The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

On Projection

Dorian Feigenbaum

To cite this article: Dorian Feigenbaum (1936) On Projection, The Psychoanalytic Quarterly, 5:3, 303-319, DOI: 10.1080/21674086.1936.11925287

To link to this article: https://doi.org/10.1080/21674086.1936.11925287

ON PROJECTION

BY DORIAN FEIGENBAUM (NEW YORK)

When we survey the various known methods of defense that are utilized in neurosis in the struggle against instinctual drives—such as repression, regression, identification (introjection), projection, isolation, undoing, reaction formation, turning against oneself, anxiety, inhibition and sublimation[1]—we notice at once that they represent two groups of mechanisms which must be clearly distinguished from each other. One group, the more inclusive of the two, embraces mechanisms which apparently operate within the ego nucleus, or at least are characterized by a predominantly centripetal tendency; of these, repression, regression, introjection, and anxiety are examples. The other group, to which reaction formation and projection belong, includes primarily mechanisms which operate at the periphery of the ego, and display a predominantly centrifugal tendency. It is true that both varieties of mechanism are active within the total personality and are undoubtedly responsible through their interoperation for the pattern of our relation to the environment, yet repression, regression, introjection and inhibition, though by no means passive, always signify resignation, while the second group is marked by a far higher degree of aggression against the environment, and is to be considered responsible for the conflicts with the environment characteristic of neurotic behavior. If we adopt such a classification as this, we find that the defensive mechanisms arrange themselves in an ascending scale,

---

Read before the ninety-second annual meeting of the American Psychiatric Association, joint session of the Section of Psychoanalysis and the American Psychoanalytic Association, at St. Louis, Mo., May 6, 1936.

[1] Anna Freud's latest book, *Das Ich und die Abwehrmechanismen* (Int. Psa. Verlag, Vienna, 1936), discusses *in extenso* all the known forms of defense processes. It is unfortunate that this very suggestive and significant volume, the first monograph of its kind, reached the writer only after his paper was written.

at one end of which we have the predominantly "passive" and centripetal ones, of which repression is the prototype, and at the other those which are predominantly active and centrifugal, the prototype of which is projection. For the sake of brevity we may term the two groups of defensive mechanisms the *central-passive* and the *peripheral-active*.[1] It is obvious that the problem of the choice of neurosis, a problem which has long confronted us, yet which is still unsolved, is identical with the choice of defense. Should we succeed eventually in discovering the conditions which determine the neurotic's selection of now a *central-passive* method of defense, now a *peripheral-active* one, the obscurity surrounding the choice of neurosis would be largely dispelled.

1.

Intuitive thinking has long recognized not only the existence of projection but even its function as a mechanism of defense against a disowned or unacceptable instinctual drive. Helen's plea that Aphrodite had come with her son to Menelaus's house is exposed by Euripides as a projection: "How laughable!" Hecuba exclaims, "when you saw him, it was your own thought that became 'Aphrodite'."[2] The sixteenth century author of the notorious *Malleus Maleficarum* has given us an excellent definition of projection. "For fancy or imagination", he wrote, "is as it were the treasury of ideas received through the senses. And through this it happens that devils so stir up the inner perceptions, that is the power of conserving images, that they appear to be a new impression at that moment received

[1] It is to be noted that in this paper we consider only *psychodynamic fundamentals* of defense, not complex reactions or symptoms, as is sometimes done by writers on psychoanalysis. (See Joan Riviere, *Jealousy as a Mechanism of Defense*, Int. J. Ps-A. XIII, 1932). For the same reason I have not included *depersonalization* in my enumeration of the known defense mechanisms, the list of which, it is true, cannot be regarded as either complete or final. The rather uncommon defense mechanism of depersonalization will be the subject of a separate paper which will present case-material showing projection alternating with depersonalization in defense.

[2] Euripides: *Trojan Women.*

from exterior things." [1] Thomas de Quincey, in the Confessions of an English Opium-Eater, relates: "To my architecture succeeded dreams of lakes and silvery expanses of water—these haunted me so much that I feared, though possibly it will be ludicrous to a medical man, that some dropsical state or tendency of the brain might thus be making itself, to use a metaphysical term, objective; and the sentient organ projects itself as its own object". H. G. Wells tells us that Mr. Polly "projected upon the world" the discomfort of the indigestion from which he suffered nearly every afternoon of his life.

Turning to the earlier psychiatrists, we find Karl Ludwig Kahlbaum, the most eminent of Kraepelin's predecessors, describing a patient in the following terms: "He is the plaything of mysterious powers or of his own self-accusation; or else his own disorder is projected out in such a manner that it leads to the perception of transgression in others, and the patient becomes the accuser and the persecutor of his environment".[2]

Thus we see a Greek dramatist, a medieval ecclesiast, a nineteenth century essayist and a twentieth century novelist, as well as a pre-freudian psychiatrist, all speaking clearly though intuitively of projection. Even a child, not quite six years old, as will be seen later, may evince a fair comprehension of the nature of projection.

Projection phenomena, by which is meant the train of phenomena beginning in the objectification of our sensory perceptions, whereby these latter become for us the external world, are in the analyst's daily work perhaps the mental mechanisms most frequently met with. Since projection forms, moreover, one of the most popular methods of defense employed by the ego in its struggle against the id, it may be pertinent to review and to organize, so far as we may, our knowledge of the subject. It would seem too that a survey of this sort is in keeping with the spirit of the time, which in the

[1] Zilboorg, Gregory: *The Medical Man and the Witch during the Renaissance*. Baltimore: The Johns Hopkins Press, 1935.

[2] Kahlbaum, Karl Ludwig: *Die Gruppierung der psychischen Krankheiten und die Einteilung der Seelenstörungen*, 1863. P. 192.

psychoanalytic field is not so much a period of exuberant creation and expansion as perhaps of all-important consolidation and working through. It should further be helpful to treat the subject of projection not only in that aspect of it which is most commonly stressed, namely, paranoia, but from various other angles as well, both clinical and nonclinical. By so doing, it may become possible to arrive at some general formulation which would specify the origin and the rôle of projection as the most outstanding representative of the *peripheral-active* group of defense mechanisms, and unify such seemingly unrelated phenomena as superstition, ideas of reference, animistic thinking, racial prejudice, phobias, hypochondria and paranoia.

My brief survey may be conveniently divided into three parts: the ecology and dynamics of projection, its evolution, and its representative manifestations.

There are certain psychical soils, so to speak, which are favorable to the growth of projection. Thus, its *ecology* is characterized, as in fact we might expect, by the following:

(a) *Narcissistic fixation and regression,* which is the factor genetically most potent. It is self-evident that much depends upon the extensiveness of this fixation; namely, whether the projection becomes embedded in a solid psychotic structure or is only intermittently employed as a weapon of defense within neurotic or normal conditions.

(b) *Ambivalence of feelings,* which Freud has long considered essential to the mechanism of projection, since it is the repressed component of the dual affective attitude that undergoes projection. As is well known, Victor Tausk,[1] and later Karl Abraham,[2] spoke of the "partial projection of ambivalent tendencies". We may recall here Tausk's Nataliya, with her ambivalent attitude to her suitor, which made her act out the negative side of the ambivalency conflict and project its positive one.

[1] Tausk, Victor: *On the Origin of the "Influencing Machine" in Schizophrenia.* Trans. by Dorian Feigenbaum. THE PSA. QUARTERLY II, 1933.

[2] Abraham, Karl: *Selected Papers on Psycho-Analysis.* London: Hogarth Press and the Institute of Psycho-Analysis, 1927. Pp. 418–501.

(c) *Obliteration of ego-boundaries.* As contrasted with the normal development under the increasing guidance of the reality-principle, whereby a discrete ego entity develops out of a pre-ego *unio mystica* (the child-breast-mother unity), the dominance of the pleasure-principle causes a more or less complete inability to achieve a differentiation between the "I" and the "not-I"—an inability which may be carried to the point where the subject's idea or sensation becomes endowed with cosmic significance. Schreber, for example, thought that his sexual metamorphosis into a woman affected cosmic affairs and would bring about the salvation of the world.[1] It is to this tendency to expand an isolated thought into a philosophical system that Robert Wälder gave the rather apt although not widely adopted term *hypergnosis,* by which is meant a kind of hypertrophied apperception *(Hineinsehen)* of external reality, in contradistinction to *agnosis* or diminished perception.[2] A complete breakdown of object-cathexes may be regarded as the final culmination of this obliteration of ego-boundaries.

The conditions which favor the actual recourse to projection—most probably responsible, too, for the choice of the type of neurosis—may be created at any time by such factors as the following:

(a) *Emergencies* which arise in the individual's life and bring about an inner realization that restoration of a cathexis is imperative and can no longer be postponed. One of Freud's most brilliant contributions to clinical psychiatry is the demonstration that Schreber's delusional system was a desperate attempt to restore his lost world. Unlike ourselves, Schreber failed to establish a relationship between himself and the outside world such as the normal individual achieves so easily after the model of his infantile *unio mystica.*

(b) *Sense of guilt* and the consequent moral cry of the superego: "Not I—but they!". Here we may settle a point of

[1] Freud: *Psychoanalytic Notes upon an Autobiographical Account of a Case of Paranoia (Dementia Paranoides),* 1911. Collected Papers III.

[2] Wälder, Robert: *Schizophrenic and Creative Thinking.* Int. J. Ps-A. VII, 1936. Pp. 365–76.

some pertinence. The hypothesis is advanced in some quarters (Melanie Klein) that the earliest infantile identifications are to be regarded as synchronous with the erecting of the superego (and naturally with the sense of guilt), and that these identifications occur as early as in the second half of the first year.[1] If this be correct, then projection phenomena are likely to occur at a very early age indeed—prior to the resolution of the œdipus complex. Moreover, it is obvious that projection without benefit of superego cannot come into consideration at all. Furthermore, the hypothesis just mentioned would conflict with the very suggestive statement in Inhibitions, Symptoms and Anxiety: "It may easily be that the psychic apparatus utilizes other methods of defense prior to the clear-cut differentiation of the ego and id, prior to the erecting of a superego, than it does after these stages of organization have been attained",[2] and would doom a statement propounded in another quarter (H. Nunberg) which, applying Freud's thought to a special form of defense, namely, projection, stresses the necessity for differentiating between the pre-superego and post-superego projections. I incline to agree with Anna Freud who warns us not to concern ourselves overmuch with the still obscure problem of chronology, but recommends the study of detailed manifestations of the phenomena of defense.[3]

(c) *Hypertrophied need for love;* cathexis at any price. Freud pointed out long ago that unconscious all-absorbing thirst for love is at the root of the paranoiac's awareness of hostility around him.[4] In this connection I once had the occasion to note a converse situation, in which intuitive insight into another person's projection was predicated upon the observer's perfect gratification of the need for love. A little girl, not quite six, healthy and amply provided with parental love, having been told the story of a man who always felt hated by others, declared after a few moments' reflection: "Oh, I know why. He hates the others. Because when mommy

[1] Klein, Melanie: *The Psycho-Analysis of Children.* New York, 1932. P. 233.
[2] Translation by Henry Alden Bunker, THE PSA. QUARTERLY V, 1936.
[3] *l.c.*, p. 63.
[4] *l.c.*

wants to go to the toilet she asks me if I need to go." This explanation—which shows an intuitive understanding of projection as the ascription of one's own idea to someone else—was undoubtedly predicated by the child's invincible conviction of being loved; for her experience tells her that anyone who thinks he is hated cannot be correct. Such a person could have derived this idea only from within himself—in the same erroneous way as her mother derived from her own desire to go to the bathroom a belief that her daughter also desired to do so. Contrariwise, in paranoia it is the hypertrophied unconscious need for love that creates the delusion—a delusion stubbornly resistive to insight.

Two decades ago, Victor Tausk made a notable attempt to differentiate stages in the development of projection.[1] He was able to trace its evolution from peculiar sensations accompanied by awareness of an originator within the patient himself, to the fully developed construct of an "influencing machine". Intermediary stages in this evolution were: first, a feeling of inner change accompanied by awareness of an originator who, although existing within the patient, was not the patient himself; second, hallucinatory projection of the inner occurrence to the outside world, without at first any awareness of an originator, but succeeded by such awareness as a result of identification; third, projection of the inner occurrence to the external world and belief in an originator produced by the paranoid mechanism; and, finally, the stage at which a feeling of inner change was attributed to the workings of an "influencing machine" manipulated by enemies. Tausk modestly invited further verification of his observations, but nothing has thus far been done in this direction. All we can do at present is to trace in a general way the development of projection from its normal to its neurotic and psychotic forms.

To deserve its designation, "normal" projection must be predicated upon minor injuries to ego-boundaries and a minor degree of weakening of the reality-testing faculty such as are

[1] *l.c.*

characteristic of normal early childhood. Its outstanding manifestation is animistic thinking, the personification of natural phenomena.[1] An instance of this is the child's fantasy of parental cannibalism derived from the projection of the child's oral aggressivity upon the parents. According to Róheim,[2] the infant's earliest aggressive activity—to eat his mother, to penetrate her with his growing teeth—is later projected upon the object of aggression, thus originating the notion of the cannibalistic mother, and also father. The fantasy-theory of the child is fostered by the actual though unconscious cannibalistic impulses of the parents awakened in them by their very contact with their children. Indeed, Australian parents have been said to eat their children on occasions.[3] (Incidentally, this suggests that frequently there is a grain of truth in the delusional projections of paranoia.)

Dreams, as we know, are, among other things, projections which attempt to externalize the conflict inherent in them.[4] An unusually instructive dream-triptych illustrative of this Freudian concept is cited in a recent contribution from the Vienna Psychiatric Clinic.[5] A female patient suffering from pronounced acromegaly relates three dreams containing the same inner conflict: (a) "I am being chased by an unnaturally large horse. I am afraid it will bite my hands off. In my despair I grapple with it, grasp it by the head, and break its lower jaw." (b) The patient confronts a male persecutor, pulls off his shoes and tears them to pieces. (c) The patient kills a cat that had bitten into the flesh of her hand. In each of these dreams we see the patient utilizing the parts of her body—the lower jaw, the foot, the hand—which had been enlarged by her disease. The mechanism of projection is easily discernible

[1] Freud: *Die Zukunft einer Illusion.* Ges. Schr. XI. P. 430.

[2] Róheim, Géza: *The Riddle of the Sphinx.* London: Hogarth Press and Institute of Psycho-Analysis, 1934. P. 37.

[3] *ibidem.* P. 39.

[4] Freud: *The Interpretation of Dreams.* Translation by A. A. Brill. Second Edition. New York: Macmillan Company, 1933.

[5] Stengel, Erwin: *Zur Kenntnis der Triebstörungen und der Abwehrreaktionen des Ichs bei Hirnkranken.* Int. Ztschr. f. Psa. XXI, 1935.

here. The dream-work consists principally of extirpation of the disturbingly alienated parts of her body-ego. Moreover, analysis of these dreams showed them to be a defense against the patient's dreaded masculinization.

Dr. Schilder cites the case of Frankl-Hochwart, the late Viennese neurologist, who dreamed once that he had to extract a soldier's tooth and awakened with a tooth-ache; another time he dreamed that he was called upon to perform an ileus operation and awoke with abdominal pains.[1]

Imaginative literature, poetry and fiction, also dramatic art, has the same cathartic function for author, actor, and spectator—of course, in varying degrees. It is only repeating a commonplace to say that most literature is autobiographical in content and therefore a form of projection.

Most religious beliefs and superstitions are examples of normal projection—in particular, totemism in the infinite variety of its manifestations. We may cite the case of the biblical scapegoat which on the Day of Atonement was charged by the priest with the sins and transgressions of the people and then driven away to the wilderness, to the top of a high precipice, whence it was dashed to pieces. The "evil eye" is certainly a projection of the subject's own hostility in the same manner as the belief in the incubus, the nightmare, the devil, and other creatures of ill omen, is a projection of a disavowed and repressed desire of an erotic or aggressive character.

Prejudices, too—antisemitism, for example—may be essentially a projection of repressed (displaced) aggressivity, while on the other hand the Jew's awareness of antisemitism may sometimes be based not so much on actual reality as on a projection of his own unconscious hostility towards non-Jews.

A normal projection of greatest significance to human society is what we may call the anthropomorphism of machinery. From his subtle analysis of the "influencing machine" in schizophrenia, Tausk extrapolated the following hypothesis: "The machines produced by the wit of man are fashioned after

[1] See Schilder, Paul: *Medizinische Psychologie.* Berlin: Julius Springer, 1924. P. 167.

the likeness of the human body, an unconscious projection of his own bodily construction".[1] The "robot" idea, it may be added, is possibly the highest form of this anthropomorphization. Tausk's view, taken up years later by Hanns Sachs in his excellent study of the Delay of the Machine Age,[2] led to the theory that the Greeks, though they came very close to it, failed to produce our type of mechanical civilization because of a deep-seated inhibition due to narcissistic conflict. The narcissism of the ancients, which was greater than our own, though feebler than in the schizophrenic, inhibited creative activity tending to produce machines. The sense of the "uncanny", experienced when confronted with life-like machines, is probably due to this inhibition. A more modern manifestation of it is to be found in Samuel Butler's abhorrence of machines.

Thus far so-called normal projection. We call it normal because its effects may be socially indifferent or beneficial, or else inhibiting or harmful only in association with other factors, sociological or economic. Moreover, the subject is not aware of the conflict underlying his "normal" projection; no one has yet come to a clinic to ask for pills or hydrotherapy for his antisemitism, nor do we think of institutionalizing people who dislike engines. A more objective criterion of normal projection, clearly, is the ease with which all these defensive projections lend themselves to successful rationalization. Only when projection brings in its trail subjective suffering or objective irrationality, or both, does it become a subject of psychopathology.

2.

In my paper on Morbid Shame, read before the Lucerne Congress of the International Psychoanalytic Association (1934), I discussed castration fear in a woman patient and in particular its manifestations in the form of the illusory penis.[3]

[1] *l.c.*

[2] Sachs, Hanns: *The Delay of the Machine Age.* THE PSA. QUARTERLY II, 1933.

[3] This paper will be published later.

The patient's masochistic relationship to her lover appeared as a striking form of psychological symbiosis in which she tried to convert her lover-host into a parasite preying on herself. From this case I generalized, further corroboration pending, that an illusory penis might either be localized in various regions of the body, thus giving rise to a variety of symptoms of the order of conversion hysteria, or else might be projected outward upon other persons, even to the point of endowing the body and personality of the other individual with the rôle of the illusory penis which had been cast adrift. This case seemed to me an extremely instructive example of the instability of ego-boundaries. I designated the two methods of resolving the illusory penis conflict as *endosomatic* and *exosomatic*.[1] The "exosomatic" solution of the conflict by projection of the illusory penis upon the outer world has received less attention than the more familiar "endosomatic" means. It is obvious that endosomatic projection—without being recognized as such—is evidenced most frequently in conversion symptoms, in which the projection naturally does not pass the bounds of the body, yet retains the essential characteristics of projection, namely, defensive purpose, expulsion from the danger zone, and libidinization (genitalization) of another organ remote from the locus of the alien excitation.

[1] The terms "endosomatic" and "exosomatic" are *topographic,* indicating merely the range or bounds of a projection, a specifically neurotic projection, and should not be confused with the much broader terms "autoplastic" and "alloplastic" introduced by Freud to designate certain *dynamic* relationships to reality of the normal and psychotic personality. (Freud, *The Loss of Reality in Neurosis and Psychosis* [1924], Collected Papers II.) These Freudian terms were also used by Ferenczi, but in a considerably different—bioanalytic—sense, when describing conversion hysteria as a kind of organic regression to a primitive ontogenetic and phylogenetic level of development. (See Ferenczi, Sándor, *The Phenomena of Hysterical Materialization,* in: Further Contributions to the Theory and Technique of Psycho-Analysis, pp. 89–104.) Alexander speaks of the "alloplastic" acting out of neurotics and, specifically, of the "alloplastic" delinquent acts performed by the type named the "neurotic criminal". (See Alexander, Franz, *Psychoanalysis of the Total Personality.* N. Y. and Washington: Nerv. & Ment. Dis. Pub. Co., 1930; and *The Neurotic Criminal* in: Character Diseases and the Neuroses [Psychopathology Number], ed. by Dorian Feigenbaum. N. Y.: Med. Rev. of Reviews, March, 1930.)

This can be further illustrated by reference to the case of a patient in which the working through of homosexual drives met with enormous resistance, which was finally overcome by the establishing of a positive transference characterized by brief but intense accessions of sensuous fantasies directed towards the analyst. When the patient casually attempted a show of gratitude to the analyst, he all at once relapsed into complaints and accusations against the analyst and simultaneously exhibited a peculiar transient symptom. He reported a painful sensation of intumescense along the axis of the temples, associated with a memory of a hallucinatory-like sound he often used to hear about the age of three (which analysis had shown to be linked with an early infantile episodic paranoid condition, related to masturbation). The sensation in the head, he later declared, was preceded by a sensation that his penis was, as he expressed it, "shrunken and mushroomed out". It is plausible that this transient conversion symptom was a defense against the dreaded homosexual impulses awakened by his grateful affection for the analyst. Genital excitation was eliminated by rapid transfer to the skull amounting to an endosomatic projection.

The exosomatic type of projection which may be a means of escape from fictitious external danger set up as a substitute for internal instinctual cravings, is most fully represented by phobias, of which Little Hans is the classic example.[1] Nor is it easy to recognize any material difference between the mechanism of projection in phobias and in paranoia.

If we recall that practically all cases of paranoia have been observed to start with a hypochondriacal phase, a kind of incubation period, we may have to conclude that paranoidal, i.e., exosomatic, projection is evolved from a preparatory stage of hypochondriacal, endosomatic projection. The transition from hypochondria to paranoia is more understandable when we realize that hypochondriacal concentration upon one organ makes the part of the body exosomatic from a psychological

[1] Freud: *Analysis of a Phobia in a Five-Year-Old Boy*, 1909. Collected Papers III.

point of view. Freud, by the way, was amply justified in asserting that any trustworthy theory of paranoia must cover the hypochondriacal symptoms.[1]

We also encounter endosomatic projection in purely depressive states. Tausk alluded to this fact as early as 1919 when he stated that genuine depression is a form or delusion of persecution by one's own conscience [2]—a sort of introverted paranoia, if I may be permitted the term. Due to Abraham, we now have a better understanding of the outcome of the struggle for the ejection of the totally incorporated object from the depressive, and of the partially (anally) introjected love object from the paranoiac personality.[3]

I would also refer briefly to projection in a case of female frigidity, in which the underlying neurotic character was featured by a constant flight from anxiety situations, habitually by oral regressions. A young woman, thoroughly distrustful at bottom but wearing a most efficient disguise of overfriendliness and gushing cordiality, dreams as follows: "I have been with Mrs. X. There was something about planting privet." The day residues were gossiping—something quite contrary to her habit—with Mrs. X about their superior in office, an elderly woman. While telling this story, she suddenly stops and remarks that somehow she does not feel her usual confidence towards the analyst. She proceeds to associate by relating that "privet" reminds her of privies in her hometown, in which she used to smoke and masturbate. Her mother would watch her to see that she did not stay too long in the toilet. The projective mechanism is obvious. Her feeling of guilt for betraying her superior is projected by her attempt to discredit the analyst. This example, banal as it is, illustrates a type of projection which may pervade the whole character structure of a neurotic.

[1] Freud: *Psychoanalytic Notes upon an Autobiographical Account of a Case of Paranoia (Dementia Paranoides).* Collected Papers III.

[2] *op. cit.*

[3] *op. cit.*

3.

From every analysis carried to a satisfactory conclusion we learn anew of the immense difficulties with which the patient, after a successful demolition of his reaction formations, has to struggle in order to achieve—as it were a passing through puberty once again—an ego-ideal of his own which, through identification with the analyst, is biologically and psychologically more adequate. If the troublous years of his neurosis were filled with defeats due to psychologically false and biologically useless introjections, now he must form an ego-ideal of his own based on more pragmatic introjections. In other words, during the convalescent period a new ego-ideal must arise from the ruins of the reaction formations. Shortly before the end of such an analysis we sometimes observe the fascinating flaring up of bygone symptoms (castration anxiety, in the foreground) culminating in a brief period of pessimism, resignation, distrust, accusativeness—all of them projection phenomena—which finally exhaust themselves under constant watchful analytic work. As a *dénouement* of this situation we ultimately observe a rise of new definite desires, plans and attitudes indicating the achievement of the analysis. Another situation, of opposite outcome, appears with the onset of a psychosis: reaction formations have been demolished only to give free play to newly arisen instinctual drives which burst out eruptively, sweeping away all repression and, by a regressive relinquishment of reality, achieve an alien fantasy-ego (fantasy-introjects).[1] Here, too, projection is the preferred method for the demolishing of reaction formations; here, too, the newly acquired fantasy-reality is a product of re-introjection. The interplay of introjection and projection is apparent. There is also a third and quite different development possible, namely the delinquent ego. In this case there are no socially acceptable reaction formations nor the reality-alien world of fantasy. We have to assume that *introjects of the second order*

[1] Compare the Schreber case.

have become set up in place of the (parental) *introjects of the first order,* again by distinct projection of the most aggressive character. Everything that stands in the way of achieving this goal is extirpated, root and branch—with an egocentric evaluation and justification suggestive of a maniacal delusion of grandeur.[1]

Let us examine the three so discrepant situations just referred to. One feature common to all three of them is the struggle to achieve genitality. The neurotic at the completion of his analysis, the pre-psychotic, and the delinquent alike desire the penis or a substitute for it. The first arrives at his goal by means of reintrojection, i.e., re-forming his *introjects of the first order;* the second deviates into a fantasy-goal on the anal-oral level (anal-oral introjects); the third, remaining on the phallic level, finds a substitute for genitality in actions rooted in the belief in his omnipotence (magical thinking), acquiring *introjects of the second order.* Since genitality implies adjustment to reality, we get a threefold utilization of the projection mechanism: the convalescing neurotic

[1] In the light of these remarks the criterion employed in criminal procedure, that of the ability of the accused to tell right from wrong, is seen to have a deep psychological meaning—even though the opposition of modern psychiatry to this procedure is at the same time justified. It is implicit in this criterion that the criminal law puts in the hands of the criminal himself the judgment (condemnation) of his act—whereby the conscience of the judge is relieved of responsibility. If the delinquent knows the difference between "right" and "wrong", and nevertheless chooses the "wrong", he destroys thereby the social, i.e., the parentally introjected and reality-compatible principle, the defense of which the preservation of society demands. The "wrong" comes about after the delinquent has given up *in toto* his *introjects of the first order,* and the "wrong" necessarily has for us the appearance of strangeness since we know nothing of his *introjects of the second order.*

We are here reminded of the embarrassment to which psychoanalysis is subjected when confronted with the question of the superego in the delinquent, with the question of its topography and its strength. But the hypothesis of *introjects of the second order* may very well clarify this problem: the delinquent's superego is deeply repressed (perhaps atrophic), rendered inoperative, and cannot come within the sphere of our observation since it must necessarily be a *superego of the second order,* and as such subject to different laws from those to which a socially compatible superego (sc. "of the first order") is subject.

accepts reality and unwillingly resorts to projection in the transient state of general distrust and resignation—in which he is justified by his former unfortunate identifications; the pre-psychotic, on the road to a substitute fantasy-reality, resorts to projection in a final attempt at self-cure (sc. to escape castration anxiety at any price); the delinquent finds a substitute for reality in combating it, and projections serve him by sanctioning the delinquent (id-) act, i.e., by approving of the newly acquired *introjects of the second order.* (See table.)

	projection	striving for genitality	superego	ego-ideal; reintrojection	reality
convalescent from neurosis	passive adherence to former *imagines,* resulting in distrust (relapse into anxiety)	successful	back to norm: not interfering with ego-ideal	ego-ideal tested and re-formed: *belated introjects of the first order*	accepted
pre-psychotic	passive homosexuality (castration anxiety)	abandoned; regression to anal-oral-magical level	strong, but "undone" by ego-ideal	establishment of fantasy-introjects (fantasy-ego)	denied; "autoplastic" creation of fantasy-reality
delinquent	hostility (anxiety)	abandoned; phallic omnipotence pre-eminent	*of the second order*	establishment of *introjects of the second order*	drive to subjugate it

It is hardly surprising that projection should be the major mechanism generating auditory hallucinations. These hallucinations are considered by Freud to be "products of decomposition of conscience", whereby the former parental introjects are externalized again, assuming an acoustic character.[1] Here,

[1] See Weiss, Edoardo, *Der Vergiftungswahn im Lichte der Introjektions- und Projektionsvorgänge.* Int. Zschr. f. Psa. XII, 1926.

too, a reintrojection frustrated is instantly followed by an activation of projection producing the voices.[1]

Finally, we must not forget that projection being an eliminatory process is essentially a vital function, the absence of which may be detrimental. Mental debility or schizophrenic deterioration, for example, is characterized by various degrees of paralysis of the projection faculty.

Summarizing, we note that: (a) projection belongs to the *peripheral-active* group of defense mechanisms, in contradistinction to the *central-passive* one, and that it is the most aggressive in its group; (b) the target of this aggressive defense mechanism may be either an object-cathexis (*exosomatic* projection) or a bodily organ (*endosomatic* projection); (c) projection is a preferred method of defense in conditions characterized by a struggle for genitality, such as in convalescence from neurosis, in early phases of psychosis, and in delinquency, in which it facilitates the establishment of *introjects of the second order,* as well as a *superego of the second order;* and (d) all forms of projection are reducible to a fundamental defense mechanism appearing in various clinical pictures corresponding to a gamut of specific stages of development, ranging from the "normal" in dreams, beliefs, superstition, prejudice and creative work, to the pathological in hysteria, hypochondria, phobia, depression and paranoia.

[1] I am reminded in this connection that whenever Kraepelin gave a clinical demonstration of patients with "voices", he would call attention to the similarity between the rhythm of the voices and that of the patient's pulse beat. Thus he intuitively guessed that the voices which the patient localized in the external world were actually projections of the patient himself—"out of his own body" so to speak. It is unfortunate that this great psychiatrist did not hesitate, at the same time, to condemn the theory of projection as a defense against homosexual drives in paranoia as "airy" and "wholly unsubstantiated".

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Ego Development and Certain Character Problems

Ives Hendrick

To cite this article: Ives Hendrick (1936) Ego Development and Certain Character Problems, The Psychoanalytic Quarterly, 5:3, 320-346, DOI: 10.1080/21674086.1936.11925288

To link to this article: https://doi.org/10.1080/21674086.1936.11925288

EGO DEVELOPMENT AND CERTAIN CHARACTER PROBLEMS

BY IVES HENDRICK (BOSTON)

Introduction to the Problem

The psychoanalyst encounters a variety of clinical problems in which not only a conflict of instinct and ego, but a deficiency in the ego-organization is clearly apparent as well. Investigation of these problems has so far yielded inconclusive results. This is due not only to the greater difficulty of these problems, but to a widespread predilection to interpret them in terms of what is much better understood—the dynamics of the transference neuroses.

The fallacy of this approach is its arbitrary assumption that the ego of a schizoid or paranoid character, for example, is organized and functions as Freud [1] has demonstrated in the formation of psychoneurotic syndromes. Though investigators constantly stress that the characteristics of the libido vary at different developmental levels, yet they generally ignore the development and transformations of ego-functions in the first years of life. There is no more obvious platitude than the statement that a two-year-old ego, a three-year-old ego, a five-year-old ego represent different stages of development which affect the organization of all instinctual drives and perceptual experiences. Nevertheless, psychoanalysts habitually discuss the ego's reactions to precœdipal situations as though the ego always reacted to instinct and anxiety as it does after a normal or neurotic resolution of the œdipus complex. The

---

Read October 26, 1932, before The New York Psychoanalytic Society as a previously unpublished section of *Pregenital Anxiety in a Passive Feminine Character* (PSA. QUARTERLY II, 1933); and separately, February 9, 1935, before The Chicago Psychoanalytic Society.

[1] Freud: *Hemmung, Symptom und Angst* (Inhibitions, Symptoms and Anxiety), 1926. Trans. by Henry Alden Bunker now appearing serially in this QUARTERLY, 1935–6. And, *Das Ich und das Es* (The Ego and the Id), 1923. Trans. by Joan Rivire. London: The Institute of Psychoanalysis and the Hogarth Press, 1927.

ego's defense against the anal sadism of a two-year-old, for example, is often discussed as though it must have the same characteristics as the ego's reaction to a castration-trauma at four. This fallacy has been prevalent apparently because only the later aspects of ego-organization have been well described. But the fallacy has not been generally recognized.

There are a large number of character problems which we may understand better if we can analyze their relationship to defects in the earlier development of the ego. Those which we shall consider here are alike in the complete or partial failure of the ego to execute some function which is highly developed in both psychoneurotic and "normal" people. Such ego-defects are apparent in either the social relationships or the conscious fantasy life of the individual. The former group of defects is shown by an incapacity for certain forms of behavior and human relationship by which the "normal" ego mediates gratification of an instinct; these impairments are made apparent by excessive inhibitions or incomplete object-relationships, and so do not manifest the characteristic features of symptom formation and reaction formation observed in the various psychoneurotic solutions of repressed impulses. The second group of defects in ego-function is shown, when the patient's confidence is obtained, by the presence of unmodified pregenital fantasies which are consciously though secretly experienced; they are accompanied by relatively little of the active guilt feeling and defensive repression which signalize the emergence of such fantasies into consciousness during the analysis of transference neuroses.

From a descriptive standpoint these problems of ego-defect resemble psychoneurotic characters in that intolerable anti-social conduct and the need for custodial care are absent in both. But, from a dynamic standpoint, the inhibitions in social relationships and the deficient repressions suggest a closer relationship to the paraphrenic psychoses. The striking difference from psychoses is one of degree; the defect is not so extensive, the capacity of the individual to participate in ordinary human affairs is limited in certain ways under certain conditions, but is by no means abolished.

I shall not consider in detail the many varieties of ego-defect, but shall limit my discussion to three familiar personality types which illustrate it: the schizoid personality, the passive-feminine man, and the paranoid character. This will lead to certain tentative conclusions as to the development of the ego before the dominance of the œdipus complex. Finally, we shall suggest how analysis of defects in this early development of the ego may provide a more adequate explanation of certain adult character problems than their reconstruction in terms of the œdipus complex, genital repression, libidinal fixation and regression, unconscious guilt and castration anxiety, and other determinants of transference neurosis.

