechanism they gain a threatening quality because they become part and parcel of the 'bad' parental imagoes. The adolescent fetishist (Case II) developed auditory and olfactory hallucinations in his delusional system. The hallucinations could be traced back to the enticing and threatening smell of the paternal feet which became coupled to the auditory threat of the verbal fighting of the parents, which took place over the body of the young toddler.

The vicissitudes of the primal scene fantasies lead to a superego of extreme harshness. It is a relatively archaic structure of fragmented nature and function cathected with poorly neutralized aggressive drive energy. Because of premature splitting off of the primal scene experience, the involved functions of instinctual and ego origin are deprived of the opportunity of proper integration and sublimation, and thus retain their original unbridled harshness. This is what we find in cases of perversion. The superego forerunners are split off and do not participate in further development. They remain in their early form and function, and serve as fixation points for later regressions.

A point should be made here as to whether there is any essential and meaningful relationship between the fetish and the tran-

sitional object. Greenacre (1969) has discussed the essential differences; Roiphe and Galenson (1975) suggest that there are close genetic interrelations between the fetish and the transitional object. My theoretical assumptions suggest that, at least in certain cases, the fetish belongs intrinsically to the early triangular situation within the frame of secondary narcissism; by contrast, the transitional object's origin and area is strictly limited to the child-mother relationship within the frame of primary narcissism.

Finally I should like to speculate about the fact that most clinical studies of fetishism, exhibitionism, and voyeurism have described only male patients.¹ I suggest that the etiological role of the primal scene may be an essential determinant of this clinical fact.

These perversions are characterized by prevailing part objects and very specific drive components, and seldom relate to the love object as a whole or show any lasting attachment. On the other hand, sadomasochists and homosexuals, who belong to both sexes, are able to establish relatively lasting relationships and specific love-hate ties. Their relationships, even if extremely narcissistic, relate in many instances, at least on the surface, to the whole person.

Action and movements which are beyond the cognitive and affective grasp of the toddler are the most important features of the observed primal scene (*cf.*, Esman, 1973). In consequence of the anatomical difference between the sexes the fusion and the archaic identifications with these inexplicable and frightening movements are present to a much lesser degree in the little girl. The libidinal tumescences and detumescences of the vulva, the vagina, and the clitoris are undoubtedly experienced and perceived by the little girl. However, these are for the most part nonvisible and nontouchable on account of the anatomy (*cf.*, Freud, 1925). Therefore, there is less anatomical, physiological,

¹ A recent paper by N. T. Spiegel (1967), however, describes a case of infantile fetishism persisting into young womanhood.

and psychological ground for direct psychic representation in this area with what is going on in front of the child. This, then, interferes with the establishment of a corresponding specific mental representation of the physiological excitement of the sexual organs in the little girl. This relative inability to merge and fuse with the copulating parents protects the little girl from the introjection of the corresponding part objects; therefore there is little or no opportunity to establish pathological structures consisting of part objects and their cathexis with archaic aggressive and libidinal drive energies.

In sharp contrast, the changes caused by the sexual excitement in the little boy, the tumescences and detumescences of the penis, are visible, may be touched, and are clearly concentrated in a single organ. This gives ample opportunity for merging and fusing with the incestuous objects involved in the primal scene. It paves the way for the complex mental representation of these phenomena and may give a broad and well circumscribed basis for pathological vicissitudes. The little boy is less protected from normal and pathological identifications with the mating parents since his genitals serve as the anatomical ground, the initial hard core, for further pathological vicissitudes in the frame of archaic self-object fusion.

In the little boy the boundaries of the ego agencies and the self-body image are more readily fused with the incestuous object. He is, therefore, more vulnerable. Proper integration of the traumatic situation is interfered with, and there is more dynamic and structural change which has to be split off and isolated from the gradual maturation of healthy sexual drive representations and object choices. This fragmented development might also explain the clinical fact that those perversions which occur only in men make it impossible for them to establish true or lasting object relationships within the frame of their deviant sexual activities.

SUMMARY

Material from four cases of perversion, including fetishism, exhibitionism, and voyeurism, is presented with special emphasis

on the etiological significance of the actually observed primal scene. Observation of the primal scene appears to play a crucial role in the pathology of part object-relationships, self and object image, and in the development of archaic superego structures in perverts. The different pathogenic significance of the primal scene for boys and girls is discussed, and an attempt is made to explain why fetishism, voyeurism, and exhibitionism are with few exceptions limited to the male.

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Evaluation of Progress in Supervision

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EVALUATION OF PROGRESS IN SUPERVISION

BY STANLEY S. WEISS, M.D. AND JOAN FLEMING, M.D. (DENVER)

Evaluation is an ongoing process in psychoanalytic education and is most active during supervision. Here we formulate five learning objectives relevant to evaluating competence in analyzing that can be used by both supervisor and candidate to assess progress throughout the supervisory experience. Session-by-session evaluation produces the core material for periodic progress reports.

The total educational process is beginning to come under the scrutiny of periodical evaluations in all branches of medicine, including psychoanalysis. The task of evaluating and being evaluated is now reaching even beyond graduation and certification and is understood to be important throughout the life of a professional person.

There is no doubt that evaluation helps maintain professional standards. If properly used, however, evaluation can also be an important instrument for teaching and learning. In the past when educators spoke of evaluation, they were referring for the most part to a grading system that compared one student with a group or attempted to compare him with some absolute standard. This was done to alert students and faculty to the issues of how well the student was learning the subject matter and how the student stood in relation to his peers. This type of evaluation is still very much in use in educational institutions to measure the effectiveness of teaching as well as learning.

In psychoanalytic education, the evaluation process begins with selection interviews and goes on most actively during supervised clinical teaching. Evaluation actually occurs at every level of the psychoanalytic educational experience. DeBell (1963, p. 547) notes that all supervisors and students must work with the knowledge that there is a constant evaluation. In many instances, however, it is so implicit that it can be easily overlooked; therefore its significance in teaching and learning can remain

outside of awareness. Neither the teacher nor the student recognizes its value as a means of measuring progress toward the goals of each of the three phases of training and toward the certification of professional competence. The misuse of the technique of evaluation can certainly interfere with the analytic and supervisory work, just as it can interfere with successful classroom teaching and learning. But we should find ways to use evaluation skilfully in the framework of analytic goals and in the best interests of everyone who is concerned with psychoanalytic education.

If we can define our learning objectives, evaluation of progress becomes easier and more than an impressionistic, often personally prejudiced assessment. Defined objectives are communicable goals and, as such, permit more conscious striving toward a known end point than is possible when aims of the total program and its component learning experiences are unformulated.

Perhaps psychoanalytic education has tended to avoid evaluation because of the necessity in our science to develop a specific analytic attitude and technique. We try to form and maintain an objective, neutral, nonjudging attitude and we use an open-ended exploratory approach to the study and treatment of patients. Unfortunately, these ideal analytic attitudes may at times be used as a resistance against review of our work. This resistance seems to operate in spite of the fact that we know that if the progress of an analysis is evaluated from time to time (as in supervision or case conferences), significant material and subtle resistances of the patient and blind spots in the analyst which might have gone unnoticed come into focus for analysis.

Supervision is one of the learning situations in which we teach candidates the technique of analysis in its investigative and therapeutic aspects. In the supervisory situation, we can observe whether the candidate is able to integrate the experiential learning gained in the training analysis with the cognitive learning of the theoretical phase. Consequently, psychoanalytic educators rely heavily on the supervisor's evaluative reports. These reports

are given more weight than any other communication when education and progression committees assess a student's analytic progress and clinical competence. However, very little discussion has taken place in institutes or in the literature about what we would expect to find in a supervisory report and also how to use the report for the benefit of the student.

Since evaluation is an ongoing process occurring in every supervisory hour and since the periodic supervisory report is actually a summary of the day-to-day assessment of learning problems and of increasing analytic competence, we would like to make some general remarks about a supervisor's task and then attempt to define specific learning objectives. These learning objectives can be looked upon as indicators of a student's growing skill in analyzing or as areas which present special difficulty for him and therefore need more active teaching and learning effort. They can serve as yardsticks to measure progress and as guidelines for formulating a diagnosis of areas of competence and/or deficiency. The resulting educational diagnosis, accompanied by remedial recommendations and incorporated in the periodic supervisory reports, becomes useful information for administrative progression decisions. It can also be useful as a focus for discussion with a student to involve him actively in his own self-assessment and educational development.

Evaluation is often done intuitively and awareness may remain subliminal. What we will focus on in this paper is known by supervisors but usually not clearly formulated nor used optimally. Some supervisors, hopefully not many, feel that evaluation interferes with their teaching function. DeBell (1963) states, however, that 'it is unrealistic to expect that the supervising analyst would not form an opinion of the student's competence, and that this should not be conveyed to the accrediting agency' (p. 548). It seems to us also that teaching and evaluation cannot be separated but are interrelated components of the supervisory work.

The following is a formulation of five learning objectives, relevant to evaluating competence in analyzing, that can be used by

both supervisor and student as yardsticks for assessment of progress during each session and throughout supervision (*cf.*, Fleming, 1969): 1, sensitivity to unconscious meanings; 2, interpretive skill; 3, capacity for self-analysis; 4, understanding of the analytic situation and process; 5, ability to discuss the case in theoretical terms. This is a simplification of the many complex factors that supervisors are aware of and might express in different terms. Nevertheless, we offer this formulation as a way of orienting both supervisor and student to the skills and knowledge that the student needs in learning how to conduct a proper analysis. Inherent in each factor are short-term and long-term objectives. Successive evaluations should demonstrate progress in learning depending on many variables, such as the type of patient, the phase of the analysis, the learning alliance, the student's experience in analyzing, etc.¹

Elaboration of these five learning objectives follows:

1. *Sensitivity*. Does the student have the capacity to listen and to associate to the patient's material? It is important to know if proper analytic distance and stance are attained. Can he use his empathy and not sympathetically identify with the patient (*cf.*, Greenson, 1960)? Too much distance, coldness, and lack of humanness or too little objective observation should be noted by the supervisor. Can the student assess resistance and understand dynamic significance, latent meaning of dreams, transference reactions, and affect, as well as ideational content?

2. *Interpretive skill*. Does the student possess 'generative empathy' (*cf.*, Schafer, 1959) and analytic tact? Is he able to show evidence of proper wording and timing of interventions and interpretations? Can the student perceive the effect of an interpretation and assess it in relation to his aims? Do his interpretations facilitate the analytic process?

3. *Self-analysis*. Can the candidate perceive his own associations and affects, and assess their meaning? When counter-

¹ These variables, which are not dealt with in this paper, have been formulated and discussed in some detail in two books of relatively recent publication (*cf.*, Fleming and Benedek, 1966; Ekstein and Wallerstein, 1958).

transference or blind spots are evident, can the student trace the unconscious roots and discuss errors, difficulties, and countertransference problems with the supervisor without undue defensiveness? Does the learning alliance remain intact during discussions or problems?

4. *Psychoanalytic situation and process.* Does the student understand the uniqueness and importance of the analytic situation as differentiated from analytically oriented psychotherapy? Does he understand how the analytic situation facilitates the analytic process? Does he understand the concepts of the therapeutic alliance, free association, resistance, acting out, regression, and transference? Does the student present his material vividly, honestly, and clearly? Is the student able to understand and work with dreams? Does he recognize dynamic lines in the development of a transference neurosis? Can he recognize and understand the shifting intensities of conflict or defense maneuvers, of changes in relation to intrapsychic stimuli and/or to stimuli inside or outside the analytic situation? Does the student understand the meaning of working through to resolution of old conflicts? Can the student perceive indications of growth and structural change, integration, and differentiation of past from present and future? Can he identify and describe the long-range analytic changes from one phase of the analysis to another, as well as short-term movement from hour to hour?

5. *Theoretical grasp.* Can the student recognize, and discuss with clarity, the theoretical and clinical concepts and literature that are pertinent to his patient? Can he move with ease from the clinical material to theory, and vice versa?

Of these objectives, sensitivity is the most basic since all of the other factors are developed to a higher skill from this foundation of aptitude. Interpretive skill and self-analysis also stem from innate endowment and belong to the instrumental qualities of the analyst, although the candidate has been 'trained' to some extent in these two factors by the experience of being a patient in a training analysis. Understanding of the psychoanalytic process

and a theoretical grasp of the case are factors that combine more purely cognitive learning with the experience of analyzing; thus a high level of competence in these skills might take longer to achieve. Progress in all of these areas, indicating increasing competence and an integration of experiential and cognitive learning, should be observable at the point of graduation.

Three vignettes taken from supervision will illustrate how evaluation can help pinpoint learning difficulties and make an educational diagnosis which can be used at the proper time to help a candidate learn more about analyzing.

EXAMPLE 1

Early in the analysis of his second case, a candidate showed his lack of understanding and appreciation of the psychoanalytic process in that the behavioral evidence of transference phenomena appeared foreign to him. Since this occurred early in supervision, it was not clear at the time how much of a problem it would be. Its full significance could only be evaluated at a later date. However, evaluation of the material at this point alerted the supervisor to a useful focus for his teaching.

The patient was a thirty-year-old school teacher with one child. Following a bitter divorce, she entered analysis in an attempt to understand her difficulties with men. She also wished to learn why she was having trouble accepting an important administrative promotion at school which she had wanted and conscientiously worked for. The patient's father had divorced her mother when she was ten and played a very minor role in her life thereafter. He literally disappeared from the scene.

In the supervisory hour to be presented, the supervisor did not know until after the material had been reported that the candidate had told the patient two weeks ahead of time that he would have to miss a session. The following is taken from the analytic hour before the missed session.

The candidate stated that the patient opened the hour by saying she had decided to give her dog away. The dog could not be

trained and she felt it was too aggressive and destructive to be kept in the house. She decided this rather impulsively (she had only recently obtained the dog) and made the arrangements prior to coming to the hour. She cried during the session, saying she felt her daughter and possibly she herself would miss the dog. She then spoke of recent arguments that had been going on for several days with her mother and other members of the family. She spoke of how lonely she felt at age six when her father had left for the first time and at age seven when her mother had returned to work. She mentioned many memories of being alone and of how she felt furious, depressed, and anxious. She had also felt lonely in her marriage because her husband traveled so much of the time. In an angry tomboy voice she shrieked, 'I'll take him to court for the money'. (They had been fighting over finances.)

All of this material was presented clearly and vividly by the candidate. Nevertheless, he said he did nothing with it except to sympathize with her about how difficult it must have been during her growing-up years to be alone so much of the time. He then mentioned, almost as an afterthought, that at the end of the hour he reminded the patient on her way to the door that they would not be meeting the following day. The patient nodded, said 'I know', and left. It was at this point that he mentioned to the supervisor that he had told the patient he would have to miss a session two weeks ahead of time.

The remainder of the supervisory hour was devoted to this last exchange and to the candidate's apparent lack of appreciation of the meaning of the missed appointment and his apparent inability to connect it with the poignant material of the session even though he seemed to appreciate the patient's extreme loneliness in the past.

The candidate seemed surprised, hurt, and somewhat defensive about the supervisor's comments. He stated that he was 'put off' concerning the importance of the missed session because he did not realize 'that a transference reaction like this could take place so early in an analysis'.

The following is a review of the supervisor's thinking as he assessed the candidate's learning problem using the yardsticks we have listed.

The candidate appeared to possess a lack of sensitivity. He could not understand the dynamic significance of the patient's associations, nor could he see that the affect of the hour was a transference reaction to missing a session with him. The transference roots of this reaction were also missed. He showed a lack of capacity to use his empathy and sensitivity analytically. His interpretive skill was impaired by his lack of understanding. This led him to make an awkward intervention at the end of the session, thinking he was being helpful and kind to the patient by reminding her that she should not come in the following day. His defensiveness when this error was pointed out appeared to disturb the learning alliance (*cf.*, Fleming and Benedek, 1966, Chapter IV), and he seemed, at least initially, unable to recognize that this behavior was unanalytical or that it revealed a learning difficulty. The supervisor therefore concluded that there might be an impairment of self-analytic capacity. There appeared to be deficient intellectual knowledge regarding the concept of transference. He did not understand the importance of the missed session as a stimulus for the activation of transference phenomena and responded to the patient at the end of the hour as one might do in psychotherapy. The discussion of the supervisory hour was confined to assessment of the first three factors. There was little time for discussion of his theoretical grasp of the concept of transference.

In trying to understand further the possible roots of this learning problem, we might ask the following questions which are fundamental for making an educational diagnosis: Is this a fundamental lack of aptitude for analytic work (a mistake in selection)? Is this simply a reflection of his inexperience in doing analysis (this was his second case)? Is this an indication of a deficient intellectual knowledge of the concept of transference (he had completed courses on beginning technique and basic theoretical concepts)? Is this a blind spot in the traditional sense,

a sign of unresolved personal conflict carried over to analytic work with patients (the candidate had finished his training analysis)?

The evidence as it is evaluated at this time points in the direction of a personality problem of the candidate which interferes with his analytic competence and his ability to learn in supervision. This might be a problem not amenable to supervisory teaching, something that might require further analysis. Arlow (1963, p. 593) believes that in the supervisory situation only the surface of the therapist's reaction to his patient is laid bare. Because it lacks depth and genetic dimension, supervision does not lend itself to being used for real structural change in the therapist. On the other hand, we feel it is possible that with supervision focused on learning objectives and good self-analytic work, this kind of blind spot and defensiveness might gradually change.

The evaluation at this point was not discussed with the candidate and possibly would not play a prominent role in later evaluation nor in the periodic supervisory report to the institute, if the problem presented did not persist.

EXAMPLE II

After a year of supervision on his first case, a candidate was able to show a marked change in one session in his understanding and technical handling of a difficult patient.

The analysis had moved very slowly for a year and at times seemed to be at a standstill. The patient was a twenty-eight-year-old graduate student with a borderline ego organization. His mother had died during his mid-adolescence after a long and tragic bout with cancer. The patient had entered analysis because of homosexual thoughts, and fears and difficulty in breaking away from his dependency on his father and his home.

The candidate relied heavily on notes for most of his supervisory hours, and it was obvious that he was distant, formal, and correct with the patient, a pattern carried out by the patient as well.

During this supervisory session, the candidate was much more at ease and felt he had made an advance in the analysis which was also observed by the supervisor.

The patient had opened the hour by stating, 'I am going to leave you since I am no longer going to remain in this city. I have decided to go to another city for my Ph.D.' His university had not accepted him for the Ph.D. program in literature after he had received his Master's Degree. His marks were good but somehow he never felt part of the department and the faculty never felt close to him. This, of course, was a problem in all his relationships, including the analytic one.

The patient then spoke of seeing the candidate in the lobby waiting for the elevator while they were both going to the office for the hour. The patient thought of approaching his analyst to say hello, but did not do this. Instead, he remained 'quiet and frozen'. As luck would have it, the analyst had not seen the patient and they entered different elevators. In the analytic session that followed, the patient spoke of this episode and stated that when he entered the elevator, 'I erased you completely from my mind. I always erase people and unpleasant things from my mind in a way similar to an elevator door closing. People and memories can just as easily be made to disappear.' He said that the night before he was 'driven' to speak his thoughts freely into a tape recorder without knowing exactly why he was doing this. He then 'had a few beers' and called a friend he had not been in contact with for several years, someone who lived in another part of the country. They 'spoke for about forty-five minutes' (the duration of his analytic session). He also stated he had received a letter from his father and had given it angrily back to the mailman after writing 'reject' across it.

The candidate told the patient, with feeling, 'You seem to be desperately trying to get away from me, to erase me completely from your mind and replace me with a tape recorder and a telephone call to a distant friend'. The patient responded by saying that he felt very 'upset' about the possibility of leaving analysis since the analyst and the analytic work had come to mean so much to him.

The supervisor up to this point had been presented with a difficult teaching problem. Both patient and candidate had kept a very formal distance from each other. The supervisor had pointed out and even predicted that the patient might leave. It seemed that the candidate's need for positive feedback and the patient's need for reassuring acceptance had interfered with the development of a working alliance. But something had happened to produce a marked change in this hour. Supervisory teaching and the candidate's self-analysis were showing results: the candidate was able to understand the patient and to respond sensitively. He was obviously pleased with his newly found freedom to respond empathically to the patient. He could assess his own change and, in discussion with the supervisor, evaluate what had been the problem in the past and how he felt it had now been resolved.

In the supervisor's evaluative thinking, this candidate's capacity for sensitive understanding had developed so that his own need to keep a distance from his patient no longer interfered with his helping the patient to understand the same defense. The patient no longer needed to run away and the analysis continued. In this hour after a year of supervision, the candidate's interpretive skill was on a much higher level than previously. His capacity for self-observation and self-analysis had also developed to a higher level. For the purposes of evaluation at this time, yardsticks four and five—understanding the analytic process and theoretical grasp—did not contribute much.

Was this earlier problem of defensive distance a sign of lack of aptitude? Was it due to inexperience (it was the candidate's first case)? Was it due to lack of knowledge (he had good classroom reports)? Probably this was a personality problem which was influenced positively by the affectual experience of recently terminating his training analysis and by a deepening supervisory alliance.

In this case, progress was made explicit to the candidate in relation to the goals of learning, and he was able to become aware of his own progress by comparing it with previous difficulties.

EXAMPLE III

In this example, an advanced candidate demonstrated his ability to evaluate his role in the patient's difficulty, to do self-analysis, and to conceptualize the analytic process.

The patient was a twenty-eight-year-old married woman who entered analysis because of increasing anxiety and depression following the birth of a male child. Her father, a successful businessman, had established a close companionship with her during latency which was interrupted by his sudden death when she was twelve years old.

In the supervisory hour to be reported here, the patient was entering her third year of analysis. The oedipal conflict had been relived in a rich and deep manner. Many important memories were recalled, revealing a 'seductive' father who treated the patient more as a wife than as a small daughter. During the second year of analysis after working through some aspects of this experience in the transference, the patient presented many of the problems associated with the adolescent phase of development. She was eager to expand her horizons but afraid of failure. Analytic work enabled her to maintain her gains and everything seemed to be going well. The patient was moving forward in her life and in analysis. Strong anxiety and depression seemed to be a thing of the past.

After returning from the summer vacation, however, she found out through a friend who also knew the analyst that he was a single man; up to this point, she had always thought of him as married. She could easily have corrected this bit of transference fantasy long before but had obviously avoided learning any 'facts' about her analyst until the third year of treatment. When she realized he was a bachelor, she suddenly regressed and became aggressive and hostile to the analyst. 'You've humiliated me, you've tricked me, you've betrayed me, you've treated me cruelly like my father did when he died.' She now felt that she could not do her housework, care for her child, or function in any way as a mature woman, except in one area: she felt her sexual life had not been affected by the news.

The candidate felt anxious and puzzled by the aggression and

regression in the sudden turn of events and, for the moment, had a difficult time understanding the rage. During supervision he reminded the supervisor that the patient's regression had begun when she found out that he was *not* single. At first the candidate was not aware of his slip of the tongue. When the supervisor brought this interesting slip to his attention, he showed his growing ability to do self-analysis and reported being aware of a vague feeling of guilt in response to his patient's anger. He stated he now knew why he was having so much difficulty comprehending the patient's material. 'My own father had been sick when I was a child and died when I was quite young.' He had known but had had difficulty facing the reality of the fact that his feeling of oedipal triumph was only a partial victory; he had experienced strong feelings of humiliation, shame, and inadequacy over not being able to replace his lost father. He said that now he could understand one important aspect of the patient's rage: she was feeling helpless and anxious because she was terrified that she might be inadequate as a woman now that the analyst was supposedly eligible. He felt he could now show her in a meaningful manner that the helplessness and shame she felt as a child about her body in comparison with her mother was being acted out in the present, but in reverse. As a child, she had been a pseudo adult and had acted as father's wife in fantasy and in many activities, except for the sexual. Suddenly, in the present she felt helpless as a woman in all areas except the sexual, in which she had demonstrated adequacy and confidence with her husband.

Before the patient's period of regression, the candidate had been able to interpret skilfully the sexual and aggressive wishes and the guilt the patient had experienced toward her parents during her oedipal period and adolescence. But he could not help his patient face her feelings of shame, humiliation, and inadequacy until he was confronted with her rage and then with his slip of the tongue which recalled the painful affects of his own oedipal conflict.

A supervisory evaluation of the candidate in this third example begins at a level of assessment different from the other two. He was an advanced candidate possessed of a high degree of sen-

sitivity and able to make skilful interpretations which facilitated the analytic process. The analysis had been going well and there did not seem to be any obvious learning problems or counter-transferences. Then came the patient's sudden regression and intense negative transference. Up to this point, the candidate had handled negative transference with understanding and appropriate interpretations. The initial clue to a possible blind spot lay in the candidate's awareness of a little anxiety and his inability to grasp the meaning of the rage. He did not report the vague sense of guilt until after the slip of the tongue was made conscious. Without the slip, analysis of these symptoms of conflict might not have taken place for some time, since the anxiety and lack of understanding did not seem to the supervisor to be serious obstacles. The slip, however, was a loud signal, and his failure to hear it by himself re-enforced the supervisor's recognition of conflict in the candidate.

Confrontation with the behavioral cue was all that was necessary to start a chain of associations that recalled the feeling of guilt and some childhood memories belonging to his own oedipal period. He was able to see how his identification with his patient had made him blind to the way her rage defended her against the narcissistic injury of helplessness and humiliation which the facts about the analyst's marital state had triggered. For the candidate, the immediate affects were different from the patient's, but the 'fact' of his slip of the tongue enabled him to do a piece of self-analysis in the supervisory hour which enhanced his own learning and the analysis of his patient. Without the slip, self-analytic work would have been slower, but the capacity to introspect and to associate to what he was experiencing was there and was obviously developed to a high level.

This kind of event in supervision reassures a supervisor that the candidate has learned a great deal from his analysis and from supervisory teaching. This candidate had learned that self-analytic skill is an important learning objective for an analyst and he was able to demonstrate that he could use his analytic tools on himself (*cf.*, Kohut, 1959; Fleming, 1971). His aptitude, his understanding of the analytic process, and his ability to learn

from experience were all observable in the episode described. In addition, he demonstrated competence in the area of self-analysis and was able to do some integration of theory and behavioral observation. The unsolved elements of his own œdipal conflict were worked through a little further, deepening his personal insight and expanding his professional skill.

SUMMARY

A view of evaluation as an ongoing process in psychoanalytic education that is useful as a tool in supervisory teaching and learning is presented. A general principle of education has been applied: that defined objectives shared by student and teacher can facilitate learning and intensify the student's involvement in assessing his own progress. Five factors that are important components of good analytic work are defined as learning objectives for clinical training and applied as yardsticks to the evaluative thinking that a supervisor goes through. This process of evaluation is illustrated with three examples of supervisory hours. These continuing evaluations become the core material for long-range periodic progression reports.

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Some Observations on Transitional Object and Infantile Fetish

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SOME OBSERVATIONS ON TRANSITIONAL OBJECT AND INFANTILE FETISH

BY HERMAN ROIPHE AND ELEANOR GALENSON (NEW YORK)

Observations of a girl's development are presented to demonstrate the role of the transitional object in coping with the normal strains implicit in the separation-individuation thrust and in the anal-urinary and early sexual stages of development. When at eighteen months a separation experience led to a serious preœdipal castration reaction, the transitional object no longer was capable of serving its ordinary function and was replaced by a fetishistic object.

In a brief paper entitled *Transitional Objects and Transitional Phenomena: A Study of the First Not-Me Possession*, Winnicott (1953, see also, 1965a, 1965b) offered one of the most generative of conceptual frameworks for the study of the very young child's developing sense of self and object, symbolic thought, and reality orientation. His ideas have been so fitting that it has almost seemed as if we have always known them.

The child's first possession is related to past autoerotic phenomena and also to future playthings like the first soft animal or doll. It is related to both the external object (mother's breast) and to the internal object (the magically introjected breast) but is distinct from each. This internal breast, that is, the internal conception of the nurturing environment, is created by the infant over and over again, out of his capacity for love, that is, out of need. A subjective phenomenon develops in the baby which we call the mother's breast. The mother most often places the actual breast just there, where and when the infant is ready to create it. From birth, therefore, the human being is concerned with the problem of the relationship between what is objectively per-

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ceived and what is subjectively conceived. In the solution of this problem, there is no health for an individual who has not been launched well enough by the mother.

Winnicott introduced the terms 'transitional objects' and 'transitional phenomena' as designations for an intermediate area of experience between the thumb and the doll, between oral erotism and true object relatedness, between primary creativeness and objective perception based on reality testing. This early stage in development is made possible by the mother's special capacity for adapting to the needs of her infant, thus allowing the infant the illusion that what he creates really exists. This intermediate area of experience, belonging exactly to neither internal nor external shared reality, constitutes a significant part of the infant's experience. Throughout life it is retained in the intense experience that belongs to religion, mythology, the arts, imaginative living, and playing.

Our direct observational research on normal development in the second year of life is now in its sixth year at the Albert Einstein College of Medicine. In this work we have leaned very heavily on Winnicott's organizing concept of the transitional object in an effort to understand and explain the knotty issues in the child's evolving sense of the self and the object world (see, Roiphe, 1968; Galenson, 1971; Galenson and Roiphe, 1971; Roiphe and Galenson, 1972, 1973a). In this paper we attempt to demonstrate the central and plastic role of the transitional object when the child copes with the ordinary and normal strains implicit in the attainment of upright motility (see, Greenacre, 1969, 1970), the separation-individuation phase (Mahler, 1963, 1967), and the anal-urinary and early genital stages of development. Each of these processes provokes a greater or lesser degree of object loss and self-dissolution anxiety. As Winnicott has pointed out, the transitional object or transitional phenomena tend to blur a threatening sense of separateness. Thus they become vitally important to the infant at the time of going to sleep, and as a defense against anxiety, especially that of threatened object loss. Patterns set in infancy may persist into childhood; the original

soft object may continue to be absolutely necessary at bed time, or at times of loneliness, frustration, injury, or when a depressive mood threatens. In health, however, there is gradually an extension in the range of interest and eventually the extended range is maintained even when object-loss anxiety threatens. In this paper we will report the direct observations of one of our research children demonstrating the rich patterns ordinarily displayed by babies in their use of the first not-me possession in the context of maturing ego and drive development.

EARLY DEVELOPMENT AND NURSERY BEHAVIOR

Sarah, the child to be discussed, experienced a week-long actual separation at eighteen months which provoked a severe preoedipal castration reaction. This reaction evoked a sharp upsurge in object-directed aggression which threatened to compromise the child's developing object relatedness; at the same time, the aggression threatened the developing sense of general body integrity, and in particular the emerging genital outline of the body. In the face of this more than ordinary strain, the child's heretofore intense attachment to her transitional object receded and all but disappeared. In its place, a passionate attachment to an infantile fetish was forged (see, Roiphe and Galenson, 1973b).

