

Discussions of Sigmund Freud

Richard F. Sterba

To cite this article: Richard F. Sterba (1978) Discussions of Sigmund Freud, The Psychoanalytic Quarterly, 47:2, 173-191, DOI: [10.1080/21674086.1978.11926836](https://doi.org/10.1080/21674086.1978.11926836)

To link to this article: <https://doi.org/10.1080/21674086.1978.11926836>



Published online: 20 Nov 2017.



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



Citing articles: 1 View citing articles [↗](#)

DISCUSSIONS OF SIGMUND FREUD

BY RICHARD F. STERBA, M.D.

Between the years 1928 and 1932, Sigmund Freud occasionally assembled a small group of members of the Vienna Psychoanalytic Society for scientific discussions. These informal meetings took place on Wednesday evenings at Freud's home. The author reports what he was able to preserve of Freud's remarks on some of these occasions.

The informal discussions of Freud reported here occurred at the Wednesday meetings in Freud's apartment which I had the privilege of attending between the years 1928 and 1932. Since Freud's remarks were made in connection with the specific topic of the evening, it will be necessary to acquaint the reader with the subjects of the meetings from which I preserved some of Freud's comments by jotting down brief notes while he was speaking. It will be explained later why such recording was possible only under special circumstances.

First, I would like to describe how these meetings came about. It is well known that in 1923 Freud had to undergo a radical operation on the right maxilla for cancer. It was a long time before a prosthesis could be constructed that fit properly and enabled Freud to speak relatively unhampered. I might add that whenever I heard Freud speaking, I did not notice any speech difficulty. He did not speak very loudly, but his pronunciation was clear and distinct. Since I had never heard him speak before his illness, however, I cannot say whether there was a difference.¹

I never noticed any deformity in the region of Freud's face

¹ I was unhappy when I heard the phonographic disc on which his speech was recorded and which has been available in recent years. It was made in London shortly before his death, and there is a hissing sound in his speech which was not present earlier. At the time when his voice was recorded, the cancer must have progressed so that complete closure of his mouth cavity was no longer possible.

which covered the area of the operation. The prosthesis was so well constructed that his facial configuration was completely restored. However, when he sat silently in the meetings listening to the presentation and to the discussants, he often touched the prosthesis with his finger as if this gave him some relief from pain or discomforting pressure. He then often reached for another cigar from the box that stood before him on the table and lighted it with visible delight.

During the first five years after the operation Freud was unable to attend any scientific meetings because of the suffering and torment which the operational defect and the fitting of the prosthesis caused him. However, he did attend the memorial session for Karl Abraham in the fall of 1925 in the *Herzstation* where the Vienna Psychoanalytic Society then held its regular meetings. It was there that I saw Freud for the first time. On that occasion he did not speak to the group; it was Anna Freud who read the eulogy Freud had written. The second time I saw him was on May 6, 1926, when he received the members of the Society and the few trainees of the Institute in his apartment to accept their congratulations on his seventieth birthday.

Not until the winter of 1928-1929 did Freud finally feel well enough to assemble a selected group of Viennese analysts in the waiting room of his office for the purpose of scientific discussions. The members of the executive board were regularly invited; the other members were selected by Paul Federn, the society's Vice President, on an alternating basis.² Freud's waiting room was relatively small, and a large table with a heavy plush cover in the style of the nineties stood in the middle, occupying much of the room. There was space for only twelve or fourteen chairs, and the invitations had to be restricted to this number. The meetings always took place on a Wednesday evening, the traditional time for the meetings of the Vienna Psychoanalytic Society from its beginnings in 1902 as the *psychologische*

² The meetings were called *Erweiterte Vorstandsitzungen* (Enlarged Executive Committee Meetings).

Mittwochsgesellschaft (the Psychological Wednesday Society). The intent was to meet once a month, but the meetings took place much less frequently because Freud's illness and repeated operations interfered again and again with the project. I estimate that between 1928 and 1937, less than fifteen such meetings were held.

The board members and guests would already be assembled when, at the exact time, 9:00 P.M., Freud would enter through the door that led to the waiting room from his treatment room and adjacent study. Everybody knew how punctual Freud himself was and how much he disliked it when anyone was late. I once observed how indignant he could become on such an occasion. At the society meeting following Karl Abraham's death, Theodor Reik was to give the main speech of the evening, but he arrived three or four minutes late. When he rushed into the meeting room, Freud said rather sharply to him, "We thought you were not coming any more." I took this scene to heart, and when I had an appointment with Freud or attended one of the meetings, I would come too early and walk up and down the Berggasse until the appointed time, rather than risk being late.

One may well imagine how exciting it was to meet this great man of our century. For a psychoanalyst it was a unique experience to hear Freud discuss various aspects of the science he had created, the science to which we have devoted our lives. I was therefore eager to retain as much as I possibly could of what he had to say to us. The best aid for such preservation would have been to write down all that he said, but we were told by Federn that the Professor did not approve of taking notes at the meetings. However, I decided to be disobedient and to jot down as much as I could secretly, so that I could later reconstruct Freud's remarks from these notes. I could do this only if I sat on one of the chairs in the back where neither the Professor nor Federn could see me, and this was possible only a few times out of approximately ten meetings that I attended. This explains why the essential part of my presentation is so

short. I hope, however, that the description of the setting and of the spirit in which these meetings were conducted are of sufficient interest to justify this presentation.

The general structure of the meetings was the following. During the first part, a member of the assembly either presented an original paper or reviewed the latest publication by Freud, such as *Inhibitions, Symptoms and Anxiety*, *The Future of an Illusion*, or *Civilization and Its Discontents*, all of which had been published relatively recently. This was followed by a short discussion by the participants. In general, Freud made only a few minor remarks during this part of the meeting. Then there would be a short break, during which we took some refreshments that were prepared in Freud's treatment room. Needless to say, there were no alcoholic beverages. During this intermission, one had the opportunity to talk to Freud privately if he was not occupied with discussing Society matters with Paul Federn.

After the break, the meeting continued. During the second part, Freud participated much more in the discussion. At times he gave a lengthy elaboration of or an opinion on the subject under discussion. Once he spoke for almost half an hour. Unfortunately, I was not able to take notes, for I sat right across the table from him, since I had presented the paper under discussion. However, I remember a few of his remarks on that occasion, and I will report those later. You will note that in the official meetings of the Vienna Society, during which Otto Rank took careful minutes (*cf.*, Nunberg and Federn, 1962, 1967, 1974, 1975), very often Freud also spoke extensively at the end of the meeting. There is, however, a great difference between his discussions at the time of the official Society meetings reported by Rank, which took place in the second half of the first decade of this century and the meetings twenty or more years later. In the earlier meetings, Freud spoke as the leading personality of a movement which was exposed to much hostility and which had to fight for recognition, if not for survival. This made it necessary for Freud to scrutinize every utterance. The

very meticulous, official recordings of the meetings by Rank must also have necessitated a careful weighing of his pronouncements. One can notice this attitude of his in the published minutes.

The situation in the meetings that I attended was quite different. They were not official meetings of the Society; the discussions were informal, and they were not supposed to be recorded. Psychoanalysis had established itself, and though it was still a controversial subject, Freud was by then certain that his science was here to stay and to grow. Besides, he could be relaxed in the secure feeling that he was in a group of disciples "devoted to the cause"—"*der Sache ergeben*," as he said of Ernest Jones. It permitted him to speak "off the cuff," and it was meant to be off the record. You will see from my report how very free Freud was in his expression; he often supported his remarks with an anecdote or illustrated them with a joke, something you rarely find in Rank's minutes. I think it was the very prohibition of written records that enabled Freud to express himself so freely and to be relatively unconcerned with scientific responsibility for the content of his discussion.

In one of his recently published letters to Edoardo Weiss (1970), Freud expressed his opinion on how one should evaluate what I have preserved of his discussions. He wrote: "Remarks made in unpublished discussions establish no claim at all." We should heed his admonition. By communicating what I recorded of Freud's discussions, I make the reader an accomplice in my act of disobedience, as it were. I think the reader should keep in mind that Freud's remarks in the meetings I attended were more or less of a casual nature. They cannot be taken as equal to his *published* scientific pronouncements, in which he used all the care and caution so characteristic of his written work.

On December 9th, 1928, Theodor Reik reported on Freud's *Future of an Illusion*. Freud found Reik's presentation too elegant. I think it was in response to Reik's report that he

remarked: "I feel like somebody who looks at his portrait and has to say, 'I cannot possibly be that beautiful.'"

What Freud then said constituted a preliminary outline of a subject he was to elaborate four years later in his new series of introductory lectures, namely, a critical review of the different *Weltanschauungen*. At the beginning of the last chapter of the new series Freud explains what he means by *Weltanschauung*.³ It might be advisable at this point to repeat Freud's definition from the *New Introductory Lectures*, published in 1932. He says:

'*Weltanschauung*' is, I am afraid, a specifically German concept, the translation of which into foreign languages might well raise difficulties. If I try to give you a definition of it, it is bound to seem clumsy to you. In my opinion, then, a *Weltanschauung* is an intellectual construction which solves all the problems of our existence uniformly on the basis of one overriding hypothesis, which, accordingly, leaves no question unanswered and in which everything that interests us finds its fixed place. It will easily be understood that the possession of a *Weltanschauung* of this kind is among the ideal wishes of human beings. Believing in it one can feel secure in life, one can know what to strive for, and how one can deal most expediently with one's emotions and interests (p. 158).

According to my notes, in his discussion of Theodor Reik's review of *The Future of an Illusion*, which took place four years earlier, Freud said:

The character of a *Weltanschauung* can be obtained only through a comparison with other *Weltanschauungen*. The scientific *Weltanschauung* is fragmentary and incomplete, but it is able to grow and to change. He who occupies himself with science arrives at agnosticism. Whoever relies on science gives up the demand for a well defined unitarian structure [*gibt den Anspruch auf regelmaessige Abgrenzung auf*]. The totality [*Das Ganze*] is at present unrecognized. Five hundred years ago, a

³ Strachey's translation of *Weltanschauung* is "philosophy of life." I find the term "world view" more appropriate.

scientifically oriented person would have had to be completely pessimistic. We can only judge the present situation. We have to consider how young science is; it is not possible to know more than we do. Beyond this, everything is unknown. This is the reason why the scientific *Weltanschauung* is of such a negative, incomplete, defective character.

In contrast to this, other *Weltanschauungen* give a unified structure [my translation of *ein Ganzes, eine Zusammenfassung*]. What kind of *Weltanschauungen* are there? These are: 1) the animistic, which still exists somewhere [Freud has written about it in *Totem and Taboo*]; 2) the religious, which also still exists, not only in Austria; 3) the materialistic, in which the Marxists believe, the so-called socialistic materialism; 4) the scientific, which renounces a general character; and 5) the mystic *Weltanschauung*.

Then Freud talked about the mystic *Weltanschauung* and said:

A great many cultured people who liberated themselves from religion adhere to this mystic *Weltanschauung*. Its essence is the high esteem of the irrational. The mystic *Weltanschauung* is the *Weltanschauung* of the future. Scholars, artists, scientists, embrace it and feel they have the right to look down on the other *Weltanschauungen*.

In comparison to the others, the scientific *Weltanschauung* is a poor cinderella [*ein armes Hascherl*]. The other *Weltanschauungen* believe in high values and distribute medals of distinction. In contrast to them, the scientific *Weltanschauung* is honest, it has nothing to give, and even that nothing is uncertain. The other *Weltanschauungen* have only contempt for the scientific, although they use it. Actually, they live only by it; otherwise, we would still be at the level of animism. At the same time, they insult it.

In turn, the scientific *Weltanschauung* cannot use anything of the others. It has the opportunity, however, to take revenge for the mistreatment, for science can study the other *Weltanschauungen*. And with this, the scientific *Weltanschauung* stops being harmless. The distinguished scholar [*der hohe Gelehrte*] will say, "Scientific explanation has no influence on the value

system of a *Weltanschauung*!" However, in reality things are a little bit different.

To illustrate his point that scientific-psychological explanation destroys magical beliefs, Freud then told a fictitious story:

In the writings of Hippocrates there is mentioned a remedy against jaundice. [For what follows it is significant to know that the German word for jaundice is *Gelbsucht*—yellow disease.] Let us assume that at some university hospital this therapy against the yellow disease is still taught, the professor and his staff believe in it, and it is regularly administered, with ambiguous results. The name of this medication is yellow turnips [*gelbe Rueben*—carrots]. Along comes a young intern who is somewhat psychologically oriented and points out the possibility that the belief in the therapeutic effect of the yellow turnips in cases of yellow disease might be based on the common verbal element "yellow." You may be sure that the yellow turnip therapy will soon disappear. After the psychological connection is uncovered, the interest in this therapy is lost.

Religious persons will say that even if explained psychologically, religious tenets might nevertheless be true. Yes, but only *nevertheless*. In reality the yellow turnips are finished [*ausgespielt*]. However, with the mystic *Weltanschauung*, a psychological explanation does not help. This one is the real enemy of the future. Our science is powerless against it. It is based on the belief in the irrational. People have a need to preserve a piece of mystic *Weltanschauung*. Parapsychologists try to transform [*umschmelzen*] the scientific into the mystic *Weltanschauung*.

That much I preserved of this meeting. It is my feeling that, to a great extent, it was the experience with Jung which made Freud so sensitive concerning mysticism and motivated him to express such grave concern about it. (Freud seems to have been right with his prophecy; the mystic *Weltanschauung* is indeed very widespread in present-day Western culture, and the high esteem of the irrational is constantly gaining ground, as we can easily observe.)

I will have to make a few introductory remarks concerning the content of the next meeting at which I took some notes. During the late twenties and very early thirties, one of the most colorful personalities on the analytic scene in Vienna was Wilhelm Reich. He was a brilliant clinician, an excellent teacher, and a most ardent therapist. Energetic and aggressively activist as his personality was, he became increasingly dissatisfied with the technique and results of psychoanalytic therapy, a dissatisfaction which he soon extended into the social sphere and which made him embrace communism. His attempts to improve the therapeutic technique by organizing it into a rigid, systematic approach are well known. His therapeutic zeal also made him reduce the theoretical model of dynamic therapy to a formula in which he identified sexuality more and more with genitality. His final thesis was that a complete discharge of libido through an undisturbed and uninhibited orgasm drains the neurotic symptom of its energy and thus abolishes or prevents symptom formation. Since the inhibition of genitality stems predominantly from the oedipus complex, it was this nuclear complex of neurosis that Reich considered the arch-enemy of mental health.

It happened that at that time the Russians had undertaken a sociological experiment in the outcome of which they had set great hopes: it was supposed to mold the young generation from the start for their future destiny as members of the communist society. The experiment consisted of taking infants away from their families and of bringing them up in special centers, with the intention of preventing strong attachments to the parents, thus furthering the development of intensive group ties instead. Reich embraced this idea enthusiastically because, according to his theoretical model, he expected that the rearing of children without families would prevent the development of the oedipus complex with its concomitant defenses and inhibitions against free sexual expression and perfect genital gratification. He hailed the Russian undertaking as a means of abolishing neuroses in future generations.

In one of the meetings (I do not remember the date but it was probably in 1929 or 1930), Reich presented these ideas to Freud. He did so in a very forceful, slightly provocative way. Freud listened attentively to Reich's presentation. Then he said:

It is not possible to discuss the subject seriously; it is much too difficult. But Reich's presentation has one weak point: it is too much dictated by therapeutic ambition. Therapeutic ambition is only halfway useful for science, for it is too tendentious. Free investigation is tremendously hampered by it. Therapeutic ambition leads to a kind of pragmatism, as in America where everything is judged by its dollar value. As a scientific investigator, one should not take therapy into consideration [*man muss von der Therapie absehen*]. I said everything about it once in an earlier essay. [Here Freud referred to his paper, "'Civilized' Sexual Morality and Modern Nervous Illness," published in 1908.] There I expressed the sharpest criticism of our sexual morality. But all suggestions at reforming the situation fail. One can do little more than patch up things [*einen Fleck aufsetzen*].

There is a second point in Reich's presentation against which I have to raise objections. He claims that if, in Russia, marriage and the family are abolished consistently, there will be no development of an oedipus complex and, consequently, there will be no neuroses. This can be compared to treating a person's intestinal disorders by having him stop eating and at the same time putting a stopper into his anus. The family is, after all, based on a biological foundation. Besides, we have to say that the oedipus complex is not the specific cause of neurosis. There is no single specific cause in the etiology of neurosis. Reich neglects that there are many pregenital drive components which cannot possibly be discharged even through the most perfect orgasm.

Reich believes that a radical change in the child's social set-up would do away with mass neurosis. Nobody knows whether this is at all possible. However, theoretically it is most improbable. Besides, Reich's proposals are completely unpsychological. Economic changes (in the Marxist sense) without psychology will not suffice. One also must always consider the influence of the

past. [Here Freud probably referred to the influence of tradition on the formation of the superego.]

Freud concluded his discussion with the following words: "It is impossible at present to say anything about the significance of the Russian experiment. Nobody can say anything about it before these children are thirty years old. I therefore suggest that we continue the discussion in thirty years." (At which time Freud would have been one hundred and four years old.)

I further remember one sentence which I think Freud said in this meeting: "The only person who can radically abolish neurosis is Dr. Eisenbart." Dr. Eisenbart is a legendary figure in a children's song. He is an obnoxious braggart who betrays himself as a "con man" in the first stanza of the song:

*Ich bin der Dr. Eisenbart
Kurier die Leut' auf meine Art
Ich mache dass die Blinden gehn
Und dass die Lahmen wieder sehn.*⁴

Wilhelm Reich was visibly disappointed in Freud's reaction. His further development showed that he did not take Freud's "no" for a final answer.

I remember that at another meeting Reich propagated his ideas in the discussion in a stubbornly persistent fashion. It was the only time that I ever saw Freud deliberately take on an authoritarian attitude. When Reich wanted to talk again after Freud had twice refuted his argument, Freud said very sternly: "He who wants to have the floor again and again shows that he wants to be right at all costs. I will not let you talk any more."

It is my impression that the disapproval Reich's theories met with, not only on the part of Freud, but also on the part of most of the members of the psychoanalytic group in Vienna, pushed Reich even further along the path of becoming a pseudo-scientific-political activist. I will always feel that his deviation was a real loss to our science.

⁴ "I am the Dr. Eisenbart/ And cure the people by my own method/ I make the blind ones walk/ And the lame ones see again."

On March 20th, 1930, the topic of the meeting was Freud's *Civilization and Its Discontents*. I do not remember who reviewed the book. Freud spoke right after the reviewer had finished, which was unusual, and expressed a very critical attitude toward his own work. He called the structure of the book dilettantish because a narrow superstructure had been erected upon an unusually broad and diffuse foundation. He compared his book with the Tropaeum of Adamklissi. This Tropaeum was erected in the year 107 A.D. by the Roman emperor Trajan, near the Black Sea in present-day Rumania. It commemorated Trajan's victories over the Dacians. Trajan's Tropaeum was the largest and most famous victory monument in antiquity. All that is left of it today is a big mound of stones and fragments of marble statuary and architecture. However, the reconstructions by archeologists show us that it had a very large and heavy foundation, one hundred fifty feet in diameter, on top of which stood a comparatively small architectural structure, extremely elaborate and adorned with an incredible richness of marble statuary commemorating the emperor's accomplishments on the battlefield. Freud's thorough humanistic education made it always easy for him to dip into his knowledge of the ancient past for examples and illuminating analogies, and he loved to do so.

After comparing his work to this Tropaeum, Freud explained the analogy. He said:

The book does not deal exhaustively enough with the subject [namely, the discomfort in our culture]. And on top of this rough foundation is put an overdifficult and overcompensating examination of the analytic theory of the feeling of guilt. But one does not make such compositions, they make themselves, and if one resists writing them down as they come, one does not know what the result will be. The analytic insight into the feeling of guilt was supposed to be in a dominant position.

The second reproach which Freud expressed toward his own work was that it showed a very significant defect. He said:

None of you have noted one omission in the work, and this is a gigantic disgrace [*eine Riesenschande*]. I myself noticed it only when the book was already printed. My omission is excusable, but not yours. I had good reasons to forget something which I know very distinctly [*dass ich sehr scharf weiss*]. If I had not forgotten it, but had written it down, it would have been unbearable. Thus it was an opportunistic tendency which expressed itself through this forgetting. The forgotten piece belongs to the possibilities of happiness; in fact it is the most important possibility because it is the only one which is psychologically unassailable. Thus the book does not mention the only condition for happiness which is really sufficient.

And then Freud quoted two lines from an Ode of Horace:

*Si fractus inlabatur orbis
impavidum ferient ruinae.*

Freud even translated the lines, which was unusual since he generally assumed that we knew enough Latin to understand such quotations. (I will comment on this translation later.)

If the firmament should break to pieces over him,
the fragments will bury a fearless man.

Freud continued: "This possibility of happiness is so very sad. It is the person who relies completely upon himself. A caricature of this type is Falstaff. We can tolerate him as a caricature, but otherwise he is unbearable. This is the absolute narcissist. This unassailability by anything is only given to the absolute narcissist. This omission of mine is a real defect in the presentation."

When I later looked up the Latin lines Freud had quoted—they come from the third Ode in Book III of Horace—I recognized that Freud had taken the two lines out of context, perhaps because these two impressive lines were the only ones he remembered. He definitely misinterpreted their meaning. The stanzas which precede the two lines read in an English translation as follows:

He that is just, and firm in will
Doth not before the fury quake
Of mobs that instigate to ill
Nor hath the tyrant's menace skill
His fixed resolve to shake;
Nor Auster, at whose wild command
The Adriatic billows dash,
Nor Jove's dread thunder-launching hand.

and then come the two verses:

Yea, if the globe should fall, he'll stand
Fearless amidst the crash.

The lines preceding the ones which Freud quoted, as well as the following ones, tell us that the brave man, whom Horace describes, obtains his fearlessness and his emotional fortitude not from narcissism, but from the strength of his moral convictions. It is the unwavering belief in his values that makes him so *impavidum*, so fearless.

As pointed out before, it was just this possibility of being free to express ideas spontaneously and at the spur of the moment and among friends which permitted Freud to speak with relative unconcern about the correctness of his remarks.

I no longer remember how it came about in this meeting that further on in the discussion Freud defended himself against the frequently expressed reproach (not made by any of the members present) that he did damage to people with his uncovering method. He said with considerable emotional emphasis:

During my whole life I have endeavoured to uncover truths [*Wahrheiten aufzudecken*]. I had no other intention and everything else was completely a matter of indifference to me. My single motive was the love of truth. It does no harm to anybody. You can unconcernedly tell people the worst. If we were told that a comet will destroy our planet in one hundred fifty years, nobody would let this announcement disturb him from enjoying his breakfast. The death of each of you is certain, mine obviously in a shorter time, and you do not let yourself be

disturbed by this. Seven years ago I was told that I would have a maximum of five years to live, and since I took it rather well, I can also tell mankind the most unpleasant things; it does not touch them [*es macht ihnen nichts*].

At about this point Freud made the remark: "Actually, the truth is that we do not have so much culture that we could really feel uncomfortable in it." Then he went on:

My book is the outcome of the insight that our theory of instincts was insufficient. It has been said that I am trying to force the death instinct upon analysts. However, I am only like an old farmer who plants fruit trees, or like someone who has to leave the house and leaves a toy behind so that the children will have something to play with while he is absent. I wrote the book with purely analytic intentions, based on my former existence as an analytic writer, in brooding contemplation, concerned to promote the concept of the feeling of guilt to its very end. The feeling of guilt is created by the renunciation of aggression. Now it's up to you to play with this idea. But I consider this the most important progress in analysis.

In this meeting Freud came to speak of Otto Rank. This was occasioned by a new book of Rank's which Freud had just been reading. He objected to the belief in a soul [*Seelenglauben*], which was expressed in Rank's new book. Freud said:

Rank was a highly gifted person, the most able and gifted of all the people [*der tuechtigste und begabteste von allen Leuten*]. Rank then entered a second phase as a "con man" [*Hochstapler*], in which he was driven only by the motivation to contradict Freud. Thus he brings a new explanation of Hamlet as the son who no longer wants to be told anything by his father, and who therefore refuses to take on the son's obligation to avenge the father. This interpretation is *die groesste Lumperei*. [I do not find a good translation for the word *Lumperei*; it is something a *Lump*—a scoundrel—would do or produce. I think "low type of fraudulence" comes near to *Lumperei*.] Hamlet is supposed to be the son who does not believe the father any more. In his arguments, Rank puts

himself on a very high horse and looks down on psychoanalysis. He uses the theory of relativity, the quantum theory, and the principle of determinism to express doubts about psychic causality so that there is nothing left but soul and free will. But psychoanalysis cannot possibly be an illusion [here Freud obviously referred to the principle of determinism in our science]. The new discoveries might be bewildering to physicists. But psychology has always suffered when the standpoints of other sciences are applied to it.

And Freud closed his discussion by saying with strong emotional emphasis: "Leave psychology finally in peace; leave psychology to the psychologists."

That much I have preserved from this meeting.

And now I come to my last report. It was in January 1931, when I was still rather young, that I had the audacity to present a paper at one of the Wednesday meetings in the Berggasse. I chose a theoretical subject: "*Zur Problematik der Sublimierungslehre*." The paper has not been published in English. However, it appeared in the *Internationale Zeitschrift fuer Psychoanalyse* in 1930. It dealt with the conceptual difficulty which arises when one compares some of the statements in Freud's writings concerning sublimation. On the one hand, Freud said repeatedly and in different papers that repression precludes the sublimation of instinctual strivings; on the other hand, he pointed out in *Three Essays on the Theory of Sexuality* (1905) that one of the pathways of sublimation is reaction formation. Reaction formation, however, implies the repression of the drive against which the reactive dam is established. I proposed a solution to this dilemma by suggesting that we might have to distinguish between two forms of reaction formation: one form identical to the counteracthexis against strong unconscious drive impulses, and another form in which the drive energy is absorbed through the establishment of the reaction formation itself. The compulsive counteracthectic cleanliness established against a strong unconscious drive toward anal messiness, in contrast to the

normal cleanliness without a backlog of such pressing anal needs, demonstrates the difference between the two types of reaction formation.

I proposed that the theoretical problem—preclusion of sublimation by repression versus reaction formation as pathway of sublimation—can be solved with the help of the concept of the “freely mobile cathexis energy without specific drive quality” [*qualitaetslose, verschiebbare Besetzungsenergie*] that Freud established in *The Ego and the Id*. This energy is available to the ego for its different tasks. If the process of sublimation, which Freud equates with deinstinctualization, removes the energy far enough from the original drive goal, it results in the transformation of the drive energy into what Heinz Hartmann many years later called “neutralized energy.” I also established in my presentation a scale of sublimatory results according to the distance from the original drive goal. On the near end of the continuum I placed the primitive ritual of the making of fire, of which it would be difficult to say whether it is a sexualized ego activity or a primordial sublimation of the libidinal drive. On the far end we would find the freely movable [*qualitaetslose*] cathexis energy resulting from complete desexualization of drive energy. I proposed that the ego’s strength depends on the amount of such energy which is at the disposal of the ego for its different tasks.

The discussion by the members that followed my paper was very lively and, in general, in agreement with my thesis. It was Robert Waelder, in particular, who somewhat aggressively pointed out that the contradiction I had tried to reconcile in my paper actually existed in Freud’s writings. He asked Freud point-blank whether he considered sublimation as belonging to a category of concepts different from the other three instinctual vicissitudes, namely, reversal into its opposite, turning round against the subject, and repression. Freud had to agree, though somewhat reluctantly, that sublimation does not quite belong in the same category as the other instinctual vicissitudes, although he had listed them together as *the* four instinctual

vicissitudes in his first metapsychological paper. My pointing out the contradiction, which was strongly emphasized by Waelder and others, made Freud slightly irritated, although during the coffee break he told Federn that he thought that it was a good paper, which Federn reported to me afterwards.

After the intermission, Freud began the discussion by telling us how it came about that he developed the concept of sublimation. He had read in Heine's *Harzreise* about a young man who, out of juvenile sadistic mischief, cut the tail off of every dog he could get hold of, to the great indignation of the population in the Harz Mountains. This same person later became a surgeon, the famous Johann Friedrich Dieffenbach (1795-1847). Then Freud said:

There someone does the same thing during his whole lifetime [*da tut einer sein ganzes Leben lang dasselbe*], first out of sadistic mischief and later to the benefit of mankind. I thought one could appropriately call this change of significance of an action "sublimation." The concept of sublimation was immediately accepted even by the enemies of psychoanalysis. People say: "This Freud is an abominable person [*ein scheusslicher Mensch*]; however, he has one rope, with the help of which he can pull himself out of the sewer in which he dwells, and this is the concept of sublimation."

Next Freud talked about the formation of scientific concepts in general, laying stress on their preliminary nature. He emphasized that the attempt to form scientific concepts has to be very tentative and that it is not feasible to demand exactitude right away. Freud was obviously defending himself against what he must have felt as criticism when the contradiction in the theory of sublimation was pointed out first by me and then much more strongly by Robert Waelder. He did not take notice of the fact that my paper was more concerned with the solution of the contradiction between some of the statements in his writings which I tried to bring about with the help of Freud's own concept of the freely mobile cathexis energy without drive quality of the ego [*qualitätslose, verschiebbare Besetzungsener-*

gie des Ichs]. Freud spoke as if I had demanded a sharper delineation of what he considered preliminary concepts. In this context he said something which made a deep impression on me: "There exists something which one could call scientific tact." And at the end of his rather lengthy discourse he addressed me directly when he said: "This is a sermon of old age to you" [*Das ist eine Alterspredigt fuer Sie*].

I have come to the end of my report. I have tried to compensate for its paucity by a more detailed description of the milieu and the atmosphere of these meetings and in this way to let you participate in the unique experience of these evenings with Freud.

REFERENCES

- FREUD (1905): *Three Essays on the Theory of Sexuality*. Standard Edition, VII, pp. 130-243.
- (1908): 'Civilized' Sexual Morality and Modern Nervous Illness. Standard Edition, IX, pp. 181-204.
- (1932): *New Introductory Lectures on Psycho-Analysis*. Standard Edition, XXII, pp. 5-182.
- HORACE: Odes. Translated by T. Martin. In: *The Latin Poets*. New York: Random House, 1949.
- NUNBERG, H. and FEDERN, E., Editors (1962, 1967, 1974, 1975): *Minutes of the Vienna Psychoanalytic Society, Vols. I-IV*. New York: International Universities Press, Inc.
- STERBA, R. F. (1930): *Zur Problematik der Sublimierungslehre*. Int. Ztschr. f. Psa., XVI, pp. 370-377.
- WEISS, E. (1970): *Sigmund Freud as Consultant: Recollections of a Pioneer in Psychoanalysis*. New York: Intercontinental Medical Book Corp.

861 Whittier Boulevard
Grosse Pointe, Michigan 48230

The Unconscious in France Before Freud: Premises of a Discovery

Léon Chertok

To cite this article: Léon Chertok (1978) The Unconscious in France Before Freud: Premises of a Discovery, *The Psychoanalytic Quarterly*, 47:2, 192-208, DOI: [10.1080/21674086.1978.11926837](https://doi.org/10.1080/21674086.1978.11926837)

To link to this article: <https://doi.org/10.1080/21674086.1978.11926837>



Published online: 20 Nov 2017.



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



Citing articles: 1 View citing articles [↗](#)

THE UNCONSCIOUS IN FRANCE BEFORE FREUD: PREMISES OF A DISCOVERY

BY LÉON CHERTOK, M.D.

The influence of German culture on Freud has long been acknowledged, while his indebtedness to French psychological and medical tradition has often been overlooked. The author presents a study of the emergence and evolution of the concept of the unconscious in nineteenth century French scientific discourse and its influence on Freud.

The influence exerted on Freud by the German literature and philosophy of the nineteenth century has often been stressed. As Anzieu (1975) states in his recent book, *L'auto-analyse de Freud (Freud's Self-Analysis)*, "The concept of the unconscious comes as no surprise to someone who has been brought up in the Germanic culture" (p. 152).¹ The idea of an unconscious instinctual life, which reveals itself particularly in dreams or in psychosis, was deeply rooted in the minds of the German Romantics. On reading Nietzsche or Schopenhauer, one cannot fail to be impressed by the striking similarity between their theories and certain Freudian concepts. This is especially noticeable in regard to Nietzsche: it is to him, for example, that we owe the term "id" (in its original German form, *das Es*) to designate the realm of the instinctual drives. Freud, in fact, was so much aware of this convergence that for a long time, on his own admission, he avoided reading Nietzsche for fear of being too deeply influenced by him (Freud, 1924, p. 60).

In the field of psychology, Freud was well acquainted with the views of Johann Friedrich Herbart (1776-1841), whom both

This article largely reproduces, in condensed form, the substance of Part II of the book written by the author in collaboration with the late R. de Saussure (Chertok and de Saussure, 1973). It will be published in Russian as a paper for discussion at the Symposium on the Unconscious, Tbilisi, U.S.S.R., in October 1978.

Translated from the French by R. H. Ahrenfeldt, M.D.

¹ For the cultural factors that influenced Freud's thought, the reader is also referred to Andersson (1962) and Ellenberger (1970).

his teachers, Brücke and Meynert, held in high esteem. Freud had long been familiar with this author: during his last year in high school, he had studied G. A. Lindner's *Lehrbuch der empirischen Psychologie* (published in 1858), which was, in fact, a compendium of the Herbartian concepts. Herbart had already formulated theories of psychical conflict, the unconscious, and repression. These terms were employed, however, in the context of an intellectualist psychology very different from the future Freudian perspective. Nevertheless, Freud's knowledge of Herbart no doubt played an important part in leading him at a very early stage to conceive mental life as a system dominated by the conflict between contradictory representations.

It is therefore tempting to ascribe to German culture a decisive influence on Freud's elaboration of the concept of the unconscious. But it must not be forgotten that it was in Paris that Freud became definitively oriented toward the psychology of the neuroses and apprehended the first elements of his discovery. He approached the unconscious not as a theorist, but from the viewpoint of medical practice. And in this respect, the two authors who left the deepest impression on him were Charcot and Bernheim, the former by his work on traumatic hysteria, the latter by his experiments on posthypnotic commands. It may be said that, paradoxically, while French thought remained on the whole more firmly bound than German thought to the philosophy of consciousness inherited from Descartes, throughout the nineteenth century in France unconscious phenomena constituted the subject of notable experimental research, which had no discernible counterpart in Germany or in Austria. The work of Charcot and Bernheim represents the culminating point of this research.

In this respect, the discovery of psychoanalysis appears as a kind of synthesis of the two cultures. But while everything relating to the place of the concept of the unconscious in German culture is fairly well known, this is not the case where France is concerned. For this reason, it seemed to me interesting to

retrace the emergence of the concept of the unconscious in French scientific discourse, from Mesmer to Charcot.

ANIMAL MAGNETISM

Mesmer's (1785) aphorisms, published by Caullet de Veau-morel, contained a description of somnambulism, albeit still a very sketchy one. Mesmer did not, in fact, use the term somnambulism; he simply pointed out that patients, on emerging from their "crisis," remembered nothing of what had happened during it. But he did no more than mention the fact without investigating it further.

Diligent in his attendance at Mesmer's demonstrations, Puységur (1751-1825) was impressed when he saw his first patient enter into a state of deep sleep. In this condition the subject was able to talk, to walk, and to act. Hence the name, magnetic somnambulism (as opposed to the natural somnambulism which may occur spontaneously in certain subjects) was applied by Puységur (1784) to this state. He observed that the patient, on being awakened, had no recollection of what had happened during the somnambulist state. From this, Puységur concluded that the human being has two memories; today we would say, one conscious, the other unconscious. Thus it was in 1784 that the study of the unconscious came into the sphere of psychology.