A Clinical Orientation

These ideas of ego development were suggested by striking clinical material. I shall illustrate it by referring briefly to two previously reported cases, selected because they represented unusually typical forms of ego-defect.[1] The first was a man of typical passive feminine character with no conscious homosexual trends in adult life, and no evidence of psychosis. In his erotic life he always avoided taking the initiative. In addition to a strong desire for oral gratification, analysis disclosed the strongly cathected fantasy that his penis was like a little mouth that sucked. In his nonerotic relationships to his wife, mother, and other men and women, in his work and recreation, the unconscious wish to suck was equally decisive. His presenting symptom was severe nausea under conditions which strongly aroused his desire to display himself to advantage. He had a variety of mild chronic neurasthenic symptoms.

The nausea was shown to be a typical hysterical conversion of his erotized wish to urinate as the dominant fantasy of his unconscious incest complex; it was intimately associated with typical phobias of large animals who represented the castrating father. Though thorough working-through of this material cured the hysterical symptoms, it did not affect a fundamental

[1] Hendrick, Ives: *Pregenital Anxiety in a Passive Feminine Character,* PSA. QUART. II, 1933; and, *Ego Defense and the Mechanism of Oral Ejection in Schizophrenia,* Int. J. Ps-A. XII, 1931.

change in the underlying passive character of this man. His incapacity for adequate self-assertion in any form was unaffected. Neither a theory that his instinctual endowment was inadequate, nor the facts of his double female identification (to be the girl-child and loved by mother, to be mother and loved by father), and the rôle of passive oral wishes in his erotic, social and vocational adjustment, are adequate explanations of his ego-defect. For analysis disclosed a large amount of latent aggression which was especially apparent in his abundant erection-producing fantasies of beating women's buttocks. The problem was, therefore, solved by analyzing neither the genital anxiety nor the female identifications; the problem was *why the passive aims were executed by the ego, while the aggressive ones were completely inhibited, and socially valueless, though not consciously denied.*

The analysis of the buttocks-beating fantasies, and the phobias of small animals which appeared during the course of this, not only gave a clinical answer, but was accompanied by a progressive and lasting personality change distinguished by the capacity for assertion both in his social life and in his erotic behavior which closely simulated genitality. His hand in the beating fantasies was shown to be a substitute for the penis—not, however, a penis which gives, but one which destroys as the mouth destroys. In the associated waking and sleeping phobias small animals represented an intravaginal penis which bites.

This material may be schematized as follows in order to distinguish clearly the psychoneurotic mechanism of the hysterical symptom from that which determined his more fundamental character problem:

Clinical Problem	*Mechanism*	*Typical Wish*	*Typical Anxiety Fantasy*
Nausea	Hysterical conversion	To urinate into mother	To be bitten by father
Inadequate self-assertion	Inhibition of aggression	To attack body contents with the penis	To be bitten intravaginally

The primary defects in this man's adjustment were, therefore, the result of an ego which was unable to deal with his aggression in an effective and mature way; his behavior was produced by defensive inhibitions of impulses which he indulged in conscious fantasy and was the result of repression of the fantasy and its normal or symptomatic gratification. Secondly, the decisive wish (to bite with the penis) and the associated anxiety fantasies originated in an early period of infantile development which followed the primacy of oral sadism. Thirdly, the failure of the ego to develop more adequate means of defense was the result of failure to solve the problems of what I shall call the "early phallic phase",[1] when penetration of the body is equated with the destruction of its contents.

The second case was that of a woman who presented a typical schizoid personality; her incapacity to attain adequate gratification from real relationships with people was sufficient to approach psychosis, though her intellectual functions and public behavior were normal, and her genuine desire for health of quite unusual intensity.

There are some striking resemblances between so typical a schizoid personality as this woman's, and the passive feminine man we have discussed. Both lack the capacity for mature self-assertion in erotic and social life; both are strongly inclined to preoccupation with aggressive fantasies of a primitive type which are absent or unconscious in both "normal" and neurotic people; both have defective object relationships. The decisiveness of these attributes in the conscious life of both types of individuals suggests the probability of fundamental similarities in the personality development. But there are at least two fundamental differences: the passive feminine man shows a much greater capacity for real affection and for winning gratification of his passive needs though not of his active ones; this capacity for normal passive relationships coincides with the unconsciousness of the primitive oral fantasies, which are preconscious in the schizoid. Secondly, analysis discloses that

[1] See pages 338–9

the dominant anxiety fantasies and the associated aggression fantasies of the two people are derived from different stages of development.

In the passive character, the aggression was primarily an early phallic fantasy, the anxiety was referred to the body contents. In the schizoid woman it was shown that her aggression was represented typically by a cannibalistic fantasy; it was referred to the breast, the penis, or the body conceived as a phallus. This, however, was revealed only when the analysis of fantasies of vomiting disclosed that its unconscious content was the fantasy of *ejecting the object,* and that this represented a defensive denial of the primary sadistic fantasy of devouring. The fundamental mechanism of the ejection fantasy was repeated in an inhibition of a strong desire to talk in English during analysis; there had been a similar inhibition when learning to talk German, her mother-tongue, as an infant—an inhibition of the wish to make her mother's words her own. Concurrently with the working-through of this material, the patient's capacity to deal with environmental and analytic problems improved. Especially striking was the evidence of a new capacity for identification with the analyst and other adults. We may schematize the essential points thus:

	Clinical Problem	*Mechanism*	*Typical Wish*	*Anxiety-Fantasy*
No adequate object-relations =	Inadequate self-assertion (as in passive feminine character)			
	+			
	Inadequate passive gratification	"Ejection"	To devour with the mouth	To be devoured by the mouth

That this case, or any other extremely schizoid personality, is primarily the result of a libidinal fixation during the passive oral or any other phase of instinctual development, seems to me to be an inadequate and erroneous explanation. It does not take into account the actual deficiencies in function. Success in securing the coöperation of patients like this will always reveal that preconscious fantasies representative of all

libido aims except the genital are abundant; indeed, they present—as do all passive feminine characters to a lesser degree—an amorphous, not sharply differentiated fantasy life (shall we call it a deficient "amphimixis"?). At any rate they show a striking lack of discrimination and of specific resistance to many types of pregenital fantasy which are inactive or repressed in both "normal" and neurotic people.

On the other hand, the defective ego-functions of the schizoid need only be pointed out to be obvious. We have just referred to the evidence of defective repression. Yet the ego is not so organized as to secure the adequate gratification of pregenital impulses, nor to transform them in such a way as to make them socially acceptable. Instead of repression, sublimation, symptom formation, and attainment of social gratification, the ego's most decisive function is that of inhibition. Moreover, schizoid people do not adequately solve their anxiety problems by identification.[1] They do not have an ego which has taken over external prohibitive agencies; instead, as a protection against retaliation from without, there is very extensive inhibition because of a basic generalized hostility.

As we know identifications to be the end-result of an initial oral-sadistic impulse, it is of special interest that in no other non-psychotic group is this evidence of a normal capacity for tolerating and executing introjections so defective as in very schizoid people. Furthermore, as in the paraphrenias, fantasies of incorporation and ephemeral identifications with the analyst and other adults are unusually abundant during periods of social improvement.

[1] The meaning of "identification" is not very exactly delimited in general usage. In the present paper I mean by "identification" (when I do not qualify it by such adjectives as "abortive" or "incomplete") the adoption of attributes originally perceived as those of other people as stable and consistent characteristics of the individual's ego and superego organization. I do not include, therefore, the imitation of another, the wish or fantasy of being alike, or ephemeral behavior-symptoms, or ideals determined by a temporary emotional relationship, unless these incidents represent a consistent and characteristic aspect of the personality pattern. (See further discussion, p. 333.)

I can confirm those [1] who have pointed out that while nausea sometimes represents a denial of cannibalistic wishes, (as well as the familiar conversion of anal and urinary wishes in other cases), it is found in manic-depressive psychoses and other conditions, as well as in schizoid and schizophrenic personalities. Certainly there is no evidence that the fantasy of oral ejection occurs in every case of marked schizoidism. But there is much evidence, some of which I have just mentioned, that the psychodynamics represented by the oral ejection fantasy—the incapacity to solve oral-sadistic drives and to establish permanent identifications—is characteristic of all people with this type of character defect. That cannibalistic fantasies are universally associated with the process of identification, and that abortiveness, impermanence, or absence of essential identifications are the fundamental variants from normal development which determine the partial defects of the schizoid ego, are two points which I do maintain. The ejection fantasy may therefore be considered as typical of the essential dynamic factor in the development of these personalities, even though its somatic expression and the analysis of the fantasies represented by nausea in this case must be regarded only as a specially clear example of the mechanism.

I am, therefore, led to the tentative conclusions that in the case of this passive feminine man, the basic mechanism was the

[1] See comments by Alexander, Silverberg, and Zilboorg quoted in footnote 46 to *Oral Ejection in Schizophrenia, loc. cit.*, and Hárnik *(Introjection and Projection in Depressions,* Int. Ztschr. f. Psa. XVII, 1931). Hárnik also discusses oral ejection fantasies during depressions, and calls attention to the German expressions: "Er wäre mir ein Brechmittel", "Er läge einem schwer in Magen". In English we say: "He makes me sick", or "He turns my stomach", as expressive of feelings opposed to: "He's my sweetie". See also Kolnai *(Eine Studie über den Ekel)*: Jahrb. f. Philosophie, abstracted in Die Psychoanalytische Bewegung: i, 229–31). Otto Fenichel *(Outline of Clinical Psychoanalysis,* trans. by Bertram Lewin and Gregory Zilboorg, W. W. Norton and The Psychoanalytic Quarterly Press, 1934, pp. 16–17) gives two excellent clinical examples of ejection fantasies without suggesting their dynamic significance. Herman Nunberg *(The Feeling of Guilt,* PSA. QUART. III, 509 ff) mentions the mechanism, but in my opinion should not regard it as a defense to avoid guilt, as it is a defense which originally antedates superego formation, and therefore occurs before guilt as the motive for defense is established.

inhibition of the impulses represented by fantasies of destroying the body contents with the penis; and that in the schizoid woman there was a similar failure to deal effectively with impulses to destroy with the mouth. More fragmentary material from less typical cases suggests that these or closely allied mechanisms are ætiologically decisive in similar types of ego-defect. The data are inadequate to prove it, but are sufficient to warrant careful consideration and more clinical investigation.

There is a third type of case which is closely related to these—the paranoid character without psychosis. For the typical paranoid character, like the schizoid and the passive-feminine types, also manifests a relative failure to attain genital gratifications, a rigid restriction of some social functions, and a relative deficiency of repression as revealed by the primitiveness of their preconscious fantasy-life. In contrast to the schizoid and passive-feminine characters, however, there is not the same massive inhibition of aggression. The aggression of the paranoid character is partially accepted by the ego, consciously experienced, active in social relationships, and emotionally reciprocated by others.

Though I cannot refer to a typical case of this kind analyzed by me, I think there will be some value in considering for a moment certain resemblances and differences of the paranoid reaction observed by me as incidents in various analyses, and in cases reported by other authors. Klein [1] in her studies of children, and Van Ophuijsen [2], Stärcke [3], Abraham [4], Harnik [5],

[1] Klein, Melanie: *A Contribution to the Theory of Intellectual Inhibition.* Int. J. Ps-A. XVII, 1931.

[2] Van Ophuijsen, J. H. W.: *Über die Quelle der Empfindung des Verfolgtwerdens.* Int. Ztschr. f. Psa. V, 1920.

[3] Stärcke, August: *The Reversal of the Libido-Sign in Delusions of Persecution.* Int. J. of Ps-A. VI, 1919.

[4] Abraham, Karl: *Selected Papers on Psychoanalysis,* p. 489. London: Hogarth Press, 1927.

[5] Hárnik, Eugen: *loc. cit.*

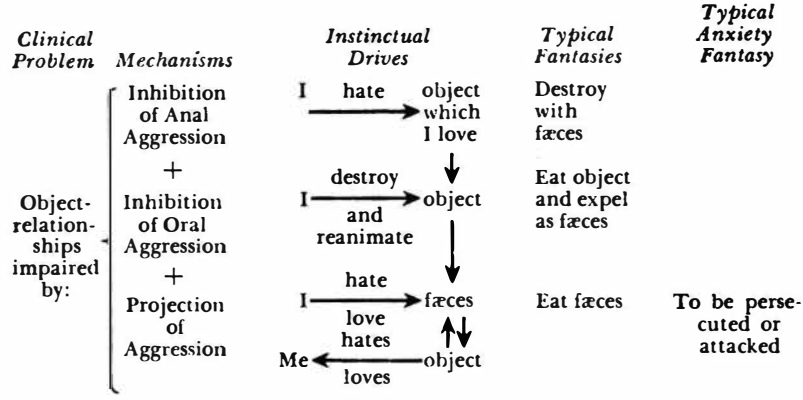
and Feigenbaum [1], in their studies of paranoid phenomena in psychoses, have shown that they derived from the anal-sadistic organization, during which aggressive fantasies involve both the act and the products of defæcation. Fæces are regarded as a beloved portion of one's own body, and also as an instrumentality for gratifying destructive wishes, and as the equivalent of the external object which is loved, hated, and feared. Moreover, strong impulses to oral aggression are also apparent during this phase, both in fantasies of devouring the object as a preliminary to fæcalization, and in fantasies of eating fæces which are equated with the object. All these varieties of aggression give rise to anxiety; the projection of hostility which is the most characteristic feature of the paranoid character is a defense which supplements inhibition and introjection.[2]

We may, therefore, reasonably infer that the deficiency of the ego of the paranoid character is the result of a failure to attain a stable solution of another aggression-anxiety problem of infantile development. This closely interrelated group of aggressions and anxieties is more complex than those we have previously discussed. It is not our purpose to describe them completely, but only to emphasize certain points which have

[1] Feigenbaum, Dorian: *The Paranoid Criminal* in: Character Diseases and the Neuroses (Psychopathology Number, ed. by Dorian Feigenbaum). Med. Rev. of Reviews, March, 1930.

[2] The economic gain in projection appears to be that there is less anxiety associated with the idea of being hated by the object, than with the idea that the object will retaliate the subject's unprojected hostility. That is to say, the experience of hostility, and therefore the associated anxiety, is less intense when it is referred to an external agency than when it is perceived as one's own primary impulse. This may be due to the fact that projection accomplishes a division of the mental presentations of the hostile impulse; that the sum total of the hostility involved in the experience "I hate him and he hates me" is the same as that of the single experience "I hate him", but the intensity is less. In other words, projection is a successful defense so long as it is incomplete, and the hostility is experienced as though originating both in the ego and in the other person. This is supported by the fact that when projection is most complete, the intense anxiety of paranoid panics occurs. The important conclusion would follow that the amount of energy at the disposal of the ego which is mobilized by anxiety is proportional to the intensity rather than the amount of hostility, in the same way as the sensation of an electric shock is determined chiefly by the voltage of the current, not its amperage.

special relevance to our immediate subject. These are the facts that oral aggressions are an important part of the total picture; and that the ego-function of projection, like inhibition, is an expedient for avoiding anxiety situations which have not been permanently stabilized. The following diagram (though not entirely satisfactory) will serve to indicate the special aspects of paranoid function which are relevant to our thesis:



The comparison of these mechanisms with those of the schizoid and passive feminine characters reveals the fact that here too is a situation in which the completion of an identification or the dominance of a recurrent anxiety situation determines whether the ego functions in a mature and realistically efficient manner, or is crippled by the necessity of resorting to more primitive types of defense.[1] The defense at this stage of ego-libido development is no longer inhibition alone, but is supplemented by the more efficient mechanism of projection. In consequence, the ego of the paranoid is not essentially defective in its capacity to accept and give expression to strong aggressions, but is nevertheless defective in its capacity to socialize the aggression and thereby to establish and maintain adequate object-relationships.

[1] Feigenbaum also refers to intimate association of anal and oral sadism in paranoid conditions, and to "incomplete identification", *l.c.* p. 238; and observes, in a cured case of paranoia, "magical killing". See: *Paranoia and Magic*, J. of Nerv. and Ment. Dis. *72*, 1930.

A Theory of the Origin of Defective Ego-functions

Whenever, in such material, we can observe a consistent relationship between those defects of the ego which we describe and those critical fantasies which we discover, two tentative, but important, inferences are suggested. The first is that the critical fantasy represents the aggression whose associated anxiety produces the limitation of ego function which we observe. The second is that the specific type of ego defect results from the absence or incompleteness of the identification process which normally terminates this special phase of infantile aggression. By study of such material, we may reconstruct a series of typical situations early in psychological development which had not been adequately resolved when they arose in infancy, and have not been solved when they recurred in adult life.

These critical situations have several features in common. Each is initiated by an instinctual demand for aggression, whose real or fantasied execution involves injury or annihilation of the object. Its representation in the mind is an autistic fantasy, a fantasy not primarily determined by perceptual experience, a fantasy whose gratification is both impossible and without real value. Each is associated with anxiety that the object will retaliate according to the principle of the talion. At each pregenital level except the anal level, the association of this anxiety with the impulse to aggression provokes an inhibition of those activities which involve a gratification of the fantasy; at the anal level the defense may be inhibition, but when the fantasy system is fully developed projection also comes into play.

There is a further characteristic common to these several critical situations: in each the aim of the fantasy which provokes the inhibition is to master and retain the object by incorporating it. The type of introjection fantasy, however, differs in the different cases: in the schizoid the inhibited desire is for incorporation by mouth; in the passive feminine character by the phallus conceived as a destructive organ; in the paranoid

the organ of introjection is again the mouth, though the object is subsequently equated with fæces, and the fantasy projected. Thus the essential attribute of oral sadism (psychological incorporation) is not only a reaction to the frustration of passive oral wishes, but it recurs at each critical sadistic period of development.[1]

This relationship of defective ego-function with precedipal anxiety situations is of value not only as a lead in investigating the etiology of clinical character problems. It also serves as a basis by which we may infer from our study of the ego-defects of the adult what process in development has not been completed, and from this learn something about the normal development of the ego. My major inference from these data, from fragmentary observations in other cases, and from Klein's closely related observations of the fantasies of children, is that the normal development of the ego's control and mediation of instinctual impulses is the cumulative result of solving permanently a series of early anxiety situations. These solutions are more stable and more adequate than the more primitive mechanisms of flight from the external stimulus, inhibition of the impulse, or reduction of anxiety by projecting the hostile fantasy.[2] They do not merely provide protection from the immediate anxiety, but also a *permanent* solution of the critical situations.[3]

[1] Fenichel, Otto: *The Pregenital Antecedents of the Œdipus Complex* (Int. J. Ps-A. XII, 1931, p. 160, and page 328) also states that introjection is not always a process referred to the mouth. Hárnik's view *(loc. cit.,* pp. 447–8) that projection is based upon *oral* ejection also emphasizes the close relationship of identification-rejection mechanisms at various levels of development.

[2] See footnote 2, p. 329.

[3] Note Géza Róheim's statement *(Psychoanalysis of Primitive Cultural Types,* Int. J. Ps-A. XIII, p. 78, 1932), that aggressive impulses derived from the oral-sadistic attitude are transformed from id to ego strivings, and are successfully utilized by the ego in its struggle with the environment.

Melanie Klein, *The Importance of Symbol Formation* (Int. J. Ps-A. XI, 1930, p. 23) says: "The excess of sadism gives rise to anxiety and sets in motion the ego's earliest methods of defense." *(Ibid.,* p. 26): "The development of ego and the relation to reality depend on the degree of the ego's capacity at a very early period to tolerate the pressure of earlier anxiety situations."

I can see no reasonable expectation of penetrating our present ignorance of exactly what this process which provides for permanent solutions of these anxiety situations is. We call it "identification".[1] We know that identification is the end result of a process whose initial stages are accompanied by fantasies of incorporation. We know that it consists of the assimilation by the individual himself of certain attributes first perceived as those of other people. Identification is, therefore, both a defensive and a developmental mechanism. It is initiated by a situation in which an aggressive impulse evoked anxiety. It provides a *permanent* solution of this psychic impasse, and in doing so contributes certain *permanent* attributes to the personality, which previously were perceived as those of the object of the aggression. Clinically, when the process of identification is complete, the cannibalistic fantasies are no longer recovered. When it is incomplete, the fantasies represent an active impulse to aggression; there is at the same time anxiety accompanied by fantasies of retaliation. When these are dynamically affecting the personality a defect in the ego is shown, first, by the consequent inhibitions; but also by the absence of the capacity for some form of transformation and discharge of this portion of the total instinctual energy as useful aggression.[2]

This raises the problem of the specific functions that are contributed to the developing ego by each successive group of identifications. We may recall that the anxiety fantasy which seemed most pertinent to the problems of schizoid characters was that of being eaten by the object of aggression, and that the outstanding contrast between the ego of the passive feminine character and the schizoid was the ability of the former to establish true object relationships with the object of his passive aims. From this and similar data it would seem that the

[1] See footnote, page 326.

[2] Identifications which resolve precedipal anxiety situations differ from those which resolve those of aggressions associated with the œdipus complex, and those which follow its resolution, in that the identifications involve a part-object cathexis. (See p. 343.)

capacity for reciprocity of tender feelings (together with the capacity for repression and transformation of primitive oral fantasies) is first acquired by that process which normally resolves the anxiety arising from the impulse to devour the object. These early identifications, therefore, appear to contribute a specific group of functions to the infantile ego which are essential to its further maturation; these constitute a relatively stable capacity for relationships with other people which involve not only purely instinctual need and its gratification, but also the ego relationship of reciprocal tenderness, and, thereby, the capacity to execute those impulses which accord with the feminine identifications of the ego. Aggressive impulses, however, are still entirely hostile and destructive; they constitute a drive which the ego cannot yet utilize in social relationships; for any tendency to do this will involve the child in reciprocities disadvantageous to himself. Aggression against real objects must still be inhibited and expressed only in secret fantasies, or disguised by the substitution of play in which the behavior of the object is still under the control of the child himself.

When we similarly compare the inhibitory phenomena and the ego-reactions of the passive feminine character and paranoid characters, we may infer a similar process. The outstanding difference between the ego-functions of these types is the greater capacity of the paranoid character to act upon his aggressive impulses. We suggest that this phase of ego development is related first to the process whereby the individual assumes some of the aggressive attributes of the intravaginal penis, and secondly to the fantasy of incorporation to which his anxiety is referred.

A similar comparison of the fantasies and ego of the paranoid with those of individuals who manifest a well-developed and strongly cathected œdipus complex is equally suggestive. The outstanding function which first appears prominently during the primacy of the œdipus complex, anticipating in fantasies the activities of mature men and women, is the need to give. The boy seeks pleasure in the fantasy of evoking and gratifying

the passive aims of the female; the girl in the fantasy of a child to care for. We suggest that the attainment of these new organizations of instinct by the ego eventuates from processes related to the paranoid type of incorporation fantasy[1]; this differs from its predecessors in that the object which is represented in the introjection fantasy is for the first time the object of actively directed love, because it is equated with fæces and is therefore also a portion of one's own body. The love of fæces, therefore, represents an intermediate phase between narcissism and object love, and by the introjection of the object during this phase, the ego is permanently assured of the preservation of a minimum of narcissism, and can cathect an object without so great a menace. The penis can subsequently be utilized as an instrument of gratification by and for the object.

I am, therefore, suggesting that each phase of infantile aggression is terminated by identifications which contribute specific functions to the ego: that the developmental process corresponding to the fantasy of incorporating the breast results in the capacity for consistently reciprocating feelings of tenderness with the object, and acting accordingly; that the process

[1] Fenichel, Otto: *Pregenital Antecedents of the Œdipus Complex.* Int. J. Ps-A. XII, 1931, p. 166. "It is plain that the active phallic libido (i.e., of the *late* phallic period) is evolved from the active-excretion components of anal sexuality." This view coincides with mine, that the capacity for formation of the late phallic period is derived from the solution of anal-sadistic problems. Note the latent content of a dream of Fenichel's patient (p. 150): "I orally incorporate father's penis to satisfy the women with it, though I cannot with my own until father's is introjected." A patient of mine, the limitation of whose normal social and sexual functions, as well as his grandiose fantasies, approached a psychosis, after working out his own rôle in stimulating a woman to treat him sexually as though he were a girl, confessed with great difficulty that he had secretly been collecting notes on every detail of the analysis in order to become an analyst himself. The unconscious fantasy was to steal the analyst's penis and use it instead of his own. Though he had an erection when he was with a prostitute, he decided not to have intercourse, but to psychoanalyze her. While awaiting his father's death he had stolen pigment to paint his house. In associating to a dream repeating his father's death, he recalled that the father's penis seemed alive at the funeral, and that this had decided him to let his own carpentry tools rust, and to use his father's instead.

which corresponds to the fantasy of incorporating the intravaginal penis results in the capacity for aggression of a type which may be emotionally retaliated by the object; that the process corresponding to the incorporation of the object represented by one's own fæces results in the capacity for object-love and the desire for the pleasure of the object of aggression, a function essential to genital relationships.

Relationships of the Development of the Ego and the Instincts to the Normal and Pathological Functions of the Adult

We may recapitulate by suggesting a schema to indicate these relationships between phases of libido development and corresponding phases of ego development, and the relationships of each of these to those abnormalities of the adult's mental life characterized by defective ego functions. The specific relationships between phases of libidinal development and the critical identifications which establish permanent and new instinctual organizations in the ego are shown by their representation in fantasies which refer both processes to specific bodily zones. We can, therefore, utilize the outline of libido development established by Abraham[1] as our point of departure in schematizing some of the critical situations in ego development.

We shall modify Abraham's diagram in two ways in order to make it more useful for our particular purpose. First, we shall distinguish by parallel columns the impulses whose aims are simple pleasure from those whose aims are aggressive and destructive. We do not thereby imply an absence of the libido component in sadistic impulses, but indicate that each of the series of aggressive impulses is a reaction to a thwarted pleasure (in every phase except the late phallic or œdipal phases, a passive aim). Of more fundamental importance is this diagrammatic indication of the different consequences of the non-sadistic sexual impulses and those which are aggressive. The thwarting of the former leads to an aggressive reaction,

[1] Abraham, Karl: *A Short Study of the Development of the Libido.* 1924. *loc. cit.*, p. 496.

Zone of Erotogenic Dominance	Typical Sexual Fantasy	Regression (Transference) Neuroses	Typical Aggression Fantasy	Typical Anxiety Fantasy	Typical Introjection Fantasy	Ego-function secured by identification	Ego-defect Neuroses (when identifications abortive)	Related Paraphrenia (1)
Mouth	To suck the breast	(3)	To bite the breast	To be eaten	To devour breast	Earliest stable object relationship: to reciprocate tenderness	Schizoid character	Schizophrenia
"Early Phallic" (Penis or Clitoris)(2)	To be sucked by or to suck within vagina (Penis, mouth and breast)	(4)	To bite or destroy body contents with phallus	To be eaten within mother's body	To devour intravaginal penis	Real aggression	Passive feminine character (in men) Infantile dependent character (in women)(5)	(6)
Anus	To pass fæces	Obsessional Neuroses	To destroy by eating and defæcating	To be destroyed by fæces or object	To eat fæces or object	To give to object	Paranoid character	Paranoid psychosis
Late (Erotized) Phallic ("Early Genital") —cathexis of total object	To give to mother In women, to receive baby to give to	Hysterias	To kill, bite, or castrate rival	Rival bites (castrates, kills)	To devour the rival	Superego (Intra-psychic authority and ideal)	Psychoneurotic character(7)	(8)
Genitality: Substitution for infantile objects, complete fusion, parental wishes, full ego-function, etc.								

NOTES: Most of the points schematized here are discussed in the text. The development of the libido, and its relationship to transference neuroses as generally conceived by analysts is presented for comparison with the other data. Certain very tentative suggestions not discussed in the text are included in the following footnotes.

(1) See p. 340.

(2) See p. 338.

(3) From the viewpoint emphasized in this schema, manic-depressive reactions may be considered a special form of regression neurosis. That is to say, the manic-depressive individual manifests during non-psychotic periods fully developed genital cathexes, and a well organized ego, and the severity of the psychosis is distinguished from the paraphrenias by the depth of the regression rather than the inadequacy of the prepsychotic ego.

(4) Possibly one group of "psychopathic personalities" whose anti-social behavior is determined by an over-powering wish to behave and to be regarded as phalluses, and not by any basic incapacity of the ego function, may, like manic-depressive reactions, be considered more closely related to the regressive than to the ego-defect neuroses.

(5) See p. 340-1.

(6) The frequent coincidence of the characteristics of the passive-feminine character and the infantile dependent woman with hypochondriacal and neurasthenic trends suggests a possible relationship of hypochondriasis and neurasthenia to these ego-defect neuroses, similar to the relationship of schizophrenia and paranoid psychoses to less severe ego-defects.

(7) The psychoneurotic character includes hysterical and obsessional, as well as unclassifiable types, in whose etiology genital guilt and anxiety play the same role as in symptomatic psychoneuroses. The abnormalities resemble very closely the regression (transference) neuroses, but may be considered as allied to the ego-defect neuroses in so far as the identifications resolving the late phallic anxieties are at fault. These identifications are, however, those with total object-cathexes and are specialized as superego functions, in contrast to the failures of identification which characterize the ego-defects originating in pre-œdipal situations. See p. 343.

(8) Certain types of neurotic criminal in which crime is activated by the need for punishment are related both to the paraphrenias and to psychoneurotic characters.

whereas the consequences of the aggressive impulses (whether primary or secondary reactions to the denial of pleasure) are more profound, and above all, fundamental, in determining the development of the ego. For the processes of identification are in each case initiated by aggression and the associated anxiety, and not by passive pleasure needs.

I have also taken the liberty of introducing into Abraham's diagram another phase of development represented by fantasies of using the penis as a mouth, both as an instrument for attaining passive pleasure within the body that has been denied at the breast, and as an instrument of destruction. I have called this the "early phallic phase" of erotogenic primacy to distinguish it from the well recognized phallic period of the later stage of development which Abraham called the "early genital". In this "early phallic phase", the penis and clitoris are also the organs of maximal pleasure. Its characteristics include those most recently described by Freud [1] as characteristic of the early period in which the sadism of male and female are still undifferentiated. The distinction of the early and late phallic periods is clearly illustrated in the clinical material of the passive feminine character. The aggression of the late phallic period is the desire to penetrate and give (e.g., urine), that of the early period is profoundly hostile, dominated by the fantasy of destroying with the penis, and closely related to oral sadism.

Our material (e.g., the fantasy, "I suck with my penis") also suggests that a phase of passive phallic aims precedes the early phallic sadism. It is not improbable that fantasies of oral impregnation originate during this phase, and that the identification with the breast which terminates the period of maximal

[1] Freud: *Concerning the Sexuality of Women.* PSA. QUART. I, 1932, pp. 191–215. It seems to me that differentiation of the early from the late phallic phase may clarify considerably some of the controversies in regard to female sexuality. Freud's views as to the identity of phallic fantasies in girls and boys may apply to the early phallic phase, whereas the views of analysts who disagree with him on this point are derived from clinical material of a later organization. The fact that the commoner manifestations of penis envy are reactions to masochistically perverted genitality in women, does not contradict the existence of an earlier period of phallic fantasy.

oral sadism is first represented mentally by fantasies of the type, "My penis is mother's breast, I want it to be sucked",[1] as well as fantasies that "I can obtain inside mother with my penis the gratification I have been denied outside with my mouth". These fantasies, the sequel to introjection of the breast are, then, the substratum of feelings of object relationship, and their frustration inaugurates the period of early phallic sadism which especially concerns us.

The diagram as a whole represents that the frustrations of the passive aims of the libido at each phase of erotogenic primacy result in a period of aggression referred in fantasy to the same erotogenic organ, and that this, in turn, is productive of anxiety that the object will retaliate the aggression in kind. Our clinical evidence of the passive libido drives, the aggressive impulses, and the specific anxiety reactions to these, has been represented schematically by typical fantasies.

The process which normally serves as the final solution of these successive anxiety situations is comprehensible to us through the phenomena by which we recognize identification. Those identifications resulting from each successive type of aggression contribute functions to the ego which, on the one hand, are essential to the permanent mastery of the corresponding anxiety, and, on the other hand, to the full development of the functions which constitute the ego.

The failure to complete any of these identifications results in a defect in ego-organization which is manifest in adult life by one or another type of defect in the management of instinctual impulses in a mature way without an excess of inhibition. The manifold variety of these ego-defects, and their complex interrelations with other aspects of the personality defy schematic treatment. But we can indicate a very few of these, which, when the predominant factor in maladjustment, lead to character types sufficiently typical to classify

[1] See also Lewin, Bertram D.: *The Body as Phallus.* PSA. QUART. II, 1933. In this paper, Lewin shows from material of his own, Abraham's and Ferenczi's, a dynamic and chronological relationship between the introjection of the penis and a subsequent wish to be devoured.

nosologically. Each of these failures to attain a certain phase of ego-development is the consequence of a recurrent and unsolved anxiety situation of infancy. It parallels, *but does not duplicate,* the phenomena of transference neurosis which are the result of fixation or regression to a corresponding period of libido development.

There is also a fundamental relationship between the ego defects of socially adjusted persons and the much more devastating failures of the ego which constitute psychosis. Such relationships are suggested in the final column of our diagram, and will be discussed more fully in a subsequent paper.

Differences in early ego-development which are determined by sex are beyond the scope of so general a paper. Though a most naïve scrutiny of the tiny girl, and of the emotional responses of adults to her, reveals that very early subtle differentiations are sex-determined, I doubt whether, in so crude an outline of development as this, much falsification results from considering the outstanding processes of precœdipal ego-development as quite similar in boys and girls. The diagram suggests that the girl's reactions to oral deprivation are quite like the boy's; that her early clitoris-masturbation fantasies are phallic and have the same characteristics as those shown by the male case of passive feminine character; and that her reactions to anal sadism are also nearly identical. Certainly the usual object is in both sexes the mother, and sexual responses are not clearly differentiated until the development of the œdipus complex. I need only add that the female character which results from a failure to identify with the fantasied intravaginal contents can obviously not be called a "passive feminine character". I believe, however, that that type of infantilism in women in which a marked inadequacy of social relationships and sublimation, an intense desire for clitoris masturbation with little desire for a sexual partner, extreme dependency, generally childish behavior, and indifference to the existence of any children in the household except themselves, are outstanding traits, results from failures in ego-development at the early phallic period similar to those which determined the

passive feminine character of the man. These female personalities are very different from those determined by a fixation at the later phallic period, resulting in women who seem masculine, are notably aggressive, very hostile to men but needful of at least one child to avoid feeling inadequate.