Sarah was a first-born child whose delivery and early development were normal and of good quality except for severe colic which plagued her during the first five months. As a result of the colic the usual cycles of hunger arousal, feeding, satiation, and sleep were not established early. Instead, the feeding which stilled the pangs of hunger also led to marked intestinal distress with cramping and gas pains. The mother thus had to hold, walk, and rock her infant for relatively long periods of time in order that she might be comforted sufficiently to fall asleep. One may suppose that the nucleus for the gradual development of the live, real, good-enough internal object, usually organized

around the repeated pattern of hunger arousal, feeding, satiation, and sleep, in this infant must have been more centrally organized around the tactile and kinesthetic modes than is ordinarily the case.

In any event, the colic was abruptly resolved at five months and Sarah became a good sleeper, hearty eater, and a cheerful, sturdy baby. She developed a mild stranger reaction at nine months, characterized by a certain sober watchfulness with strangers and a moderate sensitivity to sound. (For a discussion of such reactions, see Roiphe and Galenson 1973a.) When Sarah entered the Nursery at eleven months, she was a vigorous and rapid crawler. When confronted by the many strange children and adults and the unfamiliar setting of the Nursery, she seemed apprehensive and tended to cling to her mother. She spent most of the morning either sitting in her mother's lap or on the floor at her feet. Her physical range and exploratory curiosity were rather constricted and her babbling was quite limited when compared to her behavior at home at this time.

The first morning at the Nursery, out of the whole array of blocks, nesting toys, stuffed animals, dolls, trucks, and balls, Sarah selected a Raggedy Ann doll to which she clung tenaciously for the entire morning. She had an identical Raggedy Ann doll at home, often having it in her crib along with numerous other toys and stuffed animals, many of them similar to those in the Nursery. But before this time, Sarah had shown no particular interest in the Raggedy Ann. Within the first five minutes of each subsequent morning at the Nursery, she staked out her claim to the doll, clinging to it the entire time and passionately defending her claim to it against any other child. Within a day or two the doll was almost constantly in her hand at home too, and she soon required Raggedy Ann in her crib on going to sleep. Apart from this clinging claim of possession, there was no discernible organized pattern of play with Raggedy Ann. After a few weeks, however, when her mother awakened her from sleep, Sarah would hand her the doll before allowing herself to be taken from the crib. During the same period, both at home and at the

Nursery, Sarah was frequently observed to affectionately hug and kiss her doll—some three months before she displayed the same affectionate behavior with her mother.

After two weeks in the Nursery this youngster seemed considerably more at ease. Her range of interest and activity gradually extended from the narrow physical orbit of her mother. She was observed to crawl vigorously around the Nursery, dragging Raggedy Ann along with her, spending longer and longer spans of time away from her mother, stopping here and there to scatter, bang, and throw toys. During a period from her twelfth to thirteenth month she began to walk with support, steadying herself by pushing a chair or carriage. By thirteen months she was standing unaided. Over the next several weeks she became a secure toddler. During the period when she was using chairs and the carriage to aid her walking, Sarah was usually observed to place the Raggedy Ann on the chair or in the carriage. On one such occasion, when pushing the carriage, she tentatively let go and after a few seconds of free standing, collapsed. She raised herself, very deliberately took the Raggedy Ann out of the carriage, dropped it to the floor, then picked it up, hugged it, and gently replaced it into the carriage. Holding on to the carriage, she walked on.

From her thirteenth through her fourteenth month, the whole push toward individuation took on a more rapid pace. Not only had Sarah become a toddler whose range of activity and interest extended for relatively long periods of time away from her mother, she now insisted entirely on self-feeding and showed clear and decided interests in some foods as against others. She resisted diapering and being dressed. Her anger, now for the first time easily recognizable as such, became sharper and more object directed. For example, when frustrated by her mother's removing a toy from her, Sarah would arch her back, scream, and crawl away rapidly into another room, slapping her hands hard on the floor. Night waking, an infrequent occurrence before this time, became more usual, particularly on those nights when Sarah was left with a baby sitter. For the first time, when having

a bowel movement, she was regularly noted to still all her activity, develop an inward gaze and strain. The first tentative genital touching was observed. Peek-a-boo games became very frequent. In addition to the clinging to Raggedy Ann, Sarah would rock it on the rocking horse (a favorite activity), brush its hair, and after each meal place the doll in her high chair and pretend to feed it.

In the foregoing description we have given some typical observational details of Sarah's reactions, first to the strange situation of coming to the Nursery, then to the attainment of upright motility and the other early, strong thrusts toward individuation. Most children on entering the Nursery show moderate apprehension in the strange physical surroundings and with the many strange adults and children. For a week or so they tend to cling to their mothers much more than they had been accustomed. They clearly experience the new situation as a strain and experience an upsurge in object-loss anxiety. Sarah's response, while typical, if somewhat more intense than many, was unique in that it led to a crystallization of her attachment to a transitional object, the Raggedy Ann doll. In this she conforms to Winnicott's descriptions in that her attachment to the transitional object was precipitated as a defense against separation anxiety. It readily served as a bridge between the unfamiliar Nursery setting and the constant setting of the crib, inasmuch as the same doll was present in both places. However, the intense and meaningful attachment to the doll was her own creative act. The Raggedy Ann soon became obligatory in that paradigmatic situation of object loss, falling asleep. Like other children, Sarah experienced a painful giving up of her mother on going to sleep and utilized the transitional object as a reassuring and comforting indication of her mother's presence.

While Sarah, in time, developed a rich and elaborate semisymbolic play with the transitional object doll, her simple holding, clinging contact with it persisted very prominently, particularly when she was anxious. Earlier we speculated about Sarah's infantile colic causing the tactile and kinesthetic modes to predominate in the nuclear development of a live, real, good-

enough internal object. This development may have been responsible for the persistence of the tactile attachment to her transitional object. It is curious, however, that this child chose, unlike most children, a doll for her first transitional object, rather than the more ubiquitous blanket. Again we wonder if the early colic may not have been implicated in this choice. It is generally thought that the repeated pattern of need arousal and satiation forms the nucleus around which the infant ultimately consolidates some reliable indication of the external real object world. Where feeding results in considerable distress, as it does with severe colic, we are inclined to think that there must be a resultant instability in the developing self and object schema. It is tempting to speculate that it may have been precisely as a result of this instability that Sarah chose to invest the doll specifically because of its similarity in form and configuration to the human figure, rather than choosing an amorphous blanket with its more uncertain outline.

The significance of the attachment to the transitional object in the initiation of an affectionate type of object relationship was clearly demonstrated in Sarah's tender hugging and kissing of her Raggedy Ann some three months before similar behavior with her own mother. Does this, as Melitta Sperling (1963) asserts, reflect a pathological turning to an inanimate object in preference to the real, live object? To the contrary, in Sarah's case her affectionate behavior toward her Raggedy Ann involved a predominantly active relationship to the object. That is, it was held, comforted, kissed, whereas her relationship with her own mother, while undergoing rapid changes, was still predominantly a passive-dependent one. Indeed, when Sarah first came to the Nursery, overwhelmed and threatened by the new, strange situation and thrown back to an inseparable physical closeness with mother, her own selection and attachment to an already familiar Raggedy Ann reflected the nucleus of active stirrings of mastery. Is this not precisely the progressive, wholesome aspect of the child's attachment to the transitional object? It seems to us that such a development facilitates and serves to consolidate active

trends of the self in relation to the object in the face of a major and still powerful passive-dependent relationship to the mother. The significance of active patterns in relationship to the transitional object was touchingly indicated when Sarah, after having herself fallen, deliberately dropped her Raggedy Ann and then affectionately hugged her. What more clear instance could be found of actively repeating with the doll what she had passively experienced?

It is just this duality—active-independent strivings versus a still powerful passive dependent attachment to the mother—which Mahler (1963, 1967) has so well described in regard to the separation-individuation phase. A consideration of some of the foregoing descriptions of Sarah, such as self-feeding, resisting the passivity of being dressed or diapered, etc., will underscore the fierce, almost hostile manner with which this little girl seemed to defend her nascent and still shaky active self.

Greenacre (1970) in her discussion of the role of the transitional object has emphasized a somewhat different but related consideration, stating, ' . . . a normal period of increased strain in the healthy and "good"-mothered infant occurs toward the latter part of the first year and the first half of the second, when both speech and bipedal locomotion are being established simultaneously with rapid growth in body size and general functioning. . . . The transitional object serves as a faithful protective escort, when needed, in this exciting and sometimes uncertain time' (p. 342).

AN ORGANIZING EVENT AT FOURTEEN MONTHS

At age fourteen months, Sarah had an experience with her father which seemed to us to have an organizing effect on her subsequent development. Early one evening, while she was having a bath, her father came into the bathroom and urinated. While this had happened rarely in the first year, to the best of her mother's memory it had not occurred in the preceding four or five months. Sarah stared fixedly and then began to giggle. The

father, noting her intense response, mentioned to his wife that he would avoid this in the future. But in spite of the resolution he continued to expose himself with some regularity, while urinating or showering, over the next seven months.

Sarah slept poorly that first night, waking several times, and with some variation a fair degree of sleep disturbance occurred over the next three months. Often, she also began to go to sleep lying on top of her Raggedy Ann. The morning after the father's first exposure, Sarah intently watched her mother urinating on the toilet. When her mother put the lid down, Sarah raised it and attempted to dip her Raggedy Ann's head into the bowl. Her mother restrained her. However, several times over the next several weeks, both at home and in the Nursery, Sarah would emerge from the bathroom with Raggedy Ann's hair dripping wet.

Actually, Sarah had for many months been accustomed to being in the bathroom when her mother used the toilet, but before the occasion mentioned above, had not paid any attention to her mother's toilet functions or pubic area. However, over the next several months she showed an intense visual and tactile curiosity about her mother's pubic hair, genitals, umbilicus, and breasts. She also compared her own anatomy with that of both her mother and father whenever they were exposed. From this time her genital self-stimulation increased in frequency and intensity and seemed to center around the clitoral area. Later, the frequent inspection and comparison of the genital anatomy came to extend to a comparison of teeth, nose, eyes, and ears of mother, father, and self.

The effect of this experience on her play with her Raggedy Ann, in addition to the aforementioned dipping in the toilet, was immediate and decisive. On the first Nursery session after having been exposed to her father, she intently watched a somewhat older boy straddling a wooden toy train and pushing it along. As soon as he had left the train, she succeeded, with some difficulty, in straddling it. She then lifted the toy train cover, stuffed her Raggedy Ann in the bin, covered it, and straddled the train once

more, rolling it back and forth with a dreamy, inwardly directed gaze. This became a favorite activity, repeated over and over. She began very pointedly to examine the doll between its legs. On subsequent occasions, when she saw her father's penis, she got her Raggedy Ann, pulled its pants down, conspicuously examining it between the legs; she would then go to her mother, pull her robe open, point to the pubic area and say 'gina'. Gradually, over the next several weeks, she began to extend the passionate involvement with Raggedy Ann to a whole collection of dolls and stuffed animals. She similarly began to examine them between the legs. On a few occasions, with a stuffed rabbit or a doll, she pointed and said, 'belly button', although there was none.

While Sarah continued to carry her Raggedy Ann around, her play became increasingly elaborate. There developed an astonishing variety of peek-a-boo games with the Raggedy Ann and later with her other dolls, all beginning shortly after her exposure to her father. She discovered how to open and close drawers and would incessantly stuff the doll into the drawer and then find it. She would put the doll into a room, close the door and then opening it would affectionately hug the doll. On a number of occasions, in the midst of this repetitive play, Sarah would place Raggedy Ann between her legs and hold it there for some time. She also developed a great interest in a jack-in-the-box and in placing pegs into and through holes.

In addition to all this play with Raggedy Ann, which seemed so decisively related to her genital curiosity, Sarah also developed an elaborate variety of symbolic games with her doll which included dressing and undressing, putting her to bed, wheeling her in a carriage, pretending feeding and rocking, etc. It should be noted that along with the somewhat precocious symbolic play with the dolls, she continued a good part of the time, both at home and in the Nursery, to simply cling to Raggedy Ann whatever else she might be doing.

It will be recalled that just prior to the initial exposure to her father Sarah had been regularly noted, while having a bowel

movement, to still all her activity, develop an inward gaze and strain. This pattern continued and she soon regularly and correctly used the word 'doody' when she had a movement. Over the next month or so, although her mother had as yet made no effort at training, Sarah was observed crouching while she had her bowel movements. She would also leave the room, if her mother was present, before having the movement. By fifteen months, a high level of sphincter control was already established. For example, she might be in the car with her mother, begin to squirm and say 'doody', but wait until they returned home some twenty minutes later before crouching and having her bowel movement. From this time on she tended to have her movements exclusively during her waking hours while she was wearing a diaper and only on those occasions when she was left with a baby sitter did she have a bowel movement at night during her sleep. She stringently resisted having her soiled diapers changed and on occasions would fiercely pull her mother's hair.

Behavior related to urinary functions changed as well. About two days after she had first seen her father urinate, in the midst of pleasurable and involved play during bath time, Sarah suddenly stood up and urinated. From this time on, whenever she was undressed in preparation for her bath, she would urinate on the floor, sometimes bending over to watch. Soon she began to say the word 'cissy' in anticipation. At sixteen months, her mother got her a potty and said, 'Don't make cissy on the floor, use the pot', and with this placed Sarah on the pot. Sarah angrily got up, stuffed the Raggedy Ann in the bowl and slammed the lid. She invariably squirmed and cried when placed on the pot by her mother. At the same time she often sat down on the potty herself, fully clothed. On a number of occasions she stuffed Raggedy Ann and one or two other favorite dolls into the bowl and sat on top of them contentedly for a long time. Once, when she was around seventeen months, her mother surprised her in the act and Sarah, rather startled, urinated in the pot. After this she no longer urinated on the floor before bath time, doing it instead in the bath or in her diaper. At about this time she

developed some verbal confusion in naming urination and bowel movements; heretofore she had consistently named them correctly. She also began to point to her mother's, father's, and her own umbilicus and say 'cissy', whereas the navel had always been correctly named before.

GENITAL AROUSAL, CURIOSITY, AND OBJECT RELATIONS

The level of parental body exposure to their babies was something of a surprise to the authors. In our sample of over fifty upper and lower middle-class families we had found how ubiquitous some degree of regular exposure is from the latter half of the first year on. Virtually all our mothers, having no regular domestic help with whom to leave their babies, use the toilet with the children in the bathroom. The fathers' exposure is much more variable and by no means as regular. Nevertheless, we have accumulated a number of instances in which fathers exposed themselves while urinating before their fourteen to sixteen-month-old daughters, just at the time the little girls are actively turning to the fathers and also at a time when some incipient genital arousal ordinarily begins.

Sarah's response over the next three months was dramatic indeed. The direct stimulating effect of the exposure was reflected in the abrupt intensification of her genital self-stimulation which over the next several months developed into a distinct masturbatory pattern. It will be recalled that this little girl had shortly before shown some tentative genital self-exploration which might have been expected in any case to have increased. But the immediate upsurge after the exposure does seem to point to the provocative and organizing role of Sarah's particular experience. The major impact of seeing her father's penis led to the crystallization of a profound sexual curiosity which in one form or another served to organize a significant area of Sarah's behavior over the next seven months.

Sarah repetitively explored similarities and differences in her mother's, father's, and her own sexual anatomy. Not until she

was between seventeen and eighteen months did this direct curiosity abate. But even then the continued preoccupation with the comparison of the umbilicus, mouth, nose, eyes, and ears undoubtedly still reflected a displacement of genital concerns. It seems probable too that the confusion in naming bowel and bladder functions that arose at the same time, after a period of accurate naming of these functions, also reflected a displaced disturbance about the genital difference; that is, the shift away from the direct concern with genital anatomy had the defensive advantage of reducing the immediate disturbance. But the still powerful underlying confusion at the same time led to a deterioration of the hard won bowel and bladder self-awareness (see, Roiphe and Galenson, 1972).

For our purposes, the interesting and elaborate play patterns which emerged with the transitional object doll give us the most evocative indications of the underlying dynamic resonance of the whole experience in this little girl. The repetitive exploration of the pubic areas of first Raggedy Ann and later the extended collection of important dolls and stuffed animals paralleled the continued exploration of self, mother, and father. These explorations reflected not only the need to establish and re-enforce the perceptual outlines of the experience but also indicated the enormous difficulty Sarah had in integrating the genital outline of the body. For example, when Sarah saw her father's penis again, she got her Raggedy Ann, pulled its pants down and pointed between its legs, and then pulled her mother's robe open, pointed to the genital area and said 'gina'. The transitional object doll, which served as a bridge in this sequence, seemed to lend a versatile illusionary support to a new variety of experience—the troubling confrontation with the anatomical difference between the sexes—by relating the experience back to earlier ones when contact with the mother was more constant and assured.

As we have seen, Sarah's response after seeing her father's urinating penis for the first time was to pay close attention to her mother's urination and to her genital anatomy—and then to dip

her Raggedy Ann in the toilet, head first. The dangling of her dripping-haired Raggedy Ann represented a condensation of interests in the mother's pubic hair, the urinary stream, and the renewed assertion of the mother-me dyad. Her intent observation of her mother during urination established a difference between mother and herself, as well as a similarity between mother and father, the existence of pubic hair. Sarah bravely attempted to bridge that difference when she repetitively and triumphantly emerged from the toilet with her own Raggedy Ann, its curly, kinky hair dripping, thus supporting the illusion that she also had pubic hair.

Further, by rushing Raggedy Ann into the gap created by the observation of the difference between the father on the one hand and mother and self on the other (that is, the phallus), Sarah not only attempted to repair the rent in the body-self integrity but also to cope with the complementary disturbance produced by this observation—the upsurge in object loss anxiety. She seemed to react to the difference as if it were a loss, a loss of a sense of completeness, which to a child of this age has the meaning of a loss of the emotional availability of the mother. The intensification of the object loss anxiety was reflected in the emergence once again of a sleep disturbance. The transitional object doll was ideally suited as a bridge in this situation since it tended to alter the sharp and threatening sense of separateness and re-enforced the reassuring 'mother-me' dyadic relationship. It is noteworthy that at just this time there was an alteration in the 'going-to-sleep' ritual. No longer was it sufficient to have her transitional object doll close at hand when she fell off to sleep alone in her crib. She now fell asleep lying prone on top of her doll which not only offered a more certain sense of the object's presence but by its very position offered the comforting illusion of phallic completeness. The doll stood for the missing penis and in this fashion seemed to lay the groundwork for a rudimentary fantasy of the body-phallus equation.

Many of the foregoing dynamic trends were vividly reflected in Sarah's repetition, over and over again in a dreamy, detached at-

titude, of the little boy's straddling of the toy train with the one important and highly individual variation of stuffing Raggedy Ann into the bin between her legs. We were impressed by the repetition of the intent and fixed staring, which had characterized the earlier exposure experience with the father. The special appeal of Sarah's activity may have been that she recognized that the male child had something between his legs. By her touchingly clumsy enactment of this same activity, rocking back and forth on the toy train in a dreamy and detached attitude, she too could support for a while the feeling fantasy that she also had that 'something'. However, as if this were not sufficient to bolster the illusion, she attempted to re-enforce it by stuffing her Raggedy Ann, with all its emotional fullness of 'mother-me', into the bin between her legs.

A resurgence of peek-a-boo games with Raggedy Ann occurred after the exposure experience; for example, placing the doll in a drawer, closing the drawer, and then having an affectionate reunion on opening it; or, for another example, placing the doll in a room, closing the door, then opening it again and proceeding to hold the doll between her thighs. These games would seem to express clearly and unambiguously the fact that a castration reaction at this early stage of sexual development was having significant reverberations on the plane of object loss and self-dissolution.

In an earlier paper (Roiphe and Galenson, 1973b) we stated, 'Normally, the sexual arousal which is characteristic of the second year concerns itself with the expansion and consolidation of the self and object schematization' (pp. 162-163). 'At this juncture of development, the castration anxiety converges with and is indissoluble from the anxieties of object loss and self annihilation; we do not find one without some resonance on the other plane. In the phallic phase, with the further solidification and constancy of the self and object representations, the castration fear, powerful and organizing as it may be, no longer carries the immediate, more global meaning of threatened object loss and

self annihilation as is the case in the early stage of sexual development' (p. 154).

The foregoing discussion tends to demonstrate that at this stage in development an experience which confronted Sarah with the anatomical difference between the sexes had a major dynamic impact on the stage specific planes of object loss and self-dissolution.

During this period of Sarah's development, a number of observations were marshaled which seemed to point to the increasing organization of behavior by bowel and bladder concerns, even before any toilet training was instituted. Similar observations of other children during the second year have served to underscore the significant and frequently indissoluble and mutual interaction of anal and early sexual trends in the second year of life (see, Roiphe, 1973).

Sarah's behavior indicated the close relation of the bowel movements to her relationship with the maternal object including the general need to re-establish the emotional availability of the mother. Only on those occasions when she was left by the mother, did Sarah deposit and separate from the 'stool mother'—angrily we would suppose—without paying the slightest attention to it: she had the bowel movement while asleep, apparently paying no attention to its loss.

It will be remembered that Sarah's attention to her own urination as well as that of her mother and father began after she first saw her father's penis. This attention continued at a high level of intensity for some time afterward, as evidenced by her consistent urinating on the floor whenever undressed for a bath, and bending over and watching the stream and where it came from. This pattern of bowel and bladder awareness, emerging early in the second year, is usual in most of the children we have observed and entirely independent of any toilet training efforts. It seems to be related to the increasing organization of body-self awareness and object relatedness. Training efforts are complicated by the body-self loss and object loss fears which are

typical of this age child. In Sarah's case, when her mother got a pot and mildly urged her to use it, she angrily stuffed the Raggedy Ann in the bowl and shut the lid. She was also observed on numerous occasions to stuff the bowl with several of her precious dolls and sit contentedly, fully clothed, on the pot for long periods of time. The use of the pot to give up stool and urine provokes so much resistance and anxiety precisely because these products are invested with the emotionally laden significance of self and object.

The use of the transitional object doll as a 'faithful protective escort', to use Greenacre's term, in the face of a challenge to the integrity of self and object serves to lend illusionary support when an anxious new experience of this sort occurs; it relates the new experience back to the earlier ones, when contact with the mother was more constant and assured.

All these considerations lead us to believe that during her seventeenth month, some two and a half months after the initial exposure experience, Sarah gave evidence of the elaboration of a significant castration reaction. It was at this time that she began to show confusion in naming bowel and bladder functions after a considerable period of complete accuracy in naming these functions. And it was at this time that she began to point and say 'cissy' when she saw the navel, again after a long period of correctly naming it. Later, it will be recalled, her overt curiosity about her own and her parents' genitalia all but disappeared and seemed to be displaced to a curiosity about the umbilicus and face. Attention was shifted from the differences between male and female genitalia to anatomical features which are common to both sexes; this reflected the mutual interaction of anal and early sexual concerns.

A SEPARATION AND ITS ORGANIZING EFFECTS

At eighteen months, Sarah had a separation experience which had a significant organizing effect on her subsequent development. Her parents took a one-week vacation, leaving her with

her maternal grandparents. This was the first time the parents had left Sarah for more than a day. During this week, she seemed warm and affectionate with her grandparents but at the same time remarkably sober and subdued. Her sleep, which in the two or three weeks before the separation had improved considerably, again became disturbed and she awoke three or four times a night.

When her parents returned she all but ignored her mother for twenty-four hours but immediately and joyfully rushed into her father's arms, hugging and kissing him. Almost immediately after the reunion a new variety of peek-a-boo games developed. She endlessly covered and then uncovered her Raggedy Ann and other dolls with a towel or blanket, and affectionately hugged them on reunion. The day after her parents returned, while having a diaper changed, she put her Raggedy Ann doll directly to her genitals and said 'cissy'. Shortly after this, while her father was sitting in a robe, talking on the telephone, Sarah, who may possibly have seen his penis exposed, kept pointing and repeating the word 'penis' over and over again. Then she looked down at her pubic area and said, 'Sarah, penis'. Although this had been implicit in her behavior before, it was the first time that she explicitly stated that she had a 'penis'.

Four days after her parents returned, they took Sarah on a week's trip to Spain with an aunt and uncle, their six-year-old son and four-year-old daughter. From the beginning, Sarah was unusually anxious and clinging and could barely tolerate being out of sight of her parents. During this time her genital manipulation increased in frequency and intensity and took on a distinct masturbatory pattern: pinching, pulling, and fingering while she wore an absorbed and dreamy expression. Once during the trip, when looking at her father's penis, she said 'mine'. Her mother, uncertain about her meaning since there was still the age appropriate confusion of 'mine' and 'yours', said, 'Daddy's penis'. Sarah replied in no uncertain terms, 'Sarah's penis'.

Also during the trip and for the first time she became unusually sensitive to minor cuts and bruises and insisted that her

parents repeatedly kiss the injured part. With her boy cousin she developed a game which she played with him over and over again: she would take some possession away from him and then with considerable pleasure would return it to him; in reverse, he would take something of hers and then she would gleefully retrieve it. She frequently placed her Raggedy Ann on the pot and then sat on top of the doll. She incessantly diapered and undiapered all of her dolls, and placed them on the pot.

After returning from Spain, Sarah continued to be cranky and clinging and within a few days developed chicken pox which centered in the perineal area. The itching increased her irritability so that her tolerance for frustration was minimal. She seemed almost constantly to be in a 'temper', and for a while was so beside herself that she would bang her head against the wall. While in the street with her mother, when people stopped and said something to her, something that heretofore had given her a good deal of pleasure, she would scream and cling to her mother. During the week following her return, when her irritability was at its height, she completely ignored her Raggedy Ann.

Over the next few months, Sarah's frank masturbation continued at a high level of intensity and frequency. She insisted that she had a penis and often said that her dolls and her mother also had one. Once, looking at her father's nipples, she correctly named them; then looking at his umbilicus, she said, 'Daddy, gina'.

Shortly after returning from Spain, Sarah became very attached to a toy wooden bull her parents had bought as a souvenir of their trip. She played with it constantly, took it to bed, and frequently brought it to the Nursery. Not being able to tolerate any other child playing with it, she would place it in her mother's purse. Her attachment to the bull over the next two months overshadowed and all but displaced her involvement with Raggedy Ann and the other dolls.

From the beginning she tugged at the bull's penis and, of course, as the toy penis was constructed as a peg in a hole, the penis came off. Sarah was startled and delighted and continued

to pull it off and have her mother put it back together. She kissed, mouthed, and bit the penis, threw it on the floor, vigorously kicked it about, and then affectionately said, 'Nice penis'. At the same time her own genital manipulation, with its vigorous pinching of the labia, often had an aggressive quality. From time to time a sharp teasing emerged in her relationship to her mother. This was particularly notable in her continued insistence that she had a penis or that she was a boy. Sarah did not fail to notice that this distressed her mother, who empathically felt the narcissistic insult. It was at this time that she frequently was heard to say, on seeing her father exposed, 'Nice penis'. In her twentieth month, reports continued of Sarah falling and scraping a knee or merely bruising it. These accidents uniformly provoked profuse crying with obvious anxiety, entirely disproportionate to the nature of the injury. She would cling to her mother and frequently insist on being carried for some time. She would actually favor the injured member by limping for an hour or two afterward.

Sarah's preoccupation with toilet functions continued at a very high level. By this time she readily sat on the pot but success was rare. On one occasion while sitting on the pot she urinated; although usually highly verbal, she said nothing. When her mother gave her some toilet tissue to wipe herself, she did so for a very long time, then said, 'Sarah wipes penis'. After that she fingered the urine in the pot.

The intensity of Sarah's reaction to the separation experience was striking. We would suppose that her particular vulnerability at this time resulted from her earlier reaction to her confrontation with the anatomic difference between the sexes. In our earlier discussion we emphasized the very considerable strain which this experience seemed to place upon the child in terms of body-self organization and object relations. The strain, it seems, set the stage for Sarah's unusually severe reaction to a week's separation from her parents.

Most children during the second year show very little alteration in their behavior while the parents are actually away except

for manifesting a sober and subdued mood. This reaction is generally attributed to the child's focus on the representation of the object while mother is actually absent (McDevitt, 1972) in order to maintain his inner balance and integrity. However, after the reunion with the mother, the full force of raging anger plays a large role in organizing the child's behavior and responses. This was amply evident in Sarah who ignored her mother for the first twenty-four hours after her return in spite of the fact that she immediately and affectionately ran into her father's outstretched arms. It was also directly expressed in her unusually irritable, angry mood and in her hostile clinging to her mother over the next few weeks. How fundamentally the frustration and mounting rage served to challenge a sense of body integrity was manifested in autoaggressive head-banging which emerged at this time. The head-banging not only served to channel hostile aggression but also was a frantic way of re-establishing a sense of body boundaries through the painful stimulation of the head.

Another channel taken by the child in an effort to contain the aggression could be the development of chicken pox. Some might question that such a commonplace childhood illness be viewed as a body-binding of rampant aggression. But our research children have universally had a tendency to develop some illness such as a cold, an ear infection, hives, or a gastro-intestinal infection after an actual separation experience during the second year. To us, this hypothesis does not seem wildly speculative. As a matter of fact, one of us had the experience in the treatment of a pseudoautistic child which demonstrated this underlying dynamic in a transparent and convincing fashion (Roiphe, 1973). Early in the treatment of this child, when she was frustrated by the therapist's failure to understand what she wanted, we regularly saw signs of a developing rage which was abruptly cut short as she retreated into her autistic shell. But later she developed such a strong need-satisfying relation with her therapist that it was no longer easy for her to retreat into her shell. The sequence of frustration-rage then led to its abrupt termination by way of a somatic route; the child would collapse

physically, her large muscles would become totally limp, and her respiration was seriously compromised in a major asthmatic attack. Thus, during this early stage of the incipient consolidation of the nucleus of self and object representation, the child was peculiarly vulnerable to protracted rage states; her primitive form of defense, somatization, served to preserve the integrity of her self and object world.

To return to Sarah, two of the more troubling vicissitudes in the child's continued efforts to cope with her mounting rage were the emergence of a renewed anxiety reaction to strangers and the teasing in relation to her mother. With the intensification of Sarah's ambivalence toward her mother, the renewed anxiety reaction to strangers suggested the crystallization of the potentially pathological defense of the splitting of ambivalence. The bad, angry feelings were projected onto the now threatening stranger. The emergence too, at this time, of the sharp teasing behavior in her relation to her mother suggests a premature and also potentially pathological sadomasochistic erotization of her object relations. Whether these trends become consolidated in pathological character trends or have some more normal resolution may be determined only in the course of follow-up study.

THE FETISH

From the point of view of our hypotheses and investigation of this early stage of sexual development, there is much in Sarah's reaction to this separation experience at eighteen months which is important. In this instance, although the essential and challenging experience involved separation, some of the major reverberations taking place were sexual. Not only was there a sharp and significant intensification of Sarah's masturbation but for the first time this little girl vigorously insisted, over and over, that she had a penis. A now powerful castration reaction was manifested, for example, by looking at and pointing to her father's umbilicus and saying 'gina', or by her many other expressions denying the anatomic difference between the sexes.