What struck the observers of this period was not the link which may exist between the two states, but rather their complete separation. Thirty-five years later, Deleuze (1753-1835) would still write:

When he [the magnetized subject] regains the natural state, he loses entirely the memory of all the sensations and all the ideas which he had in the state of somnambulism; so much so that these two states are as unconnected with one another as if the somnambulist and the man in the waking state were two different beings (Deleuze, 1819a, Vol. I, pp. 186-187).

Throughout the nineteenth century until the Nancy School's

experiments in hypnosis, this idea of a complete separation of the conscious from the unconscious will be seen to recur.

Some observers had nevertheless had an inkling that the unconscious state can sometimes influence the conscious. Puységur related that his patient, Victor, when magnetized, had one day asked one of his neighbors to keep in her cupboard a document by which his mother left him her house as a reward for the unsparing care he had given her. In the waking state Victor feared that his sister might discover this letter and destroy it. Puységur found that his patient did not seem as well on awakening as he had on the previous day: he was overwhelmed with despondency. He asked him what was the matter. Victor told him his worries: "I searched in vain in my cupboard," he said, "for my mother's letter." Puységur told him what he had done during his somnambulistic state. His consequent joy and two hours spent in magnetic sleep completely altered his mood (Puységur, 1784, p. 38).

Puységur was embarking on a new course: treatment by the acquisition of insight. Along similar lines, Abbé Faria (1756-1819) noted that suggestions made during magnetic sleep could influence patients on awaking, especially if they were informed that they would continue to experience emotions which were induced during somnambulism (Faria, 1819). Such observations as these, however, remained relatively isolated at that period; and above all, authors failed to draw from them any conclusions of a more general kind.

Somnambulism as described by the magnetists clearly revealed facts which are today regarded as characteristic of the unconscious. The skilled observers knew, therefore, that somnambulism did not perform miracles but merely reactivated memory traces. Thus Deleuze pointed out that a peasant who spoke only a dialect was sometimes able, in a state of somnambulism, to speak correct French, which he might have heard around him—but he could never speak Iroquoian. Just as Freud wrote that nothing is lost in the unconscious, so Deleuze (1819a, Vol. I) asserted that:

all the sensations that we have experienced throughout our life have left traces in our brain. These traces are slight, and we are not aware of them, because present sensations prevent our being so; but they do exist, and often things that we had forgotten arise in our memory when an unforeseen circumstance excites our imagination (p. 191).

The elaboration of unconscious thought was described by Abbé Faria (1819) as follows:

Whenever the impressions received by the internal organs from extreme contentment or intense sorrow remain smothered in the depths of the heart, they find in the inner calm induced by concentration the freedom to pursue their original course and to erupt in a violent way. He who experiences these effects is always compelled to abandon himself to their impetus, without being at all able to control them according to his wishes—more or less in the same way as no man is able, as soon as there is a sensation in the external organs, to prevent its perception in the mind; inasmuch as their cause, having passed into a man's intuitive state, becomes entirely independent of his sensible will (p. 167).

Faria well understood that this elaboration is not necessarily translated into thought, but that it sometimes appears in the form of a symptom:

It is this suppression of anxiety and sorrows, more often than of joy and contentment, which is the usual cause of the formation of those stones that are sometimes found by physicians on opening the bodies of persons of choleric and irascible temperament. . . . I think likewise that a large part of the women who suffer from swellings in the breasts develop these swellings only from this same cause (p. 168).

Faria thus appears as a precursor in the psychosomatic field in connection with the formation of symptoms.

Mesmer's idea of a universal fluid that should restore the equilibrium between the different organs foreshadowed a dynamic psychophysiology. His hypotheses were to reappear in a

far more developed form in the works of Faria, as well as Puy-ségur, Bertrand (1795-1831), and Charpignon (1815-?).

Broadly speaking, when the various data which have been recorded are collated, it can be said that during the era of animal magnetism and up to the mid-nineteenth century, authors had made the following observations concerning the unconscious:

1. It was a different state from the conscious, inasmuch as its "memory" was far more extensive.
2. The somnambulists, once awakened, had no recollection of what had happened during their sleep.
3. The intellectual faculties, if they were stimulated, were often enhanced [causing many magnetists to allow themselves to be deceived by their somnambulists' assertions about their paranormal abilities].
4. The unconscious involved a more acute perception of the autonomic nervous system than did the conscious and could exert a direct influence on it.
5. External sensibility was not the same as in the waking state. One could observe phenomena of hyperesthesia or hypesthesia, as well as anesthesia.
6. One observed variations in muscle tone: flaccidity or rigidity of the limbs.
7. The individual was more suggestible in the somnambulist state and tended to maintain a relationship with the magnetist alone.
8. The unconscious could sometimes influence the conscious.

FIRST CONCEPTUALIZATIONS

These observations were, so to speak, extrinsic to scientific knowledge, be it medical or psychological. Since 1784, when the commissioners appointed by the King of France to examine Mesmer's theories had concluded that the magnetic fluid was nonexistent (*Rapports*, 1784a, 1784b, 1784c), animal magnetism had remained outside the sphere of official science. The scientists, for their part, had adopted the conclusions of the commissioners: inasmuch as the fluid did not exist, the magnetic phe-

nomena were to be attributed solely to the imagination. Such phenomena were therefore devoid of any scientific character.

In actual fact, from the beginning of the nineteenth century some magnetists had been aware of the weaknesses of the fluidist theory. Thus, for de Villers (1765-1815), the cure was attributable to the convergence of two strong emotional drives, namely, the patient's wish to be cured and the magnetist's will to carry out treatment. Similarly, Virey (1775-1846) asserted that magnetism "is none other than the product of the nervous emotions arising naturally, either from the imagination or from the affections between various individuals, and particularly from those which emanate from sexual relationships"² (Virey, 1818, pp. 23-24). Faria and Bertrand also felt that magnetism was a purely psychological fact and that the main cause of somnambulistic phenomena was to be sought in the subject's imagination.

These views strike one today as remarkably modern. The recognition of the role of imagination (we would now say, of fantasies) and the importance ascribed to the relational factor foreshadow present-day psychological concepts. But in this first half of the nineteenth century such ideas could not but remain foreign to a scientific discourse which was increasingly oriented toward a psychology based entirely on psychological determinism.

It was necessary to await the middle of the century for magnetism to be received into official science, albeit at the cost of a change of name. In 1841 a Scottish surgeon, James Braid (1795-1860), undertook a series of experiments. Inspired by a technique elaborated by Faria, he replaced magnetic passes with a procedure consisting in fixing the subject's gaze on a bright object. These experiments led him, like Faria before him, to conclude that the fluid was nonexistent: they showed that it was possible to induce magnetic sleep independently of any action exerted on the subject by the magnetist. This proved that the essential process took place within the subjects them-

² Needless to say, in the language of the period, this expression was used to describe relations between the opposite sexes in the broadest sense of the term.

selves, uninfluenced by any external force. In his *Neurypnology*, Braid (1843) advanced a psycho-neuro-physiological theory pertaining to the "brain mythology" then in fashion: a physico-psychical stimulation of the retina acted on the subject's nervous system, inducing a "nervous sleep" for which Braid proposed the name "hypnotism."

He was soon to discover, however, that the hypnotic state could also be produced through pure verbal suggestion. In *Neurypnology*, observing that the experiment succeeded equally well with the blind, Braid (1843) had stated: ". . . I consider it not so much the optic, as the sentient, motor, and sympathetic nerves, *and the mind* through which the impression is made" (p. 31, italics added). In the course of his research, he would be led increasingly to see the cause of hypnotic phenomena in the unusual concentration of the attention. In a later account of his work, Braid (1860) formulated his theory in the following terms: "The different methods favor the production of this state of abstraction or of fixity of attention, in which the mind is absorbed in one single idea" (p. 235). His work thus appears as the precursor of Liébeault's and Bernheim's ideas on the role of suggestion in hypnosis.

Thus reduced to a simple cerebral mechanism, hypnosis was to become an object of choice for investigation by the psychologists. Simultaneously, its therapeutic use never ceased expanding.

Charles Richet (1850-1935) initiated a new phase in the investigation of somnambulism, through a series of experiments on the execution of posthypnotic commands, and drew valid, original conclusions for general psychology. He showed that the phenomena produced under hypnosis are not so very remote from those encountered from day to day; that occurrences in an abnormal state only serve to give a clearer idea of those arising in everyday life. "What I would wish to bring to light," he wrote, "is that absolute unconsciousness which, even after a long period of time, causes a memory to persist, although the person who remembers is unaware of remembering. . . . How-

ever strange the association of the two words may seem, it is an *unrecognized memory*" (Richet, 1884, pp. 254-255, 536-537). Richet explained this phenomenon of unrecognized memories (*souvenirs ignorés*) by the automatism of certain psychological reactions.

Richet was not alone in sensing how little the pathological differs from the normal phenomenon, the one being as susceptible as the other to control by unconscious processes. This idea reappears in the writings of Tarde (1843-1904). And going beyond a simple description of facts, Taine (1828-1893) showed that within our unconscious, the classification of facts proceeds according to a certain dynamism. He stated that the image "which was originally endowed with a greater energy retains in each conflict, by the very law of repetition which creates it, the capacity to repel [*refouler*] its rivals. This is why it immediately, and then frequently, rearises until the laws of progressive extinction and the sustained attack by the new impressions deprive it of its preponderance, and the competitors, left with a clear field, are able to develop in their turn" (Taine, 1870, Vol. I, pp. 156-157).

Taine thus introduced the notion of repression (*refoulement*), which was to occupy a place of prime importance in Freudian psychopathology. These dynamics of the classification or organization of our ideas were to command increasing attention during the following years.

In the mid-nineteenth century, investigation was therefore no longer concerned only with the coexistence of two distinct memories in one and the same individual, but also with the dynamic organization of the emotions, an organization in which nothing is lost: the emotions experienced in infancy can set off in the unconscious upsurges of hatred and a craving for vengeance, of which the conscious remains ignorant.

Thus there occurred a complete change in orientation. The magnetists, for their part, had applied themselves to inducing a state considered to be different from the waking state. Now, starting with the discoveries of Richet and Taine, the uncon-

scious came to be viewed as an active part of the personality as well as a reservoir of the emotions and of forgotten or repressed facts. It was no longer merely a question of one particular phenomenon associated solely with hypnosis, but of a permanent potentiality of the human psyche, whose different manifestations would be studied systematically through dreams, the hypnotic experience, mental illness, the mode of functioning of memory, disorders of perception, etc.

While Richet seemed to explain the pathological phenomena associated with the unconscious for the most part by states of distraction, Tarde's theory was more dynamic: it clearly specified that every unconscious idea (he did not use the term "repressed") tends to reappear in pathological form.

Generally speaking, most authors oscillated between two theories: one explaining unconscious phenomena by a kind of distraction and a weakening of the control of reason; the other involving the concept of repression.

Maury's (1817-1892) famous book of dreams, *Le sommeil et les rêves*, published in 1861, provides a good example of this oscillation. On the one hand, Maury did in fact show that dreams are the reactivation of "inscient" passions and memories, which brings us back to the concept of a purely psychological unconscious. But on the other hand, he did not truly commit himself to this standpoint: indeed, for him the unconscious elements of the dream were devoid of any dynamics of their own. They were called upon to re-emerge only under the influence of nervous excitation of a purely organic nature.

THE PRE-FREUDIAN ERA

The last twenty years of the nineteenth century were to witness the development of a very strong trend of interest in hypnosis. Hypnosis constituted a tool of choice for the study of unconscious phenomena, inasmuch as it permitted their experimental induction "at will," so to speak. Through the experiments on posthypnotic commands carried out at Nancy, it became possible to demonstrate that the subject could act in the conscious state

under the influence of unconscious representations. Similarly, at the Salpêtrière, any number of experiments of the most varied kind were undertaken with a view of establishing a link between conscious and unconscious.

From these data, Charcot discovered traumatic hysteria. New experiments would be attempted, gradually causing an increasing number of psychotherapists to concede the importance of the unconscious in the production as well as in the cure of the neuroses.

In 1888, more than five years before Breuer and Freud published the "Preliminary Communication," Bourru (1840-1914) and Burot (1849-1888), in their *Variations de la personnalité*, had, in fact, described a method of treatment closely resembling the cathartic method, comprising the recall of trauma and abreaction (cf., Chertok, 1960). The following year, Janet (1859-1947) gave an account of a similar experiment in the case of a patient, Marie, afflicted with blindness in the left eye. Having observed that this blindness disappeared when Marie found herself, by means of hypnosis, back in a period prior to her sixth year, Janet undertook to rediscover the event which was at the root of her symptom. He ascertained that the symptom first appeared after Marie had been forced to sleep with a child of her own age, *who had impetigo over the left side of the face*. Marie had been extremely frightened by this. Janet then decided to get the patient to relive this incident: "I again brought her together with the child who filled her with horror, and made her believe that it was a very nice child and had not got impetigo. . . . After twice repeating the scene, I won my case and she fondled the imaginary child without fear. Sensation on the left side was restored without difficulty and, when I wakened her, Marie could see well with the left eye" (Janet, 1889, pp. 439-440).

This was a new experiment: not only did Janet cause the initial trauma to be relived under hypnosis, but through a series of suggestions while the patient was still under hypnosis, he abolished the emotions which he had thus revived and which

were at the root of the symptom. This experiment—and others like it could be cited—shows that at this period the elaboration of a theory on the origin of the neuroses and on their treatment was under way.

The following passage from Janet (1889) shows how the French psychologists had succeeded in developing the notion of the unconscious on the eve of the appearance of Freud's writings:

All psychological laws appear erroneous if one seeks to apply them solely to conscious phenomena of which the individual is aware. We continually encounter facts, hallucinations or actions which seem inexplicable, because we cannot find the reason for them, or their origin in the other ideas recognized by consciousness; and, faced with these gaps, the psychologist is all too often inclined to declare himself incompetent, and to call upon physiology for assistance which it is hardly able to give him (pp. 223-224).

From 1889 onward, the interest of scientific circles was to become focused principally on the study of multiple personalities. It is hard for us to conceive today the extent to which minds were fascinated by this problem. In the introduction to his book on personality changes, Binet (1857-1911) wrote as follows:

One observes that in a large number of people, placed in the most diverse conditions, the normal unity of consciousness is disintegrated. Several distinct consciousnesses arise, each of which may have perceptions, a memory, and even a moral character of its own (Binet, 1892, p. viii).

And further on:

Deeper causes, whose nature it is difficult for us to unravel, for they are unconscious, are working to distribute our ideas, our perceptions and memories, and all our states of consciousness, in autonomous and independent syntheses. When we are in one of these syntheses, we have difficulty in arousing an idea belonging to a different synthesis. In general, an association of ideas is not sufficient; but when several elements of

this second synthesis have been revived for one reason or another, the entire synthesis reappears (pp. 243-244).

Here the unconscious was still conceived along essentially descriptive lines. It was not the result of a conflict, of a dynamic process, but of a disintegration of consciousness which in the final analysis pertained to physiology. This was the theory of states of distraction, which would reappear in Breuer's concept of a hypnoid state and which Freud would replace by that of repression.

What strikes one as characterizing this last part of the nineteenth century in France is that no prevalent theory came to the fore. On the one hand, a series of physicians experimented on the hypnotic phenomena, and while compelled to concede that the unconscious exists and may determine a part of our conscious actions, they generally confined themselves to experimentation. From this, some sought to draw conclusions about the origin of the neuroses. Janet was the most eminent of the experimenters, but the dynamic aspects of the repressed escaped him. He remained attached to the theory outlined at the very beginning of the century by many alienists, namely, that of dissociation or distraction of the mind.

On the other hand, some authors were not to be held prisoners of hypnotic experimentation and believed that a large part of our psyche remains unconscious—but they pursued this line of thought no further. They tried to discover neither the laws of the unconscious nor those which govern the relations between conscious and unconscious. Far less did they attempt to draw up an inventory of the unconscious. However pertinent their comments—concerning repression, for instance—they did not lead to a general theory. Moreover, it should be remembered that at this time observations were made “from the outside.” The scientists of the nineteenth century scarcely allowed themselves to become personally involved and, with but rare exceptions, spoke as if they did not have an unconscious.

CONCLUSION

The foregoing survey makes it possible to pinpoint more clearly the originality of the Freudian concept of the unconscious. In a certain sense it may be said that Freud invented nothing. The principal elements of his theory, the concept of an unconscious memory, repression, the role of sexuality, the significance of dreams and of childhood memories—all these phenomena were, in fact, more or less known at the close of the nineteenth century. But they were not considered in relation to one another and consequently eluded any true understanding. Freud's greatness resides precisely in his having succeeded in effecting their synthesis in such a way as to pass beyond the purely descriptive approach of his predecessors.

The attitude of the nineteenth century psychologists toward the unconscious was indeed ambiguous. They knew of its existence and studied its manifestations; but at the same time they excluded all possibility of understanding its mode of functioning, insofar as they refused to see in it anything but a process of disintegration of conscious thought, which remained for them the only conceivable model of psychical activity. Thus in order to explain unconscious manifestations, they found themselves reduced to resorting to physiological theories—such as, for example, the notion of congenital weakness of the nervous system—which, in the absence of any observable phenomenon, had no scientific substance whatsoever. Moreover, while they had an inkling that the normal as well as the pathological is governed by the unconscious, the concept of an unconscious remained in their view essentially linked to that of a pathological state. This perspective obviously excluded all generalization.

In general terms, it may be said that before the advent of Freud's theories, soundings had been made into the unconscious, but without any knowledge of its laws. What the authors of the nineteenth century knew about the unconscious may be com-

pared to what the medieval astronomers knew about the stars: they were familiar with a certain number of stars and observed their motions in the sky, but they were ignorant of the forces controlling their movements. It was the same with the unconscious: it was known to exist, but there was complete ignorance about the reasons why certain representations are unable to reach consciousness.

This mechanism became intelligible when Freud discovered, through the theory of repression, that the unconscious character of these representations was related to their psychological content. In elucidating the significance of unconscious fantasies, he showed that the unconscious was not the realm of arbitrary forces, but was structured according to a certain number of basic instincts. Since this discovery, the unconscious is no longer that dark well from whose depths one might now and then "fish up" some interesting phenomenon. It has indeed become an object that is accessible to scientific knowledge.

SUMMARY

While the influence exerted on Freud by German culture has rightly been stressed, there is all too often a tendency to overlook his indebtedness to French psychological and medical tradition. From Mesmer to Charcot, unconscious phenomena constituted the subject of very important experimental research in France.

The first stage was that of animal magnetism. Following Puységur, a disciple of Mesmer, the magnetists drew a first outline of unconscious phenomena. But bound as they were to the theory of a magnetic fluid, they failed to derive from their observations any general psychological conclusions. In the second half of the nineteenth century, the study of the unconscious was no longer exclusively confined to hypnotic phenomena, but had spread to encompass the whole of mental life. Experiments were undertaken to investigate the influence of the unconscious on the conscious, which were to lead to

Charcot's discoveries on hysteria and to Bernheim's work on suggestion. In the closing years of the century, the interest of researchers was focused principally on the problem of multiple personalities. Psychoanalysis was to constitute the culminating point of all these investigations, while at the same time introducing a radically new orientation.

REFERENCES

- ANDERSSON, O. (1962): *Studies in the Prehistory of Psychoanalysis: The Etiology of Psychoneuroses and Some Related Themes in Sigmund Freud's Scientific Writings and Letters, 1886-1896*. Stockholm: Svenska Bokförlaget.
- ANZIEU, D. (1975): *L'auto-analyse de Freud, Vols. I, II*. Paris: Presses Universitaires de France.
- BERTRAND, A. J. F. (1823): *Traité du somnambulisme et des différentes modifications qu'il présente*. Paris: Dentu.
- (1826): *Du magnétisme animal en France*. Paris: Baillière.
- BINET, A. (1892): *Les altérations de la personnalité*. Paris: Alcan.
- BOURRU, H. and BUROT, P. (1888): *Les variations de la personnalité*. Paris: Baillière.
- BRAID, J. (1843): *Neurypnology, or the Rationale of Nervous Sleep, Considered in Relation to Animal Magnetism. Illustrated by Numerous Cases of Its Successful Application in the Relief and Cure of Disease*. London: Churchill.
- (1860): English manuscript on hypnotism, written January 1860, no longer extant. French translation by Jules Simon in: *Neurypnologie: Traité du sommeil nerveux ou hypnotisme*. Paris: Delahaye & Lecrosnier, 1883, pp. 222-262.
- CHARPIGNON, L. J. J. (1841): *Physiologie, médecine et métaphysique du magnétisme*. Paris: Baillière.
- CHERTOK, L. (1960): *À propos de la découverte de la méthode cathartique*. Bull. Psychol., numéro spécial en hommage à P. Janet, November 5, pp. 33-37. Abridged English version: *On the Discovery of the Cathartic Method*. Int. J. Ps., XLII, 1961, pp. 284-287.
- and SAUSSURE, R. DE (1973): *Naissance du psychanalyste de Mesmer à Freud*. Paris: Payot. English translation: *The Birth of Psychoanalysis: Vicissitudes of the Therapeutic Relationship from Mesmer to Freud*. New York: Jason Aronson. In press.
- DELEUZE, J. P. F. (1819a): *Histoire critique du magnétisme animal, Vols. I, II*. Second edition. Paris: Belin-Leprieur.
- (1819b): *Défense du magnétisme animal contre les attaques dont il est l'objet dans le dictionnaire des sciences médicales*. Paris: Belin-Leprieur.
- (1825): *Instruction pratique sur le magnétisme animal, suivie d'une lettre écrite à l'auteur par un médecin étranger*. Paris: Dentu.
- ELLENBERGER, H. F. (1970): *The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry*. New York: Basic Books, Inc.
- FARIA, J. C. DE (1819): *De la cause du sommeil lucide*. Paris: Jouve, 1906.

- FREUD (1924): *An Autobiographical Study*. Standard Edition, XX, pp. 7-74.
- JANET, P. (1889): *L'automatisme psychologique: Essai de psychologie expérimentale*. Paris: Alcan.
- MAURY, L. F. A. (1861): *Le sommeil et les rêves: Études psychologiques*. Paris: Didier.
- MESMER, F. A. (1785): *Aphorismes de M. Mesmer dictés à l'assemblée de ses élèves*. Paris: Quinquet. English translation: *Maxims on Animal Magnetism*. Mt. Vernon, N.Y.: Eden Press, 1958.
- PUYSÉGUR, A. M. J. DE (1784): *Mémoires pour servir à l'histoire et à l'établissement du magnétisme animal*. Paris.
- Rapport* (1784a) *des commissaires chargés par le roi de l'examen du magnétisme animal*. (Public report by members appointed from the Academy of Sciences and Faculty of Medicine, Paris; Benjamin Franklin, Chairman; J. S. Bailly, Reporter.) Paris: Imprimerie Royale. English translation: *Report of Dr. Benjamin Franklin and Other Commissioners, Charged by the King of France with the Examination of Animal Magnetism, as Now Practised at Paris*. London and Philadelphia: J. Johnson, 1785.
- Rapport* (1784b) *des commissaires de la société royale de médecine, nommés par le roi pour faire l'examen du magnétisme animal*. (Public report by members appointed from the Royal Society of Medicine, Paris.) Paris: Imprimerie Royale.
- Rapport* (1784c) *secret des commissaires . . .* (Secret report to the King by the authors of report 1784a; J. S. Bailly, Reporter.) Reproduced in: F. A. Mesmer: *Le magnétisme animal: Oeuvres*. Edited by R. Amadou. Paris: Payot, 1971, pp. 278-281. English translation: Report on Mesmerism, or Animal Magnetism. In: *The Nature of Hypnosis: Selected Basic Readings*. Edited by R. E. Shor and M. T. Orne. New York: Holt, Rinehart & Winston, 1965, pp. 3-7.
- RICHET, C. (1884): *L'homme et l'intelligence: Fragments de physiologie et de psychologie*. Paris: Alcan.
- TAINE, H. A. (1870): *De l'intelligence, Vols. I, II*. Paris: Hachette.
- TARDE, J. G. DE (1889): *Le crime et l'épilepsie*. *Revue philosophique de la France et de l'étranger*, July-December, pp. 449-469.
- VILLERS, C. DE (1787): *Le magnétiseur amoureux, par un membre de la société harmonique du régiment de Metz*. Geneva (Besançon).
- VIREY, J. J. (1818): *Examen impartial de la médecine magnétique*. Paris: Panckoucke.

Institut La Rochefoucauld
Centre de Médecine Psychosomatique Dejerine
 64, rue du Rocher
 75008 Paris, France

Moral Masochism

Leo A. Spiegel

To cite this article: Leo A. Spiegel (1978) Moral Masochism, The Psychoanalytic Quarterly, 47:2, 209-236, DOI: [10.1080/21674086.1978.11926838](https://doi.org/10.1080/21674086.1978.11926838)

To link to this article: <https://doi.org/10.1080/21674086.1978.11926838>



Published online: 20 Nov 2017.



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



Article views: 1



Citing articles: 1 View citing articles [↗](#)

MORAL MASOCHISM

BY LEO A. SPIEGEL, M.D.

The author questions the existence of unconscious guilt and unconscious need for punishment. His thesis is that the self-destructive acts and sufferings of the moral masochist are not caused by an unconscious need for punishment, but rather by a flight from severe castration anxiety into masochistic acts. The analysis of the latent castration anxiety leads to the maturation of the superego. Clinical material from one case is used to support this thesis. Further material from the same case shows how the moral masochism of adolescence and adulthood grew out of the feminine masochism of latency. In addition, the author discusses another case of moral masochism which reviews the intricate relationship between psychic health and moral codes. The importance of the cultural atmosphere is emphasized, particularly what the moral masochist extracts from it.

I

CASTRATION ANXIETY AND THE QUESTION OF "UNCONSCIOUS GUILT"

At about the time that the stirring discoveries of the role of the sexual instincts in symptom formation and of dynamic unconscious mentation were being made, Freud also formulated the idea of unconscious guilt. First adumbrated in 1894, the proposition that guilt can exert its effects without awareness by the sufferer came to be definitively formulated by 1907 in *Obsessive Actions and Religious Practices*:

We may say that the sufferer from compulsions and prohibitions behaves as if he were dominated by a sense of guilt, of which, however, he knows nothing, so that we must call it

This is a revised version of the Abraham A. Brill Lecture presented at the New York Psychoanalytic Society, November 30, 1976.

an unconscious sense of guilt, in spite of the apparent contradiction in terms (p. 123).

The importance of the so-called unconscious sense of guilt for the practice of psychoanalysis has grown over the years. With its correlation to the negative therapeutic reaction in *The Ego and the Id* (1923), its integration into psychoanalytic practice was apparently solidified.

Freud's fullest examination of unconscious guilt and moral masochism is contained in *The Economic Problem of Masochism* (1924) and in *Civilization and Its Discontents* (1929). It is also studied in some detail in one section of *Some Character-Types Met with in Psycho-Analytic Work* (1916), in *The Ego and the Id* (1923), in *New Introductory Lectures* (1932), and in *Analysis Terminable and Interminable* (1937). There is also a reference to it in *Inhibitions, Symptoms and Anxiety* (1925). Recognizing that it was incorrect to speak of an unconscious sense of guilt, Freud replaced it with the concept of an unconscious need for punishment, a change which raises the question of what, then, is left to explain the supposed existence of the unconscious need for punishment if a preceding unconscious guilt is not present.

Freud's introduction of the category of moral masochism into both the technical and theoretical problems of psychoanalysis stimulated a number of papers concerned with its etiology and function. These contributions may be loosely ranged into four overlapping groups: the first emphasizing a constellation of psychic forces, the second concerned primarily with object relations, the third emphasizing drives, and the fourth, ego and superego dysfunction. Brenner (1959) points out that these papers tend to emphasize one genetic factor and to neglect other factors which are usually operative in any given patient.

Brenman (1952), Brenner (1959), and Socarides (1958) see moral masochism as the result of a complex interaction of psychic forces. Object relations and narcissistic hurts constitute the focus of interest for the second group of analysts: Berliner

(1958), Bernstein (1957), Blumstein (1959), Bychowski (1959), Eidelberg (1958), and Kasper (1965). Lampl (1927) and Fenichel (1928) present material on a borrowed sense of unconscious guilt in moral masochism, thus supporting the long footnote on page 50 of *The Ego and the Id*. But I have not found any later allusions in the literature to this potentially important idea. Bromberg (1959) emphasizes ego functions, and Loewenstein (1972) and Modell (1965) point to superego defects. These two authors introduce the idea of primary and secondary guilt.

The negative therapeutic reaction, an aspect of moral masochism, has been investigated by Asch (1976), Loewald (1972), Olinick (1964), a Panel of the American Psychoanalytic Association (*cf.*, Olinick, 1970), and others. Valenstein (1973), while not writing specifically about moral masochism, contributes the concept of an attachment to painful feelings in certain individuals, a view that could be of significance for the study of moral masochism. Eissler (1953) describes a literary figure for whom moral masochism proved to be a creative factor, in contrast to its usual pathogenic effect. Eissler refers here to Eckermann's famous *Conversations with Goethe*. In addition, it may be noted that Brenner (1959) and Loewenstein (1957) in their contributions to the subject also present excellent surveys of masochism; Stein's panel report (1956) contains valuable discussions on the subject.

I have found that the interpretation of unconscious guilt to explain the self-imposed suffering of the moral masochist hardly ever generates more than mere intellectual agreement. Explanations involving circumstance and accident are preferred by the moral masochist. However, it is not only because of technical ineffectiveness that the concept of unconscious guilt is questioned in this paper, but also because of its theoretical inconsistency and its inability to fit all the relevant clinical data. I am suggesting that unconscious guilt and its sibling, the unconscious need for punishment, do not possess a real existence in the *Ucs.* as Freud (1923) proposed and that the attempt to uncover them through analysis seems questionable.

The view presented here maintains that the self-destructive acts and consequent sufferings of the moral masochist are not caused by an unconscious need for punishment. Rather, the suffering that the moral masochist brings on himself is seen as caused by a flight from severe castration anxiety into masochistic acts. This castration anxiety is hidden from view and kept out of subjective experience through the masochistic acts. When the heretofore latent castration anxiety is uncovered and analyzed, the maturation of a regularly defective superego takes place which in turn helps the moral masochist to avoid bringing misfortunes on himself. What actually happens in the successful analysis of moral masochism is not the uncovering of a pre-existing guilt in the *Ucs.*; rather, something new appears—the maturation of the superego with the acquisition of a useful sense of anticipatory guilt. And this is achieved through analysis of castration anxiety in male moral masochists.

As long as we hold to the concept of unconscious guilt, it seems likely that we will inevitably be dragged toward uneasy anthropomorphizations of ego and superego as explanations for moral masochism. The “sadism of the superego” and the “masochism of the ego” invoked by Freud to explain moral masochism are anthropomorphic enough (as discussed by Hartmann, Kris and Loewenstein [1946] and by Grossman and Simon [1969]) to raise questions about their explanatory power. The working out of the doctrine of unconscious guilt appears to result in contradictions. How is it possible for the same destructive instinct, which has “retreated” (from the external world), to appear as an intensification of masochism in the ego and at the same time to appear as an increase of sadism in the superego (Freud, 1924, p. 170)?

The validity of the concept of unconscious guilt can best be tested by applying it to specific clinical material. I will abstain from a consideration of larger issues, such as the relation of unconscious guilt to the death or destructive instinct. Support for the concept of guilt in the *Ucs.* should not be derived from these larger conceptions but must be based on two grounds.

These are the closeness of fit to clinical data and whether the theoretical working out of the concept of unconscious guilt avoids contradictions.

In the following pages the course of the analysis of an extreme moral masochist will be described up to the point at which it became possible to discern clinically the hidden and crucial connection between moral masochism and avoidance of castration anxiety. As all analysts who have worked with moral masochists know, the confusion generated by an overabundance of masochistic acts obscures such fundamental connections.

The analysand, a businessman of superior intelligence whose reasons for entering analysis need not be enumerated, was generally of good, even high moral character, although from time to time his conscience "vanished into his masochism" (Freud, 1924).

His masochistic behavior became evident soon after he began analysis. In his daily life he submitted without reason to humiliating requests and went to self-punitive lengths to fulfill them. He unnecessarily tolerated bad, even abusive treatment and often provoked it. Not only did the patient go along passively with being exploited by others, but he also initiated masochistic, self-destructive acts on his own. These, however, were more complex than acts which are only self-destructive: beneath their masochistic surface, an object-destructive component was always present. It was, in fact, through this very component that his masochistic need could be satisfied, for then the patient could and would be attacked by others for what he had done to them.

Surprisingly, this very "correct" masochist expressed no concern or guilt about the actual or potential injury that he inflicted on others. This period of freedom from guilt over his masochistic and object-directed destructive acts can be termed the period of superego alienation. The way in which this superego alienation diminished in treatment was unexpected by me and startling to him. It was as if he repeated the construction of his

early superego from the time when he was subject to the commands and prohibitions of his elders and the inner directive power of conscience was incompletely established.

The patient began the pivotal session by reporting in a bewildered way that he had heard "flash commands." "Flash commands" were his own words for hearing "Do this" and "Don't do that." The flash commands and prohibitions concerned his business activities and referred to what he should now do (and had not done in the past) or what he should not do now (and had done in the past). They were the voice of his hitherto ward-off, alienated, and now released conscience. They were not auditory hallucinations; he did not believe them to be real voices.

It is inconceivable that the commands and prohibitions he now heard were newborn. Rather, they must have had an earlier existence and had then been repressed only to come to conscious life again when released from repression. It should not be thought that this dissolution of repression demonstrates the emergence of guilt from the unconscious. The flash commands were heard as if coming to him and were not yet truly internal; they were *not accompanied by any sense of guilt*. They were merely commands and prohibitions. A long and convoluted road would be traveled before useful anticipatory guilt would develop, and the moral masochist would first halt at remorse on the way to useful anticipatory guilt.

For quite a long time, even while hearing these commands, the patient willfully defied them and continued the self- and object-destructive acts. His relation to his immature conscience duplicated that of the child at a certain stage of superego development. The child at this stage can be heard saying to himself, "Don't do it, Mama will be angry" and nevertheless does not inhibit the forbidden deed. The superego posture of the child and of this patient can be characterized as submissive insubordination. It represents an intermediate stage of superego formation. At this stage, children, while committing aggression against the parents, also expose themselves to aggression from

the parents for being unwilling to inhibit aggression. In this adult patient, masochistic and object-destructive acts were combined and led to aggressions against others, which necessarily exposed him to retaliation and punishment from an outside source. Aggression against self and object was bonded.

The patient's defiance of the "flash commands" continued for quite some time without significant remorse. Yet after a while, remorse did appear. The patient had now entered upon a further stage of superego development. He felt guilt for his destructive acts. This guilt appeared not before but after the acts; it did not anticipate them and is more properly called remorse (Freud, 1929), and the acts, remorse-bound ones.

Now there ensued an especially complicated phase of the analysis. Through his remorse-bound acts, the patient generated a morass of justified remorse and self-criticism, for the acts were indeed injurious to others and to himself. Absorbed in his feeling of *mea culpa* after each remorse-bound act, the patient was trapped in an endless and useless cycle of wrong-doing, self-accusation, remorse, and beginning over again. In this murky atmosphere, the analysis was repeatedly checked and bogged down by real bases for remorse until the force responsible for the recurrence of the remorse-bound acts could be interpreted.

With the regular appearance of remorse, it eventually became possible to interpret to the patient that he felt remorse not only because of the actual destructive act he had committed but that he had committed the destructive act to relieve himself of a pre-existing but unperceived pressure of rage and anxiety. This kind of interpretation gradually lessened his masochistic self-destructive and object-destructive acts and brought into subjective experience his hitherto latent castration anxiety.

This nuclear category of interpretations will be illustrated by a fragment from a crucial phase of the analysis. The same episode will also be used to compare and contrast two ways of understanding moral masochistic acts: to see these acts as a consequence of a pre-existing unconscious guilt or, alternatively,

as I believe, to comprehend them as phobic flights which defend against severe castration anxiety.