The theory I am suggesting emphasizes that the choice of mechanisms by which the ego defends itself from anxiety-precipitating impulses is not one of accident or expediency. For the defenses are not all equally at the service of the ego, but themselves represent, even more clearly than different instinctual aims do, different levels of development. This is shown by the striking fact that each mechanism is closely related to the type of fantasy which represents the impulse. Inhibitions appear to be the most primitive form of defense against an anxiety-provoking impulse to aggression; but they provide no permanent solution, and no protection against the recurrence of the anxiety. Repression is also a defense which must be constantly or repetitively executed, for as soon as it is inactive, the anxiety situation may recur. There seems to be a correlation, corresponding to the degree of fusion in the development of the instincts, between the choice of these defenses and the degree of destructiveness. Those impulses whose fantasy-representation is preëminently destructive are defended by inhibition. Those hostile impulses which are highly erotized, as in the homosexual aspect of the œdipal situation, are repressed. Thus repression is the characteristic reaction to anxiety associated with preœdipal impulses with passive aims, to the aggression against the rival in situations modelled on the œdipus complex, and in preœdipal sadisms which are regressive substitutes for them. It is only after some defusion of a genital impulse that inhibition is usually to be observed in transference reactions. Identification is that reaction to situations of infantile anxiety which, when it is complete, provides against its recurrence, by a mastery of the object which makes it permanently useful.

The relationship of *retaliation-anxiety* to less sexualized aggression, and of *punishment-anxiety* to highly sexualized

aggression seems to coincide with an extremely important epoch in the development of ambivalence. This is the duplication of object which occurs with the development of incestuous fantasies. Prior to this the objects of tender, or sadistic, sexual impulses, and the frustrator in fact or fantasy, are the same. Subsequently it is the *rival* for the sexual object who is hated and feared, but also highly sexualized in the homosexual aspect of the total œdipal situation. The clinical consequences of the relationship of retaliation-anxiety to inhibitory defects of the ego, and of the relationship of fear of the rival to repression, have not usually been sharply distinguished. This confusion is probably, I think, a consequence of the fact that pregenital conflicts which occur secondarily as a result of regression reproduce many of the characteristic features, such as need of punishment, reaction-formations, and complete repression, which also characterize the primary genital conflict. The result is that mechanisms which are derived regressively from œdipal developments are conspicuously associated with many sadisms whose aims are pregenital, and so resemble in many ways those primarily pregenital anxieties which produce a still more devastating limitation of mature ego-function.[1]

This theory of ego-development is also a beginning in the resolution of the confusion between the rôle of identification in superego formation and its rôle in the development of other ego-functions. This confusion is apparent, for example, in the

[1] Freud: *Die weibliche Sexualfunktion, loc. cit.*, has suggested such a distinction in regard to the mature sexuality of men and women. He points out that many reactions of women to men are displacements of pregenital attitudes to women, and emphasizes that in such cases the œdipus complex is not the kernel of the neurosis. My own observations are that this conclusion is valid for certain cases, but that it differentiates certain personality types, not the sexes. That the adult heterosexual life of women is more generally a repetition of precœdipal patterns in women than men, seems to me highly probable. That women's incestuous fantasies during adolescence are more often conscious and entail much less guilt is the clearest evidence. But the œdipus complex of other women has the same significance it has in men—in my cases, especially women who are very active and more than usually bisexual. On the other hand, the male case of passive feminine character I have discussed above showed that his attitude to his father duplicated very exactly an earlier attitude to his mother. And in the analysis of men with far less adequate egos, this has been even more decisive. (See also footnote, p. 338.)

theories of Melanie Klein.[1] Though Freud's discussion of the superego [2] refers definitely to an intrapsychic representation of originally external authority, Klein consistently refers to the fear of the hostility of real people in very young children as "superego" defenses. When we use the term, however, only in the sense of Freud, we understand that the superego appears prominently only after the resolution of the œdipus complex. The prohibition of earlier aggressions is executed by real grown-ups; the unpleasant experience is anxiety, not guilt; and the defense is to inhibit the impulse or to keep it secret from others, not repression.

Discussion of the basic difference in those identification processes which participate in the earlier phases of development, from those which form the basis of the superego in the resolution of the œdipus complex, is anticipated by Abraham's discussion of partial-object cathexis.[3] In the pregenital impulses we have discussed, the cathected object is actually an organ, not a person—it is the mouth, breast, or body of mother, or the child's own fæces. In contrast to this, the analysis of true superego phenomena leads to anxieties in which the whole person as object of the aggression is cathected. The incestuously motivated boy fears his father as another and stronger human being, not just his penis nor just his mouth. The conclusion seems fairly obvious that those identifications which contribute to the early development of the ego are always solutions resulting from partial-object cathexes, while those which result in the specialized organization of the superego are identifications with certain personal attributes of cathected people.[4]

The actual development of the ego cannot, of course, be depicted by a simple schema. It begins with the first purpose-

[1] See this author, *Pregenital Anxiety, loc. cit.*, p. 69, footnote; Franz Alexander: Review of *Die Psychoanalyse des Kindes,* PSA. QUART. II, and Fenichel, *Pregenital Antecedents of the Œdipus Complex, loc. cit.*

[2] Freud: *Das Ich und das Es,* and *Jenseits des Lustprinzips.*

[3] Abraham, Karl, *loc. cit.* Pp. 489 ff.

[4] Feigenbaum *(The Paranoid Criminal,* l.c.) also has recognized that part-object cathexis is characteristic of the incomplete identifications of his case of paranoid criminal.

ful reactions of the infant and is already well under way before there is psychoanalytic evidence of introjection fantasies. It is a complicated and cumulative process, involving practically every experience of infantile life, not simple and episodic, and determined by a few critical situations which we can recognize. But the samples of recurrent anxiety experiences, and of identifications and their relation to maturity of function, do give us certain valuable hints, however incomplete, as to the nature of some complex processes, and, I think, some idea of the reasons for immature and inadequate ego function.

A few such glimpses have been the subject of this paper. I presume the refutations, corrections and modifications of my conclusions which other observations will indicate will be very many. Yet, even in their present crude form, the point of view at least is of immediate clinical value. At any rate, I have found this so, especially in the clearer recognition this orientation encourages of the very fundamental differences between those psychoanalytic problems which involve repression as a consequence of a genital-guilt conflict or phobia, and those which are due to some failure of ego-function. In the former there is true transference of hostility for an unconscious rival to the analyst; in the instances of ego-defect, the hostility resembles much more that of the earlier childhood situation, in which the object of anxiety and the object of the impulse are the same. That all personalities are complexes of many dynamisms, and that in clinical practice reactions due to ego defect always coexist with those protecting a mature ego from guilt or punishment anxiety, does not obviate so fundamental a distinction. The clinical importance of these principles is not in their application *in toto* to a few typical cases, but in their pertinence to certain details of any personality, regardless of what the predominant symptomatology may be.

Conclusions

In conclusion, I may summarize the skeletal features of this theory of ego-development and ego-defect by the following propositions:

1. Ego-development is a process which culminates in the capacity of the personality to maintain its existence, and to secure adequate gratification of libidinal and aggressive impulses in a socialized environment of adults, chiefly by reciprocal emotional relationships with other people.

2. The basic structure of the adult ego is achieved in the precœdipal phases of development through identifications which permanently resolve anxiety reactions to primitive hostile impulses. These, in contrast to the identifications by which œdipal and post-œdipal conflicts with the rival are resolved and the superego established, are based upon *partial,* not total, object cathexes.

3. Each successive group of precœdipal identifications not only provides a solution of the anxiety of the moment, but contributes specific functions to the organization of the developing ego; each is dynamically related to the type of fantasy and the special organ which dominate during that stage of development.

4. A failure to solve an infantile anxiety situation by identification will be represented by a defective ego-function which necessitates inhibitions or projections that are deleterious to mature object-relationships, at each subsequent level of childhood and adult development. These are especially conspicuous in character defects which we recognize clinically as "pregenital", "narcissistic", or (as I prefer) "ego-deficiency" character neuroses.

5. Repression is a defense against libidinal impulses and aggressions which are highly sexualized, and is therefore available chiefly to escape anxieties related to passive impulses, to œdipal and post-œdipal activities or their substitutes. Earlier, less erotized aggressions which antedate the splitting of ambivalence between loved and hated objects generally provoke retaliation anxiety, and must be chiefly defended by an inhibition, supplemented in some cases by projection or flight from the object into secret though unrepressed play and fantasies.

These conclusions emphasize the essential difference in the investigation and therapeutic dynamics of transference neu-

roses and certain other defects of character. I am convinced that more consistent emphasis of this point will contribute to an advance in our clinical investigation of these less well understood problems of personality. Our knowledge of how the ego functions during the œdipus complex and subsequently is entirely inadequate for understanding the ego's earlier development, and those failures in earlier development which are apparent in many adult character problems. I do not know to what extent further clinical experience will validate my conclusions. But in advancing them somewhat prematurely I have hoped at least to focus the vital relationships which must exist between the precœdipal development of those functions we ascribe to the ego, success in resolving the œdipus complex, and the social efficiency of the adult.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Euthanasia: A Clinical Study

Felix Deutsch

To cite this article: Felix Deutsch (1936) Euthanasia: A Clinical Study, The Psychoanalytic Quarterly, 5:3, 347-368, DOI: 10.1080/21674086.1936.11925289

To link to this article: https://doi.org/10.1080/21674086.1936.11925289

EUTHANASIA: A CLINICAL STUDY

BY FELIX DEUTSCH (BOSTON)

Since the death instinct has become recognized as the antithesis of Eros, there have been many important contributions to analytical literature concerning death and the fear of death. Freud has discussed death at considerable length in his essay, Reflections on War and Death, and in his book, Totem and Tabu. My remarks on euthanasia hence do not purport to add anything to what has already been said of the part which a sense of guilt plays in the fear of death, nor to provide fresh evidence that the drama of the fear of death is enacted between the ego and the superego, or that it may be regarded as an elaboration of castration anxiety.

The following exposition is neither literary nor philosophical; that aspect of the subject must, I think, be left to those who specialize in the cultural disciplines. My passing references to belles lettres are, therefore, only incidental.

What I have to contribute has chiefly been learned at the bedside of the fatally ill; it seems to me to have yielded a psychological understanding of peaceful dying. I want to present you with a little picture-book of the dying—illustrations which certainly cannot be said to have a "happy ending", but nevertheless have an ending which does not leave us inconsolable.

A few years ago the following case came under my observation in a hospital.

A young school teacher, who after an operation for cancer of the uterus had developed metastases all over the body, and for whom there was little hope of recovery, was admitted for treatment. The bones in particular had speedily become affected by the malignant disease. There can be no doubt that her rapid loss of strength and her realization of the nature of her illness must have convinced her that there was no chance of cure. Nevertheless, she was extraordinarily tranquil, smiled confidently when any one came to her bedside, declared

that she suffered no pain (although the statement seemed incredible), and refused to take narcotics. This behavior would have had to be termed altogether worthy of admiration, if there had not also taken place a gradual change in her outward appearance which contrasted sharply with the progress of her illness. She brightened up her hospital nightdress, though discreetly enough, by the addition of gay ribbons to it, combed her thin locks with the utmost care, rouged her lips heavily, as if she had been preparing for a party instead of facing inevitable death.

I asked the occupant of the next bed about the patient's behavior in other respects, but was told only that she was extremely good-natured and friendly with everyone, and grateful for any little help (of which she was in much need, since she had no relatives). The only person who came to see her as often as visits were permitted was an elderly inspector of police, who talked in low tones to her.

The doctor on duty, having been told to get in touch with this visitor, informed me that the latter was the chairman of a spiritualist society of which the patient was a member. His only reason for visiting her was that his visits always made the patient happy.

About this time the patient confessed that when the police inspector came, he was able, by laying his hands on hers, to call up the spirit of her deceased and only brother, with whom she talked as they did in childhood, thereby producing in her a general sense of well-being. She insisted that this could really be done.

We sent for this "arm of the law". He proved to be a simple-minded fellow, plump, elderly, and not particularly intelligent. He assured us that by putting himself into a trance state, he was able to call up the spirits of the dead. We asked for a demonstration. Promptly he passed into a condition of auto-hypnosis, talked to me in a brotherly manner and uttered such a lot of nonsense that I hastened to summon up out of the ether another spirit, an imaginary sister—to transform the auto-hypnosis into a hypnotic state. (I should

mention, in passing, that the man ultimately returned to the clinic as a paranoiac.) Since it made the dying woman happy, we did nothing to interfere with the treatment which was being carried out by this earthly judge. She died soon afterwards, with a transfigured countenance. The day before, although she knew that death was close at hand, she was absolutely serene. To the last she was saved from pain by her spiritual relationship with her brother, probably a guiltless one, and certainly sanctioned by the law in the person of the inspector of police.

That was a good many years ago, but the case has left an ineffaceable impression. Was this euthanasia, the art of happy dying, which everyone would gladly learn? What is euthanasia? The question concerns us all, since every one of us is subject to the biological law of death.

The question was already mooted by Cicero; and of Augustus his biographer reports that "when the emperor heard that someone had died without suffering, he prayed that he himself and his dear ones might be guaranteed a like euthanasia". Easy dying! Since those days, the word has undergone various changes of meaning.

Many believe that the word signifies "dying beautifully", when the dying one is faced with unavoidable death. In this sense the chief rôle would be ascribed to the person observing the death. It would imply that one acquires the posthumous fame of euthanasia and dies "beautifully", in order to arouse a sublime effect in the mind of the onlooker.

The following obituary notice about a doctor who died of the plague (a man who had volunteered for service during an epidemic), we read: "He knew how to die beautifully, sublimely—and this simultaneously touches us, liberates us, and elevates us". Whom? Not the dying, but those who are left behind!

In the case of many persons who die for an idea, one often has the impression that before death they have passed into a state of clairvoyant narcissism, which enables them to have a premonitory vision of a world to which they themselves will

not belong, but from which they expect to be given the garlands of posthumous fame.

A great and benevolent physician of our own times, Nothnagel, declared that the word "euthanasia", literally translated, means the art of dying easily and painlessly. This would not be so difficult to achieve if the pain of dying were physical only. But painful above all is the mental anguish, the fear of death—a fact with which psychoanalysis has long made us acquainted.

How are we to cope with the fear of death? Everyone knows that some day he must die. Death is therefore a very real and inescapable danger. But the magnitude of the danger is very variable. May not this variability be due perhaps to the varying force of impact between Eros and the death-impulse?

All the instinctive drives have their biological sources as well. It is obvious that when organic activity is coming to an end, when the endocrine processes are steadily weakening, the sources of the impulses and instincts must also begin to run dry. Few, however, are privileged to end their lives through a simple atrophy of organic function in consequence of old age, so that cell-death results merely because the energies and secretions of the body have been used up. In such exceptional instances, however, life-instincts and death-instincts alike grow weaker; and, since they grow weaker simultaneously, the conflict between them subsides of itself. The fear of death becomes superfluous, for the danger from within (against the ego) is annulled through the decline of the internal claims of the impulses, and the danger from without due to the menace of disease has ceased to exist; since no danger is signalled, there is no need for anxiety as a protective warning.

Very rarely, however, does life end by all the organs dying simultaneously because their functions are at length worn out. In almost all cases, death is due to illnesses or to other external influences which tempestuously interrupt the normal progress of life. Thus death cannot ripen within us, but is, as a poet (Rilke) has said, stillborn.

"For this is what makes dying strange and harsh
That that which takes us when 'our time is ripe'
Takes us because not *death* but *time* is ripe!
And mighty death, whom we all bear within,
Is but the fruit around which all doth turn."

Since life does not usually end "normally" but from disease, the threat of disease which results in dying and in death is a process upon which a mobilization of all the instinctual energies must ensue. When the body is threatened, libido is withdrawn from objects and transferred to the morbidly affected organs. Object libido is reduced, narcissistic libido intensified. Now, every menace of the kind is felt as an aggression from without, as a threat of punishment. The aggression against the ego leads to a defensive reaction which may manifest itself in an increased aggression against the outer world, or, conversely, in a masochistically pleasurable suffering. But the more the illness is regarded as an unavoidable danger, one from which there is no escape, one against which there is no possibility of defense, the more the ego feels that the game is up and the greater is the increase in the fear of death, from which flight into psychosis is often the only way of escape. In that case the illness may be personified as an actual enemy and persecutor; so that either paranoia may ensue, or profound depression, even melancholia, which revaluates the menace of the illness as a menace proceeding from the super-ego. Very often the patient escapes by suicide from the danger which now threatens from within. "When the ego can neither flee nor fight, it inflicts upon itself the evil which threatens" (Rado).

We see, then, that in order for death to be anything else than a torment, there must be a settlement of differences, a reconciliation, among the operative forces of the aggressions, the anxiety, the sense of guilt, and the agencies from which they proceed. But if death is to be positively happy, something more than this reconciliation is needed. Nevertheless, before these instinctual forces come to terms with one another, each of them seeks to justify itself by an increase in intensity or by

achieving satisfaction. In many persons suffering from tuberculosis, for instance, we are apt to see, as their illness advances, an immoderate increase in their aggressive attitude towards the outer world.

An attempt at defense by aggression in one who regards death as imminent is illustrated by the humorous anecdote of a man who has been bitten by a mad dog, and who, instead of hastening to the nearest Pasteur Institute, calmly sits down, takes out a pencil and begins to write. When his friend cries, "What the devil are you doing? Don't you know that every minute is precious? What are you writing?"—the man answers: "I am noting down the names of all those whom I wish to bite before I die."

A famous writer has also correctly recognized aggression against the environment as the final pleasurable experience in the act of dying. In his drama *Die letzten Masken* (The Last Masks), Arthur Schnitzler depicts a poverty-stricken journalist, dying of consumption, as making a final request. Knowing death to be close at hand, he asks the doctor to send for a friend, a successful author, to whom he has something important he wishes to say. After much hesitation, the physician promises to comply. When the doctor had departed on his mission, the man in the next bed asked the dying consumptive what there was of so much importance to communicate. The consumptive rejoined that what he wanted was to tell the famous author how much he despised and hated him. He longed to show him how futile and commonplace had been the writings which had brought him fame; and that even his having become famous counted for nothing, since he himself, the dying man, had done something of more value, in that he had possessed the famous author's wife; she had really loved him, and had not left her husband to live with him only because he, the journalist, had not enough money to keep up his own establishment.

Thereupon the other patient suggested that the consumptive would do well to hold a kind of rehearsal before the famous author arrived, and should deliver the speech he intended to

make to his visitor. The consumptive agreed, and in this scene he poured out all his venom for the benefit of his fellow-sufferer. When, thereafter, the visitor actually arrived, expecting some important communication, the dying man dismissed him with meaningless words. The aggressive impulse had exhausted itself in the "rehearsal", and the consumptive died reconciled and happy.

A recent newspaper item will illustrate how intolerable the thought of death may be to persons who have been accustomed to get rid of their aggressive impulses in their vocations. A man of eighty years and more, who had been a famous and successful surgeon all his life, was informed that he had an intestinal trouble for which an operation was necessary; with the result that he committed suicide.

We can understand that when the aggression can no longer be directed outward, when loss of muscular power has robbed the dying person of this possibility, his incapacity makes him defenseless in the face of the aggression directed against himself.

When we realize that the threat of destructive illness attacking one organ is felt to be a torment we can understand how terrific the anxiety must be in cases where the entire body is threatened with destruction. For, in the unconscious, the loss of an organ is often simultaneously felt as an object loss in the outer world.

This is very vividly illustrated in the following hospital case. An elderly piano-teacher (a widow) who had led an extremely active life, but who, since the loss of her husband, had lived with her son of whom she took affectionate care, developed diabetes. As a consequence, a wound she had suffered in the leg became gangrenous. Her son did all he could for her, but, since the gangrene was extending upwards, she was brought to the hospital, where we had to tell her that amputation was necessary. After a brief period of depression, which was marked by severe anxiety, this old woman who had been optimistic all her life passed into a strange condition. She declared that her son no longer loved her, did not bother

himself about her, neglected her, was having relations with the lady-doctor, and that henceforward life was no longer worth living. Despite the son's earnest endeavors to reassure her, and his redoubled endearments, she insisted to him, and to us more strenuously in his absence, that he had ceased to love her, and had forsaken her. When, by good luck and good treatment, the progress of the gangrene was arrested, and we were able to tell the patient that no operation would be needed, she speedily lost the delusion that her son was not fond of her. The potential loss of her leg had symbolized the losing of her son.

The more sudden and the more extensive the menace of a dangerous illness, the more intense is the anxiety. Elsewhere I have referred to this as the probable explanation of the intense anxiety felt in cases of angina pectoris. A good many years ago, in a patient suffering from angina pectoris, who, despite his paroxysms, was treated analytically, I was able to show that there may be far-reaching psychological factors in the menacing specter of this disease. The most remarkable feature of the case in question was that the attacks of angina usually came on under circumstances when there would be no reason to expect them; whereas, in other situations when they might well have been anticipated, they failed to occur. Analytic treatment did not come into consideration until he was unable to decide whether or not he would submit to an operation represented to him as the only thing likely to cure him. Signs of intense anxiety brought him into analysis.

He was accustomed to speak of his paroxysms as follows: "Now the devil is loose once more in my chest; he has me again in his clutches." The analysis disclosed that the devil in question signified his mother. When, in the analytical situation, the relationship to his mother and his hatred of her came up for discussion, he had such terrible paroxysms of angina that the analysis had always to be interrupted at this point. Although, according to the general view of medical men, angina pectoris is a fatal organic disease, it was extremely obvious in this case that the patient's unconscious ambivalent

attitude towards his mother was an important factor in his illness. When, for instance, he went for treatment to a hospital in a street called *Favoritenstrasse,* he was free from attacks. When, on the other hand, he went for treatment to another hospital, which was in a street named *Pelikanstrasse,* he said that walking to it was like making the Stations of the Cross, for the pain in his heart was so acute that he had to stop every few steps. The pelican, with its huge and cruel beak, on the one hand, and the charming Favorita, on the other, were the representatives of his ambivalent attitude towards his mother, whom he hatefully loved, and whose threats of punishment, reminiscently charged with anxiety, led to the onset of the paroxysms. All the situations in which this ambivalent attitude was reproduced resulted in similar reactions. Although the man was nearing sixty when the analysis took place, the analytical solution of his persistent infantile relations to his mother put an end to the paroxysms. Today, eight years later, he leads a life free from pain and anxiety and seems to be reconciled to the approach of death.

What is the bearing of this case upon our problem of euthanasia? One must ask oneself if our patient could be called a dying man. If being dead represents the end of every biological function—that is, cell death—then dying is a process which precedes death. Have we, therefore, any right to speak of "dying" when it does not eventuate in death? Dying is a term generally used to denote a persistent and continuous condition of ill health which leads to death. We are not entitled, therefore, to say that a person has been saved from dying, unless we draw a sharp and linguistically unjustifiable distinction between dying and death. In common parlance we mean the same thing when we refer to fear of dying and to fear of death. Really, however, we ought to draw a distinction between the two. As Lessing pointed out in his monograph *Wie die Alten den Tod gebildet* (How the Ancients pictured death), the classical Greeks described the process which eventuates in death, and death itself, by two distinct names. The spoke of the necessity for dying, of premature, violent, painful, untimely

death, as *ker*. On the other hand, when they used the word *thanatos,* they meant "natural death" which is not preceded by *ker,* of the condition of "being dead" without any reference to antecedent *ker*. The Romans, likewise, drew a distinction between *lethum* and *mors*. By *lethum* they understood the source of mortality, and regarded Hades as its peculiar seat; whereas *mors* was immediate death, the manifestation of mortality on this earth of ours, or death in general. Whereas *mors* and *thanatos* were depicted as a guardian angel carrying an inverted and extinguished torch, *ker* was represented as a woman with huge fangs and cruel claws, like those of a wild beast.

This distinction throws an interesting light upon the case of angina pectoris described above. Was the spirit which aroused mortal anxiety, the "devil" in the sick man's breast, the anxiety-arousing and detested mother—was she *ker*? Did she personify the terrifying female figure pictured by the ancient Greeks?

Psychoanalysts are familiar with the infantile anxiety aroused by the mother who has threatened castration. It is remarkable to find in how many observations made upon the dying, this source of anxiety can be traced. We are, for instance, acquainted with the dread of parturition from which many women suffer, and how it may be intensified into a fear of death. This dread is often of very long standing. "I know I shall die in childbed—as I wished my mother would die."

A young woman who had a strong mother-fixation and an ambivalent attitude towards her mother was engaged to a doctor. Her marriage was postponed by an unhappy complication. The young doctor had performed a criminal abortion, the girl had died, and he was being prosecuted. Since he believed that the case would go against him, he decided to postpone his marriage and, driven into a corner by his betrothed's questions, acknowledged his real reason for the postponement.

He was, however, acquitted, married, and, a few months later, knowing his wife to be pregnant, brought her to me for

an examination of her chest. I found nothing wrong with the lungs, but extreme cardiac irritability. Questioning the patient about this, she told me she was terribly afraid of her approaching confinement, and believed that she would die during it. She thought herself foredoomed to suffer the same fate as her husband's unhappy patient. After that, I heard nothing more of her until I was summoned to her bedside. She had been delivered with due aseptic precautions; the birth had been absolutely normal; but her greatly distressed husband and the obstetrician were faced by an enigma. Immediately after delivery, the patient's temperature began to rise; and when I saw her she was in a grave condition of anxiety-delirium, in which the dread of death found sinister expression. In spite of all we could do, she died two days later.

Are we to suppose that the motive of the anxiety in this case was a punishment-anxiety inspired by the dreaded mother, and that the ego, defenseless before the punitive superego, capitulated?

Another female patient, who was consciously aware of this unhappy relationship to the mother, had a severe accident which nearly resulted in death. Her mind was obsessed with extraordinarily vivid memories of her mother. She knew that the risk of dying was very grave, lay powerless and half-conscious, with fitful periods of lucidity, but quite peaceful in the prospect of death: "Now, Mother, you have me where you wanted to have me", was her constant thought; and in the twilight condition of these hours she was completely free from anxiety. She recovered later. During her convalescence, there was some return of the anxiety which had previously not found expression.

One might explain the freedom from anxiety while dying as a masochistically pleasurable experience, the masochism and the death-impulse pursuing the same end. But there would seem to have been deeper reasons for the freedom from anxiety. There can be no question that the patient was fully conscious of the menace to her life, which could be physically felt. But the reasons which protected her against her masochistic sub-

mission to the mother and enabled her to master the anxiety in the real situation I shall discuss later.

Also in anxiety hysteria, even though there is no organic disease of the heart, we likewise see the fear of death, the dread of momentarily expected dying, which may manifest itself in fears of heart-disease, or of sudden death in the street. How tormenting and intolerable this neurotic anxiety can be was seen in an organically healthy woman suffering from serious anxiety hysteria, who, like those previously mentioned, had not been able to break away from an unsatisfactory relationship to the mother. She exclaimed: "How lovely death would be, if I could only feel the illness in all my limbs." What she really meant to imply was that she would be free from dread if her body were organically diseased, for then she would be suffering her punishment, and need no longer be afraid of being penalized for her aggressions.

But as regards the previous patient what better mechanism could she have used to have freed herself from anxiety than such a complete acceptance of the rôle of the mother's victim?

It seems to me that this punishment experienced during imminent death, a punishment altogether out of proportion to the offense it was supposed to be expiating, must have been a *captatio benevolentiae,* directed towards a very different quarter.

It can be interpreted as follows: Her physician, in whom she had boundless confidence, and who held his protecting hands over the patient, was for her the father-imago to whom she turned in her suffering, saying: "See how much more she (the mother) is punishing me than I deserve." In this masochistic disclosure of the sufferings against the results of which she felt herself protected by the father, the patient almost forgot that actual death was imminent. "Father is finally protecting me, and is rescuing me from Mother." This attitude must have spared her anxiety.

Such an orientation towards the great protecting father as compensator for sufferings that have been endured, and as provider of all conceivable joys and pleasures after pain and

sorrow, plays, as is well known, a great part in the myths and sagas of the gods. The hero who performs deeds of valor and who light-heartedly looks death in the face dreams of the mighty father by whose side he shall sit enthroned in the home of perpetual bliss. In many religions, this deliverance through sorrow, and reward by the father, plays a most important rôle.

Recently I was summoned in consultation to the bedside of an elderly man (an orthodox Jew) who was suffering from a paroxysm of angina pectoris, and seemingly was at the point of death. Even though half unconscious and struggling for breath, he opened his eyes when spoken to, but on being asked how he felt did no more than move his lips and murmur incomprehensible syllables. Although he drew his breath with much difficulty and was covered with a cold sweat, his expression gave no sign of dread of death. His sons were standing round his bed. I turned to ask them whether they thought their dying father wanted to say something to them. They shook their heads, expressing the opinion that he had no such wish, but was merely reciting the psalms for the dying, and that it would be a pity to disturb him.

A doctor friend of mine told me of an elderly Turk he had seen dying of pneumonia. The patient could not be induced to lie in bed, and protested: "How can I appear recumbent in the presence of Allah?" With a peaceful smile he died sitting on the edge of the bed, holding a flower in his hand.

The Catholic Church tries, by giving the last sacrament and by administering extreme unction, to free those who die in the Catholic faith from a sense of guilt so that they may pass without anxiety or dread into that beyond of which they dream.

Socrates, too, was free from dread when he drank the hemlock, saying: "Those among you who fear death arrogate a wisdom they do not possess, for it is pretentious to believe we know that which we do not know. No one knows what death is, and whether it may not be for men the greatest of all good. In comparison with the evils which I know to be evil, I will never fear or flee from that which I do not know whether it

may not be a good . . . We cannot possibly be right if we assume death to be an evil, for to be dead means one of two things: either to be non-existent, so that one can have no knowledge that one is dead; or else a transposition of the soul from this world we know to some other place. And if it be true, as we are told, that that place is peopled by the dead, what greater good could you give me, you who have judged me? For to go to the underworld, to rid oneself of the so-called judges here on earth, in order to meet the true judges there below, would be a good change and not a bad one. For my part, I shall be glad to die many times, if that be true." Thus spake Socrates when he was dying.

What is it that gives religious-minded people tranquillity in face of death, and what gave Socrates such tranquillity? They have detached themselves from object-relationships to this world, and have put their trust in another world, a beyond. In that world of the beyond, there will be just judges! Freed from the menace of the superego, there will flourish (in that other world) a new and guiltless life, undismayed by suffering and the punishment of impending death. Before Crito handed him the goblet, when Xanthippe appeared, holding their child in her arms, weeping and complaining—he said to his pupils: "Look what a fuss she is making. Send her away."

Thus did Socrates repudiate a further attachment of his libido to the object-world here below, would have nothing more to do with love, and uplifted himself narcissistically, to stand on a higher platform than that of his judges. They cannot punish him; for, although they, and all others, may fear death, he himself does not regard death as a punishment. He considers himself wiser than they.

Sometimes patients who are told that death is imminent become affected with megalomania.. Schilder reports a case of this kind. I will briefly summarize his account:

In a severe case of tuberculosis, the consciousness of the malady and awareness of the imminence of death stand in the foreground of the patient's mind. He devotes all his energies

to describing what he has suffered during his illness. To whom these appeals are directed, and what he aims at in making them, will be subsequently discussed. At length, in his own imagination, this megalomaniac has become divine. He is the Holy Spirit, the Saviour, Jesus Christ. Redeeming himself, he will redeem mankind once more.

Thus the sick man or woman, by narcissistic uplifting, endeavors to defend himself against the onslaughts on the ego; to repudiate, and in a sense to negate, imminent annihilation.

In the aforementioned drama *Die letzten Masken* (The Last Masks) Schnitzler introduces among his characters a hollow-cheeked consumptive, a comedian, who with his last breath, interrupted by paroxysms of coughing, assumes the rôles that have been played by noted actors, in order to convince himself and his fellow patients in the ward how much better he could have performed the parts than the greatest artists who were favorites of the public. He actually imitates the voices of these artists of the stage, in order to prove that "had he been they, he would have done so much better than they". Thus he forgets the world, forgets the other people whom he has made his audience, almost (in spite of his terrible cough) forgets that death is now near, and is happy for the last few days of his life.

Dying, however, means, not only that one must desert the object of one's love, but must also be deserted by that object. This loss of the object arouses dread and anxiety, if no substitute can be provided. To avert this anxiety, many of the moribund free themselves from the ambivalence of their attitude toward their "nearest and dearest", clinging to them, and can die peacefully only when all are assembled around them.

The famous clinician Nothnagel reports the case of an old friend "who made his doctor faithfully promise to tell him when, as far as human prevision went, his end was close at hand". He suffered from atheroma of the coronary arteries, and consequent heart-attacks. Once in such an attack his medical adviser told him: "This is a serious matter." There-

upon, he summoned every member of his family and in their company he spent a few days in perfect tranquillity apart from the world, cheerfully and peacefully awaiting the end.

Another cardiac patient, a woman, expecting the approach of death, would not let her grown-up children out of her sight for a moment, complained of their lack of affection if they went out of the room, and was consumed with anxiety and restlessness unless they were within sight. Towards the end, when the illness had been long-drawn out, and perpetual stay in the sick-room had become impossible to the young people, she passed into a sort of twilight state in which she felt herself united to them all.

Not infrequently, hysterical patients who are unable to master their anxiety, pass into such twilight states.

A few years ago I had an experience of this kind when carrying on some hypnotic experiments. I gave a female patient, prone to anxiety, the suggestion of an anxiety situation, namely, that she had lost her mother in a crowd, and, at the same time the post-hypnotic suggestion to recall this fact in the waking state. When the suggestion that she had "lost her mother" became operative, so formidable a condition of anxiety-delirium presently supervened that I had to quickly re-hypnotize her and suggest away the experience, to avoid the onset of a confusional state.