Just this dynamic was operative in the repetitive play sequence

with her boy cousin in Spain, described above. This play sequence not only involved the undoing of the observation of the sexual difference; by yielding and then retrieving a possession, the play also introduced a new psychological vector in the implied thought that the absent penis had been taken away and could be retrieved by taking it away in turn from someone who possessed it. Finally, Sarah's catastrophic reaction to even minor cuts and bruises further reflected the rampant castration reaction in the displacement of her fears about genital intactness to the entire body.

In summary then, the separation experience, which significantly threatened Sarah with the loss of the object, served to crystallize and amplify a serious preœdipal castration reaction. The separation focused concern around a loss of a different but related kind, the loss of the sense of sexual integrity.

In the setting of these trends, Sarah provided us with an opportunity to study the infantile fetish in the process of formation. The mounting and prolonged rage state after her return from Spain resulted not only in the threat to the general sense of body integrity, as reflected in the head-banging, but also, at least temporarily, in some major inroads into the integrity of her object relatedness as indicated by the hostile clinging, the splitting of the ambivalence, and the sadomasochistic erotization of her object tie. Another, and to us very significant and related effect of the prolonged rage state, was the loss of interest in the heretofore precious transitional object doll. Her attachment would seem to have shifted to the wooden bull, which she now required on going to sleep, in much of her play, or in simple, clinging possession. Compared to her relationship with the transitional object doll, her attachment to this bull had a much more focal, fetishistic concern with genital intactness (see, Roiphe and Galenson, 1973b) and was involved much more centrally with hostile aggressive trends. The nuclear concern with both these factors, genital intactness and hostile aggression, was transparently and unambiguously reflected in her play with the infantile fetish. She continually pulled the bull's penis off and

then would have it put back; she would kiss, mouth, bite the penis, throw it to the floor and vigorously kick it about. An incipient reaction-formation against the raw aggression toward the penis was indicated in her affectionately saying, 'Nice penis', after such play orgies. It was remarkable how the utilization of the fetishistic object tended to deflect and hence preserve the real object from the worst excesses of the child's hostile aggression.

S U M M A R Y

We have attempted, following Winnicott, to demonstrate through direct observation the very rich patterns ordinarily displayed by babies in their use of the first 'not-me' possession, particularly in the context of maturing ego and drive development. We have also attempted to demonstrate the central and plastic role of the transitional object in coping with the ordinary and normal strains implicit in the child's attainment of upright motility, the separation-individuation phase, and the anal-urinary and early sexual stages of development. This intermediate area of experience between internal and external reality, represented by the transitional object or the transitional phenomena, constitutes a significant part of the infant's experience. As Winnicott has pointed out, these patterns set in early childhood may persist; that is, the original soft object continues to be absolutely necessary at bed time or at times of loneliness, frustration, injury, or when a depressed mood threatens. In health, however, there is a gradual extension in the range of interest and throughout life it is retained in the intense experience that belongs to religion, mythology, the arts, and imaginative living and playing.

In Sarah, the child discussed, the early confrontation with the anatomic difference between the sexes resulted in a burgeoning preöedipal castration reaction which produced additional strains in the elaboration of self and object representations. She attempted heroically to cope with these strains through her imaginative use of her transitional object doll. At eighteen months an actual separation experience produced a state of protracted

rage which severely compromised her self and object relatedness and led to the emergence of a serious castration reaction. In the face of these unusual strains, the transitional object no longer was capable of serving its ordinary function. In its place a fetishistic object was observed in the process of formation; it was more focally involved with hostile aggressive trends and concerns about genital intactness.

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Awe and Premature Ejaculation: A Case Study

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AWE AND PREMATURE EJACULATION: A CASE STUDY

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The analysis of a man suffering from premature ejaculation is described. As is typical of a large group of men who ejaculate prematurely, he was passive and masochistic in his marriage and obsessive-compulsive in his character. Analysis of his affect of awe led first to a deeper understanding of his self-representations and object relationships, and later, with the discovery of the specific unconscious fantasies associated with the feeling of awe, to the alleviation of his symptom of premature ejaculation.

Premature ejaculation as a topic of major interest has dropped out of the psychoanalytic literature in the past twenty years. In this paper I shall revisit the topic by reporting the analysis of a patient with this sexual dysfunction. The patient was a masochistic young man who suffered from severe castration anxiety with anal regressions and feminine identifications, all of which are frequently seen in men who ejaculate prematurely. However, a special feature of this case was the patient's feeling of awe, which played a part in his important object relationships as well as in his symptom. The analysis and understanding of this feeling led ultimately to associated fantasies about his mother and other women which formed an important core of his symptom formation.

To review the psychoanalytic literature on premature ejaculation in detail would exceed the scope of this paper. It may suffice, therefore, to summarize it as follows: Abraham's pioneering paper, written in 1917, has been relied upon ever since by many psychoanalytic authorities (*cf.*, Fenichel, 1945; Benedek, 1950; Nunberg, 1956; Eidelberg, et al., 1968), and there have also been contributions by Stekel (1927), Bergler (1953), Salzman (1954), Embericos (1950), Tausk (1916), and others. Almost all the authors, reflecting the theoretical concepts of their times, describe premature ejaculation in psychosexual terms, referring

especially to castration anxiety and regressive libidinal fixation points. While we find reference to typical fantasies and childhood traumata, the roles of aggression, disturbed ego functioning, problems of object relationships, and defective self-esteem regulation are discussed chiefly as concomitants of the libidinal regression rather than as topics in their own right. Furthermore, with the exception of a paper by Embericos (1950), there are no detailed reports focusing on the analysis of this dysfunction. In the case report that follows, the importance of the patient's castration anxiety, his masochism, and his unconscious fear and hatred of women will be readily apparent. However, these topics will not be discussed with much detail since they are already documented in the literature. The emphasis will instead be directed toward the patient's special feeling of awe as it appeared in his relationships, in his symptoms, and in certain special fantasies about women.

CLINICAL CASE

B, a twenty-six-year-old professional man, entered analysis because of impotence. On two or three occasions just as he was about to have intercourse with his wife, he suddenly lost his erection. His wife snickered the first time it happened because she felt he never did anything right, but when it recurred she became angry at his failure. The main reason for her anger was that she hoped to become pregnant and have a second child. At first, B wondered what was happening to him; when it happened again, he began to panic at the idea that he was no longer a man. In his shame he felt that his wife's anger was justified.

Not long after the analysis began, it became clear that the impotence had occurred because he did not want his wife to have another child. With this insight, his potency was restored. Soon afterward, however, I discovered that he had another long-standing sexual dysfunction—premature ejaculation. He had not mentioned this problem earlier as it did not bother him much and his wife did not complain because she seemed quite unconcerned with his pleasure. Usually during love-making he

satisfied her by playing with her clitoris until she had an orgasm. Sometimes she was not even aware that he had ejaculated during foreplay.

In describing his reactions, he said that as soon as he and his wife started to make love—kissing and petting—he felt his penis become intensely sensitive, and he often noted some dribbling of a few drops of clear fluid that he assumed was a kind of lubricant. Already struggling to maintain control during foreplay, he would ejaculate then or immediately on penetration. Afterwards, he felt ashamed and unmanly at his lack of control.

His premature ejaculation did not occur as a passive outflow, but as a series of pumping contractions accompanied by strong orgasmic feelings. From his description, it appeared that he became most excited by observing *her* excitement. His concern with her feelings was apparent from the start of analysis: he said his reason for wanting help with his problem was to become a better lover for his wife. He also noted that his wife, who was a small woman, appeared to be much larger when they were in bed together.

B was a slender, fair, handsome, and neat young man. He wore narrow, conservative suits that his wife had chosen for him and spoke in a musical voice with an affected manner that only thinly disguised his shyness and uncertainty. Although at home he felt like a nonentity who stood in awe of his wife, at work he was respected for his intelligence, his attention to detail, and his competence as a 'trouble shooter'. With fellow workers, he was polite but not 'one of the gang'.

He was married to a wealthy businessman's daughter, a woman he considered his social superior. He admired her beauty and deferred to her taste in art, fashion, books, and people. After they were married, she had 'done him over', changing his hair style, selecting all his clothes, and choosing the people they saw—mainly her own family members. He felt grateful for her help and believed that he had much to learn from her since he was not in the habit of thinking for himself when he was not at work.

B's wife ruled him absolutely. She had her own way in everything, even to the point of shoving him aside as he was about to enter the bathroom and saying 'Me first!' as she entered. When she had been especially selfish, he consoled himself with the thought that he was more mature than she was. (He was familiar with the joys of martyrdom.)

He had no hobbies or interests outside his work, read no books or newspapers, and did not care much for art, music, or movies. He had no friends, only acquaintances. On Sundays after finishing the chores his wife assigned him, he would sit in front of the television watching a football game, not knowing the score and sometimes not even knowing which teams were playing. He bored his wife because he had so little to say; consequently, she devoted her interest to their little boy and to her mother and younger sister with whom she spoke frequently on the telephone.

B also felt a deep awe for his wealthy, ostentatious in-laws. Early in the analysis before he discovered that his father-in-law had a reputation for being a show-off and a sharp dealer in business, he told me that he hoped someday to be as fine a man as his father-in-law. B also respected his mother-in-law's position in community affairs. When chauffeuring his in-laws in one of their identical Lincoln Continentals, he drove carefully and smoothly to protect his precious cargo. Later during treatment he said he felt he would have made a good butler; he would have enjoyed quietly and efficiently serving his masters and then retiring to the security of the room they were providing for him. Despite his awe of his in-laws, however, he had not consciously married for money.

In sum, then, B was competent in his work but profoundly henpecked and masochistic in his marriage, in which he behaved like an obedient latency child who had never gone through an adolescent rebellion against parental authority. He was intellectually constricted and he was also an obsessive-compulsive character with typical concern for neatness, frugality, and isolation of affect. In these characteristics he was typical of a large proportion of men who suffer from premature ejaculation (*cf.*,

Kaplan, et al., 1971). While he did not experience a wide range of emotions and feelings, much of the time he did experience certain feelings that were important keys to a deeper understanding of his character and his symptom. One strong feeling was the awe he felt for his wife and her parents which conformed very well to the dictionary definition of awe: 'solemn and reverential wonder, tinged with latent fear, inspired by what is sublime and majestic in nature'. Greenacre (1953) states: '... in awe there is intense admiration. . . . Certainly very strong aggressive feelings are aroused, but are suspended and diffuse, and may be converted presently into worshipful submission verging on the religious, *or into states of considerable excitement*' (p. 31, italics added). B's feelings of awe accompanied his overestimation and idealization of his wife and his masochistic pleasure in submitting to her.

THE ANALYSIS: INITIAL RESISTANCES

Early in the analysis, I began to question B about his naïveté, dullness, and lack of curiosity, since these attributes clearly posed a resistance to any exploratory work in the analysis. In response to my questions, he said that these had been his character traits for as long as he could recall. As a preschooler and also during latency, he would play by himself for hours. Most of his normal curiosity and intelligence went into his play because his mother had taught him to curb his curiosity about more important matters.

When he was four or five, he found a box of tampons in a drawer and took one apart to see how it was constructed. When his mother discovered what he had done, she was furious and told him never to look in her dresser drawers and never to touch such things again. He was left frightened and confused by her anger. Trying to figure out what had happened, he decided that each little white cardboard tube must represent a year of his mother's life; by unwrapping that tube, he had shortened her life by a year. His screen memory clearly expressed his wish to kill his mother (or destroy her phallus, as represented by the tam-

pon). More importantly, the experience taught him a damaging lesson: to restrict, inhibit, and conceal his curiosity, and not to ask questions.

These memories helped B to see that losing himself in his work and isolating himself from the rest of the world were forms of neurotic denial and isolation that he learned in childhood and was still using in the present. He painfully began to recognize how ignorant he had been, how incapable of making any decisions for himself, how willing to believe whatever his wife told him, and how naïve he had been about his in-laws—denying their ostentatiousness and his own toadying attitude toward them. He also saw the obvious similarity between his relationship to his wife and his earlier relationship to his mother which had been a major source of his development of feelings of awe and pleasurable submission.

Because he had feared his domineering and controlling mother's anger, B had developed various means of avoiding it or protecting himself from being hurt. He learned to withdraw from her for long periods of time into a play world where he did not need her. He also learned to be submissive and obedient as a way of preserving a nonpainful relationship with her. And because he idolized her, in the act of submission he gained the pleasurable feeling of belonging to and identifying with a powerful, idealized object. The idealization of his mother with its accompanying feelings of awe became a chief means of achieving a feeling of well-being and safety. In later life when he was faced with feelings of weakness, helplessness, or fear of another person, he would respond again by developing a stable, enduring relationship with a highly idealized sadistic object. This was the role now played by his wife.

A second major area of resistance from the start of the analysis lay in his difficulty in working in close alliance with me. He had no close friends and romantically styled himself a loner who never trusted anyone. A source of this problem in object relationships soon appeared in childhood memories of his father. B was about four years old when his father returned from the

armed forces to join the family. In dealing with the boy, the father expected military obedience and showed disgust if things were not done right. Even when he was in a good mood, he affectionately called the boy 'a little cocker' or 'a pisher' (derogatory Yiddish terms referring to a person who defecates or urinates). His sarcasm continued even after his son became a grown man. In his childhood, the degrading and sarcastic comments of his father mortified B deeply, and a fear of humiliation became one of his main concerns. He was intensely preoccupied with moving his bowels quickly and efficiently, with no delay or accidents, so as not to appear to be a little 'cocker' or 'pisher'. Here again, as in his ambivalent relationship to his mother, the boy dealt with the painful feelings involved in seeing himself as degraded by identifying with his awesome and highly idealized mother.

While the effect of his father's sarcasm had been to keep the boy at a distance where he would not be hurt, B still admired his father despite his harshness. His father was handsome and strong and had an impressively large penis which the boy had seen on a few occasions. After returning from the armed forces, B's father had become a builder of houses. B had seen his father at work on the job and hoped that he too would some day be a builder. One day he and a friend found some lumber which they took to a nearby lot to build their own little house. They were very proud of their accomplishment but shortly after it was done, B's father came home, saw the house and, without a word, got a hammer and tore it down. What the father intended is not clear; perhaps he was teaching the boy not to steal lumber. But nothing was said and B did not ask because he knew that father did not like 'dumb' questions.

Destroying the house which, in effect, crushed B's attempt to identify with his father was representative of a series of actions by the father, actions that intensified the boy's castration anxiety and prevented him from reaching a satisfactory resolution of his oedipal conflicts. Instead, his aggression against his father was channeled into his harsh superego introjects, which were an important part of his masochistic character. Moreover, his fear

of his father caused an intensification of his femininity, his masochism, and his ambivalent attachment to his overwhelming mother.

In the transference, B repeated with me the childhood adjustments he had made to his parents. In one aspect of the transference, he idealized me and acted in a compliant manner, inviting me to advise and direct his life; in another aspect of the transference, he presented himself as incompetent and deserving of scorn and abuse. In the face of persistent interpretations of his use of pathological defenses and of the transference, he entered a form of delayed adolescence in which he was no longer willing to be a good boy, a latency boy, but was determined to become a man.

CHILDHOOD DETERMINANTS OF MASOCHISM AND AWE

In B's boyhood home, his mother had been boss. He, his father, and sister were all afraid of her. When she was angry she would narrow her eyes, set her mouth, and go into the kitchen where she would bang the cupboards as she worked, while the others would try to placate her. And she always did a lot of nagging and complaining.

B's father, like his son so many years later, had married a woman who, he felt, was socially superior to him. A carpenter's son, he had once, when he was courting his future wife, walked out on her because he was tired of her family's attitude of superiority. He sulked at home until she visited him and asked him to return, which he did. This victory by sulking, however, did not change the balance of power between them; she remained dominant. Consequently, B had developed a fantasy of marriage; in it, an imperious woman wearing furs, expensive clothes, and a fantastic hair style walks into a 'posh' restaurant, followed at a respectful distance by her husband whose task it is to pay the bills and make her life run smoothly.

B's sarcastic and stereotyped fantasy of marriage expressed his intense anger against his parents which had emerged only since

his own marriage. When his wife was angry with his parents, B felt safe in following suit, even though he realized dimly that slighting his parents also reflected badly on him. But the important factor in his fantasy was his identification with his father. His sarcasm, like his father's sarcasm, revealed his hidden anger against his mother and all women. But his marriage was also like his father's marriage in which the husband was masochistic and submissive. For the purpose of this study, it is necessary to describe briefly the affective and defensive reactions involved in masochism in order to understand the place of the feeling of awe in masochism.

Brenner (1959), in a review of the literature on masochism, points out that the masochistic character is a result of contributions from all the psychic agencies. Thus the id achieves gratification of instinctual drive wishes for which suffering is a necessary condition; the ego uses submission as a means of preserving a dependent relationship with a sadistic object; and the superego, which has become the recipient of the aggression originally intended for the object, now functions to condone the need for pain and suffering and directs aggression against the self. The attempts by the ego of the masochist to reduce painful stimuli emanating from internal and external sources and to achieve a feeling of safety and well-being are contingent upon the subject's allowing himself to be degraded and humiliated. However, the feelings of humiliation and degradation are themselves sources of pain which must be dealt with by defenses such as denial or, in many cases, by the idealization of the sadistic object into an awe-inspiring, highly admired representation with which the subject can identify. In B, it appeared that his idealization of his wife had served this function. In time, it became apparent that as he grew less afraid of and dependent upon her, he became less masochistic and used less denial and idealization of her in their everyday life.

Explaining the relationship of masochism and awe, however, does not explain how the child develops this reaction in the effort

to handle feelings of fear and degradation. What are the earlier determinants of the experience of awe?

In her writings, Greenacre (1953) speaks mainly of penis awe. She refers to early experiences of seeing the erect penis and contrasts penis awe with penis envy in little girls. Greenacre (1956) also describes milder attitudes of penis awe in males and mentions in passing and without elaboration the 'related problem of masculine awe of pregnancy, so apparent . . . in the worship of the Virgin Mary' (p. 79). The crucial ages for traumatic experiences of awe in childhood, according to Greenacre, are from four to seven years.

Harrison (1975) feels there are two aspects of awe. The first is 'phallic awe'—veneration tinged with fear or dread—stemming from experiences during the oedipal period, largely associated with awe of the father. This would conform with Greenacre's description. The second aspect of awe is a feeling of wonder, uncanniness and, ultimately, of merging or union, stemming from early nursing situations and the period of separation-individuation and later linked with fantasies involving the mother.

At this point in the analysis of B, it was not yet possible to describe fully the early determinants of his attitude of awe. He had, of course, recalled how impressed he had been upon seeing his father's penis. However, I wondered if one possible source of his awe of women had originated in his seeing his mother pregnant when he was about three years old. Unfortunately, no such data appeared in his associations. Certainly there were no memories of the shocking or traumatic awesome experiences described by Greenacre and Harrison. But as we reconstructed his childhood and family background, another determinant of his awe appeared. It seemed to be a group phenomenon in his mother's family: the family members shared an almost religious devotion to the highly idealized figures of his grandparents.

His mother's parents lived and held court in a large, Tudor-style home from which they ruled the family. B's parents, aunts,

uncles, and cousins gathered there on holidays and at times of tragedy, and all family decisions were made there in an atmosphere of respectability and financial security. The boy empathically sensed from an early age the entire family's feelings of extreme respect—to the point of awe—for his grandparents. As a boy, B observed his grandfather one day listening to the stock market report on the radio in his paneled den and imagined that his grandfather had a private radio service to keep him posted on his far-flung investments. (He realized only years later that these broadcasts were being made to the public at large.) And behind the impressive figure of his grandfather was the even more impressive figure of his grandfather's brother, Uncle C, the millionaire.

B, as a child, was painfully aware of his own smallness, weakness, and other shortcomings, and he felt he was an insignificant member of a minor branch of the family. By identifying with the highly idealized and aggrandized figures of his grandparents and his great-uncle, he was able to achieve feelings of improved self-esteem and well-being. This method of reducing the painful feelings associated with a degraded self-representation was a model for his later relationship with his wife and her family.

After two and a half years of analysis, we had discovered many of the determinants of his masochistic and submissive relationship to his wife by reconstructing his earlier relationship to his controlling and overwhelming mother, his fear of his father, and his observations of their marriage, in which the father was the masochistic and submissive partner. The feelings of awe he had for his wife and her family were understood as a result of overcoming painful feelings of self-degradation and inferiority by merging and identifying with a highly idealized object. We had found that his feeling of awe contained elements of his original fear of both his mother and his father. And finally, we had found that the feelings of awe had developed partly as an empathic group identification with other members of his large family who all stood in awe of his grandparents. But we still had not recap-

tured any memories of the kinds of shocking and awe-inspiring early experiences that are mentioned in the work of Greenacre or Harrison; and we had not yet been able to connect his feelings of awe with his sexual excitement when he had a premature ejaculation. Indeed, although he had changed favorably in a number of ways and his relationship with his wife had improved, his sexual dysfunction remained essentially unchanged and was associated with continuing feelings of awe for his wife when they were making love.

AWE AND SEXUAL EXCITATION

At the start of the analysis, B had been indifferent to sex; most of the time he could take it or leave it, his main goal being to give pleasure to his wife. As he became more manly and assertive, he began to be interested in his own pleasure and less totally devoted to giving her an orgasm. She reacted to the change in him by losing some of her interest in sex; in the evenings she was tired or reading a book at bedtime. When they did get together, he might enter her and stay quiet for a few seconds so that he would not ejaculate immediately, and then continue intercourse for a few more seconds, but never as long as a minute. Usually, he ejaculated just after penetration and, occasionally, before penetration.

In addition to his premature ejaculations, he had 'wet dreams' every few months which woke him from his sleep. When he awoke, he felt the same shame in his lack of control—his unmanliness—that he felt after a premature ejaculation. There had been many opportunities to interpret in terms of his toilet training his shame and guilt at 'coming in his pants' or 'making a mess of it' or 'not being able to control himself'. His inability to control himself seemed to be both an expression of resentment at the rigid training demands made upon him and a fulfilment of his father's dim view of him as a little 'pisher' who could not hold his water. It seemed likely that this painful self-representation, which originated in his early difficulties in establishing controls and in his father's scornful attitude toward him, was directly

connected to the feelings of the uncontrollable pleasurable excitement he felt when he was in bed with his wife.

Around this time, B began to report some anal itching. At first, he tried in his usual manner to get some advice from me. Should he see his doctor? Was it serious? Was it due to hemorrhoids? When I suggested we try to understand the meaning of his symptom, a great deal came to light.

There was the matter of his bowel habits. In going to the toilet, he had always been the 'fastest B.M. in the West'. He had to push out the feces without wasting any time. He wondered if the straining at stool could have caused him to have hemorrhoids. Also, if the bowel movement did not all come out right away, he would often use his finger to help get it out. Then, since he was concerned with cleanliness, he would be vigorous in wiping himself and would roll up the toilet paper into a little stick and push it up his anus to clean the anal canal. This anal masturbation might well have caused his pruritis ani. He also related these toilet habits to the premature ejaculation in the following manner: at the toilet he had been taught to get through the 'B.M.' as quickly as possible, but when he performed intercourse with the same dispatch, it was not manly; just the opposite, it was a form of impotence.

B finally decided to visit his doctor who examined him with a proctoscope, told him he had slight hemorrhoids, and prescribed suppositories which he used for a week. He also began to take more time with his bowel movements and stopped wiping himself so vigorously, so that in a short time the itching and irritation were gone. In association to his visit to the doctor, he recalled that his mother had undergone a hemorrhoidectomy either before or shortly after he was born. When he heard about it as a child, he imagined that the hemorrhoids were like barnacles which the doctor scraped from inside the anal canal. He also thought that when he strained at stool, a plunger shaped like a druggist's pestle came down and forced out the feces. Sometimes he was afraid that if he strained too hard the plunger would be forced right out of him and hang out of his anus. He

also believed his mother had a plunger or pestle inside herself, along with the barnacles.

This fantasy contained two important elements: the barnacles and the pestle. The barnacles represented teeth; he had imagined a dentate anus which presaged his fear of the *vagina dentata* that appeared later in the analysis when he finally faced his castration anxiety. The pestle, which represented an anally incorporated phallus (and which may have been associated with his screen memory of the tampon), provided the first insight into his condensation of feelings of awe for his father's penis and his representation of his impressive and domineering mother who, he imagined, had a phallus within her anus. Thus, in his fantasies, he felt awe for a phallic mother.

Around this time, he had a 'wet dream':

My wife is lying on her side, with her back toward me. I am reaching around and rubbing her breasts and between her legs. Her body seems enlarged; she is very big, and she is getting excited which is making me excited. I have a tremendous sensation in my penis. I push her over on her stomach and mount her from the rear, but I don't put my penis in. I just rest it against her buttocks. Then I wake up ejaculating.

He said that he was disgusted with himself for ejaculating and that he felt like a kid which may be why his wife seemed so large in the dream—that is how a grown woman would appear to a kid. He also felt ashamed of the position he was in, approaching her from the back and not penetrating her, because it showed he was afraid of regular intercourse. He thought of his fears of failing, of being laughed at as a little 'pisher who couldn't do anything right'. He added that in the analysis I was behind him as he was behind his wife in the dream. This association showed that during his premature ejaculations, he was being excited by his own feminine wishes—in identification with his wife—to be penetrated anally by a man. Moreover, the visit to the doctor who examined him with a proctoscope was an acting out of the transference wish for me to use him as a woman. In this wish he

was re-enacting the role of his mother who, so many years before, had been 'scraped out' by the doctor.

The excitement of a small boy with a grown woman disclosed by the dream and the associations led to the recall of boyhood fantasies. He remembered a comic book character, a frightening but fascinating woman called a Valkyrie who had a hawklike face and a powerful figure and wore a helmet and armor. His fantasies about her were not openly masochistic; he thought mainly of the thrill and the feeling of power he would get in being with her and exciting her. His pleasure in controlling her excitement served to negate his shame at being unable to control his own excitement. The Valkyrie was not simply a woman with an anally incorporated phallus, as we had seen in his fantasy of his mother's pestle. She was instead a formidable bisexual object, a man-woman, whose armor and phallic breast cups stirred wonder, admiration, and fear in the little boy.

B's inability to control his ejaculation appeared to be an essential and indivisible disturbance that accompanied his self-representation as the little 'pisher' in awe of the phallic woman. While he was generally overcontrolled as an adult, in typically obsessional fashion his feelings in bed with his wife were those of a boy who was childishly concerned with losing control of urination and defecation. As we explored his disturbances in these autonomous functions, it seemed that the difficulty stemmed partly from the harsh and intrusive toilet training by his mother. Indeed, the theme of his hatred for his mother and his fear of her retaliation ran through all his fantasies.

To ejaculate prematurely was to frustrate and irritate his wife-mother, while to penetrate her was to torment her anally as his mother had tormented him when he was a child. Furthermore, since he fantasied his wife-mother as having a powerful phallus within her, he was faced with the dread of a deadly confrontation within her body. Thus his anal sadistic fantasies and fears were joined by the specific fantasy of castrating, and fear of being castrated by, the phallic mother. It is interesting that he defended himself against his fears in two ways. In the dream he avoided

penetration and, clinging to a weakened role, escaped retaliation and castration. In his associations about the analyst being behind him, he adopted the woman's position, leaving me behind him to penetrate him and to be faced by the deadly battle within the claustrum. Thus he could express his fear of me and his wish to castrate me as he imagined his mother so long ago had wished to castrate the doctor who performed the hemorrhoidectomy. Furthermore, by becoming a powerful phallic woman, he could overcome the humiliation of being a little 'pisher'.

With these insights into the details and origins of his fantasies and their associated feelings of awe, B was able for the first time to have intercourse with his wife for a longer duration. Intercourse seemed different to him now. As he felt less need to serve his wife, he had a greater sense of control.

Following his success, B had a frightening dream of arguing with his father. For the first time in the analysis, he experienced a reaction to allowing himself to be a man and to possess and penetrate his wife. He had dreams of fighting his father with a tire iron and dreams of bloody injuries. In the face of these new fears, he began to avoid intercourse but did not give it up. While in this phase of working through, one evening he was with his wife who was wearing a bra and teasing him but was really not interested in going through with intercourse. He was touching her breast inside the bra when he got the old feeling of excitement at being with a large woman, and he suddenly ejaculated in his pants. I asked him what he thought about being with a large woman and, without knowing why, he said, 'My grandmother'.

A flood of memories about his grandmother followed. When he was four or five—perhaps when his father was in service and he and his mother lived at her parents' house—he was dressed in a cowboy suit and sitting next to his grandmother, a mountain of a woman. He reached over affectionately, patted her on the leg, and said, 'You can be my big fat squaw!'. The adults there laughed because he had called his grandmother fat, not realizing

that he found her attractive and wanted her for himself. She was the great woman of his fantasies, a truly awesome figure. She had come from the old country as an immigrant and worked in sweatshops; she had once made a legendary leap to save her life during a fire in a sweatshop. After her marriage, she had six children and all four of her sons went on to become professional men. Her husband and her children respected her as a pillar of moral strength, and her strudel was considered a masterpiece. On holidays she would sit among her grandchildren and give each of them a crisp new twenty-dollar bill; she insisted that her husband, who by then was a successful man, bring home only new bills. Since she did not drive a car, B and his cousins, when they were teenagers, shared the duty of taking her shopping. Here was where B had learned to enjoy being a chauffeur, as he did years later with his in-laws.

A 'wet dream' revealed this 'grandmother theme'—the excitement of the small boy with the awesome woman—even more clearly:

I am in a room with a lot of women—like a locker room. I am with this one woman who has dark hair and a round face like my wife, but she is big like my grandmother. I find her very exciting and I am feeling her breasts. She is wearing a bra which makes her breasts feel hard; they are droopy breasts like my mother's and in the bra they are sort of long and cone-shaped. While I am feeling her and getting excited, she is letting me know that what I'm doing isn't right and that I'm not acceptable to her. She isn't interested in me. Then I wake up and I'm ejaculating.

In his associations to the dream, he recounted for the first time in the analysis the vivid and, for him, awe-inspiring memory of seeing his mother's breasts. He was walking by her bedroom door and caught a fleeting glimpse, which has been etched in his mind ever since, of her bending over while she was dressing, her breasts hanging down in a manner that fascinated and revolted him. He also recalled his feelings of guilt and shame at his

fascination with what he had seen. The dream portrayed accurately his feelings of rejection and impotence.

The woman in the dream was a composite figure representing the awesome woman who stirred his feelings of fear, veneration, and sexual excitement. She was composed of memories of his formidable mother and her exciting phallic breasts; of his father's impressive phallus; of his mountainous, heroic grandmother whose size may have been reminiscent of his impression, at age three, of his pregnant mother; and finally, of his wife who, during love-making, appeared large and overwhelming. This composite figure was the counterpart to his self-representation as a little 'pisher'.