The patient began an important session by relating that a subordinate had committed an error which had damaged someone and which, if not corrected by the patient, would inevitably result in irretrievable damage to this person as well as to the patient's career. Nonetheless, in typically masochistic style the patient did nothing to avert the dangerous consequences to himself or to the other person, even though it would have been simple to have done so. He drifted, and felt distressed and frightened, but let the dangerous situation persist, thus exposing himself for some time to real danger. When the pressure of the frightening consequences that the external world might impose on him for the serious error and the pain of remorse could no longer be ignored, he reluctantly forced himself to take corrective steps. Since the corrective steps were of the simplest kind and absurdly easy to undertake, it was all the more mystifying that he should have permitted the dangerous situation to remain uncorrected for as long as he did.

The motive for his strange inaction lay buried in the analytic session preceding the one just described. Toward the end of the preceding session, he related that he had had real pleasure for the first time in an act of sexual intercourse. Following this, the masochistic, destructive inaction which was described above took place. The substantial achievement in his sexual life he had characteristically neglected to mention at the time it had occurred. No sooner did he recount this new experience than he added in a curiously tense and agitated manner that he did not want any further increase in sexual pleasure. The analysis, he said, must now turn to "other problems"—as if there were indeed more pressing matters. The sexual improvement was only mentioned toward the end of the session, and the comment about not wanting any further increase in sexual pleasure closed the session.

This dangerous act (the inaction) is typical for a moral masochist. As Freud (1924) put it, "The masochist must do

what is inexpedient, must act against his own interests, must ruin the prospects which open out to him in the real world and must, perhaps, destroy his own real existence" (pp. 169-170). Had the patient not been in analysis, it is likely that on a number of occasions he could have seriously damaged his career and in this one instance he would have actually wrecked it beyond repair.

After it had become known that the act of enjoyable intercourse had been immediately followed by his perilous inaction, it was now possible to interpret the meaning of this sequence to the patient. (By this time I had long been convinced of the futility of interpreting unconscious guilt—in this case, for instance, over enjoyable intercourse.) By allowing the dangerous situation to remain uncorrected, he had avoided the anxiety which would have arisen with further attempts at intercourse. He had shifted his anxiety about his potency to a fear of what might happen to him as a consequence of his failure to correct a dangerous situation. His remorse over the harm inflicted on the other person had not helped him avoid similar situations in the past and now merely took his attention away from the basic issue of his fear of sexual activity.

This type of interpretation opened the way to working with his hitherto latent castration anxiety. It gradually led to a diminution of moral masochistic acts and to true self-protectiveness. The technical complexities which the analysis of his masochism had presented up to this point now subsided.

The theoretical question this material presents is whether this typically dangerous masochistic act (the inaction) requires unconscious guilt and the associated unconscious need for punishment for its explanation. Are there other possible explanations which avoid unconscious guilt and which employ already established concepts and are thus more parsimonious? Is the sequence—successful pleasurable intercourse followed by the masochistic self- and object-destructive act (the inaction)—to be explained by unconscious guilt over pleasure in inter-

course? Perhaps. However, unconscious guilt cannot explain the equally important fact that not only was the patient endangered by the destructive act but also that someone else was endangered by the patient's inaction. There was a simultaneous destructiveness toward self and object.

Are such self-destructive acts regularly accompanied by object-destructive ones in moral masochism? In my experience they are. A scrutiny of the clinical material of moral masochistic acts seems regularly to reveal the cementing of self-directed aggression to object-directed aggression. This combination appears clearly in the negative therapeutic reaction in which the intent to frustrate the analyst is as unmistakable as is the damage to the self. If the clinical experience of others supports my own, the explanatory value of unconscious guilt is seriously weakened by the observation that the object is as regularly damaged as is the self.

The concept of unconscious guilt and need for punishment is part of the broad views on the death instinct put forward in *Beyond the Pleasure Principle*, *The Ego and the Id*, and *The Economic Problem of Masochism* and taken up again in *Civilization and Its Discontents*. But on clinical grounds alone, unconscious guilt is not a compelling explanation for masochistic, self-destructive acts, especially when a simpler explanation is at hand.

My patient contrived his destructive masochistic act to escape from overwhelming castration anxiety. The sources of this anxiety were several. Rage (conscious and preconscious) was aroused toward his analyst as was fear of the analyst for being powerful enough to generate potency in the patient despite his aversion to sexuality. He had always maintained that sex was not "all that important." The rage was then displaced onto an object who was in the analyst's age range. Castration anxiety was also aroused by the unexpected assertion of his masculine potency and by the associated fear of father and analyst in consequence of becoming their equal. And finally he feared that he would not be able to repeat successful intercourse. This stemmed

from his fear for his organ in the sexual act: he might be expected "to do it again and again," and he might not be able to. In fact, his anxiety was so great that he avoided putting himself to the test; he stayed away from intercourse for several months after this first happy experience.

Thus this masochistic act (taken as a model for many others, as well as for his stubborn negative therapeutic reaction) need not be explained by an unconscious guilt and by a consequent unconscious need for punishment. It can be explained more parsimoniously (without the burden of a new assumption) by his severe castration anxiety and in particular by his flight from this anxiety. Through his masochistic and object-destructive inaction, he became afraid that the real world would hurt him. The castration anxiety generated internally by his new sexual potency was thus avoided and displaced onto a reasonable source of fear in the external world. It is obvious that we are in the domain of anxiety and not in the domain of guilt when these masochistic acts come under scrutiny. In fact, it was the analysis of his castration anxiety and of his flight from it, and not the analysis of guilt, which led to the diminution of his masochistic acts.

The analysis of his severe castration anxiety naturally led to the maturation of his superego which in turn aided him in avoiding self-destructive masochistic acts. (See, Modell [1965]; Loewenstein [1972] on secondary guilt; Spiegel [1966] on the anticipatory function of the superego; and Sandler [1960].) Conscious guilt in advance of action then became available to him.

In this patient, avoidance of analytically generated castration anxiety was achieved by engaging in a masochistic act outside of the analysis. Castration anxiety can also be avoided by engaging in masochistic acts within the transference. Thus another male moral masochist, faced with a decision in the outside world which was terrifying to him, immediately contrived an extreme masochistic transference situation. In this way the castration anxiety generated by the need for action in the

external world was replaced by a reasonable fear of possible termination of analysis brought on by his own masochistic act in the transference.

The defensive value of this displacement maneuver consists in the fact that the castration anxiety is no longer recognizable as such but has become transformed into a self-created reasonable fear of the external world. Moreover, it is frequently the case that belated remorse over the object-destructive component is added to the fear of counterattack from the external world. For generally these moral masochistic maneuvers are more or less unethical; as Freud (1924) put it, the conscience of the moral masochist often vanishes into his masochism. The defensive effectiveness of the displacement then becomes even greater, for the moral masochist, absorbed in his rational remorse over the injury to the other person, is quite removed from his underlying castration anxiety. The defensive nature of this remorse is shown by its inevitable recurrence; the patient never learns from it to avoid similar situations by anticipating them. Only with analysis of the underlying castration anxiety does useful anticipatory guilt replace futile remorse.

But it is essential to see that the full meaning of this masochistic transformation does not lie in the mere displacement of a greater anxiety to a lesser one, although that displacement is a component in the total masochistic situation and is technically important. Both patients were confronted by situations demanding judgment, decision, and action—sound ego functioning (Bromberg, 1959). But ego functioning failed, and in its place appeared acts with hidden sexual meaning, acts which created the potential for being beaten by the external world in the one case and in the other by the analyst (in the form of possible termination of the analysis). These beating possibilities contain the hidden erotic component which provides the inexhaustible libidinal energy behind repetitive moral masochistic acts. The transformation of a situation calling for sound ego functioning into a potentially sexual one is reminiscent of Loewenstein's (1957) concept of the "seduction of the aggressor," although

here, in contrast to childhood, the aggressor is self-created. A similar seduction of the aggressor is seen in primates who present their genitals in order to ward off aggression.

The hidden impersonal beatings of moral masochism do not generate the subjective erotic excitement of the punishment and beating fantasies of feminine masochism. Nor are the hidden beatings of moral masochism accompanied by masturbation as they usually are in feminine masochism. However, further clinical material from the same patient will show that these apparently nonsexual moral masochistic acts actually evolved out of feminine masochism and its erotic beating fantasies.

Of course, preoedipal factors may be significant in moral masochism. The Panel Discussion (Olinick, 1970) and papers by Modell (1971) and Asch (1976) have valuable material bearing on this point. Earlier papers on general problems of moral masochism also include this factor (e.g., Brenman, 1952; Brenner, 1959). In fact, this patient's early mothering was inadequate. Undoubtedly, many events from birth onward contribute to any given psychic constellation. What we seek, however, is to discover and formulate the crucial conditions without which the given constellation would not appear.

To sum up, moral masochism in the male is essentially an oedipal phenomenon. It represents a defensive flight from severe castration anxiety; or to put it inversely, severe castration anxiety is avoided through moral masochism. The avoidance of castration anxiety leads to malformation of the superego, and this malformation accounts for the fact that "a large part of his conscience [of the moral masochist] may have vanished into his masochism" (Freud, 1924). Analysis of this "preguilt" castration anxiety brings about maturation of the superego, with a new capacity for anticipatory guilt and consequent avoidance of entanglement in masochistic acts. No need exists to invoke unconscious guilt for an explanation of moral masochism, since it is more parsimonious to understand it under the already established concept of castration anxiety and of flight from it. Furthermore, the concept of unconscious guilt leads to anthro-

pomorphization (e.g., "sadism of the superego") and other theoretical difficulties. Besides, it cannot account for the outward aggression which seems to accompany every self-directed aggression in moral masochism. Indeed, outward aggression constitutes an essential component of the masochistic maneuver, for it is through entanglement with the external world that the moral masochist achieves the erotic beating which he unconsciously yearns for. Fleeing from his castration anxiety, which primarily and ultimately (although not exclusively) stems from his feminine impulses toward the father, the moral masochist gratifies these very same impulses through the moral masochistic and often remorse-bound act for which the world (as father representative) beats him. But instead of unnecessarily postulating unconscious guilt as the motivation for contriving the disguised paternal beating, it is more compatible with the clinical facts and more effective therapeutically to see in the moral masochistic act a defense against and an escape from subjective recognition of severe castration anxiety, a defense which simultaneously gratifies unconscious, feminine, sexual impulses.

Freud (1924) points out that feminine masochism demands punishment from a loved person, but "this restriction has been dropped in moral masochism." Here the punishment and suffering are all that matter, for they can be supplied by anyone, even by destiny and circumstance. This important clinical and theoretical difference between the two categories of masochism, feminine and moral, raises the question of whether they are basically separate forms of masochism or genetically connected to each other, i.e., whether one "grows" out of the other. My patient's sexual history and the course of his analysis provide an answer to this question: they are genetically related.

The patient had been raised by a strict governess to whom he was devoted, a devotion which she returned. He strove to gain and retain her love by being a good and neat boy. He seems to have clung to her with great tenacity because she was at least

"there." During the course of analysis, it became clear that her being "there" was vitally important to him; his first mention of his childhood was of his mother not being "there" on two occasions when he was two and a half. He repeatedly referred to these two occasions; they came to be understood as having made him wonder on whom, after all, could he rely. During analysis, this sensitivity to object loss was regularly reproduced by the weekend interruption and by any day missed by me or by him. Depression and sharp decline in analytic productivity marked these occasions.

To continue the history, bowel training was rigorous, and anality remained a strong libidinal current predisposing him to sadomasochistic interests. Despite rigorous training, enuresis persisted until the patient was six.

When he was six, his beloved governess was suddenly discharged. He was unprepared for the overwhelming loss, which he viewed as parental deception and as punishment for masturbation. Shortly afterwards, sadomasochistic fantasies appeared (*cf.*, Joseph, 1965; Rubinfine, 1965). In one of them, naked women were tied down and treated as animals; in another, they were humiliated anally. Libidinal regression to anal-sadism had obviously taken place. The severe object loss seems to have been compensated for through the fantasy of women being controlled physically. Hurt pride and vengeance for desertion by the object were also satisfied by the fantasies (*cf.*, Bernstein, 1957).

It seems that the severe object loss and the sense of parental deception either arrested further superego development or brought about its regression, more likely the latter. The controls established largely through his love for his governess, and to some extent through identification with his father, were insufficiently anchored at five or six to withstand the assault of both severe object loss and the conviction of parental betrayal. From having been a well-behaved boy, proud of himself in the glow of his governess's approval, he became a mischievous household pest.

Memories of anal masturbation at nine but not of genital

masturbation indicate intensification of anal-sadistic libidinal regression and of continuing superego malformation. The sexual activity of his latency (sodomasochistic fantasies, anal masturbation, and one homosexual episode) "went underground" by the time he was an adolescent, thus reversing the usual curve of sexual life. The patient was quite certain that no masturbation occurred during adolescence, either genital or anal; sexual activity with girls was nearly nonexistent.

This break in his sexual life took place at twelve, after a series of petty thefts committed so clumsily and repeatedly that he was finally caught and scolded. Dreadfully ashamed and remorseful, he never repeated the thefts. My impression is that increasing sexual and aggressive pressures made him seek relief through delinquent acts (*cf.*, Freud, 1916). Giving up the thefts marked the close of his feminine masochism which disappeared until he was well into his analysis, and marked the beginning of his moral masochism.¹ Most probably it was at this time that further regression of his superego occurred.

With the disappearance of feminine masochism, there now was ushered in a long period of increasing moral masochism, through adolescence into adulthood. It reached a peak by the time he entered analysis. He was by then easily imposed upon and exploited and had to endure the unnecessary and masochistic loss of money.

The relation between his moral masochism and his feminine masochism was clarified by the course of his analysis. As his moral masochism gradually diminished during analysis, his early feminine masochism reappeared. Complex sodomasochistic fantasies, identical with his latency fantasies, now bloomed again and were accompanied by genital masturbation. This relative reversal of moral masochism into feminine masochism

¹ The masochism of his latency is called feminine because his sexual pleasure (anal masturbation) was most probably derived from his identification with the "suffering" woman of his fantasies. In adulthood, there was no doubt of this identification which was the source of his pleasure when he masturbated genitally with similar fantasies.

and the earlier sequence of feminine masochism followed by moral masochism seem convincing evidence that in this patient the two forms of masochism were genetically connected, i.e., moral masochism grew out of the earlier feminine masochism.

The same sexual and aggressive pressures which were met by the development in latency of feminine masochism (and its consequent failure of ego-superego development) are also at work in moral masochism. But they are concealed through moral masochistic acts, since the erotic component is no longer subjectively experienced and object-directed aggression is overshadowed by the hurt to the self. Moral masochism thus constitutes a more powerful defense against instinctual pressures and their relation to the oedipus complex than does feminine masochism. It is for this reason that moral masochism appears in adolescence (in my experience) in contrast to feminine masochism which appears earlier. The increased instinctual pressures at adolescence and the relatively greater ego weakness, which tend to sexualize danger situations, account for the affinity of moral masochism to adolescence.

In feminine masochism, the erotic need to be beaten must be gratified by a father substitute. This is no longer the case in moral masochism, in which the need for symbolic beating can be gratified by anyone. Reality thus becomes a stage for the gratification of hidden instinctual pressures. Reality becomes aggressivized and sexualized and ego function correspondingly impaired in meeting both real dangers and internal subjective ones.

The increasing dangers of adolescence were met by this patient through a further repression of sexuality (somasochistic as well as genital) and aggression. Nonetheless, neurotic symptoms did not appear. The explanation for their non-appearance is formulated by Anna Freud (1966): "If a potential danger situation is turned into a source of masochistic pleasure, no further symptom formation is necessary" (pp. 121-122). Instead, moral masochism with its intricate meshing with many

aspects of external reality replaced both symptom formation and feminine masochism.

II

MORAL MASOCHISM, PSYCHIC HEALTH, AND MORALITY

The relation of psychic health to moral issues is indirect and complex. It is certainly not so that if you are good, you will be healthy, or that if you are bad, you will be sick. These are echoes of childhood morality, of reward and punishment modernized into the myths of health and sickness of our therapeutic age. It seems to be more in the present air, however, that if you "let it all hang out," that is, "be bad" in childhood terms, you will be healthy. This is an inverted version of primitive childhood morality.

Succeeding generations have exposed the hypocritical underside of Victorianism, but they have also demolished any possible positive relation between morality and health. On the contrary, Victorian morality seems to have been held responsible for the mental and physical ill health of some of its illustrious figures, whether it was the abstemious, or non-existent, sexual life which accounted for Jane Carlyle's migraine and for her husband's dyspepsia, or, as Trilling noted, for the general hypochondria of the intellectual upper class.

In 1954, Loewenstein made an important comment about the relation of guilt, moral masochism, and moral codes. He said:

Of particular importance and interest, for both professional and theoretical reasons, are those defenses against superego demands which lead to a partial or complete disappearance of guilt feelings in certain patients. . . . In persons who rebel violently against a moral code without replacing it by another, the warding-off of super-ego demands may well lead to symptomatology based on moral masochism with the absence of conscious guilt feeling (p. 192).

This observation is important for psychoanalytic contributions to moral issues.

Nonetheless, I am in only partial agreement with Loewenstein's view. To me it seems unlikely that a moral code is ever renounced without being replaced by another system of beliefs; such a system may, of course, be only implicit, but it is there. Just as physical nature abhors a vacuum, so man's moral nature does not tolerate the absence of some kind of moral system, as Milton so very well knew when he had Satan exclaim in high moral indignation at being thrust out of heaven: "Evil, be thou my Good."

I think that the pathogenic element in the rebellion against a code does not lie in the absence of a replacement, but in the nature of the replacing process. Has the new code been adopted as a consequence of a struggle leading to a judgment or as the consequence of a process akin to reaction formation and repression? If the person has not come to grips with the old code and has arrived at a conscious judgment against it, then the new code can be a mere substitute for the old. The new code does not then represent growth and increased individuality; it merely lends the satisfying illusion of independence. The new code now functions as if it were a reaction formation against the old and holds it in repression. But from the unconscious, the old code still exerts its effects.

In two patients, both moral masochists, these effects were along the line of absence of conscious guilt feelings for acts not condemnable under the new code but condemnable under the old. Yet both patients, while flouting the old, remained unconsciously submissive to it. As medieval sinners wore chains and made conscious penitential pilgrimages, so these two did penance in the form of excessive or painful work. Work itself had taken the place of the "father-beater" as the source of concealed masochistic sexuality.

Case Material and Discussion

One of these two cases illustrates the intricate relation between psychic health and moral issues, and also the intricate relation between an individual past which rendered the patient

incapable of meeting the challenge of adult love and the social code of the new sexuality. She tried to meet the challenge of adult love by becoming an adherent of emancipated sexuality. Severe moral masochism followed on this apparent solution and showed itself in extremely painful work difficulties and a pleasureless life.

The interaction in this patient between her individual pathology and the social climate shows how neurosis extracts what it needs from the social climate to meet internal pressures, much as leguminous plants extract from the air the nitrogen needed for their maintenance. Both sexual emancipation and work for women are now much in the air; and for this patient, an independent career woman, both were close to her.

The patient, a very intelligent woman who was sincerely determined to help herself through analysis, came into it because of diffuse complaints: insomnia, nightmares, tension, fatigue, and great work difficulties. A sharply diminished sexual appetite was noted after the analysis began. After a period of general improvement, work became a central theme of her analysis; she was tortured by it. She could sit for hours before it, paralyzed, unable to have any thoughts about where to begin. Before the next piece of work arrived, she became tense, wondering whether her mind would once again function. Yet when she occasionally worked smoothly, she would stop and occupy herself with some trivial task, thus inhibiting the flow of thoughts. Her suffering was intense, and it was obvious that she was receiving a beating from her work, although it was work for which she was gifted and which she herself had chosen (*cf.*, Applegarth, 1976).

Up to the beginning of puberty, the patient had lived in a family atmosphere that was extremely erratic and permeated with aggression and sexuality. Unconscious beating wishes began in the oedipal period in relation to a severe and unstable father. During analysis her previously unconscious wishes to be roughly treated by men (sexually and otherwise) became conscious.

Her late adolescence was marked by rebellion against her

parents' system of values and its solution through moral masochism. At about eighteen, the patient met a virile and intelligent young man. They carried on a stimulating affair, sexually typical for that time—much intimacy without intercourse. Her moral principles were opposed to intercourse. At about the same time, her first work difficulties appeared; she required indefinite delays for college papers, often sitting hopelessly before them.

One day she unexpectedly encountered the young man on campus and fled from him in inexplicable terror. She did not see him again for some time. During this critical interval, hysterical vomiting and bouts of self-imposed starvation set in. Incessant and stubborn quarrels with her mother also appeared.

After a while she again met the frightening young man. But by now a remarkable change had occurred in her. She was not especially interested in him anymore, nor was she any longer frightened of him; on the contrary, she felt superior to him. Sometime afterwards she began a number of "sophisticated" affairs which she often found "amusing."

The dynamics of her transformation from an enthusiastic girl, terrified by being drawn to a vigorous young man, into a sophisticate, faintly amused and superior to him, are fairly clear. The first appearance of powerful genital love could not maintain itself against the regressive pull of unconscious beating wishes, of her strong unconscious sexual attachment to her mother and to the superego demands absorbed from her mother. Panic appeared, against which she defended herself by repression, intellectualization, isolation, and oral regression. From now on her love life was seriously damaged. Unconsciously, it returned mostly to the mother in the form of tenacious quarrels with her. Her lovers now only occasionally frightened her, but her "emancipated, sophisticated" attitude was incompatible with significant satisfaction and harmony.

Consciously, she detested her mother's views on men and sexual matters as both mercenary and merely conventional. The social code of sexual emancipation enabled her to fend off the unconscious pull toward her mother and also protected her from

the anxieties induced by unconscious beating wishes. These wishes were now satisfied by the self-destructive relation to work, and by self-destructive affairs.

But her early moral system had not been overcome; it had been merely pushed aside by the new one. She still had a conscious sense of being bad which pushed her toward masochistic relations to work and to men. It had been insufficient to adopt a new code; to retain psychic health, it would have been necessary for her to enter into a conscious struggle with the old code. Her failure to engage in this struggle led to the obvious sexualization and aggressivization of reality characteristic of moral masochism.

An earlier culture which placed major obstacles in the path of easy sexual encounters would have tended to make of her an obviously inhibited person—a “Puritan maid.” We would not then have been astonished to find her suffering from symptoms described under the heading of “*aktual neurose*.” Yet, of course, her present sexual freedom did not protect her from developing the very same symptoms. In an inner sense she had indeed remained a “Puritan maid” despite her sexual emancipation.

At present, the velocity of cultural change in sexuality and in other areas would seem to predispose to psychic instability because fragmented tradition burdens the individual excessively with the need for individual choice and individual judgment. This constitutes a pathogenic factor for all and especially for those with already existing neurotic potential. To emphasize the individualism of the nineteenth and twentieth centuries is perhaps to underestimate the support received by the individual from a traditionally accepted culture. This generally unified Western culture may be said to have made the superego its arbiter in moral matters—the “ought,” the “thou shalt” and “shalt not.”

Aspects of the present sexual revolution seem, on the contrary, to place the id in the foreground—what gives pleasure is urged. Perhaps this century of interminable wars which

demanded such enormous dutiful sacrifices accelerated a reaction against duty. Furthermore, the decay of religion with the loss of belief in life after death, where dutiful sacrifice during life would be rewarded, must have led to a backing away from duty.

As we examine analytic practice we can see that it contributes something beyond either the exclusivity of conventional morality (in which the superego's demands are embodied in the idea of duty for duty's sake) or the exclusivity of so-called "unconventional morality" (embodied in the idea of pleasure for pleasure's sake). In actual analytic practice, superego, id, and reality are brought before the ego and subjected to its integrative function. It seems to me that this integration of the person and the action which issues from this integration can be considered a moral good achieved by analysis (*cf.*, Hartmann, 1960).

Speculative objections can be raised against this view. Conceivably, one might become wholly integrated through analysis into being an evil person, but this can be checked against our actual analytic results which refute this possibility. Some ethical philosophers would maintain that evil cannot be an expression of the whole integrated self but only of a partially realized self.

One additional reflection may further our interest in moral masochism and work beyond its clinical boundaries. Freud maintained that civilized peoples suffer from a malaise akin to guilt. I have suggested elsewhere that the enormous catastrophes of this century, wars, prison camps, the Holocaust, atom bombs, etc., weigh down the West with oppressive guilt and depression (Spiegel, 1974). Is this collective guilt being displaced onto and alleviated by the driven quality of a good deal of our work?

And furthermore, stimulated by clinical observations of the relief from internal pressure obtained by moral masochists through masochistic acts, is it fanciful to suggest that pre-World War I Europe suffered from a heavy pressure of moral masochism with its hidden sexual and aggressive components, finally to find relief in both killing and suffering?

Mann's *Magic Mountain*, Schnitzler's Vienna, Proust's Paris, aspects of Mahler's music, Munch's and Stuck's paintings, may incline us toward such a view. Can their synthesis of painful eroticism, ominously menacing to self and to others, be so widespread and yet only coincidental? Did not these artists unconsciously extract their materials from the social climate? Did they not need them to satisfy internal pressures as the patient just described extracted sexual emancipation and work from the social climate to cope with her internal pressures?

One may say of the artist's atmospheric extraction that it is both more sensitive and more social than the neurotic's or the average human's. Thus Flaubert noted far ahead of his time a new type of "barbarian" in the war of 1870: the Prussian officer who could play Chopin on your piano and nonetheless ransack your wine cellar. His response to this style of occupation of his house was not limited to private outrage but transcended it into a formulation of prophetic historical significance. At about the same time, Dostoyevsky portrayed the psychology of the idealist-terrorist many years ahead of what we now see today.

This viewpoint, that of extracting materials from a common social climate by neurosis as well as by art, questions the highly doubtful distinction usually drawn between psychoanalysis as individual psychology and other therapies as social psychology. Neurosis, as well as art, is both social and individual. Whether one speaks of the neurotic, the artist, or the "average person" (a dubious persona) one necessarily goes centrifugally to the culture of the community through which individuals express themselves and centripetally to the individual through whom the community and its cultural climate express themselves. *Thus psychoanalysis is both social and individual.*

SUMMARY

Unconscious guilt was postulated by Freud to account for the self-imposed sufferings of moral masochists. This postulate is unnecessary and technically ineffective, and it results in theoret-

ical difficulties. Rather than being the consequence of unconscious guilt, a moral masochistic act constitutes a defensive flight from constant castration anxiety. It is engaged in just when castration anxiety is about to make itself felt. The act transforms the latent anxiety into a "reasonable" (but self-created), justifiable fear of someone in the environment. This fear is tolerable just because it is apparently "rational" and episodic rather than constant.

The avoidance of castration anxiety can be analyzed by bringing the latent anxiety (and associated rage) to the analysand's attention before he engages in a moral masochistic act. As castration anxiety is then regularly analyzed, the superego becomes more integrated. Anticipatory guilt (rather than futile remorse) now develops and aids the moral masochist in avoiding self-imposed suffering.

The object-aggressive component of the moral masochistic act (often obscured by the more obvious self-destructive component) justifies the moral masochist in expecting to be the victim of a counterattack, which ultimately represents a disguised paternal sexual assault. Since erotic excitement is absent from the sufferings of moral masochism (in contrast to those of feminine masochism), it constitutes a more efficient defense than feminine masochism against the unresolved oedipus complex. The affinity of moral masochism to adolescence is probably due to the increased instinctual pressures at this time.

Because of its typical involvement with the environment, moral masochism can extract from the environment what it needs to express itself. Sexual "emancipation" and work may substitute for the attacking person in the environment. For instance, in the woman's "free" sexual activity, the indifferent men who are encountered ultimately represent the indifferent, hurtful father; or work can become so painful for the moral masochist that it comes to represent paternal assault. Finally, some comments are made on the probable historical role of moral masochism and on psychoanalysis as both individual and social.

REFERENCES

- APPLEGARTH, A. (1976): *Some Observations on Work Inhibitions in Women*. J. Amer. Psa. Assn., XXIV (Supplement), pp. 251-268.
- ASCH, S. S. (1976): *Varieties of the Negative Therapeutic Reaction and Problems of Technique*. J. Amer. Psa. Assn., XXIV, pp. 383-407.
- BERLINER, B. (1958): *The Role of Object Relations in Moral Masochism*. This QUARTERLY, XXVII, pp. 38-56.
- BERNSTEIN, I. (1957): *The Role of Narcissism in Moral Masochism*. This QUARTERLY, XXVI, pp. 358-377.
- BLUMSTEIN, A. (1959): *Masochism and Fantasies of Preparing To Be Incorporated*. J. Amer. Psa. Assn., VII, pp. 292-298.
- BRENNAN, M. (1952): On Teasing and Being Teased: and the Problem of "Moral Masochism." In: *The Psychoanalytic Study of the Child, Vol. VII*. New York: International Universities Press, Inc., pp. 264-285.
- BRENNER, C. (1959): *The Masochistic Character: Genesis and Treatment*. J. Amer. Psa. Assn., VII, pp. 197-226.
- BROMBERG, N. (1959): *Stimulus-Defense Cycles and Ego Development: With Special Reference to the Masochistic Ego*. J. Amer. Psa. Assn., VII, pp. 227-247.
- BYCHOWSKI, G. (1959): *Some Aspects of Masochistic Involvement*. J. Amer. Psa. Assn., VII, pp. 248-273.
- EIDELBERG, L. (1959): *Humiliation in Masochism*. J. Amer. Psa. Assn., VII, pp. 274-283.
- EISSLER, K. R. (1953): A Clinical Note on Moral Masochism: Eckermann's Relationship to Goethe. In: *Drives, Affects, Behavior*. Edited by R. M. Loewenstein. New York: International Universities Press, Inc., pp. 285-326.
- FENICHEL, O. (1928): *The Clinical Aspect of the Need for Punishment*. Int. J. Psa., IX, pp. 47-70.
- FREUD, A. (1966): *Obsessional Neurosis. A Summary of Psycho-Analytic Views as Presented at the Congress*. Int. J. Psa., XLVII, pp. 116-122.
- FREUD, (1894): *The Neuro-Psychoses of Defence*. Standard Edition, III, pp. 45-61.
- (1907): *Obsessive Actions and Religious Practices*. Standard Edition, IX, pp. 117-127.
- (1916): *Some Character-Types Met with in Psycho-Analytic Work. III. Criminals from a Sense of Guilt*. Standard Edition, XIV, pp. 332-333.
- (1919): *'A Child is Being Beaten.'* A Contribution to the Study of the Origin of Sexual Perversions. Standard Edition, XVII, pp. 179-204.
- (1920): *Beyond the Pleasure Principle*. Standard Edition, XVIII, pp. 7-64.
- (1923): *The Ego and the Id*. Standard Edition, XIX, pp. 13-66.
- (1924): *The Economic Problem of Masochism*. Standard Edition, XIX, pp. 159-170.
- (1925): *Inhibitions, Symptoms and Anxiety*. Standard Edition, XX, pp. 87-172.
- (1929): *Civilization and Its Discontents*. Standard Edition, XXI, pp. 64-145.

- (1932): *New Introductory Lectures on Psycho-Analysis*. Standard Edition, XXII, pp. 5-182.
- (1937): *Analysis Terminable and Interminable*. Standard Edition, XXIII, pp. 216-253.
- GROSSMAN, W. I. and SIMON, B. (1969): Anthropomorphism: Motive, Meaning, and Causality in Psychoanalytic Theory. In: *The Psychoanalytic Study of the Child, Vol. XXIV*. New York: International Universities Press, Inc., pp. 78-111.
- HARTMANN, H. (1960): *Psychoanalysis and Moral Values*. New York: International Universities Press, Inc.
- ; KRIS, E.; LOEWENSTEIN, R. M. (1946): Comments on the Formation of Psychic Structure. In: *The Psychoanalytic Study of the Child, Vol. II*. New York: International Universities Press, Inc., pp. 11-38.
- JOSEPH, E. D., Editor (1965): *Beating Fantasies and Regressive Ego Phenomena in Psychoanalysis*. New York: International Universities Press, Inc.
- KASPER, A. M. (1965): *The Narcissistic Self in a Masochistic Character*. Int. J. Psa., XLVI, pp. 474-486.
- LAMPL, H. (1927): *A Case of Borrowed Sense of Guilt*. Int. J. Psa., VIII, pp. 143-158.
- LOEWALD, H. W. (1972): *Freud's Conception of the Negative Therapeutic Reaction, with Comments on Instinct Theory*. J. Amer. Psa. Assn., XX, pp. 235-245.
- LOEWENSTEIN, R. M. (1954): *Some Remarks on Defences, Autonomous Ego and Psycho-Analytic Technique*. Int. J. Psa., XXXV, pp. 188-193.
- (1957): *A Contribution to the Psychoanalytic Theory of Masochism*. J. Amer. Psa. Assn., V, pp. 197-234.
- (1972): *Ego Autonomy and Psychoanalytic Technique*. This QUARTERLY, XLI, pp. 1-22.
- MODELL, A. H. (1965): *On Having the Right to Life: An Aspect of the Superego's Development*. Int. J. Psa., XLVI, pp. 323-331.
- (1971): *The Origin of Certain Forms of Pre-Oedipal Guilt and the Implications for a Psychoanalytic Theory of Affects*. Int. J. Psa., LII, pp. 337-346.
- OLINICK, S. L. (1964): *The Negative Therapeutic Reaction*. Int. J. Psa., XLV, pp. 541-548.
- , Reporter (1970): Panel on *Negative Therapeutic Reaction*. J. Amer. Psa. Assn., XVIII, pp. 655-672.
- RUBINFINE, D. L. (1965): *On Beating Fantasies*. Int. J. Psa., XLVI, pp. 315-322.
- SANDLER, J. (1960): On the Concept of Superego. In: *The Psychoanalytic Study of the Child, Vol. XV*. New York: International Universities Press, Inc., pp. 128-162.
- SOCARIDES, C. W. (1958): *The Function of Moral Masochism: With Special Reference to the Defence Processes*. Int. J. Psa., XXXIX, pp. 587-597.
- SPIEGEL, L. A. (1966): Superego and the Function of Anticipation: With Comments on "Anticipatory Anxiety." In: *Psychoanalysis—A General Psychology. Essays in Honor of Heinz Hartmann*. Edited by R. M. Loewenstein, et al. New York: International Universities Press, Inc., pp. 315-337.

- (1974): *Youth, Culture, and Psychoanalysis*. Amer. Imago, XXXI, pp. 206-231.
- STEIN, M., Reporter (1956): Panel on *The Problem of Masochism in the Theory and Technique of Psychoanalysis*. J. Amer. Ps. Assn., IV, pp. 526-538.
- VALENSTEIN, A. F. (1973): On Attachment to Painful Feelings and the Negative Therapeutic Reaction. In: *The Psychoanalytic Study of the Child, Vol. XXVIII*. New Haven and London: Yale University Press, pp. 365-392.

40 East 83 Street
New York, N.Y. 10028

Primary and Secondary Process in the Context of Cerebral Hemispheric Specialization

James T. Mc Laughlin

To cite this article: James T. Mc Laughlin (1978) Primary and Secondary Process in the Context of Cerebral Hemispheric Specialization, The Psychoanalytic Quarterly, 47:2, 237-266, DOI: [10.1080/21674086.1978.11926839](https://doi.org/10.1080/21674086.1978.11926839)

To link to this article: <https://doi.org/10.1080/21674086.1978.11926839>



Published online: 20 Nov 2017.



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



Citing articles: 5 View citing articles [↗](#)

PRIMARY AND SECONDARY PROCESS IN THE CONTEXT OF CEREBRAL HEMISPHERIC SPECIALIZATION

BY JAMES T. MC LAUGHLIN, M.D.