Not infrequently when people are dying, such confusional, twilight states, or temporary amnesias seem to make the patient unaware of what is going on. Thus persons saved from death by drowning and brought back to life by artificial respiration usually declare themselves unable to recall any anxiety; while many even insist that they had agreeable sensations before losing consciousness, or at any rate that they cannot remember any ideas or feelings of an unpleasant kind. Others, who have been seized by great beasts of prey, and rescued at the last moment, tell us that after being carried off they were in a dreamy condition during which they had no sense of physical pain. Persons who have tried to commit suicide by jumping from a height report that they felt no pain at the moment of

striking the ground. On the contrary, they claim to have had an indescribable sense of well-being. Past memories rushed through their minds with lightning speed. Many, indeed, who have been saved from sudden death report the same feeling that in what they believed to have been the dying moment, scenes from their past lives were unfolded and they experienced a feeling of complete happiness (Nothnagel).

Are we to suppose that what made them so happy was regression into childhood, regression to the earlier love objects?

This brings us to a new element of our problem.

We have seen that the dying seek in various ways to achieve reconciliation with what the Greeks call *ananké,* the inexorable necessity of departure from life. These various ways are: by gratification of the reactive aggressive impulses; by a last uplifting of narcissistic self-satisfaction; by liberation from anxiety through disburdenment from the sense of guilt by way of masochistic self-punishment; by a last clinging to or conversely by an abandonment of object relationships; and by seeking consolation in the anticipation of new, non-ambivalent relationships in another world.

Recent observations made at the bedside of the dying have disclosed to me what I regard as yet another, a deeper source of the possibilities of euthanasia.

A middle-aged woman, married but childless, who was in the last stages of severe valvular disease of the heart, came under my care. Her condition appeared hopeless and she suffered greatly. But, having made a successful transference to me, she endured her mortal illness with fortitude and was confident that I was going to cure her. One day, however, complications set in and her condition grew worse. Then all at once she knew she was about to die, and even I could not help her. Becoming extremely depressed, she said that she did not wish to have anything more to do with me, and would see no one. Her heart action became worse, vomiting set in, and she refused food. Making no complaints, she kept her eyes closed. When anyone came near her bed, she refused to look at them. She had become resolutely negativistic.

Schilder has described such a turning against the ego and into melancholia when the inevitability of death is recognized. He reports the cases of three female patients, one suffering from intestinal cancer, and the other two from cancer of the breast, who became affected with melancholia when told the nature of their disease. A woman suffering from inoperable cancer knows that she must die, but does not accept this knowledge quietly. She develops a defense mechanism against the knowledge, by regarding her illness as a persecution inflicted from without, a persecution against which she reacts, first by fierce aggression, and then by melancholia.

But I shall return to my own patient. The organic condition grew manifestly worse; the incapacity for retaining nourishment seemed to be the natural outcome of the general state of congestion. Then one morning she received us with a cheerful smile, as if all her troubles were over. When asked how she felt, she replied that she felt extremely well. She demanded food, her favorite dishes, ate them with appetite, and retained them. Now this change of mood became intensified into positive transports of happiness. Regressing to the oral stage, she was interested only in eating. But she was also hungry for love; was impatient for the coming of her husband (although she manifested very little interest in other persons); wanted signs of tenderness from him, asked him to kiss her,—and gently bit his nose when he did so. She nevertheless remained perfectly sensible as to time and place though a trifle supercilious, cognizant of her illness. But a little slip she made when addressing her husband threw a sudden light upon the inner significance of her euthanasia. His name was Victor, but she spoke to him as Herman, and continued to do so in spite of his correcting her. Now, who was Herman? It had been the name of her deceased brother, whom she had idolized, and not until this brother had died had she been able to make up her mind to marry.

What do we see here? On the regressional path of the libido, the patient was sinking further and further into the oral stage. When abandoning her object relationships, she

was not accepting her fate in full awareness, as the religious-minded do when they turn towards future objects of love in a life beyond; after a brief period of depression, she became ecstatically happy in an imaginary phase of life where she had re-achieved a union with the object of her infantile incestuous love. Very soon after this she died peacefully.

Since then I have had to watch the death of many other persons. Most of them died rebellious or embittered, or up to the last moment hoping for salvation. Few of them were in full awareness of their struggle—commonplace deaths. Recently I watched the death of two old men whose dying seemed to me happy without qualification. On the one hand I was greatly impressed, nay astonished, by the similarity (and the simplicity) of the motivation in both cases; and, on the other hand, by the confirmation of what I had assumed to be the psychological explanation of euthanasia in the earlier case. These observations, or their significance, would certainly have eluded me, had not my attention been sharpened by former experiences.

One of these patients was an ex-official, a witty old fellow who with a good deal of complaining, reasoning and eloquence, tried to convince me that his condition was hopeless. He was certainly in a very bad way. Affected with cancer of the prostate, he had been operated upon, but was suffering from widespread metatases. Anæmic and cachectic as he was, it became, day by day, harder to understand what kept the poor devil alive. The blood-count (red corpuscles) had fallen to 20 per cent. But the extraordinary thing was that the worse his physical condition grew, the less inclined he was to complain, until in the end, we had to scold him before he would tell us of his troubles. We were expecting his death from day to day, and it was always a pleasant surprise when he greeted us morning after morning with a cheerful smile on our inquiring how he was getting on. Though he was often in great pain, he was positively radiant in his determination to snap his fingers at death.

Taught by previous experience, I was guided in my search for the cause of this euphoria. Six or eight years earlier,

although he was already an infirm old man, he had contracted a second marriage with a timid and unattractive woman of forty, who was well aware that his condition was hopeless, and frequently inquired how long the poor old fellow was likely to last. When I asked him whether she was kind to him, he lavished praise upon her for the care and tenderness she showed him. I asked him her Christian name. He said "Fanny". I knew that this was not her name. Sending for her, I inquired into the matter. She told me that of late he had always addressed her as "Fanny". She had supposed that his mind was wandering, and had paid no attention to the matter. Persisting, however, I learned at length that Fanny had been the name of his younger sister, who, as well as her husband, had been dead for years. He had also had an elder sister, Catherine by name. Thereupon I asked him what had been the name of his first wife, and, as I had expected, he said "Catherine"—although this, too, was a misstatement. Cautiously I asked him how he had liked his younger sister, and he spoke in the warmest tones, but said that his brother-in-law had been of little good and that he had been on bad terms with him all his life. Notwithstanding my remonstrances, he would not admit, or would admit only momentarily, now and again, that his wife's name was not Fanny—although he speedily recognized and corrected his error in speaking of his first wife as Catherine. But his death was long drawn out, so that for incidental reasons he was transferred to another hospital. As I was informed, he remained happy to the last, and died one day quite peacefully.

It will be readily understood that in another instance, where the details resembled those of the case just related, I did not hesitate to institute inquiries pointing in the same direction.

To be brief, this second case was also that of an elderly man who had been frequently treated in the hospital for pulmonary emphysema and degeneration of the heart-muscle, always with good results. This time, however, his fate was sealed. He got so much worse that one day, regarding his case as hopeless, I gave up any further attempt to prescribe remedies. The sick man himself, too, obviously recognized that his death was

unavoidable. For the next few days he lay inert with his back turned to us, refusing food, passing his urine in the bed, and, according to the nurses, seeming to be in a state of mental confusion. Since his case had been given up, he received nothing more than the necessary care of a dying man. Yet he did not die at once. He suddenly and obviously resumed an interest in his surroundings, and became cheerful. Quite unexpectedly, he began to take food again. Now, in his case, the circumstances previously noted with regard to the patient last mentioned were faithfully reproduced. This man, too, had married for a second time a woman much younger than himself, who likewise troubled very little about him. Here, again, the husband made the mistake of addressing his second wife by the name of his younger sister. There was the same spiritual transfiguration when he spoke of the wife who, for him, symbolized his sister. When his attention was drawn to the error, he grew uneasy, and accepted the correction for a time, but became transitorily depressed, so that the experiment of correction was not repeated. In this instance, the organic improvement was so marked that the patient could be sent home. I learned that soon afterwards, having remained perfectly happy and without ever having uttered any complaints, he was found one morning dead in his bed.

In all these three instances, as in the one with which I began this essay, I am convinced that the imaginative revival of the infantile sister-relationship (transferred to the actual object) contributed to euphoria, to freedom from anxiety, and also to prolongation of life. The other attending physicians as well as myself were positively amazed by the disclosure of this process.

I have attempted to give a few illustrations of "death-bed scenes", dwelling for the most part on scenes that illustrate peaceful dying. Under what conditions does euthanasia occur? The answer may be given as follows: Euthanasia occurs when all aggressive reactions subside, when the fear of death has been dispelled, and when there is no further question of a sense of guilt. What makes such happiness in dying pos-

sible? It would seem that it is the fact that the path of regression of the libido to the objects of infantile love—in early childhood apparently associated with intense sense of guilt—can be retrodden without any feeling of guilt. Few can succeed in treading this path so far. It is self-evident that, in so profound a regression, the forms of pleasurable gratification will tend to revert to the oral stage. Before freedom from a sense of guilt can be achieved, however, guilt must be atoned for by the knowledge of imminent death with all its psychical consequences.[1]

I think, then, that I cannot better conclude than by quoting once more from the poet Rilke:

> "O Lord, grant each and all of us a death
> Which comes to each from out that very life
> He loved, he needed, knew, and understood.
> Grant this that, dying, we a while relive,
> As children, wonders, and unconscious trends;
> Relive the years when thoughts began to shape
> Themselves as in the childhood of our race."

[1] An article by G. Zilboorg on Differential Diagnostic Types of Suicide (Arch. Neurol. and Psychiat., 1936, XXXV, 270) recently appeared which contains an unexpected corroboration of the guilt-free regression to incestuous objects prior to death when death is recognized as inevitable and imminent, which I have adduced above. Zilboorg gives the following from the case history of a physician who committed suicide: "After a desperate attempt to commit suicide by sticking a needle in his heart, he suddenly began to have nocturnal emissions, accompanied by incestuous dreams about his sister. He was greatly attracted to her before he married. Unconsciously he never abandoned this attachment. His sense of guilt because of this was great, but once he paid for it by means of self-punishment as a result of which he might have died, his conscience was sufficiently appeased to permit the sinful fantasy to enter his dream." It seems to make no difference whether or not one evidences his acceptance of dying by an attempt at suicide. In either case freedom from guilt has been purchased by the conscious recognition of death.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Exceptions to the Fundamental Rule

René Laforgue

To cite this article: René Laforgue (1936) Exceptions to the Fundamental Rule, The Psychoanalytic Quarterly, 5:3, 369-374, DOI: 10.1080/21674086.1936.11925290

To link to this article: https://doi.org/10.1080/21674086.1936.11925290

EXCEPTIONS TO THE FUNDAMENTAL RULE

BY RENÉ LAFORGUE (PARIS)

It is the fundamental rule of psychoanalytic treatment that the analysand repeat aloud everything that comes into his mind. This rule is necessary if one is to understand what is preoccupying the conscious and unconscious mind of the patient. There are, however, cases in which strict application of the rule is inadvisable. It is the purpose of this discussion to define a line of conduct for the application of the rule based on the author's experience.

Every rule of therapy demands an intelligent elasticity in its application; otherwise it may achieve a very different effect from the one desired. Any rule in its strict application can be reduced to an absurdity. When a patient obeying the fundamental rule expresses what comes into his thoughts, he necessarily makes a choice. He may not be deliberately concealing something, but involuntarily he does not always tell everything. Sometimes long afterwards he will realize that he has omitted or forgotten an idea that he had intended to repeat to the analyst. This does not matter; it even enables one to note the resistances which certain associations of ideas set up in the mind of the patient. In forcing himself too systematically to repeat everything he thinks, the analysand may become a slave to the obligation he feels to let no thought pass unformulated, and such a state of mind is not at all favorable to the free flow of ideas. With these patients the fundamental rule does not have the desired result.

There are two types of patients which present difficulties in the application of the rule: (1) those who are prevented by the symptoms of their neurosis from adhering to it, and (2) those who consciously refuse to submit.

In the first class may be placed certain obsessional cases, and certain anxiety neurotics, particularly patients who are exces-

---

Address given at the International Congress of Psychoanalysis, Lucerne, August, 1934.

sively scrupulous. One frequently finds obsessional patients reducing the rule to absurdity. The attempt to follow it literally becomes an obsession and thereby stultifies the normal development of association of ideas. An obsessional doubter is never sure that he has said exactly what he thinks or thought exactly what he says. The suspicion of inexactitude may haunt him for days. During the analytic sessions he is overzealous, which, to quote Talleyrand, is a dangerous condition for those who wish to succeed. The difficulty is classic, and is sufficiently well known to every analyst. The way to avoid it is to apply the fundamental rule with leniency and allow the patient the right of omission. The obsessional doubters and those who are too conscientious want to do too well. They must be taught not to waste time and made to understand that it were better to obey the spirit of the rule by applying it broadly than to follow it to the letter.

A similar problem arises with some obsessional patients who are afraid of pronouncing certain words and who, the words once said, feel obliged to annul the effect they fear by an obsessional ritual. Here also it is unwise to insist on the rule. Once freed from certain inhibitions the patient will easily formulate his thoughts and say the words which were once dreaded stumbling blocks. It defeats the therapeutic aim of the treatment to torture a patient by forcing him to speak words he fears in order to free him from his anxieties. The analyst avoids this difficulty exactly as in warfare where a position impregnable from the front may be successfully attacked from the rear.

Certain anxiety neuroses render the sufferers overscrupulous and make it impossible for them to follow the fundamental rule. Should the name of a person arise which they feel it would be an indiscretion to mention, they torture themselves as to whether or not they should reveal it under pretext of a desire not to harm anyone. They are overwhelmed; they have created a predicament affording no escape. If the analyst knows the person of whom they are thinking, they find it impossible to relate certain facts concerning that person,—

facts which have started a chain of associations which they ought to have repeated during the session. With these cases it is sometimes difficult to know how far one is justified in exerting pressure on the patient. The possible unconscious determinants of the inhibition are multiple one finds when one allows the patient to make an exception to the fundamental rule, and it is rarely contraindicated. One may even go as far as to tell the patient that in a case like his the application of the rule is inadvisable. In nearly every case a comprehensive analysis will dispel the obstacle which was actually a neurotic symptom.

But there are other cases, and these form the second class, where the patient consciously and deliberately refuses to submit to the rule. One is here confronted not with someone struggling with an inhibition or a feeling of anxiety. The patient simply says that he will not express certain thoughts either because he considers it none of the analyst's business, or for some other reason; or without stating a reason, he refuses to talk. How to proceed in these cases is at times very puzzling. One may try persuasion, attempts at compulsion, making conditions, even dismissing the patient from the session,—all without satisfactory results. On the contrary, discussion leads nowhere, nor is compulsion an ideal therapeutic method. What is to be done? Finally, after many fruitless efforts and painful arguments the author has worked out a line of conduct which meets with some success. Doubtless this line of conduct is not perfect and demands a sound knowledge of the patient's reactions, but it does avoid discussions and arguments, and above all it permits the analyst to remain in his proper rôle.

The problems described arise chiefly in the cases called "neurotic character" in which the difficulties presented are caused not by the refusal of the superego to accept the forbidden unconscious striving, but by reactions originating in the character, that is to say the ego which refuses, usually for reasons of an idealistic nature, to admit certain facts from the unconscious. It is then the character resistance which constitutes the obstacle to the application of the fundamental rule;

therefore one must modify the character itself to overcome the difficulty, and one cannot change character by an ultimatum, certainly not in persons of strong narcissistic and anal tendencies.

Nevertheless, in a great many cases excellent results can be obtained. The patient's deliberate refusal to submit to the rule may be a symptom of which he can be relieved by analysis, provided that the analyst avoid making the patient feel that he is being attacked. The symptom must first be understood, and this understanding on the part of the analyst is capable of opening the way to a successful treatment. The successful resolution of the obstacle in various cases permits the analyst to observe how numerous are the motives which cause the analysand deliberately to refuse to say what he is thinking. In one case, for example, the refusal was the result of a compromise between the desire to end the treatment and the sense of guilt engendered by that desire. The patient could not bring himself to take the responsibility of satisfying the desire.

Some patients with paranoid trends and certain homosexuals show a tendency to react in this way as their treatments advance. The feeling of guilt and the need for punishment which accompany the progress may manifest themselves in an attempt to provoke the analyst to anger which is felt by the patient as persecution. Some of these patients like nothing better than to have rules imposed upon them, and their difficulties and sufferings really start when they are freed from them. This is in no instance truer than with those patients who are severely masochistic. Generally speaking, the stricter the rule in these cases the more pleased is the patient. The rule is thus used by the patient as a means for suffering and self-punishment, and the unconscious pleasurable gratification derived from that suffering is the reason for their refusal to make any progress towards a cure. Sometimes one can observe directly the sexual feeling which accompanies the revelation of painfully humiliating admissions. The thoughts that present themselves are exactly suited to this purpose. On occasion the patient, blushing with shame, awaits an attack from

the analyst in order to increase the masochistic gratification. If one were to follow the patient's lead, he would convert the analyst's consulting room into an inquisitorial torture chamber. For this reason it is important that the analyst should be on his guard against playing the patient's game. If the patient succeeds in causing the analyst to gratify his masochism, he may be driven ultimately to some disastrous acting-out in order to rationalize his feeling of guilt and satisfy the need for punishment. In this type of neurotic not telling everything implies, on the contrary, telling all, and the refusal to speak is at times more revealing than anything the patient could say. I believe, therefore, that it is an error to stop a treatment because the patient will not obey the rule, whereas its not too strict application will enable him to continue in a way that is truly psychoanalytic.

One must above all avoid anything resembling arguments and personal disputes. Such discussions serve not only to satisfy the libidinal desires which the analyst ought to bring to consciousness by analysis, but also to create insurmountable resistances, as when the patient wishes to argue as an excuse for avoiding a certain subject or really facing a situation. If allowed not to keep to the rule when he does not want to, the patient is deprived both of his means of defying the analyst and of rationalizing his guilt. Sometimes one may even forbid him the strict observance of the rule and thus deprive him of a treasured method of self-torture and humiliation, or cause him perversely to give free associations.

It is scarcely necessary to state that one's conduct of these cases is always determined by the material brought by the patient. One must follow the course indicated by the resistance of the analysand. The analyst must always be tactful and be guided by his therapeutic aim and his sympathetic understanding of his patients' problems. This attitude cannot be determined by intellectual principles.

When all these factors are taken into account, one can arrive at a sufficiently elastic formula for the application of the fundamental rule. It is, after all, a therapeutic instrument to be

used in whatever way best promotes the success of a treatment. It must be observed broadly; not scrupulously, but with common sense—that is to say, one must not be afraid to break it when it stands in the way. An instance in which the rule was violated without hindrance to the successful outcome of the treatment is that of a woman patient who had had a love affair with a prominent man. Failure to reveal his name did not in the least hinder the treatment. Docility in a patient is misleading and more dangerous is an attitude on the part of the analyst which makes the patient think that docility is necessary.

In conclusion, it may be stated that the fundamental rule of psychoanalysis in its strict application cannot be observed in every case and is contraindicated in some. The analyst must never feel bound to conduct an analysis subordinating everything to it. One cannot deny that the persistent refusal of a patient to observe the rule can completely block an analysis. It may happen that the difficulty cannot be overcome and one has to give up the treatment. But in the author's experience the case is rare, if not exceptional, and occurs practically only with psychotic patients.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

An Abnormal Child

Editha Sterba

To cite this article: Editha Sterba (1936) An Abnormal Child, The Psychoanalytic Quarterly, 5:3, 375-414, DOI: 10.1080/21674086.1936.11925291

To link to this article: https://doi.org/10.1080/21674086.1936.11925291

AN ABNORMAL CHILD

BY EDITHA STERBA (VIENNA)

The reporting of the analysis of a child does not as a rule offer the same difficulties as that of an adult because the analytical material is easier to sort out, the connections are easier to perceive, and one may far more easily take in at a glance the child's career, its experiences, and the influences to which it has been exposed. In addition, it is not necessary for reasons of discretion to distort the subject matter, or to make important omissions, as is the case with adults. These differences, however, do not apply wholly to the case to be described, because of the type of personality of the young patient and the form which his illness took. The fact that such a case is to be described in all its complexities also increases the difficulties for both author and reader. The type of illness of the patient, together with his odd personality, which is scarcely to be separated from his illness, distinguish the case decisively from all other cases of neurosis in children which have hitherto been described in the literature.

The report of this illness covers a period of more than two years of treatment, and the very plethora of the material which was produced necessitates the abandonment of a purely chronological description of the events. The following account includes, in addition to the history, a description of the chief symptoms, their analytic solution, and an account of certain parts of the treatment which yield the clearest understanding of the structure of the pathology. The report of the case is based exclusively on the author's notes, supplemented by the detailed observations of two analytically trained kindergarten teachers. Statements of the parents have been used only to obtain information about the earliest period of the child's life, and for the most part permit exact corroboration. Of the technique of treatment in this case, which departs in certain respects from that which is usual in the analysis of neurotic children, an account will be given at the end.

History prior to treatment

At the beginning of the treatment, Herbert, who was five years and one month old, was brought to a child-guidance clinic, with the explanation that at home he was completely unmanageable,—so difficult to deal with in fact that no one knew what to do with him. For several weeks he had been observed in the psychiatric department of a children's hospital, where the diagnosis had been made of an infantile psychosis, and his father had been advised to place the child in an institution. To this extremity, however, the parents could not make up their minds, and they brought the child to the clinic in the hope that he might be helped by psychoanalytic treatment.

Herbert came from a middle class family, formerly well-to-do, but recently much impoverished. The parents, who were distantly related, state that there was no mental illness or hereditary disease known to have occurred in their families. Herbert's only brother, two-and-a-half-year-old David, was a pretty child, attractive, confiding, and normal. The father, an Eastern Jewish emigrant, and formerly an independent manufacturer, had been forced into bankruptcy. He had remained for a long time without work, and finally had been glad to accept a modest position as employé, with a salary just sufficient to keep the family from starving. He was a man of great intelligence, well read, and well educated. For the abnormalities of his son he showed a great measure of psychological understanding, and he strove consistently to be kind and affectionate with him. The mother was not as intelligent nor as well educated as the father. Because of their poverty, she had to perform all the household duties, which formerly she had not had to do, and she was now harassed and over-worked. David, the younger brother, was her favorite in marked preference to Herbert, whose peculiarities she could not learn to tolerate. She refused to believe that he was ill, grew easily displeased with him, and could never conceal, far less overcome, the narcissistic injury which this child continually caused

her. She worried excessively about the children, spoiled both of them, and was as helpless with the younger as with the elder.

Following a normal birth, Herbert was said to have developed normally until at the age of six months an attempt was made to wean him. He declined his feedings, or vomited every alternate feeding, and behaved in such obstinate fashion that the anxious mother at the advice of a child specialist decided to continue to nurse him. When he was seven months old the mother going out for a few hours, left instructions with the maid to try the child with a bottle once more. Returning, she found the otherwise lively and restless child so frightened, ill, and deadly pale that she could scarcely recognize him. The servant reported that when she had forced the bottle upon him he had choked violently, and that she had stuck her finger down his throat to cause him to vomit. At eleven months, with the greatest difficulty, she managed to wean him. The extraordinary difficulties with eating, which will later be more fully described, began at this time to make their appearance.

At nine months Herbert began to talk, and at fourteen months he spoke quite correctly. He had the vocabulary of a four year old boy although he misused the pronouns "I" and "you". Beginning at this time he showed an insatiable curiosity, asked about everything, but interested himself most of all in anything that was written or printed, which he tried under all circumstances to appropriate. He had no interest at all for toys or shining objects which are so alluring to most children of this age; indeed, he seemed not to notice them. He appeared to have no need for affection, nor could one observe that he had any feeling of dependence upon his mother or whomever was taking care of him. At twenty-one months he could run about perfectly, and his parents noticed the striking fact that he has never, as other children do, first crawled on the floor. On the contrary he learned in a short time to walk without any particular help, and with quite unchildlike independence. At eighteen months while playing clumsily with a lamp placed on a table by a bed, he pulled it over on his head. Following this, he is said to have had a fever

lasting a few days; otherwise he had no symptoms, but the doctor expressed the opinion that he had perhaps suffered a slight concussion of the brain. From his eighteenth to his twenty-second month he lived in the country with his mother, and during that time an unusual mental precocity made its appearance. At the age of twenty-two months he could count accurately to a thousand and backwards, although no one had tried to teach him but it had been done for him a few times at his insistent demand. His appetence for knowledge became so prodigious that those around him, who had at first admired his learning, now tried to retard him without, however, accomplishing anything except continual quarrels and conflicts. When he was two and one-half years old, and not long after the birth of his little brother, he developed severe chronic bilateral otitis media. In connection with this, a polyp had to be removed from one ear. A few weeks later there developed a bad ear discharge, and for about six months he had to visit an ear clinic three or four times a week. His father, who had brought him to the clinic, recalled that the child was very restless and resistive. The doctors had assured the child that they would not hurt him, but the treatment seems to have been very painful, for threats or force were often employed. From that time, he frequently had middle ear inflammation accompanied by a fever and discharge from his ear, but he could not be induced, up to the time of the analytic treatment, to visit the ear clinic or to allow a doctor to examine his ear at home. Apart from this he had no other illnesses.

It is almost impossible to describe accurately the extraordinary first impression that this child made on every one at the time of the beginning of his psychoanalytic treatment. What first struck one's attention was the facial expression of this small, dark-haired, and for his age, physically well-developed boy, who was also so slender and delicate. When he was not sunk deep in his thoughts, his brown, somewhat prominent, eyes were ever on the alert, continually searching, without, however, his seeming to see one. On first becoming acquainted with him, he never laughed, maintained a remarkably tense,

unchild-like expression, rigid and devoid of affect, which many people aptly described as uncanny. He affected one as a mixture of a bad little gnome and a completely introverted adult, who though really appearing intelligent, gives nevertheless the impression through his rapt absorption and lack of interest in the outer world, of an idiot.

It has already been mentioned that Herbert showed very unusual mental precocity. When he was three years old, he wished to learn to read, and his mania for seizing at once without any restraint or discretion upon anything which was printed grew steadily worse. He learned to read by himself, for he never possessed a primer, and it was with reluctance that his parents taught him his letters. At four he could read without error. His unusual linguistic feeling showed itself in his ability to read instantly and correctly the most difficult foreign words without spelling them or pausing to think. This is best illustrated by an example. When he first came to be treated, to put his reading ability to the test, he was given the prospectus of a chemical firm upon which was printed, "Ichthyol, a medication against skin diseases, etc.". He read these words, and the difficult names of various skin diseases, with ease and at once without making a single mistake. He could also write correctly in copy-book script, although it was difficult to get him to do it. He disliked writing; it did not interest him. He wrote only as a means to gain further knowledge. In arithmetic he was equally gifted, and at the age of five commanded all four types of simple reckoning up to a hundred. He seldom made a mistake, and if one put him to the test, he became indignant and lost patience, for in the grandiosity of his delusion he regarded any trial as an insult casting aspersions on his knowledge. He had an unusually good faculty for calculating at a glance. Thus, on entering the waiting-room of the clinic he said, "There are sixteen seats here." This was correct, and subsequent tests with adults showed that only an exceptional few had the ability to estimate the number so quickly. His memory too was uncommonly good. Everything once read or

heard he noted with precision and was subsequently able to state where and when he had come across it. He recalled word-for-word conversations he had heard when he was two years old, and was able to remember all associated circumstances, however intricate. Two short examples will suffice for illustration. At the beginning of the treatment—he was five years old at the time—he found an atlas in the treatment room and was quite unable to tear himself from it. Although he had never seen such a thing before, and did not read any of the headings aloud, he named correctly to his astonished father all the various countries, after a brief inspection, and he even discovered by himself that Great Britain and England, and that Holland and the Netherlands were identical. On another occasion when he was three years old, he was brought to a railroad station. Over a door was written the word *Portier*. His father at once had to read it to him aloud. On coming again to the same station a year later, having meanwhile learned to read, he commented angrily to his father, "Last year you read it *'Portie'*, and it is here written with an *r* on the end." Reference has been to his extraordinary talent for language. Apart from difficulties which arose from the avoidance of "forbidden" words he spoke very correctly, and there was no better way of arousing his wrath than to make a grammatical error, or to use some dialectic expression. He would ask, "Why does one write *Egypt* with a *y* if one pronounces it *Egipt*?" In studying an English dictionary he noticed at once that there are words pronounced differently from the way they are spelled, and tried to reduce these differences to a system. He had a special pedilection for systematization, and liked best to read text books on composition, dictionaries, calendars, etc. He knew the letters and numbers of every street-car, and where they went; he knew all the districts of the city, the most important streets and buildings, all the capitals of the world, all the holy days, all the Jewish festivals with their Hebraic and German designations, and all this knowledge he had acquired through reading. He strove not merely to repeat parrot-like what he learned, but to place

it all in an organized body of knowledge. This may best be illustrated by an example. On one occasion during his treatment he happened to meet Anna Freud, and asked her her name. A few moments later he pulled her book, Technique of Child Analysis, from the bookcase and with a single movement of his arm, presented it to her and asked, "Is that a child or boy analysis?" [1] A year and a half later he inquired about an etching of Freud, asked who he was, and why he had become so famous that his picture had been made. As this was being explained to him, he thought at once of Anna Freud and, after understanding wherein lay Freud's significance, he said, "Well then, she is an educational, woman psychologist."

It may not appear so exceptional that this child's range of interests differed from those of an average child of his age. He possessed purely intellectual, quite unchild-like interests. But events which occurred in his environment interested him not at all; he was almost exclusively occupied with reading books and newspapers. In matters of practical every-day life and in manual dexterity he was extraordinarily inexperienced and clumsy. He could not possibly have dressed himself. Every object fell from his hand. Because of his restlessness, which increased unbearably in every strange place, he could scarcely sit still on a chair, and often fell off. He was continually shuffling and stumbling about, as he was either lost in thought, or was taking no notice of objects which lay in his path, having discovered something in the distance which he could read. He often fell down on the street. In fact, when he was brought for treatment his bodily clumsiness was so great that one could describe it as being in direct proportion to his intellectual precocity. His conduct on the street was so bizarre that his mother would no longer go out with him. He fell down repeatedly because he had to read—with meticulous care—whatever he saw posted up. When he was in the park, or in a store, he would tear from anyone's hand any printed matter he could seize. In short, his behavior was

[1] As will be shown later, because of his delusions of grandeur, he fought on all occasions against the application to him of the word *child*.

quite insupportable to those around him, and dangerous to himself.

In addition to these very disturbing characteristics Herbert possessed a number of others, which made it at times intolerable to live with him. Many new symptoms first appeared during the course of the treatment.

Conspicuous was his uncompromising resistance to any form of medical treatment or examination by a physician. This was true prior to the painful treatment of his ears, for his mother stated that when he was one and a half years old and a doctor had wished to auscultate with a stethoscope, the child had fallen into such a frenzy of excitement that the doctor was forced to forego any further examination. He did not react in the manner typical of a child overcome with anxiety; instead, he fell into an alarming state of dumb and tearless agitated excitement which one could not help but do everything in one's power to allay, for he gave the impression of being so overexcited as to go completely out of his head. This very unusual condition, which was observed by several different people, had prevented a proper physical examination at the children's clinic. Even after the administration of large quantities of reliable soporifics, following which he had appeared to sleep soundly, he is said to have awakened at the slightest touch and to have resisted every attempt at examination.[1] In spite of the difficulties the examinations were sufficiently complete to rule out the possibility of organic brain disease. Dental treatment was of course entirely out of the question. His objection to anything resembling medical therapy went so far as to exclude drinking tea because "That is also a kind of medicine," he said.

There were several specific prohibitions which one had most assiduously to observe if one desired to get along with him, and of these the strongest was the avoidance of any con-

[1] It is particularly striking that whenever one awoke him from a sound sleep he was entirely oriented as to time and space; however, his sleep was not light, he never spoke or cried out during the night, but behaved when asleep like a normal child.

tact with his body. One dared neither to wash nor to clothe him; these things he wished to do for himself,—although he was really too clumsy,—and as a result he remained untidy and his teeth suffered from neglect. He wished to wash himself and if one wished to bathe his feet one had to cover them with a towel so that he might not see that they were wet, but even with such ceremonials he was greatly disturbed. To cut his hair and nails was next to impossible. As a rule his nails had to be cut while he was sleeping, and when this was attempted he would awake at once, so that it required ten days before all of his nails could be cut.

He developed a large number of additional prohibitions and ceremonials which were exactly fixed, and upon whose strict observance he insisted with inexorable tenacity. Of course, many attempts had been made forcibly to break him of one or another of these demands, but nothing was ever accomplished by it except to bring him into such a state of excitement that it was feared he would become irrevocably psychotic. Following such attempts, he was for days so shut-in and indifferent to his surroundings that it was thought one would never get into proper contact with him again. It was therefore necessary to yield to him. Getting up, putting on his clothes, and going to bed had to be performed in exactly the same fashion and sequence, and on each week-day certain foods had to appear on the table, for otherwise he would refuse every form of nourishment. Since he had little or no appetite and was difficult to feed, his anxious mother quite naturally put up with his whims. The selection of food was determined by so great a number of demands, there were so many endless reasons for which he declined one food or another, that they will be only briefly described here and commented upon later in the discussion of the treatment. As an example characteristic of many, and typical of his eating difficulties,—soup with noodles he would not eat: "That is pond water with carp and pike. One can only drink the water if it is boiled and the fish are boiled separately." He believed this as if it were reality. No argument nor reasoning could have convinced

him that such assertions were absurd. For him reality was that which he uttered. This example also illustrates his ceaseless solicitude about his highly valued body and the state of his health—"Pond water can only be drunk when it is boiled."

He showed an aversion to everything new, and his refusal to put on new clothes, or to use a new tooth-brush, arose from the fear that for him, a danger might be concealed in every new thing. He could be induced to use a new object if he were first convinced that it was not merely purchased, but had been especially prepared for him. He accepted this assurance on its face value as a positive security that no danger was attached to the object which might threaten him. He said during the course of the treatment, "How is it possible to buy something if you don't know how it is made or for whom?" The shocking state of restlessness into which he fell whenever he entered a strange room was allayed after he had made a thorough investigation and felt, after endless questioning, that he understood the purpose and meaning of everything in it. According to the statements of his parents, all these ceremonials, prescriptions and demands, and his insatiable thirst for knowledge, had become insupportable during the last two years, that is since the age of three. Tendencies in these directions, however, had been present from the beginning, but had gradually grown worse as his intellectual development had progressed.