Filling in the details from B's childhood memories of the sexually exciting and awesome image of the woman who was the counterpart of his own degraded self-image completed the analysis of the feeling of awe and its associated fantasies. The connection between the feeling of awe and his sexual excitement had also been clarified by tracing it back to sexually exciting experiences during his childhood with a number of awe-inspiring objects. Finally, the premature ejaculation had been related to a particular defect in developmental lines of self-control that appeared especially during certain conflicts which evoked his fantasies and feelings of awe. Once this was done, and after a period of working through, B experienced a considerable and lasting improvement in his sexual functioning. He also went on in his analysis to deal with several important areas which are beyond the scope of this paper: his castration anxiety; the importance of the birth of his sister; his œdipal conflicts which had been greatly intensified by the dramatic reappearance of his father when the boy was four; and the later development of an intensely negative transference.

Since the focus of this study has been on affects and premature ejaculation, a final example of the patient's feelings about intercourse after he had improved—by way of contrast with his earlier feelings—is of interest. During a session at this time, B

spoke of what had occurred the previous evening. He first described his wife's initial rejection of his sexual overture and his success at overcoming her reluctance. He then continued:

Well, we made love and it was very nice. I was thinking about enjoying her, the smell of her perfume, the shape of her body and all that. I was taking my time and when I wanted her to do something, I asked her. She seemed smaller and we talked—which we never used to do during love-making—and it makes a big difference. Anyhow, we played around quite a long time and then had intercourse which lasted around a minute or two. It was fine, no premature ejaculation, and we both enjoyed ourselves. I felt relaxed, not tense as I used to feel.

The feeling of awe was gone. Harrison (1975) in his study of awe, notes in some detail the association of feelings of awe with a choking sensation or a gasp of wonderment. In this case, B's speechlessness in the past may have been associated with his feelings of awe toward his wife. Now that the feeling of awe was gone, he found he could talk to her while engaging in sexual activity. In addition, the fantasy that accompanied the feeling of awe was gone or had become inactive, as was evidenced by the change in his impression of her size. She no longer appeared so large and he no longer felt he was a small boy. And finally, the premature ejaculation, which was an accompaniment of his self-representation as a little boy with poor controls, had lessened, although he still showed a shakiness in his feelings and in his controls which may have betrayed underlying residues of castration anxiety.

In attempting to conceptualize the changes that occurred in B from a dynamic point of view, one is struck by the importance of his intense castration anxiety, his masochism, and his anal regressions. His castration anxiety appeared in his frightening dreams of bloody battles with his father and in equally frightening castrative *vagina dentata* fantasies. The image of the phallic

woman who was central to all of his awe-inspiring fantasies was a defense against his own fear of being castrated and made into a woman without a penis.

In his transference fantasies and in his acting out, he played the role of the phallic woman who submits to anal penetration by the physician-father. With the emergence in the analysis of these previously unconscious fantasies, B was able to appreciate their defensive regressive meaning and begin to try to function in a more adequate masculine fashion, which he did with some success.

These familiar formulations in terms of his conflicts, his fantasies, his anxieties, and his defenses do not contradict but are complementary to the subject emphasized in this paper. Only by analyzing his feeling of awe were we able to understand his castration anxiety, œdipal conflicts, and feminine identifications. In studying the vicissitudes of the feeling of awe and its associated fantasies, we saw how they resulted from certain painful experiences with his mother and father, particularly the danger of humiliation associated with his father's scorn and the degraded role he assumed in his masochistic relationship to his mother. We saw that his masochism was in part an identification with his father's marital adaptation and that because of his feelings of being small and in a degraded position, he idealized his mother and could only achieve a feeling of worthiness by identifying with her.

In exploring the earlier origins of his feeling of awe, we saw it first as a form of empathic group identification with the awe his entire family felt for the grandparents. Later, his degraded self-image was traced to his feelings of mortification at his disturbance of developmental lines dealing with self-control. His feeling of awe was also connected to earlier experiences which had been both awe-inspiring and sexually exciting. These experiences included his impressions of seeing his father's penis, of seeing his mother's breasts, and of his exciting relationship to his awesome grandmother who may have evoked in him memories of his mother's pregnancy. All of these sexually exciting fantasies

were elaborated, under the influence of the drives and his castration anxiety, into the representation of the phallic woman.

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IDROSOPHOBIA: A FORM OF PREGENITAL CONVERSION

BY THEODORE DOSUŽKOV, M.D. (PRAGUE, CZECHOSLOVAKIA)

The origins of idrosophobia (profuse sweating) in a young man are traced to his œdipal resolution and his pathological regressions and defenses. Idrosophobia, which resembles erythrophobia, is described as a syndrome of pregenital conversion.

My analytic work with neurotic patients over a period of years has led me to believe that fear of failure and disgrace are common symptoms in many neuroses. In this paper I describe a patient who consulted me at the beginning of my psychoanalytic career. The analysis was not a conventional one; I was a newly trained analyst and charged no fee. It was an analysis of symptoms, not of the transference. It was similar to what Berliner (1941) termed 'short psychoanalytic therapy'.

The patient, G, was an unmarried, twenty-nine-year-old Russian-born lawyer and journalist who had political aspirations. He complained of excessive sweating of his face and hands. The sweating had begun eighteen months before he sought treatment. He was convinced that people noticed it and that it was accompanied by an offensive odor. In consequence, he felt an outcast. His situation was critical because he was avoiding contacts with people who were essential to him in his profession.

G's parents still lived in Russia, and he informed me that he had a sister who was two years younger. At age twenty-three, after enjoying excellent health, he had fallen ill with tuberculosis and was treated in many sanatoriums. At age twenty-seven, two years before he came for treatment, his fiancée had left him for another man. He became gloomy and troubled and left Prague for Belgrade. On returning to Prague six months later, he first noticed the excessive sweating. When he consulted me, he described his condition in the following way.

If he is alone in a room, even a warm one, he is not aware of sweating, but if even one person enters, he begins to sweat on his forehead, then on his temples, face, and hands. The sweat drips down, he wipes it off with his handkerchief, and 'attracts the attention of everyone present'. With a few intimate friends this does not occur; however, he sweats profusely with others who are close as well as important to him. Consequently, he avoids contact with them and, if he unexpectedly encounters them, finds an excuse to leave promptly. He shuns public halls, meetings, entertainments; he can attend movies because he is in darkness but must leave the theater during the intermission when the lights go on. He can eat in a restaurant only if it is unfrequented and he can sit in a dark corner. If his sweating is noticed and inquired about, it gets worse. All this, he reported, prevents his practicing his profession.

G's entire existence was complicated by the defensive measures he had to adopt against exposure. He feels best, he said, if he has gloves on, or merely one glove in his pocket. He procrastinates when he is faced with meeting new people or even those he has known in the past. If someone who knows about his condition is present, and especially if that person watches him, the sweating increases. On such occasions he has had to leave a room abruptly. Alcohol helps: three glasses of Vodka or three cups of beer prevent the sweating.

Only recently had he noticed the repulsive smell of his sweat, suggesting to him that it is fetid. (It is doubtful that he really sensed such a smell; i.e., it was not a true hallucination.) G also believed that others could smell the sweat. He connected the profuse sweating of his hands with masturbation, although there was no history of excessive masturbation in adolescence. He had begun casual intimacies with women when he was twenty, and a few years later fell in love and became engaged.

Although G's main complaint was his intense sweating, and his shame about it, it was apparent that this symptom was ac-

accompanied by delusion. Hence, I have called his condition 'idrosophobia' (from the Greek 'idros' [sweat]).

So far as I can discover, no such case appears in the psychoanalytic literature. In 1909, Federn presented a case of impotence in a man who complained of sweating hands (*cf.*, Nunberg and Federn, 1967). Feldman (1922) described a patient with erythrophobia who, during an attack of blushing, sweated on his nose. In 1945, Fenichel confirmed to me that a neurosis such as I describe here had not been reported up to that time, and he believed it to be a problem of general anxiety and social bashfulness.

As G's neurosis was precipitated by his fiancée's leaving him, his leaving Prague might be described as using a normal defense against a disappointing object: an effort to forget the woman. Analysis, however, disclosed a different explanation: he left because of the shame he felt among people who knew of his intimacy and his rejection; in other words, a narcissistic injury. When he returned to Prague, his avoidance of people and his idrosophobia became pathological manifestations of his shame.

The analysis began two years after G's fiancée left him. He had sincerely loved her and she had callously refused him. He felt both grief and jealousy. While in Belgrade, he visited a brothel but intercourse with a prostitute failed to satisfy his wish for tenderness. For several days thereafter, he masturbated; it was more satisfying than intercourse with a worthless object. During his analysis he continued to masturbate and often referred to masturbation. He said he had learned in school, during prepuberty, that a person who masturbates is revealed by the hair on his palms. His schoolmates derided such persons; G did so too, and concealed his masturbation from the other boys.

Just as he had worried that his schoolmates might learn that he masturbated, G continued to feel anxious about failing in the eyes of other men, especially those in authority. For instance, he was ill at ease and anxious with a publisher, a man older than he, who was friendly and sympathetic. Although he valued the

man's friendship, he became so timid in his presence he could no longer face him. Under similar circumstances, he continued to withdraw from society.

With one exception his relationship with women had been satisfactory. The exception was a married woman, a Russian princess, who liked to visit his bachelor flat. There he would caress and excite her and then undress her, but she refused intercourse. G said that she enjoyed undressing for him and letting him kiss her until he had an ejaculation. With other lovers he never feared being 'revealed' but with this woman he was seized by panic; 'she saw through me'. Her innocent behavior seemed sinister to him: she kept her gloves on in the park 'to have an excuse for not shaking hands with me'. He finally left her in panic, just as he would run from a room or meeting hall because of his sweating. Thereafter, he was unable to be affectionate with any woman.

Soon after G became aware that he still unconsciously wished to masturbate, the subject of castration came up in his analysis. He reported a recurring dream: 'Someone in grey says that a cesarean section will have to be performed'. He insisted that it was a purely acoustic dream, but could not deny that 'someone in grey' appeared in it. The figure, 'someone in grey', he associated with a character representing 'Unavoidable Fate' in a Russian play by Andreiev. The patient had seen the play as a child and had used the character to deny the existence of his father, of whom he was afraid. In the dream, G was present only as part of the audience.

Sectio caesarea has two meanings in Russian: flogging and the obstetric operation. G came to understand that the dream referred to the flogging his father often threatened and sometimes carried out. He thus became aware of his fear of his father which until that time had been unconscious. He had liked his father and had felt loved by him, just as he felt liked and admired by the friendly publisher. His fear of cesarean section was connected with castration anxiety.

Analysis of the œdipus complex proved to be more difficult

than that of the castration complex. G was unaware of any tender feelings toward his mother; only his father, he thought, deserved such feelings. He particularly loved his old nurse and spoke with warmth of the care she had taken of him. In one session, he mentioned an old Ukrainian song about a nanny's faithfulness and a child's love for her. Both G and his nurse had been born in the Ukraine, and in Ukrainian 'nanny' means both mother and nurse. When I pointed this out to him, he was amazed and for the first time admitted that he had loved his mother 'terribly much'.

The positive œdipal feeling was apparent in a dream in which G was the lover of Empress Catherine II. To this he associated the historical fact that one of Catherine's lovers killed, with her knowledge, her husband, Peter III. (The recurring dream about 'someone in grey' had revealed the positive œdipal wish changing into the negative one: the unconscious anxiety-producing wish to be castrated by the father.) After associating to the dream about the Empress Catherine, G jocularly added that he had never had a sister but had created one in fantasy many years before because he felt ashamed to be the only child of his parents. He was not only ashamed, he said, but was also anxious; he had felt that a 'castrated' sibling would protect him against castration. Further, his father's love would be turned from him to his sister, and his own way to his mother would then be clear. In other words, his shame of being an only child was the shame of unconscious homosexual masochistic wishes toward his father. His shame with the publisher can be explained similarly: the honored friend showed affection for G, who would have returned it had his neurosis not made it impossible for him to do so. G then recalled mutual masturbation with a boy slightly older than he; G had played the passive role.

Analysis of anal drives took up much time. G, a cultivated and elegant gentleman, was much concerned with problems of dirty underclothes, cleanliness of toilets, and the lice he had had to deal with as a soldier in the Russian revolution. In general, it was not possible to analyze the evolution of his preoccupation

with cleanliness, but he did recall that in his fifth year he had awakened with the impression that he had defecated in bed. He found a black object in the bed and wanted to play with it, but then discovered it was his shoe. The child, it would seem, had dreamed of defecation with a pleasant sensation and was afraid he had made the dream come true. It seems probable that he had had difficulties with soiling until his fifth year.

G spoke in analysis about the pleasure of urinating in the warm water of his bath (his 'vice', he said, since childhood), about his dislike of using urinals, and about his phimosis. Several years before he had undergone surgery to correct the phimosis, not only for hygienic reasons but also so that 'my penis can be like that of any adult man'. Before the surgery he had avoided urinating in the presence of others. Analysis of his urethral fixation was difficult. However, his finally recollecting his childhood enuresis, which had previously been repressed, was a valuable achievement. Reconstruction of his urethral fixation began when he dreamed he was a fireman with a long fire engine, spraying water on a burning house. The fire engine symbolized his micturition; the house, his mother; and the fire his mother's micturition and her love for him. The enuresis had lasted until he was six and was considered a disgrace: he would feel bewildered and inferior when he wet his bed. Because of his vanity, such bedwetting was a narcissistic injury. He also recollected being aware of how small his penis was in comparison to his father's.

It will be recalled that his idrosophobia began with the injury to his narcissism when his fiancée left him for another man. G, a vain man, had been exposed to derision, just as the bedwetting had exposed him long before. Because of his bedwetting, he felt he had 'lost' the love of mother. Later he 'lost' his fiancée and his preoccupation with his sweating, a displacement upwards, began.

G's oral fixation also played an important role in his development. He had no recollections of oral manifestations in childhood (his analysis was of course incomplete). However, he

was a heavy smoker and one episode he reported illustrates oral behavior. During a summer holiday from analysis, he again visited Belgrade and there met a Russian politician who edited a newspaper. This man told him about a therapeutic regimen that involved starvation and periodic examination of the tongue. G was enthusiastic about the procedure, and later starved himself for a time as an 'addition' to his analytic treatment.

Scopophilic tendencies were also prominent in the patient, both in childhood and adulthood. He enjoyed examining the naked Russian princess and exhibiting his erection to her. Further, his inhibition concerning the use of urinals was evidence of suppressed exhibitionism. As a boy he had not dared to join other lads in contests to see who could urinate farthest, but he practiced secretly and imagined himself out-distancing all the others.

As G's analysis was not a conventional one, an explanation of his symptoms is necessarily incomplete. The idrosophobia, a manifestation of his pathological shame, was a conversion symptom. He defended himself against sweating by magical means or by isolating himself. His shame of masturbation was displaced to his sweating, the one component of his analysis that met with complete success: the sweating disappeared. The patient's unfavorable comparison of his penis with his father's—which also expressed a repressed homosexual wish for father—found expression later in his inhibition about urinating in the presence of others. His social anxiety arose both from the shame we have discussed and from a particular anxiety that was an expression of his castration fears. This anxiety was complicated by identification with mother and masochistic tendencies. Against his anxiety he had two defenses: repression of his œdipal love for mother and his identification with her, and the molding of his homosexual masochistic wishes into an extraordinary symptom. The creation of a fictive sister had the same goal. His tendency to depression was also connected with his masochism as well as being a manifestation of his deep oral fixation.

Analysis of the patient's pregenital drives revealed the importance of the urethral and anal components. Even though the analysis was fragmented and incomplete, it is clear that as a child G equated anal-urethral with phallic activities. Just as he had 'trained' (practiced) for contests in urination, in his political activities he 'trained' to find provocateurs and took pride in his success in doing so. Urethral interests are, of course, related to vanity; equally clear is the relationship between urination and sweating. G was especially concerned about sweating on his hands and face. The hands are used to masturbate; the face represents the whole person, and especially the genital (*cf.*, Herland, 1956; Roth, 1959). Also, G had a real defect of the face: he was very pale. This was one of his pretexts for dressing faultlessly. He was meticulous about caring for his hands—'I have the hand of my father'—and wore rings. His face, however, resembled his mother's. He always carried a mirror.

The morbid thought that his sweat stank had two determinants: one, his enuresis (sweating made his underclothes smell 'as if soaked in urine'); the other, his encopresis (he had an anal fixation with regard to its smell).

G's sweating was an overdetermined symptom. He became aware of its connection with masturbation but its connection with castration remained unconscious. The urethral and anal components, as well as the exhibitionistic tendencies which were masked by shame, were brought out in the analysis. He employed magical defenses: merely carrying a glove in his hand or pocket prevented sweating of his hands, and even of his face. Drinking three glasses of Vodka or beer also prevented sweating. Perhaps the liquor removed an inhibition, but three is a masculine symbol.

During his analysis, G related two Russian folk tales. The first is about the cap of Fortunatus which makes the wearer invisible (like the gloves). The second is the story of the Immortal Skinbone, a wicked old magician who keeps a beautiful princess in his shanty. The hero wishes to set the princess free but believes this is impossible because Skinbone is immortal. She explains to

the hero the only way Skinbone can be killed: one must first shoot a falcon which will become a crow; when the crow is shot, it will become a duck which will lay an egg and break it; within the egg will be a needle, and only if the needle is broken will Skinbone die. The moral of the tale, of course, is that any attempt to castrate the old man will fail unless the final act is performed. G ended his recitation of the story with the hero holding the egg in his hand; the mere threat of the old man's death satisfied G. (The hand as we know is the magical implement used in the oedipal drama.) A further detail of the story is of interest. The princess hides the hero when Skinbone comes home. Skinbone says suspiciously, 'There's a Russian stench in the air here—it smells of Russia!'. G's relating this tale revealed the link between his idea of stinking sweat which attracts notice and his fiancée's betrayal which he felt made him a subject of ridicule.

Ideas of reference and of being observed were cardinal symptoms in G's neurosis. He was sure that people noticed his sweating, especially men who were important to him, such as his boss. In his 1911 paper on Schreber, Freud noted the connection between paranoid delusions and unconscious homosexuality. In 1915, Freud again noted the connection in a patient who thought she was being persecuted by her male lover; he showed that her persecutory delusion was superficial and served to cover her anxiety that she would be observed with her lover by the female chief in the office where she was employed.

During one interruption in his analysis and after some months without delusions concerning the Russian princess, G began to see her again. However, he soon developed a suspicion that she had 'shown him up', became panicky, refused to see her, and immediately resumed his analysis. In the first session, he expressed his belief that she had observed his sweat and concluded that he was masturbating. He then mentioned that he had seen her on the street with his boss. When I suggested that this might have something to do with his suspicions, he became agitated but acknowledged that this could be important as she might defame

him to his boss. At this point, he remarked, 'She told me the last time I saw her that she knows you personally'.

Toward his boss, G had the same ambivalence as he had toward his father and the analyst. Although a positive transference seemed to have been established, he had twice left analysis. In his positive feelings for his boss and for his analyst were concealed homosexual tendencies such as he had had toward his father. He once told me that his mother never punished him but always referred his misbehavior to his father who then administered any physical punishment. Further he recalled that in childhood he had complained of his mother to his father. After his final separation from the princess, he described her as a bad woman, 'a plotter, a pervert, who perhaps masturbates herself'.

Let us attempt to recapitulate the genesis of G's illness. His libidinal development came to grief in his œdipal struggle (positive and negative) and consequent castration anxiety. After a period of normal adult sexual activity, he became ill when his fiancée left him; his narcissism was hurt and he regressed to earlier points of libidinal fixation: oral, anal, and urethral. His urethral erotism and his exhibitionistic tendencies, however, were neurotically inhibited, and manifested themselves in his symptom of sweating. He was ashamed of the sweating and because of his vanity, it prevented any natural exhibitionism. His relations with other persons, rendered difficult by urethral and anal problems, were further complicated by ideas of reference and of being observed. Castration anxiety and unconscious passive homosexuality also interfered with his sexual and social relationships. In his last love affair he was both seeking to reproduce the positive œdipus situation and attempting to avoid it.

The principal difference between his illness and the usual paranoid psychosis is that G's illness led to isolating himself. For the patient with idrosophobia, as for the patient with erythrophobia, all human relationships are a source of em-

barrassment; for the paranoiac, they are a source of battle. The paranoiac tries to reform his surroundings in conformity with his delusions; the idrosophobic and the erythrophobic avoid society.

G's neurosis is yet another example of psychologically determined illness deriving its character from points of fixation in psychosexual development. In his case there were three pathogenic factors: frustration, endopsychic conflicts, and fixations. The frustration was apparent in his aborted love affairs as well as in his early relationships with his mother and father. There were several endopsychic conflicts: between heterosexuality and homosexuality, between partial drives and phallic drives and between the conscious wish for intercourse and the unconscious wish for masturbation. The multiple fixations have been described above.

The problem of 'choice of neurosis' in this case is an interesting one, deserving of more lengthy consideration than is possible here.¹ A conversion symptom such as idrosophobia (and the conversions generally) suggests fixation of the ego at a level when the toddler feels impotent as he imitates the actions of adults. But sweating as the subject of anxiety also suggests such fixation at an earlier phase of development—a time when omnipotence is expressed in the 'power' to excrete. The differences in symptomatology in the various pregenital conversions depend upon fixations at various levels of libidinal as well as ego development.

Although we cannot fully explain the ego fixation in idrosophobia and other pregenital conversions until we fully understand ego development, I propose the following tentative hypothesis. Narcissistic injury disturbs the balance of defense mechanisms as they come into being. The ego, already impoverished by earlier events, must then resort to archaic defense mechanisms. The balance between real and unreal anxieties in the earliest months of life must be influenced by processes of

¹ The problem of this choice is elucidated in several of my papers: *Die Rolle der Allmachtgefühl in der Ichentwicklung* and *Über die Bedeutung der Ichfixierung und Ichentwicklung für die Neurosenwahl*.

projection and introjection. In erythrophobia and stuttering, projection is the most important defense, and this is also true in idrosophobia.

The pathogenesis of idrosophobia shows the multiple fixations of drives and of ego, and the familiar defense mechanisms we see in hysteria, obsessive-compulsive neurosis, and paranoid illness. But idrosophobia is not paranoia; it is pseudo-paranoia with pseudo-paranoid defenses. More specifically, idrosophobia results from an outrage to the child's narcissism, as G's case shows, and is a repetition of that outrage. Hitschmann (1943) described such a narcissistic outrage in a patient who suffered from erythrophobia: the mother repudiated the erect penis of her preœdipal son, a symbolic castration. I have observed this same reaction in a case of dysmorphophobia, as well as in a case of erythrophobia. It seems probable that such a psychosexual injury is the original trauma basic to all prephallic conversions.

S U M M A R Y

A young man suffering from abnormally heavy sweating, pathological shame, and ideas of reference and of being observed, was afraid of failure and attempted to protect himself against it. His idrosophobia was a special form of prephallic conversion. It arose from certain events in childhood, repeated to some degree in later life, which led to frustration, endopsychic conflict, and fixation of drives and ego. His narcissism had been deeply injured. His chief fixations were urethral and exhibitionistic. Idrosophobia, which resembles erythrophobia, is also a pregenital conversion syndrome.

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Split Object Choice

Shelley Orgel

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SPLIT OBJECT CHOICE

SHELLEY ORGEL, M.D. (NORWALK, CONNECTICUT)

A divorced woman in her early forties exhibited an interesting defense against the erotic transference arising from childhood œdipal fantasies. She had entered analysis somewhat depressed after her most recent lover, A, had left her. There was a history of regularly involving herself with pairs of men: one, idealized, but to be discarded after giving her a real or fantasied child; the other, sexualized and irresistible to her, but degraded.

In one hour she spoke rather dryly of her childhood love for a book entitled *The Secret Garden*. Her description of it and her associations led to her favorite childhood myth, namely, that her father, who had died when she was four years old, would return some day. During her latency years, she would conjure up his image whenever she was about to do something forbidden (such as masturbate). She would imagine him instructing her in a kindly way to be a good girl. When she was six, her mother remarried. At first enthusiastic about the marriage and about her new 'father', the patient subsequently began to loathe him; apparently he was crude, exhibitionistic, and made some fumbling sexual advances toward her in the prepuberty period. Early in analysis she was not aware of having responded to these approaches with excitement.

Even as an adult, when she felt in contact with her dead father, she felt powerful; she believed with almost delusional intensity that her thoughts could control the appearance and disappearance of loved ones. At such times she had no need for real men or for their penises, and had fantasies of bisexual omnipotence. For example, she viewed her younger brother as the 'gift' left to her by her father who was watching over her; she was both mother and father to this brother. Despite these feelings, she viewed analysis as offering her the opportunity to rid herself of 'ghosts', especially of the painful recollections of A, whose desertion had left her in a state of grief.

Later in the session she was describing her view that the men who impregnated her would always leave her (something she had managed to repeat by becoming 'accidentally' impregnated by different men several times over the years). At this point, I moved in my chair. She interpreted my movement as boredom and imagined that I was turning pages. She recognized then that she was attempting to get me to say something. In my silence, I might have vanished, whereas when I was speaking to her, I materialized. She expressed concern that people disappeared when she needed them. I pointed out that making me talk was like bringing back a ghost from the past, that she avoided laying such ghosts finally to rest, and that by letting them haunt her, she believed she gained control over them. In effect, she continued to bring them back at will. She said that while I had been speaking, she had partially blocked out my words by thinking of A and imagining a conversation with him. I pointed out that she had summoned A at that moment to 'fade me out' as a dangerous sexual stimulus, just as she had summoned up the images of her father when she was a child in an attempt to rid herself of the sexual excitement she had experienced with her stepfather. She replied that in fact she had become aware of me as a physical presence when I moved, and that sexual feelings had accompanied this awareness. She had hoped that by getting me to say something, she might make the sexual feelings disappear but since they had not, she had needed to conjure up A to 'fade me out'.

This sequence helped to clarify the nature of her relationship with pairs of men in her past and current life. One, idealized, would give her a child but then would be lost or given up (like her father). There usually was a vaguely remembered, romanticized sexual relationship during which she imagined herself as a protecting, teaching mother—a mother rescuing a sad, childlike, inexperienced man from his tragic life, his failures, and the grasping, insensitive women who did not understand him. Twice when she became pregnant, she did not tell the fathers. The other man in each pair was degraded but sexually arousing,

exciting but loathed. In her dreams his representation was fused with the image of her stepfather. The splitting of the œdipal relationship into sexualized and idealized father images had prevented the resolution of the œdipus complex in relation to either father image. The clear representation of this process in the analytic situation suggested movement toward a solution of this œdipal problem.

Keiser (1953) and Neubauer (1960) have described the way in which idealization of the lost object and repression of aggressive impulses (against both the abandoning and the remaining parent) interfere with resolution of œdipal conflicts in girls who lost their fathers during prelatency. My patient highlights an additional component. Her father's sudden death during her œdipal phase resulted in splits in self and object representations which were utilized thereafter in a structure that employed split object choice, both to ward off the pain of separation and loss and to control dangerous, œdipal excitement. This kind of defensive constellation, which contributed to her special difficulties in understanding and analyzing the transference, is not uncommon. In fact, it is posing an increasingly frequent clinical problem as more divorces and remarriages have occurred in the childhoods of our patients.

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On the Erotization of the Umbilicus

Gert Heilbrunn

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ON THE EROTIZATION OF THE UMBILICUS

BY GERT HEILBRUNN, M.D. (SEATTLE)

This report is prompted by Waltzer's (1974) paper, *The Umbilicus as Vagina Substitute*, in which he observed that the umbilicus has received little or no attention in the psychiatric literature. There exist certain similarities between Waltzer's case and one of my cases.

My patient was a twenty-seven-year-old man who, after completion of his military service, earned a college degree which entitled him to become a high school teacher of English and history. Soon afterwards he had married a thirty-four-year-old divorced woman. Because of his mounting, seemingly unreasonable criticism of his wife and his wish to dissolve the marriage, the patient yielded to his parents' advice to seek psychiatric help.

He was the only child of well-to-do parents. His father was a self-made man who through intelligence, industriousness, and tenacity had worked his way up from poverty to the position of president and, later, board chairman of a respectable corporation which he had founded. He was a kindly, understanding individual who had always been rather protective of his son. The mother was described as a petite lady, meticulously groomed and dressed like a model out of a fashion magazine. In spite of her chronic, debilitating colitis, she was a successful author of children's stories. From an early age on through his mid-teens, the patient spent considerable time with his maternal grandmother who, with her church circle lady friends, doted on him. He delighted in their loving care, which stood in marked contrast to the cruel teasing to which his classmates subjected him for his squat figure, his nearsighted eyes, correcting, thick lenses, his poor performance in all sporting activities, and his fine clothes, including earmuffs, galoshes, scarfs, and fur gloves which were

to protect him against inclement weather. From his fourth or fifth year, he amused himself for hours before a mirror dressing in garments and accessories his grandmother had acquired during her travels. He pictured himself as a dignified, stately dowager. His grandmother's and her circle's delight with the little boy's masquerade as an old lady supported and encouraged the continuation of this 'cute' game. He began and continued to cherish the company of adults, especially that of old ladies.

At the age of nine he perceived pleasurable sensations from stimulating his umbilicus with needles. He continued to indulge in this habit which at puberty was eventually associated with genital masturbation. From prepuberty on, he became intensely preoccupied with navel shapes, i.e., a protruding navel proved to be beautiful and erotically exciting, while a depressed navel was ugly and nearly repulsive. He would spend hours in the library looking at pictures of naked people with elevated navels. The sensuous pleasure in the elevated navel eventually became associated with delight in muscular, athletically built male torsos. He argued that flabby men have depressed navels while muscular men have raised navels. The protruding navel was 'a knot in the abdominal wall which prevented the escape of the intestines'.

Although he had attained the height of almost five feet ten inches as an adolescent, he felt 'cheated by fate' because of his own flabby musculature and depressed navel. In order to correct the latter imperfection, he resorted to two methods. Several times he attempted to lower the plane of the abdominal wall below that of the umbilical plane by carving with a razor blade deeply into the periumbilical tissues, almost bleeding to death and requiring medical help on at least two occasions. The second method which he employed frequently procured more immediate, albeit ephemeral results. With a threaded needle, he pierced the skin folds at the bottom of the navel, pulled them above the surface of the abdominal wall and tied them so that they would remain in place as a protruding navel; in this way he fashioned a positive 'belly button'. He felt no pain during this procedure

until his ecstasy had waned through the ensuing masturbatory orgasm. At times the needle and thread were replaced by pins and rubber bands to accomplish the same 'raised belly button' effect.