Increasing knowledge of human cerebral hemispheric specialization suggests a relationship between the different formal modes of thinking attributed to the two hemispheres and those psychoanalysis has traditionally assigned to primary (similar to recessive hemispheric) and secondary (similar to dominant hemispheric) processes. The fact of a lifelong capability at the neurophysiological level for coequal, simultaneous registration and organization of experience in these different cognitive modes allows primary process to be conceptualized in developmental terms. As the first organizing mode of infantile development, it shapes the primitive content of the dynamic unconscious. Thereafter, it can be viewed as coexistent and commingled with secondary process in dynamic tension, complementarity, and developing complexity. Observations from normal behavior, current research, and the functioning of the psychoanalyst support this thesis and reinforce an emerging viewpoint in contemporary psychoanalysis that primary processes are not confined to archaic levels but are open to growth and developmental integration into the complete range of ego functions.

Much has been discovered by neurophysiologists, neurosurgeons, and research psychologists in recent years about the very different ways by which the two halves of the brain perceive the world. These data provide challenge and an opportunity for psychoanalysts to assess from a fresh perspective their established theories and persistent controversies regarding the relationship between primary and secondary process thinking in human behavior.

A version of this paper was read at the meeting of the New Orleans Psychoanalytic Society, February 1977.

It is the intent of this paper to juxtapose the essentials of these lateralization data with the basics of the analytic view of primary and secondary process; to assess the extent to which the two cerebral hemispheres do indeed utilize cognitive and ordering modes that can be formally equated with primary (recessive hemisphere) and secondary (dominant hemisphere) processes as they are known to psychoanalysis; to advance the proposition that, given a significant congruence between these thought processes and hemispheric functions, primary process capabilities can be conceptualized as undergoing a developmental progression that is pre-existent to, then coexistent and thereafter commingled with secondary process and its development. Lastly, an attempt will be made to show how this proposition can lead to perceiving many more things about human behavior than is possible with the reductionist view of primary process thinking as merely a primitive, archaic, and irrational hangover from the earliest developmental phases of infantile life.

That this exercise may be construed as doing a “neuroligizing” violence to the complex psychological processes with which psychoanalysis concerns itself is a likely risk which only the handling of the matter can mitigate. That it entails a considerable broadening of our concept of primary process beyond its old equation with the dynamic unconscious is acknowledged.

Psychoanalytic Concepts of Primary and Secondary Processes

The concept of an interplay of two quite different sets of mental processes in human behavior has always been central to psychoanalysis. Freud’s earliest and most brilliant formulations regarding dream formation, unconscious conflict and repression, symptom formation, and the normal psychology of slips, jokes, and humor were built upon keen observation of what he chose to designate as primary and secondary process thinking.

Freud’s careful scanning of the difference between these two modes of thinking, to be noted in his *Project* of 1895, in Chapter VII of *The Interpretation of Dreams* (1900), and in his 1915

work, *The Unconscious*, has provided us with a conceptual-descriptive framework that remains essentially unchanged to this day. Thus, primary process thinking is characterized by shifting investments of psychic energy motivated primarily by affective valences—the seeking of pleasure and the avoidance of unpleasure; it is thinking that is dominated by emotion, characterized by a looseness and fluidity based upon such special modalities as condensation, displacement, multiple representation, and richness of symbolic equivalence; it is thinking that emphasizes thing-representations based upon visual imagery and the tonal, rhythmic components of the auditory sphere, along with concrete tactile, kinesthetic, and olfactory images and qualities of affect, all combined in gestalt or engrammatic form; it is thinking that relies heavily upon a looseness of associative linkages, upon a simultaneity of multiple meanings expressed in symbolic form; it allows the meaning of the symbol to depend richly upon the context. It seems to have little sense of logic, sequence, or time.

Secondary process thinking is a rational, logical, and primarily verbal-lexical mode, oriented more toward the dictates and pressures of outside reality, as interpreted initially by the child's important early objects and responsive thereafter to the organizing modes of culture in which the family is embedded. It is a categorizing, organizing, and abstractional mode of thinking emphasizing capabilities of inhibition and censorship employed to enhance a kind of linear, logical scanning of memory traces for possible discharge patterns acceptable to outside reality. Freud always emphasized the lexical, word-representational base of this form of thinking, its capacity to concern itself "scrupulously" with the logical paths between ideas and abstractions rather than with the emotional intensity of the ideas. He aligned the two systems along a developmental axis in which hedonistic primary process modes preceded the secondary modes in the growth of the individual and only over time were superseded by the more reality-oriented secondary processes.

The concept of a tensional balance between these antithetic

modes of thinking has remained central to Freudian analysis, regardless of the complexity of the theoretical model or metapsychological abstractions in which this concept of conflict has been embedded. Thus, primary process has remained preponderantly equated with the mode and content of the dynamic unconscious (and later id), while secondary processes have been assigned to consciousness (and later ego).

There have been several related assumptions and viewpoints, however, about the nature of primary processes, initially advanced by Freud and generally accepted in psychoanalysis over many years. While useful and valid in some respects, these assumptions, which have to do with the implications of the terms "primary" and "secondary," have been troublesome, perhaps even an impediment to furthering our knowledge of how the mind works. Freud (1900) clearly intended to designate primary process thinking as chronologically and genetically earlier in the development of the individual and hence more primitive. He explicitly viewed secondary process thinking as unfolding a little later in the course of life to inhibit and overlay the primary, with "complete domination . . . not attained until the prime of life" (p. 603). As a consequence of this belated dominance, the primary core (the dynamic unconscious), he felt, remains nonverbally registered and irrational, inaccessible to consciousness, yet powerfully compelling of human behavior. It manifests itself in raw form chiefly in instances of a breach or lapse of secondary process inhibition, but it is also subtly interwoven with and subordinated to secondary process thinking in different ways related to the degree of conscious awareness, from dream to vigilance. In his topographic modeling, Freud equated consciousness with secondary process, unconsciousness with primary process. Later, when he proposed his new structural theory, he saw primary process as the organizing mode of the id and secondary process as that of the ego.

This essentially genetic-economic view of the relationship between primary and secondary process modes has had great durability. But too often it has led to a conceptualization of

primary process modes as archaic, childlike, fixed, and, in a sense, inferior. Even though Freud acknowledged the rich inventiveness and ingenuity of primary process thinking, as reflected in jokes, slips, and certain dreams, and surmised that its capabilities were somehow involved in creativity, he and others who have studied the phenomena of artistic and scientific creativity have had much uncertainty and debate about the place of primary process. Kris (1952) felt that some aspects of primary process were in the realm of ego function, and he attempted to resolve the dilemma about the artist by the concept of "regression in the service of the ego"—one can make progress by going backwards. George Klein (1959) developed the thesis that there is but one set of structures and mechanisms involved in thought, whether they be of primary or secondary process quality. He conceived a hierarchical psychic organization in which lower and primary functions are inhibited by the higher but remain capable of release and blending along a continuum shaped by shades of inhibition and disinhibition. As late as 1972 in a Panel of the Vienna Congress, Kligerman criticized recent attempts to elevate the role of primary process thinking in creativity. He felt that these processes represent a discharge mode which, as soon as it undergoes modification into higher levels of organization, is no longer primary process.

On the other hand, there have been many others who have questioned this restricting and strictly hierarchical viewpoint. As an example, Holt (1967) made central to his extended thesis on the matter "the proposition that primary process is *not* synonymous with chaos and random error" but is "a special system of processing information in the services of a synthetic necessity" (p. 380). The author who, in my opinion, has done the most extensive and thorough challenging of the reductionist view of the primary process is Pinchas Noy (1969), whose basic ideas are set forth in a paper entitled "A Revision of the Psychoanalytic Theory of the Primary Process." I shall repeatedly allude to his ideas in the balance of this presentation, since his view of primary process, while gained from a vantage point

quite different from mine, in so many ways anticipates and fleshes out my more impressionistic view.

Current Neurophysiological Data regarding Hemispheric Specialization

In the last twelve to fifteen years an immense amount of clinical research data has been gathered about the quite different cognitive capabilities of the right and left hemispheres of the human brain. Building upon the work of Sherrington (1947), Hecaen (1962), and other pioneers, Sperry, et al. (1969), Bogen (1969), Levy, et al. (1971, 1972), and a growing number of neurosurgical researchers have studied the brain functioning of surgically commissurotomed patients. Other workers, such as Galin (1974), McGee and Humphrey (1973) and Schwartz (1973), have done electroencephalographic studies of lateralization of brain functioning during different cognitive tasks. Donald Galin (1974) from Langley Porter in San Francisco has written a useful survey article on this extensive research, and I will draw heavily upon his summation to convey the essence of the data regarding the differences in hemispheric function.

Let me first insert here a reminder about basic neuroanatomy. The neural pathways carrying information from one side of the body and one half of the visual field cross over and connect chiefly with the opposite side of the brain. In a right-handed person, information received by the right ear,¹ the right hand, the right side of the body, and the right half of the visual field pours directly into the left side, the so-called dominant side of the brain. Even the foveal cup, that portion of the retina we utilize when we wish to see most keenly, particularly with our

¹ Kimura (1967) has demonstrated that virtually all right-handed persons show, on the Broadbent Dichotic Hearing Test, a right ear preference for discrimination of *verbal cues*. In fact, this dichotic hearing test seems the most reliable single index of cerebral dominance. Interestingly, sounds having to do with melody, rhythm, clicks, and environmental noises are discriminated equally well or better by the left ear. In left-handed persons there is far less clear perceptual asymmetry (preference).

central vision, sends half its fibers, along with the right visual field of both eyes, directly to the left side of the brain. Similarly, the left hand, the left side of the body, and the left visual field pour information directly into the right or recessive side of the brain. That there is a dominant side of the brain, chiefly responsible for motoric control and language function has been known since the Egyptians and acknowledged as good, as dextrous. That the other side of the brain has qualities of its own seems not to have been so clearly fathomed, except perhaps intuitively and warily in its designation as sinistral and recessive.² That the two hemispheres are intricately interconnected and their separate registration massively integrated through the huge volume of neural connections making up the corpus callosum is a clinical fact of rather recent knowledge, although the assumption of a functional congruence has long been granted.

Researchers currently agree that in typical right-handed people, processes of speech, writing, analytical-propositional thinking and arithmetical tasks are accomplished primarily in the left hemisphere, while spatial relationships, gestalt recognition, and some musical functions are the specialty of the right hemisphere. In split-brain, right-handed patients the left hemisphere is capable of speech, writing, and calculations, but severely limited in solving problems involving spatial relationships and recognition of novel figures. The right hemisphere can easily carry out tasks involving complex spatial and musical patterns but can hardly count beyond ten and can use only very few words (*cf.*, Milner, 1956).³ Normal persons performing

² In a well-documented review of cultures of the past and present in all parts of the world, extending the more detailed studies of the psycholinguist Thass-Thienemann, Domhoff (1969) demonstrated that Right is considered good, sacred, male, clean, east, erect, heterosexual, beautiful, white, correct, life, whereas Left is considered bad, profane, female, dirty, west, limp, homosexual, ugly, black, wrong, death. Apparently no cultural exceptions to this patterning have yet been identified.

³ Levy, et al. (1971) noted that the recessive hemisphere has fewer language capabilities intrinsically; those that it does possess or attempts to utilize are

verbal tasks will show EEG evidence of a relative "idling" of the right hemisphere, which comes alive when the task is a spatial or musical one, the left side then going into "idle."

It is generally agreed that the right hemisphere (in right-handers) primarily uses a nonverbal mode of representation—presumably images of visual, tactile, kinesthetic, and auditory nature; that it reasons by a nonlinear mode of association rather than by syllogistic logic; that it solves problems by handling multiple converging determinants rather than by reference to a single causal chain, with greater facility in gestalt recognition, as in identifying a face or in grasping the sense of the whole from just a part. It is less involved with perception of time and sequence. The right hemisphere has the ability to use some words, but these are not organized for use in logical propositions; for example, a song can be sung, but the same words cannot be phrased into a meaningful sentence. Words are dealt with in a punning, changing, metaphoric, symbolic fashion in which the shifting meaning depends on context and pattern (*cf.*, Galin, 1974).

Despite these striking differences in information-processing employed by our two hemispheres, under the normal circumstances of their blended interaction we remain largely unaware of discrepancy and conflict. Even the commissurotomed patients appear normal to casual observation. The neurophysiologists account for this in various ways. Galin (1974) quotes Sperry who states that "these two separate mental spheres have only one body so they always frequent the same place, meet the same people and do the same things all the time and thus are bound to have a great overlap of common, almost identical, experience. The unity of the eyeball as well as the conjugate

under most circumstances interfered with and overridden by the capacities of the dominant hemisphere. The concept behind this observation is that the motor pathways are normally dominated by the hemisphere that is better equipped for the task; i.e., when nonverbal visual stimuli are presented by tachistoscope to both hemispheres simultaneously, it is the minor hemisphere that dominates the motor mechanisms through which a manual selection of object is made.

movements of the eyes causes both hemispheres to automatically center on, focus on, and hence probably attend to the same items in the visual field all the time" (p. 576). Or, according to Galin, patients and other persons can "appear so normal . . . because the activities of daily life do not demand much interpretation of holistic and analytic thought" (p. 575). A more subtle cultural explanation for the compelling sense of personal unity we enjoy or cling to is that of Sherrington (1947): "This self is a unity. . . . It regards itself as one, others treat it as one, it is addressed as one, by a name to which it answers. The Law and State schedule it as one . . . unchallenged and unargued conviction assumes it to be one. The logic of grammar endorses this by a pronoun in the singular. All its diversity is merged in oneness" (p. xvii).

I think most of us, particularly poets and psychoanalysts, would join Galin (1974) here in considering this sense of unity, to which Sherrington refers, to be in part an illusion, perhaps biologically necessary in view of our protracted infantile and childhood dependency and vulnerability, but certainly required of each individual by the cultural reinforcements that shape our identifications, our ideals, and our limits. Galin and others in his field postulate that the maintenance of a reasonable coherence and stability of a state of reciprocal inhibition and facilitation between hemispheric modes is the basis on which, over time and with the development of language capability in the second and third years of life, the left hemisphere gains great advantage over the right in manipulating the environment and securing reinforcements for its emerging dominance as to who is the "I" in the me. This dynamic and tensional balance, held in reasonable stability, presumably contributes to that sense of continuity of sameness that allows for the development of a sense of self.

This emphasis by Galin and other neurophysiologists upon so clear a division of labor between the hemispheres and their stress upon the tensional balance between the two probably represent oversimplifications that do not account adequately

for the rich capabilities for fusion and synthesis that are reflected in human behavior. It may be that two different modes in their interrelationship of facilitation and inhibition produce, in a sort of stereoscopic fashion, a new dimension or perspective that is more than the sum of the parts. And perhaps the still relatively crude behavioral data, based upon patients who have incurred surgical ablation and deficit, point only to gross differences in overlapping systems actually or latently capable of encompassing much that is the province of the other. But what seems of central significance is the finding that the two essentially different modes do coexist under circumstances that appear to afford them coequal neurophysiological capacities for functioning.

It is useful at this point to question the relevance or "fit" between those functions assigned by psychoanalysis to primary and secondary processes and those attributed by contemporary brain researchers to the dominant and recessive hemispheres. Are they truly alignable in a formal and descriptive sense? What are the areas of congruence and discrepancy, and can the latter be adequately accounted for?

In the area of secondary process cognition, the match between the two seems reasonably close, particularly when these processes, from the analytic point of view, have evolved sufficiently to assert a solid dominance over auditory and vocal language processes and a secure hold on motoric functions, including eye dominance in focused vision. But earlier in the development of young children—when their hold on "naming things" is not yet secure and they tend to call things by made-up words, or by clangings and sound reversals of accepted words, or by words that are identical to the names of the most cherished body parts—it is assumed that the earlier established modes of primary process are still involved in shaping these cognitive and language processes. That this participation of primary process continues in later language usage is acknowledged in punning, rhyming, and the various forms of trope, to name but a small sector of verbal mentation. The important point here is the

analytic assumption that language functions (and secondary process) have a line of development of their own which overrides and supersedes the earlier and nonverbal modes under prevailing circumstances.

On the other hand, while primary process modes, as ordinarily conceptualized in analysis, seem formally similar to the cognitive modes assigned to the recessive hemisphere, there are apparent discrepancies between them that must be examined. At first glance there would seem to be little similarity between the toddler's pleasure in the repetitious romping up and over mother's body and sliding from her lap and the kinetic pleasures of downhill skiers with their lifts and slaloms. Yet the fantasies and dreams of skiers, verbally expressed, show a symbolic linkage between the two that reflects maturation of the same libidinal and aggressive drives. And as important, the formal modes of kinesthesia, rhythm, and spatial orientation stand forth as essentially the same, except that they too have undergone developmental change and maturation.

It would appear that the apparent discrepancies have to do with the historical fact of Freud's preference for the verbal-aural axis over the enactive modes of hypnosis. His earliest concepts of primary process grew out of predominantly verbal data about the dreams and psychopathology of adults. Thus the dynamic unconscious was presumed to be an aggregate of mode and content laid down in the earliest stages of psychic development, subject to the dominance (repression and its derivatives) of an emerging ego. Hence, both its content and process were perceived as surviving as a sort of living anachronism in continuing conflict with the ego. That the modes of primary process might possess continuing capability for development cannot readily be conceptualized within this viewpoint.⁴

⁴ In a comprehensive and illuminating paper, Horowitz (1972) implicitly breaks through the restrictiveness of this viewpoint. He sets forth in great detail the concept of a developmental process in the modes of representation of thought, in which an increasing elaboration of intertwined primary and secondary process thinking is a central assumption.

An Alternative View of Primary Process

At this point, I should like to develop my contention that these discoveries regarding cerebral hemispheric specialization may provide a challenging, different way of considering the interplay of primary and secondary process thinking in all human behavior. In doing so, I am building upon and expanding the viewpoint of Galin (1974), who I believe is to be credited with first calling our attention to the parallels between the hemispheric modes and those designated in analysis as primary and secondary processes.⁵

If we accept the concept of this division of cerebral hemispheric specialization, we can then assert the proposition that there exists a lifelong developmental capacity for the simultaneous registration and processing in these two different cognitive hemispheric modes of all that happens within and around us. In this proposition we have an alternative to the reductionist view of primary process as only a primitive, archaic, and irrational hangover from the earliest developmental phases of infantile life.

We can continue to view primary process modes as indeed primary in the sense of being chronologically the earliest modes available for the organizing of the child's development. What children register and how they organize their early experience will indeed be, in mode and content, the nonverbal and primitive stuff familiar to us as the primary process, the dynamic unconscious of the repressed, the conflictual and shadowy roots of our behavior and our symbolic capacities, in the formal psychoanalytic sense of Jones and Fliess. We can continue to view secondary process modes as developing a little later and

⁵ Ornstein (1972, 1973) and his contributors, in two wide-ranging and informative books, cover the basic data and concepts of cerebral lateralization and their implications concerning two different kinds of thought. The conceptualizations, however, are expressed in scientific and philosophical forms parallel to but somewhat aside from the psychoanalytic emphasis upon primary and secondary processes.

gradually assuming their relative dominance over the primitive forms of early primary process, while a growing capacity for language and symbolic abstraction gives enormous facilitation to the child's fitting into the familial and cultural ordering of his or her world.

What becomes crucially different, however, is that we can view the primary process capability as continuing to develop and to coexist throughout life alongside the secondary, receiving a similar but not identical set of data from its interior and exterior worlds and processing these data in a different mode that is as open to growth and change within its own dimensions as is that of secondary process. We can think of each cognitive mode unfolding and growing in a hierarchical complexity in terms of both its own development and a concurrent interweaving of the two. I think this is what Noy (1969) had in mind when he wrote:

. . . it seems that there is really no difference between the primary process and any other mental function; the processes remain the same, but their level of organization and performance changes, develops, and improves constantly along with general cognitive development. . . . The basic processes of condensation, displacement and symbolization remain the same all through life, but their level of functioning and performance constantly develops and improves . . . (p. 158).

The ear of the sleeping mother that can understand her infant's sounds among the noises of the night is literally not a far cry from the ear of her infant which can so early distinguish mother's voice and cue the tracking efforts of its focusing vision to find her face. Yet what a different world of experiential learning-to-be lies between the toddler, bouncing and babbling in mimetic absorption as he or she listens to mother's voice or other rhythmic sound, and the mother swaying in her concert seat in enrapt awareness of the mood and architectonics of a Bach fugue.

Some General Observations on Developmental Change in Primary Process

Others, especially Noy, have argued the cogency of distinguishing between form and content in primary and secondary process phenomena. They have asserted that the infantile organization of the repressed concerns the content, not the form, and they repudiate the generalization that, because the content remains frozen in its infantilism, the formal mode must similarly remain frozen and fixed. Noy properly points out the immense differences between the complexities and subtleties of the dream work of adults in contrast to that of children and notes tellingly the inability of very young children to enjoy that modern art whose blatancy of primary process expression has taken some of their elders years to learn to appreciate.

While I am in agreement with Noy about these maturational differences, I find it hard to distinguish so clearly between form and content in assessing the early fate of primary process. It makes much more sense to assume that mode determines content and that the two early on are coterminous. Given the implications of mode coexistence over time, I find it advantageous to assume that the form (as well as the content) by which children register and organize their early development (by whatever mode) will be quite differently perceived by them than it will be in their later years. For example, the infant falling asleep in satiation at the mother's breast would seem likely to have massively different experiential impressions of the power and scope of the oral incorporative mode (if the Isakower phenomenon and Lewin's "oral triad" be valid indicators of form and content in this regard) than would an older sister chewing on her "woolly" or her mother inhaling a cigarette. Or, turning to psychopathology, the phenomena of globus hystericus or anorexia in an adult would indicate that the infantile impressions and ideas helping to shape these states reflect enormously different perceptions of the same incorporative mode

than do those that the adult patient consciously acknowledges in drinking beer or performing some form of oral sex.

Once beyond the uncertainties of the early years there are more clear, but still not unequivocal, data by which to demonstrate the continuing development and interweaving of primary process modes into changing intermixes with the secondary. There is evidence that primary process modes become part of the growing range of available ego functions and need not be relegated only to an earlier and secondary role in behavior as tendencies which the ego must subdue because they are part of the primitive unconscious.

Consider the entire range of skilled motor behavior that is involved in the incredible coordination of motion, three dimensional space, and timing in the ballerina, the tennis player, the skier or the girl on her bike. None can be learned from a book; listening to a teacher may provide cue and concept, possibly incentive. But only the doing, the nonverbal experiential learning facilitated by mimicry and imitation through visual cues from observing the doer, gets the ball on its proper way or the bike in balance. There is much that is true in the Chinese proverb: "I read it and I forgot it; I heard it and I remembered it; I did it and I understood it." It is an equal truism that too much cognitive, self-assessing thinking in any of these activities is disastrous, the pirouette turned into a pratfall.

A homely instance of the evolving level of capacity in primary process capability can be found in children of five or six who are introduced to skiing. They are not too far from mastering their separation anxiety with the reward and thrill of controlled centrifugal movement away from the safety of mother. On skis they fix themselves naturally into a feet-out-front snow plow that seems to express beautifully a re-experienced mixture of trepidation and venture. In this position they can, with their small mass, come safely down almost any hill at satisfying speed. Their pleasure in the mastery is enormous. For quite a while they cannot be interested, no matter the persuasion, in the

sophisticated range of actions the older and heavier skier must utilize to be skillful. The learning of these skills requires the gradual overcoming of natural anxiety about loss of control and falling in order to carry out complex kinesthetic spatial positionings that really amount to controlled falling through space. Children must have repeated experiences of themselves in the safer dimensions of sliding against reassuring opposition before they have a sufficient sense of separation and autonomy, enough trust in the reliability of acquired patterns now internalized and automatic, and enough trust in and wish to emulate others they want to be like, to allow themselves to utilize their imitative capacities to progress to these more complex and less natural maneuvers. Once they master the latter they rarely revert to the earlier snow plow. Adults learning to ski in the older fashion—by first being taught the same snow plow as the basic defensive maneuver—have much more trouble giving it up, for they believe far more of what they have been told, they tend to listen too cognitively to what they must do rather than learning imitatively, and they put far less trust in the fidelity of their more primary mimetic usages.

I do not assert in all this that the acquisition of complex motor skills lies only in the province of primary process or of recessive hemisphere capabilities, but rather that the mode which *must* be dominant in their accomplishment has to reflect more of these capabilities than those attributed to the dominant hemisphere/secondary process—and that it is a mode which shows growth in its range, subtlety, and complexity.

If we look further into the world of natural phenomena for indisputable evidence of a preponderance of primary process modes in commonplace human behavior, I must readily acknowledge the difficulty of the search. Here is a sampling of my own.

It is established lore among wilderness wanderers, known even to the Boy Scouts of my youth, that in order to search out the faintest signs of the trail through woods or upland one must never gaze intently from point to point, but instead allow the

eye to wander and to take in the widened span. To put this in different terms, the path reveals itself to the gestalt or field-figure capacity of peripheral vision, not to the sharp discriminative powers of central vision. Duck hunters, from whom I have learned many things, know that the bird is more quickly picked up from the corner of the eye—peripheral vision is far more sensitive to changes in field-figure configuration.

As a further piece of very soft data there is the matter of *muscae volitantes*. These “floaters” or ocular opacities develop in the vitreous humor of all of us as we age, or they can develop earlier after trauma. I have a small and familiar swarm since a childhood ocular contusion. For years I have noted that I register these in central vision for just what they are: nuisance opacities that drift around and occasionally make a brief blur of what I am attending to. But at times of moderate to high vigilance when I pick them up in my peripheral vision (mainly when they seem to be off to my left, but at times in any aspect of the peripheral visual field, perhaps because I am split-dominant in terms of handedness), I have mistaken them for a bird, a small ground animal, a tennis ball—the form always consonant with the context. I felt quite a kinship one day with an elderly patient of mine, an immensely cerebral, affectless, compulsive, and inert fellow, whom his internist and I had placed on moderate amounts of an antidepressant in a desperate attempt to see if we could find anything that would literally get him out of his armchair. We did not succeed, but thereafter he did note with perplexity that as part of a slightly more alert state he was bothered by a repeated illusion: as he sat reading he was often prompted to reach down to his left to pat his retriever as she wandered up to his side, only to find there was no retriever. He had gradually sorted out that he was misperceiving his floaters, which had for a long time been quite troublesome to him in his reading. On questioning, I found that at no time did he so misidentify the *muscae* when they appeared in his right field. The phenomenon disappeared when the medication was stopped and his slight activation ended. The

primary process phenomenon that I think is discernible in both instances is the tendency to make a meaningful gestalt out of the sensory stimulus of the spot-shadow as it is registered by the recessive hemisphere, whereas in stimulating central vision or the right visual field the spot is perceived in “rational” logical, secondary process terms.

There are two other visual phenomena that are much more ubiquitous and can even be subjected to one’s own deliberate study. The first was brought to our awareness by and named after Gaffron. The “Gaffron phenomenon” has to do with the nature of the experience an observer has when looking at, for example, the face of a friend, or a vase of flowers, or a piece of cake. If the observer deliberately tries to “see” the other side of the bouquet, or the back of the head of the friend (tantamount to relinquishing dominant foveal vision), there occurs a noticeable sense of “taking in” the subject, an incorporative experience that evokes a definite, usually warm, affective concomitant—all of this in distinction to the more usual and casual glance. The second and quite related visual experience is that of deliberately looking with high vigilance and scrutiny at the facial features of a friend or stranger (utilizing central vision with its ocular dominance concomitant). There occurs a noticeable sense of keeping the other at a distance, a flattening or cooling of affect and, in the instance of the friend, transient shifts in clarity of recognition.

Research Data from Other Fields

To press a bit further this crude alignment of peripheral vision with primary process and central vision with secondary process, I should like to touch on just some of the recent literature on visual subception studies (“registration outside of awareness”).

Shevrin (1974) utilized a simple but symbolically loaded picture rebus as the stimulus for a tachistoscopic study of normal subjects in a research project on subliminal input into dreams.

The rebus consisted of outline drawings of a fountain pen pointing diagonally downward toward a human knee. This pen-knee rebus was flashed at subliminal speed to waking subjects, who then associated, and also to subjects prior to their period of laboratory sleep. The latter were then awakened from REM sleep and non-REM sleep in order to tap their associative stream. Shevrin found that the "penny" symbolism of the rebus influenced the word choice of his waking subjects, even those who could see only "pen-knee" when shown the slide at normal perceptual speed. He found further that the "penny" meaning of the rebus showed up clearly in the associations of his subjects when they were awakened from REM sleep, whereas the same subjects had more associations about pens and knees when awakened from non-REM sleep.

Kepecs and Wolman (1972) reported an elaborate subception study of patients undergoing psychotherapy. These patients were exposed to three subliminal stimuli by standard tachistoscopic procedure shortly after they began therapy and again later in the course of therapy. These three stimuli consisted of a close-up, full facial view of the therapist, a white blank, and a similar view of a person unknown to the patient but of the same sex as the therapist. The patients were asked to "draw whatever comes to mind" after each subceptual stimulus and then to associate to what they had drawn. The authors found that their patients did indeed recognize and differentiate between the face of their therapist and that of the neutral other; that they reflected in this differentiation a transference set that appeared early, persisted, and showed up in various elaborations in successive testings.

Central to my interest in these two papers is the strong support they offer for the contention that peripheral vision is closely linked to primary process modes. By peripheral vision I mean seeing that is *not* dominated by foveal function as in reading or intensely focused gaze. I do not mean to imply that central vision plays no part in the perception of subceptual visual stimuli under the usual tachistoscopic procedures. The

stimulus impinges on the usual compass of the visual fields of both eyes. What I do think is crucial is that there is not time to fix on the image with the usual intensity of fully focused vision. Hence, the visual task cannot be pre-empted by the dominant hemisphere. In Shevrin's rebus study, the interplay of gestalt perception, the condensation of both thing-representations and word-representations, and the preference for nonlexical meaning becomes reflected in waking association but particularly in the data from REM sleep. In the Kepecs study, the clear recognition of the facial gestalt of the therapist and the attachment of strong and persisting emotional valences to that image together point to a primary process preponderance in this holistic looking that is forced upon the subject by the nature of the tachistoscopic stimulus. When these data are aligned with observations from lateralization studies which demonstrate that the dominant hemisphere has extremely poor capacities for facial recognition while the recessive excels in this and other gestalt recognition, there seems to be a good argument for the added refinement that the recessive hemisphere, even in the intact brain, has somewhat more to do with peripheral vision and its special capabilities.⁶

There is a steady burgeoning of research data in psychology relating to the question of the preponderance of one hemispheric mode over another in the cognitive styles of different persons and in the carrying out of specific tasks by any one individual. To mention only a sampling, as far back as 1956, Guildford noted and devised psychological tests to sort out those who thought predominantly in a linear and fixed fashion toward a predetermined goal or context ("convergent thinkers" in his terms) and those who meandered, shifted focus and

⁶ Sperry and his co-workers (1969), working with split-brain subjects, found that the disconnected right hemisphere was superior to the left in recognizing faces. Different photographs were projected simultaneously to the left and right visual fields of commissurotomy patients. When the patients were asked to select the faces they had seen from a set of samples, they picked the faces that had been shown to the right hemisphere.

context, and seemed little concerned with linear results ("divergent thinkers"). Since then, his concepts and tests have been applied frequently in clinical psychology to demonstrate the general finding that convergent thinkers tend more toward the hard sciences and pragmatic occupations while the divergent thinkers cluster in the arts and some of the social sciences. For our purposes, it is worth noting that his tests rely heavily upon distinctions familiar to us as those central to the differences between primary and secondary process.⁷

Martindale (1975) has advanced electroencephalographic data to indicate that secondary process thinking occurs generally when cortical arousal is at an intermediate level, whereas primary process thought occurs at low levels of arousal (when the presence of slow alpha waves indicates an idling state) or at high levels of arousal when anxiety or stress have strongly activated cortical function. He and his colleagues have devised psychological tests which they feel measure creativity. They choose to define creativity as the ability to produce novel ideas, such as enumerating the possible uses of a brick. According to Martindale (1975), "The Alternate Uses [Test] is a pure measure of creativity, unrelated to knowledge and intelligence; all one has to do to do well on it is to come up with lots of novel ideas" (p. 45). One could argue whether he is correct in the assertion that this connotes creativity, except in a trivial sense. I suspect he is not. But what is germane to my interest is that the test addresses itself to a mode of thinking that is heavily weighted toward primary process. Those subjects defined by it as highly creative in general showed bilaterally higher levels of cortical arousal in the resting state than "medium" creative people. These latter showed greater arousal in the dominant hemisphere than in the recessive (that is, in them there was more secondary-process think-

⁷ Austin (1971) has extended this finding in a study of dream recall in normal subjects. He reports that persons who tend to specialize in activities requiring "converging" thinking are less likely to recall their dreams than are the "diverging" thinkers.

ing going on even while resting). During the actual taking of the Alternative Uses Test, however, the highly creative people showed less arousal, especially in the right hemisphere, than in their resting state and began to produce more alpha waves. Their less creative fellows, on the other hand, showed increased bilateral cortical arousal. In other words, the creative ones during a "creative" task went into a state resembling reverie or daydreaming—what Martindale describes as "defusing one's powers of concentration"—while the less creative focused their attentive capacities more sharply. Many of the less creative subjects could readily put themselves into such a defused state, with its demonstrable EEG idling phenomenon most evident in the recessive hemisphere, if asked to be "creative," that is, to deal with data in this loose, associative fashion. A similar shift to recessive hemisphere "idling" has been shown by other researchers when the subject listened to music or poetry (*cf.*, McGee and Humphrey, 1973).

An interesting line of inquiry relating to the connection between mode of thinking and lateralization has concerned itself with how individuals tend to glance to right or left during thinking. Much data has been accumulated to indicate that the nature of the thought task can affect the directionality and that some persons characteristically have a direction preference. Kocel, Galin, and Ornstein (1972) have found generally that more eye movements to the right occur when thinking is verbal-analytical (as in performing an arithmetical task) and more to the left if the question requires spatial mentation.

In yet another series of studies, Bakan (1969) and his associates have studied the patterned way in which different people characteristically gaze to the right or left when reflecting upon a question. In general, their findings are that "left movers" are more emotional than "right movers," more internally oriented and more susceptible to hypnosis. Gur and Gur (1975) at Stanford University recently extended this study to demonstrate that left movers tended more to utilize denial and repression and had more psychosomatization phenomena

than right movers, who tended more toward defenses of projection and externalization of aggression.

Primary and Secondary Thinking in the Psychoanalytic Process

When we shift our attention to the phenomena of the psychoanalytic process, we can expect to be struck by the extent to which analysts, most of us in any event, depend heavily upon the form and content of the primary process. We can enjoy the paradox in Freud's old dictum, "Where id was, there ego shall be," knowing that it is only through the freer and more integrated use of "id thinking" on the part of both analyst and patient that the ego can be strengthened. Noy (1977) has written recently about insight as a creative experience. Here he sums it up nicely:

The creative artist . . . never limits himself to goal directed associations that are subordinated to the context. On the contrary, one of the ways in which the artist evades the constricting frame of a context is to use associations alien to that context, thereby forcing a shift in attention from the fixed context and allowing attention to wander freely from one context to another. Psychoanalysis in its basic rule of "free association" is really trying to reach the same objective as that found in the creative arts: to break out of the strict boundaries imposed by logical context, to come into direct contact with the emotions and to facilitate the assimilation of every experience by following all its possible associational links (p. 30).

What happens in both creativity and insight is that thought, which in most ordinary intellectual tasks is dominated by secondary process, shifts in the direction of the organizational mode characterizing the primary process. [The] kind of thought [that results] is neither secondary process dominated as in intellect, nor primary process dominated, as in the dream, but reflects a specific kind of synthesis of both organizational modes . . . (p. 34).