His remarkable peculiarities in the meaning of words first came clearly to light during the course of the treatment. A few of these, however, had already been observed by his parents. For instance, he had refused for a year to speak either his own name or the names of others. He ignored questions which had reference to people's names. If one asked his name, he usually kept silent. After much persuasion to speak his name, he once said during the treatment, "That was said the last time at the Clinic." When he spoke about other people he did not call them by name, but used some circumlocution such as, "He who dwells in X street." He avoided addressing one directly, omitted the pronouns *I* and *you*, and

spoke of himself only in the third person, in doing which he assumed in fantasy, some adult vocation. He would say for instance, "The manufacturer will now go to work" or, "The store-keeper will now pull down the shutters." He would not permit himself to pronounce the names of the various members and parts of his body, and could never be brought to omit this self-imposed regulation. In the meticulous observance of these rules, particularly in the field of language, which for a child of his age were so incredibly complicated, he developed an extraordinary certainty and perfection. None who observed him could detect a single error, and he knew how to extricate himself cleverly from the most ingenious traps. His ability to maintain these rules of speech was partly facilitated by the fact that he never spoke about intimate or personal subjects. The day's events and things which occurred at home, which are usually of interest to a child, seemed not to exist for him, and he omitted any allusion to them as of something entirely foreign to him.

This brings us to a discussion of his emotional life, which obviously played a quite subordinate rôle. According to the report of his parents, he had never shown any need for tenderness or protection, nor an interest in anything alive, either man or animal, he had never kissed nor cuddled, and it was only if he had hurt or injured himself that one might observe that he stroked, or when possible kissed, the injured area. If held by the hand, which was usually necessary on account of the irresponsible way he ran about in the streets, he would occasionally try to squeeze one's hand, but always very cautiously and without display of emotion. He made use of his environment for the single purpose of satisfying his desire for knowledge. As he himself completely repressed his feelings, he appeared to take it for granted that the same was true of others. It never occurred to him to ask how one was feeling, nor to show that he was aware if one were angry or sad. Such feelings apparently did not exist for him. It would be difficult to convey how little he seemed to grasp all those things which constitute a normal human relationship. Perhaps one

can best get some idea of his isolation by comparing it with his condition after the first slight improvement which so greatly astonished his parents. One day after about three months of treatment his mother, excited and beaming, came with the report that for the first time he had spoken to someone in a normal fashion. She had been talking to a seamstress when he had said, "Give me the red and white tape-measure." The seamstress had told him to be a good boy and not to lose it, to which he had replied, "I'm good anyhow. I was just about to give it back." These simple remarks were regarded by his parents as a miracle, for never before had he asked directly for an object.

He got along best with his father who patiently answered all his questions on abstract topics and always showed an understanding for his son's eccentricities. The father was himself rather shut-in, liked to be alone, and had a great fondness for abstractions. The boy would go for long walks with him, and when they were out alone together the boy seemed to be in good spirits though often he would remain absorbed in his thoughts for hours. The young kindergarten teacher who took charge of him at the beginning of the analysis, he seemed to like, and he was glad to go walking with her. Sitting in the park he would read several newspapers from beginning to end, and require a precise definition of every word unknown to him. His attitude towards his mother, who was often very impatient with him, was very bad. With her he easily got into fits of excitement in which he paid no heed to what she said, pranced about as he liked, and threatened on the street to run away. The more she tried to force him to behave, the more freakish grew his behavior, and it was easy to detect a certain spitefulness in his demeanor. Up to the beginning of the treatment, Herbert had ignored his younger brother. He had seized him by the neck on two occasions, and had pinched him, but that had happened as a reaction to the brother's aggression, and subsequent to each of these incidents he had resumed his attitude of indifference. With other children he made no contact at all; as a rule he never talked with them, and was

totally at a loss how to behave with them. The children whom he met in the park or in the street instinctively avoided him, openly displayed fear of him in his presence, and it was plain to see that from the moment they met him they did not regard him as one of their kind. When he was four and a half his mother wished to place him in a public kindergarten and one morning brought him for a trial. When she went at noon to get him, she found that the other children had feared him so greatly that they had all to be sent home or placed in another group.

He liked to be alone in his room, and would often speak quietly to himself or sing. He spoke in a monotone, without changes in rhythm, neither loudly nor softly. His parents had never observed him to masturbate, nor to indulge in any other form of sexual activity. They had never expressed any prohibitions against such activities. He had been unusually easy to train in habits of cleanliness and was in this respect too, very independent. He had no sense of modesty, would unconcernedly say, "I want to pee", and unbutton his trousers in front of everyone. He is said, when two and a quarter years old, to have been greatly interested in bare arms and feet. His mother recalled in this connection that just after the birth of the younger brother, she had had a very erotic maid-servant who had slept in a small inner room with Herbert, and she had suspected that this woman had dressed and undressed in the presence of the child.

Beginning of the treatment

During the first period of the treatment the task was to establish a contact between Herbert and the analyst, and to determine the nature of his symptoms and of his illness. The child had not the faintest idea why he had been brought to the analyst. His father simply had dragged him to the office, kept him with a book in the waiting-room, and then it was a question whether he could be brought into the consulting-room, either of his own accord or with the energetic assistance of his father. As at that time he had not the slightest insight

into the strangeness of his character, but felt astonished, on the contrary, that others did not think the same as he, it was only natural that he should be unable to comprehend the purpose of his visits. For an average child, the strangeness of the persons and of the surroundings would have aroused its interest and curiosity, but for Herbert this was not the case; the only meaning which the visit had for this very introverted child was to raise in him the question whether such a change of persons in his environment might perhaps disturb his inner world of thought.

During the first month of the treatment he took no notice of the analyst's presence. He came into the room without giving her a glance, uttered no word of greeting, and never conversed directly with her. If he spoke at all it was to give an imperative command. When for instance he wanted a book he would say, "Give here" or "Want to read." Once he climbed upon a sofa, looked around the room, came close to the analyst, clutched his throat with his hands and said, "Is anyone there? No one is there; they're all choked." That was the first connected sentence he spoke. This expressed clearly his denial of the analyst's existence, and of his wish to destroy her as well as all other persons. He spoke only a few words in the course of an hour, and was extremely angry if a block or toy were left lying about the room, always suspecting that it had been prearranged for him. He would then say with the same rigid, tautly inquisitive expression, "Where does that come from? One must not add anything, nor arrange anything." He noticed at once the least change in the room, said nothing about it, but ran about excitedly until he had accustomed himself to the change. He spoke of himself as follows: "The manufacturer is now going to read this book." "He is very busy" or "The manufacturer is going out." The parents said that he had long expressed the fantasy that he was a manufacturer and that this fiction apparently enabled him to some extent to maintain contact with his environment. Attempts to discover something about his functions as manufacturer were unsuccessful. He was not disturbed by remarks

which cast doubt on the reality of his statements, and at home, where no patience was shown with his vagaries, he repeatedly asseverated, "The manufacturer is really there."

It was necessary to find some method of worming one's way into this tightly woven fantasy life so closed to any approach from reality, without permitting him to realize that reality had been smuggled in. Knowing his predilection for calculation and his intolerance of others' errors, the analyst placed a number of blocks on the table, looked at them hastily and called out an incorrect total. At first he ignored what was being done, but soon became openly annoyed. He looked from a distance, then approached, examined the number, said in a superior tone, "Wrong" and gave the correct figure. After a few days he began to throw down a number of blocks, glance at them and then look questioningly at the analyst who kept silent as a rule, in which case, with a triumphant air, he would say in an undertone the correct number. He began soon to make supplementary remarks: "Seven.—There is no such street-car as that." "Twenty-five.—There's no district of that number." After he had begun to count of his own accord, and seemed a bit to notice her presence, the analyst became more active. While he was calculating the number of blocks, and at the same time glancing to see if he had been heard correctly, she one day gave the blocks various names, thinking that this might cause him to say something about his own name, or give a clue to his inhibition. Whenever he was asked his name he stated: "The manufacturer already said that, at the clinic a year ago on the sixteenth of February." [1] For him to utter his name was a dangerous procedure, for through his experiences at the hospital there was probably an association from being asked his name to fearsome and painful events. He was angry with her for naming the blocks, and after listening for a few days in silence but plainly indignant he said, "Only living things have names: things which live and which one can kill."

[1] That was actually the date, as I learned later from his father, on which they had taken him to the medical clinic.

About the middle of the second month of his treatment Herbert became very angry with the continued christening of the blocks, and especially with the attribution to them of various occupations such as manufacturer, shopkeeper, etc. Thereupon, he was asked why he was unwilling to use his own name, since the use of names, as he could see for himself, was quite unattended with danger. After repeated questionings he furnished the explanation of his anxiety about names, and at the same time gave the reason why he must have a vocation: "One can't just have a name by itself. One must be something. Otherwise one couldn't live. Therefore, I won't say my name, until I amount to something. I want to live and be big. Big people have names and are something. I am not Herbert who just says 'Mummy.' I'm just called that. I know I am really the wagon manufacturer."

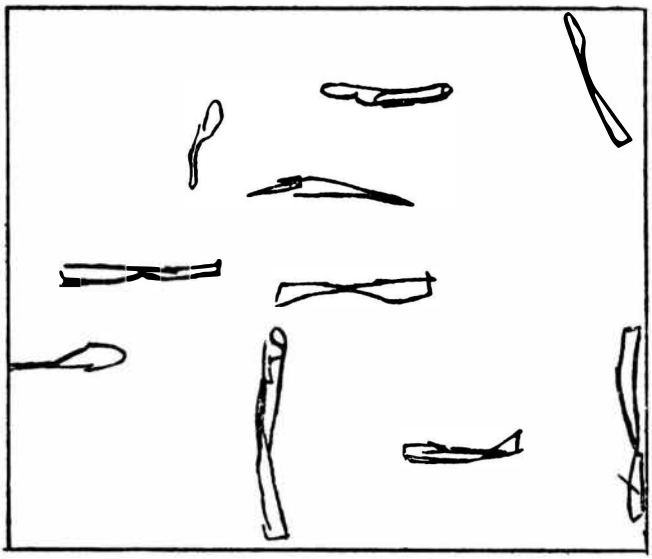
Most striking was the unusual maturity of expression in this five-year-old-boy's first direct communication in the treatment about his inner life. The mature deliberation and the great insight and clarity with which he described his psychic condition were characteristic of him and of his unusual talents. Noteworthy also was his use of the first person in referring to himself on this occasion. As he had carefully avoided this personal form of expression since his stay in the hospital, the resumption of the use of the first person singular was regarded as an improvement. He knew that his fear was an object of interest, and had realized that with the analyst he had no need to be afraid as he had had to be with others. He had to believe himself to be a business man because adults were excluded from destruction which constantly threatened him as a child. By the subterfuge of saying, "I am the shopkeeper" and believing it to the degree where it was for him a reality, he was able to alleviate his anxiety. Much later in the treatment he revealed that behind these declarations was concealed a delusion of grandeur. It became progressively more apparent that he wished to believe himself to be the only adult, and that he tried to reduce all grown-ups to the status of children since this delusion assured him the maximum of safety. Conse-

quently he was forever saying that he was thirty-five years old (his father's age), that papa and mamma were tiny, that he would give them a baby-carriage, that they would be given a pacifier or a little baby-cup of milk with the skin on it. Concealed in this reversal of the actual relations was a hint of the importance that his younger brother's arrival had had for his mental illness. We are also led to suspect the importance of weaning for him in his desire to give his parents milk, which since weaning he had never drunk without addition of sugar, etc., and which he now most energetically refused.[1] When he was in the park with a companion, he always wished to sit alone with her on the bench,—'there was no room for anyone else, because he was so big'. "Only babies sit four together." He often said to the kindergarten teacher that she was a little tot, hardly four months old. He would stick to these assertions with such obstinacy that one had to give up the attempt to make him admit the reality. On one occasion he brought a park guard to show him a spot on the grass where he claimed that the kindergarten teacher had walked. Although this was not true, he maintained stoutly that she had done it. Here was a new form of behavior in which he exhibited calculated aggression against adults, as he had when he wished to give the parents something to eat which he himself disliked, and again in wanting the kindergarten teacher to be punished. He was thus attempting actively by a reversal of rôles to free himself of the adult authority which had been imposed upon him. Of course in his delusional grandeur he put all toys away from him. He declined to look at pictures, even those in books for adults, although after he had developed a certain attachment to the analyst he tried often to make her look at picture-books. He would say, when he wished to be particularly nice, "Shall I show you some pictures, or would you prefer to see the cigarette-box with the automobile advertisement of the tobacco company?" He knew all the differently colored cigarette-boxes perfectly, and from their covers could

[1] Naturally in refusing to drink plain milk his identification with the parents, that is, with adults, served also the function of a defense mechanism.

tell at once the brand of cigarettes and the picture pasted inside.

It had been learned from Herbert's parents that drawings did not interest him, and that he had never cared to draw, but whenever he ignored the analyst and read she would draw with colored crayon. At first he pretended not to notice but after they had talked about his unwillingness to say his name, and



the origin of this fear had been repeatedly explained, he said appealingly, "Draw the devil." She hastened to comply with this request and when she had finished, he closely scrutinized the devil who had been embellished with a colored feather, and commented, "Doctor X and Doctor Y will come and pull out the devil's feather." (Dr. X and Dr. Y were the physicians who had treated him alternately at the ear clinic. He spoke often of them, and was able after an interval of two and a half years to repeat their words exactly.) Then he became more and more disturbed, and repeated excitedly that the doctors would snatch away the devil's feather. Using his own remedy to allay his anxiety against his passive suffering, a second picture was drawn in which the devil was snatching away the two

doctors. That pleased him enormously; he grew quiet, and when asked whether he would like to play the devil's part, he said, "No, but I'd like to beat them (the doctors) awfully hard." That was next represented in a picture. From this time, a door to his anxiety and its content seemed to have opened. He himself began to draw, at first unintelligible scratches, and then, as the following cut shows, all kinds of

needles, pins, hairpins, and safety pins, which he said were used by the doctors at the clinic.

Soon after the pins had been drawn, he began to make ear-specula and ear-mirrors, of which both doctors had made use according to his statement. The following drawing shows how cleverly he utilized the ear-specula in one of his later pictures of a jazz orchestra.

He told the kindergarten teacher with much enthusiasm that in the Mariahilferstrasse (analyst's residence) they drew for him the devil who carried the doctors away and burned them up with a radio (the ear-speculum) and safety-pins. "It doesn't hurt them though, because they're wicked", he added by way of explanation. In drawing for him the devil there was an opportunity gradually to approach the problem of his refusal

to name the parts of the body. Pointing to the individual parts while drawing, he was asked why he could not name them. At once he would become restlessly excited and would try to cover the analyst's mouth with his hand, saying, "Don't say it out loud!" He was reassured and told, "I know what you think. If one says the name of a part of your body, you believe something may happen to it. What would happen if I should refer to the different parts of my own body?" Thereupon the following came out: "The eyes can be burned, the head cut off, the nose cut off, a hole bored in the teeth, ears jabbed, the throat jabbed with a safety-pin, hands *squish, squish* (that meant crushed to pieces), feet can be filled with so much water that one drowns." Later he elaborates the last fantasy as follows: "On each foot there are two holes, not the bought ones like father's, but those that are specially made for me in the factory. Through these the water can run in, and that's why one has to keep one's feet covered all the time, and that's why one has to wash them always in a tub where one can see exactly whether there's much or little water." From anxiety that 'water might flow into the holes', he could not be induced to sleep without wearing socks, and at a much later date when he decided to go in bathing he insisted at first on wearing bath-shoes. Subsequent to this conversation he showed an interest in the analyst for the first time, and on leaving said to his father, "Papa, she knows everything. I'll stay with her." To know everything was for Herbert, who was bent solely on the conquest of knowledge, the greatest distinction which he had to confer.

All these precautionary measures, whose origins will later become clear, were aimed at avoiding the destruction which this boy, whose exaggerated self-evaluation is shown again so very strikingly, felt immanent. He declared on the contrary that he felt no fear, that nothing could befall him, that it had all already happened to him. They had tried to cut off his head and nose, they had already jabbed him in the throat and ear, his hands had been crushed to pieces, etc. He feared, in fact, a repetition of earlier traumatic experiences, and just

because of the element of reality in these fears as a result of his illnesses and their treatments, it can readily be understood why he was less accessible than usual in the matter of naming parts of the body, and why he obstinately maintained that everything which he feared would again take place the moment he should speak these words. It became clear that everything he spoke aloud became for him a reality, and that whatever he refrained from speaking did not exist.

It was proposed to him that the analyst name the various parts of her body, that he should merely point to them, and see for himself that nothing would happen to her. This result astonished him greatly, and he asked incredulously, "How can you ward it off?" This afforded an unusual opportunity for the analyst to create for herself a rôle which would give her ready access to all parts of his delusional system. He was told that she was able to ward off the danger because she was a magician. He became ecstatically happy and laughed freely. By accepting his fantasy of altering reality by magic, and accrediting herself with this ability, she had made a great breach in his wall of reserve against people. From this day on, even during periods of complete relapse, he always maintained a rapport with her. With no suggestion from without he gave her the title, the "Sorcerer Against Anxiety" and continued to use this form of address long after he had ceased to believe in her sorcery. After a time, his attitude towards her actually began to show some positively tinged traits. He would talk with her continuously, and at other times as a wagon manufacturer, he built wagons for her with blocks, or he would spend the entire hour quietly reading beside her on the sofa. One day he declared spontaneously, "I will always stay with the Sorcerer,—today, tomorrow, always! I don't need my parents, and I don't like them!" During this time he made remarks indicating that he had begun to understand something of the purpose of the treatment. He said for example, "If one is afraid, one has to go to the Sorcerer; also if one can't speak out loud." Pointing to a tooth which caused him much anxiety he begged, "Please, Mr. Sorcerer, take away the fear

and close the hole for me." Of particular interest to him was a set of Freud's collected works because they occupied the greatest space on the shelf. He would often turn over the leaves and say, "These are the books in which the Sorcerer reads how fear is enchanted away." Although the analyst was a doctor she was really no doctor at all but a mighty sorcerer, who possessed no instruments but derived her power from books.

There was a gradual improvement with respect to the prohibition against naming parts of the body, coincident with his growing interest and confidence in the analyst. He began by pointing to parts of her body which she named aloud. Soon he gained courage to point to parts of his body which she was permitted to name, and he managed at last to spell the parts softly to himself, without actually pronouncing the words.

There was a distinct change for the better to be observed in his drawings that at first had been only scribblings with nothing recognizable in them except the instruments the doctors had used at the ear clinic, but now he began to draw wagons with people in them, occasionally representing them with great skill, if one considered that he had never drawn before. He drew the different parts of the body himself,—a sign of great progress, and on his own initiative he decided to draw the devil carrying off the two doctors, and took the occasion to depict himself giving the doctors a "terrible beating".

Reviewing the changes in Herbert's character during the first months of treatment, his progress in overcoming his inhibition of speech was the most striking of all. He now referred correctly to himself as "I", addressed other people, with the exception of the analyst directly as "thou" or "you", and would occasionally speak of the simple events of the day. There were important modifications in his delusions of grandeur: he now spoke of himself as a "big boy" and no longer always had to imagine himself a shop-keeper. There was no improvement to be noted at home where he persisted rigidly in the ceremonials and rituals described, and except for an occasional game with blocks and the few drawings that he made, he

continued as ever to devote himself to the acquisition of abstract knowledge. He was more of a nuisance than ever before because with his better rapport with people he became more importunate and impatient in his interrogations. With the increase of interest in his surroundings the motor restlessness had decidedly decreased. Important also for him was the simple realization that he was actually afraid, and not warding off former injuries and dangers, as he asserted, but of other things besides, of things in particular which were new or unknown, which he was unable to grasp or understand. Towards evening he would often become afraid and dislike to remain alone in his room. He would then say, "Shut the door. I'm afraid. The darkness is coming in." He had never been heard to say he was afraid. In the treatment care had been exerted to avoid suggesting to him that he was fearful, but instead it had been emphasized that he must believe that the same things could happen to him as to others. He got along reasonably well with the analyst and with his kindergarten teacher, provided that certain of his demands, later to be mentioned, were met. His relationship to his mother during this time had grown considerably worse. He was doubly sensitive to her lack of understanding of his oddities, for he now knew that others understood him and gave heed to his peculiarities.

Anxiety of "the squirting lattice" and of the "keyhole"

During the next period of treatment certain specific anxieties came to expression, were analyzed, and resolved. These particular anxieties had long been present but could not before have been verbalized by the child because of the numerous inhibitions and anxieties already described.

Difficulties arose when instead of his father, the kindergarten teacher began to bring him to the treatment hour. His father had paid no attention to the boy's phobias as represented for example by his objection to riding in a street-car on which the number in front was hung crookedly. "I can't ride on that, I'd have to hang on too hard not to fall out!" The alterna-

tive of taking a bus was equally objectionable because "The bus can run over you. Only little kids let themselves be run over. Big fellows don't permit that to happen, and that's why they don't ride in buses." An additional objection to buses was that, "They have first to install a line from the factory." *Line,* it came to be known, was "what the conductor holds on to", *len* or *lan* a neologism for the conductor's signal cord, while *lin* or *lün* meant the straps to which one held. As at first he declined to give any explanation of these meaningless words, or his purpose in pronouncing them, the analyst tried to provoke him to an explanation by mimicry. Whenever he began to whisper the syllables to himself, she would say, for example, *"man, men, min, mun"*. That made him angry: *"Man, men, min,*—there's no such thing. It's made up. You don't have to make up things; you are the Sorcerer against anxiety. I have to make such words out of fear." The substitution of certain words by meaningless syllables was another protective activity to avert a danger that might befall should he utter the correct name. Street-cars and buses made him aware of his smallness and his helplessness. He could not hang to the straps for passengers; he was too small. A double danger therefore existed. In a street-car he would have to acknowledge his smallness if he had to stand, and if it were not possible for him to hold on he would tumble out of the *crooked* car and be run over.

There was another danger in the street to be avoided: a certain perfume shop in the street where he lived. In the evening when the wire grating was drawn down in front of this shop window he would not walk past it. Once, as he and the kindergarten teacher were passing the shop after business hours, he suddenly tore himself free, darted through heavy traffic to the opposite side of the street, where he remained standing, pale and trembling with anxiety. "We've come too late," he said, "Now he's closed it, and I can't go over there. If the glass window is there and no wire grating", he explained, "then it won't spurt, but if it is underneath the wire then it can spurt. I can go by all the other stores if the metal shutters

are down." In the window of this perfume shop were displayed various apparatuses for irrigation, spraying, or douching. "There are tubes there that can spray in every direction." He was similarly fearful of garden hoses, and of water carts. His fear of the grating which he asserted really "had squirted at him" was easy to understand as an association to the repeated ear irrigations he had been given.

Another symbolic externalization of his anxiety was the large keyhole with the sliding guard or cover commonly found in Viennese doors. Wherever he saw a door where the key was not sticking in the lock, he was compelled to have the guard or cover closed over the keyhole. He would shut his eyes and keep screaming, "Put it down!" until someone came and pushed the cover over the keyhole. Once, taken to visit a kindergarten, he was quite beside himself from fear, and seemed to have gone completely mad because he became aware that there were five open keyholes in one room. "With keyholes," he once said, "either the cover must be in front, or one has to stick in the key. The snap must be down, otherwise the darkness will come in, and someone will stick in the key from outside and shut me in."

He brought these conscious fears to the analyst deliberately so that she might conjure them away. He said for example, "Now I'm only afraid of the cover and the perfume shop. I'm not afraid of the doctors any longer because the Sorcerer has sent them to the devil." Once when he happened to notice the playthings in the room and guessed that he was meant to play with them he said, "You mustn't play! A famous Sorcerer against fear must not play with me either; else the fear will stay." Another time one of his hours was to be omitted on account of a holiday and as she was explaining it to him, for he now always wanted to come at the same hour every day, he said, "It is a great pity. You have now conjured away a quarter of the half [1] of my fear, and tomorrow nothing will be conjured away from me." These remarks need no

[1] It is to be noted here how correctly, and with what assurance, the five and three-quarter year old child employed fractions.

comment. They express directly the boy's insight into his illness, his wish to be rid of his anxieties, and his understanding of the treatment.

The next step to be taken was further to analyze the symbolic meanings of the grating and the keyhole covers to which his anxieties had become narrowed. Discussing the different spray apparatuses he said, "There's another way it can squirt. Once there was a basin, and there was a tube before and behind (here he pointed to his body) and then it squirted also." He refused to show to what parts of his body the tube had been applied, but repeated, "Down below." Again he had to coin new and meaningless words to be able to pursue the investigation. "*Flo* is there in front. You get a black tube down there. *Flau* is on the back side, with a short red tube." *Flo* was an abbreviation of *Flohda* (flea there). He ascribed the origin of this expression to a servant rubbing the spot and stating, "A flea is there." (This was the same servant who dressed and undressed in front of him.) He was said once to have been ejected from the servant's room crying, "She has a flea there between her legs," meaning quite clearly the genitals. He applied this word not merely to the female genitals but to everything which was connected with the genital or anal regions. Thus on one occasion he said, "I don't need a brother. We'll lay him down. Papa will turn him over, Mamma will hold him, and I'll stick the tube in. The water will squirt in and take all his *floda* away, both in front and behind." Here *floda* is used both for penis and fæcal mass by whose loss his brother will be destroyed. Attempts to translate these neologisms into terms of reality, aroused in him the greatest terror and he reiterated emphatically: "No, I don't mean that! It's only that a *floda* is there. I've got to say it all together because I'm scared." The analyst rejected his objections and rationalizations and stated that she knew that the *floda* meant what he had underneath in front. "No, No!" he cried anxiously, and for the first time began to cry, "I'm talking only about what one can take away! But that's nothing." He had chosen the substitutive word as a protec-

tion against castration anxiety. The kindergarten teacher observed that he had been scolded by his mother while scratching his genitals. Shortly thereafter he had gone to the toilet to urinate. Suddenly he had cried in a loud and despairing tone, "Come! Help me! I can't touch number one because I'll make it dirty."

He had often stated, "In the darkness things appear that I don't know, and don't dare to look at. If it is little and thin, I see number one. If it were not so, I wouldn't dare to look at it." Later, when the kindergarten teacher was with him at a home for children, she noticed that when he had to urinate at night he always had an erection and would cry, "I mustn't look at it!" He tried to explain: "There are sort of little sticks where number one is and one has to pull, and then the fear pops up,"—that is the anxiety of having an erection. There was then a continuous danger at night that threatened him.

While talking with him about the various douche and irrigation apparatuses which were displayed in the shop window and seeking to understand further why he was still frightened of them, he said, "Once when I was still a little baby someone stuck one of them into me." The analyst pressed the point to him that he was fearful not about the shop window but of the articles displayed in the shop window, and that his fear of the open keyhole arose from the symbolic meaning to him of the keyhole as an opening into which one might stick a tube. This interpretation which of course did not exhaust the content of both these anxieties, appeared at first to be without effect for he completely ignored it. However she continued to urge the explanations on him and said, moreover, that she was angry because these two fears did not wish to go away. That made an impression on him. With the mighty Sorcerer against anxiety he did not wish to be at odds. After a few days he said suddenly, "The hour may be over at quarter to five," (it had begun at four o'clock) "I'll do everything by myself, and on April 20th, I won't have any more fear of the covers nor of the perfume shop." He had, therefore, made up his mind out

of fear of the Sorcerer's anger to give up these fears but made it clear that he was doing it by himself and gave it emphasis by fixing a date.

The analyst not for a moment expecting that his anxieties would disappear suddenly at the appointed time, continued meanwhile to confront him with the real subjects of his anxiety. To this end, the keyhole in the treatment room was left uncovered. When he first saw it he bolted out of the room and did not wish to return. Fear of her anger induced him to enter the room after he had first obtained her promise to replace the cover. This was repeated every time he came, until finally he would push down the cover himself. During this period he would often say to the kindergarten teacher, "The Sorcerer should conjure the cover down; otherwise one has to talk nonsense, and only stupid people talk nonsense."

Soon he was not permitted to cover the keyhole with the guard, and gradually persuaded to look at the keyhole. For days he kept his eyes shut and stood howling and crying in the furthest corner of the room: "I can't! I can't look at it! I'd have to say horrible words that only pigs say." Urged to speak the words, told that it would make no difference, he only grew more despairing: "Mamma told me not to. If I say such words she locks me up in the little room. Then she loses the key and I can't get out." This was a fiction; he had not been locked up at home.

During this difficult period for him everything was done to reassure him, he was provided with new games, and the analyst very gentle with him. He explained to her: "If one says these words one will really become a pig." She promised to ward off this danger with magic art, and he said, "Friday I'll say the words of terror." Friday came. He wept, but stuck to his self-appointed task: "Now I'll become a pig—*Foche, Toche, Roche.*" Two of these words were at once comprehensible. By *Toche* he meant buttocks, for which the Yiddish term is *Toches.* Foche formed by sound association undoubtedly had the same meaning as *Floda.* But *Foche* sounded very like the vulgar Viennese expression *Fotz,* for female genital. One

could assume that such expressions as *Toches* were familiar to him as his mother had complained that, unable to pay decent wages, she employed the commonest servant girls who used bad language in front of the children.

He was told that the meaning of these substitute words of which the keyhole reminded him, were known to the analyst and that nothing could happen to him by speaking them. She had some time past introduced in the analytic hour a new occupation of folding squares of differently colored papers and then cutting the folded pieces in various geometrical patterns whose form he dictated. He would then unfold the paper and be delighted at the changes in shape. It pleased him quickly to tell her what shapes to make, and he was delighted that she cut a trapezoid when he had ordered a square. He had soon discovered how the shapes were altered when the paper was doubly folded. He called these sheets of paper "little carpets". One day she cut keyholes in the "carpets", uttering at the same time the tabooed words, *Foche, Toche, Roche,* and these she compelled him to look at. He cried at first, accustomed himself, however, to the sight, and said that the cut out keyholes were *jejuju.* He was clearly inventing neologisms as quickly as their meaning was understood. It was a few days before the appointed time for discussing keyholes. He clapped his hands to his ears and said, "I don't want to know about it now. Not before April 20th; that's soon enough. Please wait till then."

To bring him into actual contact with an object of his "squirting" anxiety, the analyst procured a spray which consisted of a bottle, a short red tube, and a rubber bulb. When he saw the spray, he began to scream, mopped at his cheeks and cried, "Why have you squirted me?" although she had not touched it. For weeks he would not admit that she had not sprayed him with the apparatus. He developed a fear of touching anything made of rubber. He was induced to touch a green rubber sponge for wetting stamps and then told that it was made of rubber. He grew furious and ignored her for several days. Later he decided to look at the spray from a

distance. When she wished him to touch it, he cried with the greatest anxiety, "Don't *klufterize* me, please!" The conclusion had been reached that all neologisms containing *u* or *i* meant something sexual and forbidden, that the *jejuju* was his penis and the spray its urinary function. He was told that he desired to *klufterize* people, and that it meant urinating on them. This he conceded at once saying, "The spray looks like the *Klufterierpfuffi.*" He explained this as follows: "You call it that because it klufterizes (squirts); it goes *pf, pf.* There's a little gray bag on it too. There are invisible little balls or stones in it. It hangs under me, and you can squeeze the ball. Then rays squirt out and the little balls come out of the sack." He was told that because his mother had forbidden him to pull at his trousers, he did not dare to take hold of his "number one", for fear of losing his *klufterierpfuffi* but that the analyst would make him well through her magic. Several minutes later he sprang at her, and pointing at her genital region, said, "You have a *Kruich* between your legs." On leaving the room that day he had first touched the keyhole, at the same time saying *Kruich,* thus confirming the supposed meaning of this symbol. The fears of the "squirting grate" and of the keyhole cover were interpreted to him as fears of losing his *Klufterierpfuffi,* and getting in its stead a keyhole. He was further reminded that his anxiety of the "squirting grate" had first made its appearance in the hospital. There was, in fact, a crib[1] in the douching-room. The reconstruction that he had been forcibly irrigated in the hospital in spite of his protests, and had been threatened because of his obstreperousness that he would be kept in the crib, was now confirmed by him. He was delighted that the analyst knew everything, and said, "You are really a famous Sorcerer. Maybe you know even the nurses' names and what they said? They actually wanted to shut me in the cellar because I wouldn't let myself be irrigated, and they used all the time to show me the key to the cellar. And at the ear clinic they sprayed out my ear, and the water stayed in it."

[1] Cf. *Gitterbett,* crib, and *Spritzendes Gitter,* squirting grate. [TRANS.]

On the twentieth of April he stopped as he had promised, being fearful of the keyhole, and the following day, beaming, he informed the analyst that he could go past the perfume shop. He inspected the keyhole and said, "Now you may cut out *jejuju* as much as you like." He next began, as was his habit, to review his previous progress, and spelled out once more in a low voice all the different parts of the body which for several months he had not mentioned. He had in his possession a little trunk with a key which the analyst had presented to him to take home all the bits of "carpet" which he collected and to lock them up if he wished. It had pleased him immensely. When formerly he had been asked to speak the names, he had laughed, saying, "Oh, don't talk nonsense! When I can do that, I shan't be afraid any more. I shan't need a trunk, or carpets, or Sorcerer."

Soon after that he confided that his father and mother had forbidden him to touch his Klufterierpfuffi. When the analyst offered to intercede with his father about it, he got very angry: "You fresh Sorcerer! You're entirely too fresh. You'll find that yours will be cut away too. I won't tell you anything more. I'll do what Papa wants." It was a fact that his mother had often uttered such prohibitions and these he expanded to include his father to whom he did not wish his sexual activities betrayed; moreover, because he disliked his mother and had perforce to obey her, it was preferable to him to imagine them his father's prohibitions.[1]

It has been apparent by his use of the word, that in her rôle as sorcerer the analyst was masculine, although he was fully conscious of her femininity. He had observed that she was pregnant for he had once said, "You are a *Kruichin,* a fat ugly woman." That led to a discussion of her pregnancy, and he was much interested to learn that she had borne twins that had died a few days after birth. This had had a disturbing effect on him, and for a long time he would inquire, "How does it happen that one can die so quickly? I want to live forever, a

[1] One believed his father's statement that he had never expressed any such prohibitions.

hundred, or rather a thousand years." He wished to know exactly what took place at birth, and showed considerable understanding in the questions which he put. He disposed of the matter with the statement: "I don't have any hole; only a cleft behind."