During the course of treatment the frequency of this practice decreased somewhat and his frenzy focused on the size of his penis. He consulted several plastic surgeons. Although his penis was found to be normal and although I advised strongly against surgical interference, he had the circumference of the penis brought to the desired diameter. Within a few weeks following that procedure, he became obsessed with his thinning hair. He purchased hormone ointments and several hairpieces of various sizes, makes, shades, and qualities. His accentuation of his own youthful appearance made him hate and cruelly taunt his wife about a wrinkle on her upper lip and under her eyes. What would people think of him 'to be married to such an old hag'? Childish temper tantrums, haughty demands for her complete submissiveness, and his unreasonable rage when the kitchen was not always spotlessly clean or when she dressed less elegantly than his mother, bore out his intent to 'destroy' her. Divorce was inevitable. Half a year before the divorce, he had, through his father's influence, secured a teaching position; after the divorce he moved into a new apartment which he furnished with painstaking care and which he kept in meticulous condition. He was beside himself when a guest left a spot on the rug or on a table. One year after the divorce he terminated the therapeutic sessions claiming that he had reached the optimal point of improvement and that he could probably expect no further benefits. Six months later I received an announcement that he had married again.

This aspect of the patient's life and behavior allows for sweeping speculation about the psychodynamic meaning of his actions, but I did not succeed in finding an unequivocally satisfactory explanation of the preoccupation with navels. His early, close association with his grandmother, which was augmented through the rejection by his peers from kindergarten age on, may

have contributed materially to his later homosexual inclination and to the massive narcissism which made him admire athletic male torsos and youthful appearance. If we assume further that he took his mother as the model for his obsessive-compulsive behavior, we see in this particular identification not only another root of his homosexual tendencies but also a possible clue to his erotization of raised navels. At the age of four or five he saw his mother take a bath; she had an elevated umbilicus. It can be argued that this observation contained the nucleus of the boy's castration anxiety. Equating the elevated umbilicus with the penis, he concluded that something was missing from his body, that he was 'cheated'. This deficiency was extended to all men, including his father, who had a depressed navel. Hence his frantic desire for at least temporary perfection of his body, for a superpenis, a full head of hair, and his undisputed dictatorial position in marriage. Any imperfection of his body, his wife's skin, or of his furniture had to be avoided because it recalled his castration anxiety with immediate vehemence. Identification with his mother was to provide him with her raised navel. His rage at women was based on their fantasied navel superiority as compared with his supposed inferiority. He hated his wife because she wore a black, simple coat instead of the excitingly colorful garment his mother would have chosen. Actually he had no use for her because, in spite of all her good qualities, she could not give him the thrill of a raised navel, since hers was depressed.

His need to satisfy his unrealistic fantasies proved to be stronger than the psychoanalytic interpretations. The patient's narcissism, his tenuous touch with reality, his consuming anxiety, and his affective aloofness from all people, suggested the diagnosis of borderline schizophrenia. He was but in pseudo contact with his father, his therapist, and other people, unaware of the tactlessness and frequent insults which punctuated his social approach. He respected his father's economic achievements, but was contemptuous of him as a person in spite of the fact that the father was always available when the patient turned to him during his many crises. He felt as if he were

treated as a charity case by his family and conveniently projected his disdained self-image upon his father, whose maturity and success he could not match.

Would an elevated umbilicus give him an advantage over his father and, therefore, the potential of ultimate, œdipal victory? Did the depressed navel symbolize the vaginal hollow which had to be forcefully denied by turning it into a convex area spiriting away his feminine identification? Or did his observation of his mother's protruding navel prompt the infantile fantasy that all women have this type of penile umbilicus, so that his attempts to raise his navel may have represented an innate 'unconscious drive to become both sexes' (Kubie, 1974)? This tenet of Kubie's offers perhaps the most plausible explanation, with an incisive memory combining with a bisexual orientation to contribute to the symptom. Unfortunately, the clinical validity of any of these hypotheses and interpretations cannot be verified since the patient terminated therapy prematurely, while his nuclear personality was still unchanged.

S U M M A R Y

A case is presented of a twenty-seven-year-old borderline schizophrenic man whose fascination with protruding navels prompted him to raise his own depressed navel periodically by one of two methods. He would attempt to raise the navel level by cutting away the periumbilical tissues or, more often, he would raise the skin from the navel fundus with a threaded needle and fashion a positive 'belly button' out of the pierced skin folds.

The psychodynamic speculations which accrued from the patient's analysis did not allow formulation of an unequivocally satisfactory clarification of the perverse activities. Kubie's tenet of an innate 'unconscious drive to become both sexes' emerged as the most plausible explanation.

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The Writings of Anna Freud. Volume III. Infants Without Families. Reports on the Hampstead Nurseries. 1939-1945. By Anna Freud in collaboration with Dorothy Burlingham. New York: International Universities Press, Inc., 1973. 681 pp.

Dale R. Meers

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BOOK REVIEWS

THE WRITINGS OF ANNA FREUD. VOLUME III. INFANTS WITHOUT FAMILIES.

Reports on the Hampstead Nurseries. 1939-1945. By Anna Freud in collaboration with Dorothy Burlingham. New York: International Universities Press, Inc., 1973. 681 pp.

This volume is elemental, profound—and mistitled. Both the title and the publisher's description of its contents are misleading in their failure to convey its significance to psychoanalysis. While most of the volume was written between 1941 and 1945, with no intent to publish, the account provides an ongoing description of child development that is unparalleled in the literature. A less modest author might properly have titled these reports *The Empirical Origins of Psychoanalytic Child Developmental Research*. Developmental data and theoretical observations are interwoven with a richness that is impaired only by the distracting fascination of the historical chronicle. Indeed, the scientific merits of the data and findings tend to lose their significance when set in the context of the understated drama of childhood and war.

These reports remain, after thirty years, lucid, insightful, theoretically fascinating, and relevant—perhaps of even more interest to theoreticians of today who are looking for empirical evidence pertinent to current controversies over narcissistic disorders. Editing, it should be added, was limited to deletion of occasional repetitions of housekeeping details (which in themselves provide a remarkable account of creative survival).

The title of this volume closely approximates the authors' 1944 *Infants without Families: The Case for and against Residential Nurseries*. The 1944 publication is reprinted as Part II of this volume, and the substance of that earlier publication is only enhanced by the fullness of the data that precedes it. Analysts familiar with the earlier work will recall the powerful clinical arguments against substitute parental care for the very young. Its rereading has particular saliency in our socially tumultuous time when well-intentioned governments in the U.S., England, Australia, and elsewhere give continuing and serious consideration to massive child-care programs that would extend even into the earliest years of childhood.

There is a semantic ambiguity in using the term 'infant' in the title of the present volume that is unfortunate since this could lead some

analysts and child development researchers to bypass it. Infant nurseries in England are not just for babies, but typically extend to the preschool years, and infant schools are for children aged five to seven. The Hampstead Nurseries, which eventually grew in number to three, accepted children from as early as two days to over five years, with some of the oldest staying in residence until ages eight and nine. While reports on infants are not without interest, the preponderance of the data is concerned with children between two and five years. This, of course, is the spectrum of childhood experience that has continued to fascinate psychoanalysts.

While most of the children under care were severely disadvantaged or traumatized and could hardly be considered 'representative' in any research, their experience conveys more—as is perhaps true of any illness or injury—because of their plight. Parental deaths, separations, abandonment, illnesses, multiple mothering, fatherless environments, group care, and not least, the constant threat of violence beyond control (the Blitz, followed by the V-I and V-II bombings) were characteristic rather than exceptional. In the sensitive sifting of relevant detail from the mass of developmentally ambiguous experience, the inimitable conceptual clarity of Anna Freud is in constant evidence.

Educators concerned with training in child analysis should find this volume a treasure. Researchers interested in the resilience of children and the variability of normality should be intrigued. Allied professionals, particularly those directly concerned with the care of children, should find much of practical applicability. Intellectual curiosity alone makes this volume, once started, difficult to put aside.

DALE R. MEERS (WASHINGTON)

BEYOND THE BEST INTERESTS OF THE CHILD. By Joseph Goldstein, Anna Freud, and Albert J. Solnit. New York: The Free Press, 1973. 170 pp.

This short, lucid, and deceptively simple book proposes no less than a revolution in the laws governing child placement and custody, ranging from adoption to divorce. No one would dispute that current practice in this field is sorely in need of change. And no one would dispute the qualifications of the three authors who write the manifesto for this revolution in parent-child interaction in cases where the biological family is disrupted. Joseph Goldstein is not only a professor of law; he

is a social scientist and a psychoanalyst. Anna Freud writes in part out of her unique experience with children separated from their parents in England during the last war. Albert J. Solnit is director of the Yale Child Study Center, where he has acquired experience with broken families and their children far beyond that seen by the typical analyst of children or adults. The book is interdisciplinary in the best sense. Each author has the experience and learning of more than one discipline, and the three apply the discipline they share in common, psychoanalysis, to urge a reformation of current practice in child placement.

A main theme runs through this book: a child has the right to be wanted. According to the authors, a wanted child is one 'who has at least one person whom he can love, and who also feels loved, valued and wanted by that person' (p. 20). Being wanted is seen as one of the essential conditions that the law must take into account. Another factor that must be considered is that the child's sense of time is vastly different from that of the adult. Only in adolescence does the difference become minimal. From these psychological facts, the authors plead that courts and agencies concerned with child placement act with the same speed that they would show if a child's life were endangered: in days rather than years.

Another explicit theme is the child's absolute need for absolute continuity with at least one adult who 'wants' him or her. From this comes the authors' recommendations that adoption be absolute, without the customary probationary or trial period of a year; that surrender of a child for adoption be unconditional; that the practice of shifting children from foster home to foster home to prevent strong emotional ties between child and foster parent be stopped; that if the child is wanted by the foster parents, common-law adoption be subsidized. The authors make a sound recommendation that in any legal proceeding relating to custody or placement, the child be represented by counsel of his or her own in an attempt to assure that the solution least detrimental to the child be presented.

The title of the book is in itself telling. It honestly represents the value judgment of the authors that the best interests of the child lie in the biological family in which the child is wanted by both parents whom he or she can love, be loved and nourished by, identify with, idealize, and then in adolescence finally rebel against without too much guilt. The authors seek the least detrimental solution for children who are not in this situation.

One recommendation may seem startling: that in the case of separation or divorce the parent who receives custody shall have absolute rights over visitation. I assume this means that until the child attains legal maturity, the custodial parent can forbid the other parent to visit or have any communication with the child. The justification is that a continuing relation with two parents who are at odds, who may even hate each other, is detrimental to the mental health of the child and prevents good identification. But there is another side to this. If the parent who has custody takes the extreme step of forbidding any contact with the other parent, the child may, depending on his age, develop a syndrome similar to that common among adopted children: active fantasizing about and yearning for biological parents and, often, an actual search for and an attempt, usually unsuccessful, to establish some relationship with them. Would it not be better for the child of divorced parents to face the reality that he has *two* parents, even though they could not remain together, and to see the noncustodial parent under whatever terms the child's counsel would recommend, rather than nourish either the fantasy that the absent parent is the better parent or the fantasy that the child really never had more than one parent? Moreover, an absolute ban against visiting the noncustodial parent may entail a painful disruption of an important and irreplaceable relationship between the child and a parent.

Surely, there are cases in which there should not be contact between the child and the noncustodial parent. But as divorce becomes more frequent, more a normal part of marriage, as it were, the number of divorced enemies may decrease. It is a legal truism that hard cases make bad laws. It appears that in the effort to protect against the extreme cases in which visiting may place the child even more at risk, a general and rigid rule has been laid down that should have been stated with greater temperance and with more regard for the norm.

A nagging doubt pursued me as I read and reread the book. It is far in advance of the practice in even the most enlightened child care agencies and certainly far in advance of public opinion about custody. I stress this point because of the rapid increase in divorce rates in jurisdictions where this book will be influential. My doubt concerns the result of a change in the law, however enlightened, if the law is too far ahead of the conventional wisdom. Two elements may deserve some consideration. One is the use of social science findings even as a partial basis for judicial decisions or codes of law. The other is the use of law

for social engineering. These elements are intertwined and difficult to consider separately and are in the domain of the philosophy of law. Whether social science should be taken notice of judicially, whether the law should be an instrument of social change, are largely matters of values and involve unprovable preference statements.

The present state of the social sciences is such that there are few uncontroverted statements of a nonanalytic (conceptual) nature. There is, then, a certain danger in using the findings of unreplicated studies, which may be sharply contradicted by later unreplicated studies, as an important force in judicial decisions or codes of law. Great caution is necessary. The law represents the crystallized values of the society over which it holds sway and it should contain inbuilt mechanisms for changing as the values change. It must represent the past as modified by the present. If the law is too far ahead of what is generally held to be true and just, it must fail. The wisdom of the judge when he construes the law is *in* the law; the wisdom of the legislator when he makes or un-makes laws is to represent the mean of what society wants; neither judge nor legislator is an expert in social engineering. Social forces or an enlightened public make for social change. The history of discontinuous social change imposed upon the public is a grim one.

Yet these may be minor points in considering the value of *Beyond the Best Interests of the Child*. In a firm but gentle way the incorrectness of much of the present practice in child placement has been exposed. In the starkness of an extraordinarily clear statement of a new legal code, proposals for reform and change are made. It may take years for them to be put into effect, but this creative book lays the structure for a new and wiser rationale for what to do and how to do it, when a child is at risk.

SIDNEY AXELRAD (NEW YORK)

THE CHILD IN HIS FAMILY. THE IMPACT OF DISEASE AND DEATH. VOLUME 2. (Yearbook of the International Association for Child Psychiatry and Allied Professions.) Edited by E. James Anthony, M.D. and Cyrille Koupernik, M.D. New York: John Wiley & Sons, Inc., 1973. 509 pp.

The second volume of this series continues the procedure of compiling contributions from authors representing different disciplines and

cultures. There are thirty-five articles and three symposia which are grouped into seven sections: General Aspects; Disease; Dying; Death and Mourning; Suicide, Homicide and Parricide; Survival and The Transcultural Experience of Disability, Dying and Death.

The nuclear insights revolve around two periods of crisis regarding death during childhood. The first, based on separation anxiety and fear of abandonment, occurs between ages four and six; the second occurs between nine and eleven years of age and is brought about by the realization of the irreversibility of death in relation to both the self and loved ones. In addition, the volume depicts the ways in which surviving members of a family look to one another for solace and emotional support. Some families may respond to the dangers of loss and death by growth and differentiation; others by collapse followed by recovery; still others by regression and disintegration. The psychic economy of the family with a sick or dying child is disturbed and the child becomes the permanent epicenter of this disequilibrium.

In the first section an article by Anthony entitled *A Working Model for Family Studies* attempts to outline a developmental transaction model for studying the family. He notes that cognitively the family may represent a heterogeneous group, with individual members at different cognitive levels so that transactions may be confused and members may fail to communicate with one another. On a psychosexual scale the predominantly oral, anal, phallic, and genital members of the family may have difficulty in understanding or empathizing with one another. Finally, on a psychosocial scale, while younger members may be struggling to assert their autonomy, the older members may feel themselves in a rut and isolated from each other. Anthony points out that such a model attempts to take into account several interacting developments and to investigate them biologically, psychodynamically, and culturally. He warns that most investigations described in the book confine themselves to one part of the model and therefore to only one aspect of the problem.

The second section consists of a number of articles concerned with the adjustment of children to chronic and fatal illnesses such as cystic fibrosis, juvenile diabetes, chronic nephropathies, and congenital heart disease, as well as one study on the parents of children with cystic fibrosis.

The various articles in this section are interesting and informative. It is noted that our culture is oriented toward the average healthy child

and makes no provisions for the ill and different child. The children's desire to conceal their condition seems a realistic response to the awareness that they themselves are uncomfortable with peers who are significantly different. At times the management of chronic illness will interfere with the maturation process and re-enforce regressive tendencies which in turn may be defended against by defiance and rebellion against the medical regime. The articles in this section emphasize that in children who have to undergo surgical procedures, there will often be a depressive reaction with persecutory tendencies, a pronounced feeling of 'emptiness' and of being a 'broken dismembered thing'. Generally young children try to overcome their distress by recourse to images that represent stability and security. The older child will internalize the necessary restraints, attempt to seek relief in images that replace life experience, and often withdraw into inertia and dependence.

In the section on dying, the observation is made that dying, unless ritualized and routinized within a cultural setting, will generate anxiety not only in those who are dying but equally so in others connected with it. Children particularly will feel deserted, lonely, and isolated and will experience separation anxiety. Often the emotional impact on those associated with the dying child is so great that everyone either seeks to avoid involvement entirely or becomes so 'protective' that honest interchange with the child becomes impossible, even though seriously ill children really wish to speak about their fears. The child needs to be offered the opportunity to talk no matter how difficult this might be for the adult. One particularly readable and poignant clinical case presentation by C. N. Buiger highlights this section.

The fourth section, *Death and Mourning*, consists of a series of seven papers about death as the extreme example of loss. Alteration in the death process due to technical advances may have a disrupting influence on traditional mourning, modifying both its content and sequence. For example, as a result of therapeutic remissions, anticipatory grief tends to be postponed or replaced by hopes.

Of particular interest is the paper by Robert Furman, *A Child's Capacity for Mourning*, in which he contends that under proper circumstances a child has the capacity for the work of mourning from around age four, whereas Wolfenstein and Nagera feel that a child cannot do the mourning task until the termination of adolescence. Furman suggests that such mourning is possible after the achievement of object

constancy and a mastery of the ambivalent conflict of the anal sadistic phase. He notes that a loss in childhood which is unmourned stays active in the personality and, through the defenses utilized to ward off its awareness, influences all aspects of handling feelings and the making of lasting object relationships. If these feelings remain invested in a deceased parent or sibling, they are unavailable for growth and maturation and will lead to varying degrees of arrest at that stage of development when the loss occurred.

The fifth section, Suicide, Homicide and Parricide, is prefaced by an Editorial Comment contributed by Anthony who notes that the role of hopelessness in the psychodynamics of suicide is now receiving prominence alongside the usual concepts of hostility and aggression turned inward. But a single formula, whether it postulates a feeling of unwantedness, a failure of hope, or a turning inward of aggression, does not seem to cover all the variables associated with suicide. There are other elements still to be delineated. An individual who is a suicidal risk will have a life history indicating a loss of a significant figure in early life, depressive and suicidal ideation throughout childhood and adolescence, a chronically defeatist attitude in the face of problems, a preoccupation with death wishes with respect to self and others, a gradual diminution of hopefulness, a rise in aggressive feelings directed toward the self, an increased proneness to accidents, a linkage of guilt and self-worthlessness, depressing memories of the past, and an unrealistic attitude to death as not really death. There are five papers in this section and they range from the problem of the impact on the child of parental suicide to that of parricide and matricide. Unfortunately, while rich in interest and theoretical concepts, the clinical illustrations and dynamic formulations based on them are rather uneven, superficial, and not thoroughly convincing.

The sixth section, Survival, is concerned with the children of concentration camp survivors and includes excerpts from a symposium as well as six papers presented at a joint meeting of the International Congress of Child Psychiatry and Allied Professions and the American Association for Child Psychoanalysis in Jerusalem in 1970. Survival has been considered by some as a psychiatric syndrome in which the sufferers constantly atone for the unfairness of their escape. They are bound and obligated to the dead, seeking scapegoat formulations, attempting to handle guilt, and needing to defend themselves against the

ever-present death wish. However frequent this may be thought to be, it is also true that those survivors who find it difficult to adjust to their own survival often have a prior history of maladjustment to other stressful life situations. Many contributors to this section feel that children of survivors show no distinctive psychopathology, that differences can be attributed to the particular handling by the parents as a reflection of their own personalities, and that the quality of responses in survivors is *not* unique to this group.

The seventh and final section, *The Transcultural Experience of Death, Dying and Disability*, includes articles by social anthropologists on the experience of death in such diverse areas as Britain, Senegal, Israel, India, and Peru. A review of the papers presented would tend to suggest two tentative generalizations. First, in societies with high infant mortality, the deaths of infants and small children are interpreted differently and, if mourned at all, are mourned differently than are the deaths of older children or adults. Second, mourning tends to become deritualized and more private as urbanization and technology increase, with the possible implication that grief produces more psychological disturbance in individual members of 'advanced' secular societies than in societies with unquestioned mourning rituals.

This section is composed of contributions of varying quality, interest, and depth. Like the rest of the book the topics examined are both stimulating and informative. The psychoanalytically trained reader will find much to question in *The Impact of Disease and Death* but the contents are timely, provocative, and rewarding.

STEVEN HAMMERMAN (PHILADELPHIA)

AUTISM AND CHILDHOOD PSYCHOSIS. By Frances Tustin. New York: Science House, Inc., 1972. 200 pp.

The author describes her understanding of the etiology of autism, her technique in treatment, and her classification of all childhood psychotic manifestations as types of autistic behavior. From the detailed accounts of two cases presented verbatim from notes of selected sessions with the children, one gains the impression of a gifted therapist able to intuitively 'flow along' and feel comfortable with the primary process expressions of her patients. Tustin calls this 'empathic identification' which, she says, puts her 'in touch with wordless elemental dramas arising from sensations in [the child's] own body . . .' (pp. 27-28).

Tustin describes herself as 'having been trained to work along Kleinian lines'. A brief excerpt from her report on her work with her patient, John, will best clarify what this means in terms of technique. This child, three years and seven months of age at the time of referral, had been diagnosed as suffering from early infantile autism. His symptoms included lack of speech, only tentative communication by trying to use someone else's hand, tapping surfaces, and spinning round objects. He was not toilet trained and did not feed himself. His only sibling was a sister one and a half years younger.

The report begins with the ninth session, the last session of the week that followed a brief interruption for the Christmas holidays:

... he began by playing with the humming top. On the basis of previous material, as well as the manner of his play in this session, I interpreted he was using his hand to spin the Tustin top so that he could feel that John was Tustin and Tustin was John. Then he could feel that we were always together.

Immediately following this, he took out the mother doll and handled the bead that joined the handbag to her hand with the same circular movement with which he had handled his penis [in the first session]. . . . After tapping the mother doll, he threw her to the ground saying very plainly 'gone'. (This was the first word he had ever been heard to use either at home or with me.)

(I interpreted that John was spinning the mummy's bead as if it were his pee-pee to feel he could go right inside the mummy's bag, but then he felt it made her into a 'gone' mummy.)

He immediately picked up the little girl doll, turned her round and ground his teeth loudly.

(I interpreted that John was spinning into the mummy's bag to bite the girl baby, but then felt he made the girl 'gone' and the mummy 'gone'.)

He took the baby doll and put it in the cot which he turned upside down so that the baby fell out.

(I interpreted spinning into the Tustin mummy's bag to upset her babies because he wanted to be her only baby.) (Pp. 17-18.)

After such a brief period of therapy most therapists would not expect a child such as John, with initial symptoms of classic autism, to be able to make use of verbal interpretations, much less use speech himself, however minimal. The acquisition of language presupposes the ability to symbolize which in turn, according to recent studies, is possible only after object constancy and self-representation have been established. However, these steps in development can occur only *after* self-object differentiation has taken place. John, according to diagnosis and Tustin's later description, had not yet achieved such differentiation. What, then, in the author's method not only enabled John's early rapid

response but, after three years of treatment, brought him to the point of being able to attend school, make friends, and learn avidly?

Tustin explains her approach:

. . . my experience is that there is a segment of awareness which understands far more words than we realize. . . . The therapist's capacity to *interpret* seems to provide a mental apparatus (until the child can develop one of his own), which enables tension to be sustained and action delayed. . . . Somatic processes of immediate discharge gradually become transformed into mental states. This is a step which autistic children have been unable to make. It is the essential core of the arrest of intellectual development (p. 150).

Although it is often difficult to assess just how much a mute child is able to understand, on the basis of the excerpt of treatment quoted above one must question just what John was actually responding to. He had obviously established a rudimentary object attachment and seemed to sense the approaching weekend separation. It appears possible that he equated loss of the object or part-object with fear of loss of a body part—his penis. Something in the therapist's attitude toward him,—i.e., her nonverbal communication as well as her tone of voice—might possibly have been at least as important as her verbal interpretations in this early phase of treatment.

One may not agree with her interpretations or the timing of them, but Tustin's empirical observations and her understanding of the child's primary process expressions offer heretofore unexplored avenues of approach to these psychotic children. Many, she believes, are unable to develop normally because certain situations in early infancy were experienced as 'profound oral frustration imbued with unspeakable terror'. For example, as John's treatment progressed, the author was able to understand that his concern about a button was related to an illusion 'arising in a state when body parts were scarcely differentiated'. She postulates that 'the infant's awareness of the loss of the teat' brought home to him 'his own helplessness to replace something that is "gone"' (p. 33). In his illusion, the button 'formed and maintained by sensations from nipple-like objects in his mouth and other bodily "holes"' was equated with penis, tongue, saliva, lips, feces, and mucus, as well as finger sucking. 'The pain of loss seemed to be experienced as bodily rather than mental pain. Feelings seem to be experienced as physical entities. Absence was "goneness"—"goneness" was a broken thing—a black hole full of a "nasty prick"' (p. 30)—John's material suggests that panic and rage,

expressed in bodily explosions, were responsible for the hole being a "black" hole. It also seems to suggest that, because subject and object were scarcely differentiated from each other, as he "annihilated" the "naughty" object, he felt threatened with "annihilation" himself (pp. 31-32).

In short, John's problems and those of others described under the classification of abnormal primary autism, are viewed as resulting primarily from the infant's oral frustration. Undoubtedly, non-Kleinian therapists would assign equal significance to such factors as John's reaction to his mother's depression and frustration because she had been unable to nurse him, as well as his later hostile and aggressive feelings toward her and his baby sister. While it is difficult to take exception to a method which achieved success, the author's lack of a coherent structural and dynamic theory often makes her explanations and concepts unclear and open to question.

Take for example the concept of psychotic depression, a term borrowed from Winnicott and used by the author to describe 'the mouth experienced "hole" type of depression associated with feelings of terror, helplessness and defectiveness' (p. 73). Since depression is construed to be the result of an illusion concerning the loss of the teat at a time when body parts are scarcely differentiated, it apparently develops during what Mahler would describe as the normal autistic phase or very early symbiotic phase—i.e., in the third month of life. But can one seriously believe that an infant of two to three months can have a conception of 'defectiveness'?

Confusion arises when Tustin (p. 28) speaks of Mahler's definition of the symbiotic object as the 'fusion of self and object representation' without taking cognizance of what Mahler has made very clear: that '*dim awareness of the need-satisfying object* marks the beginning of the phase of normal symbiosis, in which the infant behaves and functions as though he and his mother were an omnipotent system,—a *dual unity* within one common boundary'.¹

Tustin does not draw comparisons between normal and abnormal development as Mahler does, a fact which adds to the difficulty of understanding the developmental timetable she has in mind. It seems clear that she considers a very early oral trauma responsible for the psy-

¹ Cf., Mahler, Margaret S.: *On Human Symbiosis and the Vicissitudes of Individuation. Vol. I. Infantile Psychosis*. New York: International Universities Press, Inc., 1968, p. 8, italics added.

chotic depression but ignores that a much later phase is being referred to when she quotes (p. 12) from Mahler's paper, *On Sadness and Grief in Infancy and Childhood*. Mahler specifically emphasizes that grief, which 'inevitably precedes and ushers in the complete psychotic break with reality',² can only occur if the ego is adequately structured so that the infant can be aware that he is dependent on gratification of his needs and relief of tension from an outside source. Moreover, while Mahler is aware that depression-like reactions take place as the symbiotic phase progresses, she avoids using the term 'depression' since it connotes the much more complex adult reaction. Instead, she speaks of 'longing . . . a precursor of the ego-filtered affect of sadness and grief'.³

In her classification of autistic states, Tustin sees a continuum between Primary Autism (Mahler's normal autistic phase), Abnormal Primary Autism (A.P.A.), Encapsulated Secondary Autism (E.S.A.), and Regressive Secondary Autism (R.S.A.). A.P.A. is described as an abnormal prolongation of primary autism. It includes infants who fail to develop as the result of grave deficiencies in essential nurturing, as described by Spitz, or as the result of grossly inadequate mothering. Other causative factors may be impediments such as 'blindness, deafness, mental defects, brain damage, limp musculature or a difficult emotional constitution' (p. 77) which prevent the child's taking in the proffered nurturing.

Tustin explains that when 'good-enough' mothering (in Winnicott's sense) is not experienced children may remain in the stage of primary autism for too long a time. When 'the incontrovertible fact of separateness impinges upon him' (p. 79), the shock is likely to cause him to develop secondary autistic processes. 'Thus, Abnormal Primary Autism (A.P.A.) can become Encapsulated Secondary Autism (E.S.A.) if the child has the necessary inherent strength of personality' (p. 79). Those who remain in the A.P.A. phase are especially passive and inert children: Tustin labels them 'amoebas' in comparison with E.S.A. 'crustacea'. She sees both A.P.A. and E.S.A. as instances of arrested development and contrasts them with 'Regression to Secondary Autism (R.S.A.)'. In these latter cases some development seems to have taken place, but on a very insecure basis, a large part of the personality re-

² Cf., Mahler, Margaret S.: *On Sadness and Grief in Infancy and Childhood*. Loss and Restoration of the Symbiotic Love Object. In: *The Psychoanalytic Study of the Child*, Vol. XVI. New York: International Universities Press, Inc., 1961, p. 349.

³ Cf., Mahler, Margaret S.: *op. cit.*, p. 343.

maintaining 'autistic and out of touch with nurturing influences whose bodily separateness was recognized' (p. 88).

Two detailed charts are provided comparing the four types of autism according to precipitating factors and differential features. However, her grouping of all childhood psychoses under the rubric of autism becomes more cumbersome than illuminating. The distinctions between the various types are illusive, perhaps because she fails to compare the pathological development with normal developmental phases. Moreover, one misses any consideration of the role of body ego (e.g., the child's ability or lack of ability to cathect the body rind), ego development in general, and references to self-representation, object constancy, and the development of object relatedness. While she speaks of the affects of rage and anger, aggression and its vicissitudes are not mentioned.

The main intention of the author's diagnostic classification is not to label children, but to provide a differentiating tool for assessing treatment possibilities. Yet, despite her effort to relate differences in the therapeutic approach to the types of autism described, these are not, and probably cannot be, sharply delineated. Tustin's chief contribution lies in her sensitivity to complex intrapsychic, primary process phenomena and her ability to describe them. Her theoretical formulations seem incomplete and therefore confusing.

MARJORIE R. LEONARD (STAMFORD, CONN.)

NOT BY THE COLOR OF THEIR SKIN. *The Impact of Racial Differences on the Child's Development.* By Marjorie McDonald, M.D. New York: International Universities Press, Inc., 1970. 242 pp.