In 1975 T. Sheridan, an existentialist psychologist, did an interesting research study on how psychoanalysts listen. He dealt with two older analysts, one serving in an institute of the American Psychoanalytic Association, the other a senior member of one of the larger unaffiliated institutes in a different city. He chose the former for his being identified primarily as a clinician and an "orthodox" Freudian, the latter for his rich background in psychology, education, and literature. At his request, each analyst saw for an hour a new patient he had never seen before, making an audiotaping of the transactions. The researcher studied the tapes, then interviewed the two analysts separately and repeatedly over a period of several months, these interviews also being audiorecorded and studied by him. The overt focus of the latter sessions was the experience with the patient in the recorded hour, used to evoke much information about the analyst's inner expectations and experiences, his set and predilections, gleaned by discursive dialogue. An equally important focus *not* divulged to the participants was the noting of the ways, the modes, by which they responded to the task in the interview with the researcher.

The researcher came up with rich documentation to the effect that these two analysts, of quite differing backgrounds and interests, had in common, both in dealing with the patient and in dialogue with the researcher, a striking aversion to categorical or objectifying thinking and closure and a readiness to experience strangeness, perplexity, not knowing, even confusion. They shared a conviction that their quest of knowing the patient or exploring a topic could be furthered best by an open and shifting readiness to sense, to feel with the other in the dialogue, to subordinate logical designative "knowing" to that which would derive from trying to "know" with the other. Both placed great emphasis on the aural axis, the greater richness, ambiguity and multidimensionality of what was evoked in them by words than by what they literally saw. Both refused to use stereotyping or generalizing words and made use of clichés only for the purpose of giving them an

unexpected twist or fresh meaning. Both showed an enormous respect for the precision of the right word for the right moment, yet both took great delight in a kind of playful turning and tossing of words to find fresh direction. They seemed comfortable in viewing themselves as filled with ambiguities and shiftings, aware of contradictions and inconsistencies. Both used a mode in which primary process was utilized in the service of highly integrated functioning, in which neither seemed ever to expect clarity or closure in what he was knowing. Both showed a high level of need to be related to another person in a communicative quest important to both. In short, both behaved much as Noy described the artist.

Over years of analyst-watching, I have come to view this capability, the freedom to use primary process, as just that—the free domain which for some is a retained birthright or gift, for some a domain won back by much practice and personal analysis, and for some a world never really to be known. As I have noted elsewhere (McLaughlin, 1961, 1975), I have also come to consider that the analyst's need to find in the patient that complementary other in the shared quest of psychoanalysis is a deep motivational factor based on very early child-mother experiences, a factor that moves the analyst to explore and live in the domain of this primary stuff that is in both of them—as it is with artists hungry for their audience.

Freud (1887-1902) often alluded to this quest in his letters to Fliess, particularly during those years following his father's death when he went deeply into his self-analysis while completing his monumental work on the dream.

July 7, 1897: I know that I am a useless correspondent just now, with no right to any claims to consideration. . . . Something from the deepest depths of my own neurosis has ranged itself against my taking a further step in the understanding of the neuroses, and you have somehow been involved. My inability to write seems to be aimed at hindering our intercourse (Letter No. 66, pp. 211-212).

October 27, 1897: I am living only for "inner" work. It gets hold of me and hauls me through the past in rapid association of ideas. . . . Some sad secrets of life are being traced back to their first roots. . . . I am now experiencing myself all the things that as a third party I have witnessed going on in my patients . . . (Letter No. 72, pp. 225-226).

March 2, 1889: I can clearly distinguish two different intellectual states in myself. In the first I pay very careful attention to everything my patients tell me and have new ideas in the work itself, but outside it cannot think and can do no other work. In the other I draw conclusions, make notes, have interest to spare for other things but am really farther away from things and do not concentrate properly on the work with my patients (Letter No. 106, p. 280).

March 11, 1900: My second iron in the fire is my daily work, the prospect of reaching an end somewhere, solving many doubts, and then knowing what to think of the therapeutic outlook. Prospects seemed most favorable in E.'s case, and it was there that I had the heaviest blow. . . . I could not stand up to the depression of all this. . . . When I am not cheerful and master of myself, every single one of my patients is a tormenting spirit to me. I really thought I should have to give in. . . . In my spare time I take care to avoid thinking. I abandon myself to phantasies, play chess, read English novels. . . . I vegetate harmlessly, carefully diverting my attention from the contents of my daily work. Under this régime I keep cheerful and can deal with my eight victims and tormentors (Letter No. 130, pp. 311-312).

It is this need to find oneself and the other that impels us, as it did Freud, in the seeking into the darkness of the dynamic unconscious. The hope of contact and meaning contributes to the reward and pathos of the quest never ended. But the eventual shaping of our seeking and its outcome are for each of us, as it is for the artist, the culmination of our developed capacity to tape the usages of our primary processes for blending with our more "reasoned" capabilities. In the doing,

we use them in ways near to, yet far from, the primitive experiences of the toddler.

Once again we can hear this in Freud's words, put so graphically and ambiguously over seventy-five years ago.

March 3, 1900: Just when I thought I had the solution it eluded my grasp, and I was confronted with the necessity of turning everything upside down and putting it together again afresh, losing in the process all the hypotheses that until then had seemed plausible. . . . I adopted the expedient of renouncing working by conscious thought, so as to grope my way further into the riddles only by blind touch. Since I started this I have been doing my work, perhaps more skillfully than before, but I do not really know what I am doing (Letter No. 130, pp. 311-312).

SUMMARY

For a long time, the necessary play of primary process thinking in the functioning of artists and psychoanalysts has challenged the traditional view of primary process modes as archaic, fixed, and childlike. The acknowledged richness and complexity of these modes in their intermingling with secondary processes in creative work or in the shifting sets of the analyst between hovering attentiveness and articulated intervention have not been easily encompassed by concepts rooted in equating primary process with the dynamic unconscious. Even "regression in the service of the ego" reflects the inherent strictures of this perspective. In consequence, there has been a growing belief in contemporary psychoanalysis that primary process modes should be conceived alternatively as being open to growth and developmental elaboration into the total range of ego functions along with those of secondary process. This contention finds support in the accumulated evidence of the past twenty years that the two cerebral hemispheres of the human are specialized to perform complementary but different modes of cognition and handling of information, differentiated in ontogenetic development and coexisting throughout life, which may be

formally equated with those analysis ascribes to primary and secondary modes.

Current neurophysiological concepts of the ways in which the two hemispheres are understood to interrelate—utilizing processes of reciprocal inhibition and facilitation, of complementarity and synthesis, to develop over time an increasing complexity of localized and distributive functions whose totality exceeds the sum of the parts—are compatible with psychoanalytic conceptualizations regarding the tensional balance and synthesis between dominant secondary processes and recessive primary processes.

This paper presents data from research in split brain patients, studies of normal subjects, observations of natural behavior, and knowledge of the psychoanalyst at work that seem to offer tentative but promising support for the concept of a reasonable congruence between the hemispheric functions and their interworkings and those attributed to primary and secondary processes and their interrelations. Admittedly, there is the danger of oversimplification and neurologizing of complex psychological processes. Nevertheless, the concept of mode coexistence and coequality can yield a way of looking at primary process in developmental terms, attributing to it a developmental line and growth capability consonant with that already assigned to secondary process; it may be viewed as pre-existent to, then coexistent and commingled with secondary process, with the potential for increasing richness and complexity throughout life. Such a perspective respects the concept of the “dynamic unconscious” as the beginnings of psychic organization laid down principally in terms of primary process mode and content. It is also consonant with the traditional analytic concepts of conflict, repression, defense, and synthesis arising in consequence of further psychic development and the maturing of secondary process capabilities.

REFERENCES

- AUSTIN, M. D. (1971): *Dream Recall and the Bias of Intellectual Ability*. *Nature*, CCXXXI, pp. 59, ff.

- BAKAN, P. (1969): *Hypnotizability, Laterality of Eye-Movements and Functional Brain Asymmetry*. Percept. Motor Skills, XXVIII, pp. 927-932.
- BOGEN, J. E. (1969): *The Other Side of the Brain: I. Dysgraphia and Dyscopia following Cerebral Commissurotomy; II. An Appositional Mind; III. The Corpus Callosum and Creativity*. Bull. Los Angeles Neurol. Soc., XXXIV, pp. 73-105, 135-162, 191-220.
- DOMHOFF, G. W. (1969): *But Why Did They Sit at the King's Right in the First Place?* *Psa. Rev.*, LVI, pp. 586-596.
- FREUD (1887-1902): *The Origins of Psychoanalysis. Letters to Wilhelm Fliess, Drafts and Notes: 1887-1902*. Edited by M. Bonaparte, A. Freud, and E. Kris. New York: Basic Books, Inc., 1954.
- (1895): *Project for a Scientific Psychology*. Standard Edition, I, pp. 295-397.
- (1900): *The Interpretation of Dreams*. Standard Edition, IV/V.
- (1915): *The Unconscious*. Standard Edition, XIV, pp. 166-215.
- GALIN, D. (1974): *Implications for Psychiatry of Left and Right Cerebral Specialization: A Neurophysiological Context for Unconscious Processes*. Arch. Gen. Psychiat., XXXI, pp. 572-583.
- GUILDFORD, J. P. (1956): *The Structure of Intellect*. Psychol. Bull., LIII, pp. 267-292.
- GUR, R. and GUR, R. (1975): *Defense Mechanisms, Psychosomatic Symptomatology and Conjugate Eye Movements*. J. Consulting and Clinical Psychol., XLIII, pp. 416-420.
- HACAEN, H. (1962): *Clinical Symptomology in Right and Left Hemispheric Lesions*. In: *Interhemispheric Relations and Cerebral Dominance*. Edited by V. B. Mountcastle. Baltimore: The Johns Hopkins Press, pp. 215-241.
- HOLT, R. R. (1967): *The Development of the Primary Process: A Structural View*. In: *Motives and Thought. Psychoanalytic Essays in Honor of David Rapaport*. Edited by R. R. Holt. New York: International Universities Press, pp. 345-383.
- HOROWITZ, M. J. (1972): *Modes of Representation of Thought*. J. Amer. Psa. Assn., XX, pp. 793-819.
- KEPECS, J. G. and WOLMAN, R. (1972): *Preconscious Perception of the Transference*. This QUARTERLY, XLI, pp. 172-194.
- KIMURA, D. (1967): *Functional Asymmetry of Brain in Dichotic Listening*. Cortex, III, pp. 163-178.
- KLEIN, G. S. (1959): *Consciousness in Psychoanalytic Theory: Some Implications for Current Research in Perception*. J. Amer. Psa. Assn., VII, pp. 5-34.
- KLIGERMAN, C., Reporter (1972): *Panel on 'Creativity.'* Int. J. Psa., LIII, pp. 21-30.
- KOCEL, K.; GALIN, D.; ORNSTEIN, R. (1972): *Lateral Eye Movements and Cognitive Mode*. Psychonomic Science, XXVII, pp. 223-224.
- KRIS, E. (1952): *Psychoanalytic Explorations in Art*. New York: International Universities Press.
- LEVY, J.; NEBES, R.; SPERRY, R. W. (1971): *Expressive Language in the Surgically Separated Minor Hemisphere*. Cortex, VII, 49-58.
- ; TREVARTHEN, C.; SPERRY, R. W. (1972): *Preception of Bilateral Chimeric Figures following Hemispheric Deconnexion*. Brain, XCV, pp. 61-78.

- MC GEE, H. and HUMPHREY, B. (1973): *Scaled Lateralization of Alpha Activity during Linguistic and Musical Tasks*. *Psychophysiology*, X, pp. 441-443.
- MC LAUGHLIN, J. T. (1961): *The Analyst and the Hippocratic Oath*. *J. Amer. Psa. Assn.*, IX, pp. 106-123.
- (1975): *The Sleepy Analyst: Some Observations on States of Consciousness in the Analyst at Work*. *J. Amer. Psa. Assn.*, XXIII, pp. 363-382.
- MARTINDALE, C. (1975): *What Makes Creative People Different?* *Psychology Today*, IX, July, pp. 44-46.
- MILNER, B. (1956): *Psychological Defects Produced by Temporal Lobe Excision*. In: *Brain and Human Behavior. Proceedings of Society for Research in Nervous and Mental Disease*. Baltimore: Williams & Wilkins, pp. 249-257.
- NOY, P. (1969): *A Revision of the Psychoanalytic Theory of the Primary Process*. *Int. J. Psa.*, L, pp. 155-178.
- (1977): *Insight as a Creative Experience*. Unpublished.
- ORNSTEIN, R. (1972): *The Psychology of Consciousness*. San Francisco: W. H. Freeman & Co.
- (1973): *The Nature of Human Consciousness*. San Francisco: W. H. Freeman & Co.
- SCHWARTZ, G. (1973): *Patterns of Hemispheric Dominance in Musical, Emotional, Verbal and Spatial Tasks*. Paper presented at the meeting of the Society for Psychophysiological Research in New Orleans.
- SHERIDAN, T. (1975): *Doctoral Dissertation*. Unpublished.
- SHERINGTON, C. (1947): *The Integrative Action of the Nervous System*. Cambridge University Press.
- SHEVRIN, H. (1974): *Brain Wave Correlates of Subliminal Stimulation, Unconscious Attention, Primary- and Secondary-Process Thinking, and Repressiveness*. In: *Psychoanalytic Research. Three Approaches to Experimental Study of Subliminal Processes*. (Psychological Issues, Vol. VIII, Monograph 30.) Edited by M. Mayman. New York: International Universities Press, Inc., pp. 56-87.
- SPERRY, R. W.; GAZZANIGA, M.; BOGEN, J. (1969): *Interhemispheric Relationships: The Neocortical Commissures; Syndromes of Hemispheric Disconnection*. In: *Handbook of Clinical Neurology, Vol. IV*. Edited by P. J. Vinken. Amsterdam: North Holland Publ. Co.

121 University Place
Pittsburgh, Pa. 15213

Paradoxical Depression After Heart Surgery: A Form of Survivor Syndrome

Richard S. Blacher

To cite this article: Richard S. Blacher (1978) Paradoxical Depression After Heart Surgery: A Form of Survivor Syndrome, The Psychoanalytic Quarterly, 47:2, 267-283, DOI: [10.1080/21674086.1978.11926840](https://doi.org/10.1080/21674086.1978.11926840)

To link to this article: <https://doi.org/10.1080/21674086.1978.11926840>



Published online: 20 Nov 2017.



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



View related articles [↗](#)



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

PARADOXICAL DEPRESSION AFTER HEART SURGERY: A FORM OF SURVIVOR SYNDROME

BY RICHARD S. BLACHER, M.D.

A study of patients who developed depression immediately after heart surgery is presented. Nineteen of the twenty patients shared a history of having lost a close object who had died as a result of complications following a minor surgical procedure or illness, or had suffered from a disease similar to the one the patient now had, but for which there had been no surgical help at the time. The patients are compared with other survivors and are discussed in terms of both survival and paradoxical reaction. Almost all of the patients showed quick recovery when these issues were pointed out.

When patients awake from anesthesia after a major operation, one can reasonably expect them to experience a sense of relief and even exhilaration. This is especially true when they have consciously expected that their chances for survival were small. There is a certain number of patients, however, who develop a sense of depression rather than elation. This paper will present and discuss such paradoxical reactions as seen on a cardiovascular surgery service.

Freud's unveiling of unconscious mental functioning has allowed us to understand the phenomenon of paradox, yet psychoanalytic writers, for the most part, have not drawn attention to the wide range of paradoxical reactions that occur in clinical practice. The definitions of paradox highlight the close relationship of paradox-solving and psychoanalytic work: 1, a tenet contrary to received opinion; 2a, a statement that is seemingly contradictory or opposed to common sense and yet is perhaps true; 2b, a self-contradictory statement that at first

From the Departments of Psychiatry and Cardiothoracic Surgery, Tufts University School of Medicine, Boston.

Presented at a meeting of the Boston Psychoanalytic Society, March 22, 1978.

seems true (Webster, 1963). We can see that these definitions bear upon the day-to-day problems brought to the analyst. Obviously, the concept of the unconscious has allowed us to understand the "seemingly contradictory" in paradoxical reactions; in clinical work, contradictions and paradox are useful in demonstrating to the patient the presence of unconscious conflict.

The paradoxical situation of psychic upheaval initiated not by loss but rather by a significant gain in prestige, position, or material reward has interested psychoanalysts since Freud's 1916 paper, "Some Character-Types Met With in Psycho-Analytic Work." In that study he described a type of patient who was "wrecked by success." Later, in "A Disturbance of Memory on the Acropolis" (1936), he referred to a similar theme of emotional distress resulting from an oedipal victory. Variations on this theme are seen in any practice and range from transient guilt over having more love or material possessions than a sibling to severe cases of "survivor guilt."

Feldman's (1956) paper, "Crying at the Happy Ending," described just such a paradoxical situation. He traced the tears that some people shed over "happy endings" to earlier experiences of sadness or guilt which have been re-evoked by the joyful event and to a realization that happiness can only be temporary. Postpartum depression may also be looked upon as a paradoxical syndrome: rather than joy upon delivery of a child, there is depression. Only a study of the underlying dynamics can reveal the array of unconscious factors that leads to the manifest clinical picture.

In the analytic situation, one may see cases of negative therapeutic reaction in which correct interpretations lead to depression and anxiety rather than relief. Freud (1923, pp. 49-50) wrote about certain patients whose sense of guilt and need for punishment impede their progress in analysis; in recent years, this has been further studied by Modell (1965) and Asch (1976), among others. What all of these examples illustrate, of course, is that paradoxical reactions, in reality, are not paradoxical at

all. Rather, they have a clear meaning which can be understood.

The study reported here presents another type of paradoxical reaction seen in a specific setting, the reaction which occurs in the period immediately after major surgery. Over the past five years, I have observed a number of patients who have been so severely depressed following heart surgery that the diagnosis of clinical depression had been suggested by the attending surgeons and nurses. The depressions of these patients, which occurred within a few days of surgery, did not at all resemble the mild transient depressive features seen frequently in such postoperative situations. While these patients were not psychotic, their symptoms clearly interfered with their medical management and impaired their recovery by making them unable to cooperate with the medical regimen.

There were twenty patients in the group that I observed, twelve men and eight women. Eleven had had coronary artery surgery, eight of the men and three of the women. Five women and two men had heart valve replacements. One man had a femoral artery bypass.

A striking characteristic of nineteen of the twenty patients studied was a history of having lost an important object in one of two ways: either from complications following a relatively minor surgical procedure or illness, or from a disease similar to the one the patient now had, but for which there had been no surgical help at the time. Two of the patients suffered significant depressive episodes prior to the surgery. One was a man who suffered from a mild chronic depression and difficulty in dealing with anger, long antedating the procedure. He was the only one who had not suffered the losses mentioned above. The other had reacted to his prior loss with depression, which had been rekindled by the surgery. Thus, this constellation was involved in almost every case of acute, rapid-onset depression that I saw. Patients who developed depressions at a later stage showed different dynamics.

The data were gathered at the bedside in interviews which, in general, were open-ended. When the pattern began to

emerge, an attempt was made to elicit specific information about object loss. After the initial interview, several follow-up visits were conducted until the patient was discharged from the hospital.

CASE I

A fifty-year-old man was noted to be deeply depressed following coronary artery bypass surgery, a procedure undertaken to restore blood flow to his heart after severe angina pectoris had resulted from major occlusion of several coronary vessels. Following the operation, the patient was told that the surgery had been successful.

When interviewed, he spoke of how he had not expected to live through surgery. He then talked spontaneously and with great sadness of the death of his father from a heart attack twenty-five years before. The father had told no one of his chronic chest pains until his terminal episode at the age of sixty. On going to the hospital, he revealed to his son, the patient, how he had hidden his attacks from everyone and had continued his busy schedule as head of a real estate agency. The patient, an outwardly compliant man, had gone to work for his domineering father and had been able to maintain a good working relationship only by swallowing his resentment over never having been treated as an adult colleague. His father insisted on making every decision and gave his son practically no opportunity to function independently. When the father died, the patient inherited the successful business and proceeded to enlarge its scope. As a result of his own ability, he made it even more successful. At the time of his father's death, he had mourned, apparently appropriately, and had not been depressed. At no time in his life had he felt the way he felt at the present.

When *he* had begun to develop vascular difficulties, he had sought medical help at once. He had undergone a major operation to repair a carotid artery blockage a month before his cur-

rent surgery, and his course following that operation had been smooth, both physically and psychologically.

When it was pointed out by the interviewer that his depression was paradoxical, since one might expect him to be relieved and joyful that he had survived, he responded plaintively, "They didn't have these operations twenty-five years ago, did they?" He seemed relieved to hear that this was indeed true, and he accepted the statement that it was natural for him to compare his good fortune with the unfortunate outcome suffered by his father. Two days following the interview he was completely free of symptoms.

CASE II

A fifty-year-old chemist was uncooperative with his nursing care following coronary bypass surgery. The nurses, however, recognized a profound sense of depression, despite his manifest complaining about their inefficiency. He was eager to see the psychiatrist and began to talk about his fear of dying of pneumonia, although he was asymptomatic. He quickly revealed the origin of this fear in talking of his family. He was the third of four sons whose father had died in a flu epidemic when the patient was two years old. The mother died of pneumonia when he was seven, and the boys were separated and sent to live with various relatives. The brothers all managed to keep in touch but never felt close.

Upon graduation from high school, he joined the Army and became an officer in the war. Despite his never feeling close to people, he experienced a sense of loss when comrades were killed. After his military career he went to college and received an advanced degree in chemistry. He quit his academic career because he felt he was becoming a professional student like his oldest brother, and he made a conscious effort not to be like him. He married while in school but for several years his wife did not conceive, and so they adopted a boy and a girl. Finally, after fifteen years, they did have a child of their own. He viewed

himself as a devoted father who would not leave the children for even a weekend.

All three brothers were now dead. The youngest had died of a heart attack thirteen years before; the oldest had suffered a similar fate eight years ago. One month before the patient's surgery, the second brother had died of cancer of the stomach. Following these deaths the patient had been sad, but he had not suffered a sense of severe loss.

In his work as an executive, he presented himself as a tyrant, although inside he felt a strong sense of compassion for those beneath him. He was aware of a need to avoid being vulnerable because of his sensitive feelings.

When surgery was recommended for disabling angina pectoris, he eagerly agreed, not revealing to the doctors that he never thought he would live through the operation. When I suggested that his sadness now was paradoxical since he *had* lived, he revealed how terribly depressed he felt. He really did not want to live, but on the other hand, if he died he would be deserting his children and wife (as he himself had been deserted). He discussed his sense of guilt over surviving everyone in his family, touching only peripherally on his ambivalence toward his brothers, all of whom, he felt, had fared better than he when the family broke up. His deep longing for a restoration of the nuclear family was unspoken but played out in his current life. His irascible behavior with the nurses was compatible with the concept that this depression was built upon an infantile neurosis resulting from a probable depression at seven when his mother had deserted him by dying of pneumonia, and his subsequent rage at her as introjected object. Clinically, he could be described as an obsessive character, falling into the normal range. Never before had he experienced a manifest depression.

Following the initial interview there was a marked improvement in affect and in his relations with the nursing staff. He continued to improve throughout his hospital stay.

CASE III

A forty-three-year-old married woman was noted to be severely depressed after a mitral valve replacement. She had avoided surgery for over a year because she felt she would die during the operation. She was amazed to be alive when she awoke. Her history revealed that ten years before, her sister, two years her junior, had died during a pituitary tumor operation. The patient had blamed herself because she had not somehow arranged to employ the best neurosurgeon despite her own poor finances, but had allowed her sister to go to a clinic. This concern about her finances led to early memories of her humiliation at the family's being on welfare.

Her family had told her the story of an event that she did not remember. When she was quite young, a brother was born, but he died a week later because a nurse had left him in a draft after a bath and he had developed pneumonia. This suggested that the later guilt over the sister's death was a reliving of an earlier event. In feeling guilt over not providing money for her sister, she was, in effect, turning upon herself the resentment she felt toward her parents for not providing money for the family. Her ambivalence toward her parents emerged when they visited and she had to present herself to them as being in fine condition, although she was suffering considerable postoperative pain: she could not let them know, lest it hurt *them*. She also revealed a nightmare she had had immediately after the operation: "I find my mother lying prone in a puddle. My husband and I pick my mother up and find that she is gurgling." Actually, *she* was gurgling as she woke up in the intensive care unit. The identification with her mother seems clear here, as well as the accusation that her mother did not protect her from pain and humiliation and had not protected her sister and her baby brother from death (and from the patient's own death wishes).

Brief treatment focused on the death of the sister and the emergence of the theme, "What right do I have to live, just

because I can afford an operation, while others die?" The ambivalence was dealt with in terms of the sister rather than the parents. Despite her not dealing with the deeper issues, her depression lifted and she felt better than she had felt since her sister's death.

One aspect of this case (and of other cases in which a sibling or a parent has died following noncardiac surgery) is the idea that the other had died following relatively minor surgery compared to that which the patient has survived, since heart surgery is felt to be more dangerous than any other operation (Blacher, 1972). Siblings who die during an appendectomy or from what may only seem to be a minor illness, such as diabetes, could be considered by survivors as having succumbed to a relatively nondangerous condition.

In recent years, Niederland (1968) has called attention to a common condition seen in concentration camp survivors. These victims of a dehumanizing persecution suffer a "chronic state of anxious, bland depression," which he has labelled "survivor syndrome." Niederland has focused on the underlying dynamics of regression to archaic oral-incorporative levels, with rage at the frustration of oral needs and guilt following from this. In the symposium on *Psychic Traumatization through Social Catastrophe*, at the twenty-fifth International Psycho-Analytical Congress, de Wind (1968) discussed the horror of constant confrontation with death and the adaptations concentration camp victims were called upon to make if they were to survive. Jaffe (1968) described several cases in which dissociative phenomena were clearly related to traumatic events, with the survival of the patient directly connected with the death of someone else—in one case a younger sister, in another, a father-figure. In Jaffe's study, the theme of "they died and I lived" was prominent as a source of guilt, although it was not the only factor. This seems implied, though not spelled out, in de Wind's work as well.

Sonnenberg (1972) described what he called "a special form of survivor syndrome" in the case of a woman who gave per-

mission for her husband to have a cardiac transplantation and went into an unremitting anxious depression when he died. Before he died, she had enjoyed her role as caretaker of her invalid husband, but this pleasure had caused some guilt. Sonnenberg's patient differs from the concentration camp victims in that the survivor had not been traumatized by an experience similar to that undergone by the one who had died. Her husband had had an operation; she had not.

The cases I have presented illustrate another form of what can be called survivor guilt. It is unlike that of the concentration camp victims, yet it has certain similarities. Certainly the regression is not as great: oedipal and sibling rivalry issues seem to predominate in these cases. Unlike the victims of persecution, these subjects show short-lived, easily resolved symptoms. While there was no follow-up, none of the patients needed psychiatric hospitalization, and all could be comfortably discharged. Two whose clinical recovery was not satisfactory were urged to accept psychiatric care, but only one did so.

Both the concentration camp survivors and the postoperative patients I studied dealt with issues of death, and both survived, one group in a terrifying, chronically malignant setting, the other in a terrifying but short-lived situation in which the environment was designed to help and rescue rather than to persecute. Both felt guilty (clearly in Jaffe's study of persecution, less evidently in the other series), and this in part has to do with the "quantitative view" of death. This view, shared by many in our society, holds that there is only a certain number of deaths, and thus if one person dies, another can be spared. This was seen, for example, in certain war neuroses that developed in soldiers whose comrade had been killed in a foxhole. The surviving soldier would become depressed, and an exploration would reveal the theme of "if someone had to die, I'm glad it was he and not I." This was followed by guilt because it was tantamount to feeling, "I'm glad *he* died."

In the close relationship between soldiers in a life-endangering environment, old, intense familial ties may be revived, and

buddies become like siblings. The death of one's buddy reawakens the earlier death wish toward the ambivalently-viewed love object, and guilt results. But the wish can be consciously transformed into the more acceptable one of wishing only for a choice. "I wish he would die" becomes "if one of us *had* to die, better he than I." Thus fate, rather than the wish, becomes the lethal agent. This mechanism can be seen in the surgical patient as well, in relation to earlier ambivalently loved and hated objects. The death wishes that were felt to culminate in death for parent or sibling are now revived in the situation of danger to the patient's own life, and the choice of who lives and who dies is renewed. In both situations, despite the conscious displacement of the wish, the unconscious wish dominates, and guilt and depression result.

A striking difference between the survivors of surgery and those who survived concentration camps, of course, is that in the surgical patients the guilt is in response only to old ambivalent wishes rather than to the wishes *and* the deeds for which the concentration camp survivor suffers remorse. It would seem that, along with the chronicity of the concentration camp trauma, the reality of this difference can explain the relatively mild degree of guilt in the surgery group and their subsequent relief of symptoms, as compared to the unremitting symptomatology of the persecutees. In addition, the acute suffering undergone in surgery may tend to alleviate some of the guilt, although this mechanism obviously does not function as well for the concentration camp victims.

The concept of survivor guilt might best be looked upon as a broad spectrum of reactions to matters of life and death, ranging from survival in chronic, dangerous situations, such as concentration camps, to living through a critical surgical procedure. The common denominator, of course, is survival. The underlying dynamics may be quite varied, with development and resolution depending upon the predominant genital or pregenital factors. The trauma in all these cases is manifestly the survival at someone else's expense, but the trauma may either

be a "shock trauma" (Kris, 1956), as in the surgical cases, or a "strain trauma," as in the persecutees. The latent factors involve the predominance of conflict in oedipal-sibling rivalry issues, as in the surgical cases, or the prominence of regression to archaic oral rage in the persecution victims. Clearly, in all these cases there is a range of regression, but the predominance of less regressive factors may account for the easy resolution of the postsurgical depression.

Significant clinical differences occur in the spectrum of survivor syndromes. Niederland describes a long asymptomatic period seen frequently before the onset of depression in concentration camp victims. The surgical patients showed no delay, although there may well be such reactions which have not been brought to my attention. The surgical cases are acute, short-lived, and easily treatable, compared to the chronic, intractable symptoms that Niederland (1968) discusses. He describes guilt as emerging "clinically as a form of unresolved grief and mourning. Behind the self-reproaches were found repressed rage and resentment against the lost parents for failing to protect the patients from the persecution" (p. 314). While this is apparent in some surgical patients (e.g., Cases II and III), in others it does not emerge, and guilt over "I live, and the other dies" predominates. That there must be an ambivalence toward the lost object is clear. Reaction formations are frequent. "I never argued with my father" and "My brother and I never fought even when we were kids" were common expressions. None of the patients in this group were in analysis or in long-term treatment of any kind, and it would be no surprise if other material emerged under those circumstances. However, only two patients required continued treatment and only one accepted it—in a distant city.

The material was elicited in analytically oriented interviews, but I make no claim for anything other than relatively meager data. Despite this limitation, there is a consistency of history from patient to patient and a consistency with previous analytic observations. In addition, the patients' responses to the psychi-

atric intervention seem to support the hypothesis of the role of survival in the symptomatology. When the interviewer noted the paradoxical aspect of the depression and suggested that the patient understandably could not help but think of the plight of the dead relatives, the usual response was a fleeting smile, a nod, or a statement such as, "I know what you mean!" These responses appeared to confirm the pertinence of the interviewer's remarks.

That issues concerning dying emerge after cardiac surgery is not surprising. The awesome magnitude of heart operations in the fantasy life of the patient always makes such surgery a matter of life and death (Blacher, 1972). Moreover, the genetic background of patients with coronary disease creates additional concern over problems of survival, since such patients so often have a history of loss of family members through heart disease. But postoperative depressions with survival as a background are not limited to cardiac patients. One sees such reactions after other major surgery. Transplantation procedures involving heart and kidneys create similar problems: the heart transplant patient can receive a new heart only from a cadaver; the kidney patient receives an organ either from a cadaver or from a close relative whose well-being is endangered as a result of the organ gift. Basch (1973) described a patient who was waiting for another patient to die so that he might obtain the dying man's kidney. The patient spent the entire night before the operation praying that the man might live.

As mentioned before, related to the concept of survivor guilt are those cases in which the problem involves not the actual living and dying, but the conquering of the object, as in Freud's (1916) description of "those wrecked by success" and in his "Acropolis" paper (1936). In addition, anniversary reactions, marked by the onset of physical or psychological illness on or near the date of an illness or the death of a close object, may also be related (Engel, 1975), as may the plight of the successful person whose sibling is an overt failure.

An example of this may be seen in the case of a twenty-five-

year-old woman who entered analysis because of recurrent depression. She had always been the successful twin and her sister a chronic failure in school and work. The patient was an ambitious student whose academic successes were the source of both family pride and discomfort for the parents, who tried to minimize them lest the unsuccessful sister suffer too much. The patient worried unduly about the welfare of this sister. When the sister failed in school, she would be casual; the patient would suffer. When the patient was named valedictorian in high school, she suffered her first clinical depression. Because of her ambition and ability she continued to acquire academic honors and suffered a severe depression at each major accomplishment. Analysis revealed her archaic rage and the attempt to deal with death wishes directed toward her twin and her parents, by means of reaction formation, introjection, and turning upon the self. The depressive episodes were especially intense when her successes were matched with an episode of failure on the part of the sister. At these times one might say that her being wrecked by success was exacerbated by an element of survivor guilt; not only was her success a triumph over her twin, but the twin suffered a reversal in real life, felt as a result of the patient's competitive rage.

The surgical patients in this study had almost all functioned fairly well before their operations. One man had suffered before from mild chronic depression. Another man who required further treatment had become depressed and alcoholic after his father's death from heart disease. His father had been overidealized—"I could never live up to him"—and was a man for whom the patient could recall only the most positive feelings. The other patients had mourned their lost love objects despite obvious ambivalence toward them, but had never before suffered a clinical depression. The precipitating event was an operation which a number openly stated they had not expected to survive. While there were obvious characterological seeds of a depressive reaction in all, this was the first such episode for any

of them. Only four had suffered the loss of a parent in childhood, one at two, one at four, one at fourteen and the patient in Case II, who had lost both parents by the time he was seven. Three patients experienced the loss of a sibling before they were ten, including the patient in Case III. The histories of the patients were, to a large degree, filled with the loss of parents (certainly not unusual in this age group) and siblings. Often the parents and siblings had died of heart disease, the very condition the patients had survived.

It was not the history of loss that was striking, but rather the current importance of those losses. Surviving the dangerous ordeal brought the old loss into the present and highlighted the competitive situation. Following the surgery there was a pre-occupation with the dead parents and siblings, and these thoughts dominated the patients' mental lives.

There remains the question of why these patients responded so dramatically to such a brief psychotherapeutic intervention. Marked improvement, sometimes of a temporary nature, can be seen with various modalities. The use of hypnosis to remove hysterical blindness and paralysis is an old form of treatment. Acute war neuroses have been often relieved in a single, stormy, abreactive session. The cure of catatonia by head trepanning in the African bush has been observed (Basch, 1972). Freud described the relief of a neurosis in a young peasant woman in the mountains. Treatment took place after lunch in a rude alpine refuge when the waitress approached him for help. Here, too, in the case of Katherina (Breuer and Freud, 1893-1895, pp. 125-134), there was no follow-up. In recent years, Alexander and French (1946), Sifneos (1972), and Michael Balint (with Enid Balint and Paul Ornstein, 1971) have developed short term therapies based on psychoanalytic concepts. Balint's group called its treatment "focal therapy," because an attempt was made to focus on the prime conflict situation. One might call the therapeutic maneuvers that the liaison psychiatrist is called upon to make in his daily work, "mono-focal therapy," since his focus may be even narrower.