Along with the analysis of these two fears came the discovery and discussion of his attitude towards his younger brother. Prior to the analysis and up to this point in it, he had in so far as possible ignored him. With his emergence from his autistic world of unreality, he was more often compelled to take cognizance of the younger brother's existence. As one might well imagine, matters soon came to an impasse between the two brothers. David, who for his age was ready of wit and quick to understand, had soon caught on to Herbert's keyhole-cover phobia. He had then spent much of his time going about the house pulling up the covers from the keyholes, and was perfectly happy if Herbert was seized with fright. The mother as a rule took David's part, and during the day the father was not at home. Herbert did not at once react with aggression. It began with the frequently repeated remark, "It's really David by rights whom the fear ought to torment, and not always me." He missed no occasion to stress the exact difference in their ages nor to refer to himself as a big boy to emphasize that, "David must always remain the youngest, and not have any papa or mamma." Soon his jealousy of the younger brother grew plainer: "I want to live in a house with Papa and Mamma, where darkness never enters, and outside it's all bright and clean. David should live in a house by himself where it is always dark." On the street he demanded stormily, "David ought to walk by himself. You shouldn't have to lead him," or still more clearly, "I'd like to push David into the street so that a car would run over him, because he always pushes up the cover on the door to annoy me." And when he in turn made the discovery that his brother was afraid of dogs, he wished, "A dog ought to come along and give David a good bite because dogs like to eat sour, bitter things, and that's why they'd like to eat a sour filth *(Dreck)* like David."

This remark contained the first bad word that anyone had ever heard him use, and his family was shocked. The same thoughts and feelings had, of course, previously been expressed with neologisms. The first overt aggression came about as follows: The younger brother had somehow injured himself, and his mother was trying tenderly to soothe him. Herbert rushed at them, tore his mother from the little brother shouting excitedly, "If David hurts himself, Mamma mustn't kiss him. He's got to stay like that." He was making an active bid for his mother's love. On a later occasion his aggression showed a remarkable transformation. David had hurt himself very badly. Herbert was jubilant. He rushed to him and—what he had never done before—kissed him again and again.

The interpretation of the meanings of the keyhole cover symbolism and of the neologisms was repeatedly confirmed in his comments about David. Calling him *Roche, Toche, Foche,* he expressed his castrative aggression and death wishes saying, "Naughty children deserve dark names which come from the darkness. I'll knock down the *Roche,* the *Toche,* and I'll cut off his Roche (penis)." Once he caught his brother by the head, and tried to stick a thorn into his ear in order to operate on him for a polyp and thus to annul his passive suffering through this active repetition. Despite his long apparent indifference, he was keenly aware of his mother's discrimination against him in favor of his brother. Once asked why he had struck his brother, he stated, "Because I have to bring him up with harshness. If you are brought up with love alone, you grow too wicked. I too was brought up in suffering."

Throughout the treatment his attitude towards David remained almost unchanged. In fact, as Herbert's adaption to reality increased, he hated his brother more. He noticed more and more that his brother derided and scoffed at him. It was particularly humiliating to him that David was very agile and adroit, and though younger, was his physical superior, so that in fights he was usually worsted. His hatred was also sharpened by the continual disappointment he felt in his mother

whom during this period he courted. Her wounded narcissism prevented her from loving him as much as she did his brother. Besides, his belated wooing was fraught with such attitudes of violent jealousy that she was repelled by it. He fantasied, "I have the dearest mamma. She washes me and puts me to bed because I'm her eldest son.—Darling Mamma may only have two sons, a younger one so that he may look at the elder when he helps Mamma.—Mamma, do you belong to me, your oldest boy, or to David?" Once after David had struck him violently with an iron poker, he screamed as if mortally wounded, began at once to kiss the spot again and again, and then impetuously demanded that his mother also give him a thousand kisses on the same place.

Herbert's bid for his mother's love coincided in time with his first overt sexual interest and activity. The parents often spoke Polish together, probably when they wished to conceal something from Herbert who knew no Polish. He would often repeat words to the analyst and to the kindergarten teacher which he maintained he had heard in parental conversations. One of these words was *futju* which he translated, "what one does when one is happy and excited." At the time of the discussion with him of the *klufterierpfuffii,* he had frequently become *futju,* that is to say in a condition in which he laughed excitedly, breathed quickly, and distinctly gave the impression of a sexually excited child. It had at first appeared without any apparent stimulus. He then commenced, his mother reported, to display a great interest in bare arms which caused him to become *futju.* He would rush up to women with bare arms sitting in the park. He caressed the kindergarten teacher's bare arms and wanted to reach down under her low-necked dress, saying the while, *tuj, tuj, tuj.*[1] With much persuasion he explained this to mean love in German, another neologism in which *u* and *i* (j) sounds predominated and expressing something taboo. His attempts to caress his mother's bare arms were indignantly and often rudely repulsed by her. Consequently he directed his *futju* more and more

[1] This has the sound of various Polish words.

to the kindergarten teacher to whom he finally declared, "You're a dear; therefore you belong to me. You are marvelous. Now you belong three-quarters to me. If you care to belong to me wholly, you must remain entirely with me." Reaching in her dress for her breasts he invented the phrase *Bluftili, Wuftili, Fudili* and made a gesture as if throwing something away. Speaking of *Bluftili* he explained to the analyst, "You only have that in front. It isn't on me. I haven't got it. It's from these stupid *Bluftili* that one gets polyps if one handles them. That's why one has to take them off and throw them away; otherwise one will always stay little, and won't ever be able to pull the *len*" (the strap in the trolley-car). This explanation, as usual with him, was very informative. The *Bluftili* were nipples. He had had abundant opportunities to observe and perhaps fondle the breasts of the servant who had undressed in his presence and whose genitals *(floda)* he had seen. If his mother had then observed it, or he had then wanted to fondle her breasts, she would strictly have prohibited it. His severe sickness which had occurred later had been for him a punishment, just as was "staying little", which up to this time he had striven entirely to deny.

When the source of his anxiety about the *Bluftili* and his associated libidinal strivings had been analyzed, he renounced the use of these words, and spoke of the "points", i.e. nipples, which were connected with a phobia of washing his chest. "I can't wash my breast in front, for there I have two points with holes. The water can run in there, but since there are no holes behind, it can't get out. Then where will it go? That's too dangerous.[1] Papa also has only points, not like Mamma with little balls. He has them much flatter. When one is thirty, then one has them the right way. Balls are not so dangerous. The water can stay there, and can get out again." The prohibition against washing was connected with the fear of having his "points" injured, which anyway were already "flatter" and not "balls" such as women have. From a feeling of guilt he did not care to know anything about the

[1] "These aren't keyholes", he said, "One may look at these holes."

points, for according to his view he had got the polyps as a punishment for his interest in women's breasts. These points played a part in one of his numerous prohibitions against eating. For a long time he could not eat oranges (breast) but had to suck them because, "There are always seeds *(Wudi)* inside them, which are pointed and bite me." *Wudi* were of course the *Bluftili* or points. After it had been interpreted to him that he had projected his wish to eat his mother's breast on to the *Wudi* and consequently was afraid of them, he was suddenly able to eat oranges. "Now they have little balls, not *Wudi;* they don't bite me."

The manner in which everything which he did not possess was conceived by him as prejudicial to his person may be inferred from the following incident which occurred at this time. Little David had a rash resulting from an attack of indigestion. For Herbert it had the meaning of "little red points all over his body". He envied him beyond measure, and he repeated again and again, "I have only two red spots in front (nipples). They come from the sun's rays, which also cause fear." Once he had tried to look at the sun, but had had to close his eyes, and seeing many red spots, had become very frightened. "The sun makes everything bloody; it burns me up," he once said. He took the lack of "balls", and the fact that he had only two red spots, as a threat to his person, indeed an injury inflicted by the sun, and envied his brother his many red spots.

He was much afraid of everything red, or of anything resembling blood, and whenever he spoke the word blood he always added, "It must remain inside." One of his rituals in dressing was connected with this fear of blood. His trousers had to be put on after he had put on his shoes, because once a trouser-buckle had scratched his foot causing it to bleed. "If the oranges are red, I can't eat them, and I can't eat red cheese either, only light yellow; and no red grapes in winter, only the black ones in summer, and no cranberries, and no red apple-sauce." Fear of redness was of course also connected with fear of the red rubber tube.

Herbert's remarkable feeling for words and their content appeared in all his verbal productions and deserves further comment. For example: "Whenever I see chess, I have to make a mess,[1] because it's suitable." That is to say he had to make a mess, because it was the fitting word on account of the similarity in sound. Or: "I have a play-thing and a chestnut. *(Ich habe ein Legespiel und Kastanien.)* If I use them together and everyone looks on (*und alle Leute mit zuschauen*), then I'm really a play-actor (*bin ich direkt ein Schauspieler*).—If one has fear, then one is fearful.—When one is courteous, does one have a court?—I travel only first-class, because I'm a first-class boy." He gave regularly as a definition of safety: "Safety is that which one actually does which one has promised not to do, and then uses the safety-pin." He was with difficulty induced to give up this quite topsy-turvy explanation by the continually repeated interpretation that the ear doctors had probably said to him, "It's perfectly safe, and won't hurt", and then stuck him with a "pin". He once asked, "What is the difference between a count, a country, and countess soup?" [2] He knew the meanings of each of these words although occasionally he lost the connection between a word and its meaning when he was particularly preoccupied and self-absorbed as a result of some threat of destruction to his ego. Similarly to be explained was his inability to speak certain words, as for example the use of the word for filth (*Dreck*) which to everyone's great indignation he applied to his brother. Once following a dispute with his mother of a quarter of an hour's duration, he said to her, "You are a filth, a filth." She was beside herself with anger, and predicted that he would end as a cleaner of sewers: "If one often says such dirty things, one turns into them." As a result the meaning of this word was suppressed and not long thereafter he began frequently to ask, as was his wont when he had lost the relation

[1] Literally *Schach* and *Krach;* also *David schlagen, damit er einem Ausschlag bekommt.* [TRANS.]

[2] *Was für ein Unterschied ist zwischen Burggraf, Markgraf und Grafs Suppenwürfel?* [TRANS.]

between the word and the word-content, or did not wish to remember it, "What is filth, filthy, filthiness, to make filthy?" With what precision had this six year-old boy built up all the forms from a stem,—nouns, adjective and verb!

Worthy of mention is an example of his unusual understanding of symbols which touched not merely on things that were familiar such as a grating or keyhole cover, but extended to things that were new to him and experienced for the first time. On a visit to a Montessori kindergarten, the teacher wished to test his sense of form by means of touching. She first demonstrated to him the use of the material by placing a bandage over her eyes, kneeling in front of him, and requesting him to hand her a square, a ball, etc., which she identified by fingering them. One noticed at once the ironic and supercilious smile by which he betrayed his realization that a sexually symbolic meaning might be attributed to such a game. He said a few minutes later, "This game is an out and out match-maker. This lady and I are to be married, and we'll have as many boys and girls as the forms which I hand her."

Additional signs of his improvement appeared in his attitude towards the analyst. He began to manifest an interest now and then in the happenings of her household. For instance when her husband had opened the door of the waiting-room to admit a woman patient who was still in the vestibule into his office, Herbert had said with an irritable and forbidding expression of his face, "Your husband is an unnecessary door-opener. He goes unnecessarily from the room into the study, from the study into the kitchen, and back again." He was lodging against the husband a complaint that was repeatedly made against him at home when without any apparent reason he would rush excitedly about the house. He inquired frequently from other patients in the waiting-room whom up to that time he had assiduously ignored, "Are you too coming later into the Sorcerer's room?" On one occasion he commanded, "I forbid anyone beside myself to come to you." He had independently evolved an opinion about her magic art

and the probable duration of the treatment. Once asked how long it would be before he would mention the parts of the body he ventured, "I shall have first to have a very long time with you, Mr. Sorcerer. In the Mariahilferstrasse is said to live the greatest sorcerer in the world. In that case it would only last a little while. But actually he is the littlest and that is why I have to go to him for so long." He recommended the treatment to his brother: "You also need a sorcerer against the fear of dogs. But not my dear one who has such pretty sorcery and a helper who brings me to her." Most unusual was the manner in which in the waiting-room he once accosted another patient who was an uncommonly well-developed and handsome boy of eight: "Pretty little boy, tell me who you are, and why you come to the Sorcerer?" The boy whom he had addressed was so completely bowled over with astonishment by this question from the tiny pigmy, that for days he asked: "Was that really a child?"

His need to aggrandize his importance receded to the point where he was now no longer always a big boy but sometimes deigned to admit, "I'm a good boy of six", and it was the first time that any remark he had made concerning himself accorded with reality.

Summarizing the results achieved during this part of the treatment, the analytic solution of the anxieties behind the fear of being squirted in front of the perfume shop, and the fear of uncovered keyholes, seem to be of particular importance although he continued to be afraid of the analyst's spray. Of equal significance was the uncovering of his hatred for his brother and the emergence of his changed attitude towards his mother which had been by no means analytically worked through. During the same period, he had developed a normal relationship with the kindergarten teacher. He was genuinely fond of her, and he reacted whenever she threatened to become angry or to leave him. He was so sensitive to her criticism that once when she had laughingly called him a little pig because he had spilled coffee over himself, he shrieked at her with rage, "You yourself are a wretched swine." His peculi-

arities of speech were more apparent than at any time prior to the treatment but it was now easier to understand him. Apparently no improvement had yet occurred with regard to the uttering of names and of parts of the body. His eating difficulties remained likewise unaltered, whereas the injunctions connected with washing his feet, etc., did not require such rigid enforcement, since the anxiety connected with them was much abated. One might say that the contact with reality had improved to such an extent that the structure of his own fantastic world had considerably receded into the background. His behavior during treatment, and his way of presenting the analytic material showed a departure from all other analyses of neurotic children in the author's experience.

Translated by SIDNEY G. BIDDLE

(To be continued)

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Inhibitions, Symptoms and Anxiety

Sigmund Freud

To cite this article: Sigmund Freud (1936) Inhibitions, Symptoms and Anxiety, The Psychoanalytic Quarterly, 5:3, 415-443, DOI: 10.1080/21674086.1936.11925292

To link to this article: https://doi.org/10.1080/21674086.1936.11925292

INHIBITIONS, SYMPTOMS AND ANXIETY

BY SIGMUND FREUD

IX

It now remains to deal with the relationship between symptom formation and anxiety development. Two opinions about this seem to be prevalent. One of them terms the anxiety itself a symptom of the neurosis, the other conceives of a far more intimate connection between the two. According to this latter view, all symptom formation would be brought about solely in order to avoid anxiety; the symptoms bind the psychic energy which otherwise would be discharged as anxiety, so that anxiety would be the fundamental phenomenon and the central problem of neurosis.

The at least partial justification of this second position can be supplied by means of certain striking examples. If an agoraphobic who has been accompanied whenever he went out on the street is left alone there, he produces an attack of anxiety; if a compulsion neurotic is prevented from washing his hands after touching something, he becomes a prey to almost insupportable anxiety. It is clear, therefore, that the stipulation of being accompanied and the compulsion to wash had as their purpose, and also their result, the averting of an outbreak of anxiety. In this sense, every inhibition also that the ego imposes on itself can be termed a symptom.

Since we have reduced the development of anxiety to a response to situations of danger, we shall prefer to say that the symptoms are created in order to remove or rescue the ego from the situation of danger. If symptom formation is prevented, then the danger actually makes its appearance—that is to say, a situation analogous to birth comes about, a situation in which the ego finds itself helpless against the ever increasing strength of the instinctual demand in question; in other words, we have present the first and earliest of the determinants of anxiety. For our point of view the relationships between anxiety and symptom prove to be less close than was supposed,

the result of our having interposed between the two the factor of the danger situation. We can also say, in supplement to this, that the development of anxiety induces symptom formation—nay more, it is a *sine qua non* thereof, for if the ego did not forcibly arouse the pleasure-pain mechanism through the development of anxiety, it would not acquire the power to put a stop to the danger-threatening process elaborated in the id. At the same time there is an obvious tendency on the part of the ego to restrict the development of anxiety to a minimum, to employ anxiety only as a signal, for otherwise there would merely be experienced somewhere else the unpleasure threatened by the instinctual process—a result which would not accord with the purpose of the pleasure principle, although often enough coming about, it is true, in the neuroses.

Symptom formation thus has the actual result of putting an end to the danger situation. It has two aspects: one of them, which remains concealed from us, causes in the id that alteration by means of which the ego is preserved from danger; the other, visible to us, reveals what it has created in place of the instinctual process thus modified, namely, substitute formation.

We should express ourselves more accurately, however, if we ascribed to the process of defense what we have just said of symptom formation, and used the term symptom formation itself as synonymous with substitute formation. It then seems evident that the defensive process is analogous to flight, by means of which the ego avoids a danger threatening from without, and that it represents, indeed, an attempt at flight from an instinctual danger. The considerations which weigh against this comparison will themselves prove illuminating. In the first place, the objection to it might be raised that object loss (loss of the object's love) and the threat of castration are just as much dangers threatening from without as is for example a ravening beast, and are therefore not instinctual dangers. Yet the case is not at all the same. The wolf would probably attack us, regardless of how we behaved towards it; but the beloved person would not withdraw his love, we should not be threatened with castration, if we did not cherish within our-

selves certain feelings and desires. Thus it is these instinctual impulses which become the precondition of the external danger, its *conditio sine qua non,* and thereby themselves a source of danger; and we can now combat the external danger by measures taken against dangers from within. In the animal phobias the danger seems still to be perceived entirely as an external one, just as in the symptom also it undergoes an external displacement. In compulsion neurosis the danger is to a far greater degree internalized; that part of the fear of the superego which may be called social anxiety still represents an internal substitute for an external danger, while the other part, fear of conscience, is entirely endopsychic.

A second objection would be to the effect that in the attempt to escape from a threatening external danger all that we do, in fact, is to increase the distance in space between us and that which threatens. We do not put ourselves in an attitude of defense against the danger, we do not try to change anything in the danger itself, as would be the case if we attacked the wolf with a club or shot at it with a gun. But the defensive process seems to go beyond what would correspond merely to an attempt at flight; it actually interferes with the threatening instinctual process, suppresses it somehow, deflects it from its aim, and thereby renders it harmless. This objection appears to be a very cogent one, and one we shall have to take into account. We believe it may well be that there are defensive processes which can with justice be compared to an attempt at flight, while in the case of others the ego offers resistance of a far more active kind, undertaking vigorous counteractive measures. But it is possible that the comparison of defense with flight is rendered untenable by the fact that the ego and the instinctual drive in the id are in fact parts of the same organization, and do not have, as the wolf and the child do, a separate existence from each other; so that every form of behavior on the part of the ego must have a modifying influence upon the instinctual process.

Through the study of the situations which occasion anxiety we have had to envisage with what might be called rational

idealization the behavior of the ego in defense. Every danger situation corresponds to a given period of life or stage of development of the psyche, to which it appears appropriate. In early infancy the organism is not really equipped to cope psychically with large amounts of excitation reaching it from without or within. At a certain period of life it is in actual fact to the individual's greatest interest that the persons upon whom he is dependent shall not withdraw their tender care. When the boy perceives the powerful father as his rival for the mother and becomes aware of his aggressive tendencies against his father and his sexual desires towards his mother, he is quite right in being afraid of him; and the fear of being punished by him may, when reënforced phylogenetically, be expressed as fear of castration. On his becoming a social being, fear of the superego, conscience, becomes a necessity, omission of this step the source of severe conflicts and dangers. But at this point a new problem enters.

Let us for the moment try the experiment of substituting for the affect of anxiety some other affect, for example that of grief. We consider it entirely normal that a little girl should weep bitterly at the age of four if her doll is broken, at the age of six if her teacher reprimands her, at the age of sixteen if her sweetheart neglects her, at the age of twenty-five, perhaps, if she buries her child. Each of these grief-occasioning situations has its proper time and vanishes with its passing; but the later and more definite ones remain operative throughout life. We should be rather surprised, in fact, if this girl, after she had become a wife and mother, should weep over some knicknack getting broken. Yet this is how neurotics behave. Although in their mental apparatus there have long since developed all the agencies necessary for dealing with a wide range of stimuli, although they are mature enough to be able to gratify the greater part of their needs themselves, although they know perfectly well that castration is no longer practised as a punishment, they nevertheless behave as though the old danger situation still existed, they remain under the spell of all the old causes of anxiety.

The answer to all this will prove somewhat prolix, for it will have in the first place to sift the actual facts of the case. In a large number of instances the old causes of anxiety have in reality become inoperative, but only after having first brought neurotic reactions into existence. The morbid fear of being alone, of the dark, and of strangers, on the part of the smallest children, which is almost to be labeled normal, disappears for the most part at a somewhat later age; such fears are "outgrown", as we say of many other disturbances of childhood. The phobias of animals so frequently met with share this same fate; many of the conversion hysterias of childhood are not carried over into later life. In the latency period the practice of ceremonials is of extremely frequent occurrence, yet only a very small percentage of these cases later develop a full-blown compulsion neurosis. The neuroses of children, so far at least as concerns upper class urban children of the white race, are regularly occurring episodes in development, although too little attention is still paid to them. In not a single adult neurotic do the indications of a childhood neurosis fail of occurrence, while on the other hand by no means all children who show them become neurotic subsequently. Therefore in the course of growing up the anxiety-determinants which once existed must have been relinquished, the situations originally endowed with danger have lost their significance. To this must be added that certain of these danger situations survive into a later period of life by means of a modification, in keeping with that later period, of the character of what gives rise to anxiety. Thus for example castration anxiety persists in the guise of syphilophobia, after it has been learned that castration is no longer customary as a punishment for giving the sexual appetites free rein but that serious diseases threaten instinctual freedom instead. Certain other of the things that occasion anxiety are destined not to disappear at all, but are to accompany the human being throughout life, such as for example the fear of the superego. The neurotic is then distinguished from the normal person in that his response to these dangers is disproportionately increased. Yet against the return

of the original traumatic anxiety situation even maturity offers after all no adequate protection; there may exist for every one a limit beyond which his psyche fails in the attempt to cope with the demands which the excitation in question makes upon him.

These minor reservations cannot possibly be taken as militating against the fact which we have been discussing: the fact, namely, that in their response to danger so many people remain infantile, continuing to react with anxiety to situations which should have long ceased to evoke it; to dispute this would be to deny the very fact of neurosis, for it is exactly such persons whom we call neurotics. But how does this situation come about? Why are not all neuroses merely episodes in the individual's development which become a closed chapter when the next stage of development is reached? Whence comes the element of permanency in these reactions to danger? Whence springs the preference over all other affects which the affect of anxiety seems to enjoy in alone evoking reactions which we distinguish from others as abnormal and which in their inexpediency obstruct the stream of life? In other words, we find ourselves abruptly confronted once again by the oft repeated riddle: What is the source of neurosis, what is its ultimate, its specific, underlying principle? After decades of analytic effort this problem rises up before us, as untouched as at the beginning.

X

Anxiety is the reaction to danger. One cannot escape the thought, indeed, that the very nature of danger has a bearing upon the fact that the affect of anxiety is able to command pride of place in the mental economy. But the dangers in question are those common to all mankind; they are the same for everybody; so that what we need and do not have at our disposal is some factor which shall enable us to understand the basis of selection of those individuals who are able to subject the affect of anxiety, despite its singularity, to normal psychic control, or which on the other hand determines those who must prove unequal to this task. I have in mind two attempts

which have been made to discover such a factor; and certainly any such attempt may reasonably expect a sympathetic reception, since it promises to remedy a crying need. The two attempts I refer to supplement each other in that they attack the problem from opposite ends. The first was undertaken more than ten years ago [1] by Alfred Adler; his thesis, in a nutshell, is that those individuals fail to solve the problem which danger imposes in whom an organ inferiority makes such a task too difficult of accomplishment. Now if it were true that *simplex sigillum veri,* one would welcome such a solution as this as a very salvation. On the contrary, however, the consensus of criticism during the decade just passed has amply demonstrated the complete inadequacy of this explanation, which, moreover, totally disregards the wealth of facts discovered by psychoanalysis.

The second attempt was undertaken by Otto Rank in 1923 in his book, The Trauma of Birth. It would be invidious to compare this attempt with Adler's in any other respect than the single one here emphasized, for Rank's rests on a psychoanalytic foundation, pursues psychoanalytic trends of thought, and is to be regarded as a legitimate effort towards the solution of analytic problems. In the relation between the individual and danger Rank assigns less importance to organ inferiority in the individual and emphasizes rather the varying intensity of the danger. The process of birth constitutes the first danger situation, the economic upheaval which birth entails becomes the prototype of the anxiety reaction; we have already followed out the line of development which connects this first danger, this first anxiety-occasioning situation, with all subsequent ones; and in so doing we saw that they all retain something in common in that all of them signify in some sense a separation from the mother, at first only in a biological respect, then in the sense of a direct object loss, and later of an object loss mediated in indirect ways. The revealing of this sequence of events is an undisputed merit of the Rankian construction. Now the trauma of birth affects different individuals with

[1] Now more than twenty years ago.—TR. NOTE.

differing intensity, the intensity of the anxiety reaction varies with the severity of the trauma, and, according to Rank, it is supposed to depend upon the degree to which this initial development of anxiety takes place whether the individual ever succeeds in gaining control over it, whether he becomes a neurotic or a normal person.

The detailed criticism of Rank's thesis is not our task, but merely its examination from the standpoint of its serviceability in the solution of our problem. Rank's formula, that those persons become neurotic who on account of the severity of the birth trauma have never succeeded in abreacting it completely, is theoretically open to the greatest possible doubt. It is not entirely clear what is meant by the abreacting of the trauma. If it is taken literally, one arrives at the quite untenable conclusion that the neurotic approaches more and more closely to a state of health the more frequently and the more intensively he reproduces the affect of anxiety. It was on the ground of this very non-conformity with reality that I abandoned, indeed, the theory of abreaction, the theory which played so large a part in catharsis. The emphasis upon the varying severity of the birth trauma leaves no room for the legitimate ætiological claim of constitutional factors. This severity is an organic factor, certainly, one which compared with constitution is a chance factor, and is itself dependent upon many influences which are to be termed accidental, such as for example timely obstetrical assistance. But the Rankian theory has left constitutional as well as phylogenetic factors entirely out of account. If one were to allow for the importance of a constitutional factor, such as via the modification that it would depend much more upon how extensively the individual reacts to the variable severity of the birth trauma, one would deprive the theory of meaning and have reduced the new factor which Rank has introduced to a subordinate rôle. That which determines whether or not neurosis is the outcome lies, then, in some other area, and once again in an unknown one.

The fact that the human being shares the birth process with other mammals, whereas a particular disposition to neurosis is the special privilege which he alone possesses, hardly speaks very strongly in favor of the Rankian theory. The principal objection to be raised against it, however, remains the fact that it hangs in mid-air, instead of being based upon verified observation. For no trustworthy investigation has ever been carried out to determine whether difficult and protracted birth is correlated in indisputable fashion with the development of neurosis—indeed, whether children whose birth has been of this character manifest even the nervousness of earliest infancy for a longer period or more intensely than others. If the assertion is made that precipitate births, those easy for the mother, may possibly have for the child the significance of a severe trauma, then *a fortiori* it would certainly be necessary that births resulting in asphyxia should produce beyond any doubt the consequences alleged. It seems an advantage of the Rankian ætiology that it postulates a factor capable of being checked empirically; but as long as such a check has never actually been undertaken, it is impossible to estimate its real value.

On the other hand, I cannot share the view that the Rankian theory controverts the ætiological importance of the sexual instincts as this has so far been recognized in psychoanalysis; for the theory refers only to the behavior of the individual towards the danger situation, and leaves the matter open whether the person who was unable to overcome the initial dangers which beset him will necessarily fail in the situations of sexual danger of later occurrence and thereby be forced into neurosis.

All in all, then, I do not believe that Rank's endeavor has supplied us with the solution of the problem of the fundamental basis of neurosis, and I think that it cannot yet be decided how large a contribution to the solution of the problem it actually makes. If investigation of the influence of difficult birth upon the disposition to neurosis yields only a

negative result, its contribution will be slight indeed. I am very much afraid that the need for a tangible and simple "ultimate cause" of neurosis is doomed to remain ungratified. The ideal possibility, for which probably even today the physician longs, would be that of a bacillus which can be isolated and grown in pure culture and the inoculation of which produces the identical effect in every individual; or, somewhat less fantastically, the evolving of chemical substances, the administration of which produces a given neurosis or abolishes it. But probability is hardly on the side of such solutions of the problem.

Psychoanalysis yields less simple, less satisfying intelligence. I have here to repeat only what has long been familiar, adding nothing new. When the ego has succeeded in defending itself against a dangerous instinctual impulse, as for example by the mechanism of repression, it has inhibited and inflicted damage upon that portion of the id but has at the same time also given it a bit of independence and renounced a bit of its own sovereignty. This follows from the nature of repression, which is, at bottom, an attempt at flight. The repressed material is now "outlawed", excluded from the great organization of the ego, subject only to the laws which prevail in the domain of the unconscious. If now the danger situation is altered, so that the ego is without incentive to defend itself against a newly arisen instinctual impulse analogous to the one which has been repressed, the consequences of this limitation of the ego's sovereignty become manifest. The new instinct pursues its course in automatic fashion—I should prefer to say, under the influence of the repetition compulsion; it follows the same path as did the instinct which had previously been repressed, as though the successfully surmounted danger situation were still in existence. The fixating factor in repression is thus the repetition compulsion of the unconscious id, which normally is put an end to only through freely mobile ego-functioning. Now the ego may occasionally succeed in making a breach in the barriers of repression which it has itself set up, in reacquiring its influence over the instinctual impulse and

in guiding the course of the new instinctual impulse in accordance with the altered danger situation. But as a matter of fact the ego often fails in this and is unable to undo its repressions. Quantitative factors may play a deciding part in the outcome of this struggle. In many cases we have the impression that the outcome is a compulsory one; the regressive attraction exerted by the repressed impulse and the force of the repression are so great that the new impulse can only follow out the repetition compulsion. In other cases we perceive the contribution of another set of forces; the attraction exerted by the repressed prototype is reënforced by the repulsion exerted by reality obstacles which oppose any other discharge of the newly arisen instinctual impulse.

That this is the course of events in the fixation of repression and in the retention of danger situations no longer current receives its proof from the fact of analytic therapy, a fact modest enough in itself but theoretically scarcely to be overestimated. When in analysis we render the ego assistance enabling it to undo its repressions, the ego regains its power over the repressed id and can so steer the course of the instinctual impulses as if the old danger situations no longer existed. What we achieve in this way is in complete harmony with what we accomplish in other spheres of medical activity. As a rule our treatment has to be satisfied with bringing about more rapidly, more certainly and with less trouble the satisfactory outcome which under favorable conditions would have resulted spontaneously.

The foregoing considerations tell us that there are quantitative elements not directly evident but to be apprehended only *a posteriori,* which decide the question whether the old danger situations are adhered to, whether the repressions effected by the ego are preserved, whether childhood neuroses are carried over into later life, or not. Of the factors which are contributory in the causation of neurosis, the factors which have created the conditions under which the forces of the psyche contend among themselves, there are three which present themselves for our consideration—a biological, a phylo-

genetic, and a purely psychological factor. The biological factor is the protracted helplessness and dependence of the young of the human species. The intrauterine life of the human being seems to be relatively abbreviated as compared with that of the majority of animals; the human infant is sent into the world more unfinished than the young of the latter. For this reason the influence of the external environment is intensified, the differentiating of the ego from the id is promoted very early, the dangers which the environment presents are increased in importance, and the value attached to the object who alone can offer protection against these dangers and effect a substitution for the intrauterine life which has been lost, is enormously augmented. This biological factor of helplessness thus brings into being the first situations of danger and creates the need to be loved which the human being is destined never to renounce.

The second, the phylogenetic, factor is one which we merely infer; but a very remarkable fact of libido development has compelled us to assume its existence. We find that the sexual life of the human being does not develop in progressive fashion from incipience to maturity, as in the case of most of the closely related animals, but that it suffers an abrupt interruption after an initial early florescence extending to about the fifth year, after which it commences anew with puberty, dovetailing, as it were, with the tendencies of the infantile period. We believe that something momentous to the destinies of the human species must have taken place which has left behind as a historical precipitate this interruption of sexual development. The pathogenic importance of this phenomenon accrues from the fact that most of the instinctual demands of this infantile sexuality are treated as dangers and guarded against by the ego, so that the sexual impulses of puberty, which should be ego-compatible, are in danger of succumbing to the attraction exerted by their infantile prototypes and of following them into repression. It is here that we come upon the most definite ætiology of the neuroses. It is noteworthy

that early contact with the demands of sexuality has the same effect upon the ego as premature contact with the environment.

The third or psychological factor is to be found in an imperfection of our psychic apparatus which is connected with its differentiation into ego and id and hence which is traceable also, in the last analysis, to the influence of the environment. By reason of the dangers which reality offers, the ego is compelled to adopt an attitude of defense towards certain instinctual impulses in the id, to treat them as dangers. But the ego cannot protect itself against internal instinctual dangers so effectively as against a piece of reality which is strange to it. Itself intimately connected with the id, the ego is able to stave off an instinctual danger only by putting restrictions upon its own organization and by tolerating symptom formation as a substitute for its crippling of the instinct. If then the press of the repudiated instinct is renewed, there result for the ego all the difficulties which we know as neurotic suffering.

Further than this, I must believe, our insight into the nature and causation of neurosis has not at the present time progressed.

XI

ADDENDA

In the course of the foregoing remarks a number of topics were touched upon which had to be dismissed prematurely, but which shall now be brought together in order that they may receive the share of attention which is their due.