Marjorie McDonald's book is a model for the application of psychoanalytic insights to an important social problem. The social issue—individual and group reactions to skin color differences—was studied 'within the natural setting of a child's life in an integrated [therapeutic nursery] school' (p. 31) rather than through artificial experimental procedures. The sophistication of the teachers who carefully gathered the observational data on which the theoretical and practical conclusions were based could only be found in a setting like the Hanna Perkins School in Cleveland, Ohio.

The study began with the idealistic decisions to integrate the nursery

school and for the author to hold regular meetings with the teachers to learn about the children and to help them grow into unprejudiced people. McDonald's psychoanalytic knowledge enriched the material so that a deep understanding could be achieved.

True to scientific methodology, the book first presents observations. Reports of more than fifty clinical examples of racial reactions are the basis for later theoretical discussion. A more extended description of the children's responses to the 1966 Cleveland riots and the murder of Martin Luther King in 1968 places the investigation in a tumultuous contemporary context. Inevitably the raw data contain the adults' interactions with the children and include interpretations necessary to organize the material for the reader. A comprehensive psychoanalytic interpretation of the observations is reserved for subsequent sections.

The reader will be impressed by McDonald's profound dedication to facing facts. She maintains that it is best for a child to recognize his skin color and to differentiate it from others rather than deny the obvious. Then, by 'working through' his reactions to racial characteristics, he will achieve optimal personality development and identity formation. Further, he will dispel confusions between skin color and the common developmental conflicts of childhood. For instance, a child who irrationally connects bowel movements with brown skin could stop confusing these while he resolves his toilet training difficulties. One potential root of later prejudice could therefore be extirpated. (This reviewer regrets that Dr. McDonald never clarifies the meaning of the term 'working through' which she uses frequently; I believe that her definition is different from the usual psychoanalytic meaning.)

Actual racial prejudice was not observed in the children studied because, the author believes, such bias does not emerge until latency. Hence the investigations were of the 'sources within the personality from which racial prejudice can spring forth' (p. 95). The central theoretical statements concern 'skin color anxiety' and its vicissitudes through the stages of libidinal development and object relations.

Although McDonald's construction of the existence of such anxiety in the first year of life, when the infant may first perceive people of different hues, is provocative, it is of necessity unproven; the author's data come primarily from the nursery school days. However, fantasies of oral incorporation of different colored children did produce fear in some of the nursery school youngsters, indicating a fixation at or regression to oral stage conflicts. The author also observed primitive

oral stage mechanisms, such as projections, introjections, and denial. Later difficulties in separating self and object representations when skin color differences were denied are vividly detailed.

The impact of the anal stage on the child's interpretations of skin color differences was most striking and the examples convincing. Brown came to symbolize anal stage conflicts. It represented feces and, associated with this, forbidden anal pleasures, threats of loss of body contents, dangers of loss of control, aggressiveness, feelings of unworthiness, and the dangers of being deserted as a punishment for dirtiness, hostility, or impulsive actions. The author describes with compassion the many defenses used to cope with poor self-esteem and inability to achieve impossible standards. The reader is saddened by the Indian boy who wants to remove his skin in order to become pink, and by children who in other ways ward off and control potential attacks by turning aggression against themselves. The reader will also be astonished at the children's fears when a little white girl returned sunburned from a vacation.

Interestingly enough, the author's expectation that 'the bulk of our clinical examples would contain illustrations from the phallic-œdipal period' (p. 136) did not materialize. There is reason to believe that the integration of color concepts into phallic-œdipal conflicts is more prominent in other groups. McDonald provides a telling quotation from Lillian Smith's *Killers of the Dream*, describing Southern children's equating masturbation and racial integration. Not that phallic-œdipal racial confusions were altogether absent in the Hanna Perkins School; the equation of inferiority, dark skin, and femininity did appear, as did displacement of antagonism from parents to Negro children. McDonald attempts to discern the roles of black and white parents in supporting or discouraging the integration of fantasies about skin color into the phase-specific internal developmental conflicts. She observes how parents and society determine the use of particular defenses.

The final section of the book comprises a review of the contributions of sociologists, psychologists, psychiatrists, social workers, educators, and psychoanalysts to our understanding of skin color bias. The influence of scientific findings on the 1954 Supreme Court decision outlawing public school segregation should impel analysts to study the development and impact of prejudice. McDonald is aware that her work needs amplification in that her conclusions are not based on the

psychoanalysis of children who exhibit skin color anxiety or prejudice. Direct observation is valuable but limited. Her volume is also incomplete in that social and economic configurations appear only to a limited extent in the nursery school data. Based as it is on the observations of children in school in our culture, the book may appear lopsided, dealing with individual fantasies as universal (which they may well be). You cannot read McDonald's anecdote about the African tribe in which the whites are considered deficient and skinless without wondering whether the child's reaction to color is even more profoundly affected by adult prejudices than the author states, this, despite the fact that she uses her data to emphasize parental and social influence. Perhaps the simultaneous analyses of child and parent will further clarify the role of adults. Meanwhile we must assume that the meanings of skin color, although determined in part by libidinal associations, can be interpreted by the child in different ways. Black may be considered bad because it is like feces or it may be beautiful because it is like a loving mother. Social influence may support or erode different libidinal meanings.

I hope that this simplified summary of aspects of this excellent book will encourage the reader of this review to turn to the book itself and savor the subtle interlocking of observation and theory.

JULES GLENN (GREAT NECK, N. Y.)

ANNIE REICH: *PSYCHOANALYTIC CONTRIBUTIONS*. New York: International Universities Press, Inc., 1973. 376 pp.

Annie Reich was one of the most distinguished clinical psychoanalysts of the New York Psychoanalytic Society. She became a member of the Vienna Psychoanalytic Society in 1929 at the age of twenty-seven and was therefore able to refine her art and develop her analytic wisdom for more than four decades. In this volume of her contributions from 1932 through 1966, one can view the 'life span' of modern ego psychology, including the recent papers by Kernberg and Kohut. Her contributions also illustrate her ability to master concepts worked out by Greenacre, Hartmann, Jacobson, Lewin, Mahler, Nunberg, and others, and to weave them into clinical case examples with theoretical constructions that are a joy to re-read in sequence. They reflect the continuing maturity of a remarkable analyst.

Beginning with predominantly classical material on sibling incest and the paranoid personality, Annie Reich's early papers are followed by a series of beautifully illustrated papers on technique which examine problems of termination, resistance, and countertransference among others. Some of these papers, reworked at ten year intervals, demonstrate the growing complexity of her thinking.

What is most outstanding to this reviewer is the historical emergence and clarification, for herself and others, of the concepts of narcissism and self-esteem, and of the important role of the ego ideal in those cases now termed 'narcissistic personality'. Her ability to communicate concepts that illustrate traumatic influences on the early phases of human development are strikingly evident.

Like the late Ernest Jones, Annie Reich was familiar with each advance made by the outstanding contributors to psychoanalysis. In her own inimitable way, she reworked these contributions, blending the theoretical and clinical. Her papers were always sound, tempered, and so well expressed that this compendium is a joy and pleasure to peruse. To have such a great time span of clinical erudition in one volume is an inestimable service to students, practitioners, and teachers of psychoanalysis.

MAURICE R. FRIEND (NEW YORK)

DEPRESSION. COMPARATIVE STUDIES OF NORMAL, NEUROTIC, AND PSYCHOTIC CONDITIONS. By Edith Jacobson, M.D. New York: International Universities Press, Inc., 1972. 353 pp.

The rich and extensively presented clinical material in this book reflects the dedication and skill of a gifted therapist. However, in this reviewer's opinion at least, some of the theoretical sections reflect the epistemological and conceptual confusions of the drive and structural (ego) models from which Jacobson derives her methodology.

The book is divided into two parts. Part One initially discusses the phenomena of affect, mood, children's laughter, and the comic experience. A review and critical analysis of the psychoanalytic literature on denial, repression, depersonalization, and the depressive state are followed by Jacobson's personal synthesis of this material. Part Two consists of a comparative study of affective disorders. In an appendix, valuable long-term follow-up material of an anecdotal nature is

presented for some of the cases which have been discussed more fully in the book. This in itself is a rarity in psychoanalytic research.

Beginning in the decade of the 1930's, psychoanalytic research increasingly focused on the problems of behavior that were termed disorders of character. Anna Freud and W. Reich were among the leading investigators in the theory and technique of treating behavior which was ego-syntonic. This movement contributed to and paralleled a second movement, led by Hartmann, which emphasized the existence of a primary as well as a secondary conflict free sphere of autonomous ego functioning. These two movements coalesced and led to what in time came to be called a psychoanalytic psychology.

Edith Jacobson has been a pioneer in the investigation of affective disorders. Her work has furthered both the psychoanalytic investigation of character disorders (disorders of mood, though dysphoric, are often ego-syntonic) and the creation of a psychoanalytic psychology (the study of emotions and mood is intrinsically related to such an undertaking).

The therapy of mood disorders and of ego-syntonic character disorders requires a technique which facilitates self-observation of the patient's ego-syntonic experiences. In the process of developing a psychoanalytic psychology, this need was met in Jacobson's elaboration of the constructs of the self and the object world in the 1950's and the early 1960's.¹ The construct of the self-representation is one which could begin to collate the experiential spectrum of existence with a psychoanalytic psychology as well as to make it available for psychoanalytic therapy. With the use of these constructs, Jacobson was among the first to perceive the possibility of developing a transference neurosis structure in the therapy of depressive disorders. Needless to say, these discoveries were of inestimable heuristic value.

Unfortunately, however, many of Jacobson's conclusions partake of deficiencies which result from some of the inherent defects in both the drive and ego models. The defect in the drive model is most glaringly reflected in Jacobson's mistaking physiological experience for representational experience. Thus, in the first part of the book, physiological experiences of affect, including Freud's study of the actual orgasmic experience, are conceptualized as though they referred to the representational experience of the subject.

¹ Cf., Jacobson, Edith: *The Self and the Object World*. New York: International Universities Press, Inc., 1964.

Furthermore, the title of the book exemplifies an important difficulty inherent in theorizing about human behavior: a word of low level abstract value with concrete denotations (depression) is used to denote a highly abstract construct (depression). Tautologies, reifications, mixed levels of abstraction² and unspecified points of observational view³ are not uncommon throughout the theoretical sections of this work.

The intrapsychic topography of most of the libidinal objects presented in this book is obscure. Semantically, for example, the reference point in regard to the 'internality' or 'externality' of the libidinal objects described is almost always the skin boundary of the subject and not the representational self-boundary. This ambiguity could be accounted for by the fact that the process material of the case presentations is elaborated in accord with the 'Schreber' model of object relations and narcissistic regression, combined with the ego structural model. Both of these models emphasize the processes of objectivation and function. This emphasis has the effect of focusing upon the choice and use of the object of the drives—and away from the experience of the subject—so that the intrapsychic locus of the object involved in psychic conflicts is ambiguously specified, if at all. The use of these models could also account for the lack of reference to the construct of a stimulus barrier and the inconsistent and limited use of the construct of restitution. However, the limitations of the author's conceptual approach do not explain, for this reviewer, her failure to mention the defense of identification with the aggressor; her lack of differentiation between superego and superego anlage, and *pari passu*, guilt and preöedipal guilt; and her failure to delineate between merger experiences and identifications. The critical work of Fleming and her collaborators on the intrapsychic effects of parent loss⁴ is another most relevant contribution to the understanding of depression which is left unintegrated into the present volume.

The paradigmatic methodology of the ego model of therapy treats behavior as defense to be analyzed. There is, however, a certain level of

² Cf., Waelder, Robert: *Psychoanalysis, Scientific Method, and Philosophy*. J. Amer. Psa. Assn., X, 1962, pp. 617-637.

³ Cf., Kohut, Heinz: *Introspection, Empathy and Psychoanalysis. An Examination of the Relationship between Mode of Observation and Theory*. J. Amer. Psa. Assn., VII, 1959, pp. 459-483.

⁴ Cf., Fleming, Joan: *Early Object Deprivation and Transference Phenomena: The Working Alliance*. This QUARTERLY, XLI, 1972, pp. 23-49. This work is the latest and most integrative of a series of publications that began fifteen years ago.

developmentally primitive behavior which is obviously not the defensive result of intersystemic conflict and which defies the technique of ego analysis. The psychoanalytic investigator who uses the ego model exclusively in dealing with severely disturbed patients is not infrequently forced to: 1, ascribe crucial early genetic configurations to constitutional and hereditary variables rather than to psychological variables resulting from a nurture experience; and 2, at times apply the nosological label of psychotic to less developmentally primitive psychic organizations.

More recent work has developed a construct of self which stems more from Freud's comments upon both the exhibitionistic instinct and ego ideals than it does from the ego model.⁵ This approach views the object of the self not in terms of ego objects, as does Jacobson's work, but rather in terms of the anlage of ego ideals. It seems to this reviewer that this one change in perspective allows for a more accurate specification of the representational internality or externality of object experience. Moreover, this newer model of self presents a model of mind that potentially views all developmentally primitive behavior as manifestations of prestructural areas of the psyche. Such behavior can often be observed, studied, and interpreted within an 'idealizing' or 'mirror' type of transference structure.⁶ Jacobson allocates crucial infantile genetic factors to constitution and/or heredity, whereas Kohut's type of self model makes possible transference observations of psychological variables at work in the early infantile period of a patient's life. Jacobson terms behavior psychotic which, in this reviewer's experience, is often seen in patients who represent regressed narcissistic personality disorders;⁷ in fact, almost every patient described as (structurally) psychotic in this book can, in my opinion, be seen as having a type of narcissistic personality disorder and can develop a therapeutic observing-experiential split which may be treated within a transference framework.

Over-all, this provocative and stimulating book is a valuable contribution to the psychoanalytic literature on affective disorders. Unfortunately, however, the inconsistencies in the presentation of this complex subject limit its potential use.

WILLIAM J. PIEPER (CHICAGO)

⁵ Cf., Kohut, Heinz: *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*. New York: International Universities Press, Inc., 1971.

⁶ *Ibid.*

⁷ *Ibid.*

CONCEPTUAL INDEX TO PSYCHOANALYTIC TECHNIQUE AND TRAINING, VOLUMES I-V. Compiled and edited by Henry Harper Hart, M.D. Croton-on-Hudson, N.Y.: North River Press, 1972. 1584 pp.

This index of concepts, the result of twenty-nine years of work on the editor's part, began as a cross index of Freud's ideas, to which Dr. Hart gradually added those of other prominent psychoanalytic writers, especially the 'early pioneers'. Its listings are based on an analysis of some 300 psychoanalytic books and 3,000 articles taken, in most part, from the chief analytic journals, i.e., *The International Journal of Psycho-Analysis*, *The Psychoanalytic Review*, *The Psychoanalytic Quarterly*, *Journal of the American Psychoanalytic Association*, and *The Psychoanalytic Study of the Child*.

It must be kept in mind that these five volumes cover only psychoanalytic technique and training although, as Dr. Hart remarks, theory is not completely excluded. This work represents just one of twenty-eight loose-leaf books the editor has compiled over the years. He apologizes for the dearth of material on child analysis but explains that another index on this subject alone, and of the same size as the present one, could probably be compiled from his manuscript loose-leaf index. This task he leaves to the younger generation.

For the sake of efficiency and economy, Dr. Hart has limited himself to 330 subject headings. There is, however, a convenient Subject Heading Reference List which refers the user from subjects not included to related terms. This means that many varied concepts often have to be subsumed under one rather broad term: for example, 'free association' and 'cognition' are both indexed under 'thinking'; and 'object relations' and 'transitional object' under 'love'. While such lack of specificity may be a drawback for some users, there is an important and useful feature in the structure of the index: a chronological arrangement of related ideas under a particular subject. In this way the development of a certain concept can be studied by the researcher.

The chief value of this index, in the opinion of the reviewer, lies in its coördination of ideas. This is a unique feature not shared by any other index or reference work in the field. Under each subject heading are listed alphabetically other subjects on which papers have been written that consider the two together or in some relationship to each other. Other indexes, such as Grinstein's and the Chicago Psychoanalytic Literature Index, list only the subject, which necessitates

checking the title of each reference to find in what particular aspect the subject is treated. However, Hart's index can in no way compare with the Grinstein and Chicago indexes in breadth of subject coverage or specificity of indexing terms.

Dr. Hart's introduction is concise and lucid in explaining how the index is to be used, and candid in setting forth its limitations. It is a delight to read and clearly shows what a labor of love this work was for the compiler.

DENIS GAFFNEY (NEW YORK)

MAKERS OF SOCIAL SCIENCE. SIGMUND FREUD. Edited by Paul Roazen.
Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1973. 186 pp.

This volume is one of a series devoted to the evaluation of leading figures in the social sciences whose influence has been significant and whose impact continues to be felt. The series has presented collections of selected essays by social scientists on Emile Durkheim, Georg Simmel, Max Weber, Karl Marx, and others, a group among which Sigmund Freud is somewhat an outsider. Freud's scientific contribution was not to the social sciences in the same manner as Durkheim, Weber, or Marx. Rather, his writings in the field of social science were examples of applied psychoanalysis or highly speculative efforts. This particular volume is also to be differentiated from others in the series in that all the essayists but one hold no credentials as experts in the area which was central to the 'Maker's' thinking. Only Erik Erikson, among those represented, has any familiarity with clinical psychoanalysis and the theory based upon the application of the psychoanalytic method in the clinical setting. Thus, the book is more a testament to the breadth of Freud's interests than to the central position of the field in his own repertoire.

Included among the ten papers are Jerome Bruner's Freud and the Image of Man, already printed elsewhere, a preliminary paper of Erikson's on Gandhi and aggression which was subsequently incorporated and expanded in his book, Gandhi's Truth, and a discussion of neo-Freudian revisionism as defended by Erich Fromm and criticized by Herbert Marcuse. The reader who approaches the collection from a grounding in psychoanalysis may well find most enlightening the paper by T. W. Adorno, Freudian Theory and the Pattern of Fascist

Propaganda. It is the only paper in the anthology which documents a familiarity with and understanding of Freud's writings; it is clearly written and offers a good utilization of psychoanalytic modes of thought in the social sciences. Adorno demonstrates that many of the propositions Freud evolved in *Group Psychology and the Analysis of the Ego* are useful in the understanding of fascism, both in terms of its political organization and its public pronouncements. Indeed, there is something prophetic in the manner in which Freud was able to anticipate a political movement and its regressive potential a good ten years before it caught the world's attention.

Most antiquated of all the papers is David Riesman's 1950 essay, 'The Themes of Work and Play in the Structure of Freud's Thought'. Writing prior to the publication of the Jones biography, the Fliess letters, the subsequent collections of letters to Abraham, Lou Andreas-Salomé, Arnold Zweig, and Jung, and other pertinent biographical material, Riesman presumes to discover that Freud was constricted by the values of middle-class liberalism in his attitude toward work and play. He suggests that Freud could not enjoy his work and felt uncomfortable with the experience of pleasure, and thus could not do justice to a view of a full and enriched life. This form of 'sociologizing'—an attempt to understand the structure of underlying psychoanalytic practice and thought by viewing it as the product of outmoded cultural values—has not worn well during the intervening twenty-five years. It appears now, even more clearly than in the past, as a method of limiting the discomfort associated with psychoanalytic points of view.

This reviewer is particularly concerned that the volume is intended for students with an interest in the psychoanalytic contributions to the social sciences. Should they approach psychoanalysis through such a collection, they are likely to be gravely misled. The editor's introduction is characterized by misinformation, glibness, and a superficial facility for making outlandish claims without basis. The informed reader may be shocked by Roazen's statement: 'It is striking that once Freud contracted cancer of the jaw in 1923, he never again authored a case history. The human being in him began to die, and he took a more abstract view of patients—as objects of study rather than as partners in a therapeutic interaction' (p. 10). Similarly, 'the concept of libido, for whose sake Freud did battle against backsliding disciples, has almost disappeared as a term from the contemporary psychoanalytic vocabulary' (pp. 10-11).

It is disheartening that aside from the Adorno essay the editor could find no better papers to present a view which is genuinely psychoanalytic. Students are likely to feel that they have an understanding of the psychoanalytic contribution to the social sciences when they have simply been subjected to a number of opinions on the part of those who have little capacity to judge the field.

A collection of critical essays such as this demonstrates once more the great need for social scientists to be thoroughly trained in both clinical and theoretical psychoanalysis before they presume to assess the psychoanalytic contributions to their field.

HARRY TROSMAN (CHICAGO)

THE GHOST DANCE. *The Origins of Religion*. By Weston La Barre. New York: Dell Publishing Co., Inc., 1970. 677 pp.

Weston La Barre is a 'psychiatrically oriented anthropologist' who debunks the entire social anthropological school in so far as it reifies behavior as social fact. He finds in psychoanalysis the best systematic orientation to the understanding of human behavior yet developed, designating it the first and only psychology to consider the whole growing human body as a place to live in and experience. In *The Ghost Dance*, he shows that 'the emotional predicaments of this body-experiencing profoundly shape the adaptive personality, the historical character of groups, and human institutions alike' (p. xii).

According to La Barre, the comprehension of religion, one of the vicissitudes of human drive derivatives, may be the key to the understanding of the nature and function of culture in general and thus to the survival of our species. It is an entirely human phenomenon that cannot be explained in terms provided by religion. To understand it, man himself must be studied as must society and the human mind 'both in waking and dreaming, in serenity and under duress' (p. xi).

The Ghost Dance is a sophisticated anthropological and psychological study of religion. Since the social structure and socialization processes that shape the personalities of people and the ways in which they handle drive derivatives ultimately have their roots in the need to adapt to ecological and biological exigencies, *The Ghost Dance* also deals with archeology and the history of man. It should be read with a complementary article by La Barre, an almost encyclopedic

bibliographical essay on the history of crisis cults.¹ In the latter essay, La Barre discusses anthropological theories of causality, indicating the insufficiency of political, military, economic, messianic, 'great man', acculturation, and psychological stress theories taken separately; he insists that multideterministic concepts must be integrated.

In *The Ghost Dance*, La Barre addresses himself to an explanation of the *mysterium et fascinosum* universal to all religions and the psychological and cultural nature of charisma, a strange attribute of prophets and priests, culture heroes and shamans—'the vatic spokesmen of the supernatural powers'. Believing religion to have its roots in crisis cults, he seeks to develop an adequate theory that would include crisis cults of all times and all peoples.

La Barre has personally studied fifteen North American and two South American Indian cultures as well as prehistoric caves and ethnographic art in Europe. He considers American Indian culture to provide a good source of data for his study because 'in their relatively naïve religious conceptions, both aboriginal Americas contain only variations on the single theme of shamanism, except for those religions of a few high cultures which are themselves demonstrably local derivations from shamanism'. He also deems an American Indian study to be suitable because of 'the Americas' magnificent archeological and cultural integration with ancient Eurasia' (p. xiv). By understanding the Sibero-American ur-culture, clues can be gleaned for comprehending both the archaic Indo-European Greeks and the most ancient Hebrews.

La Barre traces the historical attempts to define God and religion. Illustrating man's ambivalent attitudes toward the supernatural, he contrasts the notion of the late Greeks who thought God to be the Supreme Good with the Gnostics who decided that existence must be evil and the reigning God really the Devil, and notes the progressive tendency to define God in psychological terms. Thus Nicholas of Cusa deemed God to be the totality of possible subjective visions, and Doutré thought God to be the collective desire personified.

It has been usual to view religion as a public phenomenon. Polybius focused on the utility of religion as a kind of *panem et circenses* to divert

¹ La Barre, Weston: *Materials for a History of Studies of Crisis Cults: A Bibliographic Essay*. *Current Anthropology*, XII, 1971, pp. 3-44.

and amuse the impoverished masses; Gilbert Murray found religion to be the human way of dealing with the unknown; Rudolph Otto considered it the human response to the mystery and fascination that is God; and Durkheim found the most elementary form of the religious life to be 'the totemic celebration of the group's own sacred ingroupness'. Religion has been rightly viewed as having homeostatic functions, to be a 'kind of phatic social hormone, to spread and share and contain common fears' (p. 11). The function of the group ethic, of course, is simply to maintain the group.

La Barre considers the public practice of religion to be essentially the expression of each individual's subjective feelings about his objective experience. Following Freud, La Barre states, 'In religion the projected parent still stands, as of yore, between us and physical reality and is sometimes confused with it, the divine attributes being those of the creator, ancestor, . . . protector, feared ally, lover and friend' (p. 12). The familial experience, derived from the universally human nuclear family, is the base of every religion. The myths of all religions therefore contain some œdipal story as well as universal prædipal themes. La Barre quotes Ernest Jones to the effect that "religious life represents a dramatization on the cosmic plane of the emotions, fears, and longing which arose in the child's relations to his parents" (p. 12). The continued psychic presence and awe of the father is essential to religion. In sacred behavior, God becomes the paradigm of our unsundered infantile omnipotence.

Religion is the group acceptance of the influential leader's revelation or dream, 'culturally diffused to others, and gradually edited into the necessarily vague and contradictory entity appropriate to a whole group' (p. 13). God, whose origin is in the real father—'the dominating power-figure in the family and the ultimate sanctioner of behavior, toward whom intensely ambivalent feelings are typically directed' (p. 12)—changes in successive generations as styles of parents change. New ways of defending old beliefs evolve, often to adapt to changes in secular cognition.

A cult, according to Webster, is made up of the rites and ceremonies or externals of a religion, as distinguished from its inner meaning. It is also the body of followers, practitioners, or worshipers of a set of beliefs. Cults are predominantly, if not universally, religiomedical and based on the assumption that disease in general has a single underlying cause, regularly the malevolent effects of supernatural powers. The cult func-

tions to comfort those who suffer from common human vicissitudes and to strengthen their bonds with one another, thereby reducing tensions in the group and enhancing group solidarity.

The aboriginal shaman has acquired supernatural power through a dream or hallucination. He has a spirit guide and can communicate with powers, gods, or ancestors, combating or otherwise influencing them in his efforts to alleviate the ills of people and avert potential or actual group misfortunes. The shaman also has the capacity to use his ascribed and largely ego-syntonic omniscience and omnipotence toward baneful ends, thus reflecting the child's views of the mother. He is 'preposterously and magniloquently a fatuous child, for he uses mother-learned magic, not the secular ego-techniques that other men use' (p. 107). He is at base a magician and often patently fraudulent in his behavior; his ego boundaries are so unstable that external powers invade and leave his body with practiced ease. His powers are half mana and half anima. He is 'the paranoid "father" of his tribesmen' and 'a culture hero to the frightened and infantilized, but psychically he is a child, too' (p. 107). If he 'masters' the spirits and commands them to do his bidding, he is a shaman. However, 'insofar as he is possessed and managed by [the spirits], he is only the prophet-mouthpiece of a god. . . . the shaman and his god are indiscriminable in the pre-œdipal, prepersonal stage . . .' (pp. 108, 109).

The shaman is a charismatic leader, an individual responding to stress. Charisma itself 'is only shared unconscious wishes and symbiotic thought-paradigms in leader and communicants' (p. 48). Approaching the question of the mob psychology that keeps groups together, La Barre states that the psychopathy which propels a person to grasp leadership 'releases and mobilizes the hidden psychopathy in each mob member. . . . the function of the group is to make us *feel* that we are good, not necessarily to make us good' (p. 14).

'The vatic personality exists in two closely related forms, shaman and priest, depending on ego boundaries and the psychological space occupied, the attained knowledge of psychosexual maturity, and their respective institutionalized contexts socially and culturally' (p. 107). While both shaman and priest are psychologically feminized and the priest's masculinity is masculine protest only, the shaman is psychologically and socially the more primitive of the two. 'By contrast, the priest has arrived, and speaks to a clientele, at the œdipal level. . . . Instead of child-mother he uses child-father techniques' (p. 108). The

god or power is conceptualized as possessing or occupying the shaman but remaining outside the priest.

Let us turn now to what La Barre means by crisis cult:

A 'crisis cult' means any group reaction to crisis, chronic or acute, that is cultic. . . . Any massive helplessness at a critical juncture may be a crisis; the recurrent and insoluble problem of death is, in a sense, a permanent crisis. The 'cultic' is the indisposition to accept either disruptive feedback or the ego-critique of experience, but instead, supported by the wish-needs of fellow communicants, to indulge the appetite to believe. The term crisis cult basically includes any new 'sacred' attitude toward a set of beliefs; it excludes the pragmatic, revisionist, secular response that is tentative and relativistic. It is essentially a matter of affective-epistemological stance taken toward belief. . . . a crisis cult is not *defined* by the disciplinary language in which it is described. . . . the term assumes that there is no cult without crisis, and that as the body sometimes responds inappropriately to stress . . . so also does the mind.²

In the book under review here, La Barre acknowledges that we owe to Mooney³ our initial insights into the Ghost Dance and writes:

Briefly, the 'Ghost Dance' of 1890 was an intertribal movement, mostly among Plains Indians, in response to the loss of hunting territories, the virtual disappearance of the once enormous buffalo herds on which the Indians depended, a succession of crushing military defeats, new and usually fatal diseases, and protracted droughts—all together meaning the breakdown of their whole hunting economy and prowess-warfare, as they were herded onto successively smaller and smaller reservations. The Ghost Dance was a typical crisis cult in being a largely fantasied 'autistic' solution for all their problems: a new skin would slide over the old earth, covering up the whites and all their works, and bringing upon it new trees and plants, great buffalo herds, the ghosts of the dead, and the great departed warriors and chiefs. This utopian dispensation would occur if only the tribes danced the Ghost Dance, each person carrying the magic feather that would lift him up onto the new world when it came (p. 41).

La Barre continues:

All religions, perhaps, began as crisis cults, the response of society to problems the contemporary culture failed to resolve. Historically, acculturation itself is a common stressor, in particular of sacred culture. Faith, once lost, can never be regained, for it is the nature of authentic belief never to have been questioned; all that is possible now is ever more frantic asseverations in the face of doubt, protestations of cultural

² La Barre, Weston (1971): *Op. cit.*, p. 11.

³ Mooney, James: *The Ghost Dance Religion and the Sioux Outbreak of 1890*. Washington, D.C.: Bureau of American Ethnology, 14th Annual Report, Part 2, pp. 641-1136.

loyalty, and an attempted nativistic journey back into the sacred past. Each religion is the Ghost Dance of a traumatized society.

The Ghost Dance of 1890 was the revelation of a Paviotso messiah, partly a mixture of borrowed Christian notions with earlier Indian cults, and partly the autistic vision of the messiah (p. 44).

To this reviewer who has had some experience with shamans,⁴ La Barre convincingly demonstrates that while 'the charismatic leader is an individual responding to stress, a ghost dance is a society of individuals responding to stress' (p. 48). 'In unbearable crisis situations, religious prophets' using idiosyncratic regressive psychological tendencies, 'are culture innovators who are able to contrive new social forms and new symbolisms to keep all men in the society from growing individually insane; but what a monstrous pathology then is the new "normality"! . . . Their myths so much resemble dreams because at one time they *were* dreams, the actual dreams of culture heroes in response to social stresses' (p. 46).