But why did the patients in this study improve so rapidly? Of course we cannot know without more data resulting from follow-up and intensive study. One hypothesis to be entertained would be that the interviewer, by showing how the patient's reaction is paradoxical, supports the ego against the punishing superego. His question about the paradox may be interpreted by the patient as meaning "you *should* be happy and enjoying your victory." Since the victory does not in fact involve harm to the objects, the patient can accept this support rather than recoil in horror, as might occur if the therapist were to support an unacceptable impulse. Such a response requires a relatively sound ego and a superego able to yield a bit to that of the therapist's. The fact that the situation is acute may also be of help. There is, as it were, a fluid situation capable of being changed before a hardening of the defenses has occurred. The situation is somewhat analogous to war neuroses where early treatment seems to prevent chronicity.

An obvious objection to the conclusions drawn from this study is that the cardiac surgery population is characterized by a family history of heart disease, and yet not all cardiac patients develop postoperative depression. A sample of such patients is currently under investigation.¹ Another fault is the lack of follow-up. Although all the patients left the hospital without major psychological symptoms, it would be useful to know if this state continued over a period of time, and this too is being investigated.

SUMMARY

Following successful heart surgery, some patients develop depression. Since these patients had not expected to survive the

¹ While I cannot yet clearly define the difference, it is my impression that those survivors who do not become depressed are people who feel strongly that the deceased were much to blame for their own outcomes: "He refused to see a doctor"; "He wouldn't come in for surgery even though the doctors and I kept urging him"; "It was his own fault, drinking and smoking like that." In addition, a number of these patients show a high degree of denial in the handling of their own illnesses.

operation, their reactions are seen as paradoxical and related to the responses seen under other circumstances in which patients react to success with depression. In almost all the case histories of these surgical patients, one finds the loss of a sibling from some relatively minor condition or the loss of love objects from heart disease. There is a preoccupation with the fact that the object or objects died without surgical help, while the patient was able to live. Thus the factor of survival becomes a prominent issue, and the cases are classified as a form of survivor syndrome.

Discussing this problem of guilt over survival with the patient almost invariably results in a rapid remission of symptoms. This can be compared with the difficulty involved in treating survivors of concentration camp persecution. The fact that the heart surgery patients are dealing with problems of oedipal and sibling rivalry, rather than with preoedipal factors, seems to be one reason for the rapid improvement. This narrow focus on one issue has been termed "mono-focal" therapy and is seen as a modality that is frequently used by the psychiatrist working with medical and surgical patients.

REFERENCES

- ALEXANDER, F. and FRENCH, T. M. (1946): *Psychoanalytic Therapy. Principles and Application*. New York: The Ronald Press.
- ASCH, S. S. (1976): *Varieties of Negative Therapeutic Reaction and Problems of Technique*. J. Amer. Ps. Assn., XXIV, pp. 383-407.
- BALINT, M.; ORNSTEIN, P. H.; BALINT, E. (1972): *Focal Psychotherapy*. Philadelphia: J. B. Lippincott Co.
- BASCH, S. H. (1972): Personal Communication.
- (1973): *The Intrapsychic Integration of a New Organ. A Clinical Study of Kidney Transplantation*. This QUARTERLY, XLII, pp. 364-384.
- BLACHER, R. S. (1972): *The Hidden Psychosis of Open-Heart Surgery. With a Note on the Sense of Awe*. J. Amer. Med. Assn., CCXXII, pp. 305-308.
- BREUER, J. and FREUD (1893-1895): *Studies on Hysteria*. Standard Edition, II.
- ENGEL, G. L. (1975): *The Death of a Twin: Mourning and Anniversary Reactions*. Int. J. Ps., LVI, pp. 23-40.
- FELDMAN, S. S. (1956): *Crying at the Happy Ending*. J. Amer. Ps. Assn., IV, pp. 477-485.
- FREUD (1916): *Some Character-Types Met with in Psycho-Analytic Work*. Standard Edition, XIV, pp. 311-333.

- (1923): *The Ego and the Id*. Standard Edition, XIX, pp. 12-66.
- (1925): *Inhibitions, Symptoms and Anxiety*. Standard Edition, XX, pp. 87-172.
- (1936): *A Disturbance of Memory on the Acropolis*. Standard Edition, XXII, pp. 239-248.
- JAFFE, R. (1968): *Dissociative Phenomena in Former Concentration Camp Inmates*. Int. J. Psa., XLIX, pp. 310-312.
- KRIS, E. (1956): The Recovery of Childhood Memories in Psychoanalysis. In: *The Psychoanalytic Study of the Child, Vol. XI*. New York: International Universities Press, Inc., pp. 54-88.
- MODELL, A. H. (1965): *On Having the Right to a Life: An Aspect of the Superego's Development*. Int. J. Psa., XLVI, pp. 323-331.
- NIEDERLAND, W. G. (1968): *Clinical Observations on the "Survivor Syndrome."* Int. J. Psa., XLIX, pp. 313-315.
- SIFNEOS, P. E. (1972): *Short-Term Psychotherapy and Emotional Crisis*. Cambridge: Harvard University Press.
- SONNENBERG, S. M. (1972): *A Special Form of Survivor Syndrome*. This QUARTERLY, XLI, pp. 58-62.
- Webster's Seventh New Collegiate Dictionary* (1963): Springfield, Mass.: G & C Merriam Co.
- WIND, E. DE (1968): *The Confrontation with Death*. Int. J. Psa., XLIX, pp. 302-305.

New England Medical Center Hospital
171 Harrison Avenue
Boston, Mass. 02111

A Story from Childhood that Evoked a Memory

Austin Silber

To cite this article: Austin Silber (1978) A Story from Childhood that Evoked a Memory, The Psychoanalytic Quarterly, 47:2, 284-288, DOI: [10.1080/21674086.1978.11926841](https://doi.org/10.1080/21674086.1978.11926841)

To link to this article: <https://doi.org/10.1080/21674086.1978.11926841>



Published online: 20 Nov 2017.



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



View related articles [↗](#)

A STORY FROM CHILDHOOD THAT EVOKED A MEMORY

BY AUSTIN SILBER, M.D.

This brief clinical note illustrates the technical advantage of treating a patient's recall of a passage from a novel, read in his youth, as though it were a dream. It also demonstrates the congruence between this remembered excerpt and an unconscious memory.

A patient, several years into an analysis, recalled a story that had made a vivid impression upon him. He had read it at the age of nine. It was a scene from Mark Twain's *A Connecticut Yankee at King Arthur's Court*. Twain's novel is about a man who goes back into the past and brings about changes, much as the patient was trying to do in his analysis. The episode he had kept in his mind was cruel and bloody, but the feelings that the nine year old had had while reading it had been sexual excitement and pleasure.

The scene, as he described it, took place in a throne room. A young page carrying a goblet of wine on a serving tray inadvertently brushed against Morgan Le Fay, a sorceress who was dressed in a black silken gown; a drop of wine spilled on her. Without a word, she pulled out a dirk and plunged it between his ribs. As the young page fell to the floor, blood spurted from his wound and his body gave a few spasmodic jerks and then was still. An old man hovered in the background. Morgan then gave orders for the page to be dragged out and for the blood to be wiped up from the floor with towels; it was removed to the last drop. The patient responded to his telling the story with, again, excitement and pleasure. In contrast, the analyst reacted with mild anxiety.

The patient's account differed somewhat from what Clemens (1889) had written. He introduced Morgan Le Fay, a sister of King Arthur and a queen in her own right, as evil incarnate: "All her ways were wicked, her instincts devilish . . . and

among her crimes murder was common" (p. 132). He described her as old, but looking young and beautiful. There was no description given of how she was clothed; there was no "black silken gown" although she was said to have had "black thoughts" and her skin was characterized as "satin." In contrast, the page's clothes were mentioned:

. . . presently a handsome young page, clothed like the rainbow . . . came with something on a golden salver, and kneeling to present it to her, overdid his graces and lost his balance and so fell lightly against her knee. She slipped a dirk into him in as matter-of-course a way as another person would have *harpooned* a rat! . . . he slumped to the floor, twisted his *silken* limbs in one great straining contortion of pain, and was dead (p. 133, italics added).

The old man in the background was Morgan's husband: "Out of the old king was wrung an involuntary 'O-h!' of compassion" (p. 133). There was no goblet, no wine, and nothing was spilled. The page's limbs, and not the queen's dress, were called "silken." The "one great straining contortion of pain" the patient had multiplied into "a few spasmodic jerks." The towels were present, and Mark Twain's description could evoke in a child the image of the mother as the one in charge of disposing of dirt and cleaning up:

I saw that she was a good housekeeper, for while she talked she kept a corner of her eye on the servants to see that they made no balks in handling the body and getting it out; when they came with fresh clean towels she sent back for the other kind; and when they had finished wiping the floor and were going, she indicated a crimson fleck the size of a tear which their duller eyes had overlooked (p. 133).

The patient proceeded to analyze the story in a fashion similar to the analysis of a dream. The excerpt from the novel proved to be congruent with a previously repressed memory from childhood and a number of unconscious fantasies that were linked with that memory. The recall of the scene from the novel

initially served to screen out the memory. Treating it as a dream permitted us to link the details in the novel with those in the memory, which contributed to the undoing of the repression.

What emerged in the analysis was the following memory. At age four he was being given an enema by his mother. On this occasion she had him lie over her thighs as she sat on the toilet seat and inserted the enema bone into his anus. Clothes in the memory were most important. The mother was wearing a "silky" slip which was pulled over her thighs, exposing silk stockings held up by fasteners on her garter belt. The patient vividly recalled the sensations in his penis pressed against her silk stockings. (He was not capable of "spilling any drops" at that time, but after puberty stockings took on a fetishistic significance for him and excitement about them did evoke ejaculation after "a few spasmodic jerks.") As the mother inserted the enema bone, it—for some reason—became detached from the enema tube and was swept up into his rectum. It became lost; the mother tried to retrieve it, but failed and finally she called a local physician, who located and removed the errant bone.

One of the patient's first comments after recalling the Mark Twain story was the negation: "Morgana [*sic*] is not my mother." Twain gave the sorceress Morgan a masculine sounding name, which also featured the French masculine article "*le*." The patient's addition of the suffix "-a" to change the name to Morgana both feminized and added an appendage to her name. This revealed his conflict and confusion about the concept of the mother equipped with a phallus—a witch wielding a dirk or an enema bone. The patient's irascible and sometimes frightening mother had been given to voluble cursing of various relatives and friends in a language he did not understand. It had been easy for him to visualize her as a sorceress.

In association to the wine in the goblet in his version, he recalled that his mother had told him that he was born with a "spoiled" penis. This was because after he had been circumcized,

his penis continued to bleed. It had to be wrapped in gauze and pressure needed to be applied to stop the bleeding. The bringing of the wine into the Morgan story could allude to the ceremonial wine of circumcision as well as to blood and to castration anxiety. In adolescence the patient had masturbated with toilet paper wrapped around his penis (a derivative of gauze and pressure); the excitement was sadomasochistic and the activity involved an attempt to reassure himself against castration fear.

The throne room setting in the story represented the bathroom of childhood in which the many enemas were administered. The old man hovering in the background stood both for his absent father (who had hardly ventured even an "o-h" of protest to his mother's bizarre activities in relation to the child and who he wished had been present when he was terrified by the lost enema bone) and for the doctor who finally did rescue him. The obvious connection between the dirk slipped between the ribs, and the anal insertion of the enema is symbolically expressed in Clemens's analogy to "harpoon[ing] a rat" (see, Shengold, 1967).

After the story and the memory emerged in the analysis, the patient began to act out related fantasies derived from reading pornographic books. He would go to a prostitute and have her treat him as a "love slave." This meant being ordered around and finally being "forced" to bend over and submit to having a finger or a dildo inserted into his anus. The intense sexual excitement involved was a continuation of what the patient felt at age nine while reading the story, which had re-emerged when he first told about it in the analysis. This continued at a pitch that led to the acting out of perverse fantasies. What the excitement screened was the fear of castration, and it covered up the humiliation and rage he had experienced at being the helpless victim of his overpowering mother in his early childhood. It was ultimately learned that it was murder (directly as a vicissitude of rage, as well as symbolic of castration) that had had to be defended against by evocation of pleasure and excitement.

REFERENCES

- CLEMENS, S. (MARK TWAIN) (1889): *A Connecticut Yankee in King Arthur's Court*.
New York: Harper, 1917.
- SHENGOLD, L. (1967): *The Effects of Overstimulation: Rat People*. Int. J. Psa.,
XLVIII, pp. 403-415.

245 East 87th Street
New York, N.Y. 10028

Therese Benedek, M.D. 1892–1977

Joan Fleming

To cite this article: Joan Fleming (1978) Therese Benedek, M.D. 1892–1977, The Psychoanalytic Quarterly, 47:2, 289-292, DOI: [10.1080/21674086.1978.11926842](https://doi.org/10.1080/21674086.1978.11926842)

To link to this article: <https://doi.org/10.1080/21674086.1978.11926842>



Published online: 20 Nov 2017.



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

THERESE BENEDEK, M.D.

1892-1977

On October 27, 1977, death came to Therese Benedek after a short illness. On November 8, she would have been eighty-five years old. With her passing, psychoanalysis has lost another of its creative pioneers, and all of us whose personal life she touched have lost a great teacher and a loving friend.

Her long creative life began in 1892 in Hungary. While still in the *Gymnasium*, she became interested in the new ideas coming out of Vienna about dreams and hysterical symptoms. The group of girls to which she belonged in 1910 "wanted to learn about things not taught in school" and so invited Eugene Harnik to speak to them. His lecture and her innate curiosity about life determined her choice of medicine as a career. The same curiosity led her to attend Ferenczi's lectures at the University of Budapest, from which she was graduated in 1916. In 1918 after the war and before moving to Leipzig with her husband, Tibor, she had a five-month analysis with Ferenczi. As short as it was, the experience "carried with it the conviction of knowing something that was unknown and unknowable before." In those days, a short experience on the couch was all the training that was available toward becoming an analyst. But from 1920 to 1923, she was able to continue her analytic education at the newly established Berlin Institute, taking seminars and supervision with Abraham and Eitingon.

Deeply intuitive and empathic, Therese was always available to her students and her patients. She followed the lead of her own analyst who recommended "elasticity in technique." One might consider Therese's technique parametric in its temporary deviation from the orthodox line. Nevertheless, it met her patients' needs and always kept in focus the goals of analysis. She expected "work" from her patients and from her students, but she was never in a hurry, believing that the therapeutic and educational processes were, in essence, developmental. Her com-

passion and involvement were totally genuine, and she elicited equally sincere responses from those with whom she worked.

An anecdote from her days at the Berlin Institute is an example of her belief in the therapeutic responsiveness of the analyst's total personality. Therese was "called on the carpet" by Eitingon who told her she was being criticized for saying "hello" and "goodbye" and for shaking hands with her patients. She replied, "If I did not do that, I would not be myself, and that would not be good for my patients." Eitingon said no more.

Around 1933, as the signs of the coming devastation of Europe became apparent, Therese and Tibor and their two small children, Thomas and Judy, decided to emigrate to the United States. Arrangements took about three years but were accomplished in early 1936 when Franz Alexander offered Therese a position on the staff of the Chicago Institute for Psychoanalysis. There she found a congenial atmosphere in which to work and joined the psychosomatic research program led by Alexander. Her most uniquely significant work as a part of this program was done in collaboration with the endocrinologist, Boris Rubenstein. Their investigation was designed to study a normal physiological process, the female gonadal hormone cycle, and to develop techniques for predicting stages of the sexual cycle from the interpretation of analytic material confirmable by more objective laboratory data. The book, *Psychosexual Functions in Women* (1952) is a classic example of an investigative bridge between microscopic findings and analytic interpretations.

Therese Benedek's intuitive capacity and her tactful but courageously forward-looking views on psychoanalytic education made her a much respected teacher and an invaluable voice in the policy making of the Chicago Institute. She introduced an innovative course on development that covered maturity and senescence as phases in the life cycle, an enlargement of the genetic point of view which widened the horizons for students of psychoanalysis who were accustomed to thinking of development as ending with adolescence. Her papers, "Climacterium: A Development Phase" and "Parenthood as a Developmental

Phase," were published respectively in *This Quarterly* (1950) and in the *Journal of the American Psychoanalytic Association* (1959). Her five papers in the volume which she co-edited with E. James Anthony, *Parenthood, Its Psychology and Psychopathology* (1970) have been regarded as outstanding contributions to the subject.

During the period of rapid expansion of psychoanalytic education following World War II, Therese Benedek took her turn at sharing responsibility for organizing the profession on a national level when she followed Edward Bibring as Chairman of the Committee on Institutes of the Board on Professional Standards of the American Psychoanalytic Association. Under her leadership, this committee, later divided into a Committee on Accredited Institutes and one on New Training Facilities, played an important role in formulating standards for institute organization and development of educational programs.

Therese never lost her excitement in intellectual discovery which began in the *Gymnasium* in Budapest. The breadth of her interest kept her foraging in other disciplines, such as physiology, endocrinology, anthropology, sociology, and ethology. Her capacity to search for and to integrate knowledge from different sources was tremendous. When she died, she was working on a book about ambivalence between the sexes. She was reading the history of social as well as sexual attitudes toward women, including the mythology of their roles in such eternal quests as the origins of life, the meaning of death, and the significance to the individual of the cycles of life and death.

This short tribute to Therese Benedek can do only scant justice to her dedication to scientific thought and its humanistic applications embodied in psychoanalysis. She herself has given us a compelling record of the creativity of a very human mind that participated in the evolution of psychoanalysis from 1910 to 1977. This record is in the volume called *Psychoanalytic Investigations: Selected Papers* (1973). In her own words, each of her papers is revisited and placed in the context of its

origin and in relation to the current evolution of psychoanalytic thought. The record speaks for itself and will be valuable for students of psychoanalysis for years to come.

We shall miss the person, Therese Benedek, behind the mind revealed in her creative work.

JOAN FLEMING

Grete L. Bibring, M.D. 1899–1977

Helen H. Tartakoff

To cite this article: Helen H. Tartakoff (1978) Grete L. Bibring, M.D. 1899–1977, The Psychoanalytic Quarterly, 47:2, 293-295, DOI: [10.1080/21674086.1978.11926843](https://doi.org/10.1080/21674086.1978.11926843)

To link to this article: <https://doi.org/10.1080/21674086.1978.11926843>



Published online: 20 Nov 2017.



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

GRETE L. BIBRING, M.D.

1899-1977

The death of Grete Lehner Bibring on August 10, 1977, not only represented the loss of a uniquely gifted and resilient colleague, but also hastened the end of a rare phenomenon in the history of our field. She and her husband, Edward Bibring, together with a number of other married couples, were among the second generation of Freud's inner circle who practiced and made significant contributions to psychoanalysis in Vienna before the *Anschluss* necessitated their exodus. Several of these psychoanalysts who had distinguished themselves abroad became a major part of the intellectual migration in the 1940's, initiating the second phase of the impact of psychoanalysis on the United States by the introduction of ego psychology.

The Bibrings met while studying medicine at the University of Vienna. Through their colleague, Otto Fenichel, they learned that new and challenging discoveries, not available in their medical curriculum, were being published by a physician named Sigmund Freud. Grete hastened to buy *Three Contributions to the Theory of Sexuality*. Joined by Wilhelm Reich, this group of four read it together. Puzzled by its implications, they decided to visit its author one day during his office hours, book in hand, and ask him to explain some of his assertions. Freud's answer was to invite them to attend the weekly meetings of the Vienna Psychoanalytic Society. Clearly, their encounter with Freud's ideas exerted a decisive influence on the Bibrings' personal and professional lives. Grete entered psychoanalysis while still in medical school. Shortly after their marriage, both Bibrings joined the Vienna Psychoanalytic Society.

When their work was disrupted by the Nazi occupation in 1938, London became their temporary home, as it did for a number of Freud's followers until his death. In 1941 they

moved to this country and joined the Boston Psychoanalytic Society where both achieved recognition in their chosen field, being appointed training analysts and continuing to pursue the private practice of psychoanalysis. Although Edward Bibring remained an active contributor and held offices both locally and nationally, his career was curtailed by progressive Parkinsonism from which he succumbed in 1959. Grete Bibring served as President of the Boston Psychoanalytic Society and Institute from 1955 to 1958, as Honorary Secretary of the International Psycho-Analytical Association from 1950 to 1952, as Vice President of the International Psycho-Analytical Association from 1959 to 1962, and as President of the American Psychoanalytic Association in 1962.

Without relinquishing her identity as a classical psychoanalyst, Grete Lehner Bibring began to broaden the impact of her activities in 1946 when she accepted a position as psychiatrist at the Beth Israel Hospital in Boston and established a psychiatric service, of which she became Chief. She proved to be extraordinarily successful in applying psychoanalytic psychology to medicine and to the related fields of mental health. Her innovative teaching, writing, and research attracted a number of psychoanalytically oriented collaborators. This psychiatric service influenced a generation of medical students, psychiatric residents, and physicians as well as social agencies, schools, and geriatric facilities. Her lectures demonstrated certain basic tenets of ego psychology: i.e., that the personality patterns of both physician and patient, as well as the characteristic response of the patient to illness, must be considered if medical treatment is to be effective. Without exaggeration one can refer to Grete Bibring as one of the pioneers of comprehensive medicine who anticipated the future.

The fact that the academic medical climate in Boston became receptive to psychoanalysis during the 1950's and 1960's was in no small measure the result of Grete Bibring's influence. Dr. Bibring published over thirty papers in psychoanalytic and medical journals. Her two books, both published in 1968,

were *The Teaching of Dynamic Psychiatry*, which she edited, and *Lectures in Medical Psychology*, which she wrote with Ralph J. Kahana. Together they epitomize the imaginative application of psychoanalytic principles to cognate fields.

Grete Bibring's paper on the aging process, published in the Heinz Hartmann Festschrift (1966), exemplified her own rare capacity to find new modes of adaptation into old age. During her last decade of life, she demonstrated a degree of courage and fortitude rarely witnessed. Despite a number of major illnesses, which others would have found incapacitating, she continued to remain available to family, friends, and patients. She worked until a month before her death.

Rarely does an innovative teacher benefit so directly from her own instruction. Grete Bibring's tutelage to the effect that the personality of the patient should dictate the physician's handling of the illness reverberated throughout her own treatment. Her heroic struggle against insuperable odds convinced the talented medical specialists who cared for her that the power of mind over body was indeed no fiction.

Grete Lehner Bibring's family, friends, and patients were blessed by the fact that this woman, who enlivened and enriched their lives with her vitality, even as her frail body deteriorated, retained her quick, clear, and penetrating mind to the end.

HELEN H. TARTAKOFF

Psychoanalysis and Contemporary Science. An Annual of Integrative and Interdisciplinary Studies. Volume III, 1974. Edited by Leo Goldberger and Victor H. Rosen. New York: International Universities Press, Inc., 1975. 557 pp.

Vann Spruiell

To cite this article: Vann Spruiell (1978) Psychoanalysis and Contemporary Science. An Annual of Integrative and Interdisciplinary Studies. Volume III, 1974. Edited by Leo Goldberger and Victor H. Rosen. New York: International Universities Press, Inc., 1975. 557 pp., The Psychoanalytic Quarterly, 47:2, 296-322, DOI: [10.1080/21674086.1978.11926844](https://doi.org/10.1080/21674086.1978.11926844)

To link to this article: <https://doi.org/10.1080/21674086.1978.11926844>



Published online: 20 Nov 2017.



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



Article views: 1



View related articles [↗](#)

BOOK REVIEWS

PSYCHOANALYSIS AND CONTEMPORARY SCIENCE. AN ANNUAL OF INTEGRATIVE AND INTERDISCIPLINARY STUDIES. VOLUME III, 1974. Edited by Leo Goldberger and Victor H. Rosen. New York: International Universities Press, Inc., 1975. 557 pp.

The third volume of this annual is the equal of the first two, which is high praise indeed. Promising new psychoanalytic annuals have appeared from time to time; after good beginnings, most have deteriorated fairly quickly. But there have been exceptions and it seems likely that this will be one of them, that it may in fact be able to sustain a tradition of excellence.

It would take a renaissance intelligence to be able to fairly evaluate all of the sophisticated papers in the present volume. They range widely: basic philosophical issues, a challenging new theoretical model of the mind, specimens of Luborsky's and Gottschalk's controlled research on recorded analyses, papers on sleep and dreams, more traditional clinical and developmental contributions, and finally a careful critique of the theories of Jacques Lacan.

Although readers may expect integration in specific papers, they will not find much integration of the whole. In the process of trying to reach their own conclusions, they will often find themselves immersed in strong disagreements. This is as it should be; the papers often enough powerfully disagree with each other. In fact, this is what provides the reason for the annual's existence. Once outside basic clinical theory, psychoanalysts find themselves in a jungle of ideas as diverse as those of neurophysiology on one end of the spectrum and the "deep structures" of structuralism on the other, biology to one side and philosophy on the other, "science" here and "humanism" there. There are controversies without end, and they need good forums.

Arbitrarily, four papers will be selected for comment here: one presenting a new psychoanalytic model purporting to be based on what is known about neurophysiology; another on consciousness grounded in a different version of what is known by the neurophysiologists; a long critique of Lacan's work; and finally a post-

humorous paper by Victor Rosen on the nature of interventions in psychoanalysis.

This annual forces one to think about all sorts of things, among them the problem of just what constitutes "science." Benjamin B. Rubenstein (pp. 101-185) takes a hard line on the matter: scientists study *organisms* and must come to terms with the relationship of mind to brain. He himself is strongly inclined toward the identity theory of mind-brain. *Persons*, on the other hand, are studied by humanists. The psychoanalyst must be both scientist and humanist. Rubenstein does not remark on the irony of solving one dichotomy, the mind-brain problem, by substituting another, the humanist-scientist problem.

The traditional psychoanalytic model "is not compatible with what we know about neurophysiology" (p. 103); it must be replaced. Drawing upon information theory, computer theory, and neurophysiology (of a Sherringtonian stamp), Rubenstein postulates a complex system of neural classifiers with which he hopes to explain goal-directed actions, drives, motivations, defenses, and other phenomena of interest to psychoanalysts. In the process, he constructs an incredibly complex diagram consisting of white boxes connected to each other in intricate ways. The white boxes have names like, "Hyperstable GF-situation Classifiers," "Comparaters," "Relays," "G(F)-Sit. Percepts," "Anxiety Regulators," "Action-fantasy Selectors," and many more. Rubenstein uses the diagram to suggest a new model for psychic functioning, one unlike our present metapsychological models and one which he believes is compatible with contemporary neurophysiology.

The paper was hard to study, not because the ideas themselves were particularly difficult, nor because the author was unclear. The paper was a chore because of this reviewer's immediate disagreement both with its premises and with the end results. Is it true that theoretical psychoanalysis must rely on contemporary neurophysiology? Do the contemporary neurophysiologists agree among themselves about higher levels of neural functioning? And to turn the tables, do they know some of the *psychoanalytic* ideas about psychic functioning? (Some do, notably Karl Pribram.) To turn specifically to Rubenstein, surely if there are close neural correlates to such things as "Hyperstable GF-situation-Classifiers," the neurophysiologists will be able to show them to us. But alas, they cannot, at least

for now. Until they can, these constructions of Rubenstein's can only be inferences and new labels.

Nevertheless, it is possible to imagine that such a model might work, in some clanking approximation of the human mind. But it is another matter whether that approximation remains identifiably psychoanalytic. Too many familiar psychoanalytic ideas somehow get changed in the model-building. The pleasure principle, for example, gets turned topsy-turvy: pleasure becomes merely something we experience after succeeding in reaching our goals (selected by the GF Classifier). And the change includes the loss of a number of old conceptual friends, including the instinctual drives, the id, and the ego. It is true that an attenuated superego remains in the form of a "Superego Classifier" (computing "no-no's" and matched up with the GF-Sit. Classifier which transmits via a Relay to which the Anxiety Regulator is also attached, onto the Perception Classifier). As if all these were not worry enough, the dynamic unconscious is most difficult to imagine from this model.

There are other questions. If this is indeed a model approximating neural structures, how did they get wired up that way? How is it possible to imagine those structural changes we fondly believe occur during successful analyses? If we take these Sherringtonian-like explanations of our functions seriously, are we not left, as the Behaviorists claim for their Black Box, merely with a lot of white boxes to be programmed?

A very different neurophysiological approach is taken by Gordon Globus in his paper on the nature of consciousness (pp. 40-69). Globus conceives of the brain much more in the way Pribram does—an organ which functions analogously to both the digital and the analogic computer and which is organized, at least at higher levels, more in the way Hughlings Jackson and Freud (in the *Project*) imagined it than as Sherrington did. Globus does not construct a specific "model" to explain unconscious and conscious mental mechanisms, but if he did, one might think of it as "soft edged" and not "hard edged." The paper is imaginative and suggestive; its "fit" with metapsychological ideas is in some respects quite good, although, as the author is careful to mention, there are considerable divergencies at other points.

Almost at another pole of thought are formulations which rely on linguistic concepts. Here, too, major disagreements are to be

found. These are exemplified in this volume by two papers, one by Victor Rosen and the other a long, careful, difficult-but-rewarding exposition, "Understanding Lacan," by Eugen S. Bär (pp. 473-544). Understanding Bär is no easy task itself, but this reviewer believes that psychoanalysts will find the task useful, if for no other reason than to discover grounds other than ignorant naïveté for rejecting Lacan's contributions.

The title of the paper is ironic inasmuch as Lacan, the self-proclaimed Góngora of psychoanalysis (Luis de Góngora y Argote was a seventeenth century poet who took pride in being systematically incomprehensible), does not believe he is understandable. He presents himself as a projective device; according to him, the reader discovers only himself. Lacan can, however, be decoded, and Bär does the decoding with great care. Unfortunately, "in doing so something very grave happens to Lacan's ideas. They disappear . . ." (p. 474). For Lacan, form is everything, content negligible. Lacan plays endless linguistic games; "his hermetic style is so full of ambiguities and elliptic, elusive and oracular utterances that many a reader is either forced to follow him with the submission of a disciple more or less faithfully *verba magistri*, or ends up in despair in his attempt to understand . . ." (p. 474).

Lacan conceives of unconscious mental processes as operating with a "natural language," (e.g., German). He emphasizes the *intelligence* of the unconscious. It is the analyst's task to interpret irruptions of the unconscious into conscious discourse in the analysis. This is his *only* function. Lacan regards transference phenomena, the transference neurosis, defenses, and other matters of interest to ego psychologists as largely irrelevant, or relevant only in terms of the process of interpretation. Analyses are inherently unending; they are more in the realm of philosophical matters than in that of therapeutic or even scientific ones—at least in the sense in which these terms are understood by most psychoanalysts. For all this, Lacan's ideas are interesting philosophically, at least to this reviewer. Unfortunately, they have very little to do with psychoanalysis as he understands it.

Closer to clinical interests is a manuscript left by Victor Rosen, "The Nature of Verbal Interventions in Psychoanalysis" (pp. 190-209). Theodore Shapiro, who prepared it for publication, calls it "a modest legacy of the author's intellect" (p. 189). Rosen's intellect

was impressive and his death was premature; his paper offers beginnings more than endings.

Besides interpretation, there are varieties of other analytic interventions. Rosen provides a preliminary classification of them. Interpretation itself has two rather different meanings in analysis. On the one hand, interpretation refers to interventions that aim at clarification and translation; on the other, it refers to constructions or reconstructions of internal events or psychic activity. Rosen analyzes these differing kinds of interpretations, as well as other interventions, in terms of his interest in a linguistic theory (very different from Lacan's) and in epistemology.

According to him, the psychoanalyst searches for meaning, not causes. The analyst's constructions are what logicians call "entailment propositions"—statements about the *meaning* of symbolic or historical events. When an entailment statement refers to two phenomena existing simultaneously, the subject and the predicate can be reversed without changing the truth value. Such a reversibility is not possible in truly causal statements. Causal propositions can at times be verified by routine scientific techniques. Not so for entailment propositions: in their case standard scientific examination only turns up tautologies. Nevertheless, disciplines having largely to do with entailment propositions, for examples, linguistics and mathematics—and psychoanalysis—can be investigated by logical analyses.

I hope this review illustrates the range of the third volume of *Psychoanalysis and Contemporary Science*; another reviewer could have chosen four other papers to make the same point. It is likely that the other reviewer would also agree that the individual contributions are of a generally high quality.

This reviewer was afraid he was being merely captious in questioning the appropriateness of the title of this annual. He was relieved to discover that it is to be changed to *Psychoanalysis and Contemporary Thought*, beginning with Volume VI. (It will, apparently, become a journal at that time as well.) This is appropriate in view of the fact that a number of the papers have little to do with science by any rigorous definition of the word. They often have to do with the relationships of psychoanalysis to philosophical issues, to *speculations* issuing from other scientific fields

(e.g., neurophysiology); to psychoanalysis as it is analogous in structure to other fields that may or may not be scientific (e.g., linguistics). Except for literary and historical disciplines, just about everything is represented.

VANN SPRUIELL (NEW ORLEANS)

IN SEARCH OF LOVE AND COMPETENCE. TWENTY-FIVE YEARS OF SERVICE, TRAINING AND RESEARCH AT THE REISS-DAVIS CHILD STUDY CENTER. Edited by Rudolf Ekstein, Ph.D. New York: Brunner/Mazel, Inc., 1976, 369 pp.

The Reiss-Davis Child Study Center of Los Angeles celebrated its twenty-fifth anniversary by publishing the collective efforts of twenty-five staff members and trainees. The volume is dedicated to Anna Freud on her eightieth birthday.

At the Reiss-Davis Child Study Center, a relatively small group of faculty and students successfully applied the science of psychoanalysis to a well-integrated program of clinical and social service, training, and research. The Center creatively applied psychoanalytic knowledge to the broad field of education. At a psychoanalytic clinic, or a psychoanalytic child study center, the hub of the work, however, must be individual therapy. This was well recognized by the staff. Sensitive diagnostic evaluations, brief interactions, emergency interventions, and long-term individual psychotherapy were done with children and adolescents, as well as work with parents.

When this volume was published in 1976, the director and staff were looking forward to many more years of extending to the field of education the application of psychoanalytic understanding and science. In many private institutions throughout the country, however, funding has become a serious problem, and treatment, training, and research have had to be curtailed or even discontinued in some cases. Unfortunately, the Reiss-Davis Child Study Center has also been affected by financial problems and has not been able to continue its work. It is hoped that the important activities by analysts and professionals in allied fields described in this volume will be continued at other institutions and departments.

The volume is divided into six parts: Part I deals with the Center, its history, philosophy, purpose, and scope; Part II discusses

the training of the professional; Part III focuses on the diagnostic process, assessment and training; Part IV describes clinical studies and treatment; Part V covers research and exploration; Part VI presents a historical account of psychoanalysis and education, the influence of psychoanalysis on education and school, and some collaborative work between the Culver City School District and the Reiss-Davis' Division of Research.

It is clear from this volume that the members of the Reiss-Davis Child Study Center understood well the psychotic and borderline youngster. These children have been unsuccessful in mastering the individuation-separation task and possess an ego that becomes flooded and disorganized or has become distorted and deformed in the effort to cope with overwhelming anxiety. Many of the children described seek a symbiotic relationship with objects and dread separation. They have a precarious sense of identity and oscillate between feelings of utter helplessness and feelings of omnipotence.

The complicated problems posed by the psychotic and borderline child, especially in the area of conceptualization, treatment, separateness and autonomy, object relations, defenses, transference and countertransference, are touched upon by various contributors. There is much in the section, Clinical Studies and Treatment, that can be applied to adult borderline individuals who are being treated in intensive psychotherapy or psychoanalysis. I can therefore recommend many of the contributions to all analysts now working with patients who have borderline ego organizations. We know that this is not an insignificant number of patients.

The Reiss-Davis Child Study Center has applied the growing knowledge of ego development and structure to the understanding and therapy of these very sick children who require long periods of treatment. This knowledge is a significant addition to an integrated and comprehensive psychoanalytic theory of learning that is emerging from all the clinical work and research being done at various psychoanalytic research centers. Many gems are scattered in various places in the volume that could have been profitably brought together in a chapter devoted to a psychoanalytic theory of learning derived from twenty-five years of devoted work in treating and studying youngsters in search of love and competence.