A. Certain Modifications of Views Previously Held

(a) Resistance and Anticathexis

It is an important element of the theory of repression that this process is not one which takes place on a single occasion but is one demanding a continuous expenditure of effort. Should this effort be intermitted, the repressed impulse, which receives a continuous influx from its sources of origin, would thereupon strike out upon the same path off which it had

been forced, and the repression would have failed of its purpose or would have to be repeated an indefinite number of times. Thus from the uninterrupted character of the instinctual impulse there arises the demand on the ego to insure its defense by an unremitting expenditure of effort. This action for the protection of the repression is what we experience, in the course of our therapeutic efforts, as *resistance*. Resistance presupposes what I have termed *anticathexis*. Such an anticathexis is evident in compulsion neurosis. It there makes its appearance as an alteration of the ego, as a reaction formation in the ego, through an intensification of the attitude which is the antithesis of the instinctual tendency to be repressed (pity, conscientiousness, cleanliness). These reaction formations in compulsion neurosis are all of them exaggerations of normal character traits developed during the latency period. It is much more difficult to demonstrate anticathexis in hysteria, where, theoretically, it is just as indispensable. In hysteria, too, a certain amount of ego-alteration through reaction formation is evident, in many circumstances becoming so striking that it claims attention as the cardinal symptom in the clinical syndrome. In this manner, for example, the ambivalency conflict in hysteria is resolved; hate for a loved person is kept submerged by an excess of tenderness towards him and of anxious concern about him. As a point of difference from compulsion neurosis, however, one must emphasize the fact that such reaction formations do not manifest the general nature of character traits but are confined to quite specific situations. The hysterical woman, for example, who treats with excessive tenderness the children whom she really hates, does not on that account become more disposed to love in general than other women, not even more tender towards other children. The reaction formation of hysteria adheres tenaciously to a specific object and is not elevated to the status of a general disposition of the ego. Of compulsion neurosis it is precisely this universalization, the looseness of object relationships, the displaceability marking object choice, which are characteristic.

Another type of anticathexis seems more consonant with the specific nature of hysteria. The repressed instinctual impulse may be activated (re-cathected) from two directions: from within, through an increase in strength of the instinct in question, an increase derived from its internal sources of excitation; or from without, through the perception of an object desired by the instinct. Now the hysterical type of anticathexis is predominantly directed outwards, against the dangerous perception; it takes the form of a special watchfulness which, through restrictions imposed upon the ego, avoids situations in which such a perception would inevitably occur, and which effects the withdrawal of attention from the perception if this has actually occurred. Certain French writers (for example, Laforgue) have recently designated this process observed in hysteria by the special term "scotomization". Even more strikingly than in hysteria is this technique of anticathexis displayed in the phobias, the interest of which is concentrated upon effecting a further and further removal of the possibility of experiencing the dreaded perception. The contrast in the direction of the anticathexis as between hysteria and phobia on the one hand and compulsion neurosis on the other appears to be of importance, even though this antithesis is not an absolute one. It leads us to suppose that a rather intimate connection exists between repression and external anticathexis, as well as between regression and internal anticathexis (ego-alteration through reaction formation). Defense against dangerous perceptions is, moreover, a general task of neurosis. The various commands and prohibitions of compulsion neurosis presumably serve the same purpose.

We have already made it clear that the resistance which we have to overcome in analysis is produced by the ego, which clings tenaciously to its anticathexes. The ego finds it difficult to turn its attention to perceptions and ideas the avoidance of which it had until then made a rule, or to acknowledge as belonging to it impulses which constitute the most complete antithesis to those familiar to it as its own. Our combatting of resistance in the analysis is based upon this conception of it.

We make the resistance conscious where, as so often, in consequence of its connection with the repressed, it is unconscious; we oppose logical arguments to it when or after it has become conscious, promising the ego advantages and rewards if it renounces the resistance. As regards the resistance of the ego there is therefore nothing to call into question or to correct. On the other hand, the question is whether resistance alone covers the situation that confronts us in analysis. We experience the fact that the ego still finds it difficult to nullify its repressions even after it has resolved to give up its resistances, and we have designated the phase of strenuous effort which follows upon this laudable resolution as the period of "working through". Now it is easy to recognize the dynamic factor which makes this working through necessary and intelligible. It can but be that after the cessation of the ego-resistance there is still the power of the repetition compulsion, the attraction exerted by its unconscious prototypes upon the repressed instinctual process, to be overcome; nor is it in any way inconsistent with this to designate this factor as the *resistance of the unconscious.* Let us not grudge the effort necessary for such emendations; they are desirable if they enhance our understanding a little, and no discredit if they do not negate our previous conceptions but enrich them, perhaps make a generality more specific or broaden a conception which was too narrow.

It must not be supposed that through the foregoing emendation we have achieved a complete perspective regarding the kinds of resistance which confront us in analysis. When we go more deeply into the matter, we note, rather, that we have five varieties of resistance to contend with, which derive from three sources, namely, from the ego, from the id, and from the superego—whereby the ego turns out to be the source of three forms of resistance differing from one another in their dynamics. The first of these three ego-resistances is the *repression* resistance just dealt with, about which there is least that is new to be said. From this form there is to be distinguished the transference resistance, which is of the same char-

acter but which makes itself evident in the analysis in other and far more definite ways, since it has succeeded in creating a relationship to the analytic situation or to the person of the analyst and in reviving thereby, as if in the flesh, so to speak, a repression which should be merely recalled. That resistance is also an ego-resistance, although of quite a different nature, which emanates from the *gain of illness* and is based upon the inclusion of the symptom in the ego. It corresponds to opposition to the renunciation of a gratification or a mode of relief. The fourth variety of resistance—that of the id—we have just now made responsible for the necessity of working through. The fifth type of resistance, that of the superego, the last recognized and the most obscure, but not always the weakest, seems to derive from the sense of guilt or need of punishment; it resists any success and hence also recovery through the analysis.

(b) Anxiety from Transformation of Libido

The conception of anxiety set forth in the present essay differs somewhat from that which previously seemed to me to be legitimate. Formerly I considered anxiety a general reaction on the part of the ego under conditions of unpleasure, I tried to explain its appearance on economic grounds exclusively, and, relying upon the results of investigation of the "actual" neuroses, I assumed that libido (sexual excitation) rejected by the ego or not utilized by it found direct discharge in the form of anxiety. But the fact cannot be overlooked that these various definitions do not accord very well with one another, or at least they do not follow necessarily from one another. Moreover, the appearance was given of an especially intimate relationship between anxiety and libido which again did not harmonize with the general character of anxiety as a reaction of unpleasure.

The objection to this conception arose out of the effort to make the ego the sole site of anxiety, and was thus one of the results of the articulation of the psychic apparatus attempted in The Ego and the Id. It was natural, in the earlier conception, to consider the libido of the repressed instinctual impulse

the source of anxiety; according to the newer one, the ego, rather, was held responsible for this anxiety. We have, therefore, ego-anxiety or instinctual (id-) anxiety. Since the ego works with desexualized energy, the intimate connection between anxiety and libido was also loosened in the new version. I hope I have succeeded in at least clarifying the contradiction and in clearly demarcating the boundary lines of uncertainty.

Rank's reminder that the affect of anxiety is, as I myself at first maintained, a result of the birth process and a repetition of the situation lived through at that time necessitated a reëxamination of the problem of anxiety. With his conception of birth as a trauma, of the anxiety state as a reaction of discharge thereof, and of every fresh occurrence of anxiety as an attempt to "abreact" the trauma more and more completely, I was unable to get further. There resulted the necessity of going back from the anxiety reaction to the *danger situation* behind it. With the introduction of this factor new points of view were presented for consideration. Birth became the prototype of all later danger situations which arose under the new conditions imposed by an altered form of existence and by the advance of psychic development. But its own significance was limited to this prototypic relationship to danger. The anxiety felt in the process of birth now became the prototype of an affective state which was obliged to share the fate of other affects. It was reproduced either automatically in situations which were analogous to that of its origin and as an inexpedient type of reaction, after having been an appropriate one in the initial situation of danger; or else the ego acquired control over this affect and reproduced it itself, making use of it as a warning of danger and as a means of rousing into action the pleasure-pain mechanism. The biological significance of anxiety was validated by the recognizing of anxiety as the universal reaction to the situation of danger; the rôle of the ego as the site of anxiety was confirmed by the granting to the ego of the function of producing anxiety according to its needs. To anxiety in later life were thus attributed two

modes of origin: the one involuntary, automatic, economically justified whenever there arose a situation of danger analogous to birth; the other, produced by the ego when such a situation merely threatened, in order to procure its avoidance. In this second case the ego submitted to anxiety as to a vaccination, so to speak, in order to escape a virulent attack by means of an attenuated case of the disease. In its unmistakable effort to limit the painful experience to an intimation, a signal, the ego acted as if it had vividly pictured the danger situation. How the various danger situations develop in succession and yet remain genetically linked with one another has already been set forth in detail. Perhaps we shall succeed in penetrating a little further into the understanding of anxiety if we attack the problem of the relation between neurotic anxiety and true anxiety.

The direct transforming of libido into anxiety previously assumed has now become of less interest to us. If we do take it into consideration, we have several possibilities to differentiate. In the case of anxiety which the ego instigates as a signal, this transformation does not enter in, and thus plays no part in any of the danger situations which impel the ego to initiate a repression. The libidinal cathexis of the repressed instinctual impulse is put to another use, as is most clearly observable in conversion hysteria, than that of transformation into and discharge as anxiety. On the other hand, in our further discussion of the danger situation we shall encounter an instance of anxiety development which is probably to be regarded otherwise.

(c) Repression and Defense

In connection with the discussion of the problem of anxiety I resurrected a concept—or, more modestly expressed, a term—of which I made use exclusively when I first began my studies thirty years ago but which I later dropped; I mean that of the process of defense.[1] I substituted for it, later on, that of repression, but the relation between the two remained indefi-

[1] See: *The Defense Neuro-psychoses*, in Collected Papers I.

nite. I now think that it confers a distinct disadvantage to readopt the old concept of defense if in doing so it is laid down that this shall be the general designation for all the techniques of which the ego makes use in the conflicts which potentially lead to neurosis, while repression is the term reserved for one particular method of defense, one which because of the direction that our investigations took was the first with which we became acquainted.

Even a purely terminological innovation is justifiable if it is expressive of a new way of looking at the matter or of an extension of our insight. Now the readopting of the concept of defense and the restricting of that of repression takes into consideration a fact which has long been known but which has acquired additional significance through certain recent findings. We first met with repression and symptom formation in hysteria; we saw that the perceptual content of excitant experiences, the ideational content of pathogenic complexes, are forgotten and excluded from reproduction in memory, and we accordingly recognized in their withholding from consciousness a cardinal characteristic of hysterical repression. Later we studied compulsion neurosis and found that in this disorder the pathogenic incidents are not forgotten. They remain conscious, but they become, in some manner which we still do not understand, "isolated", so that approximately the same result is attained as through hysterical amnesia. But the difference is great enough to justify our belief that the process by means of which the compulsion neurosis takes care of an instinctual demand could not be the same as in hysteria. Further investigation has shown us that in compulsion neurosis there is brought about, under the influence of the ego's opposition, a regression of the instinctual impulses to an earlier libidinal phase such as does not, it is true, make repression superfluous, but evidently operates to the same effect as repression. We have furthermore seen that the anticathexis which we assumed to be present in the case also of hysteria plays in compulsion neurosis, in the form of reactive ego-alteration, a particularly large rôle in the protection of the ego; we have

become cognizant of a process of "isolation", of the technique of which we can still give no account, which creates for itself a direct symptomatic expression, and likewise of what might be termed the magical procedure of "undoing", of the apotropaic trend of which there can be no doubt, but which has no further similarity to the process of "repression". These phenomena are sufficient reason for reintroducing the old concept of defense, which is able to embrace all these processes of similar purpose—namely, protection of the ego against instinctual demands—and for subsuming repression under this rubric as a special case thereof. The importance of such a nomenclature is increased if one considers the possibility that a deeper insight might reveal a close affinity between particular forms of defense and certain specific disorders, as for example between repression and hysteria. Our expectation even extends to the possibility of another important interrelationship. It may easily be that the psychic apparatus utilizes other methods of defense prior to the clear-cut differentiation of ego and id, prior to the erecting of a superego, than it does after these stages of organization have been attained.

B. Supplementary Remarks on Anxiety

There are certain characteristics possessed by the affect of anxiety, the investigation of which gives promise of further enlightenment. Anxiety is undeniably related to expectation; one feels anxiety *lest* something occur.[1] It is endowed with a certain character of indefiniteness and objectlessness; correct usage even changes its name when it has found an object, and in that case speaks instead of *dread.* Anxiety has, moreover, in addition to its relation to danger, a relation to neurosis, over the clarification of which we have expended much labor. For there arises the question why it is that not all anxiety reactions are neurotic, why we recognize so many of them as normal; and finally, the distinction between true anxiety *(Realangst)* and neurotic anxiety needs to be properly evaluated.

[1] That is, the German usage is: *Angst* vor *etwas*—literally, anxiety *before* something, instead of *of* something.—TR. NOTE.

Let us start with the latter task. The progress we have made has consisted in tracing a backward path from the reaction of anxiety to the situation of danger. If we apply the same process to the problem of true anxiety, its solution becomes simple. A *true* danger is a danger which we know, a true anxiety the anxiety in regard to such a known danger. Neurotic anxiety is anxiety in regard to a danger which we do not know. The neurotic danger must first be sought, therefore: analysis has taught us that it is an instinctual danger. By bringing into consciousness this danger of which the ego is unaware, we obliterate the distinction between true and neurotic anxiety and are able to treat the latter as we would the former.

In the case of a true danger we develop two reactions: an affective one, the outbreak of anxiety, and action looking to protection from the danger. Presumably the same thing happens in the case of instinctual danger. We are acquainted with the instance of the purposeful coöperation of the two reactions, wherein one of them gives the signal for the initiation of the other, but we know also of a useless and inexpedient form, namely, paralysis through fear, in which the one is promulgated at the expense of the other.

There are cases in which the attributes of true and of neurotic anxiety are intermingled. The danger is known and of the real type, but the anxiety in regard to it is disproportionately great, greater than in our judgment it ought to be. It is by this excess that the neurotic element stands revealed. But these cases contribute nothing which is new in principle. Analysis shows that involved with the known reality danger is an unrecognized instinctual danger.

It would be better not to be satisfied even with reducing anxiety to danger. What is the kernel, what is the true significance, of the danger situation? Evidently it is the estimation of our strength in comparison with its magnitude, the admission of our helplessness in the face of it—of material helplessness in the case of a true danger, of psychic helplessness in that of instinctual danger. Our judgment in this regard will be guided by actual experience; whether one is mistaken in

one's evaluation makes no difference to the result. Let us call our experience in a situation of helplessness of this kind a *traumatic* situation; we then have a sufficient basis for distinguishing the *traumatic* from the *danger* situation.

Now it is an important advance in self-protection when this traumatic situation of helplessness is not merely awaited but is foreseen, anticipated. Let us call the situation in which resides the cause of this anticipation the danger situation; it is in this latter that the signal of anxiety is given. What this means is: I anticipate that a situation of helplessness will come about, or the present situation reminds me of one of the traumatic experiences which I have previously undergone. Hence I will anticipate this trauma; I will act as if it were already present as long as there is still time to avert it. Anxiety, therefore, is the expectation of the trauma, on the one hand, and on the other, an attenuated repetition of it. The two characteristics which have struck us with regard to anxiety have therefore a different origin: its relation to expectation pertains to the danger situation, its indefiniteness and objectlessness to the traumatic situation of helplessness which is anticipated in the danger situation.

Having developed this series: anxiety—danger—helplessness (trauma), we may summarize the matter as follows: The danger situation is the recognized, remembered and anticipated situation of helplessness. Anxiety is the original reaction to helplessness in the traumatic situation, which is later reproduced as a call for help in the danger situation. The ego, which has experienced the trauma passively, now actively repeats an attenuated reproduction of it with the idea of taking into its own hands the directing of its course. We know that the child behaves in such a manner towards all impressions which he finds painful, by reproducing them in play; through this method of transition from passivity to activity the child attempts to cope psychically with its impressions and experiences. If this is what is meant by "abreacting a trauma", no objection can be taken to it. But the crux of the matter is the initial displacement of the anxiety reaction from its origin in the situation of helplessness to the anticipation of the latter, the

danger situation. There then ensue the further displacements from the danger itself to that which occasions the danger, namely, object loss and the modifications thereof already mentioned.

"Spoiling" young children has the undesirable result that the danger of object loss—the object being the protection against all situations of helplessness—is overemphasized in comparison with all other dangers. It therefore encourages persistence in that childhood state of which both motor and psychic helplessness is characteristic.

We have so far had no occasion to regard true anxiety differently from neurotic anxiety. We know the difference between them; a real danger is one which threatens from some external object, neurotic danger from an instinctual demand. In so far as this instinctual demand is a piece of reality, neurotic anxiety as well may be considered as founded on reality. We have understood that the seemingly extremely intimate relation between anxiety and neurosis derives from the fact that the ego protects itself against an instinctual danger in the same manner as against an external reality danger, but that in consequence of an imperfection of the psychic apparatus this defensive activity eventuates in neurosis. We have become convinced also that instinctual demands often become an (internal) danger only because of the fact that their gratification would bring about an external danger—because, therefore, this internal danger represents an external one.

On the other hand, the external (reality) danger must have undergone internalization if it is to become significant for the ego; its relation to a situation of helplessness which has been lived through must be recognized.[1] An instinctive recognition

[1] It may also be quite often the case that in a danger situation which is correctly assessed as such, a modicum of instinctual anxiety is superadded to the reality anxiety. The instinctual demand from the gratification of which the ego shrinks back would then be the masochistic one, the destructive impulse turned against the subject's own person. Perhaps this superadded element explains the case of the anxiety reaction becoming excessive and inexpedient, paralyzing. The fear of high places might have this origin; its hidden feminine significance is suggestive of masochism.

of dangers threatening from without does not seem to have been among Nature's gifts to man, save to a very moderate degree. Small children are always doing things which endanger their lives, and for that reason alone cannot do without the protecting object. In relation to the traumatic situation against which one is helpless, external and internal danger, reality danger and instinctual demand, coincide. Whether in the one case the ego experience a grief which will not be assuaged, or in the other a pent-up need incapable of gratification, the economic situation is in both cases the same, and motor helplessness finds expression in psychic helplessness.

The enigmatic phobias of early childhood deserve mention once again at this point. Certain of them—the fear of being alone, of the dark, of strangers—we can understand as reactions to the danger of object loss; with regard to others—fear of small animals, thunderstorms, etc.—there is the possibility that they represent the atrophied remnants of an innate preparedness against reality dangers such as is so well developed in other animals. It is the part of this archaic heritage having to do with object loss which alone has utility for man. If such childhood phobias become fixed, grow more intense, and persist into a later period of life, analysis demonstrates that their content has become connected with instinctual demands, has become the representative of internal dangers also.

C. Anxiety, Grief and Mourning

So little is known of the psychology of the emotions that the diffident remarks which follow may bespeak critical indulgence. It is at the point immediately to be referred to that the problem confronts us. We were forced to the conclusion that anxiety is the reaction to the danger of object loss. Now we already know of a reaction to object loss—namely, mourning. Therefore the question is, when do we have the one, when the other? With regard to mourning, with which we have dealt on a previous occasion,[1] one of its characteristics remained completely obscure, its especial painfulness. That separation from

[1] See: *Mourning and Melancholia,* in Collected Papers, IV.

the object is painful seems sufficiently self-evident. But the problem is more complicated, thus: When does separation from the object give rise to anxiety, when to mourning, and when merely perhaps to grief?

Let us say at once that there is no prospect of supplying an answer to these questions. We shall resign ourselves to marking out certain boundary lines and discovering a few suggestions.

Our point of departure shall once again be the one situation which we believe we understand, that of the infant who sees a strange person in place of his mother. He then manifests the anxiety which we have interpreted as due to the danger of object loss. But the situation is more complicated than this and merits a more detailed discussion. As to the infant's anxiety there is, to be sure, no doubt, but his facial expression and the fact of his crying lead one to suppose that in addition he feels pain. It seems as though in him something were fused together which later will be separated. He is not yet able to distinguish temporary absence from permanent loss; when he fails to see his mother on a given occasion, he behaves as though he would never see her again, and it requires repeated consoling experiences before he learns that such a disappearance on his mother's part is usually followed by her reappearance. The mother promotes this knowledge, so important to him, by playing with him the familiar game of covering her face and then to his joy revealing it again. Thus he is enabled, as it were, to experience longing without an accompaniment of despair.

The situation in which he misses his mother is not, owing to his miscomprehension, a danger situation for him but a traumatic one, or, more correctly, it is a traumatic one if he experiences at that juncture a need which his mother ought to gratify; it changes into a danger situation when this need is not immediate. The initial cause of anxiety, which the ego itself introduces, is therefore loss of perception of the object, which becomes equated with loss of the object. Loss of love does not yet enter into the situation. Later on, experience teaches that the object may continue to be present but may

have become angry with the child, and now loss of love on the part of the object becomes a new and far more enduring danger and occasion for anxiety.

The traumatic situation of missing the mother differs in one crucial respect from the traumatic situation of birth. On that occasion there was no object present who could be missed. Anxiety was still the only reaction which took place. Subsequent thereto, repeated situations in which gratification was experienced have created out of the mother the object who is the recipient, when a need arises, of an intense cathexis, a cathexis which we may call "longingful". It is to this innovation that the reaction of grief is referable. Grief is therefore the reaction specific to object loss, anxiety to the danger which this object loss entails, or, by a further displacement, to the danger of object loss itself.

Of pain, likewise, we know very little. Its only certain meaning derives from the fact that pain—primarily and as a rule—occurs if a stimulus impinging on the periphery breaks through the defenses that oppose stimuli of excessive strength and hence acts like a continuous instinctual stimulus against which otherwise efficacious muscular activity such as serves to remove the stimulated region from the stimulus remains powerless. If the pain does not originate from a point on the skin but from an internal organ, this does not alter the situation in any way; it is only that a bit of the internal periphery has replaced the external. The child has obviously occasion to experience pain of this kind which is independent of his experiencing of needs. This mode of origin of pain seems to have very little in common with the loss of an object, however, and further, the factor of peripheral stimulation, essential in the case of pain, is entirely lacking in the child's situation of longing. And it certainly cannot be without significance that language has created the concept of inward, of psychic, pain, and has equated the sensations attendant upon object loss with physical pain.[1]

[1] That is, by using the same word *(Schmerz)* for both—as English, too, uses *pain*, at least as a verb and in the adjectival form, to refer also to psychic pain.—TR. NOTE.

In the case of physical pain there arises an intense cathexis, which may be termed narcissistic, of the painful region of the body—a cathexis which increases progressively and which acts upon the ego in a so to speak evacuative manner. It is a familiar fact that when we feel pain in the internal organs we experience spatial and other impressions of these organs which otherwise would not be registered in consciousness at all. Furthermore, the remarkable fact that the most intense physical pain fails of its full effect (here one may not say, "remains unconscious") when we are distracted by some different interest is to be explained on the ground of the concentration of the cathexis upon the psychic representative of the painful body area. Now it is in this point that the analogy seems to consist which has allowed the transference of the sensation of pain to the mental sphere. The intense and, owing to its unappeasability, ever increasing longingful cathexis of the missed (lost) object creates the same economic conditions as the painful cathexis of the injured body area, and makes it possible to disregard the peripheral determination of the physical pain. The transition from physical pain to psychic corresponds to the change from narcissistic to object cathexis. The idea of the object, highly cathected out of need, plays the rôle of the body area cathected by increased stimulation. The continuous and uninhibitable character of the cathected process brings about the same state of psychic helplessness. If the unpleasurable sensation which then arises bears the specific stamp, not necessitating more exact description, of pain, instead of being expressed in the form of anxiety, the obvious thing is to hold responsible for this a factor which has heretofore been made far too little use of in our efforts at explanation—namely, the high level of cathexis and libido-binding at which these processes resulting in sensations of unpleasure take place.

We know of still another emotional reaction to object loss—namely, mourning. Its elucidation, however, does not involve any additional difficulties. Mourning originates under the influence of reality testing, which demands categorically that

one must part from the object because the object no longer exists. Now it is the task of mourning to carry out this retreat from the object in all the situations in which the object was the recipient of an intense cathexis. The painful character of this separation accords with the explanation just given—that is, it is explained by the intense and unrealizable longingful cathexis of the object during the reproduction of the situations in which the tie to the object has to be dissolved.

Translated by HENRY ALDEN BUNKER

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

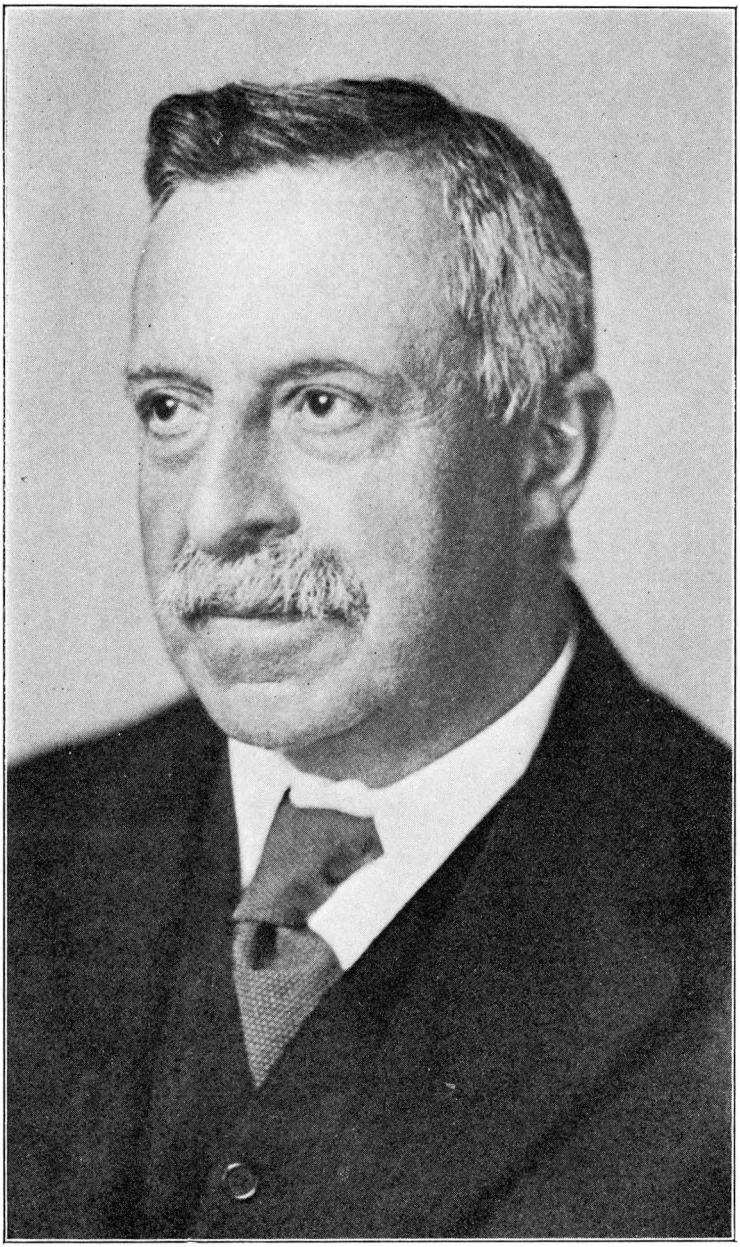
Montagu David Eder, M.D. (1866-1936)

Dorian Feigenbaum

To cite this article: Dorian Feigenbaum (1936) Montagu David Eder, M.D. (1866-1936), The Psychoanalytic Quarterly, 5:3, 444-446, DOI: 10.1080/21674086.1936.11925293

To link to this article: https://doi.org/10.1080/21674086.1936.11925293

Published online: 10 Dec 2017.



MONTAGU DAVID EDER, M.D.
1866-1936

IN MEMORIAM

MONTAGU DAVID EDER, M.D.

(1866-1936)

The loss sustained by the psychoanalytic movement with the passing of Montagu David Eder of London on March 30, 1936, is incalculable. He was one of those rare personalities who give themselves with equal devotion to a variety of interests and causes, both scientific and social, without diminishing the value of their services to any one of them. In particular, one must be struck by the number and the variety of the projects which Dr. Eder initiated or organized; it was one of the major motifs of his life to throw himself with enthusiasm into the making of fresh beginnings.

A politically minded thinker, Dr. Eder was active as a Socialist and played an important part in the Fabian Society. A leading Zionist, Dr. Eder was a member of the Jewish Territorial Organization and during the war was instrumental in organizing the Jewish Battalion. Interrrupting his psychoanalytic practice for five years, he held high political office in Palestine until 1923, subsequently presided over the English Zionist Federation and the London Committee of the Hebrew University, and acted as a governor of the University.

A less creative and energetic man might have found such extensive participation in the political and social movements of his day a profession in itself. Dr. Eder was equally distinguished as a physician and psychoanalyst. The social and medical interests of Montagu David Eder were only different aspects of the same eager and penetrating concern with all things human.

Dr. Eder graduated in science in 1891, and completed his medical preparation four years later at St. Bartholomew's Hospital. After traveling extensively in the United States, Bolivia and South Africa, where he became attached to the British army as surgeon and saw war service, Dr. Eder returned

to London in 1900 to engage in general practice. It is an indication of his broad social interests that he inaugurated a system of voluntary school clinics in the poorest sections of London, became in 1900 medical officer of the London School Clinic, established by the City Council in recognition of his valuable services, and in 1910 became also medical chief of the Nursery School in Deptford of which he was a founder. As editor of the periodical, *School Hygiene,* he was also able to utilize his literary talent in behalf of his cause.

Dr. Eder's pioneering labors in child hygiene were followed by a longer and equally fruitful period, of nearly three decades' duration, in the service of the new science of psychoanalysis which he embraced as early as 1908, when he was analyzed by Victor Tausk in Vienna. (Some years later he undertook further training analysis with Ferenczi in Budapest.) He was one of the first to practice analysis in England and his support was invaluable to the propagation of its study. Dr. Eder became the first secretary of the London Psychoanalytic Society in 1910, and in the same year delivered his first paper on psychopathology before the British Medical Association—to an audience of six. Shortly thereafter Dr. Eder founded the Psycho-Medical Society. His address to the Child Study Society on The Conflicts in the Unconscious of the Child was probably the first paper in English on the subject of child analysis, a field for which his medical and social work with children provided exceptional preparation. In the study of child psychology he found an able collaborator in Mrs. Eder, herself a devoted student of psychoanalysis. Though Dr. Eder's activity in Palestine was primarily political, he found time both to join an informal psychoanalytic circle improvised by the writer which first sowed the seeds of psychoanalytic interest there, and to act as consultant from time to time to the Hospital for Mental Diseases in Jerusalem. On such occasions his alertness in observation and his clinical intuition were outstanding, and his versatility made it easy to range freely over a variety of related topics—ethnologic and philosophic—vitalizing them all with the spark of his intellectual enthusiasm.

Dr. Eder published numerous papers on psychoanalysis of an expository and technical nature. His note on *Augenträume* in the first volume of the *Int. Ztschr. f. ärztl. Psa.* (1913) contributed to the knowledge of eye-symbolism; his paper *Das Stottern eine Psychoneurose und seine Behandlung durch die Psychoanalyse* (ibidem, 1913) appears to have been the first psychoanalytic treatment of the subject of stammering. His work during the war at Malta and at the Neurological Clinic in London resulted in a book, War Shock (1918) which proved doubly significant in its application of psychoanalysis to the subject and its correction of the misconceptions then rife regarding so-called "shell-shock". Among his other noteworthy contributions were On the Economics and Future of the Superego (1929), Dream as a Resistance (1930), and The Jewish Phylacteries and other Jewish Ritual Observances (1933), published in the International Journal of Psycho-Analysis of which he was an editor. Notable, too, were his brilliant book reviews, which may well serve as models of reviewing in their comprehensiveness and penetration, qualities directly attributable to his vast background, knowledge and vision. Dr. Eder was a physician of the Psychoanalytic Clinic, a director of the Psychoanalytic Institute, and a member of the Royal College of Surgeons.

No account of Dr. Eder, however, can omit a richly-deserved tribute to his personal charm, integrity and self-sacrifice. No amount of labor in the vineyard of his several causes ever daunted him; he gave untiringly of his time, talent and money. His manner was cordial and buoyant, and yet serene. His friendships were many and lasting. It is difficult to become reconciled to the loss of such an enthusiastic and ever stimulating colleague.

DORIAN FEIGENBAUM

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Twentieth Century Psychiatry. Its Contributions to Man's Knowledge of Himself. By William A. White, M.D. New York: W. W. Norton & Company, 1936. 185 pp.

Martin W. Peck

To cite this article: Martin W. Peck (1936) Twentieth Century Psychiatry. Its Contributions to Man's Knowledge of Himself. By William A. White, M.D. New York: W. W. Norton & Company, 1936. 185 pp., The Psychoanalytic Quarterly, 5:3, 447-459, DOI: 10.1080/21674086.1936.11925294

To link to this article: https://doi.org/10.1080/21674086.1936.11925294

BOOK REVIEWS

TWENTIETH CENTURY PSYCHIATRY. Its Contributions to Man's Knowledge of Himself. By William A. White, M.D. New York: W. W. Norton & Company, 1936. 185 pp.

This book is one of a series based on the Salmon Memorial Lectures given yearly under the auspices of the New York Academy of Medicine. As those who know Dr. White might expect, he selects for his presentation no special feature of psychiatry but penetrates beyond the particular to the general, and deals with the subject as a whole. He approaches this broad problem with characteristic thoroughness, and few phases of human life, whether normal or abnormal, escape his scrutiny. While this treatment implies much of comprehensive synthesis, any temptation to construct a world-view has been avoided. Instead there is the spectacle of a versatile and highly trained mind in action, a mind seasoned by experience but without sacrifice of eagerness and enthusiasm. Paths in every direction leading to the known and into the unknown are followed wherever they lead and as far as they go, while from the resulting mass of heterogeneous findings useful correlations are established. The author's qualifications for an unbiased survey of psychiatry are unusual. He is at once scientist, philosopher and practical executive, while in addition he is friend to all mankind,—and this not only to humanity in the psychiatric laboratory but to contemporaries in his own field as well, whether or not they happen to agree with him.