La Barre then deals with the problem of how a whole society can be seen to be as disoriented as any individual, stating that to do so requires an examination of 'the false dichotomy between culture and personality' so commonly held by anthropologists. Crediting M. Spiro,⁵ he notes that "'culture" is an abstraction from the observed behaviors in common of many individuals in a specified group . . . "personality" is equally an abstraction from human behavior, that of an individual. . . . *The concrete empiric source of these abstractions is identical, viz. the mutually patterned and resonant behavior of human beings in society. No human behavior exists apart from definable human beings; and it depends only on the way we look at it whether we see "personality" or "culture"*' (pp. 46-47).

La Barre decries those anthropologists who are happy to present generalizations about group behavior 'if only we call it "culture"'. He

⁴ Cf., Boyer, L. Bryce: *Notes on the Personality Structure of a North American Indian Shaman*. J. Hillside Hospital, X, 1961, pp. 14-33; *Remarks on the Personality of Shamans, with Special Reference to the Apache of the Mescalero Indian Reservation*. In: *The Psychoanalytic Study of Society, Vol. II*. Edited by W. Muensterberger and S. Axelrad. New York: International Universities Press, Inc., 1962, pp. 233-254; *Further Remarks Concerning Shamans and Shamanism*. Israel Annals of Psychiatry, II, 1964, pp. 235-257; *Comparisons of the Shamans and Pseudoshamans of the Apaches of the Mescalero Indian Reservation: A Rorschach Study*. J. Projective Techniques and Personality Assessment, XXVIII, 1964, pp. 173-180.

⁵ Spiro, Melford E.: *Culture and Personality. The Natural History of a False Dichotomy*. Psychiatry, XIV, 1951, pp. 19-46.

appears to agree with this reviewer's observation that many who define anthropology in one way or another as 'the study of man' seem to be afraid to interact with men and tend to leave them out of their research. Such anthropologists

are able to see that an individual can be disoriented with respect to a specified cognitive map, that provided by his native culture; he is 'crazy'. But they throw up all kinds of smokescreens of objection if it is suggested that, through consistency (via diffusion) with the individual's disorientation, a whole society can be disoriented, too. . . . They stoutly defend some native shaman or messiah from the gross imputation of being psychotic—'certainly not in terms of the native culture'—ignoring that, in this very fact, the society is joining his cult! (p. 48).

La Barre also decries those who naïvely

talk as if all cultures were always mechanically and rationally adaptive, . . . as if cultural differences were only ecological differences of environment rationally adapted to; as if all psychic and social mutations were necessarily adaptive. . . .

To argue that there are neurotic (maladaptive) elements in every culture is not to say that all culture is never based on any reality. . . . To point out disorientation is merely to allege that the mechanism in the forefront of every society's and individual's adaptation, viz. symbol-using and value-making, is not operating properly (adaptively) both in neurosis and in the crisis cult. Dynamically oriented anthropologists insist that some areas in every culture are *irrational* and can be best studied by clinical techniques already developed in psychology and psychiatry to study the irrational . . . (p. 49).

La Barre holds that 'any culture-and-personality specialist who does not command modern psychiatry [freudian psychoanalysis] . . . is in the same position as a modern astronomer ignorant of Einstein . . .' (pp. 49–50). He feels that Spiro has disposed of the methodological objections to the psychiatric study of religion and that remaining objections are psychological, based on the anxieties of anthropologists. This reviewer could not be more in accord.

It has not been possible to synopsise adequately the rich material of *The Ghost Dance*. This review has presented only highlights directed toward stirring readers to study this scholarly, provocative book in its entirety. It has rightly been hailed as a most learned work whose arguments cannot be ignored.

L. BRYCE BOYER (BERKELEY, CALIF.)

GENERATIVE MAN: PSYCHOANALYTIC PERSPECTIVES. By Don S. Browning. Philadelphia: Westminster Press, 1973. 266 pp.

Poets have often used the imagery of the curative and purity-restoring act of touching the earth. For psychoanalysts, such an act has always

taken the form of returning to clinical work. Without it, we are in danger of being carried away by the impulse to theorize a poetic vision of man and his mission. Browning's book makes such an attempt to envision the 'good man' by extracting principles of ethics from the writings of Philip Rieff, Norman Brown, Erich Fromm, and Erik Erikson. A sympathetic reading of his effort reveals the enormous difficulties he encountered. Trying to obtain a psychoanalytic view of morality and the virtuous man, he bases his work on writers who, in at least three instances out of four, have left clinically validated psychoanalytic theory behind them and ventured into a kind of free-wheeling theorizing.

Philip Rieff is a sociologist and humanist who apparently feels that he can approach psychoanalytic theory as if it were a smorgasbord from which he can pick those tidbits that please him. He creates a theoretic construct of 'psychological man' based on a theory of society as it is now and on his utopian vision of how it should be. In his future civilization, the psychotherapist and his rich patrons will be the elite who will develop a new culture, a new symbolism, and a new and better character type. The latter, based on Rieff's idea of psychoanalytic insights, will be 'psychological man'.

In order not to be weighed down in his flight of fancy, Rieff discards such excess baggage as ego psychology, parts of instinct theory, and a few other aspects of 'Freudian mythology'. He concludes that present-day man (called Economic Man) has been strangling all decent political and public life in the Western world and that he will be replaced by Psychological Man. As Browning describes his characteristics, he will be

... dominated by ego, consciousness or technical reason. He will be honest and decent although not slavishly dominated by his superego. While aware of his identity and internality, he will be directing most of his energy to social activities in which he will be guided by a psychoanalytic supermorality, which will replace religion (p. 55).

Norman Brown, as Browning reads him, will replace present-day imperfect man with Dionysian man. Dionysian man will be an erotic man, who will be comfortable with both his libido and death instinct, albeit with a generous excess of life forces. Browning tells us that on the way 'Brown corrects the Freudian preoccupation with the Oedipus complex and moves the focus of his study to the pre-Oedipal relationship with the mother' (p. 65). The world becomes a mother to be explored and penetrated. The sin in the sex act is not love but paren-

tage; thus Dionysian man will be a lover and not a father. Rational thought is a disease, as is form, æsthetic distance, moderation, and pseudo masculinity. *Homo economicus* searches for the lost body childhood and hoards money as the fecal substitute of that lost childhood. In Brown's ideal of the Dionysian Christian, he allows that individuality and consciousness will be retained, but he would replace the

. . . linear, abstracting, distancing form-dominated consciousness of his academic colleagues and the prudential, calculating hoarding and grasping consciousness of *homo economicus* with the playful, boundary-breaking and death accepting eroticism of Dionysian consciousness (p. 79).

Next, Browning considers Erich Fromm's concept of the Productive Personality and the coming of Messianic Time. Fromm allegedly uses psychoanalytic concepts to expose the motivational and characterological distortions that 'render valid ideals debased'. Despairing of the present directions of corporate capitalism, scientism, and technology, Fromm prepares to rescue us from the vices of nonproductiveness: accepting (receiving), taking (exploiting), preserving (hoarding), or exchanging (marketing). All these basic forms of behavior should be replaced with *producing*, of course. All the forms of nonproductive behavior are related to the choice of the wrong one of the major alternatives—'passiveness' instead of 'activeness'.

Fromm has found it possible to conclude that 'ethics as an applied science depends upon psychology as a theoretical science' (p. 125) and prepares an anthropology based on spontaneous love and giving. He also has no difficulty in proposing a 'psychoanalytic interpretation' of the helpful aspects of religion. He demonstrates that Judaism, Christianity, Taoism, Buddhism, and Zen all advocate the value of love, reason, and productive work and proposes to discard practically all other aspects of those systems of beliefs. He pays tribute to his theories by judging them to be the prediction of a phylogenetic historical movement from the incestuous to the productive orientation. And so the messianic age will come when man will realize his divine potential of creativity and spontaneity.

Finally, we come to Browning's consideration of Erikson, who is his favorite ethicist and whose work retains a psychoanalytic discipline. In Erikson's writings Browning finds the virtue of 'generativity'. 'However, most readers, even those well equipped with psychoanalytic

training, fail to grasp the subtle but all-important shift from sexuality to generativity in Erikson's thought' (p. 147). Thus Browning emphasizes the idea of the generative man, derived from Erikson's writings, as

... ideological enough to be reasonably skilled in the historically dominant technics of our culture, just as he will be universal enough to ruthlessly control, guide and limit them for the true good of man (p. 151).

Erikson's contribution to ego psychology, in which Browning finds much of interest, need not be reviewed here. What should be mentioned is the extract from Erikson's writing from which Browning produces the ideal of the generative man. For once he accomplishes the sketch of the 'good' man, the ethicist has established what he considers a psychoanalytic morality; thus the attribute of generativity is 'a work, a product of delicate synthesis' (p. 162). The virtue that emerges when generativity is dominant over stagnation is 'care': 'Care is the widening concern for what has been generated by love, necessity or accident; it overcomes the ambivalence adhering to irreversible obligations' (p. 163). Conversely, Browning finds evidence in Erikson's writings that man's sin is spiritual and is based on his conflictual need for both transcendence and rootedness. This dilemma results in man's tendency to 'absolutize the relative ideology of his pseudospecies' (p. 169), instead of being able to extend his vision to all men. And so man must confront the forces of modernity with an advance in humanness and responsibility.

Browning undertakes a moralistic interpretation of Erikson's epigenetic principle. If there is a conflict between trust and mistrust, the 'good' outcome is Hope. He lists generative man's virtues as Hope, Will, Purpose, Competence, Fidelity, Love, Care, and Wisdom. Other virtues, such as capacity for intimacy, are derived from the above. Generative man is a *religious* man and one whose rituals evolved out of his developmental crises, utilizing the social institutions of 'law, theater, technology, ideology and marriage' (p. 203). 'Generative man works on the borderline between ideology and universality just as he works with his historical actualities' (p. 215). Having found in the writings of Erikson an ideal of man to correspond to his own ethical and moral values, Browning only regrets that there is no evidence that man is indeed developing in this direction.

At a time when psychoanalysis seems to be increasing its com-

munications with other sciences and disciplines, religion included, this volume deserves careful consideration. We seem to be forever unhappy with our image as reflected by those individuals who try to see us in the light of their own training. We must wonder whether our theories are unphotogenic, or whether the homeliness of the derivative picture should be an incentive to ponder the possible disparity between our true and idealized image.

One cannot fault Browning for his enterprise: it is within the bounds of his proposed scope and is carefully executed. However, as I have tried to indicate, one has to be sceptical about the possibility of deriving ideals, ethics, or morality from psychoanalysis. We are far more comfortable when we confine our vision to purely scientific observations of man with exclusively clinical implications. Still, we *do* study *man*. Is it not inevitable that some will consider the implications of our observations for the future of mankind? And if mankind looks into the future, can it avoid dealing in ideals and utopias?

HENRY KRYSTAL (DETROIT)

O'NEILL. SON AND PLAYWRIGHT. By Louis Sheaffer. Boston: Little, Brown & Co., 1968, 543 pp.

O'NEILL. SON AND ARTIST. By Louis Sheaffer. Boston: Little, Brown & Co., 1973. 750 pp.

Louis Sheaffer's two-volume biography of Eugene O'Neill is a well documented, carefully organized, chronological detailing of the life and works of that tortured son and playwright-artist. In addition to chronologizing O'Neill's life, the author has attempted to explain in psychological terms the major inner conflicts that colored O'Neill's personal experience and propelled the thematic lines of his plays.

Sheaffer has accomplished his primary task with great skill. His seeking out of sources—people who knew O'Neill at any point during his life: classmates, shipmates, drinking mates, etc.—is a virtuoso performance. It is inevitable that the Sheaffer biography will be compared with the Gelb biography published in 1960.¹ In many instances when the Gelbs had to rely only on rumor, myth, and educated speculation,

¹ Gelb, Arthur and Gelb, Barbara: *O'Neill*. New York: Harper and Brothers, 1960.

Sheaffer's biography has benefited from his intensive research and the availability of additional information. As a result, the two-volume Sheaffer work supplies a more comprehensive and detailed documentation. For example, while we were able to surmise from our reading of Gelb that a psychotic episode late in O'Neill's life was possibly a bromide intoxication, Sheaffer documents this causal link. Thus, for one seeking facts about O'Neill, the Sheaffer biography is the more informative. Nonetheless, the Gelb work remains a valuable resource, primarily because of its coverage of the world of the theater and its assessments of the effect of O'Neill's revolutionary plays upon the development of drama in America.

Sheaffer's secondary task, his psychodynamic formulation, is of special interest to the psychoanalytic reader. Quotations culled from both volumes demonstrate that Sheaffer attempts an in-depth explication of the genetic and dynamic factors that characterized O'Neill's conflicts and his creativity. 'O'Neill stood on his [actor] father's shoulders in attaining his eminent position in the theater. Yet, various circumstances had to be right and in this case the "right circumstances" were more or less traumatic—to give him a dramatizing cast of mind, a need to verbalize his deepest feelings' (Vol. I, p. 10). 'His first weeks, his earliest months began dictating the story of his haunted insecure life' (Vol. I, p. 23). 'It was a bewildering world the child was born into, one forever changing, dissolving, melting into something else' (Vol. I, p. 24).

'In the depths of his being, below all conscious thought and decision, he began to armor himself against love. Love left one open to being hurt; rejection was too painful to be endured' (Vol. I, p. 67). 'The central clue to understanding his relations . . . is that he, unconsciously, was forever on the defensive. . . . Behind his thoughts was always the ghost of a thought that in the depths of their souls [his mother, father, and brother] regretted his existence' (Vol. I, pp. 134-135). 'O'Neill's feelings about his parents were exceedingly complex, containing conflicting impulses toward each, but the bulk of evidence indicates that, basically, he loved his father and was hostile toward his mother' (Vol. II, p. 134). In his youth 'when he enthusiastically joined in a war against his father, his fervor, without his knowing it, was largely born of frustration, from being unable to move against his primary target—a guilt-ridden drug addict [his mother] who crumpled at the first unkind word or, even worse, used a line of defense that stirred up all his own guilt feelings' (Vol. I, p. 134). 'It was not until later in life that

O'Neill consciously faced what in the depths of his being he had always known, that his standing quarrel was with his mother' (Vol. I, p. 134).

'An eternal son, forever haunted by the past' (Vol. II, p. 506), 'O'Neill was an emotional hemophiliac; his wound, his grievances would never heal' (Vol. I, p. 351). 'Both in his plays and in his personal life, O'Neill would unconsciously try to avenge himself on a world he distrusted and feared' (Vol. I, p. 41). 'In an irony that perhaps escaped him, the playwright-son, who harbored a lifelong sense of grievance against his parents, a feeling he vented again and again in his plays, had egregiously failed his own children' (Vol. II, p. 331). 'A man with a deep sense of guilt' (Vol. II, p. 263), 'a torture yearning for salvation' (Vol. II, p. 257), 'basically, this Catholic apostate used the drama as a confessional' (Vol. II, p. 47). He 'flagellated himself with the past; and, though he went about in the world, and had some contact with his fellow man, a crucial part of him, as his writings repeatedly suggest, was forever closeted with his dead' (Vol. II, p. 372).

'Not only self-destructive forces were at work in him, but counter-forces toward self-realization, a sublimating drive that would enable him to find relief through the written word. . . . His outpouring of plays once he began writing, attests to the tremendous psychic drive behind his work. . . . In O'Neill, as in all creative persons there was a need to establish unity out of chaos, to wring meaning and beauty from the sprawling confusion of his days, but beyond this, writing served him as a safety valve, as an outlet for the aggression, self-hatred and guilt encased within him. Writing not only gave him a reason for being, but enabled him to go on living' (Vol. I, p. 155).

For a psychoanalyst, reviewing Sheaffer's biography of O'Neill is like a parent looking at his child and saying, 'What have I spawned?'. Sheaffer's biography, like many of O'Neill's plays, is an offspring of 'creativity in the age of Freud', to paraphrase John Gedo.² In this sense, psychoanalysis can take pride in Sheaffer's application of its teaching. In psychological commentaries interspersed throughout the work, he integrates his biography by means of a psychodynamic frame of reference. Thus he transcends repertorial writing and achieves the more complicated goals of modern biography. In addition to presenting the life and works of Eugene O'Neill within the framework of 'the facts',

² Gedo, John E.: *Thoughts on Art in the Age of Freud: A Review*. J. Amer. Psch. Assn., XVIII, 1970, pp. 219-245.

Sheaffer offers a multidimensional view of the playwright at once both clear and complex.

However, while Sheaffer's other sources are richly documented, the only reference to a contemporary psychoanalytic study is the bibliographic listing of Weissman's *Creativity in the Theater*.³ Therefore the reader can gain no idea of how Sheaffer came to his background knowledge of psychodynamics. In fact, in some instances one begins to doubt the depth of Sheaffer's psychoanalytic knowledge. For example, while guilt was of major significance to O'Neill, the frequency with which Sheaffer attributes it to him sounds reductionistic and simplistic. One wonders whether Sheaffer can differentiate between an œdipal conflict with attendant guilt and a prædipal conflict with attendant shame and avoidance. Similarly there is reason to question whether he is able to distinguish between a conflict that centered on a person (a wife, a child) experienced as a separate distinct individual whom O'Neill mistreated with accompanying guilt, and one that involved a person experienced as a narcissistically perceived self-object—an extension of himself who, not serving an egocentric function, could be discarded.

For example, at one critical point in his life O'Neill wanted Agnes, his second wife, to accompany him on an anxiety-provoking trip to New York to discuss the production of his plays with the Theater Guild. For practical reasons, she chose to remain in Bermuda with their two children. Sheaffer reports incredulously, 'after a single day in New York, O'Neill, who had looked forward to a change of scene, felt utterly depressed' (Vol. II, p. 258). O'Neill writes to Agnes, '... and I tell you again, you have made a mistake. It is not good to force me to be lonely and homeless under the most unfortunate condition when I'm sick in the bargain' (Vol. II, p. 258). In the background was O'Neill's third wife-to-be, Carlotta—a source of irresistible entrapment. O'Neill developed an impulse to scream, extreme nervousness, an over-all feeling of fatigue and depletion, and a suspicion that Agnes was having an affair. His letters became more importuning and full of warnings about his temptation. To Sheaffer, O'Neill sounds a 'spurious note, as though he was flogging himself to express his grievance with the utmost vehemence' (Vol. II, p. 263). Sheaffer sees only the reality that Agnes had not actually deserted her husband; he cannot comprehend that

³ Weissman, Philip: *Creativity in the Theater: A Psychoanalytic Study*. New York: Basic Books, Inc., 1965. Reviewed in *This QUARTERLY*, XXXV, 1966, pp. 143-146.

nevertheless O'Neill could really *feel* abandoned, and fragmented. Sheaffer can conceive that O'Neill might have been projecting onto his wife his guilty desire to abandon an œdipal mother. But he does not see the possibility that O'Neill may have regarded Agnes as a pre-œdipal narcissistically perceived self-object whose function was to serve his needs and maintain in him a sense of cohesion. Unable to empathize with O'Neill's inner state of discordance and incompleteness, Sheaffer views O'Neill's whole response to this major crisis in his life as that of a self-dramatizing masochistic child, who 'for all his rationalizing, merely blanketed, rather than eased his tosses and turnings of remorse' (Vol. II, p. 284).

Finally, a word about Sheaffer's style. He has attempted an impossible task: to write the biography of an author who has written his own—over and over. Whatever the limitation of O'Neill's language, he knew how to speak dramatically about himself and his ideas. Thus the most lucid explications in Sheaffer's work are O'Neill's own; Sheaffer's writing, by comparison, often seems labored. But whatever the shortcomings of Sheaffer's biography, he has done an absolutely first-rate job of research, of organizing an enormous amount of material, and of presenting it in readable form. He has also utilized psychoanalytic theory to give a coherent view of his subject, thereby writing a modern biography—a psychobiography. Any psychoanalyst interested in creativity, the theater, or O'Neill will respond to Sheaffer's prodigious effort with respect and appreciation.

CHARLOTTE AND JOSEPH D. LICHTENBERG (WASHINGTON, D.C.)

THE SEVEN-PERCENT SOLUTION. Being a Reprint from the Reminiscences of John H. Watson, M.D. As edited by Nicholas Meyer. New York: E. P. Dutton & Co., Inc., 1974. 253 pp.

Having suffered hagiography, fictional re-creation, and character assassination—albeit much genuine appreciation as well—Sigmund Freud's life has surely deserved to be assimilated into a great literary myth; here we find him in concert with his foremost patient, Sherlock Holmes of 221-B Baker Street. Based on a brilliant conjecture of Dr. David Musto of Yale (who brought the two protagonists together years ago in the course of his own pursuit of the trail of cocaine), the story offers not only an addition to Freud's early case histories but also the

account of a wild adventure, as rich in political as in medical consequences, through and around imperial Vienna in which the detective, formerly the patient, is now the guide of the first psychoanalyst. Interspersed are glimpses of Freud's household and throughout the book his personality is sympathetically and often movingly sketched.

The narrator, Dr. John Watson as usual, has kept his engaging style, but we must attribute to his advanced age a few lapses, not the least being the presence of Anna Freud as a charming little five-year-old (and the only child at that) in 1895, the year of her birth.

STANLEY A. LEAVY (NEW HAVEN)

Psyche. XXVII, 1973.

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ABSTRACTS

Psyche. XXVII, 1973.

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

Functional Structure of Informal Role-Systems. Dieter Beckmann. Pp. 718-748.

The author develops a model of informal role relations in small, closed groups, i.e., two- or three-person relations. There are four types of interaction: one-sided behavior or mutual behavior, each with either 'symmetric' (identificatory) or 'complementary' positions of the participants. It appears that symmetrical mutualities develop in an escalating manner, while the other types tend to remain stable over time. Complementary mutualities have special significance in that they occur under repressive pressure. Only in such circumstances do they provide satisfaction and protect the internal stability of small groups. The sanctioning mechanisms which stabilize roles are discussed and illustrated by reference to the doctor-patient relationship.

The Diagnostic and Prognostic Significance of the Initial Dream in Psychotherapy. Hermann Schultz. Pp. 749-769.

The special position of 'first dreams' was originally discussed by Stekel and by Freud in 1911, later by Jung in 1931. Since then developments in structural theory and in ego psychology have added a new dimension to dream theory and to the practice of dream interpretation. The question is whether or not special diagnostic and prognostic significance should be attached to the initial dream, as compared with dreams in later phases of the treatment. In the first part of his paper, Schultz defines the main concepts and reviews the literature pertaining to the initial dream. The second part is devoted to the author's own investigation of the initial dream, illustrated with clinical case material from the Heidelberg Psychosomatic Clinic.

Psychoanalysis—Hermeneutic or Empirical Science? Stavros Mentzos. Pp. 832-849.

Since 'positivists', 'hermeneuticists', and 'dialecticians' have all focused upon psychoanalysis as a paradigm in their scientific-theoretic debates, psychoanalysts too have taken note of these controversies. Mentzos presents a series of criteria by which sciences may be divided into categories. While he accords these criteria a certain significance in making differentiations, he does not regard them as exclusive. According to Mentzos, the analysis of symbol systems requires scientifically controlled procedures. So far, none have been devised that are adequate for the evaluation of the peculiar personal-formative processes which are remobilized in therapy.

Psychodynamics of Group Regression. Psychoanalytic Observations of Young Hungarian Refugees. Vera Ligeti and Hans Strotzka. Pp. 870-885.

The authors describe the group treatment of one hundred fifty youthful refugees who arrived in Austria without relatives during the Hungarian uprising. Their symptomatology is characterized as a collective regression with oral and narcissistic traits in consequence of the trauma shared by all of them. The report is of interest in that it is an attempt to document a social-therapeutic application of psychoanalysis.

Two-Week Joint Psychotherapy with Couples. Horst-Eberhard Richter. Pp. 889-901.

This report follows three years of testing of a joint analytic psychotherapy method with couples who were seen every second day for a course of from ten to twelve two-hour sessions. The treatment focused on the dialogue of the partners, particularly on the disturbances of the dialogue caused by interfering psychosocial defense mechanisms. The therapist tried to help both partners become aware of the conflicting neurotic elements in the dialogue and to learn how to avoid their automatic repetition. Audiovisual records were used to sensitize the partners and help them perceive their unconscious reactions. A specific test (the Giessen Test) was used to evaluate the structure of the relationship, changes in this structure during therapy, and the development of the doctor-patient relationship.

Tape Recording as a Means for Research into the Psychotherapeutic Process. Horst Kächele; Cornelia Schaumburg; Helmut Thöma. Pp. 902-927.

The tape recording of psychotherapeutic dialogues allows the application of various content analysis procedures to nonselected verbal material that has not yet become structured by interpretations. The authors describe the methods used and the problems arising in content analysis research. They focus on the formulation of hypotheses and concepts concerning variables in patients and therapists. The development of adequate techniques of evaluation is discussed.

Narcissism, Identity and Religion. Joachim Scharfenberg. Pp. 949-966.

Given the affinity between the phenomena of narcissism and of religion, the author discerns an opportunity to resume the interrupted psychoanalytic psychology of religion during the present-day psychoanalytic theorizing about narcissism. After reviewing the most important concepts and problems in the current discussion of narcissism, Scharfenberg asks whether the search for alternatives to the existing destructive reality could not be pursued by way of the 'security principle' of a differentiated narcissism.

The Psychoanalytic Treatment Situation as a Basis of Psychoanalytic Therapy. Lutz Rosenkötter. Pp. 989-1000.

Rosenkötter describes the essential elements of the psychoanalytic therapy situation and endeavors to show, by means of reasoning and case illustrations, that these elements

provide for the possibility of a dialogue which has a curative effect. Psychoanalysis is no tranquilizer; its quest for truth, far from soothing, has a puritanical quality that opposes the contemporary striving for gratification of drives.

The Walk-In Interview. Experiments with a Brief Psychoanalytic Interview. H. Argelander; A. Eckstaedt; R. Fischer; O. Goldschmidt; K. Kennel. Pp. 1001-1066.

The number of applicants seeking treatment at the Sigmund Freud Institute has grown to an ever-increasing excess above the clinic's limited capacity, necessitating months of waiting. To deal with this situation, walk-in interviews of twenty to thirty minutes have, since the beginning of 1972, been utilized before the rather costly psychodiagnostic procedure. Argelander discusses the potential psychoanalytic relevance of this new arrangement. There is an analogy to so-called 'Balint groups' in that, under favorable circumstances, the psychoanalytically oriented brief interview offers the opportunity of working interpretatively with the patient's 'unconscious presentation' (in its situational staging). Goldschmidt details the history and development of the walk-in interview. Kennel discusses the processes of understanding and communication. Using a case example, he demonstrates that the psychoanalytic dialogue can unfold even under these circumstances, so that the outlines of current unconscious conflicts show up against the background of a life history. Fischer presents three instances of patient resistance which could not be resolved in this context and thus thwarted the brief interview. Eckstaedt elaborates specific structures of the two hundred sixty-two walk-in patients of the first half year on the basis of objective data collected about patients and therapists. Employees, students, and academicians constitute the three largest subgroups of the clientele. There is clear evidence for a connection between social status, class-specific educational background, and the capability of articulating the need for psychotherapeutic help.

Notes on the Analyst's Self-Perception. Rolf Klüwer. Pp. 1077-1089.

Confronted with two conflicting aims—the curing of patients or the carrying forward of psychoanalytic theory—the analyst should give priority to the latter. For the isolated therapist, avoiding unpleasure at the cost of progress in knowledge is strongly tempting. This tendency is being counteracted in psychoanalytic societies, although their functions are by no means confined to the task of maintaining the primacy of knowledge. Psychoanalytic training should be oriented toward both practice and science. The present reception of psychoanalysis is in part based on a misunderstanding: the necessarily frustrated expectations are apt to breed hate and rejection.

Problems of Idealization. Margarete Mitscherlich-Nielsen. Pp. 1106-1127.

The nature and function of idealization have been closely defined within the over-all framework of the psychoanalytic theory of socialization and of social psychology. Idealizations mediate between an individual's drive-related wishes and the cultural tradition. Mitscherlich-Nielsen distinguishes between the progressive and regressive functions of idealizations which occur in the psychic economy of individuals and collectivities, and details the significance of idealizations for political action. She illustrates her

thesis with case sketches and with references to collective behavior in Germany before and after 1945.

Afterthoughts on 'Student Unrest'. Heide Berndt. Pp. 1128-1151.

The author reviews a number of papers that attempted psychoanalytic interpretations of the student protest movement of the late 1960's. The majority of these papers ignored the theoretical basis of the student movement and generalized from experiences with individual student patients. A frequently used interpretative pattern reduced the behavior of the politically active minority to reactions of a war generation to the loss of the fathers, or to the neurotogenic state of the universities. Mediating positions between the strictly psychological and the sociological interpretations are those of A. Mitscherlich and P. Parin. The author describes the subsequent transformation of the student movement into concurring factions: contrary to the present trend of denying the anti-authoritarian past, the original emancipatory aims are restated.

Revue Française de Psychanalyse. XXXVII, 1973.

The Dreamer and His Dream. Jean Guillaumin. Pp. 5-48.

The remembered dream is a process in consciousness which functions as a mirror to the dreamer and reflects to him his unconscious. The *Edipus* legend symbolizes this relationship. The dreamer, like *Edipus* with the Sphinx, is confronted with an enigmatic double of himself that he both recognizes and does not recognize. A dream consists of material that is directly present to consciousness yet retains its aspects of heterogeneity, of otherness and strangeness. The dream thus has a sort of dual nationality between the conscious and the unconscious realms. It is this exceptional status that makes the dream so effective in the exploration of unconscious material. Guillaumin holds that in *The Interpretation of Dreams* Freud responded to dream material by becoming defensively 'scientific' at the cost of omitting from consideration some very important aspects of the process of dreaming. One of these neglected aspects is the significance of the dream to the awakened dreamer. Guillaumin suggests that the dreamer and his dream be considered analogous to an interpersonal relationship, with the 'dream ego' functioning to better the adjustment of the waking ego to reality and to provide the waking ego with unconscious elements which are important for stimulation, development, and adaptation.

Listening Perversion. Jean Gillibert. Pp. 49-72.

The author discusses a perversion of the listening process, not as a new clinical entity or in the form of a case report, but as a malfunction of the analytic process. Reflecting on the role of speaking and listening in the course of an analysis, Gillibert suggests that it is erroneous to suppose that listening can be neutral. A perversion of hearing occurs when the analyst thinks that he is being only the echo or mirror of the patient's discourse. He then hears the patient through the prism of the concepts and categories of psy-

choanalysis. Listening is thus never uninvolved or innocent. The principle means of communication in psychoanalysis is not free from bias. Gillibert supports this thesis with an analogy drawn from the humorous interviews of Jean Sas, a journalist who presented his subjects with nonsensical sentences or questions strewn throughout the discussion. The subjects responded by restructuring the nonsense in terms of their own lives and preoccupations. An analyst would no doubt have responded in terms of 'œdipus complex', 'pregenitality', etc. Unfortunately, Gillibert also adds some speculations on the philosophy of language and on the mind-body problem—speculations which seem rather fanciful, confused, and irrelevant to his main theme of the distortion of the patient's words by the theoretical preoccupations or stance of the analyst.