STANLEY S. WEISS (DENVER)

A NEW LANGUAGE FOR PSYCHOANALYSIS. By Roy Schafer. New Haven and London: Yale University Press, 1976. 394 pp.

This volume represents a collection and a re-editing of a series of papers written by Roy Schafer over the past half dozen years, together with an extensive section applying his concepts to the problem of emotion. While many of these papers are already available in the literature, their collection in a single volume gives an impression of the sweep and scope of Schafer's thinking that can hardly be gained by a here-and-there reading of separate papers. The result is a most impressive document. Those who know the depth, scope, penetration, boldness, and imaginativeness of Roy Schafer's thinking, will find the present volume up to his usual high standards and the reading of it a challenging experience.

Schafer's criticism is directed to the methodology and the form of psychoanalytic thinking that has become second nature to most of us: the approach to psychoanalytic concepts that utilizes a natural science modality of theorizing. This approach, he claims, attempts to understand and explain psychic phenomena in terms of entities, processes, structures, drives and forces, impulses, motives, functions, etc., which populate the mental world; these then begin to take on the connotation of entities of substance by which the various aspects of psychic activity are explained. The inevitable direction of such natural science thinking is toward reifications and anthropomorphisms—as though the mind were divided up into a series of lesser minds, to each of which is attributed intentions, goals, characteristics, and qualities. Schafer decries what he believes to be violations of essentially scientific modalities of understanding. They represent to him the prolongation of a concretistic, animistic, primary process form of thinking which can lay little claim to the name of science.

While on the clinical level we deal with our patients as symbol-making and meaning-oriented personal agents, on the level of theoretical discourse we deal with them as aggregates of psychic machinery. Therefore the personal agent has been a constant embarrassment to metapsychology and has never found a satisfactory place in the theory. Instead of a psychology of the personal agent who performs many actions, we have a psychology of many minor subagencies acting upon and interacting with each other to bring about the complex psychic resultants.

Many critics have pointed out the inherent difficulties in metapsychology. But we have as yet had no thinker courageous or imaginative enough to take the further step of delineating an effective and useful alternative to the language of metapsychology. Schafer has taken that further step, and he has done it creatively, imaginatively, and quite effectively. He argues that, in fact, there are no such entities in the mind, there are no such minor agencies; there is only the human being who is a personal agent performing actions for specifiable reasons, with specific purposes, and directed to the attainment of specific goals. Schafer feels that our metapsychology is essentially worthless, contradictory, archaic; it can lay little claim to validity as a scientific theory and therefore should be abandoned.

In its place, he suggests a new language for psychoanalysis, one which is and has always been its clinically appropriate and informally implemented native tongue. Since the use of substantive expressions, including nouns, adjectives, and their equivalent formulations has led toward thinking of the psyche in substantive terms, Schafer insists that the new language should rule out such verbal expressions. In their place he applies a rigid language of verbs and adverbs or their equivalents. Thus we would no longer speak of substantive entities like ego, superego, id, resistance, motive, fear, hate, libido, etc. These lead us to think in substantive terms of corresponding entities which somehow inhabit the metaphorical space of the mind. We can break away from such misleading metaphors and their implications by resorting to a language of actions and modes of actions. Thus we do not speak of fear, but rather of acting fearfully; we do not speak of anxiety, but rather of acting anxiously; we do not speak of the unconscious, but rather of actions performed unconsciously. The largest portion of the material in the book is given over to a laborious and sometimes tedious attempt to reformulate traditional notions into the terms of this new action language.

Certainly, in a brief review it is impossible to do justice to Schafer's argument. One simply has to read the book carefully and thoughtfully to appreciate the ingenuity, imaginativeness, and thoroughness with which Schafer has applied the action language approach to psychoanalytic concepts. Nonetheless, I would like to raise certain cautionary notes that may enable readers to make up

their own minds more thoughtfully. These have to do with the translation of analytic concepts into their action language equivalents; with Schafer's argument regarding the role of metaphors and particularly anthropomorphic metaphors in psychoanalytic theory; and finally with the notion of theory itself which seems implicit in the action language approach.

I cannot feel altogether comfortable with Schafer's attempts to translate familiar analytic notions into action language terms. To take a single example, the translation of a drive impulse as conditional action—that is, an action that one refrains from doing, or an action that one would do if it were not for certain inhibiting circumstances—seems to me to be a pallid reflection of what is implicit in the original notion. Schafer does away with notions of force, energy, and drive on the grounds that they are substantive terms which are implicitly personified by having aims and intensity imputed to them. Such propulsive entities are thereby eliminated as the initiators and sustainers of action. But what can we say of the drive impulse? It is quite accurate to say that if I have an impulse to expose myself, but do not do so because of the presence of other people, the action in question, namely exposing myself, is a conditional action insofar as I might have done it had not that immediate set of circumstances prevented me from doing so. But to leave the matter at that seems to me to leave out what is pertinent to the impulse itself and to focus rather on the related action to which the impulse is directed. What is not included is precisely the impulse, or perhaps more accurately the impulsivity, that is, the quality of forcefulness, peremptoriness, and pressure for discharge that the notion of impulse connotes. A similar criticism would have to be made concerning similar translations—for example, of conflicts in terms of paradoxical actions, or defenses and resistances in terms of disclaimed actions, and even of affects translated into terms of their action components.

The second question has to do with the place of metaphors, and particularly anthropomorphic metaphors, in psychoanalytic theory. Schafer adamantly rejects and disavows *any* place for such metaphors in theory. He argues, for example, that the concept of mind has no place since it is a substantive expression implying that there is an independent entity called "mind" with which the person interacts and which has a form of independent existence—so that there is in

a sense a mind within the mind. But he also rejects the term because it opens the way to spatial metaphors. A concept, for instance, is located "in the mind." The mind, he argues, is not an entity; it is not a place; it is not something where ideas come in and go out; but it is in fact an abstract concept whose boundaries and referents are those of concepts, and not of place.

I cannot help but feel that there is a misstep, or at least a limp, in the logic here. If I were to say "A thought came into my mind," the form of the expression could be taken literally to mean that an entity called *thought* walked into a place called *mind*. However, this is a metaphorical expression, and my intention and meaning are obvious to us. Consequently, if we use a metaphorical language of spatialization to talk about the mind, that does not mean that we intend to say that the mind is a place.

Many of the action language criticisms of particular psychoanalytic formulations are quite accurate when they point out the metaphorical quality of the language, but it seems to me that they frequently miss the mark simply because, in order to make the critique, they insist upon a literal meaning of the words which the language itself cannot sustain. Thus in traditionally anthropomorphic style, were we to say "the superego punishes the ego," I doubt that there are any of us who think that there is an entity or a little homunculus in the head that is somehow beating on another entity or homunculus called the ego. Rather, we are expressing a dynamic phenomenon for whose accurate theoretical understanding we do not have available the conceptual resources. If we eventually have those resources, we may still choose to speak metaphorically as a more convenient or vivid method of expression. If one could demonstrate that analysts did in fact think in such extreme, literal terms, that they were not capable of thinking metaphorically, or that when they spoke metaphorically they did not understand that they were using metaphors, then Schafer's critique would be magnificently substantiated. But I doubt that such a claim can be seriously maintained.

The third question I would like to raise has to do with the understanding of the nature of theory. The action language asserts that it is adequate for purposes of understanding to describe actions accurately. The modes of actions and the need for understanding are adequately satisfied by relating those actions to the reasons the

personal agent has to perform them. Explanation is cast in terms of reasons, intentions, and meanings with the consequence that the causes of action, precisely because they reflect the natural science approach, are ruled out of court. I would humbly submit that explanations in terms of reasons, reasons that are hidden from the subject himself, and of discovering what in fact are the real reasons rather than the given reasons—provide only a partial explanation.

If one limits the scope of the inquiry to answering why questions, then the demand of the question is satisfied by asserting reasons for the action. But science cannot simply rely on why-questions and reason-answers as the basis for explanation and understanding. We must ask questions about how the behavior is performed, its possible underlying causal sequences, what mechanisms and processes contribute to its being performed in that manner and not any other, etc. In other words, there are whole areas of questioning that have to do with our understanding of the structure, composition, nature, organization, and functioning of the agency in question which relate to a whole realm of factors that are not touched on by why-questions and their corresponding reasons. It is the business of science to ask about and to try to understand not only the why-questions which address reasons, but also the how-questions which address the causes of behavior.

In any case, Schafer's argument is so far-reaching and full of implication that it is an embarrassment to even try to comment on it in such brief compass. The book must be read and studied to be appreciated since it touches on so many key issues having to do with psychoanalytic methodology and theory. Despite the reservations and questions that I might have about Schafer's argument, I would not like to omit what I believe is the greatest value in what he has undertaken. There is nowhere to my knowledge a thoroughgoing attempt on the part of analysts to approach the data of clinical experience in terms which do not yield to the easy slippage into prior commitments to theoretical positions. Schafer's argument demonstrates convincingly that successful rethinking of psychoanalytic concepts requires a return to the data with the resources of a descriptive language and with formulated rules for the systematic application of that language that avoid prior commitments to or assumptions of theoretical positions which prejudice the very data we look at and the ways in which we experience and formulate

them. If the action language has a place within the broader scope of traditional psychoanalytic thinking, it seems to me it will find that place in the invaluable capacity it demonstrates to provide a descriptive account of analytic experience which remains relatively free from theoretical preconceptions. Such a return to and clarification of descriptive data cannot help but exercise a healthy modifying and corrective influence on psychoanalytic theory.

W. W. MEISSNER (CAMBRIDGE, MASS.)

THE INDEX OF PSYCHOANALYTIC WRITINGS, VOLUMES X-XIV. By Alexander Grinstein, M.D. New York: International Universities Press, Inc., 1971-1975.

The impatiently awaited publication of the Subject Index, Volume XIV of Grinstein's *Index of Psychoanalytic Writings*, has completed the third series of this bibliographic reference work, bringing the publication data of the psychoanalytic literature up to 1969. An earlier review of the first two series, covering the literature from 1873 to 1959, went into considerable detail to explain how to use this reference tool,¹ and Dr. George Klumpner's excellent review and evaluation of the entire series appeared in 1975.² The present review will therefore be limited mainly to pointing out the divergencies from the earlier series, the most pertinent bibliographical additions, and the utilization of modern reference tools and techniques.

Besides bringing the *Index* up to date through 1969, the new volumes include corrections of errors appearing in the entire series. Because of budgetary considerations and the glut of publications in allied fields, modification of the scope of the earlier series was necessary. Various previously contacted professional groups in peripheral fields, such as the American Psychological Association and the Association of the National Academy of Science, had to be omitted. It was also necessary to omit follow-up letters. Thus the number of replies was considerably lower than in the first two series: 39% for the present project, 72% in the earlier projects. Search of the primary sources was limited to psychoanalytic jour-

¹ Cf., review by Liselotte Bendix, This QUARTERLY, XXXVI, 1967, pp. 295-297.

² Cf., review essay by George H. Klumpner, J. Amer. Ps. Assn., XXIII, 1975, pp. 603-642.

nals, whereas in the previous series more than five hundred journals in peripheral and allied fields were used as primary sources and searched for articles written by analysts or related to psychoanalysis. There has, however, been a slight increase in psychoanalytic serial publications. A complete listing of the primary source material, which includes the major psychoanalytic journals in English and in foreign languages, can be found in Volume X (p. x).

The main secondary source materials were the *Index Medicus* (MEDLARS [Medical Literature Analysis and Retrieval System], published by the National Library of Medicine), *Psychological Abstracts*, and the *Index of the Chicago Institute for Psychoanalysis*. In the introduction in Volume X (pp. vii-viii, x-xii), the criteria for selection and method are explained and the material is listed and described.

Volume X (pp. 5451-5478) contains the most valuable addition: the complete alphabetical listing by English titles of Freud's complete psychological writings as published in the twenty-three volumes of the *Standard Edition*. This volume also contains a very extensive introduction to the *Index*, with a detailed description of the purpose of the project and the working methods applied to its compilation. To cull the most complete results from this bibliographic tool, the searcher is advised to take the time to study the introduction.

In the Author Index (Vols. X-XIII), the entire published work of each author is listed alphabetically by title. In the listing of titles, articles and prepositions are not considered. The primary source is given as the first reference address, and the alternate publications, such as abstracts and reviews, are clearly indicated on a separate line. Letters, obituaries, and reviews follow the listing of original publications and are set apart by capitalized headings. An "S" preceding the assigned reference number indicates that the primary publication data were published in the previous series (Vols. I-IX). Unfortunately, the new entry lists only the additional publication address which appeared in the years following the previous series, a serious drawback. To refer back to the earlier entry, the searcher must work with all fourteen volumes simultaneously, a cumbersome, time-consuming operation.

As already mentioned, the most valuable and important addition to the *Index* is the complete alphabetical list (by English title) of Freud's writings, as published in the *Standard Edition*. The three

columns following the title listing indicate the Grinstein reference number, the volumes of the Grinstein *Index* series in which the entries were first listed, the *Standard Edition* volume and pagination. Obituaries written by Freud have been entered under the name of the deceased and under the heading "Obituary." Included in this appendix are introductions and prefaces written by Freud for other authors' publications, listed under the author's name. The researcher is now able to locate Freud's writings in the English translation very quickly. Furthermore, by referring back to the indicated Grinstein volume and to the chronological data appearing in square brackets below the assigned reference number, the researcher is led to the original publication date as used by James Strachey in the *Standard Edition*. It would have been even more helpful and time-saving if this information, as well as the publication date of the particular volume in which the work appeared, had been included in this appendix.³ With the aid of Klumpner and Wolfe's "Pagination Converter Relating the *Gesammelte Werke* to the *Standard Edition of the Complete Psychological Works of Sigmund Freud*,"⁴ the data needed to refer to the individual pages of either edition can now be obtained easily.

Besides the author listings, Volume XIII features a listing of anonymous or unidentified publications (pp. 619-693). An appendix with additions and corrections to the Author Index can be found in Volume XIV (pp. 363, ff.). These additions are listed alphabetically and have to be searched for under the author's name; the entries cannot be found under the reference number in the main Author Index. If the searcher happens to come upon a reference number in the Subject Index and cannot find it under the main author listing, this appendix should be checked.

The main content of Volume XIV is the Subject Index. The sources and methods used in its compilation are covered in detail in the introductions in Volumes X (pp. x-xiii) and XIV (pp. vii-

³ Some of the above-mentioned difficulties have been remedied by Dr. Grinstein's recently published *Sigmund Freud's Writings: A Comprehensive Bibliography* (New York: International Universities Press, Inc., 1977). This new work pulls together much of the information dispersed in Volumes I, VI, and X of the *Index* under review and will prove to be a valuable complement to the *Grinstein Index* for any student of Freud's writings. A separate evaluation of this new *Bibliography* will be published at a later date.

⁴ Cf., *Int. J. Psa.*, LII, 1971, pp. 207-224.

viii), which are well worth perusing before embarking upon a subject search. The Subject Index mostly conforms to the methods used in the Subject Indices of the two previous series. Each article is indexed under two headings—or more, if the importance of the article warrants it. The emphasis is on key words in the title and the main concepts of a given publication. Specificity has been stressed rather than generalization in the subject headings. For example, for literature on “Identification” the searcher should also look for references under “Defense Mechanism” in general and under the specific defense mechanisms which are suggested in the subject entry under the main headings as “see also.” These guide the reader to more specific topics (*cf.*, Vol. XIV, p. ix).

The use of secondary sources in the subject listing and indexing based mainly on key words and main topics suggested in the title poses several problems. At times it leads to a lack of unity and inconsistency in the choice of subject headings for a given article. It limits the coverage of all the topics contained in an article and can also be misleading. For instance, the heading “Analytic” refers to the Jungian school of thought, while “Psychoanalysis” and “Psychoanalytic” cover the Freudian school; however, if the reference was indexed on the basis of *title* and chosen from a secondary source, other schools are inadvertently included under *either* subject heading. “Therapy” applies to many adjunct forms of treatment influenced by psychoanalysis; but some authors regard as psychoanalysis methods which are actually far removed from psychoanalysis but which the compilers felt had to be included in a nonevaluatory index.⁵ These are a few of the limitations of which researchers should be aware when making an in-depth search of a psychoanalytic topic.

Before starting a subject search, the reader should study the introduction to the Subject Index in Volume XIV, especially the sections, “Methods and Principles” and “Arrangement of Subject-Index Listings and General Suggestions for Its Use” (pp. vii-xi). Here one can find the explanation for the concepts underlying the chosen topics, for the arrangements of nouns and dashes, and for the “see also” references. For a comprehensive subject search, however, it is also necessary to consult the indices and cumulative

⁵ Personal communication from Dr. Grinstein's office.

indices of the major psychoanalytic journals, such as *The Psychoanalytic Quarterly 35-Year Index* (covering Vols. I-XXXV) and the recently published *10-Year Index* (Vols. XXXVI-XLV); the *Journal of the American Psychoanalytic Association Index* (Vols. I-XXII); *The Psychoanalytic Study of the Child Index* (Vols. I-XXV); *The Annual Survey of Psychoanalysis Index* (Vols. I-X); the *Index* (Vol. XXIV) of the *Standard Edition*; the *Gesammelte Werke Index* (Vol. XVIII); and such classics as Fenichel's *Psychoanalytic Theory of Neurosis*; and, of course, the *Chicago Psychoanalytic Literature Index*, which is now published quarterly and provides the most up to date and all-encompassing subject index in the field.

Librarians, lay researchers, and even analysts seem to get lost in abbreviations, and it is a time-consuming procedure to keep going back and forth between the beginning pages of the *Index* and the author bibliography. It would be very helpful if Dr. Grinstein would follow the standard scientific abbreviations used in the biomedical scientific literature, such as the *Index Medicus*. It would also be desirable if the key for the abbreviations were published in a separate little pamphlet that could be used simultaneously with the volume at hand. These two measures could open the *Index* to a wider usage among nonanalyst searchers. In addition, to simplify the use of the Subject Index, especially in relation to topics from the early literature to 1969, it might be feasible to publish a cumulative Subject Index with the aid of modern technological tools which are now available for the dissemination of information.

Nevertheless, *Grinstein's Index* remains the most comprehensive, most informative and helpful psychoanalytic reference tool. In these days of computer print-outs with confusing abbreviations, minute print, and lack of spacing between different references, Grinstein's technical format with its clear, large print and its author headings printed separately in bold type saves a lot of tiring eye strain, especially when a prolonged search is being done: the wanted reference can be quickly spotted.

This project has been a herculean task, and researchers, librarians, and anybody engaged in work in the literature of the behavioral sciences can never cease being grateful to Dr. Grinstein and his associates for the enterprise and endurance invested in a project so vital to the bibliographic work in the psychoanalytic literature. The entire series of this *Index* is a mandatory reference tool for

all biomedical-behavioral science libraries, as well as for all individuals (not only psychoanalysts) who are working in teaching, training, or research in the behavioral sciences.

LISELOTTE BENDIX STERN (NEW YORK)

PSYCHIATRY AND THE HUMANITIES, VOLUME I. Edited by Joseph Smith, M.D. New Haven: Yale University Press, 1976. 247 pp.

When things fall apart, when the center cannot hold, is, perhaps, the most propitious time for a genius like Freud to attempt a new synthesis. Since its birth during the waning irrational days of an age of presumed rationality, psychoanalysis has reflected the hybrid nature of the times in being recognized neither as art nor as science. Freud was as much a student of Brentano as he was of Brücke and Helmholtz. In contrast to the psychoanalytic method, which was dictated by the need to turn to advantage the vagaries of the psychoanalytic situation, Freud constructed psychoanalytic theory ostensibly on the model of the physical sciences and as if he had never heard of intentionality; but he left plenty of room to let the ghost in the machine survive, as witness his frequent recourse to anthropomorphic explanation. The Freudian synthesis was mainly successful for Freud, for his immediate followers, and for his time: psychoanalysis was able to contribute illuminating insights about human motivations to the study of art, literature, religion, and the myriad manifestations of the human spirit.

Three-quarters of a century after *The Interpretation of Dreams* times have changed. The rear guard of the old rationalist and positivist order seems in rapid retreat. A new cultural "consciousness" stresses feeling along with thought and experiencing along with logical reasoning. New questions are addressed to psychoanalysts, not only by the changing symptomatology of their analysands but also by their colleagues who labor in the humanities. Yet psychoanalysis continues to be the most fruitful language for the dialogue between the sciences and the humanities. When freed of its nineteenth century physicalist façade, Freud's construct is revealed as a new kind of science yielding a new kind of knowledge which stands solidly grounded, partly on a new kind of data base, the specifically introspective-empathic data of psychoanalysis, and partly on the traditional naturalistic observations of behavior in all its

dimensions. The essential soundness and vitality of the Freudian synthesis accounts for the increasing interest in psychoanalysis clearly demonstrated by the contributors to this collection of essays.

The ten papers in this book bring together a number of leading humanists and psychoanalysts with the stated purpose of challenging "thought in any one discipline by confrontation with the concepts and methodologies of related disciplines at crucial points of common interest." The topical scope of the contributions to this volume ranges widely from art and mysticism to science and philosophy. Future volumes of this projected annual series are planned to focus more narrowly on specific themes. Among the contributors, the humanists are leading scholars in their fields, and all have taught at American universities. The clinicians are mostly psychoanalysts associated with the Washington Psychoanalytic Institute. Individually, each of the ten articles is of the highest quality. Clearly missing, however, is an over-all theme to guide the selection of the contributors; one is left disappointed that the editor did not make his selections with a view toward demonstrating some common fruitful directions in these responses to confrontations with other disciplines at points of common interest. The contributors are specialists in their fields who are accustomed to addressing similar specialist audiences; rightly, few concessions have been made in reducing the complexity of the ideas discussed for the sake of the intelligent and educated but nonspecialist reader. Many psychoanalysts will find that this volume is not easy reading. Here one wishes for editorial introductions to facilitate access for the reader who needs it.

The first four chapters deal with psychiatry, art, and literature. Paul Ricoeur demonstrates through a close examination of the text of Freud's writings that Freud is to be taken literally and seriously when he insists on the limits of psychoanalysis when applied to art, and especially that the nature of the artistic function is inaccessible along psychoanalytic lines of study. Ricoeur refutes the argument that Freud's scruples were merely tactical with the aim of lowering the reader's resistance to psychoanalytic investigations. To be sure, Freud had discovered the thematic unity, i.e., the common libidinal origin of art, dreams, and symptoms but, as Ricoeur rightly shows, these common roots do not say anything about the formal and aesthetic qualities that make a mere production into a created work of art. Ricoeur proposes that Freud's concept of

sublimation, distinct from other mechanisms but remaining unexplained in itself, is the equivalent to the particular aptitude with which creative artists are gifted. Ricoeur's chapter is a reminder of the endless riches that can still be found in Freud's words when they are studied seriously by a discriminating reader.

Erich Heller's chapter illuminates the relation between psychoanalysis and literature by examining the place of psychoanalysis in the history of ideas. Heller sees in psychoanalysis not only a psychological theory, but also "the systematic consciousness that a certain epoch has of the nature and character of its soul." Literature is the aesthetic form assumed by this self-awareness and, as such, it lives in the psychic space mapped out by Freud. Modern literature, like psychoanalysis, exacts a renewed morality of man's responsibility for his actions, which now includes responsibility for unconscious urges as well as the pre-Freudian rationalistic concern with conscious struggles. Heller diagnoses a return to the moral demands of the prophets and of the Christian moral revolution with their call for a rebirth of the whole man, including his hidden soul. According to Heller, this modern revolt against rationalistic morality was led by German romanticism, and he sees psychoanalysis as its heir.

Helm Stierlin, in his chapter, steps beyond traditional psychoanalytic theory in addressing himself directly to creativity in literature. His concept of psychological liberation refers to the struggle of the growing human being to overcome boundedness and dependence on early objects. This liberation is simultaneously a creative act since it results in a reconciliation of what seems irreconcilable, namely dependence and autonomy. Using quotations mainly from Kafka, Stierlin demonstrates that the writer's liberation and reconciliation is the essence of the artistic creative process.

A somewhat different approach is taken by Donald Burnham and Sven Bergman in their chapter on Strindberg. These authors focus on the severe psychopathology of this almost psychotic writer and document the need-fear dilemma from a study of his letters and diaries. Burnham and Bergman, as well as Stierlin, avoid the pitfalls of reductionism and for the most part remain untheoretical in their conceptualizations. Whether such ad hoc formulations have merit beyond mere passing interest depends on the possibility of their future integration into an over-all theory of mental functioning.

This reviewer would have welcomed more theoretical speculation from the authors, either to articulate with existing theory or to free their own creative imaginations.

Three essays make up the section on psychiatry, philosophy, and the development of thought. Louie Dupré examines the mysticism of St. Theresa and of St. John of the Cross through the eyes of a philosophical psychology of the self. He concludes that mystical experience is the direct intuitive insight into an unconscious non-discursive intentionality which bypasses the channels of sensation and judgment and gives direct knowledge of ultimate selfhood. Erwin Straus surveys the existential approach to psychiatry. He traces the roots of Binswanger's existential analysis back to Heidegger and Husserl's phenomenology. Behind Husserl looms the much neglected Brentano who had also been Freud's teacher. Brentano was the discoverer of intentionality of consciousness. It is instructive to follow how, in contrast to Freud who hid intentionality behind a naturalist science face, the phenomenologists made it the exclusive center of their philosophical and psychological approaches. The time seems ripe now for a new integration.

Joseph Smith approaches a psychological theory of thinking by focusing on language and its acquisitions. He begins by considering the mental events clustered around the inevitably occurring experiences of the absent object. The latter concept is central since, according to Smith, all ideation or thought is the capacity to represent an absent object. He stresses the interdependence of imperative and nonimperative aspects of experience, the former conceptualized best in Freud's model of mind, while the latter seems more adequately accounted for by Piaget and linguistics.

Three final chapters are devoted to psychiatry and human affairs. Theodore Lidz calls attention to the necessity for ethical values in science when it is applied to matters of concern to people. Cross-culturally and through the ages it has been the family which has taught and imposed morality and provided, as well, the milieu for the well-being of individuals and the stability of society. Maurice Friedman discusses the dialogical approach to psychotherapy which is the precipitate in current practice of the philosophy of Martin Buber. Walter Kaufmann contributes to the discussion of the psychological trauma of fatal illness by stressing the need to differentiate the *fear of dying*, with all its often unnecessarily

imposed indignities and pain, from the *fear of death*. He suggests that the latter is much more bearable than the fear of a process characterized by the experience of increasing helplessness.

Psychoanalysts are often so burdened by their responsibilities for treatment and teaching that much of the time they find themselves confined to the narrow world of their profession. It is to be hoped that contact with new ideas in admirably selected and edited collections such as the present volume will provide the stimulus for new thought and renew the intellectual excitement so characteristic of the early years of psychoanalysis.

ERNEST S. WOLF (CHICAGO)

MOMENT OF INSIGHT: VIGNETTES FROM A PSYCHOANALYTIC PRACTICE.

By Sumner L. Shapiro, M.D. New York: International Universities Press, Inc., 1976. 119 pp.

I cannot help admiring and even liking this neat little collection of stories about troubled patients. However, I can and should refrain from regarding these stories as representing actual psychoanalytic work. Rather, they seem to be examples of analytic helpfulness, the outcome no doubt of the author's analytic training, but dependent particularly upon his kindness, patience, and restraint and upon his sensitivity to patients' hidden messages. And, although he tells us the cases are "fictionalized within the bounds of literary license," it is this reader's further opinion that Dr. Shapiro's dramatic ability and his talent for phrase-making have carried him beyond the limits of credibility.

In view of the frequency with which analysts come under fire for stilted writing, it is a pity that I should feel constrained to criticize Dr. Shapiro for being too dramatic. My only justification is that analysis simply is not dramatic in the sense conveyed in this book. Dramatic things not uncommonly do happen in patients' lives during analysis, often as the result of analysis, but to present such events as analysis is misleading. The real drama of analysis, its essence, consists of experiences that take place within the patient's own psychic functioning—experiences that are very private and known only to patient and analyst. Quiet, fleeting, and quickly fading, these experiences are remarkably hard to remember, let alone to describe with any verity to another person. So, as always,

the only way to learn about the essence of analysis still seems to be through personal acquaintance. And, as always, authors of books on analysis for the general public still seem destined to make drama at the cost of accuracy. For Dr. Shapiro, I hope his talent will move to pure fiction, where it may find its surer place.

BRIAN BIRD (CLEVELAND)

A PRINCE OF OUR DISORDER. THE LIFE OF T. E. LAWRENCE. By John E. Mack, M.D. Boston and Toronto: Little, Brown & Co., 1976. 561 pp.

This book is in some ways a model for psychobiography, because it is first of all a good biography. Mack has attended to Freud's statement (in his Leonardo study) that the psychologist-biographer needs a great deal of historical data—sufficient material on what happened to his hero, what he did, and how he reacted. As Mack pointed out in his 1971 review article, "Psychoanalysis and Historical Biography,"¹ Freud himself lacked the requisite detailed facts on Leonardo.

The author has done exhaustive research. Not only has he mastered his hero's published and unpublished work and the mass of books and articles written about Lawrence, but he has also contacted scores of people who knew Lawrence and his family. He has done all he could to evoke Lawrence's outer world: his family (the parent's unmarried status and the children's illegitimacy a focus for conflict and for mystery); his contemporaries; the political events that Lawrence helped shape. Lawrence's internal world is even harder to know, yet Mack has done remarkably well in relating the inner life of this essentially enigmatic man (who could lead and inspire and empathize but who could not love) to his creative work, to his political and military leadership, and to his time. Mack's awareness of the complex problems of the psychological biographer ("... limitations imposed by the availability of data . . . the limitations of method . . . the problem of integrating psychological material with data from other related fields"²) sets his tone—

¹ Cf., Mack, J. E.: *Psychoanalysis and Historical Biography*. J. Amer. Ps. Assn., XVIII, 1971, pp. 143-179.

² Mack: *Op. cit.*, p. 179.

he knows what he does not know. Mack's consciousness of the biographer's temptation to identify with, or to transfer rage or idealization onto, his hero has helped him keep a healthy relation to his subject. His good judgment pervades his material; one feels he can be trusted to do his utmost to be objective. He does not use psychoanalytic formulae to belittle or to oversimplify.

Perhaps Mack's awareness of the potential for destructive crudeness conditions his occasionally apologetic stance toward psycho-biography. But his book needs no apology. My only objection is that the author shows too much respect for the knowability of objective reality. (I think this is mostly lip-service; it appears in Mack's theorizing but not in the biographical substance.) I kept wishing that Mack would be more daring and speculate more comprehensively about Lawrence's pathology, and yet I felt grateful that he had the tact not to do so. Mack is able to make Lawrence come alive—a "Prince of our Disorder," a Hamlet (both "princes" identified predominantly with their mothers) who lived long enough to fulfill something of his potential for leadership. Although this is the fullest and most unbiased of the many biographies that have been written about him, the mystery of T. E. Lawrence remains. This is most likely inevitable. Lawrence consciously cultivated mystery; in defending against the compulsion to repeat his traumatic past he needed to create fiction and false personae. Secrets are central to his conflicts, to his identity, and to the splits in his identity. And of course there is the residual puzzle of endowments and talents which are not as "analyzable" as failings or pathology.

I hope Mack will write more books like this one. He has both the wisdom and the humility to set standards for the use of psychoanalysis for biographers and historians. His is the kind of mind that can contain contradictions without being inhibited. He sees that conflict and trauma can contribute to talent as well as to neurosis. It takes not only psychological understanding and an intellect that can work with ambiguities but also common sense and, especially, *good character* to try to achieve the right relation to that elusive, ultimately unreachable, but all-important goal (a psychoanalyst's goal): what is true. This book is a *good* biography in every sense of the word.

ART THERAPY IN THEORY AND PRACTICE. Edited by Elinor Ulman and Penny Dachinger. New York: Schocken Books, 1975. 404 pp.

While the idea of sublimation is probably of Hellenic origin, as Waelder suggested, the concept of using the arts as a medium for a secondary purpose, healing, belongs to our time. In the last decade we have seen the development of a number of new fields of work, indeed rudiments of new professions, in which the visual arts, music, dance, and poetry are linked to what—for lack of a more precise definition—has been called “therapy.”

The senior editor of this volume questions the adequacy of this term but admits that she has not found a better one. This candor permeates her book which consists of a collection of articles that appeared in the *American Journal of Art Therapy* over a period of thirteen years. Throughout, the search for the most meaningful concepts characterizes the well illustrated case studies as well as the theoretical formulations. Art therapy may be of special interest to us because we have learned from psychology to appreciate the value of using pictorial expression as an aid in diagnosis. There is, however, less emphasis on diagnosis in these articles than on the practice of art therapy, particularly as a service of the clinic team.

Two major frames of reference are represented by Margaret Naumburg, whose theory of art therapy is based on a psychoanalytic structural model, and by Edith Kramer, who emphasizes the meanings of art in defining the art therapist's special contribution to psychotherapy itself. Not surprisingly, Naumburg is a psychologist; Kramer, an artist. It is too early to predict where the merging of art and psychology will lead, but at this time one notices in this representative volume a preponderance of psychoanalytic theory without corresponding practice. We find reference to “remembering and repeating,” but rarely an awareness of the fundamental function of working through in the analytic sense. We notice the use of the term “transference,” although this is not the center of the work. While some authors are concerned with art or picture-making as expressive of the primary process, in comparison with the secondary process emphasis in verbal interchanges, ideas or theories about “interpretations” differ widely. Indeed, interventions in art therapy can not rightly be called interpretations, since the art work itself may create secondary gratifications—an

exciting painting, perhaps a work of art.

In some of the articles the division of roles between the art therapist and psychotherapist is well illustrated. Erika Lehnzen describes comparative observations of a young schizophrenic patient during a seven-month period in the psychiatric division of a general hospital, with the psychiatrist's and the art therapist's reports presented in turn. Quoting from *The Ego and the Id*, the author points toward the position of art therapy in this collaborative relationship: ". . . we must not be led . . . into forgetting the importance of optical memory residues—those of things (as opposed to words) or to deny that it is possible for thought processes to become conscious through a reversion to visual residues, and that in many people this seems to be a favorite method. Thinking in pictures is therefore only a very incomplete form of becoming conscious . . ." (p. 287). Lehnzen suggests that she tried to help the patient depict "visual images that occurred to him, fragmented or poignant as they might be." It became clear to the author that the patient's images were not illustrations of thoughts, but represented rather "the struggle for the thought, the effort to achieve conscious realization of a psychic event. To reach such consciousness on the verbal level was the psychiatrist's complex . . . task" (p. 310). Perhaps Lehnzen states the case for art therapy when she suggests that both the psychiatrist and the art therapist received help from each other on their different levels of functioning. They were, she says, "aware of working on the same process. The visual expression, closer to the unconscious, and the more conscious verbal expression both referred to the same psychic event" (p. 310).

Edith Kramer, in describing art therapy with children at Jacobi Hospital, emphasizes that art sessions are not conducted according to any preconceived plan. "I want to know the child well in order to be better able to help him make what he wants to make. However, I do convey the idea that art sessions are periods for work, not for regressive play, and that I prefer personal expressions to stereotyped repetition. To put it in theoretical language, I offer myself to the child as his auxiliary ego, ready to support him in an adventure which entails taking risks and of which neither he nor I can predict the ultimate outcome" (pp. 161-162).

Space does not permit any discussion here of the actual work sessions with children, adolescent drug abusers, and adults in com-

munity centers or special residences, nor is it possible to reproduce some of the fascinating drawings and the changes that have occurred in the drawings of a given patient over a period of time—reminiscent of changes in dream content. How they are used, what they mean to the patients, and in what way they represent sublimation or therapy remains to be clarified in the research which has only recently begun in this evolving field. For those concerned with learning the intricacies of *Art Therapy in Theory and Practice*, this attractively produced volume is recommended.