Psychoanalysts should not be disappointed in the attention given to the contributions of Freud. This consideration is both explicit in a special discussion of psychoanalysis (pages 29–50) and implicit throughout the book in the use of terminology, assumptions and dynamic concepts which spring from the same source. For this still revolutionary discipline it is hard to find anywhere a dispassionate critic due to a surplus of emotional bias for or against. For an objective viewpoint Dr. White again qualifies by nature and experience, as well as by the extent of his technical knowledge in the field. His discussion is mainly of theoretical formulations rather than of methodology or data obtained from its application. On the whole he finds psychoanalysis good and gives it a central position in modern psychiatry. Most of the important reservations

which he sets forth will receive some sympathetic response within psychoanalytic ranks, as well as outside. In general he maintains that psychoanalysis, like other departments of knowledge, has only scratched the surface rather than sounded the depths of the human psyche. In particular he advises restraint in the acceptance of Abraham's stages of libido development which, important as they are, he feels make no more than a pretense at completeness—"a beginning statement which indicates only possibilities". This point of view is not elaborated but probably reflects the author's reaction to a more dogmatic usage of the libido theory than was ever intended by Freud or Abraham. He shares with many others an objection to the concept of aggression as an independent impulse of instinctual nature, on the basis that while frustrations can be modified, instincts must have their day. The assumption of a primary aggressive instinct, he feels, must lead to a depressive and pessimistic attitude toward the future of mankind. To this outlook the author's buoyant and optimistic spirit is unable to subscribe without more convincing evidence than has been forthcoming.

In discussing what has been disclosed in the human mind by the psychoanalytic method, he properly differentiates between content and dynamics; he points out that most of the emotionally charged hostile criticism has been toward the special material revealed by psychoanalysis rather than against the form or structure given by it to the neurosis or psychosis which was under investigation. He emphasizes that the more superficial material is particularly personal, but that as the analysis goes deeper, the content as individual experience tends to disappear and something more impersonal in the nature of mechanism or process takes its place. At these deeper levels the features which appear are common to everybody and approach more and more the less controversial functions of organic matter.

All of this leads in the direction of Dr. White's admitted predilection for broad energy concepts of psychological phenomena of the type which bring special satisfaction to the philosophic mind. Freud's theories of energy equilibrium find ready acceptance by the author. He refers, among others, to the work of Alexander and his group on the psychogenesis of gastrointestinal disorders. In their contributions he finds concrete evidence and

theoretical constructions which bear on the handling of energy by the organism at fundamental levels. A similar point of view has long been insisted upon by White and Jelliffe and set forth by them under the classifications of capture, transformation and delivery of energy.

In a discussion of the relation of psychoanalysis to psychopathology, there is something of caution and mild rebuke. He sums up the whole subject as follows: "At the present time I believe that the psychoanalytic point of view can be said unequivocably to have made the most important contribution in this field, but quite in harmony with scientific progress elsewhere, it has raised more questions than it has solved and tomorrow the emphasis may lie somewhere else. We must be prepared to follow the course of scientific unfoldment wherever it may lead."

Dr. White touches frequently upon the subject of the limitations of language and the consequent disadvantage of inadequate terminology, with special application of this important handicap to the new psychiatry and psychology. Quotations from Whitehead's Adventures of Ideas summarize the author's own discussion: "Human life is driven forward by its dim apprehensions of notions too general for its existing language. . . . It is misleading to study the history of ideas without constant remembrance of the struggle of novel thought with the obtuseness of language."

In these lectures the author returns again and again to the consideration of the organism-as-a-whole. In this realm in particular he shows the difficulty which results from the attempt to deal with a wholly new viewpoint by employing language which was evolved for the purpose of expressing an old one now in process of being discarded. He believes when something more than lip service can be given to this organism-as-a-whole idea, science will be carried far along the road toward doing away with many of the present dualistic concepts such as body-mind, organic-functional, general-particular, and perhaps intellectual-emotional. This will lead toward a resolution of conflicting tendencies into some concept that will include both,—such a one for example as "the purpose of the organism". In this field the recognition of "intangibles" and "emergents" will force new procedures in thought and such eternal conflicts as that between the organic and functional will prove to have really no meaning. "No adequate explanation of the higher

can ever be reached in terms of the lower, because the higher contains the lower and the reverse is not true. . . . The whole is not the sum of the parts, but something in addition."

The difficult topic of religion is not avoided in these lectures and the author agrees with Flower in the latter's Psychology of Religion, that religion is one of the attempts on the part of man to make some sort of adjustment to the universe as a whole. White states: "We are surrounded on all sides by the unknown, whether we attempt to penetrate the past or the future, or to understand the present." He points out that while science is steadily pushing forward its discoveries into these regions of darkness, there is always left what Flower calls "beyondness" before which science is helpless. Mysticism and religion are attempts to come to grips in some sort of fashion with this unknown. Psychiatry can show something of the mechanisms which are at work in dealing with these efforts, but this contribution should not be misinterpreted as an explanation of the thing in itself.

Any complete summary of so all-inclusive a work is impossible but it is to be hoped that the content and the general methods of approach have been represented by these few samples of subject matter. The volume is divided into three parts: Psychiatry as a Medical Specialty, The Social Significance of Psychiatry, and General Implications of Psychiatric Thought. It is prepared for a diversified audience extending beyond the medical profession proper; there is much that will appeal to readers from fields allied to psychiatry, but the book is in no sense a popular exposition. It is also fair to complain that some points are labored more heavily and in greater detail than seems necessary to give the most profit to the ordinary reader.

MARTIN W. PECK (BOSTON)

FOR STUTTERERS. By Smiley Blanton, M.D., and Margaret Gray Blanton. New York: D. Appleton-Century Company, 1936. 191 pp.

Dr. and Mrs. Blanton, who have for many years made a special study of speech and of its disorders, bring together in this book their observations and conclusions on the subject of stuttering. The book, as its title indicates, is written for the enlightenment and guidance of those who suffer from the symptom, and it

includes, in addition, chapters for the instruction of parents and teachers of stutterers.

The authors believe stuttering to be primarily a symptom of an underlying emotional disturbance, peculiar in each instance to the individual afflicted. As to treatment, stutterers are warned against individuals and "institutes" promising quick and permanent cures. No treatment is effective that is not directed towards the underlying emotional disturbances. Psychoanalysis is recommended for suitable cases.

Probably because the book is intended simply to be a guide to direct stutterers who are seeking assistance, no detailed case material is included, nor is mention made of the psychoanalytic literature on the subject. It would be a valuable addition if the authors were to include a chapter in which they would describe in the easily understandable language in which they explain the theory of the unconscious and its mechanisms the theory of the libido. This would permit the presentation of the fundamental concept of the erotization of speech, and of the symbolic oral and anal aggressive or phallic exhibitionistic significance of speech to those individuals in whom it becomes inhibited.

RAYMOND GOSSELIN (NEW YORK)

AN INQUIRY INTO PROGNOSIS IN THE NEUROSES. By T. A. Ross. Cambridge: University Press, 1936. 192 pp.

This book is in the main a study of the long range results of psychotherapeutic treatment of the neuroses at the Cassel Hospital for Functional Nervous Disorders. This institution, called Swaylands, was founded in 1919, to furnish systematic treatment for the psychoneuroses on the basis that these disabilities had received too little organized attention and management from the medical profession. The interest of the founder, Sir Ernest Cassel, was aroused by the striking manifestations of neuroses among the soldiers in the world war.

Dr. Ross was, until a few years ago, the medical director and moving spirit of the institution. Swaylands furnishes rather sumptuous physical accommodations and care for some sixty patients, whose residence varies from two to six months. As might be expected, many of the cases present a somewhat more severe or at least more spectacular symptomatology than the rank and file

of those conveniently handled as ambulatory cases by the ordinary psychiatrist. The heavy endowment makes possible modest fees, and accommodations are available for as low as fifteen dollars a week.

This book is the third of a trilogy by the same author, and reference is frequently made to the previous volumes: The Common Neuroses, 1923, and An Introduction to Analytic Psychotherapy, 1932. The present work is primarily a consideration of the end-results of treatment by follow-up inquiries over a period varying from one to thirteen years after discharge. A total ol twelve hundred cases is considered, evidently comprising the admission list during the author's incumbency. There is also an attempt to apply this statistical data to the difficult subject of prognosis in the neuroses. The author's professional standing in England, his special interest in the neuroses—long the neglected stepchild of psychiatry, his friendly tolerance and his obvious attempts at fair-mindedness make significant whatever he has to say on the subject.

He starts with two assumptions, to which there will not be general agreement, but which at least have value as an aid in simplification. The first assumption is that neuroses and psychoses are different in kind, and the second is that psychotherapy is a specific treatment for neuroses but does not apply to the psychoses. Whatever recovery takes place in the latter condition when "functional" in nature the author believes is spontaneous. He admits a border-line region where these two conditions overlap, particularly in the manic-depressive reactions, but outside the boundaries of this neutral zone the distinction in his opinion is clear. Psychoses, when identified, are not admitted to Swaylands. To illustrate the point-of-view relative to treatment in neuroses and psychoses, a parallel is drawn with syphilis and tuberculosis. In the former disease there is a specific therapy; for the latter it is only possible to arrange a favorable environment and encourage the healing processes of nature.

The specific psychotherapy emphasized is what the author calls persuasion plus analysis, a combination that in this country is usually designated reëducation. Direct suggestion, with or without hypnosis, is resorted to infrequently. The term psychoanalysis Dr. Ross willingly and correctly turns over to the Freudian school. By the word analysis he means the discovery and the interpretation

to the patient of certain motives behind symptoms and behavior, of which the latter was previously unaware. This is avowedly a superficial procedure, and is concerned exclusively with preconscious material connected with current conflicts and with secondary gains from illness. No attempt is made to deal with the deep unconscious or to come to grips with infantile problems at any level. Overt sexuality apparently is neither emphasized nor tabooed but met, so far as possible, as an objective problem to be considered on its merits if the patient presents it as a symptom.

The second half of the book is composed of statistical tables which consider the material from various angles and in readily accessible form. In the determinations of results, commendable attempts have been made to be objective and to avoid common errors. It was found that the patient's own report by letter or in person furnishes the most useful and reliable data. In a very general way the results are as follows:—Of approximately twelve hundred patients discharged, after one year 45% were well, 25% markedly improved, 19% without change, and the rest lost sight of. As time went on, the record was slightly less favorable. At the end of three years 40% remained cured, and 10% improved. At five years the percentages were 34% cured and 6% improved. At the end of thirteen years, of the total discharges, 31% were cured, 7% improved and the condition of over half was unknown. Nine per cent of the total were known to have relapsed, many of them returning to the institution for another period. Out of the whole group a total of fifty were later certified as psychotic. It was possible, by investigation of mental hospitals in Great Britain, to include among the latter those who had been lost sight of in the general investigation.

It is probable that no such thoroughgoing attempt at follow-up reports in this field has ever before been attempted. Dr. Ross knows, as well as anybody, that statistical studies of medical results have grave weaknesses at best, and that these difficulties are intensified in a problem with so many variables and intangibles as the neuroses. However, he presents the material for what it is worth and convinces himself, and will convince many others, of the main thesis of the book. This thesis is that a sufficient number of the neuroses of all grades can be relieved or cured by comparatively simple psychotherapy so that respectable comparison may be made

with other fields of medicine. A corollary is that long-time intensive and expensive treatment, especially psychoanalysis, is unnecessary for the majority of patients.

In the statistical reports, the cases are listed largely on the descriptive level of presenting symptoms and are given a general grouping roughly corresponding to Freud's transference neuroses,—i.e., hysteria, anxiety states, and the obsessional-compulsive conditions. Various minor classifications are added. The perversions are included as a special symptom among the other neuroses, more particularly with the compulsive group. Dr. Ross's attitude to psychoanalysis is respectful and friendly; he recognizes in a general way the contributions of Freud to psychiatry and psychology and accepts the doctrine of the unconscious. Dr. Ross admits that his analytic friends tell him that he does not know much about the subject, an opinion with which the reviewer must agree. At the same time the author is quite ready, by implication at least, to concede that formal psychoanalytic treatment may in selected cases go deeper and affect conditions not to be reached otherwise.

In medical investigations, as elsewhere, it has been proven often enough to become axiomatic that ordinarily a man will see only those things which he has been taught to observe. The trained analyst, therefore, need offer no disrespect to Dr. Ross, or special tribute to his own native acumen, when he believes that many things are evident to him in the material of this book which the author has overlooked. Without going into detail this will apply most of all to the dynamics of the transference relation in psychotherapy. In addition, there is a lack of differentiation in these pages between the dissolution of basic neurotic structure and the establishment of a quiescent surface brought about by reënforcing repressive factors on the one hand or aiding in the release of instinctual drives on the other.

It must be the impression of all those who have had experience in preanalytic psychotherapy that good clinical results repeatedly follow rather simple methods of treatment. The content of this book will strengthen this impression by the evidence of reliable data. It will encourage others to try out similar procedures, and will contribute toward a healthy optimism concerning the usefulness of that extensive psychotherapy which is the only practical type available for the ordinary clinic or busy general psychiatrist. However, it is to be prophesied that what has been true for the

story of psychotherapy in the past will apply also to the enterprise at Swaylands. Both physicians and patients are likely to feel an increasing disappointment in the end results of what appears to be so favorable on the surface of things.

There is nothing in this book to encroach in any way on the domain of psychoanalysis when and where a deeper consideration of psychopathology seems indicated. Moreover, the group of so-called character disorders which form an increasing proportion of the analytical clientele are not touched upon as a problem for psychotherapy.

MARTIN W. PECK (BOSTON)

HULSEY CASON. The Nightmare Dream. Psychological Monographs, V. 46, No. 5; Whole No. 209, 1935. 51 pp.

This is another conscientious effort to prove the superiority of a technique of systematic interrogation, tabulation, and statistical correlation of answers, to that of skillful psychoanalysis. The author stresses the bearing of his results on the conclusions of Freud, Jones, and other psychoanalysts. He purports to have studied their publications, but his discussion of their work does not indicate the study has been very thorough. He reiterates, for example, the statement that "the problems connected with the nightmare have on the whole been neglected by psychoanalysts" (p. 1). He accuses Freud of overlooking the unpleasantness of so common a type of dream as the nightmare in his eagerness to illustrate the wish-fulfillment theory. He calls Crile's work on the dreams of soldiers to the attention of analysts as evidence that not all dreams are sexually motivated, and is unaware of the work of Freud, Simmel, Kardiner, etc., on traumatic neuroses. Mr. Cason seems to believe his discovery that most details of the dream are related to waking experiences is a fact overlooked by Freud. He reviews Freud's distinction of manifest and latent content, but does not apply it in his discussion of his material. Nevertheless, he arrives at the agreeable conclusion (p. 47): "The procedures of experimental psychology seem superior in every way to the method of argument by analogy which is widely current in psychoanalysis." After this, it is rather startling that the author, "instead of regarding dreams as nothing more than repressed evil wishes directed against other people as Freud seems to do" (p. 48), should make this statement of his own conclusions in the final paragraph: "The

psychological activity that occurs in the waking and sleeping states seems to be a reflection of the general life pattern of the individual, his personal experiences in the past, his present interests and occupations, and his hopes and ambitions for the future. A person may lead a pleasant easy-going life, or he may be the scene of violent conflicts and struggles which trouble him in both the waking and sleeping states. Dreams are related to matters which have a particular interest for the individual, and the nightmare dream always seems to be concerned with what is for the person at the time his most important personal problem."

We ponder whether to hint that this is indeed a fulfillment of Professor Freud's own nocturnal wish, long rejected from his waking hopes, that a critic untrained in his method might some day agree with him so fundamentally as this. We do not understand how Mr. Cason has derived this statement from his data; and we query whether mental processes less "objective" and logically exact than his contingency tables did not contribute to this affirmation of psychoanalysis. Mr. Cason himself hints at it in the remark (pp. 40–41): "The *experience* (italics ours) of carrying out the present study has made plausible the view that most dreams have some kind of meaning."

Psychoanalysts have every reason to seek whatever further knowledge of the dream other methods than theirs may disclose. They have much to learn of the relationship of physiological processes and external stimuli to dream-formation; and Mr. Cason's suggestion that further study should be given to the relationship of the manifest content and conscious waking experience is provocative and worthwhile. There may well be details of special interest and value in his mass of data and correlations which this reviewer has overlooked. But, on the whole, the study is disappointing. There is not even much fodder for those psychologists intent upon disproving the work of Freud by challenging him with different data obtained by a different method. The number of interview forms filled out, covering 313 "normal adults", 69 "normal children", 29 feeble-minded patients, 123 blind students, and 150 insane patients, and the preparation of 87 contingency tables, attests the author's industry. But a casual inspection of the interview form itself reveals many oddities: of the "normal adults with nightmares", 16% have more than 4 a month, and 76% are awakened—certainly a severe anxiety. The "normal children with nightmares" are from 8 to 17 years of age—a strange mixture of groups

so distinct as the pre-puberty child and the adolescent. Only 19% of the "insane patients without nightmares" report "worry", none report "nervousness", and 54% report "no illness or trouble", although clinical directors selected those insane patients "who were able or best qualified to answer the questions". 34% of the "normal adults with nightmares", 72% of the "normal children with nightmares", and 91% of the blind students with nightmares reported "no illness or trouble" within the previous month. Though only nightmares within the past month were considered, "because of the probability of memory falsifications for remote events", the probability of memory falsifications for recent events is not considered, and no proof is offered for the statement that "when a person is uncertain whether he has ever had a nightmare or not, he has in practically all cases never had the experience".

This reviewer does not presume to criticise the statistical procedure. But he does raise the question whether this study does not unintentionally demonstrate the futility of many efforts to apply statistics to data which, from the perspective of the clinical psychiatrist, leave so much to be desired.

IVES HENDRICK (BOSTON)

READINGS IN MENTAL HYGIENE. Edited by Ernest R. Groves and Phyllis Blanchard. New York: Henry Holt and Co., 1936. 596 pp.

The editors have set themselves the task of filling "the need of a source book that would bring together in one volume selections from the widely scattered literature of mental hygiene and interpret the various aspects of the subject and the application of its principles". The collection, another indication of the eclecticism that seems endemic at present in the field of psychological textbooks—doubtless on the principle of *Wer Vieles bringt, wird manchem etwas bringen; und Jeder geht zufrieden aus dem Haus*—is designed to meet the multifarious needs of social workers, students, instructors and librarians. It is practically impossible to review a volume of so many topics and such a variety of points of view. A list of the contents may serve as a guide to the reader:

I. The Origin and Development of Mental Hygiene

Articles by: Frankwood E. Williams; Jeanette Regensburg; Frederick H. Allen; Phyllis Blanchard; Isabel Knapp; Rose Green; Annette Garrett.

II. The Psychiatric and Psychological Background

Articles by: Adolf Meyer; Howard W. Potter; C. Macfie Campbell; Ives Hendrick; Martin Peck and Jessie Taft.

III. The Problem of Mental Disease

Articles by: Benjamin Malzberg; Helen L. Witmer, T. Berkman, M. I. Davis, R. Inlow, E. Jacobs, E. Lenart, E. Sieker and H. Stone; Jacob H. Conn, A. J. Rosanoff, N. D. C. Lewis, Elsie Blanchard, W. Malamud, W. R. Miller, Harry S. Sullivan, H. M. Pollock, L. E. Hinsie and S. E. Katz.

IV. Delinquency as a Mental Health Problem

Articles by: Sheldon Glueck; Herbert G. Cochran and Alexander A. Steinbach; George C. Stevens; William Healy, Augusta F. Bronner; and Mary E. Shimberg; Franz Alexander.

V. Mental Hygiene and Childhood

Articles by: Marion E. Kenworthy; Ruth Brickner; Beatrice M. Hinkle; Ernest R. Groves; Lillian Symes; Walter B. Pitkin.

VI. Mental Hygiene and Adolescence

Articles by: Samuel E. Karlan; Marian McBee; Marjorie S. Crouch; Nora Y. Hawes; Winifred A. Murfin; Spafford Ackerly.

VII. Mental Hygiene and Marriage

Articles by: Ernest R. Groves; George K. Pratt; Valeria H. Parker; Frederick Harris; Sadie J. Swenson; Lemo Dennis Rockwood.

VIII. Mental Hygiene and the Schools

Articles by: Anna Freud; Editha Sterba; Phyllis Blanchard; Herta Fuchs; Eunice M. Acheson; Garry Cleveland Myers.

IX. Mental Hygiene in the College and the University

Articles by: Frankwood E. Williams; Winifred Richmond; E. Van Norman Emery; Lloyd J. Thompson; Arthur H. Ruggles; C. Mildred Thompson.

X. Mental Hygiene in Business and Industry

Articles by: V. V. Anderson; J. S. Plant; William A. White; Rex B. Hersey; Grace F. Marcus; Edward R. Granniss.

XI. Recreation and Mental Adjustments

Articles by: Robert Wälder; Arthur R. Timme; Paul A. Witty and Florence N. Beaman; Bertha Schlotter; Marguerite V. Pohek.

XII. Mental Hygiene and Religion

Articles by: Ordway Tead; H. Flanders Dunbar; Anton T. Boisen; Cavendish Moxon; Esther Colby Sweet; C. G. Jung.

XIII. Mental Hygiene Aspects of Literature

Articles by: André Maurois; Allan Monkhouse.

XIV. Social Work and Mental Hygiene

Articles by: Grace Marcus; Virginia P. Robinson; Almena Dawley; Bertha Capen Reynolds; Maurice Levine.

XV. Mental Hygiene and Public Opinion

Articles by: Everett Dean Martin; Boris Sidis; L. L. Bernard; Harold D. Lasswell; Carroll D. Clark; Nelson Antrim Crawford.

XVI. The Larger Aspects of Mental Hygiene

Articles by: Frankwood E. Williams; Adolf Meyer; Arthur Hiler Ruggles; Sanger Brown; Edward A. Strecker; Ira S. Wile; M. C. Winternitz.

Psychoanalysis is represented by Anna Freud (Psychoanalysis and the Training of the Young Child), Robert Wälder (The Psychoanalytic Theory of Play), and Editha Sterba (Analysis of a Dog Phobia), which are reprinted from this QUARTERLY; Ives Hendrick (Origin and Development of Psychoanalysis; Some Principles of Freudian Analytic Therapy); Martin Peck and Jessie Taft (Schools of Analysis); Franz Alexander (Mental Hygiene and Criminology); Herta Fuchs (Franzi); Marion E. Kenworthy (Childhood Origin of Adult Difficulties); Virginia P. Robinson (Psychoanalytic Contributions to Social Case-Work Treatment); Maurice Levine (Psychoanalytic Comments on Community Planning); and by quotations from articles by Ernest Jones, Herman Nunberg, Dorian Feigenbaum, and others.

D. F.

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Current Psychoanalytic Literature

To cite this article: (1936) Current Psychoanalytic Literature, The Psychoanalytic Quarterly, 5:3, 460-462, DOI: 10.1080/21674086.1936.11950914

To link to this article: https://doi.org/10.1080/21674086.1936.11950914

CURRENT PSYCHOANALYTIC LITERATURE

The International Journal of Psycho-Analysis. Vol. XVII, Part 2, April, 1936.

Obituary: M. D. Eder

R. LAFORGUE: A Contribution to the Study of Schizophrenia.

MARJORIE BRIERLEY: Specific Determinants in Feminine Development.

GRETE BIBRING-LEHNER: A Contribution to the Subject of Transference-Resistance.

EDITH WEIGERT-VOWINCKEL: A Contribution to the Theory of Schizophrenia.

SANDOR RADO: Psycho-Analysis and Psychiatry.

MICHAEL BÁLINT: The Final Goal of Psycho-analytic Treatment.

HAROLD JEFFREYS: The Unconscious Significance of Numbers.

Vol. XXII, Number 3, 1936.

ERNEST JONES: The Future of Psycho-Analysis.

W. R. D. FAIRBAIRN: The Effect of the King's Death upon Patients under Analysis.

ERNST KRIS: The Psychology of Caricature.

JOAN RIVIERE: A Contribution to the Analysis of the Negative Therapeutic Reaction.

H. CHRISTOFFEL: Exhibitionism and Exhibitionists.

VILMA KOVÁCS: Training- and Control-Analysis.

MAX LEVIN: The Activation of a Repressed Impulse under Apparently Paradoxical Circumstances.

Internationale Zeitschrift für Psychoanalyse. Vol. XXII, Number 2, 1936.

CARL MÜLLER-BRAUNSCHWEIG: Die erste Objektbesetzung des Mädchens in ihrer Bedeutung für Penisneid und Weiblichkeit *(The First Object-cathexis of Girls and its Significance in Penis-envy and Femininity)*.

JOAN RIVIERE: Eifersucht als Abwehrmechanismus *(Jealousy as a Defense Mechanism)*.

JEANNE LAMPL-DE GROOT: Hemmung und Narzissmus *(Inhibition and Narcissism)*.

R. LAFORGUE: Ausnahmen von der analytischen Grundregel *(Exceptions to the Fundamental Rule)*.

FRITZ WITTELS: Frauen mit dreigeteiltem Liebesleben *(Women with a Tripartite Love-Life)*.

EDMUND BERGLER: Bemerkungen über eine Zwangneurose in ultimis. Vier Mechanismen des narzisstischen Lustgewinns im Zwang *(Observations on a Severe Compulsion Neurosis. Four Mechanisms of Narcissistic Gratification in Compulsion)*.

DANIEL K. DREYFUSS: Über die Bedeutung des psychischen Traumas in der Epilepsie *(The Significance of Psychic Trauma in Epilepsy)*.

Vol. XXII, Number 3, 1936.

ERNEST JONES: Gedenkworte für M. D. Eder *(In Memoriam: M. D. Eder)*.

OTTO FENICHEL: Die symbolische Gleichung: Mädchen=Phallus *(The Symbolic Equation: Girl=Phallus)*.

ANNIE REICH: Klinischer Beitrag zum Verständnis der paranoiden Persönlichkeit *(Clinical Contribution to the Understanding of Paranoid Personality).*

LILLIAN ROTTER-KERTESZ: Der tiefenpsychologische Hintergrund der inzestuösen Fixierung *(The Metapsychological Background of Incestuous Fixation).*

IMRE HERMANN: Sich-Anklammern-Auf-Suche-Gehen *(Clinging to People and Visiting).*

EDITH JACOBSSOHN: Beitrag zur Entwicklung des weiblichen Kinderwunsches *(Contribution to the Development of the Female Desire for Children).*

GEORG GERÖ: Der Aufbau der Depression *(The Structure of Depression).*

Imago. Vol. XXII, Number 2, 1936.

ERNEST JONES: Die Psychoanalyse und die Triebe *(Psychoanalysis and the Instinctual Drives).*

EDWARD BIBRING: Zur Entwicklung und Problematik der Triebtheorie *(The Development and Problems of the Theory of Instincts).*

W. BISCHLER: Selbstmord und Opfertod *(Suicide and Sacrificial Death).*

LUDWIG EIDELBERG: Zur Psychologie des Versprechens *(The Psychology of Slips of the Tongue).*

ALFRED GROSS: Zur Psychologie des Geheimnisses *(The Psychology of Secrets).*

S. H. FUCHS: Zum Stand der heutigen Biologie. Dargestellt an Kurt Goldstein: "Der Aufbau des Organismus" *(The Position of Contemporary Biology. Presented in Kurt Goldstein's "The Structure of the Organism").*

Vol. XXII, Number 3, 1936.

THOMAS MANN: Freud und die Zukunft *(Freud and the Future).*

KARL LANDAUER: Die Affekte und ihre Entwicklung: Affekte, Leidenschaften, Temperament *(The Affects and their Development: Affects, Passions, Temperament).*

ALFRED VON WINTERSTEIN: Swedenborgs religiöse Krise und sein Traumtagebuch *(Swedenborg's Religious Crises and his Diary of Dreams).*

ERNST KRIS: Bemerkungen zur Bildnerei der Geisteskranken *(Notes on paintings of psychotic patients).*

RICHARD STERBA: Über Libidokriterien *(Criteria of Libido).*

Zeitschrift für psychoanalytische Pädagogik. Vol. X, Number 1, 1936.

AUGUST AICHHORN: Zur Technik der Erziehungsberatung: Die Übertragung *(The Technique of Child-Guidance: Transference)*

Revue Française de Psychanalyse. Vol. VIII, Number 4, 1935.

R. LOEWENSTEIN: La Psychanalyse des troubles de la puissance sexuelle *(Psychoanalysis of Disturbances of Sexual Potency).*

G. PARCHEMINEY: Exposé clinique d'un cas d'impuissance *(Clinical Demonstration of a Case of Sexual Impotence).*

CH. ODIER: Document catamnestique sur un cas d'impuissance orgastique *(Catamnesis of a Case of Orgastic Impotence).*

The American Journal of Psychiatry. Vol. XCII, Number 6, May, 1936.

GREGORY ZILBOORG: Suicide among Civilized and Primitive Races.

The British Journal of Medical Psychology. Vol. XVI, Part 1, January, 1936.

Obituary: M. D. Eder

SYLVIA M. PAYNE: Post-War Activities and the Advance of Psycho-Therapy.

JOAN RIVIERE: Descriptive Notice on Sigmund Freud: *An Autobiographical Study.*

The Psychoanalytic Quarterly

ISSN: 0033-2828 (Print) 2167-4086 (Online) Journal homepage: https://www.tandfonline.com/loi/upaq20

Notes

To cite this article: (1936) Notes, The Psychoanalytic Quarterly, 5:3, 463-464, DOI: 10.1080/21674086.1936.11950915

To link to this article: https://doi.org/10.1080/21674086.1936.11950915

Published online: 10 Dec 2017.

NOTES

CHAPTERS IX, X AND XI of Freud's Inhibitions, Symptoms and Anxiety comprise the final instalment of Dr. Henry Alden Bunker's new translation.

THE NEW YORK PSYCHOANALYTIC INSTITUTE announces that Dr. Sandor Rado, educational director of the Institute, will give the following lectures and conferences during the academic year 1936–1937. 1. Freud's Work on the Neuroses (8 lectures, Mondays 8 to 9 P.M., beginning October 5).—2. Recent Developments in the Study of the Neuroses (8 lectures, Mondays 8 to 9 P.M., beginning January 4).—3. Clinical Conferences (16 sessions, Mondays 9 to 11 P.M., beginning October 5). Courses 1 and 2 are open to members of the Institute, students in training, and extension students on special application, to be submitted to the Institute by September 26 and December 26 respectively. Course 3 is open to members of the Institute and senior students in training. The decision as to eligibility to any course is vested in the Educational Committee.

THE INSTITUTE FOR PSYCHOANALYSIS OF CHICAGO has recently published its third annual review. The Institute's work during 1934–1935 was largely a continuation of its research on vector analysis of psychological tendencies (differentiated into the three categories of incorporation, elimination and retention); the influence of psychogenic factors upon gastro-intestinal disturbances; quantitative dream studies; psychological factors in essential hypertension; psychic influences on respiration; asthma, skin and allergy. The Institute also reports extensive work in the education of physicians, psychiatrists, psychiatric social workers, and teachers, as well as progress in the training of analysts; and announces a fellowship grant from the Rockefeller Foundation which will finance approximately seven fellowships to be given to younger psychiatrists now engaged in research or teaching in the field of psychiatry. In its educational program the Institute has also taken steps toward broadening the sociological and cultural applications of psychoanalysis by inaugurating courses in Freud's Theory of Wit and The Application of Psychoanalysis to Literature given by Drs. Franz Alexander and Helen Vincent McLean respectively. At the same time, the school has limited the number of popular lectures because much of the material in psychoanalysis did not lend itself easily to popular interpretation.

THE CHICAGO PSYCHOANALYTIC SOCIETY announces the following election of officers at the meeting of June 6, 1936: Dr. Thomas M. French, President; Dr. Leo Bartemeier, Vice-President; Dr. George Mohr, Secretary-Treasurer. The Educational Committee consists of: Dr. Helen Vincent McLean, Chairman; Dr. Thomas M. French, ex-officio member; and Drs. Karl A. Menninger, Franz Alexander and N. Lionel Blitzsten. Between April 4th and June 6th the

following papers were read: Personality Reconstructions: Clinical Techniques Opposing Self-Destruction, by Dr. Karl Menninger.——Some Syndromes of Elation and Depression, by Dr. N. Lionel Blitzsten.——Pregenital Tendencies in a Case of Multiple Phobia, by Dr. Edwin R. Eisler.

THE PSYCHOANALYTIC STUDY GROUP of Los Angeles gave a celebration in honor of Professor Freud's 80th birthday, on May 22nd in the building of the County Medical Association. The festivity was preceded by a musical program and contained two addresses: Freud, by Dr. Ernst Simmel.——The Development of the Psychoanalytic Movement, by Mrs. Frances Deri. The first annual activity report of the Group lists the following papers: The Neurotic Conflict in the Addict, by Dr. Ernst Simmel.——Freud's Metapsychology, by Professor P. Epstein.——Fundamental Principles of Freud's Sexual Theory, by Dr. Marjorie Leonard.——Inhibitions, Symptoms and Anxiety, by Dr. David Brunswick.——Anxiety and Compulsion, by Dr. Thomas Libbin.——Repetition, Compulsion and Transference, by Dr. Marguerit Libbin. Papers dealing with problems of related scientific fields were: Psychoanalysis and Psychiatry, by Dr. Arthur R. Timme.——Educational Group Therapy with a Psychoanalytic Background, by Dr. Augusta Alpert.——Political Science and Psychoanalysis, by Professor Harold D. Lasswell.——Correlations between Parent Identifications and Neuroticisms, by Professor Carolyne Fisher. In addition, two weekly seminars, devoted to the training of practicing analysts were held: Theory and Practice of the Psychoanalytic Method, by Dr. Ernst Simmel.——Freud's Case Histories, by Mrs. Frances Deri.

THE ELEVENTH INTERNATIONAL CONGRESS OF PSYCHOLOGY, which was scheduled to be held in Madrid in September, has been postponed to the end of July, 1937. The exact date will be determined later. The Second International Congress of Mental Hygiene will be held about the same time in Madrid. All communications regarding papers and reports to be read at the Congress of Psychology are to be addressed to Dr. José Germain, General Secretary of the Congress, Instituto Nacional de Psicotecnia, Alberto Aguilera, 25, Madrid.