An Open Letter to Irma. Jean Cournut. Pp. 73-93.

Cournut is concerned with writing and psychoanalysis, whether the writing occurs in the form of dreams noted down, diaries, case histories, psychoanalytic articles, or fiction, published or unpublished. The literary productivity of analysts and analysands suggests that writing is intimately linked to psychoanalysis and psychoanalytic practice and fulfils an obscure need of both patient and analyst. Cournut suggests that there is a dual function in this writing: to obscure and to elucidate. Such resistance is frequently shown by patients who write down their dreams. As an example of this resistance, Cournut considers Freud's Irma dream and the 'detailed analysis' of it. Discerning a theme of writing which Freud neglected in this dream, Cournut suggests that in a thorough analysis of the dream, Irma's letter, the response to her letter, the case history composed for Dr. M, the chemical formula, and a letter to Fliess would certainly have been explored. He ventures an interpretation in supposing that the correspondence with Fliess, including the Project, are concerns about the Irma dream.

In addition, Cournut examines what is specific to writing as a resistance to the analytic process. He notes the freedom and mobility of speaking, the possibility of re-elaboration, and the requirement of a listener in free association. These are contrasted with the solitary pursuit of writing which is characterized by the absence of the other and by the dissemination of the published work far from the author's presence. The writer seeks what is general and universal in his personal experience, while the analysand seeks the personal and individual in his verbalizations.

The Structure of Unconscious Fantasies in Renal Transplant Patients. Jean-Charles Crombez and Paul Lefebvre. Pp. 95-107.

The authors studied the multiplicity of responses to renal transplants. These responses followed patterns which have already been described by Engel and others, but differed according to the individual patient. The fantasies fell into three areas: life and death, sexual impulses, and body image. The phenomenon of 'accorporation' is described. The authors introduce this term to designate the complex process of internalization of the transplanted organ, a process involving incorporation, introjection, and the progressive internalization of the kidney along with the progressive effacement of the self-object distinction concerning the organ. Previous experiences, especially the pattern established in the acceptance of the mother's breast and milk, are important in this process. The

authors believe that the task of the recipient of the transplant is paradoxically increased if he attempts to view the operation as simply a functional one. Attention to the fantasies and to the conflicts which are mobilized by the operation, and the acceptance of the transplant, can make the psychological task of the patient easier.

Analogy and Language in the Treatment of a Child. Marie-Noëlle Czesnowicka. Pp. 111-154.

This is an account of the treatment of a seven-year-old boy with functional megacolon who refused to learn to read or write. The case is presented for its exposition of the relationship between instinctual expression and symbolic expression and of the establishment of the pathway to sublimation that written language represents. The first part of the article deals with the sessions as an ordinary case report. The main interest lies, however, in the second section, in which Czesnowicka attempts to delineate the nonverbal elements that were important in the course of treatment which she considers important in the acquisition of language. Traumata had occurred in the child's life at the time he was acquiring control over both sphincter and language: his mother, involved with a newborn sibling, had been unable to serve as a fixed and stable reference point for the child's sensorimotor development. In treatment, the therapist remained stationary and allowed the child to explore and organize his space. Reading and rereading of stories familiar to the child proved important. The patient gradually progressed from being lulled into comprehension to the utilization of language for communication. He had to accustom himself physically to the space in the room and to the person of the therapist. From a verbal 'bathing' in the sounds of well-known stories, the child advanced to the construction of a space in which sound could be perceived as neither painful nor disruptive. The author relates these difficulties in learning to read and write to the difficulties in spatial organization, including the experienced space of the boy's own body.

Lou Andreas-Salomé and Female Sexuality. Jacqueline Cosnier. Pp. 165-178.

Lecture on 'Anal and Sexual' by Lou Andreas-Salomé. Imago 1916. Jean Chambon. Pp. 179-190.

These two papers from the French Psychoanalytic Institute's Fifteenth Advanced Training Seminar review the contributions of Lou Andreas-Salomé to psychoanalytic theory, in particular to theories of female sexuality. The first, by Cosnier, is a study of Andreas-Salomé's *The Feminine Type*; in the second, Chambon considers her paper, *Anal and Sexual*. Both writers claim that Andreas-Salomé should receive more attention for the originality of her work and for her anticipation of later discussions of psychoanalytic theory and female sexuality. Many of her formulations, especially on the role of anal erotism in sexuality and in narcissism (in contemporary terminology), have a very modern ring. Cosnier suggests that Andreas-Salomé viewed unconscious material as a source of life, a view which she claims ran counter to Freud's rationalism.

Femininity as Conceptualized by Celibates, Freud and Jones. Alain de Mijolla. Pp. 195-224.

In an excellent article, the author summarizes the development of psychoanalytic thought on female sexuality. He reviews Freud's position and the changes and

elaborations of other analysts, particularly those women analysts whose contributions began to appear in the decade, 1920-1930. The author places these concepts in the context of the diverging views of Rank and Ferenczi, together with Freud's responses to these developments. Freud's personal problems with cancer, the death of his mother in 1930, and the death of Abraham in 1925 are all discussed. The contributions of Abraham, Horney, Helene Deutsch, Melanie Klein, Ernest Jones, and Lampl-de Groot are reviewed in relation to Freud's work.

EMMETT WILSON, JR.

American Imago. XXX, 1973.

'Straw Dogs': Aggression and Violence. Fedor Hagenauer and James W. Hamilton. Pp. 221-249.

Straw Dogs, considered by many critics one of the most violent films ever produced, is found to have as its major theme oral sadistic rage associated with unresolved dependence. Subsidiary motifs include phallic aggression and narcissistic elements. Director Sam Peckinpah, who freely altered the plot of the novel from which the film was adapted, appears to struggle with these very problems, judging from his self-observations and his life's course.

Victor Tausk as Seen by His Son. Marius Tausk. Pp. 323-335.

The publication of this paper was arranged by K. R. Eissler. In it, Dr. Marius Tausk, physician and professor of endocrinology, defends his father who, he feels, has been the victim of inaccuracies in recent writings by Eissler and Kanzer. He is particularly perturbed by Eissler who accused his father of being a heartless, self-centered man, a coward and a lifelong deserter. On the contrary, Dr. Tausk avers, his father, despite great suffering, maintained his courage and integrity and showed deep affection and a strong sense of responsibility for his family. The son acknowledges that he was the subject of his father's article, *A Contribution to the Psychology of Child Sexuality*, as Kanzer concluded, but he rejects Kanzer's hypothesis that the case history in his father's paper, *On the Psychology of the Alcoholic Occupation Delirium*, was autobiographical. He also rejects Kanzer's theories about his father's selection of names for his brother and himself, insisting that they were chosen by his mother. In addition, Dr. Tausk resents Roazen's characterization of his paternal grandmother as a masochistic Jewish mother, but credits him with correctly stating his mother's motives in giving him the name Marius. He asserts that when Roazen presented him with the hypothesis that a proximal cause for his father's suicide was rejection by Freud, he was initially incredulous but found the story far more convincing than he had anticipated.

Comment on the Letter of Professor Marius Tausk. Mark Kanzer. Pp. 336-339.

Kanzer is gratified by the confirmation of his hypothesis that Marius was the subject of Tausk's *A Contribution to the Psychology of Child Sexuality*. He insists, however, on the

correctness of his finding that the case history in the paper on alcoholic occupation delirium was autobiographical. He is content to leave unsettled Tausk's part in naming his sons, the reason for Tausk's acceptance of baptism, and the precise age of Marius when the dreams reported in his father's paper occurred.

Paraphrase as Commentary and Critique on Gerhard Hauptmann's *And Pippa Dances*. Victor Tausk. Pp. 340-359.

Tausk's commentary is striking for having the most lavish praise sprinkled throughout an essentially negative evaluation of this 1906 production. He wrote: 'Whoever follows the action, loses the continuity of thought. . . . Whoever is bent on following the thought through the luring, florid jungle is delayed by the action which . . . does not allow time for such pretentious mental excursions. . . . And thus some will not derive benefit from the action, others not from the thought. Everyone, however, feels cheated out of some emotional reaction and peaceable reasoning and leaves the house with a grudge. . . . This is the reason why Pippa is a bad play.' He finds the play an analytical work in which there is no protagonist; instead, ' . . . a company of limited liability has been founded for the sake of solving the question of life. . . . Accordingly, Pippa is nothing other than the question of existence expressed in symbols. . . . Thus we are deprived of true compassion with the figures because they . . . [fail to assume] personal responsibility or individual stance.' Yet Tausk finds that 'the formation of the figures is one of rare perfection. . . . The language is rich and sparkling . . . the play moves us deeply because it harbors beauty, sincerity and kindness. . . . [It] presents the highest degree of artistic objectivity [and is] a truly great artistic achievement.' In addition, it is 'a great, beautiful work, as abounding in life and wealth of contemplation as the finest that has ever been created'.

Hauptmann's *And Pippa Dances* and Victor Tausk's Commentary. Paul Neumarkt. Pp. 360-370.

Neumarkt accepts Tausk's contention that the characters are embodiments of parts of the mind rather than whole persons and presents a detailed analysis of the play. He concludes it portrays the 'catatonic condition of the contemporary male psyche'; within this sterile atmosphere, Pippa, 'representative of the feminine psyche', suffocates.

Victor Tausk: Analyst and Dramatic Critic. Mark Kanzer. Pp. 371-379.

Kanzer informs us that Tausk arrived in Berlin in 1906 just in time to see the first performance of *And Pippa Dances*. He had abandoned his legal career as well as his wife and two small sons in an effort to find himself through the freedom of Bohemian life and the cultivation of his literary and artistic talents. The deep distress and prolonged conflict he had suffered prior to this point are reflected in his play, *Twilight*, in which the protagonist leaves his wife and two sons to 'find himself' in the pursuit of the arts; he dies after writing a masterpiece drawn from his and his family's suffering. A letter dated February 23, 1906 shows that Tausk had hoped his review of *And Pippa Dances* would win for him quick recognition and the attention of Hauptmann himself. His desire to establish a relationship with both the intelligentsia and the dramatist by means of this

review may help account for the admixture of disparagement and lavish praise it contained. In Kanzer's view, the paraphrase of *And Pippa Dances* reveals that Tausk identified with the character, Michel, an artist who, scorning the philosopher's advice to avoid matters beyond the scope of his limited maturity, brings about his own destruction.

Jensen's *Gradiva*: A Further Interpretation. By James W. Hamilton. Pp. 380-412.

Noting that Freud lacked a theory of object relations and had insufficiently appreciated the importance of aggression at the time he wrote *Delusions and Dreams*, Hamilton seeks to establish the role of object loss and oral aggression in *Gradiva*. He points out that Norbert Hanold lost both parents in childhood, was chronically depressed, and tried to adapt in a compulsive, schizoid fashion. Archeology, which deals with relics, is symbolic of his attachment to a lost object, an attachment which prevented him from developing interest in other objects. Hamilton understands Hanold's fantasies, dreams, and delusions—which he likens to artists' creations—as attempts to master separation by way of regression and fusion with the maternal breast. Such externalization achieves narcissistic repair and restoration of the lost object. The process is completed when it is proven that Zoe-*Gradiva* is a real living person.

JOSEPH WILLIAM SLAP

Journal of Psycholinguistic Research. II, 1973.

The following abstracts appeared in the *Journal of Psycholinguistic Research* and are reprinted with the permission of the publisher.

The Effects of Stress on the Understanding of Pronominal Co-Reference in Children. Michael P. Maratsos. Pp. 1-8.

Children aged three, four, and five years were given sentences to act out in which the presence or absence of stress on a pronoun was critical to the reference of the pronoun. They were then divided up into three groups, based on their proficiency in imitating sentences. Performance on unstressed pronouns was uniformly high in all three groups. Stressed pronouns were acted out like unstressed pronouns by the least advanced group, and improvement was radical from the lowest to highest groups. In the sentences used, unstressed pronouns could be interpreted by a natural cognitive strategy, in which the least change is required in the roles of the sentence actors. Early performance can be accounted for by use of this strategy. Interpretation of stressed pronouns required reversal of the role of one actor, which the less advanced children evidently found difficult. Results are discussed for their significance for theories of pronominal reference.

Glossolalic Speech from a Psycholinguistic Perspective. H. A. Osser; P. F. Ostwald; B. MacWhinney; R. L. Casey. Pp. 9-19.

This is a psycholinguistic study of glossolalia produced by four speakers in an experimental setting. Acoustical patterns (signal waveform, fundamental frequency, and

amplitude changes) were compared. The frequency of occurrence of vowels and consonants was computed for the glossolalic samples and compared with General American English. The results showed that three of the four speakers had substantially higher vowel-to-consonant ratios than are found in English speech. Phonology, morphology, and syntax of the four glossolalic productions were analyzed. This revealed two distinct forms of glossolalia. One form, called 'formulaic', tends toward stereotypy and repetitiousness. The second form, called 'innovative', shows more novelty and unpredictability in the chaining of speech-like elements. These contrasting forms of glossolalia may relate to dimensions of linguistic creativity. Precise correlates with personality patterns, educational backgrounds, psychopathology, and other sociolinguistic variables remain to be employed.

The Role of Competence Theories in Cognitive Psychology. Zenon W. Pylyshyn. Pp. 21-50.

This paper discusses several common misunderstandings regarding theories of competence. Such theories are characterized as being concerned with the epistemological side of cognitive psychology and as being based primarily on evidence of a special kind: intuitions of competent performers. The nature of such evidence is examined in relation to the question of objectivity. The position that competence may be described in terms of implicit rules is discussed from several perspectives. Finally, a number of empiricist objections to the notion of competence are examined, particularly those based on the fact that whereas competence theories are infinitary, deterministic, and formally complete, observations of actual performance suggest that it is best characterized as finitary, probabilistic, and heuristically organized. Finally, the question of the psychological reality of competence formalisms is discussed and it is argued that the claim of the psychological reality of a *mechanism*, as opposed to a structural description, is only appropriate when the mechanism accounts parsimoniously for the widest possible range of empirical phenomena.

The Significance of Pauses in Spontaneous Speech. S. R. Rochester. Pp. 51-81.

Studies of filled and silent pauses performed in the last two decades are reviewed in order to determine the significance of pauses for the speaker. Following a brief summary, the theoretical implications of pause location are examined and the relevant studies summarized. In addition, the functional significance of pauses is considered in terms of cognitive, affective-state, and social interaction variables.

Difference between Linguists and Nonlinguists in Intuitions of Grammaticality-Acceptability. N. J. Spencer. Pp. 83-98.

Modern transformational grammarians, using only their own intuitions as the basic data for the rule construction, may not be analyzing the common, natural language of the speech community. Do native speakers share the intuitions of linguists? One hundred and fifty exemplar sentences from six linguists' articles were presented to forty-three linguistically naïve and twenty-two linguistically non-naïve native speakers. Native speakers agreed among themselves as to the acceptability or unacceptability of eighty per

cent of the sentences. Subjects shared intuitions with linguists in only half of the exemplars. It is suggested that linguists consult nonlinguists as to the acceptability or unacceptability of exemplars which illustrate the rules proposed to check whether those rules reflect the formal structure of the common language being described.

Syntactic Complexity and Information Transmission in First-Graders: A Cross-Cultural Study. Susan H. Houston. Pp. 99-114.

Some differences between child and adult communication are due to general developmental immaturity and some to language-specific factors. The Piagetian concept of syncretism exemplifies a hypothesized universal of psycholinguistic development, and it results in child texts characterized by minimally structured temporal, causal, and logical connections. A different sort of problem is that within a specific language, certain syntactic items may fail to mature in children at the expected rate because of structural oddities of the constructions. English has several such constructions, generally peculiar in their conflict between surface- and deep-structure subject of the main verb. It is predictable that a syncretistic child, attempting to deal with such items in a text, will analyze them according to the surface-structure analogic method which defines verbal syncretism, and so will fail to make sense of them. Finally, cutting across these child language features are others peculiar to the language of specific groups of children, such as the putative communication impairment of the disadvantaged black child, whose language has been described by some researchers as less efficient and slower to mature than that of others. Clearly, if this is so, black children's language should at any young age show more evidence of syncretistic communicative immaturity as well as slower development of adult syntactic patterns. The present paper, then, investigates on a cross-cultural basis the dual hypotheses of syncretism and faulty mastery of difficult syntax by means of an experimental story-repeating format first used by Piaget. Hypotheses are examined for the cause of the children's distinctive communication technique, and the whole question of the significance of black/white differences in communicative style and verbal maturity is discussed.

Structural Characteristics of Clause-Containing Sentences and Imitation by Children and Adults. Raymond Baird. Pp. 115-127.

Children of ages four, six, and eight years and college students attempted to imitate sentences containing combinations of nested and self-embedded relative clauses. Asymmetries in performance predicted from extensions of previous research were obtained at all ages. The hypothesis that these differences might be attributable to two structural characteristics of clause-containing sentences was supported by correlational analyses.

Bulletin of the Menninger Clinic. XXXVII, 1973.

Sense of Conviction, Screen Memories and Reconstruction—A Clinical Note. Edward D. Joseph. Pp. 565-578.

Freud pointed out that while the analyst's construction ought to end in the patient's recollection, it often brings about an assured conviction of the truth of the construction

without the recollection of what had been repressed. Nonetheless, the same therapeutic result is achieved. The formation of screen memories which result from reconstructions during analysis and the sense of conviction are examined in this paper. Screen memories are marked by clarity of image; the individual involved is often both onlooker and participant and the memory is often of a trivial event. The concept of screen memories has been extended to include a continuous screening function so that screen memories may be derived from any period of life, current or past. A traumatic memory may screen an even more traumatic recollection. Many final traumatic memories are not recovered in analysis, but are replaced by a growing sense of conviction that events were really as the analyst reconstructed them. There are two forms of the sense of conviction, a subjective sense of the truthfulness of one's own mental functioning and an objective sense about the commonality of certain shared experiences. Whether the sense of conviction is used defensively to support denial and reaction formations or whether it appears in other contexts, such as superstitions, religious or political beliefs, it is dependent on the integrity of the reality testing function and is affected by the vicissitudes of inner conflicts. It seems that the sense of conviction is not as strong in patients with obsessive-compulsive character structures as in those with oral or phallic orientation. In analysis, the increasing sense of conviction is a product of the re-establishment of the connection with an earlier reality, either of a historical or psychological nature. From an economic point of view, there would be a change in the energies investing the sense of conviction from more instinctualized to more neutralized energy.

S. WARREN SEIDES

Journal of Youth and Adolescence. II. 1973.

The School Failure as Tutor: An Exploratory Approach. Fred Pine and Wendy Olesker. Pp. 183-200.

The authors describe a small pilot program in the use of selected high school near drop-outs as tutors for young children. In their relationships with the children they tutored, with their peers, and with their supervisors, these adolescents were able to attain a degree of personal and educational mastery by turning a passive unsuccessful experience into an active productive one.

Memories of Half a Life Ago. Thomas J. Cottle. Pp. 201-212.

The poignant reminiscences of a 'typical' bright twelve-year-old girl are presented to illustrate a young adolescent's growing autonomy, concept of personal identity, and control over thoughts and behavior. At age twelve, a child's concept of time was seen to be in accordance with her concept of self.

Adolescents as Mothers: An Interdisciplinary Approach to a Complex Problem. Howard J. Osofsky; Joy D. Osofsky; Norman Kendall; Renga Rajan. Pp. 233-249.

The present report focuses on the results of one of the earliest intervention programs for low-income pregnant adolescents. The program was designed to provide under one roof

intensive medical, educational, social and psychological services. Traditionally, there has been a great deal of risk for both the adolescent mother and her infant. The results of this study demonstrate that given a reasonable opportunity, individuals who are in a high risk category and supposedly uninterested will respond. Medical complications and prenatal and perinatal mortality were reduced while individuals made considerable educational progress and aimed for further achievement.

Pubescent Attitudinal Correlates Antecedent to Adolescent Illegitimate Pregnancy. J. H. Meyerowitz and Jonathan S. Malev. Pp. 251-258.

This study is based on psychosocial attitudinal surveys of seventh grade students in an area selected for a high incidence of adolescent pregnancy. The authors demonstrate support for prior research findings: the factors which increase the number of early teenage pregnancies are low self-esteem, chronic depression, unconscious sanctioning by parents, feelings of social rejection, peer group sanctioning, and general delinquent behavior.

Influence of the Developmental Schedule of Puberty on Learning and Ego Functions. Harvey Peskin. Pp. 273-289.

The author attempts to correlate biological and psychological drive strengths with cognitive development. He concludes that an optimum level of pubertal instinctual danger promotes long-term intellectual and social growth. To support his thesis he cites two studies: one, a thirty-year longitudinal research pertaining to the length of prepuberty and puberty as determined by the age of onset of puberty; the other, a correlation of the prepubertal and pubertal outcomes of two kinds of early childhood environments in which there was exposure to greater or lesser amounts of psychosexual stimulation. Peskin reproaches psychoanalysis for neglecting the soma in the understanding of developmental schedules and maintains that keeping the somatic and psychodynamic levels in simultaneous focus would be enlightening.

Therapeutic Abortion During Adolescence: Psychiatric Observations. Peter Barglow and Susan Weinstein. Pp. 331-341.

In this important communication of the psychological reactions of a group of adolescents undergoing therapeutic abortion at the Michael Reese Hospital, preabortion dreams were used as a sensitive diagnostic and prognostic adjuvant. In most of the patients there was evidence of serious psychiatric illness compounded by developmental immaturity and lack of knowledge about the procedure. Unlike the adult patients, the adolescents themselves were not responsible for the abortion decision. The abortion was perceived as frightening, dangerous, and punitive and there was frequent postabortion emotional distress and mourning.

MARION G. HART

Revista de Psicoanálisis. XXIX, 1972.

An Approach to Fantasies and the Creation of an Interpretation with Correct Technique in Character Disorders. Benito M. Lopez. Pp. 189-216.

In this significant contribution the verbal, paraverbal, and nonverbal communications of a patient are correlated and then related to the countertransference fantasy. The author considers the type, style, and wording of the patient's fantasy, as well as its reflection in the analyst at the moment of his interpretation. Lopez demonstrates how he approaches the patient's characterological difficulties by making a comprehensive interpretation, including symptomatology, transference material, infantile neurotic remnants, and the present-day situation, adding to them his own countertransference 'creations'. He feels that in the interpretation, the analyst should attempt to fulfil 'a true and new psycholinguistic combination'.

GABRIEL DE LA VEGA

Meeting of the New York Psychoanalytic Society

David M. Hurst

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NOTES

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 15, 1974. CONSCIOUS AND UNCONSCIOUS MOTIVES IN PIRANDELLO'S 'SIX CHARACTERS IN SEARCH OF AN AUTHOR'. Martin Wangh, M.D.

When *Six Characters in Search of an Author* opened in Rome in 1921, a near riot broke out in the audience. What was it about this play that provoked such intense feelings then and has continued to fascinate us for over fifty years? In seeking the inner meanings and deeper unconscious motivations of the play, Wangh examines two other spiritually contiguous plays by Pirandello and a preface that Pirandello wrote to *Six Characters* somewhat later. Thus, the writer's productions are the data of this investigation; biographical information is used only secondarily to bolster the analytic findings.

Pirandello's inner resistance to the material of the play is expressed in the title and in the theatrical devices he used. The *Six Characters* come upon an acting company rehearsing another Pirandello play and beseech them to do their story (to be their author). The actors are unable to express the parts of the Characters and appear ludicrous. This disavowed, unauthorable, and unactable story is summarized by Wangh. The themes of marital infidelity, exclusion of the child from the primal scene, father-daughter incest, mother-son incest, sibling murder, and suicide are all recognized, but filicidal impulses of jealous rage, and unconscious guilt for them, are of central importance. Wangh shows how defense and resistance against the emergence of these impulses are utilized with partial success. He also postulates that the interrupted Pirandello play (the one being rehearsed by the acting company) is itself concerned with the revenge of a husband upon his wife's lover. The point of interruption follows the question by the wife: 'Is he dead?', while the *Six Characters* begin their story with the death of the mother's love.

This carrying over of filicidal revenge for oedipal patricidal feelings is continued symbolically in the play written just after *Six Characters*, and within the same five week period, *Henry IV*. In this play, the filicidal impulse is overtly expressed as Henry plunges a dagger into Belcredi, his rival, as he embraces the daughter of the Marchesa whom both men have loved. The biographical data show that *Six Characters* and *Henry IV* were written immediately following the engagement of Pirandello's daughter. His paranoid wife, institutionalized two years earlier, had been so suspicious of incest that she had insisted Pirandello and their daughter sleep at opposite ends of the house.

DISCUSSION: Martin Bergmann noted that in Freud's view the writer offers his audience his own fantasies, making them acceptable by providing some disguise and some pleasure (discharge), analogous to the disguising of latent content by dream work into acceptable manifest content. Pirandello's audience, however, recoiled from the poorly disguised content and was denied the pleasure of discharge by identification with the Characters. Bergmann added that the themes of modern theater and modern art cannot be analyzed as one would analyze a Greek tragedy. In *Six Characters*, for example, pleasure is taken in the discharge of aggression against traditional art forms.

Dr. Theodore Jacobs commented that Wangh's ingenious demonstration of the connections between the plays was new to Pirandello criticism. He postulated that by the in-

interruption of the play, Pirandello was indicating that in attempting to act out one drama, we repeatedly and unwittingly act out another. Although he agreed with Wangh's analysis of *Six Characters*, he added abandonment as a central organizing theme. Jacobs presented further biographical data which indicates that Pirandello came from a ravaged family, with a 'damaged' mother and remote father.

Dr. Bernard Meyer expressed the view that most of the outcry against Pirandello's plays was because of form, not content. He added, however, that St. Exupéry objected particularly to Pirandello's dwelling on the theme of adultery. Dr. Leo Spiegel noted that the play demonstrates Pirandello dealing with an illusory reality of the self in search of reality.

DAVID M. HURST

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

April 30, 1973. THE MEANING AND VICISSITUDES OF HUMILIATION—SOME TENTATIVE META-PSYCHOLOGICAL EXPLORATIONS. Julian L. Stamm, M.D.

Considering humiliation as an affective derivative of the loss of self-esteem, Dr. Stamm explored its pathogenesis, its relationship to various types of self-representations in the ego, and its function as a signal affect analogous to anxiety. A distinction was drawn between humiliation and shame. The latter was seen as a forerunner of humiliation accompanied by feelings of self-reproach and related to a conflict between ego and superego. Humiliation was viewed as a later derivative of lowered self-esteem which more frequently develops when there is believed to be an unjustifiable attack made on the self-representation from the external world and/or when there is a conflict between ego and ego ideal. Many factors may induce humiliation. It is a universal phenomenon that can be triggered by realistic experiences in the healthy individual. But it is experienced more often by those individuals who, as a result of heightened narcissistic cathexis, become more vulnerable to narcissistic injuries. This can be seen in psychotic individuals, in highly narcissistic infantile characters, in borderline states, and in some narcissistic creative individuals.

In discussing the relationship between humiliation and narcissism, Dr. Stamm postulated that humiliation performs a signal function crucial to our understanding of the narcissistic disorder and is analogous to the nuclear role of anxiety in the transference neurosis. Dr. Stamm suggested that there may be a hierarchy of humiliation in relation to various self-representations within the ego; that the various defenses utilized to ward off humiliation may result in symptom-formation; and that the narcissistic rage may be turned inward and lead to depression or masochistic syndromes. Antisocial acting out may be another vicissitude of humiliation. Several case histories were presented to illustrate shifting self-representations and their relationship to humiliation and symptom-formation. Dr. Stamm concluded that in the transference neurosis, the core conflict is oedipal, the nuclear anxiety is castration fear, and the main effort is to ward off dangerous impulses; in the narcissistic disorders, the core problem is the preservation of the integrity of the self-representation.

DISCUSSION: Dr. Lawrence Chalfin questioned whether humiliation operated as a signal affect motivating symptom-formation in the cases cited. He wondered if Dr. Stamm's concept added a crucial element to our understanding of these cases; could more traditional concepts be used to explain them? Can we ascribe humiliation in these cases strictly to 'narcissistic injuries from the external world and/or tensions related to failure to satisfy the ego ideal'? Dr. Chalfin noted that humiliation also appears in response to superego and other anxieties.

Dr. Theodore Lipin observed that Dr. Stamm's focus might help the therapist to be more precise in his efforts at either shoring up the patient's ego functions or temporarily 'loaning' the patient some of the benefits of his own ego functions, but that this focus cannot initiate, sustain, and utilize the special psychoanalytic process which reduces symptomatology by restructuring the hierarchical levels of the mind. Affects by themselves are unreliable to use for metapsychological explorations, clinical investigations, and therapeutic intervention because any given one at any given moment has such a multitude of actual and potential sources within the conscious, preconscious, and unconscious. Activity anywhere in this double complex can produce an affect that will be consciously registered. To focus primarily on one affect in an attempt to delineate accurately some relevant aspects of psychic organizations, dynamics, and determinants can be misleading.

Dr. George Wiedeman stated that he did not share Dr. Stamm's view that humiliation is an affect analogous to signal anxiety. Humiliation, if consciously perceived, can be experienced differently, depending on the past history, personality structure, and reality situation of the individual. After giving some examples of the possible affective and behavioral consequences of humiliation, Dr. Wiedeman said that it was clear that humiliation could not be put on a par with anxiety and depression as emotional states. Anger, rage, and depression secondary to humiliation may, in turn, activate the defense mechanisms of the ego, but this would not be a primary activation of humiliation per se.

ALLAN Y. JONG

The VIIth International Symposium of the DEUTSCHE AKADEMIE FÜR PSYCHOANALYSE will be held in August 1975 in Sicily. The subject of the meeting will be Psychoanalytic Training. For further information write: Rolf Hauber, Organization Committee, DAP, 1 Berlin 15, Wielandstrabe 27/28.

The 1975 Summer Program in Human Sexuality of the INSTITUTE FOR SEX RESEARCH will be held July 23 to August 1, 1975, in Bloomington. For further information write: Institute for Sex Research, 416 Morrison Hall, Indiana University, Bloomington, Indiana 47401.

ERRATUM: Several readers have called to our attention an error that appeared in the review of the book, *Confrontations with Myself* by Helene Deutsch (This QUARTERLY, XLIII, 1974, pp. 666-667). The review places Wagner-Jauregg in Munich; his clinic was in Vienna. Dr. Deutsch went to Munich in 1911 to study under Kraepelin and later to Vienna where she worked at the Wagner-Jauregg clinic.