RUDOLPH WITTENBERG (NEW YORK)

Revue Française de Psychanalyse. XXXVIII, 1974.

Emmett Wilson Jr.

To cite this article: Emmett Wilson Jr. (1978) Revue Française de Psychanalyse. XXXVIII, 1974., The Psychoanalytic Quarterly, 47:2, 323-332, DOI: [10.1080/21674086.1978.11926845](https://doi.org/10.1080/21674086.1978.11926845)

To link to this article: <https://doi.org/10.1080/21674086.1978.11926845>



Published online: 20 Nov 2017.



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



View related articles [↗](#)

ABSTRACTS

Revue Française de Psychanalyse. XXXVIII, 1974.

The Elasticity of Psychoanalytic Technique. Sandor Ferenczi. Pp. 507-519.

From the "Active Technique" to the "Confusion of Tongues." A Study of Ferenczi's Technical Deviation. Béla Grunberger. Pp. 521-546.

In various ingenuous ways, analytic innovators such as Jung, Reich, Lacan, and Hartmann attempted to eliminate the "scandal" of Freudian thought in order to re-establish an earlier state of psychological science. Ferenczi, in contrast, maintained and developed this "scandal" to its ultimate extreme. Eventually, however, the path Ferenczi followed negated some aspects of infantile sexuality and attributed conflicts solely to external factors, which are the same difficulties found in other divergences from Freudian theory.

Grunberger views Ferenczi's deviance from the analytic rule of abstinence not so much as a general resistance to psychoanalytic theory but as an acting out of a transference neurosis. He attempts to place Ferenczi's analysis with Freud in the general context of Ferenczi's personal biography. Freud seems to have focused on a brother complex involving Ferenczi's many siblings and to have neglected the conflicts arising about his mother. The failure to analyze the negative transference (which was mentioned by Ferenczi himself) gives support to Grunberger's thesis that Ferenczi could not tolerate the negative transference when it occurred in his patients and thus resorted to an active technique of gratification. This led Ferenczi to accept his patients' complaints of indifference, coldness, and professional hypocrisy as real problems rather than as transference. He then tried to resolve conflicts which had apparently occurred in his analysis with Freud. His early analytic writings, prior to the contact with Freud, are works of sublimation and are of great importance in the development of psychoanalytic theory. Following his analysis with Freud, the unresolved transference seems to have compromised Ferenczi's work and to have led to his technical divergences.

Essay on Happiness. C.-J. Parat. Pp. 561-608.

Parat regards Freud's definition of happiness, the realization of an infantile wish, as pessimistic and inadequate, because it fails to distinguish happiness from esthetic creation, from dreams, from scientific research, etc. But a definition of happiness is difficult. From a psychoanalytic standpoint, Parat proposes that happiness is an affective state of a certain duration which requires a certain spontaneous internal organization. The duration is variable. We may experience moments of happiness which are limited in time. At these moments of happiness there is a hypercathexis of some actual present experience which has a rich associative communication with memory and fantasy. Such moments may occur, for example, before a certain painting at a museum, or during a visit to an especially significant locale (as in Freud's experiences in Rome and at the Acropolis). In contrast, periods of happiness more lasting in time generally

develop through the aid of an object relationship which is rather specifically invested. The object has both an object value and a narcissistic value. Both values are indissoluble and necessary, though their proportions may vary from one couple to another.

Parat links the capacity to experience happiness with the acceptance of one's bisexuality. She stresses the important role that bisexuality plays for heterosexual couples. The heterosexual couple is most apt to realize happiness, because of the possibility of recovering the precious contents of the experiences of the first years of life. Masculine and feminine homosexuals cannot attain the integration of conflicts and the degree of satisfaction that the heterosexual can because of the investment which the homosexual has in the difference between the sexes.

In individuals who are capable of experiences of happiness, the barriers to regression, which originate purely in the oedipal phase, are less solid and more readily mobilized by object related events. This regression, which Parat considers a precondition for happiness, occurs without a loss of the sense of reality. The experience of the boundaries of the self is modified, however, by a sense of completeness which corresponds to reunification with someone or something. But in this experience the object is preserved, and neither the object nor the relation to it are degraded by the regression.

Fantasy and "Likeness" in Psychoanalysis. Jean Gillibert. Pp. 609-637.

Gillibert describes a particular character type for which he introduces the term "*simulacre*" or "likeness." The person with this character type may be quite well adapted and reality oriented and may even show some productivity or creativity in life, but the attentive observer can discern a certain emptiness. Attitudes and reactions seem devoid of instinctual resources, and the personality is like an artifact. It is an artifact, however, not in the sense of a false imitation, but as a likeness or appearance, just as a statue may represent the human body. Gillibert feels that the metapsychological explanation for this phenomenon has not as yet been worked out. He suggests that there may be an attempt to represent or identify with that which is absent. Certain themes in the psychoanalytic literature, such as a projective identification and Winnicott's discussion of transitional phenomena and his concept of the false self, may serve to clarify this personality type.

Metapsychological Remarks on "Likeness." Jean Guillaumin. Pp. 639-649.

Guillaumin attempts to provide the metapsychological justification for Gillibert's clinical phenomena. The personality type described by a quality of "likeness" shows an identification with that from which it is separated. But this identification is with the form of an object relationship rather than with the object itself. The object is held at a certain distance from any behavior which is directed toward it. This distancing of the object explains a certain mechanical and automatic character in these individuals, whose behavior may be empty or impoverished but is nevertheless well adapted. The personality structure of "likeness" has been set up in the effort to master abandonment. The individual has never attained a clear state of autonomy which would have permitted a real

relationship with the object. Instead, a global defense has been set up to preserve the individual from the fear of fusion. At the same time, this defense prevents access to a more complete but equally feared differentiation. Genetically, one might suspect a basic fault of the type discussed by Balint, but it does not seem to be the case clinically that this personality type originates in a cold and desexualized early contact with the mother. It is reminiscent of the borderline state and "as if" character. Metapsychological considerations are presented.

How the Transference Comes About in Patients, or the Latus Complex in the Analyst's Chair. Claude Le Guen. Pp. 651-664.

As Freud noted quite early in his career, an inevitable concomitant of every analysis is the paternal role that is thrust upon the analyst by the very nature of the analytic contract. Although a patient may enter analysis in the hope of finding the longed for mother of infancy, he or she becomes aware, sometimes from the first interview, that this is not to be the case. Le Guen suggests that it is precisely out of this dissonance that regression, frustration, aggression, depression, and eventually interpretation and the transference develop. The transference neurosis is brought into existence by this paternal stance of the analyst. The paternal role both constitutes the analytic process and imposes limits on what is observable and analyzable. Hence the necessary role of the analyst presents a sort of uncertainty principle for psychoanalysis. The conditions that permit the analytic process to develop at the same time limit what can be determined via the process. Le Guen offers some reflections on this paternal role as observed in the countertransference and in the analyst's own filiation to the short genealogical table that began with Freud.

Psychoanalysis: Mysticism or Science? Roland Jaccard. Pp. 665-668.

Jaccard finds characteristics of a new mysticism in psychoanalysis: its mode of transmission, its history punctuated with heresies, its rites of institutionalization, initiation, evidence of cultism, and a tendency to become theoretically turned in upon itself. But on the other hand, psychoanalysis resembles a science in its refusal to adhere to a *Weltanschauung*, in its implacable character of reductivism, in its insistence on staying close to the clinical data in order to form its theory, in the possibility of verification of conclusions, and in the progressive unmasking of illusions, even psychoanalytic illusions. This scientific status is not without a certain ambiguity, however, and the two trends, the one mystical, the other scientific, must be recognized in psychoanalysis.

EMMETT WILSON, JR.

Journal of Nervous and Mental Disease. CLXIV, 1977.

Are There Precursors to Repression? Dov R. Aleksandrowicz. Pp. 191-197.

Aleksandrowicz examines the thesis that there are physiological precursors to the psychological defense of repression. Both for the course of man's evolution

and for the individual's own development, pre-existing adaptive functions with similar properties are postulated. After discussing some of Freud's ideas about repression, the author stresses the concept that it is the fear of acting upon the impulse that mobilizes the defense. The ultimate task of repression is drive control or regulation of behavior. The blocking of instinctual impulses by repression may affect both internal and external stimuli, which are barred from awareness, but are not necessarily rendered inactive. The more mature individual uses repression to ward off instinctual demands, while the infant uses it as a flight from distress or overstimulation. Thus repression is a mechanism regulating behavior by means of selective central inhibition of afferent stimuli. The author compares this to habituation, a neurophysiological mechanism which shows quite similar characteristics. Habituation is defined as the decrement (or cessation) of a response to a repeated stimulus. This inhibiting mechanism can discriminate and "recognize" the stimuli to be inhibited. Thus, like repression, habituation is a ubiquitous, inhibiting mechanism capable of sorting out some stimuli and preventing the organism from directing its attention to them. A number of interesting references to experimental data are presented to further the author's thesis.

A Case of Functional Sleep Seizures. Stephen A. Green. Pp. 223-227.

Of particular interest in this paper is the unusual case material. The seizures described occurred only when the patient was asleep, a circumstance usually associated with organic etiology. The author makes use of the case to discuss the changes in the concept of conversion reaction which have been presented in the psychiatric literature since Freud's original formulations. Material from the literature and conclusions drawn from the case material include the following ideas. 1) Conversion reactions are not confined to "hysterical" individuals who exhibit characteristic symptomatic and personality manifestations derived primarily from oedipal fixations. 2) No single pattern of personality traits is to be found in patients with conversion symptoms. 3) Such phenomena occur throughout the entire range of psychopathology, including conditions in which pregenital factors are primary. 4) Emphasis is currently often placed on the communicative aspect of conversion reactions. In the case described, the patient was able to frighten, infuriate, and control people in his life by remaining quiet and passive during the day and throwing temper tantrums at night—a means of communicating his rage. Since the patient was not analyzed, the usefulness of the case presentation is limited.

Multiple Personality and Splitting Phenomena: A Reconceptualization. Doris Gruenewald. Pp. 385-393.

With renewed attention being paid the psychoanalytic concept of splitting, particularly as it relates to narcissistic personality disorders, this paper engages our interest in the relationship between an old psychoanalytic concern and one of its more recent areas of application. The author attempts to demonstrate that certain aspects of splitting found in multiple personality are qualitatively similar to the situation in ego splitting. An important corollary of the main

thesis is that the roots of multiple personality are to be found in the preoedipal phase of development. This is in contrast to the usual classification of this syndrome as a subcategory of hysteria. In the structural model, ego splitting is seen as a defense against conflict and unbearable anxiety and as an alternative to normal synthesis of the "good" and "bad" parts of the self-object representation. This defense is not confined to any specific diagnostic category. As in narcissistic character disorders, splitting, as an active defense in multiple personality, is directed to the management of incompatible perceptions and identifications, unintegrated object representations, and the stress of overwhelming anxiety engendered by conflict among structures and drives not integrated into the cohesive self. Vertical and horizontal splitting occur in both clinical conditions. In the case of multiple personality, the overt emergence of the disorder represents a regressive defense predicated on a significant fixation at the narcissistic stage of development. Three cases are presented by the author to demonstrate the continuity of narcissistic character disorder and multiple personality.

Depersonalization in Accident Victims and Psychiatric Patients. Russell Noyes; Paul R. Hoenk; Samuel Kuperman; Donald J. Slyman. Pp. 401-407.

The authors define depersonalization as an altered awareness of the self such that the individual feels strange or unreal. They then add a cluster of affects such as loss of emotion, sense of detachment, and altered perception of time and space to describe a depersonalization syndrome which they feel to be a relatively nonspecific accompaniment of various disorders. They refer to previous studies that point to depersonalization as a specific response to extreme danger. This issue was studied in a group of individuals who were hospitalized following automobile accidents and compared with a group of psychiatric patients. The method involved a questionnaire technique. It demonstrated the transient development of a depersonalization syndrome in a substantial portion of persons exposed to life-threatening danger. An associated group of reactions indicating heightened arousal and alertness was also found to be present. This led to the hypothesis that depersonalization may represent an adaptive mechanism which both intensifies alertness and dampens potentially disorganizing emotion.

HAROLD R. GALEF

Psychiatria Fennica (Finnish Psychiatry). 1976.

Mourning and Death in Fairy Tales and Folklore. Tor-Bjorn Hagglund and Vilja Hagglund. Pp. 25-31.

Both fairy tales and myths present psychological conflicts universally encountered in human development. A difference between the two forms is stressed: myths direct attention toward fantasies of superhuman powers, thus suggesting regressive solutions to conflict, while fairy tales have a moral function, strengthening the ego by introducing it to realistic possibilities. The thesis is illustrated

by analysis of the attitudes toward death contained in several fairy tales, including "Sleeping Beauty," "Hansel and Gretel," and "Little Red Riding Hood." These stories present the idea that death and mourning are periods of waiting, to be followed by the sequence of detachment from sorrow and greater growth. In this way, the process of loss is experienced as a natural and inevitable part of development. Fairy tales help the growing child learn that too great a fear of physical loss and death can lead to psychological death, the state which is really to be feared.

The Psychological Structure of Depression. Eero Rechartt. Pp. 97-103.

Various psychoanalytic studies of depression, including those of Freud, Abraham, Spitz, Bibring, and Joffe and Sandler are reviewed. An attempt is made to integrate what may seem to be separate lines of investigation and to clarify a confusion between the descriptive and the dynamic points of view about depression. The author describes a complex interaction among somatic factors, the development of paralyzing depressive affect, the attempt to avoid psychic pain, dealing with narcissistic injury, and the institution of psychological compensatory events. Rechartt postulates a continuum of clinical conditions in which one or another of these factors predominates. The continuum ranges from one pole, at which narcissistic disturbances and efforts to regulate them are in the foreground, through a middle group characterized by the development of depressive affect, to an opposite pole at which hypomania, mania, and other psychological compensatory events are most in evidence.

On the Psychoanalytic Conception of D. W. Winnicott. Tor-Bjorn Hagglund. Pp. 105-111.

Winnicott's contributions to psychoanalysis are summarized and organized under several headings. Relevant bibliographical references are given in each section. Winnicott's work on inner reality and fantasy includes the concept of "primary unintegration." He traces the integration of various parts of the personality interrelating with an appreciation of time, space, and the properties of external reality in a process termed "realization." Fantasy is seen as defense against inner reality rather than outer reality. One aspect of the defense is the existence of a "false self" alongside a "true self," which the author compares with Erikson's "positive and negative identities."

Winnicott's description of the child's use of transitional objects is outlined, with emphasis on children's wish to preserve their creativity at the same time that they learn to participate in the consensual reality of adults. Winnicott's distinction between using an object and relating to an object is the subject of another section of the review. The author briefly describes Winnicott's contribution to the technique of therapy, stressing his consistency with general psychoanalytic principles and explaining his sensitivity to the need to tolerate extremely regressed states in patients who have been deprived of "good enough mothering." Lastly, the idea of creativity, not as a means to an end, but as a thing in itself is discussed. Psychotherapy takes place in the overlap between the therapist's and the patient's play. When the patient is in a state of not

being able to play, the therapist's efforts are directed entirely toward helping him or her become able to do so.

OWEN RENIK

American Journal of Psychiatry. CXXXIV, 1977.

Some Aspects of the New Feminism. Ruth Moulton, Pp. 1-6.

Dr. Moulton's psychoanalytic practice reveals significant differences in the nature of women's presenting complaints over the past twenty years. Women in the 1950's more often entered treatment because of sexual problems, particularly frigidity, and problems related to finding and keeping husbands and to childrearing. The complaints in the 1970's involve personal identity, divorce, status, extramarital affairs, and the question of whether marriage is indeed something worth seeking and preserving. Among the more recent complaints is "re-entry anxiety" in women who had previously given up their work for marriage. And the increasing sexual demands made by women appear to have affected their male partners with greater anxiety over impotence. The author leaves little doubt that the feminist movement, with its emphasis on female role change, has led to these differences in presenting complaints of women, and to consequences in male-female role changes. The underlying basic conflicts, however, remain approximately the same.

Distinctions Between Male and Female Invested Partners in Sexual Disorders. Leonard Derogatis; John Meyer; Bridget Gallant. Pp. 385-390.

Defining invested partners as sexually asymptomatic male and female partners of sexually dysfunctional men and women, the authors attempted to determine whether any psychological problems, separate from sexual dysfunction, existed in the invested partner. They used a self-administered symptom inventory. The male invested partner, although sexually asymptomatic, showed a much higher psychological distress level than did the female invested partner, about the same level of distress as the male sexually dysfunctional partner. The authors conjecture that this difference has to do with cultural factors that determine the male's supposed role as sexual aggressor and sexual satisfier.

Fatherhood and Emotional Illness. Jesse Cavenar, Jr., and Nancy Butts. Pp. 429-431.

In a short but lively article, the authors present a phenomenon seen frequently in analytic practice but infrequently reported. Four fathers developed emotional illness related to their wives' pregnancies. In each case, the father had significant conflict going back to his own mother's being pregnant with a sibling. In these four cases the overshadowing trauma concerned sibling rage and rivalry, rather than envy of the wife's childbearing capacity, dependence on the wife, and/or neurotic conflict with the oedipal father.

Cognitive and Interactive Aspects of Splitting. Mardi J. Horowitz. Pp. 549-553.

The author attempts to complement the usual view of splitting in phenomenological and psychodynamic terms. His hypothesis, based on ego psychology, includes three main concepts: 1) information processing style; 2) self and object schematization; and 3) patterns of interpersonal manipulation. He defines splitting, mentions ways in which the patient responds to the therapist, particularly the borderline patient, and, utilizing a case report, describes many of the permutations and combinations seen in the transference-countertransference interactions in the therapeutic situation. Splitting, which is more common in borderline patients, is seen, although less prominently displayed, in neurotic patients, and will be found to a greater or lesser extent in all patients.

Sexual Dysfunctions and Psychoanalysis. Edward M. Levine and Nathaniel Ross. Pp. 646-651.

The authors examine the major factors involved in recent changes in attitudes toward homosexuality, citing humanism, legitimization of homosexuality, social science interpretation of sexual dysfunction, the impact of the media, and the implications for psychoanalysis of these changing attitudes. They conclude pessimistically that all signs point to public opinion continuing to resist the significance of libidinal drive in the attainment of emotional well-being, as well as to deny that its being thwarted is a key aspect of emotional disturbance. Psychoanalysis is seen as a weakening intellectual oasis in the midst of powerful current social change.

WILLIAM ROSENTHAL

British Journal of Medical Psychology. L, 1977.**Adjustment and War Bereavement—Some Considerations.** Ruth Purisman and Benjamin Maoz. Pp. 1-9.

For this study, which took place in Israel, the authors utilized a semi-structured interview with forty-seven parents from twenty-five families who had lost sons in the war of attrition of 1969-1970. The deaths had taken place two or three years prior to the interviews. The authors attempted to determine which factors might differentiate between a good adjustment to the loss of a son and a less than optimal adjustment. There were no statistically significant differences between men and women on any important variable. Good adjustment was significantly correlated with higher educational level, close social ties, and better marital adjustment. The study failed to support the authors' hypothesis that religiosity and observance of mourning ritual would be associated with better adjustment. The authors noted that to ascertain the role of religion in adjustment to loss would require a control for educational level.

Thumbsucking and Falling Asleep. Mualla Ozturk and Orphan M. Ozturk. Pp. 95-103.

This study took place in Turkey and utilized interviews, questionnaires, and

clinical evaluation of fifty thumbsuckers (TS) and fifty non-thumbsuckers (NTS) between the ages of one and seven, two hundred and fifty school children aged four to twelve years, and three hundred and twelve children between four and fourteen years of age who had behavior problems. The factors evaluated included method and duration of feeding, type of feeding schedule, strength of sucking drive, onset of thumbsucking, sex distribution, education level and occupation of mother, mother's attitudes toward physical contact with children, quality of the mother-child relationship, and ways of putting the child to sleep during infancy. There was a highly significant correlation between thumbsucking and falling asleep alone without accompanying sucking opportunity or other rhythmic stimuli. This factor appeared to be the most etiologically significant. There were significantly more schedule-fed than demand-fed children among the thumbsuckers but in the total of schedule-fed children, there was no significant difference between TS and NTS. There were also significantly more thumbsuckers among children of educated mothers. Educated mothers in Turkey seemed more likely to be influenced by current childrearing practices, used scheduled feedings, and put their children to sleep alone. Infants put to sleep without breast, bottle, pacifier, or other gratifying stimuli develop habitual thumbsucking while going to sleep, which is gradually generalized to other occasions of increased drive tension. Another finding was that thumbsuckers were weaned from the breast significantly earlier than non-thumbsuckers. However, the authors thought this factor could not be causal since the thumbsucking habit was usually acquired while breast feeding continued.

Feral and Isolated Children. Armando R. Farazza. Pp. 105-111.

This stimulating paper touches on some of the highlights of the history of feral and isolated children. There is an extensive appendix listing all recorded cases of such children from third century Rome to the present. Although evidence suggests that such children are autistic and/or retarded, the concept of feral-man seems to appeal to many cultures and mythologies. Recently there has been more interest in children brought up in harsh social isolation rather than by animals.

Psychogenic Vertigo within an Anxiety Frame of Reference: An Experimental Study. Per-Ake Magnusson; Alf Nilsson; Nils-Gunnar Henriksson. Pp. 187-201.

The experiment tested the hypothesis that psychogenic vertigo is an anxiety equivalent rather than an anxiety concomitant. The authors hypothesize that for the patient with psychogenic vertigo, an experience of anxiety is displaced onto the dizziness. In this way, the source of the unpleasurable experience is seen to be something in the environment, rather than within the individual, and therefore feelings of helplessness are mitigated. The subjects were twenty-three patients from a Swedish ENT clinic with presumed psychogenic vertigo. They were matched for sex, age, education, and occupation with a control group selected from paid volunteers. The experiment utilized "percept-genetic" techniques and spiral after-effect measurements. The tests indicated anxiety in significantly more vertigo patients than in the controls. After further analysis

of the data, two main groups of vertigo patients were defined. One group utilized a primitive-hysteroid mode of functioning; the second group utilized an obsessive-compulsive mode. The patients in this latter group showed stronger signs of anxiety and were doing worse after a two-year follow-up. With this obsessive-compulsive group, the dizziness was better characterized as an anxiety concomitant than as an anxiety equivalent.

JOAN TOLCHIN

Meetings of the Psychoanalytic Association of New York

Robert J. Berlin & S. Warren Seides

To cite this article: Robert J. Berlin & S. Warren Seides (1978) Meetings of the Psychoanalytic Association of New York, The Psychoanalytic Quarterly, 47:2, 333-338, DOI: [10.1080/21674086.1978.11926846](https://doi.org/10.1080/21674086.1978.11926846)

To link to this article: <https://doi.org/10.1080/21674086.1978.11926846>



Published online: 20 Nov 2017.



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



View related articles [↗](#)

NOTES

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 17, 1977. AFFECT THEORY AND "SCIENTIFIC" PSYCHOLOGY. Nathaniel Ross, M.D.

Approaching the subject of affect from the standpoints of ego development, ethology, evolution, and language, Dr. Ross elaborated on his previously published thesis that affect and cognition are indissolubly linked from early infancy. Both lower mammals and human infants "know" the external world chiefly, if not solely, through their close contacts with the nurturing mother. In human infants there soon appears a considerable range of affects that reveal their "knowledge" of the mother's moods and the ramifications of her behavior toward them. The symbiotic phase of the first year of life can be looked upon as the earliest precursor of the phenomenon of love. Animals such as dogs, birds, dolphins, etc., display unmistakable evidence of love, grief, shame, and mourning. Such a view is not unduly anthropomorphic, as has been claimed. There are certain subcortical structures, common to both humans and higher animals, that mediate affects of various kinds. There is evidence that prehistoric Neanderthals protected and nurtured severely crippled adults and strewed healing herbs upon graves, indicating a concern for their fellow beings which implies the presence of caring and affection.

Language shows rich evidence of the intermingling of or synonymity between love and intellectual significance. Such words as "know," "mean," "understand," "feel," "sense," "perceive," etc., can be used in either an affective or a cognitive sense. Mystical states reveal a combination of ineffable ecstasy and a profound *noesis*, a conviction of knowing a great "truth."

Affect is split off from cognition in obsessive-compulsive states, to the detriment of the attainment of true knowledge. In the analytic situation, one is constantly confronted with the necessity of fusing affect with the purely intellectual understanding of interpretations in order to achieve conviction, insight, and true structural change. Poverty of affect in both research workers and psychotherapists shuts them off from vast areas in the understanding of psychological phenomena, not only in humans but in animals. One may speak of both endowment and deficiency in psychologists in the area of "emotional knowledge," regardless of the level of intellectual capacity. The simplistic application of methods employed in the physical sciences to the behavioral ones results in gross errors. While it is admittedly far more difficult to attain precision in the field of emotional knowledge, the task must be accomplished in order to establish the psychological sciences on a sound foundation.

DISCUSSION: Dr. Martin Blum compared this presentation with Dr. Ross's earlier paper on the theory of genital primacy. In that work, Dr. Ross had expressed skepticism about the theory which holds that only mature persons can

achieve orgasm, that those with mature personalities have better orgasms, and that orgasms exert a further maturing influence on those already mature enough to have them. Dr. Blum noted that Dr. Ross now seemed to be suggesting a theory of love primacy; it is as if the very propositions Dr. Ross had questioned when applied to the orgasm were now being used in his discussion of love. Dr. Blum felt that love should be treated as a "final common pathway which can be approached from different psychological starting points" and which can be a vehicle for genital, pregenital, and nongenital impulses. He took exception to the concept that "maturity is a *sine qua non* of loving," as well as to the definition of love Dr. Ross had proposed: that love is a regression to the symbiotic stage "in the presence of sound identity formation and ego integration." Dr. Blum pointed out that symbiosis is usually thought of as incompatible with these higher functions of the ego. He felt that the emphasis on regression to the symbiotic phase was more appropriate to a discussion of the orgasm, since the regressive aspects of orgasmic functioning were well documented. He contended that since love is qualitatively different from the orgasm, "any formulation which too closely fits the one will, of necessity, fail to catch the essence of the other." Denying the link between maturation of the ego and the ability to love, Dr. Blum stated: "Different personalities love differently, each according to its nature. I have . . . seen patients with significant difficulty in maintaining ego integration and personal identity who nonetheless loved their partners sincerely and loyally, if not without difficulties. If maturity is not the prerequisite for falling in love, neither is falling in love the touchstone of ego development." In this context, Dr. Blum presented material from the biography of St. Theresa to challenge Dr. Ross's assertion that, because this saint had never had a human lover, she could therefore be considered to have suffered from defective ego integration and faulty reality testing. Dr. Blum concluded by stating, "I am convinced neither that loving is evidence of ego development nor that those who show the ordinary signs of highly developed egos necessarily have more intense experiences of love in the ordinary bipersonal sense of the term."

While agreeing with many parts of Dr. Ross's paper, Dr. Shelley Orgel challenged the idea that the phenomena of love could be understood in terms of common organizing principles without seriously reducing the complexity of this extraordinarily complex human capacity. Dr. Orgel questioned the special ability of the analyst to know what love "truly" is. If we describe the beginnings of love, as Dr. Ross does, "in terms of feelings originally derived from affective components we *assume* to be active in the symbiotic phase, which create a longing for revival, then even a postulation of the origins of love is a construction shrouded in ambiguity and beset with adultomorphic traps." The maintenance of the feelings we label love throughout life's exigencies and developmental changes, the task of "keeping love secure against . . . the more or less unneutralized aggressive drives that characterize all human relationships [makes one] humble about knowing the true from the counterfeit love, in one's self or in others." The need to feel that one can love extends past the "mutual giving and receiving of gratifications." It "means living up to an individual and cultural ideal, and it returns to the self and to the ego some of the narcissistic pleasures cautiously renounced for object love." The pain of the difficulty in loving others

in their otherness must be tolerated in "confronting the transference in our own analyses and, later, the countertransferences in our analytic work." While agreeing with Dr. Ross that no analysis is worth much if these issues are not explored, Dr. Orgel was uncomfortable "with a tone which seems to say that . . . we analysts have *the answer*." Basic to the capacity for mature love is a tolerance for doubts about possessing this capacity consistently and faithfully and a potentiality for surprise at finding the ability to love where it is least expected, sometimes not even wished for, and often carefully concealed under layers of defenses. Citing the many possible outcomes—from the self-destructive to the creative—that may arise from becoming aware of one's incapacity to love another person, Dr. Orgel said that great creative work, which implies a magnificent understanding of what others feel, "has existed in people . . . who have been ravaged in their personal lives by failed relationships."

Proceeding to Dr. Ross's dismissal of the equation of love with death, Dr. Orgel used Freud's paper on the theme of the three caskets to illustrate that Freud showed us "how the most mature love brings the lover into proximity with death." Dr. Orgel went on to list some basic tenets which should be included in psychoanalytic thinking about love: "the uncertain conquests of hate by love, of death drives by life drives, the resisting of the always present regressive pulls . . . of the narcissistic self, the centrality of mourning and the tolerance of the pain of loss." On the subject of aggression, Dr. Orgel felt that Dr. Ross "conveyed an optimism that may be underplaying the part of aggression," that "aggression is essential to a consideration of love, not only in terms of antithetical hostility and conflict, but in its sublimated forms, too."

Dr. Leonard Shengold said that he felt Dr. Ross had both honored and scanted the complex topic of love. He spoke of correlating love with an assessment of object relationships and mentioned at least two kinds of love which may or may not coexist: sexual love and the capacity to care tenderly for another person. There is no doubt about Proust's capacity for intense sadism: he had rats collected and turned loose in his room, so that he could stab them with (significantly) his mother's hatpin. At the same time, he was capable of the most tender, loving feeling in friendships and, above all, in the descriptions of the exchanges between the hero of his great novel and his mother and grandmother. Proust had great sexual difficulties, but he also knew about loving and caring.

Dr. Alan Eisnitz felt that a basic differentiation should be made between the various ways in which the term love is used—between the affective experience of loving, the metapsychology of love, and its conceptualization with respect to the subject of object relations. While various levels of maturity are not necessary in order to experience love, the experience itself can be much constricted, depending upon the level of ego development and the level of development of object relations. Examining the subject in terms of its libidinal aspects, one may see oral love of an engulfing type, for instance, or extreme possessive love of an anal type. Within the framework of object relations, love can be need-fulfilling, object-centered, etc. The relationship to the self-representation must also be considered. In early, more primitive types of loving, the object may be obligatory for the maintenance of the self-representation, and once this stops, loving ceases. As an example, Dr. Eisnitz mentioned a deprived young woman who loved her child

as long as he was dependent on her for "oral" mothering. Once the child went beyond this stage and stopped representing the oral aspects of the mother's self, she could no longer love him and began to hate him. Commenting on Dr. Ross's concept of a "return to the symbiotic phase," Dr. Eisnitz offered the modification that being in love and loving does not comprise an actual return to the symbiotic phase, but to affects which may in part be derivatives of those of the symbiotic phase.

In reply, Dr. Ross said that the major point he wished to make was the necessity for a great affective scope in analysts themselves. Too little attention is paid to affect in the scientific world. One must transcend one's own narcissism, particularly as an analyst, and be able to see and feel into the lives of other human beings. This should occur in the analyst's own life, as well as in relation to patients. Dr. Ross said that if he seemed too optimistic in talking about the sustained quality of love for the personal and analytic spheres, it was because he presented an ideal which is not completely obtainable, but a goal toward which we should strive.

ROBERT J. BERLIN

January 31, 1977. A FRESH LOOK AT THE CASE OF LITTLE HANS. Martin A. Silverman, M.D.

Dr. Silverman presented a review of the salient features of Freud's report on the illness and treatment of Little Hans from the recently acquired perspective offered by our knowledge of childhood development and neurogenesis. Noting that Hans's treatment took place before the advent of either the dual instinct theory or the structural theory, the author attempted an elaboration of the significant understandings related to the preoedipal factors which led to and colored the oedipal phenomena. Hans's early ambivalent and erotized attachment to his seductive mother was marked by strong libidinal and aggressive cathexes of his principal objects. After a period of anal phase difficulties, in his fourth year he began to masturbate and to demonstrate interest in his genitals and in the anatomical differences between the sexes. His conflicts were heightened by his mother's pregnancy and his eviction from her bedroom. After his sister's birth, his jealousy, anger, and castration anxiety were compounded by a tonsillectomy.

Freud's concentration on the oedipal struggles and the castration anxiety behind the phobic neurosis neglected the oral and anal factors related to Hans's jealousy and his wishes to bear children. Dr. Silverman contended that looking at the phobia in connection with difficulties in the practicing and rapprochement subphases of the separation-individuation process showed that anal-sadistic impulses were significantly accompanied by restriction of activity and locomotor anxiety. The preoedipal impairment of certain aspects of Hans's ego development led to regression, phobic withdrawal, externalization, and displacement—measures that emerged to cope with the panicky threat of his helplessness in the face of instinctual tensions. In commenting on the technical handling of the treatment, Dr. Silverman noted the inability of Hans's father to deal with the child's negative oedipal feelings, his homosexual longings, or his need for com-

plete knowledge about procreation. Despite Freud's role as a close confidant of the family, the indirect treatment was very successful, with resolution of the neurotic symptom and satisfactory subsequent development.

DISCUSSION: Dr. Jules Glean offered some criticism of the course of the analysis in the light of our current clinical and technical knowledge contraindicating parents' treating their own children or prematurely giving frightening sexual information and interpretations of its content. Dr. Jerome Levine stressed the fact that Freud's paper was designed to show the link between infantile sexuality and adult life and was not offered as a study of developmental phenomena in depth or as a paradigm of the treatment of a child. Dr. Harold Blum pointed out the role reversal between Freud and Hans's father. He wondered if Hans's fear of object loss might have been an appropriate apprehension of the parents' subsequent divorce. In response to these discussants and others, Dr. Silverman reiterated his belief in the need to reconstruct preoedipal antecedents in an analysis and his agreement with the consensus that child analysis today should be direct and not through parents.

S. WARREN SEIDES

The Ninth Annual MARGARET S. MAHLER SYMPOSIUM will be held in Philadelphia on May 20, 1978. The subject of the symposium will be *Reconstruction in the Psychoanalytic Situation*. For further information, contact: Judy Myers, Medical College of Pennsylvania, Department of Psychiatry, 3300 Henry Ave., Philadelphia, Pa. 19129.

The Eighth Annual Meeting of the INTERNATIONAL SOCIETY FOR THE COMPARATIVE STUDY OF CIVILIZATIONS (U.S.) will be held at California State University, Northridge, March 22-25, 1979. Papers are invited particularly, but not exclusively, on the following themes: Structural Approaches to Comparative Mythology; The Civilizational Significance of Central Asia; Literary Works as Civilizational Texts; Economics and Psychologies of the Ancient World; The Human Body: Disciplines, Expressions, and Forms of Movement in Civilizational Perspective; Paradises and Hells in Comparative Civilizational Perspective; Nature, Culture, and the Person; Utilization of Non-Western Categories in Contemporary Western Thought; Family Designs in Civilizational Perspectives; and Theoretical and Methodological Alternatives in the Comparative Study of Civilization. Those who wish to contribute papers are invited to send three copies of a one-page abstract by October 15, 1978, to the Chairman of the Program Committee, Professor Edmund Leites, Department of Philosophy, Queens College, Flushing, N.Y. 11367. For information concerning membership in the Society, contact: Harry Krebs, Secretary-Treasurer, Comparative Civilizations, Dickinson College, Carlisle, Pa. 17013.

The INDIANA UNIVERSITY INSTITUTE FOR SEX RESEARCH will hold its Ninth Annual Summer Program in Human Sexuality in Bloomington, Indiana, June 21-28, 1978. For further information, contact: Institute for Sex Research—Summer Program, 416 Morrison Hall, Indiana University, Bloomington, Ind. 47401.